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27 October 2015

Dear Andrew,

NHS GREATER GLASGOW & CLYDE: 2014/15 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Glasgow on 20 August.
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 felt it had been fully involved in the Board's efforts to respond to and address the 65 Health Board recommendations made by Lord MacLean in the Vale of Leven Inquiry as part of a determined focus on contributing to effective clinical governance and patient safety. In addition, the Forum has played a key role in terms of the successful migration of acute services in Glasgow, the development and delivery of the Board's clinical services review; and the local *Facing the Future Together* organisational change programme and workforce plan. I am in no doubt that continued, meaningful engagement of local clinicians – including those in primary care settings – will be essential in taking forward both the critical health and social care integration agenda and other local service redesign programmes.
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 desire for a national debate on the IT infrastructure, transferable skills, staffing resource and effective partnership working that will be required to meet future demands on the NHS and social care. I was grateful to the Forum members for taking time out of their busy schedules to share their views with me and encouraged them all to play a part in the recently launched national conversation on the future of health and social care in Scotland, either locally or via the website at www.healthier.scot.

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; the work undertaken to scope and develop the shape of future clinical services; and the *On the Move* programme to migrate staff and acute services in Glasgow. I would like to put on record my gratitude to all those involved in the successful acute services migration; the scale and complexity of which is unprecedented in recent memory with over 7,500 staff and 600 patients moved on schedule over 8 weeks in April and May from the Victoria Infirmary and Mansionhouse Unit, Western Infirmary, Royal Hospital for Sick Children and the previous Southern General to the new, state of the art £842m Queen Elizabeth University Hospital and Royal Hospital for Children.

6. I congratulated the Forum for their role in significantly increasing the number of staff reviews registered on eKSF compared to the national average and on the local commitment to the Modern Apprenticeship Programme. 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; the desire to end the PFI contract connected to the car park at Glasgow Royal Infirmary; and the impact on staff morale of the 2 week deployment of the Government's expert Unscheduled Care Support Team to the Queen Elizabeth University Hospital in June. On the latter point, I was happy to assure the Forum that this action was taken as a purely supportive measure, for the benefit of local staff and patients, and with the agreement of the senior Board management team. It was encouraging to see the sustained progress made in local performance against the 4-hour A&E target since then.

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 patients and carers and to promote and support self-management, where appropriate; 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; and the need to ensure consistency in care, wherever possible. This meeting was also attended by two gentlemen who are volunteers at the new Queen Elizabeth University Hospital and have been assisting patients and the visiting public in finding their way around the new facilities and operating some of the equipment, like the self-service check-ins for outpatient appointments. I would like to put on record my sincere gratitude for these and indeed all the NHS volunteers who generously provide such valuable support and assistance to local patients and their families.

Annual Review – Public Session

8. 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.

9. We then took 15 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

Health Improvement

10. NHS Greater Glasgow & Clyde has an excellent record of achievement against the previous HEAT smoking cessations targets between 2011 and 2014. For 2014/15 the updated national LDP Standard was to deliver universal smoking cessation services to achieve at least 12,000 successful quits, at twelve weeks post quit, in the 40% most deprived within-board SIMD areas over the year. NHS Greater Glasgow & Clyde's proportion of this target was to support 2823 smokers, from the 40% most deprived areas, to quit for at least 12 weeks. With the data for the full year due to be published in October, between April 2014 and Dec 2015, the Health Board achieved 749 successful 12 week quits. Whilst the Board accepts that the target has been challenging, you reiterated NHS Greater Glasgow & Clyde's commitment to meeting it.

11. The Government's tobacco control strategy, *Creating a Tobacco Free Generation*, launched in March 2013 included a specific action for NHS grounds to be smoke-free by April 2015. NHS Greater Glasgow & Clyde has implemented its smoke-free policy across acute and non-acute sites in all of its 6 Local Authority Partnership areas. The Board is working proactively with its planning partners to support the implementation of the policy. Whilst acknowledging the clear challenges that present themselves in terms of implementation, I want to recognise that the Health Board has been a key partner in the delivery of the national smoke-free NHS grounds communications campaign.

Patient Safety and Infection Control

12. 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 and not least the recommendations made by Lord MacLean in the Vale of Leven Inquiry. In terms of the latter, whilst NHS Greater Glasgow & Clyde had commented on a small number of the 65 Health Board recommendations made by Lord MacLean – and that these were being considered by the National Implementation Group – I was pleased to hear the Board confirm that the remaining recommendations have been fully met or are in the process of being fully met.

13. I know 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 88% reduction in the rate of MRSA since 2007. In terms of clostridium difficile, when comparing 2013/14 and 2014/15, the Health Board delivered a 6% reduction and are to be commended for achieving the HEAT target to deliver a rate of 0.32 cases per 1,000 total occupied bed days by March 2015, with a year-end rolling rate of 0.29 in patients aged 15 and over. I expect the Board to remain fully committed to meeting future dated 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. During 2014/15, the HEI carried out inspections in the following local hospitals: the Royal Hospital for Sick Children, Glasgow Royal Infirmary and Inverclyde Royal Hospital. The Board has given me the assurance that all the requirements and recommendations identified as a result of these inspections, and those undertaken to consider the care of older people in local hospitals, have been properly addressed.

Improving Access – Waiting Times Performance

14. 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.

15. A number of Health Boards across Scotland have struggled to meet and maintain the 4-hour A&E waiting target over the last year. However, the position in NHS Greater Glasgow & Clyde has been particularly challenging with the Board not achieving 95% or bettering the national average in any of the months during 2014/15. You assured me that meeting and maintaining the target remains a key priority for the Board. You explained that, as well as the core issues like appropriate delayed discharge, 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, in line with the Local Unscheduled Care Plan and commitment to implement the national 6 Unscheduled Care Essential Actions. These plans had also been informed by the expert support team visits to the RAH and QEUH A&E Departments, and you confirmed that the Board had achieved 95.2% against the 4-hour target for July 2015. I agreed that building on this and establishing consistent performance and robust contingencies in advance of winter would be crucial. We will continue to keep this area of performance under close review.

16. Whilst the Board is to be commended for its sustained achievement against the 31-day cancer access Standard, it is concerning that performance against the 62-day Standard has been below 95% for the four quarters of 2014/15. You explained that there have been pressures in the colorectal, upper GI, head and neck, and urology pathways due to issues such as availability of surgeons and certain delays in endoscopies. You confirmed that the Board remains committed to meeting and maintain both Standards, and that you are working with the Government's Cancer Delivery Team to this end. To support this work, a new general manager for the Beatson Cancer Centre had been appointed in August.

Health and Social Care Integration

17. We are now entering into a critical phase in terms of the progress Boards are making with their local authority planning partners in addressing the health and social care integration agenda. Now that integration schemes are being signed off, Partnerships should be establishing a strategic planning group and dividing the Partnership area into two, or more, localities. Once the strategic plan is finalised and published, the local Integrated Joint Boards must notify the Health Board and Local Authority of the date on which the responsibility of integrated services and the associated resources will be delegated to the IJB. This must be on, or before, 1 April 2016.

18. Whilst acknowledging the general pressures on certain services and social care budgets, I was assured to hear that there is continuity and cohesion in terms of the leadership across the local IJBs. Further to this, there has already been some significant progress in terms of tackling delayed discharge and developing joint intermediate care services that provide alternatives to acute hospital admission and step-down care, where appropriate, following discharge. Such developments will be key in terms of appropriately planning for winter and future pressures, as Partnerships focus on ensuring, wherever possible, that people with community care needs are discharged within 72 hours of being assessed as ready for discharge.

Finance

19. 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 2014/15. 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 2015/16 and beyond.

20. I also 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 and carry out their key governance role.

Conclusion

21. As I said at the conclusion of the Annual Review, recognising that this is your final year as Chair of NHS Greater Glasgow & Clyde, I want to put on record both my personal thanks and the gratitude of the Scottish Government for the significant contribution you have made during your tenure, for the benefit of local health services and communities.

22. 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 most patient waiting times.

23. 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.

Best wishes,
Shona

SHONA ROBISON

NHS GREATER GLASGOW & CLYDE ANNUAL REVIEW 2014/15

MAIN ACTION POINTS

The Board must:

- **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 target**
- **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 with redesigning local services in line with the Board's clinical strategy**