26th October 2017

NHS FORTH VALLEY: 2016/17 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions from the Annual Review and associated meetings held at the Forth Valley Royal Hospital on 22 September 2017.

2. The Annual Review process is intended 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 the afternoon of 22 September, I asked a Government official to attend the Annual Review in an observing role. Throughout the day, you and your Executive Team clearly outlined progress and challenges in key areas and gave both NHS staff and local people the opportunity to question yourself and your Team. This letter summarises the main points and actions in terms of NHS Forth Valley performance in 2016/17.

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 should be made available to members of the public via the Board's website, alongside this letter.

Area Clinical Forum (ACF) Meeting

4. The day began with a meeting of the ACF, chaired by you and attended by members of the Forum and executive members of the Board. The session discussed a number of matters including the Pharmacy First Programme. The Programme aims to build capacity within primary care by reducing the need for patients to seek appointments with GPs for advice and guidance; instead local pharmacists can offer this service for a number of specific conditions. You then moved on to discuss the positive impact Allied
Health Professionals are having within the community and the ways in which they help to prevent patients presenting in an acute setting. It was clear from the discussions that the ACF has a determined focus on clinical quality and innovation to promote patient safety.

Area Partnership Forum (APF) Meeting

5. The meeting was attended by you, non-executives from the Board and Forum members. In particular members of the Forum highlighted the successful partnership working that had taken place between the Forum and the Board during the previous year. Discussions then moved on to encompass a wide range of topics, including the successful revalidation of nurses exercise, the positive impact of the iMatter Programme and the successful introduction of the Health and Social Care Integration and Joint Staff Forum. I note from the wide ranging discussions with the ACF and APF that these Forums are well placed to identify and discuss not only current challenges, but also those that lie ahead, in effective partnership with NHS Forth Valley.

Patient / Public Group Session

6. I would like to extend my sincere thanks to those who took the time to attend the meeting of the Group as listening and responding to their feedback is a vital part of improving health services. Their openness and willingness to share their experiences is greatly appreciated. I note the issues discussed included praise for staff employed within both the High Dependency Unit and the Children's Ward at the Forth Valley Royal Hospital. In particular it was highlighted that staff routinely put patients, and their families, at the heart of decision making. The Group also discussed issues around Child and Adolescent Mental Health Services. Although it was agreed that the service was making a real differences to patients lives, it was noted that challenges exist in relation to waiting times for accessing services. Finally the Group considered the communication challenges facing GPs and staff employed within an acute setting and how this could be mitigated.

Staff Recognition Awards

7. The day continued with an extremely uplifting session where you presented your Staff Recognition Awards. This was an excellent opportunity to highlight and to celebrate excellence in all aspects of the Board’s services; in hospitals and the community. Please pass on my sincere congratulations to all of your winners and my thanks to them and their fellow nominees for their huge contribution to making healthcare in Scotland amongst the best in the world.

Annual Review Public Session

8. I understand you opened the public session by explaining that the day’s activities were as rigorous as those of a Ministerial Review. You then presented a helpful summary of the Board’s achievements and the progress NHS Forth Valley had made in a number of areas over the last year whilst also outlining some of the challenges to the delivery of services you had faced. Amongst the successes you raised was that work had begun on the Stirling Care Village, which is scheduled to be completed in 2018. You then moved on to say that the Board had won four out of 16 nominations at the recent Scottish Health Awards, which was an excellent achievement. Following on, you mentioned that NHS Forth Valley had also won the best acute care innovation award at
the Scotland Dementia Awards and that NHS Forth Valley was rolling out its ehealth agenda. You then went on to highlight the challenges the Board had faced in the previous year, which included variable performance against the 4-hour emergency care target, the impact on delayed discharge from challenges around home care packages and the pressures NHS Forth Valley had experienced in relation to access targets.

9. A number of staff made presentations. Angela Wallace, Director of Nursing, discussed matters around patient safety and experience, with particular emphasis on dementia patients. Fiona Ramsay, Interim Chief Executive, highlighted a number of issues in respect of waiting times. In addition, she discussed some of the challenges in Child & Adolescent Mental Health Services and Psychological Therapies. Andrew Murray, your Medical Director, outlined the opportunities on offer from Realistic Medicine, particularly in relation to the potential '4-question poster campaign' for surgeries and outpatient clinics encouraging patients to consider asking GPs, or consultants, whether a test is needed, what are the benefits of a test, are there simpler or safer treatments or what would happen if I did nothing? Patricia Cassidy, Chief Officer of the Falkirk Health and Social Care Partnership outlined work being undertaken to reduce delayed discharge and Graham Foster, your Director of Public Health discussed the actions being undertaken by the Board to tackle ill health and deprivation.

10. You then led a Q&A session with the public. Amongst the topics raised was working in a more joint-up approach with the police in relation to recovery programmes for addicts, challenges around the provision of ophthalmology across Forth Valley, and the particular related issues faced by older patients with diabetes, liaising with the Scottish Ambulance Service to ensure that crews are fully trained and equipped to carry out their role and how best to overcome the pressures being faced by the Child and Mental Health Services across Forth Valley. I am grateful to you and the other Board members present in responding to the issues raised, and to the audience members for their attendance, enthusiasm and considered questions.

Health Improvement and Reducing Inequalities

11. NHS Forth Valley is to be commended for exceeding its target for the delivery of Alcohol Brief Interventions during 2016/17, delivering 171% of the agreed number. Similarly, the Board has also exceeded its target for smoking cessation. Between April 2016 and March 2017, monitoring data shows that NHS Forth Valley achieved 376 successful 12 week quits against a trajectory of 319. This equated to 118% of your annual target.

Clinical Governance, Patient Safety and Infection Control

12. 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. I am aware that there has been a lot of time and effort invested in effectively tackling infection control and note that the Board achieved the C.diff HEAT target by delivering a rate of 0.17 cases per 1,000 total occupied bed days, against a standard of 0.32, by March 2017. However, the Board missed the staphylococcus aureus bacteraemia (SAB) infections target for delivery in the same period. Although it is noted that incidence decreased from 0.39 cases in 2015/16 to 0.32 cases in 2016/17, I would expect the Board to take all appropriate actions to ensure improvements are made in this area over the coming months.
13. The Healthcare Environment Inspectorate (HEI) carried out an unannounced inspection of Stirling Community Hospital in September 2016. This resulted in zero requirements and zero recommendations. Please pass on my thanks to all of the staff within the Hospital for such a fantastic outcome.

**Improving Access, including Waiting Times Performance**

14. I note the Board’s overall performance against the 4-hour A&E target has been variable. The National Unscheduled Care Team is working with the local team in NHS Forth Valley to help accelerate implementation of the new six essential actions approach to sustainably improving unscheduled care and ensuring best practice is installed throughout your hospital system and I look forward to seeing the positive effects of these developments.

15. During 2016/17 NHS Forth Valley had a consistent approach to high quality care, clinical prioritisation and timely service provision. However, the Board has been unable to maintain compliance against the 18 weeks Referral to Treatment during the year. Similarly the Board has experienced challenges in relation to Treatment Time Guarantee in 2016/17. I am aware that you are looking at a number of initiatives including a review of capacity and sustainability plans across specialties, and reducing workforce challenges. Please keep the Scottish Government Access Support Team informed of the outcomes of these initiatives.

16. I was happy to learn that the Board has achieved its trajectory of reducing new Outpatients waiting over 12 weeks to a maximum of 3,000 by the end of March 2017. This was realised through a combination of additionally in-house and use of the independent sector. However, I am aware that since April of this year, this position has deteriorated and that the Board has put in place plans to address this issue through additionally during the coming months. Can I ask that you keep the Scottish Government Access Support Team informed on progress.

17. NHS Forth Valley has sustained above average performance over the year against the 31-day cancer access standard. However, delivery of the 62-day cancer access standard has fallen below 95% for the last five reported quarters. Working with my officials, NHS Forth Valley has identified a range of performance challenges across a number of pathways, including colorectal, head & neck and urology. To recover performance, you have implemented a cancer action plan, introduced a model whereby senior management are sighted on, and sign off, all potential patient breaches and ensure that all appropriate steps are taken to expedite patients when clinically appropriate to do so. I would be grateful if you could keep my officials in the Scottish Government Cancer Access Support Team informed of progress.

18. An average of 68.4% of patients waiting less than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services during 2016/17, missing the standard of 90%. At the beginning of the last reporting year, performance was affected by increased demand and challenges around recruiting to vacancies. To mitigate, the Board introduced a new service model to address delays in the system and ran a successful recruitment campaign. I note the positive impact this had for the last two quarters of the reporting year, with the Board’s average performance being 97.3%. Data shows that NHS Forth Valley has continued to perform above 90% for the first quarter of the current reporting period. The Board has not met the 90% standard in 2016/17 for access to Psychological Therapies, achieving an average of 45.5%.
was also in part due to an increase in demand and workforce challenges. I am aware that NHS Forth Valley is currently implementing an improvement plan based around a number of initiatives, including the introduction of 3 multi-disciplinary psychological therapy teams and reviewing the options available through staffing configuration and skill mix. I look forward to confirmation that work to speed up access to these key services has resulted in sustainable delivery of the 18 week standard.

The Integration of Health and Social Care

19. I welcome the commitment of the Board and its Local Authority partners to the effective implementation of integrated health and social care partnership arrangements. I am particularly pleased to learn that the Falkirk Partnership is rebalancing its care provision to help prevent acute admissions as well as supporting earlier discharge whilst introducing a ‘home is best’ policy alongside discharge to assess. The Clackmannanshire & Stirling Partnership has introduced a discharge hub and created additional intermediate care provision and is also developing the Stirling Care Village, which is expected to bring benefits to the local population in the near future. Additionally within Clackmannanshire a model of reablement across providers is being developed, as well as extending the use of telecare.

The Best Use of Resources, Including Workforce Planning and Financial Management, as well as Service Redesign

20. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. At 5.11% for the year to March 2017, NHS Forth Valley sickness absence rate remained above the 4% standard, but below the average rate for Scotland for the same time period. I recognise the efforts the Board is making to support its staff and would encourage you to continue to focus on minimising absences.

21. 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 Forth Valley met its financial targets for 2016/17. The Board achieved £23.8 million of efficiency savings in 2016/17, as agreed in your financial plan.

22. The Board invested £7.7 million in its capital programme during the year, which was focused upon the Stirling Care Village and the Doune Health Centre.

23. 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 targets in 2017/18.
Conclusion

24. 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 NHS Forth Valley is making significant progress in taking forward a challenging agenda on a number fronts. I am confident 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 A.

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NHS FORTH VALLEY ANNUAL REVIEW 2016/17

MAIN ACTION POINTS

The Board must:

- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection, with particular emphasis on SABs.

- Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, in particular for Psychological Therapies.

- In particular on elective access targets: as a minimum, the Board should achieve the same elective waiting times performance at 31 March 2018 as delivered on 31 March 2017.

- Continue to work with planning partners on the critical health and social integration agenda and the key objective to significantly reduce patients experiencing delayed discharge.

- Continue to make progress against the staff sickness absence standard.

- 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.