

*Board Official*

**NHS GREATER GLASGOW AND CLYDE**

**Board Meeting**  
**20 February 2018**

**Paper No: 18/02**

**Chief Executive**

**NHS GREATER GLASGOW AND CLYDE'S 2016 - 17 ANNUAL REVIEW  
SCOTTISH GOVERNMENT FEEDBACK LETTER AND ACTION NOTE**

**RECOMMENDATION**

Board members are asked to note the content of the 2016 - 17 Annual Review letter and action note from Shona Robison MSP, Cabinet Secretary for Health and Sport.

The purpose of the attached letter from the Scottish Government is to inform Board members of the outcome of the Board's 2016-17 Annual Review. The letter summarises the main points discussed and actions arising from the review and from the associated meetings that took place on Monday 2<sup>nd</sup> October 2017 as part of the Review process.

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John Brown CBE  
Chairman  
NHS Greater Glasgow and Clyde

By Email.

31 January 2018

### **NHS GREATER GLASGOW & CLYDE: 2016/17 ANNUAL REVIEW**

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Glasgow on 2 October.
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 positive and 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. I was pleased to hear of the Forum's support for the Health & Social Care Delivery Plan 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 community pharmacy vision and the on-going work related to delivering community pharmacies to meet the needs of local communities; this led on to discussion about the need for more effective and integrated IT systems to enable the range of healthcare providers access to patient information; the challenges with forward planning when budgets are not known until the end of the year; and the need to work more closely with IJBs, particularly when considering and developing service delivery or change to 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 critical health and social care integration agenda; and the considerable work undertaken to deliver the ambitions of the NHS Scotland Everyone Matters workforce Vision; with a range of work underway to improve staff engagement and development, governance, workforce planning and staff attendance.

6. We discussed a number of local matters raised by the Forum which included: challenges in delivering front line health care services against a backdrop of tight public sector budgets and greater demand on services; on-going work to build on partnership working between the six Health and Social Care Partnerships and the APF, which is key when decisions taken in one H&SCP can impact on other partnerships and the NHS Board; various strands of work to build and improve on partnership working to improve patient care. I also noted the position put forward on behalf of the 'scrap the (pay) cap' campaign, I confirmed that, as announced by the First Minister on 5 September a part of our new Programme for Government, it is our intention to lift the public sector pay cap for the NHS and other public sector workers; to take effect in 2018.

## 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: waiting times for orthopaedic outpatient appointment; the need to ensure that Treatment Time Guarantee appointment letters are tailored to individuals; the importance of communicating with hospital patients family members; need to provide services as locally as possible to reduce cost to patients of attending appointments; the importance of all appropriate community services being in place to ensure patients can be discharged from hospital on time; and on breast cancer treatment and care I noted the concern around GPs having the up to date training to diagnose with confidence, and the importance of feeling part of a multi-disciplinary team providing continuity of care. Staying with breast cancer care, I was also pleased to note that in feedback I heard, there was much noting the excellent care that had been received. There were various points from our discussion that NHS Greater Glasgow and Clyde committed to pick up with the individuals and take forward.

## 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 and Clyde website.



9. We then took a number of questions from members of the public. 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 and Clyde is to be commended for exceeding its overall 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. 15,379 alcohol brief interventions were carried out in 2016/17 against a target of 13,085. I note that meeting the target in the priority settings has proved challenging and I welcomed your assurance that work is on-going to improve performance in this area.

11. The Board is also to be commended for continuing to meet 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 and Clyde achieved 96.8% against this standard for 2016/17. I also want to put on record our thanks for the Board exceeding the local smoking cessation standard (2015/16). Final performance data for this was published in October 2016 and showed the Board achieved 141.9% against the annual target.

### ***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 concerns. I know that there has been a lot of time and effort invested locally in effectively tackling infection control; this is reflected in the Board delivering overall an 86% reduction in rates clostridium difficile infections in over 65s since 2007 and a 94% fall in rates of MRSA for the same period. The Board missed the standard for MRSA/MSSA for the year ending March 2017 and I noted that you are committed to improving performance. Under Hospital Standardised Mortality Ratios, the Board recorded a fall of 10.0% for Glasgow Royal Infirmary/New Stobhill, 11.8% for Inverclyde Royal Hospital, 3.1% for Royal Alexandra Hospital/Vale and 9.1% for the Southern General Hospital/QEUI between quarter ending Mar 2014 and quarter ending Mar 2017.

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. Six unannounced inspections took place between September 2016 and March 2017 at: Royal Hospital for Sick Children; Princess Royal Maternity Hospital; Queen Elizabeth University Hospital; Stobhill Hospital; Glasgow Royal Infirmary; and Princess Royal Maternity Hospital's theatre department. Following the inspection of QEUI, I took the opportunity to meet with the Board's Chief Executive and Chair at the time and received assurances that areas for improvement would be addressed. The Board gave further assurance that following all inspections, action plans were developed and implemented to properly address all the requirements and recommendations identified.



## ***Improving Access – Waiting Times Performance***

14. As the largest Health Board in Scotland, how NHS Greater and Glasgow performs in key priority areas, such as against the patient access standards, has a significant impact on the national picture. While NHS Greater Glasgow and Clyde have faced pressures throughout the year in delivering against the suite of elective standards, the Board has maintained performance at, or very close to 90% throughout the year for the 18 weeks Referral to Treatment Time standard. And on the 8 key diagnostic tests the Board achieved 100% performance for all radiological tests during the year, however pressures emerged in the latter half of the year in the delivery of colonoscopy and upper GI scopes. Outpatients appointments have proved challenging with the Board achieving 90.2% performance, as has delivering against the Treatment Time Guarantee with 93.5% of patients being treated within 84 days. The pressures are mainly in the specialities of general surgery, ophthalmology and trauma and orthopaedics. The Board assured me that you are committed to improving performance, with various work streams underway, to ensure you improve and sustain delivery against these key performance standards.

15. A number of Health Boards have struggled to meet and maintain the 4 hour A&E waiting target over the past year. Performance for NHS Greater Glasgow and Clyde continues to be variable and the focus remains on sustainable improvement, particularly at Glasgow Royal Infirmary and Queen Elizabeth University Hospital. The Board has assured Ministers that improving performance remains a priority and the national unscheduled care team has been working closely with local teams across the Board area, supporting the implementation of a number of key actions in line with the 6 Essential Actions for Unscheduled Care, and the implementation of a Board wide action plan which was agreed with the Chairman of the Board. The action plan for the QEUH focuses on priority actions that will minimise delays for patients in A&E and Immediate Assessment Unit and you will build on this work to support overall performance improvement. Building on this and establishing consistent performance and robust contingencies will be crucial as we move into winter. Balancing capacity across seven days is essential to maintaining flow and we welcome your commitment to implementing Daily Dynamic Discharge. This work needs to ensure continued focus on improving the rates of discharge at weekends in line with weekday rates, and on a daily basis shift the inpatient discharge curve to the left. We look forward to reviewing your outcomes from this work.

16. The Board continues to fall short of both the 62 day and 31 day cancer access standards. While performance against the 31 day standard has been better at 93.7% in the second quarter of 2017, the Board recorded a performance of 84% against the 62 day standard in the same quarter. Cancer performance is monitored weekly and Scottish Government's Cancer Delivery Team will continue to work with NHS Greater Glasgow and Clyde to support and enable an improved performance to above 95%. We will continue to keep this and other areas of access performance under close review.

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

17. There are six Health and Social Care Partnerships within the boundaries of NHS Greater Glasgow & Clyde. West Dunbartonshire went live on 1 July 2015, East Dunbartonshire went live on 3 September 2015. The remaining four partnerships: East Renfrewshire, Glasgow City, Inverclyde and Renfrewshire went live on 1 April 2016. The partnerships have all published their first annual performance reports for 2016-17, setting out key successes and issues.

18. I note that the six Health and Social Care Partnerships have worked in partnership with each other and the Board over the past year with much of the focus on reducing delayed discharges. The Partnerships have agreed a range of actions across all acute sites, with a focus on developing alternative pathways from A&E, reducing unnecessary admissions and delayed discharge through improved GP support and building service provision in community settings. While Glasgow City Partnership accounts for the majority of NHSGGC's delays, significant progress has been made following measures put in place including the introduction of nearly 100 intermediate care beds. I understand that work is underway with each of the HSCP leads to ensure robust plans are in place to further improve performance across the whole area.

### **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 and Clyde met its financial targets for 2016/17. 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 and Clyde remains fully committed to meeting its financial responsibilities in 2017/18 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; as such, they 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 and Clyde. Whilst there will always be improvements that can be made – which the Board and its planning partners accept – we should also recognise that the hardworking and committed staff in NHS Greater Glasgow and Clyde have achieved a great deal for the benefit of local people in the last 12 months. Building on relationships with your planning partners will be crucial in continuing to progress the local health and social care integration agenda.

22. I know from our discussions that you are not complacent and recognise that there remains much to do, and I am confident that the Board understands the need to maintain the quality of front line services whilst demonstrating best value for taxpayers' investment. We will continue to keep progress under close review and I have included a list of the main performance action points in the attached annex.

Best wishes,  
Shona

**SHONA ROBISON**



## ANNEX

### NHS GREATER GLASGOW AND CLYDE ANNUAL REVIEW 2016/17

#### MAIN ACTION POINTS

##### The Board must:

- **Keep the Health & Social Care Directorates informed of progress with its significant local health improvement activity**
- **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety**
- **Keep the Health & Social Care Directorates informed on progress towards achieving all access standards, including ensuring that performance against outpatient and inpatient/day case standards at the end of March 2018 is no worse than that delivered on 31 March 2017.**
- **On the 4-hour unscheduled care target, as a minimum: ensure performance at Queen Elizabeth University Hospital and Glasgow Royal Infirmary achieves performance levels at or above 92% whilst maintaining performance across other sites as that delivered in 2016/17.**
- **Continue to work with planning partners on the critical health and social integration agenda and the key objective to significantly reduce patients experiencing delayed discharge**
- **Continue to achieve financial in-year and recurring financial balance**
- **Keep the Health & Social Care Directorates informed of progress with redesigning local services.**