

T: 0300 244 4000
E: scottish.ministers@gov.scot

Professor Stephen Logan
Chairperson
NHS Grampian
Summerfield House
2 Eday Road
ABERDEEN
AB15 6RE

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NHS GRAMPIAN: 2016/17 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions from the Annual Review and associated meetings held at the Curl Aberdeen on 6 October 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 6 October. 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 local people the opportunity to question yourself and your Team. This letter summarises the main points and actions in terms of NHS Grampian's 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 and Area Partnership Forum

4. While you did not hold meetings with your Area Clinical Forum (ACF) or Area Partnership Forum (APF) as part of the Annual Review, you did receive Annual Reports from each of the groups. The APF report highlighted the work it had

undertaken in relation to Integration Joint Boards and regional working, its commitment to facilitate and support the development of the Board's electronic patient records, the actions taken to support staff health and well-being and the initiatives undertaken to raise awareness of the ACF and encouraging participation by junior and recently qualified clinical staff.

5. Your APF report notes that, during the year the group organised a number of staff training events, each of which concentrated on particular themes. The report mentions the positive work that had been undertaken on partnership working between the APF and their counterparts within the Aberdeenshire, Moray and Aberdeen City Integrated Joint Boards. Looking to the future, the report mentions that partnership working between staff and NHS Grampian is of key importance and sets out a number of initiatives being taken forward including; communication, training & development, staff input into decision making and dignity at work.

Annual Review Public Session

6. 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 Grampian 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 the positive impact the Board's clinical strategy was having in regards to supporting transformational change. You also mentioned several examples of successful collaboration between the Board and your Health and Social Care Partnerships and the positive benefits this is bring the people of Grampian. You then moved on to discuss how the Board was improving health and preventing illness for the people of Grampian through a number of initiatives, including; encouraging individuals to stop smoking, eating healthier and taking more exercise. NHS Grampian's capital programme was touched upon, particularly in relation to the Hub projects at Inverurie and Foresterhill Health Centre, the multi-storey car park at the Aberdeen Royal infirmary. Finally you mentioned some of the access challenges facing NHS Grampian and the mitigating actions being taken going forward.
7. You then led a Q&A session with the public. Amongst the topics discussed was the specific challenges facing the Board around the recruitment and retention of staff, the increased waiting times for orthopaedic appointments and what actions could be taken to mitigate, the opportunities for building up a hydrotherapy pathway at the Woodend Hospital, and the benefits of improved patient centred staff training within your cancer pathways. 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

8. NHS Grampian is to be commended for the Board's overall performance against delivering Alcohol Brief Interventions since 2008 and I note that you have surpassed your overall target in 2016/17 by 8%. However, of more concern was your performance on smoking cessation. During 2016/17 NHS Grampian achieved 916 successful 12 week quits, in the most deprived areas, against a target of 1,149. I welcome the additional delivery of smoking cessation support services within HM

Prison Grampian, however, I would encourage you to put into place all appropriate actions to enable further improvement going forward.

Clinical Governance, Patient Safety and Infection Control

9. 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 narrowly missed the *C.diff* standard to deliver a rate of 0.32 cases per 1,000 total occupied bed days by March 2017. Similarly, the Board missed the *staphylococcus aureus bacteraemia* (SAB) infections standard for delivery in the same period. Incidence increased slightly from 0.30 cases in 2015/16 to 0.31 cases in 2016/17. I am aware that enhanced SAB and *C.diff* surveillance is carried out, with each new case being discussed at a weekly multidisciplinary meeting. However, I would expect the Board to explore and take all appropriate actions to ensure improvements are made in both of these areas over the coming months.
10. The Healthcare Environment Inspectorate (HEI) carried out inspections of Peterhead Community Hospital and the Ugie Hospital on 1 March 2017 as well as the Fraserburgh Hospital on 2 March 2017. This resulted in two requirements one recommendation. There was also an inspection of the Woodend Hospital between 30 to 31 May 2017 which resulted in five requirements and one recommendation. Improvement plans have been developed by the Board and are being actioned.

Improving Access, including Waiting Times Performance

11. Firstly, can I take the opportunity to congratulate the Board and your staff on regularly achieving performance at or above 95% for the 4-hour emergency care target.
12. NHS Grampian has continued to work hard to recover its waiting time position across all of its specialities. However, you have continued to experience challenges in delivering the suite of elective access targets and standards during 2016-17. The Board was unable to achieve the Treatment Time Guarantee, achieving an average of 81.5% for the year 2016/17 against the standard of 100%. This has been in part due to elective care capacity having been impacted upon by reduced the number of elective theatre sessions by 14 per day, since January. Similarly, your outpatient performance deteriorated during the year with 71.2% of all patients waiting for a first outpatient appointment seen in less than 12 weeks. These long waits have occurred across a range of key surgical specialities, particularly in the Orthopaedics, ENT, Neurology, Ophthalmology and Neurology pathways. NHS Grampian has also experienced challenges in relation to access to its diagnostic testing. The Scottish Government has provided non-recurring funding for 2017/18 to support a number of improvement projects within the Board to deliver additional capacity for waiting times. It is noted that much of the investment is targeted at longer term sustainability, and will therefore may take several months in showing impact. Please keep the Scottish Government Access Support Team informed of progress.
13. NHS Grampian performance over the year against the 31-day cancer access standard has been variable during 2016/17. However, it is noted that the Board delivered 92.7% against the 95% standard for the last reporting quarter. Delivery of the 62-day cancer

access standard has been below 95% for the last five reported quarters. I am aware that the Board has faced particular pressures in the colorectal pathway due to delays to endoscopy, lung oncology capacity and urological cancer pathways due to scope and surgical capacity challenges. The Board has put in place a recovery plan, which includes a programme of cancer pathway redesign, and I would ask that you keep the Scottish Government Cancer Access Team informed on progress.

14. I am aware of the hard work and dedication of your staff, however, an average of 42.2% of patients waiting less than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services, against a standard of 90%, in 2016/17. This has been in part due to recruitment and retention challenges coupled with high demand for the service. The Board has undertaken a redesign of its CAMHS pathways to improve capacity. To support progress through the redesign, a detailed Action plan has been developed with actions focused on: service and operational management, waiting times, workforce, staff development and partnership working. Similarly, the Board has not met the 90% standard for access to Psychological Therapies, achieving an average of 70.2% for the year. This was also linked to recruitment and retention pressures. I am aware that the Board is currently in the process of recruiting additional clinical staff to improve capacity. 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

15. I welcome the commitment of the Board and its Local Authority partner to the effective implementation of integrated health and social care partnership arrangements. I am aware that the Aberdeenshire Health and Social Care Partnership has reduced the number of delayed discharges, increased available care at home and is supporting people at home through the use of its virtual community ward. The Aberdeen City Health and Social Care Partnership has seen reductions in the rate of emergency admissions to hospital and seen a reductions in levels of delayed discharge. The Moray Health and Social Care Partnership is developing construction of a £2.5 million housing development in Lhanbryde which will support people to live as independently as possible and has opened Jubilee Cottages in Elgin; vacant houses transformed into halfway homes for people ready to leave hospital where they can work on regaining their independence in a homely setting.

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

16. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. At 4.78% for the year to March 2017, NHS Grampian 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 its focus on minimising absences.

17. 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 Grampian met its financial targets for 2016/17, delivering a small surplus of £0.9 million.

18. Clearly, overall economic conditions mean that public sector budgets will continue to be tight whilst demand for health services will continue to grow. Nonetheless, the Board continues to actively monitor the achievement of all local efficiency programmes and, whilst the position is challenging, NHS Grampian remains fully committed to meeting its financial responsibilities in 2017/18 and beyond.

Conclusion

19. 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 Grampian is making significant progress in taking forward a challenging agenda on a number of 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.

A handwritten signature in black ink, appearing to read "Best wishes, Shona". The signature is written in a cursive, flowing style.

SHONA ROBISON

NHS GRAMPIAN ANNUAL REVIEW 2016/17

MAIN ACTION POINTS

The Board must:

- Deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including delivery of all action plans arising from HEI inspections.
- 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 CAMHS and 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.