

Mr Alex Linkston  
Chairperson  
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Castle Business Park  
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Dear Alex

## **NHS FORTH VALLEY: 2014 ANNUAL REVIEW**

1. This letter summarises the main points and actions in relation to NHS Forth Valley Annual Review on 28 November 2014.
2. As you will be aware, the purpose of the Annual Review is 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. That is why Ministerial attendance at Board Annual Reviews happens at least once every Parliamentary cycle. As one of the Boards that did not have a Review chaired by a Scottish Minister this year, you conducted the Review meeting in public on 28 November. I asked a Government official to attend the Annual Review in an observing role. During the day, you and your team clearly outlined progress and challenges in key areas and gave local people the opportunity to question yourself and the Chief Executive. This letter summarises the main points and actions in terms of NHS Forth Valley's performance in 2013/14, as organised under the 6 Health Quality Outcomes.

## **Morning Sessions**

3. I understand you spent the morning of the Annual Review meeting with the local Area Partnership Forum (APF), Area Clinical Forum (ACF) and with Patient representatives. That these partnership relationships continue to work well in NHS Forth Valley is borne out by the reports submitted by your APF, ACF and the Public Partnership Forum, which evidence the important role that participants are playing in relation to issues such as staff governance, workforce planning, health and social care integration and improving patient experience.

## Staff Recognition Awards

4. You also took the opportunity of the Annual Review day to hold your Staff Recognition Awards ceremony. This event proved an enormous success with over 350 nominations received for its seven categories from patients, the public and staff. These provided some excellent illustrations of the importance of individual and team contributions in delivering best practice in health care. Please pass on my congratulations to all of the winners and indeed, all of those nominated.

## Public Session

5. 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 I would expect you to make it available to members of the public via the NHS Board's website, alongside this letter.
6. I understand you opened the public session of the Review on 28 November by presenting a helpful summary of the progress NHS Forth Valley has made in a number of areas over the last year. 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***

7. NHS Forth Valley is to be commended for exceeding its target for delivery of alcohol brief interventions for the period 2008 to 2014 by 131%. I am also pleased to note your continued excellent performance on smoking cessation. NHS Forth Valley exceeded its trajectory by delivering 5,759 successful one-month quits against a target of 5,004. Of this number 3,520 were quits recorded from 40% of our most deprived data zones, compared to a target of 3,002.
8. NHS Forth Valley has exceeded its target for completed Child Healthy Weight interventions with 1,148 interventions completed at the end of the period on 31 March 2014 against a target of 883. You have achieved the highest percentage positive deviation from their original target of all the NHS Scotland Health Boards. As you are aware the Scottish Government is considering a report from the Child Healthy Weight expert group on how this work should progress, with NHS Forth Valley Child Healthy Weight leads having fed into the report and I would like to take this opportunity to thank them for their important contribution.
9. I was disappointed to learn that, while the Board's performance against the 31-day standard has remained above the 95% standard for the last five quarters, performance against the 62-day cancer waiting times standard fell below 95% for the first quarter of 2014. The Scottish Government Cancer Performance Support Team has received a revised cancer action plan from the Board and you have made arrangements with the Beatson Oncology Centre to provide additional capacity where required. An oncology service review is also underway to inform medium to long term planning and it would be beneficial to ensure that the Cancer Performance Support Team is kept up to date on how it proceeds.

## ***Health care is safe for every person, every time***

10. 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 aware that there has been a lot of time and effort invested in effectively tackling infection control, with the result that NHS Forth Valley has exceeded its Clostridium Difficile (C.diff) infections target of 0.32 per 1,000 bed days and is on track to maintain a level below 0.25.
11. However, the Board is experiencing greater challenge in delivering the *staphylococcus aureus bacteraemia* (SAB) infections target. I understand that every SAB is fully investigated to identify the cause of the infection so as to avoid reoccurrence. There are also a number of initiatives underway in relation to wound care, the promotion of better hygiene by intravenous drug users and safe injection practices. I look forward to being kept abreast of the positive impact of these initiatives.
12. The Healthcare Environment Inspectorate (HEI) carried out an announced inspection of the Falkirk Community Hospital in May 2014. I am delighted to note that there were zero requirements and zero recommendations made by HEI, the first time this has occurred for an inspection of a community hospital. I would like to take this opportunity to thank all staff working at and with Falkirk Community Hospital who made this possible.
13. Healthcare Improvement Scotland (HIS) carried out an Older People in Acute Hospital inspection of the Forth Valley Royal Hospital in July 2013. The inspection identified a number of areas for improvement including increased screening for cognitive impairment and work on ward environments to make them more suitable for people with dementia. Following the report the Board implemented a single system improvement plan. HIS will continue to monitor your progress in implementing these improvements but I would find it of great benefit if you could keep me up to date on how your work is progressing.

## ***Everyone has a positive experience of health care***

14. NHS Forth Valley has maintained a zero breach position on the Treatment Time Guarantee, which is commendable. Delivery of the 18 weeks for Referral to Treatment standard has proved more of a challenge, with particular issues around out-patient appointments. I understand that a recovery programme is resulting in an improvement and the Board expects to be in a position to deliver and sustain this standard at 90% by the end of March 2015. Continuing recovery actions are planned to further improve this situation and I look forward to being informed of progress.
15. There has been a marked improvement during the last six months in the Board's performance against the 98% 4-Hour A&E standard. However, the Board is finding it difficult to sustain the improvement with issues such as delayed discharges impacting on the resilience of the Emergency Department to deal with surges in demand. A number of longer term initiatives to address this matter are being undertaken, including focussing

attention on improving the time of day of discharge, updating your redirection policy and working on a re-launch the 'know who to turn to campaign'.

16. The Board has experienced some difficulty with timely delivery of key diagnostic tests, including endoscopies. To alleviate the situation NHS Forth Valley has created additional capacity through the use of the Golden Jubilee Hospital and the Dunfermline Regional Endoscopy Centre. You have also successfully recruited 4 consultants to post, which has also led to an expansion in permanent capacity. I am heartened that these initiatives are now beginning to bear fruit.
17. I am pleased to note NHS Forth Valley has seen a 65% reduction in premature mortality from cerebrovascular disease between 1995 and 2012. This is higher than both the target of 50%, and the Scottish national average reduction of 62.4%. Likewise, the Board has seen a reduction in premature mortality from coronary heart disease in people under seventy five of 70.2% between 1995 and 2012. Once more this is above the target of 60% and the Scottish national average reduction of 65%. Can I take this opportunity to offer my thanks for the hard work of your staff in attaining such a result.
18. I am glad to hear of the extensive work undertaken by your Board in relation to person centeredness. This has included a review of the Patient Focus and Public Involvement agenda and all of the existing groups connected to the process. NHS Forth Valley is also developing a Person Centred Care framework and action plan, establishing a Person Centred Care Steering Group, supporting implementation for the National Person Centre Health and Care Programme at a Local level and developing an implementation plan for the 5 'Must Do's' and reporting mechanism. This is a good example of putting the public at the heart of how we operate our health service in Scotland.

### ***Staff feels supported and engaged***

19. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. I was disappointed to hear that NHS Forth Valley's sickness absence rate for the period 1 April 2013 to 31 March 2014 was 5.18%. This is well above the 4% standard and also above the average rate for Scotland for the same time period and it is essential that the Board focuses on doing all it can to minimise absences.
20. I am aware that NHS Forth Valley has developed a Staff Experience, Engagement and Involvement (EEI) Framework, which outlines how it will take forward priorities, which have been informed by direct feedback from staff. Priorities delivered during 2014 as part of this programme have included a refresh of your dignity and respect at work policy, a KSF review and access to continuous training and development under your Leadership, Management and Personal Development Programme. I was particularly interested to hear of your Values Matter Programme. Working with staff, NHS Forth Valley has identified its core values and corresponding behaviours which the Board, Corporate Management Team and staff see as essential. From these, you have developed Board principles, leadership and management values-based behavioural competencies and a bespoke values-based 360° feedback tool. The exercise is a good example of partnership working between management and staff.

## ***Patients are able to live well at home or in the community***

21. Delayed discharge from hospital continues to be a challenge, with 38 patients delayed over 4 weeks at the July 2014 census point. Amongst the range of activities undertaken by the Board in relation to delayed discharge has been an increase in intermediate care capacity and establishment of an anticipatory care/case management team working across community services at the Forth Valley Royal Hospital. You highlight a focus on expediting discharge, implementing an earlier 'discharge to assess' model from acute hospital i.e. instead of assessing for home in the hospital, actually assessing at home which is aimed at preventing any 'delays in discharge'. This is a good example of partnership working with Local Authority partners, a relationship which I hope to see support and sustain improvements to delayed discharges.
22. For the quarter to the end of June 2014, 75.7% of patients waited less than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health services (CAMHS), compared to the target of 90% by the end of December 2014. You have indicated that this was primarily due to issues around recruitment and retention. I am aware that a number of actions have been implemented to address this situation including a Demand, Capacity, Activity and Queue (DCAQ) project to ensure that existing resources are utilised efficiently and effectively and to identify any gaps or shortfall which may require service development. This is coupled with a waiting list initiative, creating additional posts and service redesign. I look forward to receiving confirmation as to when you expect to deliver the 90% target.
23. Similarly, the Board has not been able to maintain its trajectory to meet the 90% target for access to Psychological Therapies within 18 weeks by the end of December 2014. Again I would urge you to sustain your efforts to improve this situation and to keep my officials fully informed of your progress.
24. I note that agreement has been reached on the adoption of the Body Corporate Model for the provision of Integrated Health and Social Care across Forth Valley. There will be two Partnerships, a Partnership with Falkirk Council and a Multi-Authority Partnership with Stirling and Clackmannanshire Councils. Local Partnership Boards have agreed to meet on a more frequent basis to oversee the development of the Integration Scheme and support the transition to Shadow Integration Joint Boards. As yet no Chief Operating Officers have been appointed. This is obviously a challenging piece of work; however, I am confident that the partnership working you have entered into with the Local Authorities will result in successful outcomes.

## ***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 despite a challenging year NHS Forth Valley met its financial targets for 2013/14 delivering a surplus of £0.209m. The Board's capital resource limit for 2013/14 was fully utilised.
26. 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 Forth Valley remains fully committed to meeting its financial responsibilities in 2014/15 and beyond.

### **Question and Answer Session**

27. I understand that this session was particularly successful with the Board responding to a variety of questions from members of the public. The topics discussed included how best to keep patients informed about the care pathway they are on; continuing improvement to the support provided for carers and issues around the Board's workforce.

### **Conclusion**

28. I would like to thank you and your team for hosting the Review and for responding so positively to the issues raised. It is clear that the Board is making significant progress in taking forward a challenging agenda on a number of fronts. However, the 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.



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**NHS FORTH VALLEY ANNUAL REVIEW 2014****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 HEI and Older People in Acute Hospitals (OPAH) inspections.
- Keep the Health and Social Care Directorates informed of progress towards achieving all access targets and standards, in particular the 4-hour A&E standard, and Treatment Time Guarantee.
- 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.