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Dear Andrew

NHS GREATER GLASGOW & CLYDE: 2012 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Glasgow on 26 November.

2. I would like to record my thanks to you and everyone who was involved in the preparations for the day, and also to those who attended the various meetings. As you know, I think it is important that we discuss the delivery of healthcare services in Glasgow and Clyde, and across all of Scotland, in a public forum. I found it a very informative day and hope everyone who participated also found it worthwhile.

Meeting with the Area Clinical Forum

3. I had a constructive discussion with the Area Clinical Forum. It was clear that the Forum continues to make a meaningful contribution to the Board’s work, and that the group has effective links to the senior management team. It was reassuring to hear that the Forum has a determined focus on clinical quality in contributing to effective clinical governance and patient safety; to the Board’s clinical services review; and to the Facing the Future Together organisational change programme and workforce plan. I had very interesting discussions with the representatives from the various professional committees and undertook to consider some of the points raised – for instance, the provision of specialist diagnostic equipment in optometry and electronic medicines and prescribing systems in hospitals – at the national policy level. I was grateful to the Forum members for taking time out of their busy schedules to share their views with me.

Meeting With the Area Partnership Forum

4. I had an equally positive discussion with the Area Partnership Forum. It was clear from our discussion that local relationships remain strong; that this is fundamental to a number of developments and improvements that have been delivered locally over the last year; and that the Forum continues to engage effectively with the Board, not least on the Facing the Future Together organisational change programme and workforce plan.

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5. I was pleased to note that the Board is committed to utilising the workforce planning tool, which has been developed with the support of the unions, when it is implemented in April 2013. It was also reassuring to hear from management that local budgets are set based on operational and clinical requirements, in the best interests of patients, and that there is no place for vacancy management in meeting efficiencies. I undertook to note the local challenges raised by the Forum which included: the strong views held in relation to pay and the UK Government’s position on public sector pensions; the importance of effective staff governance in the health and social care integration agenda; and the need to ensure there is sufficient capacity in both the hospital and community sectors to meet the demands of the ageing population, which is presenting with multiple morbidities. I was also pleased to hear that both the Area Clinical and Partnership Fora are playing a key role in informing the Board’s early planning for the shape of clinical services between 2015 and 2020.

Patients’ Meeting

6. I would like to extend my sincere thanks to all the patients who took the time to come and meet with me. I very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. I greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised including: public influence and representation on the future Health and Social Care Partnerships; the need to involve staff of all grades, as well as young people, in the development of the Board’s clinical strategy; concerns around the conclusions of the Scottish Medicines Consortium, the availability of certain drugs and medicines, and the current Individual Patient Treatment Request process; waiting times for physiotherapy and podiatry; effective transition and continuity arrangements for patient care between children’s and adult services; the punctual and efficient use of new technology, such as a rapid, electronic patient record transfer system; the Board’s commitment to a viable future for Inverclyde Royal Hospital in Greenock; the pressure on NHS staff and the number of qualified staff; and the need for excellent communication, including patient leaflets, discharge letters and medication in multiple languages. The meeting concluded with a patient remarking how much progress had been made in the last ten years in meaningfully engaging local patients and the public in shaping NHS services. I agreed that we have come a long way but that there is no room for complacency, and that the Scottish Government remains completely committed to ensuring the full involvement of all stakeholders in the NHS they fund. I ensured that individual cases and areas of specific concern were passed to the Board to address, as appropriate.

Chairman’s Award

7. Prior to the Annual Review meeting I was delighted to take part in the third Chairman’s Award ceremony. Earlier in the day, I had the pleasure of meeting the award winners to discuss their achievements and it was an inspiring experience. The significant diversity in the service areas represented evidences the depth of the commitment to high quality patient care that runs throughout the health service in Greater Glasgow & Clyde, and indeed across Scotland. My congratulations to the following staff members for this well-deserved recognition: in the bravery category: Claire McCrae, Colette Campbell, Sandra McGeachy, John Mirrlees, Agnes Malcolmson, Ann Fleming, Anetta Ziolek and Danny Turner; in the clinical practice category: Lisa Davidson and Bran (a hearing dog); in the environmental category: Mary Anne Kane, Thomas Higlett and Catriona Sweeney; and in the improving health category: Isabelle Hay and Andy Malyon.
8. I would also like to congratulate the remaining award winners: in the nursing category: Dawn Fraser and Amanda Cameron, Thomas Harrison, Morag Leighton and Patricia Essler; in the patient ambassador category: Edward Stanton; in the patient centred care category: Vicky Evans and Natasha Brown; in the using resources better category: Jean Still and Sam Selwyn; in the volunteer category: Lilly Kennedy; and in the working well together category: Martin Montgomery and Trevor Lakey. I would also want to recognise the 175 local staff members who were nominated for these awards. The NHS is a wonderful institution built on compassion and professionalism. Driving up the standards of patient-centred care is our priority and these award winners are fine examples of how we can showcase top quality NHS services, for the benefit of local people.

Annual Review Meeting - Introduction

9. After I reported back on the above meetings, I was pleased to hear you reiterate the Board’s clear focus on patient safety, effective governance and performance management; and on the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable healthcare services. A detailed account of the specific progress the Board has made in a number of areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review.

Improving the Quality of Care and Treatment for Patients

10. I was keen to hear what progress NHS Greater Glasgow & Clyde is making in addressing local health inequalities. You confirmed that a range of local health improvement programmes and strategies are in place, which have been developed and delivered with the Board’s planning partners. These programmes have focused on areas such as employability, financial advice and parental support. The NHS Board is to be commended for its excellent performance in delivering some 55,000 alcohol brief interventions to date, against a target of almost 49,000. The Board has also performed very well against the smoking cessation targets. It is worth noting that, in 2011/12, the Board delivered 12,129 successful one-month quits against a target of 6,768, whilst achieving 162% against the target for the 40% most deprived data zones. This is one of the top performances amongst NHS Boards in Scotland during the first year of the new HEAT target. Reducing smoking in pregnancy is one of the most important interventions so it was also pleasing to note that, in 2011, the Board supported an estimated 32% of pregnant women in their quit attempt against the national average of 25%, and significantly increased the number of pregnant women accessing the service.

11. The Board is to be commended for its sustained performance against the 31-day and 62-day cancer access targets. You assured me that on-target performance will be sustained. In terms of the national Detect Cancer Early Programme, you explained that the Board is carefully considering the patient pathway; attempting to identify any blockages and to test the resilience of the Board’s systems, including ensuring the robustness of NHS Greater Glasgow & Clyde’s role as a tertiary provider of cancer treatment services with partner NHS Boards.

12. The relatively low level of insulin pump provision in NHS Greater Glasgow and Clyde had featured prominently in recent Annual Reviews. I was therefore pleased to receive the Board’s assurance that action has been undertaken locally to help increase the provision of pumps generally, as well as against the specific target to help deliver pumps to 25% of under 18s who need them by March 2013. You assured me that the Board is making every effort to meet this target and is making good progress.
13. Rigorous clinical governance and robust risk management are fundamental activities for any NHS Board, whilst the quality of care and patient safety are of paramount concern. Considerable work has been undertaken at all levels in recent years to ensure that Boards effectively respond to the findings and lessons to emerge from numerous high profile reviews such as the Francis Inquiry and previous reports in relation to events at Mid-Staffordshire NHS Trust. You assured me that the Board of NHS Greater Glasgow & Clyde has robust clinical governance and risk management standards in place.

14. You further assured me that the Board has taken a number of steps to ensure you have robust arrangements in place for the management of adverse events. You explained that the Board operates a system of quarterly reporting through senior managers, and that every job plan features quality and patient safety as a key objective. You confirmed that the Board of NHS Greater Glasgow & Clyde has had its adverse events process quality assured by internal audit and by NHS Healthcare Improvement Scotland (HIS).

15. Further to this, the Board had commissioned a separate review in light of the learning from the NHS HIS report of NHS Ayrshire & Arran's adverse events process earlier in the year. This will provide further assurance that the local process is robust and methodical, with action plans widely shared. However, the Board is committed to further strengthening and developing the process, especially in the area of properly involving affected patients and their families. You explained that you wished to learn from very good local practice in this respect in the specialties of mental health and paediatrics; and that this important work will be taken forward with the full engagement and participation of the Board's various Patient Partnership Fora.

16. In 2011/12 NHS Greater Glasgow & Clyde had a total of 329 cases of Clostridium difficile infection in patients aged 65 and over, down from 462 (28.8%) in 2010/11. In the same period, the Board had a total of 425 cases of Staphylococcus aureus bacteraemia, down from 496 (14.3%) cases in 2010/11. This included a 35% reduction in incidence of MRSA from 91 cases in 2010/11 to 59 cases in 2011/12. I am aware that there has been a lot of time and effort invested locally in effectively tackling infection control which is reflected in this performance and the Board being on target to meet the 2013 HEAT targets for MRSA/MSSA and C.diff. You also explained that the Board has continued to make good progress on the hand hygiene standards as set out in the National Infection and Prevention Control Manual, with a system-wide compliance of 96%.

17. The Board is also continuing to actively work in all healthcare sectors, including with GPs, to ensure the appropriate prescribing of antibiotics. You also confirmed that good progress had been made in the Board's hospitals in line with the national Patient Safety Programme, and that you are now looking at spreading this practice into local maternity, primary care and mental health services, including a pressure sores programme in primary care and the piloting of medicines reconciliation in 17 local GP practices. I was pleased to note that, despite some excellent progress in 2011/12, there is no room for complacency in this key area.
Everyone has a positive experience of health care

18. NHS Greater Glasgow & Clyde is to be commended for the local performance against the HEAT access targets over the last year. The Board successfully delivered against the 18 weeks referral to treatment target at December 2011, with a combined performance of 90.2%. This performance has been sustained at the subsequent reporting periods of April 2012 (91.7%), May (92.5%) and June (92.2%). NHS Greater Glasgow & Clyde is also to be commended for the performance on the separate targets around inpatient, outpatient and diagnostics waiting.

19. I was pleased to hear that the Board has reviewed its capacity needs to ensure delivery of the 12 week legal Treatment Time Guarantee for each individual patient from October 2012. As with a number of Boards across Scotland, NHS Greater Glasgow & Clyde has struggled to meet and maintain the 98% 4 hour A&E Waiting HEAT Standard. Local performance was 94.4% at June 2012, against a national average of 95.1%. You assured me that meeting and maintaining the Standard remains a key priority for the Board and gave an example of that commitment as the Board investing £750,000 to redesign the A&E Department at the Royal Alexandra Hospital in Paisley. This investment had expanded the Department, providing space for additional immediate assessment beds, and should help in terms of local and system-wide performance against the Standard.

20. You also confirmed the Board has invested significantly in recruiting additional senior decision makers for the 5 local A&E Departments, with an extra 13 A&E consultants who should all be in post by March 2013. You are also looking at rolling out the best practice design of the A&E service at Glasgow Royal Infirmery to the Royal Alexandra Hospital. This design will also form the model of the service delivered from the New Southern General Hospital when it is operational from mid-2015. I was also pleased to note that the Board operates a zero tolerance approach to 12-hour A&E breaches, and that this is managed by an effective, escalating alert system for key senior staff. I was grateful for your assurance that the Board has invested some £3m in robust winter planning contingencies, in partnership with other providers such as the Scottish Ambulance Service and local councils, to ensure there is sufficient capacity and resilience in place to meet the pressures often experienced at this time of the year.

Staff feel supported and engaged

21. I noted that there are some planned reductions in some areas of the NHS Greater Glasgow & Clyde workforce over 2012/13 and asked for the reasons behind this. You explained that the changes are driven by a number of factors including the significant modernisation of certain services which have made them considerably more efficient. Examples you cited included the £90m investment in state of the art laboratories on the new Southern General Hospitals site, which included a £27m spend on the automation of services. You also mentioned the £10m investment in the two new, highly innovative kitchen facilities at Inverclyde Royal Hospital and Royal Alexandria Hospital which had consolidated the previous service delivered from 23 local kitchens, and had resulted in the repatriation of cook-chill services, which had previously been provided from a facility in Wales. You assured me that these workforce changes and service developments had been fully informed by meaningful engagement with staff; and that the availability of sufficient staffing resource is always fully considered to ensure that highest quality services are maintained for local patients. To this end, you reiterated that the Board is committed to utilising the workforce planning tool, which has been developed with the support of the unions, when it is implemented in April 2013.
22. Effective attendance management is critical – not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. NHS Greater Glasgow & Clyde’s sickness absence rate for the period 1 April 2011 to 31 March 2012 was reported as 4.65%. This compares with an average across NHS Scotland of 4.63%, against the national Standard of 4%. I noted that the Board has made steady progress towards attaining the Standard over the last 5 years: from a rate of almost 6% in 2007 to 4.65% this year. You confirmed that the Board remains committed to meeting and maintaining the Standard in full partnership with staff, and I was pleased to note how this is actively being taken forward based on the Board’s ‘Facing the Future Together’ plan, and as part of the Board’s highly successful involvement with the Healthy Working Lives initiative.

**People are able to live well at home or in the community**

23. In June 2011, the former Health Secretary made a personal commitment to improving care for all older people. Nicola Sturgeon asked the Chief Nursing Officer to assure her that hospitals are delivering against the standards of care for older people and are implementing the *Standards of Care for Dementia* (2011). Boards should also be implementing *Promoting Excellence* (2011), our framework for staff working with people with dementia. A key strand of work is the programme of inspections by Healthcare Improvement Scotland into older people’s care in acute general hospitals, for which cognitive impairment/dementia is a key priority area. Inspections cover areas of strength in older people’s care in hospitals as well as areas for improvement, providing reassurance that the process is robust and will help in driving up standards in hospital care for all our older people. There have been 3 announced inspections locally so far, with one unannounced follow up inspection at Glasgow Royal Infirmary. I am pleased to note some very positive comments from service users and carers. However, the inspections identified some areas for improvement and you assured me that the Board is committed to addressing all identified actions from these reports as a matter of priority.

24. I asked for an overview of the progress the Board has made with its 6 local council partners in addressing the critical health and social care integration agenda. You explained that three of these Partnerships are fully integrated: East Renfrewshire (which has been integrated since 2006), Inverclyde and West Dunbartonshire, which have been integrated in the last 2 years. There has been considerable progress made with these Partnerships: they are fully established delivery organisations which, in some cases, share premises. In terms of the Glasgow City Partnership there are a number of robust strategic interactions, and both partners are committed to building further effective partnership working from the ground up; as is the case with the Renfrewshire Partnership. You confirmed that there is continuous, constructive dialogue in the East Dunbartonshire Partnership, with robust governance in place and the partners adopting a shared, strategic view of the estate.

25. I had heard earlier in the day, some concerns from the patients’ group that there should be patients’ representatives involved in the governance of these partnerships. You assured me that each partnership has a formal Patient Partnership Forum established with representation on the Committee and that the patient concerns were about whether these arrangements would continue with the proposed new partnerships. I was also pleased to hear of the very positive progress the Board has made with its planning partners in minimising delayed discharges locally through prudent use of the Change Fund.
26. You confirmed that there had been progress but some 300 local beds per day were occupied by patients ready for discharge in 2012/13, and through Change Fund programmes, this should be reduced by around 50% by the start of 2013/14. It is clear that this reflects a promising start to the integration agenda but it was reassuring to hear that you recognise there is no room for complacency – this momentum must be maintained if the future challenges to the planning and provision of health and social care services are to be effectively met.

**Best use is made of available resources**

27. Clearly it is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that NHS Greater Glasgow & Clyde met its financial targets for 2011-12 alongside the Efficient Government target for the year and, based on the current in-year position, remain in line with the Board’s financial plan in 2012-13. All efficiencies made through this programme are reinvested in health care.

28. In terms of the Board’s capital projects, you confirmed that these remain on budget and on time, including the £842m new Southern General Hospitals complex, the £18m refurbishment of the University Tower at Glasgow Royal Infirmary, and the £20m new Alexandria Medical Centre, on the Vale of Leven Hospital site. Looking to 2013/14, an initial discussion will take place at the NHS Greater Glasgow & Clyde Board in January 2013, with the position formalised as usual for this Board in May or June 2013. Clearly, overall economic conditions mean that public sector budgets will continue to be tight whilst demand for health services will continue to grow. Nonetheless, NHS Greater Glasgow & Clyde has confirmed that you continue to actively monitor the achievement of all local efficiency programmes and, whilst the position is challenging, the Board remains fully committed to meeting its financial responsibilities in 2012-13 and beyond.

**Public Question and Answer Sessions**

29. We took 34 questions from members of the public at the end of the Review and this worked well. I am grateful to you and the Board team for your efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

**Conclusion**

30. I would again like to thank you and your team for a constructive and informative day. It is clear that the Board is making significant progress in taking forward a challenging agenda on a number of fronts including improving access, maintaining tight financial control and driving forward the Quality agenda. However, you are not complacent and you recognise that there remains much to do. The Board must maintain a clear focus on its financial position and ensure that progress on your health improvement and healthcare provision commitments is maintained. I have included a list of the main action points from the Review in the attached annex.

ALEX NEIL
MAIN ACTION POINTS

The Board must:

- Keep the Health Directorates informed of progress with the local implementation of the Quality Strategy and Change Fund.

- Keep the Health Directorates informed of progress with the health improvement targets, ahead of the March 2013 under-18s insulin pump target.

- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.

- Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including a prompt and effective response to the findings of HEI and Older People in Acute Care inspections.

- Keep the Health Directorates informed on progress towards achieving all access targets, in particular the 4-hour A&E standard.

- Continue to make progress against the staff sickness absence standard.

- Continue to work with planning partners on the integration agenda, and to deliver against the delayed discharge target.

- Continue to achieve financial in-year and recurring financial balance.

- Keep the Health Directorates informed of progress in implementing the local efficiency savings programme.