NHS FORTH VALLEY: 2017/18 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings at Forth Valley Royal Hospital in Larbert on 17 December 2018. I would like to record my thanks to everyone who was involved in the preparations for the Review and to those who attended the various meetings.

Meeting with the Area Clinical Forum

2. I had a constructive discussion with the Area Clinical Forum (ACF). The Forum has, and continues to, play a key role in the development and implementation of the Board’s Primary Care Improvement Plan and it was encouraging to hear about the local action underway to maintain and develop community-based services. The development of such services and provision of additional community capacity such as that offered by the 116 step up/down, intermediate care beds at the Bellfield Centre at the new £37 million Stirling Care Village will be key to successfully shifting the balance of care.

3. The ACF’s written report was clear that it exists as ‘the only Forum where representatives from all the Professional Advisory Committees meet regularly with Directors and Senior Managers [and is] uniquely placed to provide guidance and influence the development and delivery of services provided by NHS Forth Valley.’ Given the key role the Forum plays, it is disappointing that it only met four times in 2017/18. I recognise the pressures on clinical colleagues’ availability, but you later agreed in private session that the Board needs to do all it can to facilitate more regular meetings and advice from the Area Clinical Forum, including appropriate representation from acute medicine. The Forum’s regular and full involvement is essential in delivering the Board’s commitment to clinical effectiveness, governance and patient safety. Continued, meaningful engagement of local clinicians will also be essential in taking forward both the critical health and social care integration agenda and other local service redesign programmes.
Meeting with the Area Partnership Forum

4. The attending members of the Area Partnership Forum (APF) sought to reassure me that, in the main, local relationships remain sound; that this is fundamental to a number of developments and improvements that have been delivered locally over the last year; and that the Forum continues to engage effectively with the Board, not least on: staff governance and workforce planning, including the work undertaken to scope and address, where possible, the reasons for staff sickness absence; the employment of modern apprenticeships and promotion of the scheme; the critical health and social care integration agenda via the Joint Staff Forum; the development and implementation of the Board’s Facing The Future clinical strategy; the financial position; the APF Communications Action Plan; winter planning, regional planning and the Primary Care Improvement Plan; the iMatter staff experience continuous improvement model; and the considerable work undertaken to develop the local response to the health, safety and wellbeing agenda. I also want to recognise that NHS Forth Valley achieved the Investors in People Gold Award and Investors in Young People Gold Award in 2018.

Patients’ Meeting

5. I would like to extend my sincere thanks to all the patients who took the time to come and meet with me. I greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised including: a general feeling that local clinical services are high quality; the need to ensure that communications with patients take place in a way which is sensitive and appropriate to their needs, and that Health Boards effectively respond to feedback and complaints, learning lessons and implementing change, where necessary; the importance of well organised and timely rehabilitation which is crucial to recovery; of NHS staff listening to and respecting the views of patients and carers and to promote and support self-management; and how NHS services should be set up to recognise, support and refer where there may be mental health issues. A number of these issues were later raised with the Board leadership in the private session.

Mental Health Session

6. I was very pleased to take part in an excellent session with a diverse group, including school teachers, pupils, psychologists and nurses, to discuss the breadth of local work being carried out to deliver improvements in the key priority area of mental health. The areas of work included: mental health first aid in schools, primary care mental health nurses in GP practices, as well as child and adolescent mental health services. It was inspiring to listen to the attendees outline the breadth of their work; how this is being developed and disseminated; and how this is having a significant, positive impact in terms of patient care and better outcomes.

7. This is connected to the local improvement work underway to address the Board’s performance in relation to the national waiting times for access to psychological therapies and child and adolescent mental health services. The Board has been a considerable distance from meeting these targets for a number of reasons including issues around significantly higher demand and staff recruitment, retention and absence. Nonetheless, considerable work is underway locally to address this backed by additional Government investment, including £4,885,000 from 2018/19 to 2021/22 to recruit additional staff in key settings. During the private session you reiterated the Board’s commitment to meeting and maintaining local performance against these important access targets.
Health Improvement

8. There is evidence of some excellent local work in this area. NHS Forth Valley is to be commended for exceeding its target in delivering alcohol brief interventions. A brief intervention is a short motivational interview, in which the costs of drinking and benefits of cutting down are discussed, along with information about health risks. These have been proven to be effective in reducing alcohol consumption in harmful and hazardous drinkers. NHS Forth Valley consistently exceed the local target for interventions and are, in fact, the best performing Health Board in Scotland.

9. Similarly, NHS Forth Valley recorded 446 successful post-3 month quits in the 40% most-deprived areas during 2017/18; well ahead of the local smoking cessation target. NHS Forth Valley is one of only two NHS Boards to meet the challenging 2017/18 standard.

Patient Safety and Infection Control

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. I know that there has been a lot of time and effort invested locally in effectively tackling infection control; this is reflected in the Board delivering an 93% reduction in cases of clostridium difficile infection in those over 65 since 2007 and a 100% reduction in rates of MRSA over the same timeframe.

11. In terms of Hospital Standardised Mortality Ratios (HSMR), the Board recorded a fall of 14.1% for Forth Valley Royal Hospital between quarter ending March 2014 and quarter ending June 2018. That said, the Board narrowly missed the March 2018 standard for Staphylococcus Aureus Bacteraemia (SAB) cases, though you have assured me that the Board remains committed to making further progress.

12. I was very concerned to note the Board’s hip fracture patients to theatre in 36 hours performance declined from 58% in 2017 (against a standard of 95%) to 21% in June 2018. Despite it rising to an average of 50% for July to September 2018, it remains the second lowest achievement of the standard in the country. As well as the primary safety and quality concern in relation to the potential impact on hip fracture patients, this also has an effect on acute capacity as it uses a significant number of pre-operative bed-nights and is likely to lead to more elective cancellations. You assured me that the Board would review this as a priority to ensure patient safety and inform revised plans for the use of local trauma capacity. You also assured me that all Board members receive detailed advice, information and data to effectively scrutinise local performance and carry out their key governance role.

Improving Access – Waiting Times Performance

13. A number of Health Boards across Scotland have struggled to meet and maintain the 4-hour A&E waiting target over the last year. However, the position in NHS Forth Valley is of particular concern with performance in the week ending 2 December at 58.2%, as well as 39 people being delayed for over 12 hours. Whilst performance has improved since, it remains unacceptable and has recently resulted in the Board being formally escalated to level 3 on the Board Performance Framework.
14. I had met with yourself and the Board Chief Executive in the weeks preceding the Annual Review to discuss the poor local performance against the A&E waiting standard. There has been less than full local engagement with the Government’s Six Essential Actions unscheduled care programme. This has resulted in NHS Forth Valley having the lowest level of progress in the country against the majority of the Essential Actions. Support has already been provided by the Chief Medical Officer and National Clinical Director. The CMO visited NHS Forth Valley in October, meeting with the clinicians in the A&E and the senior management team. A report outlining a series of recommendations was produced and sent to the Chief Executive.

15. The key local issues are: surges in presentations resulting in increased time to first assessment; attendances at around 6% above recent seasonal average; overcrowding and slow flow out of A&E restricting the ability to see patients; medical staff shortages due to short notice sickness; increased levels of delayed discharge; and working relationships within the Department and with the management team. Key actions underway include: the cessation of bedding in the A&E to prevent the longest delays, improve capacity and flow; the appointment of a new site Director; additional resource deployed to ensure that patients are managed and cared for appropriately; additional contingency areas utilised; and a whole system programme of work agreed with clinical leads for specific work streams.

16. The recent escalation to level 3 on the Performance Escalation Framework means that the Board are required to develop and submit a formal recovery plan to the Government. The development and delivery of a robust and credible recovery plan to return the Board to a sustainable position will remain a key focus of this process and of the Government’s interaction with the Board. Whilst the responsibility to develop and implement a recovery plan remains clearly with the Board, it is acknowledged that external support will be required to assist you. As such, the Board will continue to receive expert, tailored support and assistance via the Government’s National Unscheduled Care Team. You provided assurances that the Board is treating development and implementation of the recovery plan as a priority and remains fully committed to the delivery of a significant and sustained improvement in local performance in this area.

17. I have noted specific comments and actions above in relation to local hip fracture performance. More generally, NHS Forth Valley, along with other NHS Boards, has continued to experience challenges in delivering the suite of elective access targets and standards during 2017/18; especially in areas such as Trauma and Orthopaedics and Ophthalmology. The Board continues to perform well with the diagnostics access targets. However, pressures on bed capacity have led to an increase in Treatment Time Guarantee breaches. The Board assured me that you will continue to work closely with the Government’s Access Team to support recovery and realise sustainable delivery against these key performance standards, in line with the trajectories agreed as part of the national improvement plan.

18. The Board is to be commended for its sustained achievement against the 31-day cancer access standard with a performance of 98.0% in the second quarter of 2018. However, you have assured me that the Board is committed to improving local performance against the 62-day standard with NHS Forth Valley recording a performance of 81.4% in the same quarter. The Government’s Cancer Delivery Team will continue to work with NHS Forth Valley: agreeing a trajectory to enable a return to above 95% performance against the 62-day standard. We will continue to keep this and other areas of access performance under very close review.
Health and Social Care Integration

19. There are two Integration Joint Boards within the boundaries of NHS Forth Valley: Clackmannanshire & Stirling Health and Social Care Partnership (including the localities of Clackmannanshire, Stirling City with the eastern villages, Bridge of Allan, Dunblane and rural Stirling) and Falkirk Health and Social Care Partnership (including the localities of Falkirk; Grangemouth, Bo'ness and Braes; Denny, Bonnybridge, Larbert and Stenhousemuir).

20. Both Chief Officers in the Forth Valley area were appointed without being given operational management responsibility. You explained that, whilst progress has been made, further work is necessary with planning partners before the full transfer of operational management responsibility for those services that are delegated can be made. This is disappointing, and requires to be actioned, and the Government’s Integration officials will continue to support progress with this.

21. In terms of delayed discharge, there are low numbers in Clackmannanshire and Stirling. The Partnership has been working with the iHub to develop their approach to Intermediate Care, both at home and in care homes, linking to the development of the Stirling Health & Care Village. The percentage of service users admitted to hospital from Intermediate Care reduced from 23% in 2016/17 to 8% in 2017/18. The Falkirk Partnership initiated a discharge to assess pilot in 2016 as part of the integrated reablement service. The service was evaluated in late 2017, highlighting its contribution to successes in a number of key areas, including an over 80% reduction in bed days lost due to homecare delays. However, the numbers of delayed discharges are rising in the Falkirk Partnership. You provided assurances that it is recognised across the Partnerships that significant effort is required to make and sustain improvements in respect of the number of delayed discharges and their impact on the whole system. Scottish Government officials will continue to support improvement and the Chief Executive of NHS Scotland has offered to facilitate meetings to ensure there is tangible progress on both delayed discharge and the delegation of operational management responsibility.

Finance

22. 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 2017/18. The need for strong financial performance is essential as the demands on health and care services continues 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 2018/19 and beyond.

Public Session

23. I understand that the Board held a public session at the Forth Valley Royal Hospital on 12 December. This included a presentation from the Chair on performance during 2017/18 as well as a Q&A session with the Board leadership. A detailed account of the specific progress the Board has made in a number of other areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review. This has been published on the NHS Forth Valley website. A further public session including Q&A is scheduled for April 2019 and the Government will ensure that there is a Minister present at this meeting.
Conclusion

24. I do not want to lose sight of some of the excellent work that has been undertaken locally in 2017/18; not least in some of the health and primary care improvement activity and the maintenance of financial control. I want to record my thanks to the Board and local staff for their efforts, professionalism and commitment.

25. Whilst I am happy to acknowledge the many positive aspects of performance in NHS Forth Valley, I know you recognise that there remains much to do; especially in response to the very challenging performance in relation to unscheduled care waiting times that has resulted in the Board’s escalation on the Performance Framework. We will continue to offer assistance and support as the Board works to recover and maintain robust performance in this key area.

26. Indeed, whilst I recognise that NHS Forth Valley is making progress in taking forward a challenging agenda on a number of fronts, I have been assured that the Board understands the need to improve performance in some key areas, whilst maintaining the quality of frontline services and 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.

Kind regards

JEANE FREEMAN
MAIN ACTION POINTS

The Board must:

• Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety

• Agree a formal action plan to secure significant required improvement and maintain performance in relation to unscheduled care performance, returning the Board to a lower level on the Board Performance Framework

• Keep the Health & Social Care Directorates informed on progress towards achieving all access targets in line with agreed improvement trajectories, including the 62-day cancer target and mental health access targets

• Continue to work with planning partners on the critical health and social integration agenda, including the appropriate delegation of operational management responsibility and addressing the delayed discharge challenge

• Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection

• Continue to achieve financial management targets

• Take early steps to ensure that there is provision for appropriate attendance at, and regular meetings of, the Area Clinical Forum. The Forum’s regular and full involvement, including representatives from acute medicine, is essential in delivering the Board’s commitment to clinical effectiveness, governance and patient safety.

• Keep the Health & Social Care Directorates informed of progress with its significant local health improvement activity

• Keep the Health & Social Care Directorates informed of progress with local service redesign plans, in line with the national policy

• Provide a written update to the Scottish Government on progress against the above actions by 30 June 2019