NHS GREATER GLASGOW AND CLYDE: 2014 ANNUAL REVIEW

1. This letter summarises the main points and actions in relation to NHS Greater Glasgow & Clyde’s Annual Review, held in Glasgow on 19 August.

2. As you know, I want to ensure the rigorous scrutiny of NHS Boards’ performance whilst encouraging as much direct dialogue and accountability between local communities and their Health Boards as possible. As one of the Boards that did not have a Review chaired by a Minister this year, you conducted the Review meeting in public on 19 August. You clearly outlined progress and challenges in key areas and gave local people the opportunity to question yourself, the Chief Executive and the senior Executive team. I asked Government officials to attend the Annual Review in an observing role. This letter summarises the main points and actions in terms of NHS Greater Glasgow & Clyde’s performance in 2013/14, as organised under the relevant Health Quality Outcomes.

Introduction and opening comments

3. As in previous years, all Boards are expected to submit a written report to Ministers on their performance over the previous year, together with plans for the forthcoming year. This self-assessment paper gives a detailed account of the specific progress the Board has made in a number of areas and is available to members of the public via the NHS Board’s website, alongside this letter.

4. I understand that you opened the meeting on 19 August by presenting a helpful summary of the progress that NHS Greater Glasgow & Clyde has made in a number of areas over the last year, alongside separate presentations from the Chairs of the Area Partnership and Clinical Fora. You 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.
Everyone has the best start in life and are able to live longer healthier lives

5. The Board is to be commended for its performance against the smoking cessation targets to date. For the period from 2011–2014 the Board supported a total of 18,698 successful one-month quits in the 40% most deprived areas, exceeding the target of 12,182 by 53%. For 2014-2015 an updated HEAT target has been agreed and I note that NHS Greater Glasgow and Clyde’s target is to help 2,823 smokers from within its 40% most deprived areas to achieve stopped smoking status at three months. I was also pleased to note the data from the Board’s ‘at a glance’ Annual Review material which confirmed that there has been a 14.8% reduction in adult respondents reporting that they smoke in the area since 2000/01.

6. I also want to recognise that NHS Greater Glasgow & Clyde has delivered over 90,834 Alcohol Brief Interventions (ABIs) to date (2008-2014), exceeding its target of 77,100, which represents an 18% over-achievement. Similarly, during 2013-14 NHS Greater Glasgow & Clyde delivered 18,878 interventions against a target of 14,066, representing a 34% over-achievement. Such sustained delivery will support the HEAT standard for 2014-15 and our long term aim of embedding ABIs into routine practice. This includes established delivery in priority settings as well as developing wider delivery in a range of settings including prisons, social work and through partnership working with each of the 6 local authority areas on Alcohol.

7. The drug and alcohol treatment waiting times HEAT Standard for 2013/14 (now extended to 2014/15) expects that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. I am very pleased to note the data as at the end of June 2014 that, in NHS Greater Glasgow & Clyde, 96.6% of clients who attended an appointment for drug or alcohol treatment (between January and March 2014) waited 3 weeks or less following their referral. I also note NHS Greater Glasgow & Clyde’s continuing commitment to meeting both the crucial 31-day and 62-day national cancer access standards.

Health care is safe for every person, every time

8. 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. I am very pleased to note some of the local achievements which have been overseen by the Board as part of its health governance responsibilities; carefully scrutinising performance in patient services and pathways to ensure they are fit for purpose and of the highest quality, including: a 77% reduction in clostridium difficile rates since 2007; a reduction between January and March this year in total MRSA/MSSA cases of 26.3%; and a 17% reduction in under 75 years mortality since 2006.

9. It is clear from some of these successes that there has been a lot of time and effort invested locally in effectively tackling infection control. To this end, I expect all Health Boards, including NHS Greater Glasgow & Clyde, to remain fully committed to meeting the March 2015 HEAT targets for the reduction in incidence in Clostridium difficile and MRSA/MSSA.
10. 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. There were three HEI unannounced inspections locally during 2013/14: at the Western Infirmary carried out on 5 August 2013; at the Victoria Infirmary carried out on 27 November 2013, which was a follow-up inspection to that carried out on 23/24 July 2013; and at the Vale of Leven Hospital carried out on 16 January 2014. The Board has given me the assurance that all the requirements and recommendations identified as a result of these inspections have been properly addressed.

Everyone has a positive experience of health care

11. 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.

12. 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. You have provided assurances that meeting and maintaining the Standard remains a key priority for the Board. You have explained that, as well as the core issues like availability of appropriate senior clinical decision makers, the level of GP out of hours cover, effective patient flow and increased delayed discharge incidence in some areas, there have been different issues affecting some of the main acute sites. You have provided assurances that there are robust plans in place to effectively monitor and address these, including sufficient additional staffing and bed capacity, in line with the Board’s Local Unscheduled Care Plan. We will keep this area of performance under close review. It is essential that the Board has robust plans in place to ensure delivery against the national elective and emergency performance targets/standards during what I recognise will be the key logistical challenge in 2015/16 of the migration to the New South Glasgow University Hospitals campus.

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

13. We are now entering into a critical phase in terms of the progress the Board is making with its local council partners in addressing the critical health and social care integration agenda. I recognise that the picture continues to be mixed with developments at an advanced stage in certain local authority areas such as East Renfrewshire, whilst being more challenging 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, I know you will ensure that the Board and its planning partners remain committed to fully involving local staff and their representatives as this important work progresses.
Best use is made of available resources

14. 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 2013/14 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 2014/15. All efficiencies made through this programme are reinvested in health care.

15. I have noted the Board’s assurances around the robust planning – including prudent provision for double-running costs - involved in the implementation of the previous acute services strategy, including the migration to the new £842m Southern General Hospitals campus during 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 2014/15 and beyond.

Conclusion

16. I would like to thank you and your team for hosting the Review. I understand the meeting was well received by the very large audience and that Board representatives took over an hour of questions from the attendees. I hope the approach helps in encouraging as much direct dialogue and accountability as is practicable. I thank the Board and its staff for an impressive performance in 2013/14: it is clear that the NHS Greater Glasgow & Clyde is making significant progress in taking forward a challenging agenda on a number of fronts, including improving access, maintaining tight financial control and developing services in line with the 2020 Vision. The Board generally has good relationships with its planning partners, and is fully aware that effectively building on such relationships will be crucial in continuing to progress the local health and social care integration agenda.

17. Whilst I am happy to acknowledge the many positive aspects of performance in NHS Greater Glasgow & Clyde, I know you are not complacent and recognise that there remains much to do. I am confident that the Board understands the need to maintain the quality of frontline 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.

ALEX NEIL

St Andrew’s House, Regent Road, Edinburgh EH1 3DG
www.scotland.gov.uk
ANNEX

NHS GREATER GLASGOW & CLYDE ANNUAL REVIEW 2014

ACTION POINTS

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

- The Board must continue to make progress on delivering against its health improvement objectives, including meeting and maintaining the relevant HEAT targets and standards.

- The Board must continue to deliver on its key responsibilities in terms of clinical governance, risk management, the quality of care and patient safety.

- The Board must continue to promptly and effectively respond to the HEI and Older People in Acute Hospitals inspection reports.

- The Board must keep the Health Directorates informed on progress towards achieving the HEAT access targets, including the 4-hour A&E target and standard.

- The Board must continue to work with planning partners on the integration agenda, and to ensure that local staff are fully engaged and involved in this process.

- The Board must continue to achieve financial in-year and recurring financial balance, and keep the Health Directorates informed of progress in implementing the local efficiency savings programme.

- The Board must continue to refine the plans and contingency arrangements required for a successful move to the new acute hospitals estate in Glasgow in 2015 whilst maintaining the quality of care and performance targets/standards.

- The Board must keep the Health Directorates informed of progress with the new clinical strategy plans.