Ayrshire and Arran NHS Board

Monday 30 March 2015

NHS Ayrshire and Arran Annual Review 2014

Author: John Burns, Chief Executive
Sponsoring Director: Martin Cheyne, Chairman
Date: 13 March 2015

Recommendation

The NHS Board is asked to receive and note the response from Alan Hunter, NHS Scotland Performance Director, on behalf of the Cabinet Secretary for Health, Wellbeing and Sport following the 2014 Annual Review.

Summary

The letter summarises the main points discussed and actions arising from the Annual Review which was chaired by Cabinet Secretary for Health, Wellbeing and Sport, Ms Shona Robison MSP, on 8 December 2014 at University Hospital Crosshouse.

Key Messages

- Ministers commended the positive work that is going on in NHS Ayrshire and Arran as well as recognising the hardworking and committed staff who have achieved a great deal for the benefit of local people.
- Ms Robison was impressed by the local progress, enthusiasm and commitment to the critical health and social care integration agenda.
6 March 2015

Dear Martin

NHS AYRSHIRE & ARRAN: 2014 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review meetings in Kilmarnock on 8 December 2014. The meetings were chaired by the Cabinet Secretary for Health, Wellbeing and Sport, Ms Shona Robison MSP, and I am writing on her behalf.

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 know Ms Robison found it very informative and I hope everyone who participated also found it worthwhile.

3. Ministers have listened to feedback from public attendees 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 success and challenges facing the local system under the Government’s 3 Quality Ambitions: Safe, Patient-Centred and Effective. This is then followed by the opportunity for attendees to ask questions of the Minister and Health Board.

4. 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 test how Board Non-Executives are able to regularly hold the Executive team to account. This letter provides a detailed summary of this discussion alongside a reflection on the self-assessment provided by the Board, and concludes with the resulting action points.
Annual Review – Public Session

5. The Cabinet Secretary was pleased to hear during the Chair’s presentation you reiterate 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. A detailed account of the specific progress the Board has made in a number of areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review. This has been posted on the NHS Ayrshire & Arran website.

6. The Government and NHS Ayrshire & Arran teams then took a number of questions from members of the public. The Cabinet Secretary was 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

Health care is safe for every person, every time

7. 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.

8. Ministers are of course aware that there has been a lot of time and effort invested locally in effectively tackling infection control. It is worth noting that between 2007 and 2013 there has been a 76% reduction in cases of Clostridium difficile in those aged 65 years and over in NHS Ayrshire & Arran. Also, between 2006 and 2013 local cases of MRSA have reduced by 62%. Ministers have been assured that the Board remains committed to meeting the challenging 2015 HEAT Clostridium difficile and MRSA/MSSA targets.

9. The Healthcare Environment Inspectorate (HEI) was set up with a remit to undertake a rigorous programme of inspection in hospitals. The first inspection took place at the end of September 2009. There were several HEI inspections locally – all but one unannounced – in the period under consideration: at Arran War Memorial Hospital in July 2013, at Ayrshire Central Hospital in December 2013, at University Hospital Ayr in April and August 2014, and at University Hospital Crosshouse in September and November 2014. Also, Healthcare Improvement Scotland carried out an Older People in Acute Hospital inspection of University Hospital Crosshouse in June 2013. The Board has given Ministers the assurance that all the requirements and recommendations identified as a result of these inspections have been properly addressed.

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

10. NHS Ayrshire & Arran was commended for its sustained achievement against the 31-day cancer access standard and has assured Ministers that the Board remains fully committed to meeting and maintaining performance against the 62-day standard.
11. Ministers want to put on record their thanks for NHS Ayrshire & Arran’s excellent performance against the smoking cessation targets to date. The Board over-achieved against your previous target: 5,940 planned for one month quits; actual numbers reported were 9,321 and, of this number, 5,272 were quits recorded from 40% of the most deprived areas, compared to a target of 3,544. For 2014-2015 an updated HEAT target has been agreed and NHS Ayrshire & Arran’s target is to help 814 smokers from within its 40% most deprived areas to achieve stopped smoking status at three months by March 2015.

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

12. NHS Ayrshire & Arran has generally performed well in delivering against the elective waiting time standards. However, the Board has experienced significant pressures in a number of specialties in maintaining the under 12 weeks for a first outpatient appointment standard. You explained that there have been particular issues in the recruitment and retention of clinical staff in the specialties of audiology, dermatology, ENT, neurology and respiratory medicine. You have assured Ministers that the Board is making every effort to address these issues, and has developed recovery plans to address any shortfalls in activity. NHS Ayrshire & Arran had a small number of patients with a completed wait exceeding the Treatment Time Guarantee (TTG). The majority of TTG breaches were in the specialty of orthopaedics and the majority of patients were treated soon after their breach date, with the Board making good use of the capacity available at the Golden Jubilee National Hospital. Nonetheless, you were keen to reiterate NHS Ayrshire & Arran’s commitment to meeting and maintaining performance against the HEAT waiting time targets and standards.

13. A number of Health Boards across Scotland, including NHS Ayrshire & Arran, have struggled to meet and maintain the 4 hour A&E Waiting HEAT 95% target and 98% standard over the last year. You have assured Ministers that meeting and maintaining the standard remains a key priority for the Board. NHS Ayrshire & Arran received £1,703,545 through the £50 million National Unscheduled Care Action Plan over two years (£938,814 in 2013/14 and £764,731 in 2014/15) and has implemented a number of improvement initiatives, including: the provision of 7-day, dedicated site management; the introduction of patient safety huddles; and the development of Community Service Hubs and a Frail Older People’s Pathway. Whilst these initiatives have resulted in some improvement in University Ayr Hospital’s performance it is not yet sustained, and further improvement is required at University Hospital Crosshouse. Further actions to be progressed include: the development of Ambulatory Care Pathways; the E-whiteboard roll-out to Community Hospitals; and workforce redesign to deliver new models of care. The significant environmental improvement offered by the redesign of the 2 main acute hospital front doors under the £30 million Building for Better Care programme will be completed during 2015-16 and should engender further performance benefits. The Government’s Unscheduled Care Team will continue to keep in close touch with the Board to monitor progress and to offer on-going assistance and support.

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

14. It was most helpful to have the 3 Health & Social Care Partnership Directors at the private Review meeting with the Cabinet Secretary and I know Ms Robison was impressed by the local progress, enthusiasm and commitment to the critical health and social care integration agenda. You reiterated the Board’s commitment to making further progress and Ministers know you will ensure that the Board and its planning partners remain committed to fully involving local staff and their representatives as this important work is taken forward.
Staff Feel Supported and Engaged

15. The Board’s sickness absence rate for the period 1 April 2013-31 March 2014 (published by ISD on 27 May 2014) is reported as 5.27%. This compares with an average across NHS Scotland of 4.80%, against the national standard of 4%. Whilst this represents an improvement from the previous annual figures of 5.4% in 2013/14 and 5.8% in 2012/13, the Board previously recorded rates of 5.3% in 2011/12 and 5.0% in 2010/11.

16. NHS Ayrshire & Arran recognises that sickness levels have been consistently high for a number of years. You confirmed that the Area Partnership Forum and Staff Governance Committee have agreed local improvement trajectories over a 3 year period - working towards the 4% standard – which are designed to motivate and encourage performance improvement. These local targets have been set at 4.9% by 31 March 2014; 4.5% by 31 March 2015 and 4% by 31 March 2016. We will keep progress under close review.

Best use is made of available resources

17. It is vital that NHS Boards achieve both financial stability and best value for the considerable public investment made in the NHS. The Cabinet Secretary was therefore pleased to note that NHS Ayrshire & Arran met its financial targets for 2013/14 alongside the Efficient Government target for the year. 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 Ayrshire & Arran remains fully committed to meeting its financial responsibilities in 2014/15 and beyond.

18. The Cabinet Secretary took the opportunity to ask the Board’s non-Executives about how comfortable they were with the quality of information provided in order to inform the holding of the Executive team to account. Ms Robison was assured that Board members received detailed, helpful information and data so felt fully informed and able to effectively scrutinise local performance and carry out their key governance role.

Conclusion

19. Ministers want to recognise that there is considerable positive work going on in NHS Ayrshire & Arran. Whilst there will always be improvements that can be made – which the Board accepts – we should also recognise that the hardworking and committed staff in NHS Ayrshire & Arran have achieved a great deal for the benefit of local people in the last 12 months. The Board has generally good relationships with its planning partners; is performing well against the majority of its performance targets; and is exercising sound financial control. Maintaining this control and building on these effective relationships will be essential. Ministers are confident that the Board understands the need to maintain the quality of frontline services whilst demonstrating best value for public investment. As I have said, we will keep progress under close review and I have included a list of the main action points in the attached annex.

Yours sincerely

Alan Hunter
NHS Scotland Performance Director

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www.scotland.gov.uk
NHS AYRSHIRE & ARRAN 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.

- Continue to promptly and effectively respond to the reports of the HEI.

- Keep the Health Directorates informed on progress towards achieving the access HEAT targets, in particular the 4-hour A&E standard.

- Continue to ensure that local staff feel supported and engaged, and that there continues to be progress in addressing sickness absence.

- Continue to work with planning partners on the integration agenda, and to ensure that local staff are fully engaged and involved in this process.

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