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Mr Lewis MacDonald  
Convener  
Health and Sport Committee  
T3.60  
The Scottish Parliament  
Edinburgh  
EH99 1SP

Date 28 February 2018

Your Ref

Our Ref JGB/lp

[REDACTED]  
[REDACTED] [REDACTED]  
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By email to: [healthandsport@parliament.scot](mailto:healthandsport@parliament.scot)

Dear Mr MacDonald

### **Further Information for Health and Sport Committee – NHS Ayrshire and Arran**

Thank you for your letter of 30<sup>th</sup> January seeking further information regarding our work across NHS Ayrshire and Arran. I shall address each of the points highlighted.

The Committee requests a further response to our programmes of work and our Transformational Change Programme. Our Transformational Change Programme sets out our intent, some of which is intentionally aspirational, and seeks to make deliberate and sustainable improvement in the way we deliver health and care services in Ayrshire. The Programme is scrutinised through our Transformational Leaders Group which is chaired by the Vice Chair of the NHS Board. Outcomes against the agreed programmes of work will be reported to this Group as well as the Boards Performance Governance Committee. Integrated Joint Boards and the Health Board will also receive information on progress as many of our programmes are being led by our Health and Social Care Partnerships. The initial programme is looking over the next 3 to 5 years and covers a number of areas;

- Older People and People with Complex Needs.
  - The immediate priority is redesign of Care for Older People in Acute Care and Community Rehabilitation and Intermediate Care
- Unscheduled Care
- Primary Care
  - There are many strands to this programme with the immediate priority on the new GMS contract and sustainability
- Planned Care – Improving Access
  - Priority areas are redesign of outpatients and paperlite working.
- Estate Master Planning
- Best Value Initiatives
- Workforce
- Mental Health



Each programme has its own detailed work plan and reports on progress throughout the year.

Turning to our Improvement and Learning work. In response to the Committee's question I would comment as follows.

NHS Ayrshire and Arran has a number of mechanisms in place to measure and monitor progress against our organisational objective with regard to quality. This incorporates the key elements of a quality management approach and scrutiny through governance structures; thereby delivering healthcare governance assurance to the Board. Our approach to quality management is set out below.

- Quality Planning: services, teams and individuals regularly reviewing the quality of care they provide and developing quality improvement priorities. These priorities are informed by a range of factors including national standards, best practice and patient experience.
- Quality control: services and teams regularly monitor a range of quality indicators (real time where possible) across four domains:
  - Service: access targets, patient flow and efficiency of processes.
  - People: staff engagement, skill mix and staff utilisation
  - Finance: flexible deployment of resources
  - Quality: clinical standards, avoidable harm and patient experience
- Quality Improvement: the organisation has grown our quality improvement capacity and capability using improvement science to deliver improvement

#### Governance:

Outputs from the above activity are scrutinised from point of care to NHS Board via a robust governance framework that includes:

- Individual appraisal/ personal development and review processes regarding the delivery of annual objectives
- Operational oversight and management of progress via our General Management structures within Directorates – for example; Quality Boards with care quality data at ward level; quality improvement action plans in response to complaints; action plans for inspection reports.
- Quarterly performance meetings of the Corporate Management Team (all Directors) using live performance data under Service; People; Quality; Finance within a web portal.

- Governance committees of the NHS Board all Chaired and populated by Non Executive Board Members including:
  - Integrated Governance Committee
  - Audit Committee
  - Healthcare Governance Committee
  - Information Governance Committee
  - Performance Governance Committee
  - Staff Governance Committee.
- External scrutiny: various services and functions are inspected by Healthcare Improvement Scotland and other external bodies such as the Mental Welfare Commission regarding the quality of care provided. This activity further informs improvement priorities with each of these reports and associated actions plans reporting to the appropriate governance committee.

Our care pathway work has prioritised specific specialties. We have seen early work in Mental Health and Musculoskeletal services that shows some early progress which will be kept under ongoing review. We have taken a whole system approach to reviewing the Respiratory Pathway and have an agreed pathway that seeks to maximise the use of technology to support self management through to palliative care. This pathway has an implementation plan that will see change over the next 3 years. We are currently developing the year by year implementation plan.

On the matter of reviewing posts I advised in my earlier response vacancies and service redesign were causes for posts to be reviewed. I omitted to comment that individual members of staff may request a review of their job role.

As we come through the busy winter months for unscheduled care we will be reviewing our performance, including delayed discharges. The purpose of this review is to see where we can make improvement across the unscheduled care pathway. The reviews will commence next month and we will be looking to identify any improvements by the end of June to inform the planning for next winter.

Yours sincerely



**Mr John G Burns**  
**Chief Executive**