November 2013

Dear Andrew

NHS GREATER GLASGOW & CLYDE: 2013 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Glasgow on 18 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. 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.

4. 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 need to collect appropriate data for AHP workforce planning and the consideration of a proposal to extend the Childsmile dental initiative to older people. I also undertook to consider detailed questions in writing on the Prescribing for Excellence programme and to look at most appropriate methods of sharing learning and best practice, including the example cited: the Alaska Model. I was concerned to hear that the Chair of the Area Optometric Committee had not received my reply to her letter about the provision of optometric equipment, sent in the summer.
My officials have confirmed that a response was issued in my name in July and I understand that this had now been re-sent to the Board and will be forwarded for the Area Optometric Committee’s information. 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

5. 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; the critical health and social care integration agenda; and the work underway to scope and develop the shape of clinical services from 2015.

6. 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 in the face of cost of living pressures; the importance of effective staff governance and engagement in the health and social care integration agenda; and the need to ensure there is effective staff support, such as ready access to occupational health resources, to assist in local attendance management. I was also happy to reassure the Forum by reiterating that, whilst we do need to use the private sector on occasion to ensure the delivery of important patient priorities, this Government remains committed to the further development of the NHS in Scotland as a highly valued public sector organisation.

Patients’ Meeting

7. 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: the importance of NHS staff listening to and respecting the views of carers; the need to ensure that communications with patients take place in a way which is appropriate to their needs; the importance of having an effective, integrated patient records system which will allow staff to quickly establish core issues and needs whilst remaining secure; the need for Boards to operate flexible visiting policies which are appropriate to the needs of the patients they serve; the importance of minimising the repeated cancellation of appointments (a point I emphasised to the Board later in private session); the need to prominently display helpful information for patients in health facilities; the importance of encouraging access to rapid and innovative patient treatments; and the need to be clear about the services available in local GP practices. I ensured that individual cases and areas of specific concern were passed to the Board to address, as appropriate.

Chairman’s Award

8. Prior to the afternoon Annual Review sessions I was delighted to take part in the fourth 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 clinical practice category: the Specialist Radiographer Team from the Beatson represented by Lorraine Whyte and Lesley Devlin, and the Virtual Fracture Clinic represented by Lech Rymaszewski and Scott Taylor; in the improving health category: the Renfrewshire Stop Smoking Campaign represented by Susan Clocherty and Alan Curley, and Frank McGuire for his work on Healthy Working Lives.

9. I would also like to congratulate the remaining award winners: in the nursing category: Emma Sharp from the Tibial Nail Clinic at Glasgow Royal Infirmary, Karina Bowie from the Mansiohouse Unit and Kathy Taylor from the Diabetic Centre at the Royal Alexandra Hospital; in the patient centred care category: the domestic services team at Glasgow Royal Infirmary represented by Clare Boylan and Carol Kennaway, and the team behind the hospital passport for young patients at the Royal Hospital for Sick Children represented by Janie Donnan, as well as Lorraine Friell for her work in physiotherapy, and Nicola McMichael for the care and services offered at HMP Barlinnie, and the teams from ward 24 at the Southern General Hospital represented by Anne Morrison, Wendy McAlintock and Seamus McDermott, and from ward 45 at Glasgow Royal Infirmary represented by Jacqui Bell and Carol-Ann Watson; in the using resources better category: the Board’s Energy Team, represented by Samuel Selwyn and Alan Gallacher; and in the volunteer category: John O’Byrne and Thomas Whitehead.

10. I would also want to recognise the 156 local staff members or teams 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 Meetings – New Format

11. Ministers have listened to feedback from public attendees at Annual Reviews in recent years who called for a more focussed public discussion of the key issues, ahead of the opportunity to ask questions. As such, Ministerial Reviews are now undertaken in two sessions – the first, in public, with the Minister setting the scene and context for the discussion before the Board Chair delivers a short presentation on the key success and challenges facing the local system under the Government’s 3 Quality Ambitions: Safe, Patient-Centred and Effective. This is then followed by the opportunity for attendees to ask questions of the Minister and Health Board.

12. The second session is held in private between the Minister and the full Health Board. This is a more detailed discussion of local performance under the Quality Outcomes and also offers Ministers the opportunity to reflect on the experience of the day, whilst testing how Board Non-Executives are able to regularly hold the Executive team to account. This letter provides a summary of this discussion and the resulting action points.

Annual Review – Public Session

13. I was pleased to hear during the Chair’s presentation 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. This has been posted on the NHS Greater Glasgow & Clyde website.

14. We then took 25 questions from members of the public in a session lasting over an hour. 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.

Annual Review – Private Session

*Everyone has the best start in life and are able to live longer healthier lives*

15. The Board is to be commended for its sustained achievement against both the 31-day and 62-day cancer access standards. I also want to put on record my thanks for NHS Greater Glasgow & Clyde’s excellent performance against the smoking cessation targets to date. For the period from April 2011 – March 2013 (data as at 3 September 2013) the Board delivered 24,957 successful one-month quits against a target of 13,635, and achieved 171% against the target for the 40% most deprived data zones. A particular strength of the Board has been the effective use of community pharmacies in delivery of the target: 83.6% of quit attempts were made through pharmacies. I would also want to note that the Board is one of the top performers in Scotland in relation to pregnant women attempting to quit, with a 39% quit attempt rate against the national average of 27%. There is clear evidence of a well-planned and delivered smoking cessation service in NHS Greater Glasgow & Clyde and the Board are also to be commended for their participation in relevant national networks; and in making a significant contribution towards national working groups, sharing your own good practice.

16. I took the opportunity to ask the Board’s non-Executives about how comfortable they were with the quality of information provided in order to inform the holding of the Executive team to account. I was assured that Board members received detailed, helpful information and data so felt fully informed and able to effectively scrutinise local performance. Some concerns were expressed by non-Executives about a few examples of too much data being provided and/or too little time being provided to properly consider information but I was pleased to hear that the Executive team had been responsive to such issues. I also noted that NHS Greater Glasgow & Clyde’s internal auditors are currently reviewing the operation and efficacy of the Board’s Committee structures and will report soon.

*Health care is safe for every person, every time*

17. 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.

18. I am aware that there has been a lot of time and effort invested locally in effectively tackling infection control; and this is reflected in the Board delivering an 84.1% reduction in the rates of *Clostridium difficile* since 2007 alongside a rise in local hand hygiene compliance from 62% to 94% over the same period.
I expect the Board to remain fully committed to meeting the 2015 HEAT targets for the reduction in incidence in MRSA/MSSA and clostridium difficile. The Healthcare Environment Inspectorate (HEI) was set up by the former Cabinet Secretary for Health and Wellbeing with a remit to undertake a rigorous programme of inspection in acute hospitals. The first inspection took place at the end of September 2009. During 2012/13, the HEI carried out inspections in the following local hospitals: the Vale of Leven, Western Infirmary, Royal Alexandra Hospital, Glasgow Royal Infirmary, Inverclyde Royal Hospital and Gartnavel. The Board has given me the assurance that all the requirements and recommendations identified as a result of both these inspections, and those undertaken to consider the care of older people in local hospitals, have been properly addressed.

Everyone has a positive experience of health care

19. As the largest Health Board by a distance in Scotland, NHS Greater Glasgow & Clyde’s performance in key priority areas – such as against the important patient access targets and standards – have a marked effect on outcomes at a national level. I am therefore grateful to the Board for the on-going excellent performance in this area: having successfully sustained performance at 90% or above against the 18 weeks referral to treatment target since December 2011; with similarly strong performance against the 12 week Treatment Time Guarantee; and having performed consistently well against both the stage of treatment targets and the 8 key diagnostic tests. I was assured that the Board has robust plans including appropriate contingency measures in place to ensure this level of performance is sustained.

20. A number of Health Boards across Scotland have struggled to meet and maintain the 4 hour A&E Waiting HEAT Standard over the last year. However, the position in NHS Greater Glasgow & Clyde has been particularly challenging with the Board only exceeding the national average performance in five months during 2012/13. You assured me that meeting and maintaining the Standard remains a key priority for the Board. You explained that, as well as the core issues like appropriate senior staffing, the level of GP out of hours cover and effective patient flow, there have been different issues affecting some of the main acute sites; with robust plans in place to effectively monitor and address these, including sufficient additional staffing and bed capacity, in line with the recently developed Local Unscheduled Care Plan. We will keep this area of performance under close review.

Staff feel supported and engaged

21. I asked how the Board was going about ensuring the core values for NHS staff contained in the 2020 Workforce Vision were being embedded locally. You confirmed that the Board is fully committed to doing so through the local Facing the Future Together organisational change programme and workforce plan. I also queried the significant number of bank nurses used by the Board over 2012-13. You confirmed that, through the use of the workforce planning tool, which was developed with the support of the unions and implemented in April 2013, the Board had established the level of local need which had informed recruitment and retention activity, reducing the number of nursing vacancies in Greater Glasgow and Clyde.

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

22. I asked for an overview of the progress the Board has made with its local council partners in addressing the critical health and social care integration agenda.
The picture is mixed with developments at an advanced stage in certain local authority areas, such as East Renfrewshire, whilst being more challenged in some other areas. Whilst you acknowledged that there remains much work to do on effective integration in such areas, you reiterated the Board’s commitment to making significant further progress. Further to this, you assured me that the Board remains committed to fully involving local staff and their representatives as this important work progresses.

**Best use is made of available resources**

23. 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 2012/13 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 2013/14. All efficiencies made through this programme are reinvested in health care.

24. I was pleased to note the Board’s assurance around the robust planning – including prudent provision for double-running costs – involved in the implementation of the previous acute services strategy, including the move to the new £842m Southern General Hospitals campus during 2016. Clearly, overall economic conditions mean that public sector budgets will continue to be tight whilst demand for health services will continue to grow. Nonetheless, you confirmed that the Board continues to actively monitor the achievement of all local efficiency programmes and, whilst the position is challenging, NHS Greater Glasgow & Clyde remains fully committed to meeting its financial responsibilities in 2013/14 and beyond.

**Conclusion**

25. I want to recognise that there is some excellent work going on in NHS Greater Glasgow & Clyde. Whilst there will always be improvements that can be made – which the Health Board accepts – we should also recognise that the hardworking and committed staff in NHS Greater Glasgow & Clyde have achieved a great deal for the benefit of local people in the last 12 months, including excellent performance against cancer and patient waiting times.

26. The Board has generally good relationships with its planning partners; is performing well against the majority of its performance targets; and is exercising sound financial control. Maintaining this control and building on these effective relationships will be essential. I am confident that the Board understands the need to maintain the quality of frontline services whilst demonstrating best value for taxpayers’ investment. As I have said, we will keep progress under close review and I have included a list of the main action points from the Review in the attached annex.

ALEX NEIL
The Board must:

- Keep the Health Directorates informed of progress with the local implementation of the Quality Strategy and 2020 Vision.
- Keep the Health Directorates informed of progress with its significant local health improvement activity.
- 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 on the local implementation of the values in the 2020 Workforce Vision via the Facing the Future Together programme
- Continue to work with planning partners on the critical health and social integration agenda.
- Continue to achieve financial in-year and recurring financial balance.
- Keep the Health Directorates informed of progress in implementing the local efficiency savings programme.
- Continue to develop and refine the plans and preparations required for a successful move to the new acute hospitals estate in Glasgow in 2015.
- Keep the Health Directorates informed of progress with the Board's clinical strategy plans for local services from 2015.