1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Glasgow on 1 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 helpful discussion with the Area Clinical Forum. It was reassuring to hear that the Forum has a determined focus on contributing to effective clinical governance and patient safety, and that the Board had fully involved the Forum in agreeing the local approach to the implementation of the Quality Strategy. We discussed a range of issues and it was most encouraging to be briefed on a number of impressive local examples of innovation and service redesign that have clearly benefited local patients, such as the electronic linking of optometrists; and the successful implementation of the Board’s clinical portal programme. We also had a helpful discussion about medical workforce challenges and the importance of professional and clinical leadership in delivering the aims of the Quality Strategy. It was clear that both the Forum and NHS Board share a firm commitment to ensure that the high quality of care available locally is maintained. 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. It was evident that the Board had actively involved the Forum in agreeing efficiency and service redesign plans, for the benefit of local patients. The strength of these relationships will be crucial in the more challenging times ahead and, whilst they have underpinned progress over the last year in terms of the majority of the key workforce targets, you accepted that further focus was necessary around the challenging sickness absence standard and eKSF HEAT target. It is also crucial that the Board continues to work in full partnership with the staff-side and unions to address any medical workforce challenges and issues of clinical or professional leadership.

Patients’ Meeting

5. 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. We had an interesting and constructive discussion around a wide range of matters and, whilst I noted the frustration around the advance booking of GP appointments in some areas, I was taken by the generally positive outlook of the group. Indeed, it was inspiring to hear of the commitment to developing and disseminating better patient information; and of the important work undertaken by volunteers to ensure that the patient is at the centre of local healthcare services; such as in the introduction of the new hydration policy. These are excellent examples of the co-ownership or mutuality of approach the Government is keen to foster in the NHS in Scotland. I was very grateful to all the patients who took the time to meet with me.

Visit: Beatson Cancer Centre

6. I was delighted to have been invited to visit the Beatson Cancer Centre which has delivered excellent results in the Better Together patient survey, with all work areas scoring well above the national average. The visit had three components: a tour of the Clinical Research Unit and discussion on recent clinical trials; a visit to the Macmillian Day Chemotherapy Unit including a review of the new Chemotherapy Electronic Prescribing and Administration System; and a visit to the Radiotherapy Unit with a visual demonstration of the planning system, and discussion of the new ‘Rapid Arc’ system which enables the radiation dose to be delivered in a shorter time using a continuous arc of radiation, which has major advantages in terms of safety and efficacy. Most importantly I had the opportunity to meet some patients during the visit and they were universal in their praise for the consistently excellent quality of care they receive at the Beatson. I would like to add my thanks to the staff for their dedication and commitment to patient care, and for taking the time to meet with me.
Chairman's Award

7. Prior to the Annual Review meeting I was delighted to take part in the inaugural Chairman's Award ceremony. This year's award winner, Scott Smart, a senior occupational therapist working in the Mental Health Partnership, has combined innovation in sport, mental health and partnership working. Scott and his colleagues launched their 'Tackling Recovery' pilot football initiative, in partnership with Queen's Park Football Club and the Scottish Football Association. Fourteen males aged 18-35 years old with a diagnosis of mental illness were chosen to engage in the 12-week football coaching programme. Attendance was high throughout the programme and 10 participants eventually completed the programme, 6 of whom reported improvements in both general health and self-esteem. Through physical health screening, 90% of participants showed a reduction in blood pressure and a reduction in resting pulse. The success of the pilot has led the multi-disciplinary group behind it to establish 'Tackling Recovery' as a recognised treatment option for all ages. My congratulations to Scott and his colleagues for this well-deserved recognition.

Annual Review Meeting - Introduction

8. After I reported back on the morning meetings, you presented a helpful summary of the progress that NHS Greater Glasgow & Clyde has made in a number of areas over the last year. You also reiterated 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

9. This year's Annual Reviews have a clear focus on the Quality agenda, which is underpinned by the publication earlier this year of the Government’s Quality Strategy. All too often I hear people say of their interactions with the NHS that the clinical care was good, but that the food or communication could have been better; or that they didn't feel they were treated with enough dignity and respect. The Strategy seeks to improve the quality of care patients receive from the NHS, recognising that the patient's experience of the NHS is about more than speedy treatment - it is the quality of care they receive that matters most to them. As such, I queried how the Board of NHS Greater Glasgow & Clyde is giving leadership to the local implementation of the Quality Strategy. You confirmed the Board’s commitment to this agenda, explaining that NHS Greater Glasgow & Clyde has developed its own quality framework to ensure that patient focus is the primary concern of all staff and Board activity. An encouraging example of this approach is the nursing quality outcomes programme which seeks to review and minimise any patient issues in respect of falls, food or wounds at ward level.
10. A key aspect of the Quality agenda is to reinforce NHS Boards’ core **clinical governance** responsibility. Rigorous clinical governance and robust risk management are fundamental activities for all NHS Boards and are critical in maintaining patient safety and the quality of care. You assured me that NHS Greater Glasgow & Clyde has taken all necessary steps to effectively review your current governance arrangements, and to ensure robust procedures are in place which fully support the implementation of the measures in the Quality Strategy. You also confirmed that arrangements had been fully reviewed from local clinical teams through the Clinical Governance Committee to the full NHS Board, in light of learning from recent, high profile cases including the Mid-Staffordshire Inquiry. It was also reassuring to hear evidence that the Board is making positive changes locally as a result of careful consideration of feedback on the patient experience. This includes the Board putting in place action plans to quickly and effectively address any issues identified in local complaints and the reports of the Scottish Public Services Ombudsman.

11. In the priority area of **infection control**, I commended the Board on the excellent reductions in the incidence of MRSA and MSSA. You assured me that effective infection control is a priority for NHS Greater Glasgow & Clyde and that considerable efforts continue to be made to deliver further, significant reductions in the MRSA/MSSA incidence and to meet the HEAT target for March 2011; not least through increased practice of anti-microbial prescribing. Further to this, you confirmed that early results from rolling out the anti-microbial prescribing programme to primary care had been very encouraging. It is essential that Boards have robust laboratory systems in place to detect anti-microbial resistance and you confirmed that the Board will fully implement the VITEK and Observa laboratory systems to ensure full participation in the national strategy. It was pleasing to hear that the MRSA screening programme had been a success; whilst it had been relatively simple to implement, it has delivered sustained results. You further confirmed that local measures are in place to build upon the Board’s extremely impressive performance in minimising the incidence of clostridium difficile; and to meet the revised HEAT target. I also took the opportunity to commend the Board on the very positive rates of cleaning compliance (at over 96% for over 2 years) and hand hygiene (maintained at above 91% for the last 8 audits); as well as the largely positive Healthcare Inspectorate Reports on Inverclyde Royal Hospital, the Southern General Hospital and Glasgow Royal Infirmary. You confirmed that the action plans to address the recommendations of these reports were in place at the time of publication, and that the actions have now been successfully implemented.

12. NHS Greater Glasgow & Clyde met all key **waiting time and other access targets** in 2009-10, and I am grateful for the efforts of all staff in securing these. Looking to the future, you assured me that concerted efforts were continuing locally to meet the 18 week referral to treatment target, with pathways and protocols being redesigned across a number of specialties. The Board has struggled to maintain the 4-hour A&E waiting time standard at certain points during 2009/10. You explained that much work had been undertaken to analyse spikes in local demand; to improve public knowledge about appropriate attendances and the use of minor injuries services and NHS 24; and to enhance Medical Assessment Units within A&E Departments. You confirmed that the Board remains committed to achieving and maintaining the 4-hour standard. It was also encouraging to hear that NHS Greater Glasgow & Clyde is continuing to meet both the 31-day and 62-day cancer referral targets, through the rigorous and continuous monitoring and tracking of patient flows. You further confirmed that a new, uniform cancer waiting system had been introduced to maintain and improve performance, and that this will shortly be rolled out across the West of Scotland.
Improving Health and Reducing Inequalities

13. The Board had missed its inequalities targeted health checks HEAT target in 2009/10, largely due to data and logistical issues. You explained that considerable efforts have been undertaken locally and some significant progress has been made against the target; with 56 GP practices across 5 CHPs now involved, and a rigorous monitoring and feedback system in place and overseen by the local Keep Well Board. I was pleased to hear that the Board continues work on new and innovative ways of engaging with local communities and that a learning event to share best practice had been held on 27 October. You confirmed that this increased activity and focus underpins the Board’s confidence in meeting the March 2011 HEAT target.

14. **Smoking cessation** is a major public health priority and I commended the Board on the very significant progress made in terms of delivering the associated HEAT target. It is clear that this strong performance has been the result of considerable local work including a careful review process which identified variations in quit rates; informing a revised approach in certain areas that utilised dual prescription of nicotine replacement therapies supplemented by comprehensive follow-up support. This revised approach has shown significant improvements in quit rates and you confirmed that provisional data indicates that the Board is well on track to achieve the 2011 HEAT target.

15. I wanted to hear what the Board was doing to deliver the Healthy Weight in Children HEAT target. You confirmed that NHS Greater Glasgow & Clyde is committed to meeting the target and had put in place an innovative programme with coaches offering leisure and dietary advice together with psychological support. You explained that there is a lag between establishing the service, building local communities’ trust in it, and this feeding through to positive performance against the HEAT target. Nonetheless, with services now in place and additional efforts being made to engage children and families through local schools, you were confident that the Board is well placed to make significant progress on performance. We will continue to monitor this closely.

16. The Board continues to make good progress with the Alcohol brief interventions target. You explained that considerable additional effort had been put into addressing performance in this area (most notably in primary care settings) and, indeed, that the Board is confident it can exceed the March 2011 target. I also commended the Board on its addiction services and consistently high performance against the HEAT drug treatment performance indicators; with 99% of people offered an appointment for assessment within 4 weeks and 97% being offered a treatment date within 4 weeks. You explained that the main challenge to maintaining this performance could be the availability of local authority funding going forward and the pressures of demand and unmet need but reiterated the Board’s commitment to working with planning partners to deliver high quality, sustainable services in this area. I was more concerned about progress against the breastfeeding target and you confirmed that, whilst this remains a significant challenge for the Board, considerable additional work and resource has been invested in this area. You confirmed that the Board will host a breastfeeding summit in the near future to share best practice, and is committed to making marked progress against the target in the coming months. You agreed to keep in close contact with the Health Directorates on progress against this important health improvement target.
17. I started this section of the Review by feeding back concerns elicited at the patients’ meeting earlier in the day about difficulties in booking GP appointments in advance in some areas. You confirmed that the Board is utilising national survey information – which breaks down access data to the practice level – to identify any issues; and that CHPs will actively follow up with individual practices to ensure there is appropriate access. I asked how NHS Greater Glasgow & Clyde ensures the quality and co-ordination of out of hours services. You explained that the out of hours service is directly managed by the Board through the acute Emergency Care Directorate. This fully co-ordinated arrangement ensures that there are consistent risk management and governance protocols (incorporating an integrated complaints and quality process) across the service. You further confirmed that the out of hours service is subject to a specific quality assurance group and annual patient survey; as well as benefiting from co-location with the Scottish Ambulance Service and NHS 24.

18. I asked the Board what plans it has in place together with its planning partners to ensure that the zero delayed discharge standard is maintained. You confirmed the Board intends to review resources with its planning partners in what is unquestionably a challenging financial framework in order to deliver against the ongoing commitment to meet and maintain the national standard. I asked that you keep the Health Directorates up to date on progress in this important area. I commended the Board on its performance against the balance of care for older people with complex care needs HEAT target. You confirmed that this is a crucial area of partnership work for the Board, with some 2,000 bed days being freed up in East Renfrewshire alone. You explained that there is variation in performance across partnerships but underlined the Board’s commitment to working with local authority colleagues in implementing action plans in order to continue to deliver against the target.

19. I commended the Board for its excellent performance against the challenging dementia HEAT target. Indeed, the Board has recorded the best performance in Scotland and you confirmed that this was largely attributable to the significant initial efforts made to register patients in both the community and in nursing homes. You further confirmed that the Board remains on track to exceed the March 2011 target. I noted that the Board has struggled to make positive headway on the prescribing of anti-depressants, missing the March 2010 HEAT target. You explained that recent progress is encouraging with all CHPs reflecting positive outcomes in relation to the target, and in raising awareness of the benefit of reviewing prescriptions. Local performance is being broken down to GP practice level and carefully monitored. You further explained that considerable efforts and resource have been invested in developing community-based mental health services, including the provision of alternative psychological therapies. You confirmed that through this effort and investment, waiting times for community-based mental health services had generally dropped across the region, e.g. from 22 weeks experienced in West Glasgow in 2009 to a current maximum of 8 weeks.

20. The Board is to be commended on the significant progress made in terms of the provision of local dentistry services. The HEAT target is for 80% of 3-5 year olds to be registered with a dentist by June 2010 with the Board achieving 96.2% by December 2009. The Board commenced its Childsmile school programme in 2009/10 and you confirmed that the nursery programme, covering some 102 local nurseries, is in the final stages of planning and should be operational by March 2011. All dental practices need to be decontamination compliant by December 2012 and you explained that only 31 practices remain in the region for further work. You confirmed that the Board has invested £650k to support this work and that full compliance would be achieved by the deadline.
Finance, Efficiency, Workforce and Service Redesign

21. I was pleased to note that the Board met all 3 financial targets for 2009-10, alongside the 2% Efficient Government target. You assured me that there has been good progress to date on your in-year recurrent efficiency savings (with some 320 cost saving schemes identified); and that there continues to be active dialogue across the whole organisation to agree a challenging, recurring, longer-term savings programme. You explained that your efficiency plans are closely linked to delivering service redesign for the benefit of patients and local people; for instance, the introduction of centralised occupational health service ensuring a consistent, high quality approach to patient care; and the introduction of automated technology in stores and dispensing areas of pharmacies. You confirmed that the Board continues to make considerable efforts to maximise efficiency savings in the high cost area of prescribing; monitoring closely compliance against formulary with practices and pharmacies, and scrutinising the management of repeat prescribing to maximise value for money; as well as working closely with other West of Scotland NHS Boards to promote the reduction of medicines waste.

22. We covered most workforce matters at the earlier meeting with the Area Partnership Forum but it is worth noting again that, whilst the Board had made progress in managing sickness absence, further work is necessary in order to meet and sustain the national standard. You also assured me that the strength of local partnership working will continue to underpin robust workforce planning, and that this work is informed by the Board’s commitment to ensure that the quality of local services are maintained.

23. In terms of local service redesign, I noted that many accolades had been bestowed on the new Stobhill and Victoria Day Hospitals; not least from patients who have been treated there. You confirmed that the Board has recently approved the Full Business Case for the new Southern General Hospital and reiterated the Government’s commitment to deliver this flagship project which is planned to be fully operational from the summer of 2015.

Public Question and Answer Session

24. At the conclusion of the main Review discussion, I undertook the public question and answer session. I am grateful to audience members for their patience, enthusiasm and considered questions.

Conclusion

25. I would again like to thank you and your team for a positive, productive and informative day. It is clear that progress has been made in the last year on a number of fronts and local staff are to be congratulated for their assiduous efforts. However, you recognise that there is no room for complacency and that there remains much to do. The Board must maintain a clear focus on its financial position, and ensure that progress with health improvement and healthcare provision commitments is maintained. In doing so, the Board must ensure that it continues to engage effectively with staff and local communities. I have included a list of the main action points from the Review in the attached annex.

NICOLA STURGEON
MAIN ACTION POINTS

Improving the Quality of Care and Treatment for Patients

- The Board must keep the Health Directorates informed on progress towards achieving all access targets, including the 4-hour A&E standard and 18-weeks RTT target. The Board must meet all interim milestones as part of 18 Week RTT delivery.

- The Board must to continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.

- The Board must keep the Health Directorates informed of progress on the local implementation of the Quality Strategy.

Improving Health

- The Board must keep the Health Directorates up to date with progress on the local efforts to achieve the child healthy weight HEAT target.

- The Board must keep the Health Directorates up to date with progress against the breastfeeding HEAT target.

Primary Care

- The Board must keep the Health Directorates up to date with progress on maintaining the zero delayed discharge standard with its planning partners.

Finance, Efficiency, Workforce and Service Redesign

- The Board must continue to achieve in-year and recurring financial balance.

- The Board must keep the Health Directorates informed of progress in implementing the local efficiency savings programme, including a focus on recurrent savings.

- The Board must keep the Health Directorates informed of progress in achieving and maintaining the 4% national sickness absence standard.