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Mr John Brown CBE  
Chairman  
NHS Greater Glasgow and Clyde

By Email.

30 August 2016

Dear John,

## **NHS GREATER GLASGOW & CLYDE: 2015/16 ANNUAL REVIEW**

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Glasgow on 4 August.
2. I would like to record my thanks to 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 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 was also pleased to hear of the ACF's support for the national clinical strategy and the Chief Medical Officer's commitment to 'realistic medicine'. I am in no doubt that continued, meaningful engagement of local clinicians 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 to promote learning from genuinely innovative service redesign schemes, such as the Inverclyde GP pilot (a major project to test new ways of structuring primary care services); extended community-based optometry provision; the use of electronic whiteboards to help triage and track patients; the need for effective succession/workforce planning; for more focused IT integration; and for effective and responsive language and translation services. 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; the work undertaken to scope and develop the shape of future clinical services; the *On the Move* programme to migrate staff and acute services in Glasgow; and the considerable work undertaken to develop the local response to the bullying and harassment/dignity at work agenda.

6. I undertook to note the local issues raised by the Forum which included: the view that there could be more national support on partnership working with Integrated Joint Boards (IJBs); a concern that IJBs might not be any more successful than the former Community Health Partnerships in achieving the shift in the balance of care; mixed views in relation to national performance targets but a general welcome of the national review; and a request to consider undertaking a national survey of retirement intentions over the next 5-10 years. I also noted the position put forward by Unison members, reiterated in a silent vigil before the main Annual Review meeting, that they felt NHS Greater Glasgow & Clyde was underfunded by the Scottish Government. I pointed out that the SNP Government had, during our time in office, increased NHS Greater Glasgow & Clyde's frontline budget by £444.3 million from £1,643.9 million in 2006/07 to £2,079.2 million in 2016/17; representing a cumulative cash increase of 27.2%. The Board's 2016/17 allocation represents an annual uplift in the resource budget of 5.2%, having previously increased by 2.7% in 2015/16.

## 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 the continuity of care with Boards advising patients on the retirement of key NHS staff and introducing replacements; the very strong support for the provision of insulin pump therapy and its further distribution; the excellent support offered by the 'patient view' IT system; the benefit of anti-stigma campaigns and consideration of a national roll out of the local stories already uploaded to social media; and the importance of having an effective, integrated patient records system which will allow staff to quickly establish core issues and needs whilst remaining secure. 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 18 sets of questions from members of the public in a session lasting well 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 is to be commended for exceeding its target in delivering alcohol brief interventions. A brief intervention is a short motivational interview, in which the costs of drinking and benefits of cutting down are discussed, along with information about health risks. These have been proven to be effective in reducing alcohol consumption in harmful and hazardous drinkers. Almost 16,000 alcohol brief interventions were carried out in 2015/16, exceeding the Board's target by 2,980. Overall, between 2008 and 2016 the Board delivered 121,610 interventions, exceeding its target by 17%.

11. The Board is also to be commended for its excellent, sustained performance against the drug and alcohol waiting times standard which specifies that 90% of people who need help will wait no longer than 3 weeks for treatment that supports their recovery. NHS Greater Glasgow & Clyde achieved 96.5% against this standard. I also want to put on record our thanks for the Board's performance against the 90% standard for all referrals to child and adolescent mental health services within 18 weeks which was exceeded with a local performance of 100%. In addition, more than 92% of all patients referred for psychological therapy started treatment within 18 weeks against a target of 90%.

### ***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. 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 81% reduction in cases of clostridium difficile infection in those over 65 since December 2007, with a 96% fall in levels of MRSA since Dec 2007 (compared to December 2015). Similarly, under Hospital Standardised Mortality Ratios, the Board achieved a fall of 18.9% for Glasgow Royal Infirmary/New Stobhill, 16.8% for Inverclyde Royal Hospital, 21.8% for Royal Alexandra Hospital/Vale of Leven, and 18.6% for the Southern General Hospital/Queen Elizabeth University Hospital between the quarter ending December 2007 and the quarter ending December 2015. I expect the Board to remain fully committed to meeting future dated targets for the reduction in incidence in MRSA/MSSA and clostridium difficile.

13. 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 2015/16, the HEI carried out 4 unannounced inspections at Stobhill Hospital (October 2015), Gartnavel General Hospital (November 2015), Royal Alexandra Hospital Paisley (January 2016) and the New Victoria Hospital (February 2016), as well as an announced inspection at the Vale of Leven Hospital (April 2016). 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. During 2015-16, the Board continued to perform exceptionally well against the suite of elective access standards and the Treatment Time Guarantee (TTG). This is particularly commendable given the context of one of the largest hospital migrations in recent history taking place, including the move to the new QEUH. Highlights for 2015/16 include: 88,514 patients were treated in 84 days or less in the year; a total of 78 patients waited over 84 days in the year, meaning 99.9% TTG compliance; 18 weeks Referral To Treatment performance in excess of 90% has been consistently delivered; 98% of new outpatient appointments occurred in less than 12 weeks; and 100% performance for the 8 key diagnostic tests in under 6 weeks. This level of performance demonstrates a strong degree of management focus and grip on the delivery of elective access standards and high quality patient focussed care. However, pressure is growing on performance, particularly in urology, and with outpatient appointments in general. 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, whilst the position has improved on the previous year, NHS Greater Glasgow & Clyde has still struggled to meet and maintain the 95% target during 2015/16. You assured me that this remains a key priority for the Board and a full review was now underway to develop further options for improvement, 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 local A&E Departments. 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 has managed to achieve the 31-day cancer access standard in three out of the four quarters of 2015, it is concerning that performance against the 62-day standard was below 95% for all four quarters. You confirmed that the Board has put into action a £1.9 million cancer improvement plan, focussing on increasing capacity for urological cancer diagnostics and treatment, to support head & neck cancer outpatient capacity, increased capacity for bowel screening cancer patients, and to rapidly treat the backlog of patients who have already breached the access standards. You assured me 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.

## ***Health and Social Care Integration***

17. There are six Integration Joint Boards within the boundaries of NHS Greater Glasgow & Clyde. East Dunbartonshire, East Renfrewshire and West Dunbartonshire went live during 2015/16 with the other three operating in shadow form until becoming fully functional on 1 April 2016. All but Renfrewshire have included children's services in their integration schemes. All Partnerships completed their Strategic Commissioning Plans by 1 April 2016, as required, setting out the vision, aims, ambitions and outcomes that each Partnership will seek to deliver over the life of the plan. Some Partnerships have, or are in the process of, developing further iterations and have begun the task of developing detailed implementation plans to support the delivery of strategic priorities identified through the strategic commissioning process. Scottish Government officials have met the Chief Officer, along with Robert Calderwood and the relevant Council Chief Executive from all six Partnerships this year, as part of a formal engagement process with all Partnerships across Scotland.

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 continued to be 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. The five Partnerships other than Glasgow City are among the best performing in Scotland; seldom recording more than a handful, if any, delays. That success is most marked in Renfrewshire which several years ago was the worst performing Partnership in Scotland and is now the best. The Glasgow City Partnership has seen significant improvement in performance following the introduction of discharge to assess, which aims to ensure patients are discharged within 72 hours of being medically fit. This, alongside the increase in step-down, intermediate care beds commissioned from private sector care homes, has resulted in a reduction in the number of bed days lost to delay of over 41%. Such progress will need to be maintained in terms of appropriately planning for winter and future pressures.

## ***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 2015/16. 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 2016/17 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. 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.

22. The Board has generally good relationships with its planning partners; is performing well against the majority of its performance targets; and is largely 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.

23. 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.



**SHONA ROBISON**

**NHS GREATER GLASGOW & CLYDE ANNUAL REVIEW 2015/16****MAIN ACTION POINTS****The Board must:**

- **Keep the Health & Social Care 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 & Social Care 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 & Social Care Directorates informed of progress with redesigning local services in line with the Board's clinical strategy**