NHS GRAMPIAN: 2013/14 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Summerfield House and the Aberdeen Dental Education Centre on 12 January 2015.

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 particularly useful to have the opportunity to visit so early in your tenure as Chair. It was a very informative day and hope everyone who participated also found it worthwhile.

HIS Report – Board Response

3. We began with a very constructive meeting with yourself, the Interim Chief Executive and your Executive Team to discuss the Board’s response to the recent reports by Healthcare Improvement Scotland and the Royal College of Surgeons of England.

4. You and the Interim Chief Executive emphasised the Board’s commitment to a path of renewal and improvement, with an immediate Action Plan developed and already being implemented. You particularly highlighted the priority being given to improving access performance, the programme of engagement underway with your staff and the significant improvements that have been achieved in relation to patient feedback, with 90% of responses now being issued within 20 working days.

Visit

5. I was delighted to have the opportunity on the day, to visit the Elderly and Specialist Rehabilitation Services at Woodend Hospital, and the Emergency Department at Aberdeen Royal Infirmary. Please pass on my thanks to the staff for organising these events. I was particularly impressed with the use of colour and art works on the wards at
Woodend and the efforts by staff to ensure that patients receive an extensive programme of stimulation to assist their rehabilitation.

Annual Review Meetings

6. As with last year, the Annual Reviews are being undertaken in 2 sessions - the first, in public, with the Minister setting the scene and context for the discussion before the Board Chair delivers a short presentation on the key success and challenges facing the local system. This is then followed by the opportunity for attendees to ask questions of the Minister and Health Board.

7. The second session is held in private between the Minister and the full Health Board. This is a more detailed discussion of local performance under the 6 Quality Outcomes and also offers Ministers the opportunity to reflect on the experience of the day whilst testing how Board Non-Executives are able to hold the Executive Team to account. This letter provides a detailed summary of this discussion and the resulting action points.

Annual Review – Public Session

8. I was pleased to have the opportunity, in my introduction to the public session, to acknowledge the dedication of NHS staff in Grampian as well as the world class facilities available to support the provision of healthcare for the people of Grampian. I also repeated the Scottish Government’s intention to continue to support NHS Grampian to improve, including the provision of over £15 million additional resources, and noted the my impression of a positive commitment to change throughout the Board.

9. In your own presentations, you and the Interim Chief Executive took the opportunity to acknowledge the particular challenges encountered over the last year but also to outline the specific progress the Board has made in a number of areas highlighted in last year’s Review. I was pleased to hear you re-iterate the Board’s clear focus on patient safety and positive patient experience, partnership working, effective governance and rigorous performance management. You also described the Board’s approach to pursuing significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable healthcare services. Further detail on these key areas of activity is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review and which I would encourage you to make available on the Board’s website, along with a copy of this letter.

10. We then took a number of questions from members of the public on a wide range of topics including the Board’s response to HEI reports; care for people with diabetes; the safety of hepato-biliary services; the cost of living in the Aberdeen area and the impact on recruitment; funding for cardiac rehabilitation and access to x-ray services.

Annual Review – Private Session

11. Before we moved onto the first item on the Agenda, I took the opportunity to thank the Board for all the hard work they had undertaken on behalf of the people of Grampian during the previous 12 months.
Everyone has the best start in life and are able to live longer healthier lives

12. The statistics for the second quarter of 2014/15 indicate that NHS Grampian was achieving the 31-day cancer waiting time standard, with performance at 95.5%. For the 62 day standard, however, the Board has been below the 95% standard for the last five quarters, with the most recent quarter showing 86.9%. I am aware that there are particular pressures within the Urology, Lung, Head & Neck and Colorectal pathways and that you have a recovery improvement plan to streamline these pathways, which is being monitored on a weekly basis by the Scottish Government Cancer Access Team.

13. I was encouraged to learn that the improved tracking and management controls being put in place as part of NHS Grampian's whole system recovery plan are beginning to realise benefits but concerted, targeted and sustained effort is required to remedy the current level of underperformance. NHS Grampian is also underperforming against the Detect Cancer Early (DCE) Target. The Board should ensure that local implementation plans are in place to increase the proportion of people accessing the national bowel and breast screening programmes. I would urge you to maintain your focus, at all levels, on this vital aspect of your services and ask that you keep in close contact with the Scottish Government's Cancer Access Team to ensure that we remain sighted on progress.

Health care is safe for every person, every time

14. 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 in the delivery of services. 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.

15. In tackling infection control, I note that the Board is currently well within the national target for instances of Clostridium difficile, with only three recorded cases of C. diff in people aged 16-64 in quarter 1 of 2014/15- your lowest rate to date. You remain slightly behind trajectory for delivery of the target for MRSA/MSSA, but I understand that NHS Grampian is working hard to meet this target by the end of March 2015 and I look forward to seeing continued improvements in this area.

16. As you will be aware, the Healthcare Environment Inspectorate (HEI) carried out a series of inspections in the Aberdeen Maternity Hospital between August 2013 and July 2014, following up on progress with issues identified in the initial inspection (published October 2013) which identified 7 requirements and 6 recommendations. The HEI concluded that improvements were being made and sustained but urged further vigilance to ensure that standards continue to improve. Announced inspections were also carried out in Woodend and Inverurie Hospitals during 2014, with 4 requirement and 2 recommendations for Woodend but no improvements identified for Inverurie. The Board, and particularly staff at Inverurie Hospital are to be congratulated for this very positive outcome.

17. Healthcare Improvement Scotland have also carried a number of inspections of care for older people in acute hospitals (OPAH) during the year, in Dr Gray's Hospital and most recently in Woodend Hospital. You have assured me that all of the areas for improvement identified in the inspections are being followed up and my officials will continue to monitor progress with this work.
Everyone has a positive experience of health care

18. NHS Grampian is continuing to face a range of challenges in delivering elective waiting times standards with an average performance of 89.6% for 2013/14 against the overall 18 weeks Referral to Treatment (RTT) standard. Performance has remained below the 90% standard since November 2013. The Board is also continuing to see breaches against the 12 week Treatment Time Guarantee (TTG) for inpatients and day-cases. The number of outpatients waiting over 12 weeks for a first appointment is continuing to increase with a particular challenge in relation to Orthopaedics and Dermatology. The Board continues to receive intensive support from the Scottish Government Health Workforce and Performance Team focused on waiting list management and demand and capacity planning. I look forward to seeing the anticipated improvements resulting from this work and the Board’s considerable investment in these services.

19. The Board’s performance against the 4 hour Emergency Access standard has been variable over the last year with performance in December 2014 reported as 94.4%. A site visit by the Scottish Government’s Unscheduled Care Team at the end of last year highlighted some concerns around processes in the Emergency Department which I would urge you to address. NHS Grampian was allocated £761,848 as part of the Unscheduled Care Action Plan in 2014/15 and I look forward to seeing more sustainable improvements in performance as a result of the efficient investment of these resources in the whole system improvements set out in your Local Unscheduled Care Action Plan.

Staff feel supported and engaged

20. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. NHS Grampian’s sickness absence rate for the year ending 31 March 2014 was reported as 4.63%. This compares positively with an average across NHS Scotland of 4.76%, although I would encourage you to continue your efforts to reduce the level still further.

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

21. NHS Grampian has not been able to sustain the standard of having no patient delayed for longer than four weeks. The number of patients in delay is impacting on effective patient flow in both Aberdeen Royal Infirmary (ARI) and Dr Gray’s Hospital. You have assured me that the Board is working closely with Local Authority partners and independent sector colleagues to increase community capacity, assisted by the significant resources which have been made available to the Board for this purpose in recent months. My officials will continue to work closely with you on this matter and will monitor progress in delivering sustained and consistent improvements.

22. I note that there has been a rise in the number of young people waiting over 18 weeks to receive treatment by the Board’s Mental Health Services. The figures for quarter two of 21014/15 indicate that NHS Grampian’s performance in relation to access to both Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies is significantly below the national average. With the 90% target due for delivery by the end of March 2015, it is vital that you explore all options to improve and sustain performance in these areas as a matter of urgency.
Best use is made of available resources

23. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. Despite the challenges facing NHS Grampian, the Board achieved all 3 of its financial targets in 2013/14 i.e. to operate within its Revenue Resource Limit, Capital Resource Limit and to meet its Cash Requirement. A significant proportion of your efficiency savings achieved were delivered on a recurring basis, significantly higher than originally planned, and that plus the acceleration of progress to NRAC parity puts the Board on a firm footing for current and future years.

Conclusion

24. I would again pass on my thanks to you and your Team for a constructive and informative Annual Review. It is clear that the Board is making significant progress in taking forward a challenging agenda on a number fronts. However, our discussions have assured me that you are not complacent and you recognise that there remains much to do. I have included a list of the main action points from the Review in the attached Annex.

Best wishes,

SHONA ROBISON
MAIN ACTION POINTS

The Board must:

- 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 an effective response to the findings of Healthcare Environment Inspectorate and Older People in Acute Hospitals inspections.

- Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, in particular the 4-hour A&E standard, and Treatment Time Guarantees.

- Make sustained progress against the staff sickness absence standard.

- Continue to work with planning partners on the integration agenda, and to deliver against the delayed discharge target.

- Continue to achieve financial in-year and recurring financial balance, and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.