

Minister for Public Health
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Cllr Bill Howatson
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27 November 2013

Dear Bill,

NHS GRAMPIAN ANNUAL REVIEW: MONDAY 7 OCTOBER 2013

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings held at Summerfield House and Curl Aberdeen on 7 October 2013.
2. I would like to record my thanks to you and everyone who was involved in the preparations for the Annual Review Programme, and also to those who attended the various meetings. I found it a very informative day and I hope everyone who participated also found it worthwhile.
3. I began by meeting local staff of both ACF and APF and was grateful to them for taking the time out of their busy schedules to share their views with me. I was assured by what I heard in both meetings and it is clear from our discussions that local relationships remain strong and that both Forums and the Board are well placed to address both outstanding challenges and those that lie ahead, in effective partnership.

Meeting with the Area Clinical Forum (ACF)

4. I had a very useful discussion with the Area Clinical Forum. I was reassured that NHS Grampian continues to actively support the Forum and that work is progressing to ensure that it continues to make a meaningful contribution to the Board's work; that the group has effective links to the senior management team; and that, in general, effective engagement and communication is appropriately prioritised. It was clear that the Forum has a determined focus on clinical quality and innovation to promote patient safety. Members of the Forum highlighted the crucial role of primary and community care and the benefits to be gained from co-production and e-health, citing the Board's 'No Delays' project as a practical example. I noted some concerns around access to smart and integrated IT systems to support front line staff and the challenges of resourcing and of local recruitment.

Meeting with the Area Partnership Forum (APF)

5. I had a very informative discussion with the Area Partnership Forum. I was pleased to note that the wellbeing of staff and the promotion of good partnership working remain priorities for the APF and recognise the important role that the full time partnership representatives play in ensuring this continues to function effectively. Forum members highlighted the benefits of early engagement and the importance of learning from the outcomes of external scrutiny processes. I welcomed the Board's introduction of the Grampian Recognition Awards for Teams and Staff (GRAFTAS) and the positive impact these have had on staff morale. The APF was also cognisant of the local recruitment challenges and expressed support for the Board's proactive approach to dealing with these challenges.

Patients' Meeting

6. I would like to extend my sincere thanks to 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 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 specialist care for people suffering from heart failure and the current pilot providing exercise classes to assist cardiac rehabilitation; the vital contribution made to improving patient experiences by the third sector (including the nutritional champions in Woodend); ambitions for a truly joined up patient information system; outreach work with Gypsy/Travellers and medicines management.

Visit

7. I was delighted to visit the Recovery Resource Unit at the Royal Cornhill Hospital and see for myself the excellent work being done by the multi-disciplinary team here to address health inequalities and support individual patients in taking an active approach to recovering from illness. I had the opportunity to visit the well-equipped patient gymnasium and then enjoyed meeting patients and staff involved with the Hillwalking and Gardening groups, hearing about their activities and viewing some of the results of their work in the garden.

Annual Review Meetings – New Format

8. Ministers have listened to feedback from members of the public at Annual Reviews in recent years who called for a more focussed public discussion of the key issues, ahead of the opportunity to ask questions. As such, Ministerial Reviews are now undertaken in two 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 successes and challenges facing the local system. This is then followed by the opportunity for attendees to ask questions of the Minister and Health Board.

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

10. As in previous years, all Boards are expected to submit a written report to Ministers on their performance over the past year and their plans for the forthcoming year. I note that

NHS Grampian's self-assessment paper gives a detailed account of the specific progress the Board has made in a number of areas and that – along with a video of the public session - it is available to members of the public on the NHS Grampian website. I have highlighted some of these key areas of challenge and success below.

Annual Review – Public Session

10. During your presentation, you provided a helpful summary of progress made against last year's Annual Review action points and I was pleased to hear you reiterate the Board's clear focus on effective governance, performance management and patient safety. In particular, I was pleased to hear about the developments in planned care to improve the patient experience, including your innovative 'No Delays' personalised electronic postcards and the investment you are making to enable you to deliver sustainable compliance with the 12 week Treatment Time Guarantee. You also reported on the new clinical decision support service which was launched in the Aberdeen Royal Infirmary's Emergency Care Centre at the beginning of September and the progress being made in delivering maximum waits of 12 months for IVF treatment.

11. Following the introductory presentations we took a number of questions from members of the public on a range of subjects such as GP opening hours, support for people with Type 2 diabetes, primary care services in expanding areas of the city, salary levels in the NHS and specialist nursing services for people suffering from heart failure. 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

Everyone has the best start in life and are able to live longer healthier lives

12. NHS Grampian has performed consistently well against the 31 day cancer waiting times standard but has faced real challenges in delivering against the 62 day standard, with performance below 95% for four of the last six published quarters. You have reported particular difficulties in relation to colorectal cancer and urology. I fully appreciate the issues faced in recruiting to vacant posts in this area and I am encouraged by the regional approach taken to date in response to this situation. I would urge you to maintain your focus on this area and on the implementation of the action plan you have put in place to increase capacity and improve performance.

13. I want to put on record my thanks for NHS Grampian's excellent performance against the smoking cessation targets to date. For the period from April 2011- March 2013 the Board delivered 9744 successful one-month quits against a target of 5263 and achieved 177% against the target for the 40% most deprived data zones. The Board has also been extremely successful at working in partnership with community pharmacies, achieving the highest in-board rate of quit attempts through community pharmacies at 89.4%. I would also commend NHS Grampian for the continuing improvements being made in the provision of oral health services.

Healthcare 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. 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. The effective and timeous use of data and a culture that supports constructive challenge are key elements underpinning these activities. I was pleased to hear from non-Executive members that they feel well informed and able to challenge or request additional information to support robust scrutiny and decision making. The Board's consideration of patient stories at every Board meeting is also an innovative and proactive way of ensuring that Executive and non-Executive members alike remain focused on the importance of patient-centred healthcare.

16. I am aware that there has been a lot of time and effort invested locally in effectively tackling infection control, and this is reflected in the Board meeting the 2013 *Clostridium difficile* target and being on target to meet the 2015 target. I was disappointed to note that NHS Grampian did not achieve its target to deliver a rate of 0.26 cases of *Staphylococcus aureas bacteraemia* (SABs) per 1,000 acute occupied bed days by March 2013. Recognising the increasing proportion of cases made up of community acquired MSSA, renewed effort will be required by the Board in order to achieve the new target due for delivery by March 2015.

17. 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 the period covered by the review NHS Grampian had HEI inspections relating to the Royal Aberdeen Children's Hospital (RACH) and Aberdeen Royal Infirmary (ARI). The reports identified aspects of good practice against the standards to protect patients, staff and visitors from the risks of acquiring infections, but also recorded some persistent areas for improvement. I urge the Board to ensure that the action plans produced in response to all HEI inspections are fully implemented within agreed timescales. This also applies to the actions and improvements planned as a result of the inspection of care of Older People in Acute Hospitals (OPAH) carried out at the ARI in April this year to ensure that vulnerable patients' experience of hospital is as positive as it can be.

Everyone has a positive experience of healthcare

18. NHS Grampian has faced considerable challenges in working to improve its performance in relation to the 12 week Treatment Time Guarantee (TTG) with 261 patients waiting more than 12 weeks to begin their treatment during the quarter ending 30 June 2013. Improvement has been constrained by patients' expressed preferences regarding location of treatment. I am, however, encouraged to hear that efforts to increase capacity and improve productivity are continuing through recruitment of additional clinical staff and capital investment in new theatre accommodation. It is expected that those initiatives will deliver improvements during 2014 but it is clear that this will remain an area of challenge for some time and would urge the Board to maintain their close scrutiny of this area of performance to ensure commitments are met.

19. The Board has routinely exceeded 90% combined performance for the 18 week Referral to Treatment target and has also consistently delivered the 12 week target for outpatient appointments. Going forward, it will be a key priority to ensure the Board has a sufficiently robust and detailed understanding of demand and internal capacity, at a specialty and sub-specialty level, to ensure that those patients who opt to be seen locally do not have to wait any longer than necessary.

20. We discussed the Board's delivery against the 4 hour A&E HEAT standard over the last year. Compliance with the standard fluctuated between 94.3% and 97.5% for the period April 2012 to March 2013. In response, and following the publication of the National Unscheduled Care Action Plan, NHS Grampian has worked with its local authority partners to develop a comprehensive and whole-system based Local Unscheduled Care Action Plan (LUCAP) with the ultimate goal of improving care for patients. I was pleased to hear about a number of innovative developments that the Board has adopted to ensure that emergency and urgent care is provided as swiftly and effectively as possible for the the people of Grampian. In relation to treatment for stroke patients, it was disappointing to note that by March this year, the Board's performance was at 67% against the 90% target for patients to be admitted to a stroke unit within 24 hours of admission. You provided reassurance that performance was continuing to improve and that you expected to see further improvement once the unit is relocated into the Emergency Care Centre.

Staff feel supported and engaged

21. We discussed the outputs from my earlier discussions with the APF and ACF. These discussions clearly highlighted the high priority given by the Board to nurturing these crucial relationships and providing wider support for your staff as a whole, as evidenced by the release of five full-time partnership representatives and also the introduction of the GRAFTA awards last year. I congratulate you on the strong relationships which have built up as a result but would also urge you to continue efforts to expand medical input into the key engagement forums.

22. Effective attendance management is critical – not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. The continuing extension of your Intelligent Attendance Management system has assisted in sustaining a relatively stable sickness absence rate – reported as 4.45% for the period 1 April 2012 to 31 March 2013. Although this is above the 4% standard you assured me that the Board is continuing to focus on minimising absences by offering proactive support and advice as early as possible to affected staff.

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

23. We discussed the progress the Board has made with its three council partners in addressing the critical health and social care integration agenda. I was pleased to note that Transitional Leadership Boards have been agreed for all three areas, with two already operational, and workplans either in place or under development. I was also interested to hear of the Grampian wide structures that have been put in place to support the three Partnerships, including the Integration Programme Board and the Integration Planning and Co-ordination Group. The benefits of this commitment is evidenced by the quality of the Joint Commissioning Strategies for Older People which have been produced by all three partnerships and the effective use of Change Fund resources to enhance preventative and community capacity across the Board area.

24. The ability to minimise delays in discharging patients who no longer require medical care is a key aspect of efficient patient flow, as well as patient safety. I note that NHS Grampian recorded 17 delays over 4 weeks at the July census. Our discussions recognised the vital nature of this target and the particular challenges faced by the Board and council partners in Aberdeen and the surrounding areas with regard to recruitment. You reassured me that efforts are continuing to tackle the issues and identify feasible options to improve performance.

Best use is made of available resources

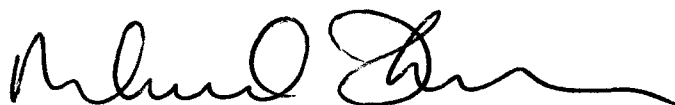
25. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that NHS Grampian met all three financial targets for 2012/13 and, based on the current in-year position, performance remains in line with the Board's financial plan for 2013/14. All efficiencies made through this programme are reinvested in health care. NHS Grampian is in regular dialogue with officials over the Board's capital programme which, during the year under review, included the completion of the Emergency Care Centre and this year encompasses key projects such as the investment in theatre capacity at ARI and Woodend. I was also pleased to hear of the significant progress being made with the construction of Aberdeen Health Village and the developments at Forres and Woodside.

26. Clearly, overall economic conditions mean that public sector 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 Grampian remains fully committed to meeting its financial responsibilities in 2013/14 and beyond.

Conclusion

27. I want to recognise that there is considerable, extremely positive work going on in NHS Grampian, for the benefit of local people. This is testament to the dedication and professionalism of local NHS staff, and I thank them for it.

28. It is clear that the Board is making progress in taking forward a challenging agenda on a number of fronts including Cancer waiting times and the sustainable delivery of the Treatment Time Guarantee. However, you are focused on the delivery of good patient care and you 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. 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.



Michael Matheson