



ANNUAL REVIEW 2017/18

SELF ASSESSMENT REPORT

Produced November 2018

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Chapter 1: Introduction

This self assessment report is produced for the public of Grampian and will be placed on the NHS Grampian website in advance of the Annual Review on 21st January 2019 www.nhsgrampian.org . The Annual Review will consist of a number of Cabinet Secretary meetings with staff, patient representatives and a visit to the Inverurie Health and Social Care Hub. There will be no open public meeting on this occasion but it is planned to have one later in the year.

Scottish Government guidance requests a self assessment of 15 pages in length however, even limiting the information provided, this document is longer. It cannot however be taken as a comprehensive picture of the work of NHS Grampian in 2017/18 and readers are referred to the Board website where further corporate documents can be accessed.

Grampian Health Board is responsible for leading efforts to improve the health of the people in Grampian, and for providing the health care services that people need. We also provide some specialist clinical and support services to other NHS Boards within the North of Scotland.

14,500 directly employed staff and a range of independent primary care practices (74 General Medical, 132 Pharmacy, 90 Dental and 57 Opticians) provide the full range of primary, community and specialist health services to the half million people who live in Grampian.

Services are provided at over 100 locations and where possible in people's own homes across an area covering 3,000 square miles of city, town and village and rural communities.

In 2016/17 we treated 97,000 individual inpatient cases, 46,000 day cases, 50,000 day patients, 436,000 patients attended our specialist out-patient clinics and our accident and emergency departments treated 152,000 people.

In 2017/18 we worked with neighbouring and Island Boards across the North of Scotland to produce a draft discussion document which sets out the challenges faced by health and social care partners across the north ,with initial thoughts for closer partnership working across organisations to improve efficiency and quality and progress towards sustainability. Future plans will be developed in this context. Five key propositions for collaboration across the North have been identified:

- Changing demand and improving efficiency
- Developing effective alliances
- Transforming care through digital technology
- Developing world class health intelligence
- Making the north the best place to work

Chapter 2: Progress against 2016/17 Annual Review Action Points

NHS Grampian's 2016/17 Annual Review took place on 6th October 2017. Following the meeting the Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison, wrote to the Board Chairman setting out the outcome from the review and the actions she wished the Board to take forward.

Information on the current position with the matters discussed at the last Annual Review is detailed below and throughout the report.

Agreed Action	Update
<ul style="list-style-type: none"> Deliver key responsibilities in terms of clinical governance, risk management, quality of care and patient safety. 	<p>We have reviewed our approaches to clinical governance, risk management and quality and safety and are implementing a strengthened and integrated approach. The changes have been supported by the Board Clinical Governance and Audit Committees.</p>
<ul style="list-style-type: none"> Continue to review, update and maintain robust arrangements for preventing and controlling Healthcare Associated Infection, with particular emphasis on SABs 	<p>We continue to implement strategies for preventing healthcare associated infections. All cases are reviewed on an individual basis. There is regular reporting on performance to the NHS Board.</p>
<ul style="list-style-type: none"> Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, in particular for child and adolescent mental health services and psychological therapies. 	<p>Throughout the year we worked with Mental Health Access Improvement Support Team and Healthcare Improvement Scotland to deliver improvements within the resources available to us and to meet agreed trajectories.</p>
<ul style="list-style-type: none"> Achieve the same elective waiting times performance at 31 March 2018 as delivered on 31 March 2017. 	<p>This target was not delivered, however the Board worked closely with the Access Support Team of Scottish Government throughout the year to demonstrate best endeavours</p>
<ul style="list-style-type: none"> Work with planning partners on health and social care integration and significantly reduce patients experiencing a delayed discharge 	<p>Partnerships continued to implement initiatives to minimise hospital admission and facilitate supported discharge. Bed days occupied by those delayed continued to fall.</p>
<ul style="list-style-type: none"> Continue to make progress against the staff sickness absence standard 	<p>The sickness absence rate for the year was 5.13%. Whilst this is above the national standard it continues to compare favourably to the Scottish average of 5.39%</p>
<ul style="list-style-type: none"> 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 	<p>NHS Grampian successfully achieved its three financial targets in 2017/18. Throughout the year there was regular and proactive dialogue with the Health and Social Care Directorates.</p>

Better Health

Chapter 3 Health Improvement, Disease Prevention and Self Care

Our Achievements

- Working across multiple agencies and partners to deliver strategies
- We have one of the most effective smoking cessation services in Scotland
- Coronary heart disease and lung cancer have both reduced in Grampian
- Dental health continues to improve

Our Challenges

- Ongoing social and economic inequalities in our population
- Rising mortality rates in some population groups seen nationally
- The requirement to dedicate resources to front-line services, reducing scope for upstream work on the fundamental determinants of health
- The complexity of multi-agency partnership working and an accelerating pace of change
- We have higher than average social and health harm from alcohol and drug misuse
- Achieving healthy weight in children

It is recognised that there is a need to strengthen prevention efforts if we are to maintain increases seen in healthy life expectancy, stop the widening of health inequalities and reduce spend on preventable ill health which would help to fund new treatments and meet increasing demands on the health service. A Short Life Working Group consisting of Executive and Non-Executive Board Members reviewed the role of the NHS Board in tackling inequalities. Its recommendations were subsequently endorsed by the Board.

Health is improving for everyone. But while life expectancy rates are increasing overall, they are rising faster for the affluent than the most deprived so the gap is getting wider – for men in Grampian this is almost ten years.

Primary prevention activities can stop people becoming ill and reduce the need to use clinical services. Secondary prevention interventions help to identify disease at the earliest stage to begin prompt treatment and minimise future health problems. Individuals, families and communities play a significant role in managing their own health conditions. Both prevention and self management are key themes in the NHS Grampian Clinical Strategy.

NHS Grampian provides direct input to strategic needs assessment and strategic planning and commissioning undertaken by Grampian's Health and Social Care Partnerships, Community Planning Partnerships, Alcohol and Drug Partnerships, Community Justice Partnerships, and Integrated children's Services Partnerships. We use direct involvement to lead and influence preventive and protective actions

and interventions to improve population health through the range of partnership delivery plans, which are responsive to local need and local priorities.

Performance is measured by a variety of metrics, previously contained in Local Delivery Plans and other key documents. Performance continues to be monitored and managed by the Board and its partners. Further detail is given in Appendix 1, with more detailed information on a wider range of measures included in the [NHS Grampian Health Improvement Team Annual Outcomes Report](#) and the Health and Social Care Partnerships' Annual Reports included in Chapter 7.

Of particular note during 2017/18:

- We are in the process of transforming chronic disease management in primary care, helping people to look after their health while living with long-term health conditions, by investing in organisational development for an initial cohort of nine GP practices to implement *House of Care*
- We anticipated the national public health priorities, including work to increase access to healthy food, physical activity and support to maintain a healthy weight, and work to renew the Grampian tobacco control strategy, including helping prepare for the requirements of new legislation for smoke free hospital grounds
- We ensured continuing access to free smoking cessation advice and support through community pharmacies, and provided targeted smoking cessation support within Royal Cornhill Hospital and HMP Grampian
- We worked to improve uptake of the national *healthy start* programme, and widened the provision of free *healthy start* vitamins to all pregnant women
- We delivered a “Breastfeeding Welcome” programme, supported the Grampian breastfeeding peer support scheme, and supported the successful reaccreditation of all UNICEF Baby Friendly services across Grampian
- We delivered the national Healthy Working Lives programme, supporting over eighty organisations to maintain their healthy working lives award, provided occupational health and safety services to SME organisations, and provided targeted health information to our agricultural sector
- We developed and implemented a cross-cutting NHS Grampian staff health and wellbeing plan
- We are implementing the Fairer Scotland Duty and agreed improved NHS Grampian Board reporting and actions on health inequalities. We have committed to developing an inequalities strategy and performance dashboard.

Chapter 4 Mental Health

Our Achievements

- The Board approved additional capital and revenue investment in mental health services over the next 5 years, including commitment to a Child and Adolescent Service Centre of Excellence and improvements to inpatient accommodation at Royal Cornhill
- Review of bed capacity to support patient safety and safer staffing levels
- Patient flow was redesigned within Royal Cornhill Hospital with clinical and patient support which has improved opportunities for therapeutic engagement with patients and facilitate better discharge planning to the community.

Our Challenges

- Registered nurse and medical staffing vacancies resulting in a high dependence on use of agency and bank nurse staff and high medical locum costs
- Continuing to improve access to Child and Adolescent Mental Health Services (CAMHS) and reducing the waiting list size.
- Strengthening efforts to improve mental health and wellbeing particularly with children and young people

At the end of March 2017, the Mental Health in Scotland – 10 year vision was published setting a commitment over the 10 years of the Strategy to achieve parity between mental and physical health. This is the first national strategy in health and social care since the establishment of Integration Joint Boards and provides new opportunities for local areas to develop their own approaches, to innovate and to work across service boundaries to meet the needs of the local population. This strategy aims to make clear the scale of the ambition over 10 years, to focus national actions to support local delivery, to remove barriers to change, and to make sure that change happens.

At its meeting in June 2017 NHS Grampian re-iterated its commitment to parity between mental and physical health and to supporting the Mental Health and Learning Disability service implement the necessary changes to address known challenges.

Within Grampian we have an excellent track record of integrated multi-agency working in relation to promoting mental health and wellbeing, and the delivery of mental health services across the pathway of care. We continue to build on the excellent cross-agency working to strive to deliver the best possible outcomes, however, we recognise there are a wide range of challenges to address in order to achieve our shared aspirations and meet those ambitions set out in the National Mental Health Strategy. We are committed to designing contemporary services which meet the future needs of the population and recognise that delivery of care may require to be fundamentally different to the current approach and that they will be enhanced by fully embracing and implementing integration locally. A draft Mental Health Services Action Plan has been produced by the Board.

This builds on the considerable improvement activity which has already taken place.

Of particular note during 2017/18:

- a. A Delayed Transfer of Care Group was established in June 2017 focussing on patients in adult mental health wards whose discharge or transfer to another clinical area had been delayed. During this time the number of delayed transfers has reduced by 50% and made a significant impact on patient flow within the four adult mental health wards.
- b. The implementation of enhanced arrangements for daily site and capacity assessment. As a result of these enhanced arrangements, there has been demonstrable improvement in patient flow across the RCH site.
- c. A review of the patient observation policy and practice on the Adult Mental Health wards was undertaken in line with national guidelines developed by Health Improvement Scotland. Our aim has been to move towards therapeutic engagement with patients who require enhanced support rather than simply "observe" patients who present with heightened risk profiles.

As a result of this improvement activity the following outcomes were delivered:

- 50% reduction in delayed transfers in Adult Mental Health (AMH) wards since June 2017 Significant reduction in number of patient observations required in AMH wards
- Whilst admission rates have increased length of stay and occupancy levels have reduced and there is less boarding of patients
- Nurses reporting more time to offer therapeutic activities to patients

Child and Adolescent Mental Health Services

NHS Grampian provides a service for children and young people, from birth to 18 years¹ and follows the national guidance as produced by the Scottish Government in September 2009. Availability of staffing is the key challenge facing the service. As a consequence we do not meet access time standards for this service.

During 2017/18 we have taken a number of steps to improve access to the CAHMS service:

- Increased capacity - nine new posts have been appointed to (Psychotherapist, Assistant Psychologist, Physiotherapist, Systemic Practitioner and Dietician) with all staff now in post. The Board has committed to invest a further £1m in increasing staffing and plans are underway to commit this funding in line with the service plan.
- We continue to work with the Mental Health Access Improvement Support Team (MHAIST). MHAIST fully recognises that lack of staffing resource is the major contributor to us not achieving the targets.

¹ Not all Boards provide access to the CAHMS service to the age of 18.

We have been praised by MHAIST for the use of the Choice and Partnership Approach (CAPA) as we are one of only 2 NHS Boards in Scotland currently implementing this approach. In the CAPA model, patients and families are seen at a Choice Appointment first at least once and for at least an hour. All urgent and emergency referrals are prioritised and seen within the agreed clinical timescales.

- We have continued to implement a redesigned model of care which makes best use of available staffing and the Board has agreed to enhance staffing levels.
- Funding has been agreed to co-locate all CAMHS staff in an upgraded building to create a centre for excellence.
- We continue to work with our three local authority partners to support development of tier 1 and tier 2 services.

Chapter 5 Maternity and Child Health

Our Achievements

- Progressing plans to restore a safe, sustainable and comprehensive maternity service at Dr Gray's Hospital
- Significant progress with planning for the new Baird Family Hospital
- Establishment of Outcomes for Children Transformation Board

Our Challenges

- Availability of staffing to maintain a sustainable and safe paediatric and obstetric services at Dr Gray's Hospital
- Responding to the full requirements of Best Start
- Ensuring uptake in child immunisation, particularly in Aberdeen City

NHS Grampian has established an Improving Outcomes for Children Transformation Board which oversees the strategic direction and development of maternity and child health services across NHS Grampian. It provides assurance to the NHS Board on all aspects of this wide agenda.

Maternity Services

In January 2017 the Scottish Government published its strategic plan for the reconfiguration of maternity and neonatal services across Scotland - 'The Best Start: A Five-Year Forward Plan for Maternity and Neonatal care in Scotland'.

The plan was the result of an extensive 18 month review of maternity and neonatal care services in Scotland, which included high levels of engagement with staff and service users. The plan set out 76 recommendations for the future delivery of the services. The Best Start plan signals a very significant change in the way in which maternity and neonatal services will be organised, and in which midwives, obstetricians and neonatal teams will provide care to women, families and neonates.

The NHS Grampian Board approved the key themes proposed for the refresh of the NHS Grampian Maternity Strategy 2016-2020 at its meeting on 7 April 2016. These themes supported the direction set out within the NHS Grampian Maternity Strategy 2010-2015 and had been aligned to take into consideration the likely recommendations of the Best Start national review. A short life working group and forum has been established to take this agenda forward.

NHS Grampian has invested in planning to deliver significant improvements to its maternity facilities. The improvements planned for the Baird Family Hospital, alongside the new Community Maternity Unit in Inverurie, the newly refurbished Peterhead Community Maternity Unit, and facilities in Dr Gray's, Elgin leave the service well placed to deliver a range of services from community based hubs across Grampian which will greatly benefit women and families, and meet the Best Start recommendations.

Of particular note in 2017/18:

- Relatively high levels of breastfeeding with an increasing trend
- Achievement of early access to antenatal care and IVF Local Delivery Plan standards
- Baby Steps in Moray – a midwife led interactive programme supporting women to take small steps to improve their health during pregnancy

Obstetric Services at Dr Gray’s Hospital Elgin

NHS Grampian remains committed to the re-establishment of services at Dr Gray’s and is working hard to make this happen. A [short to medium term plan](#) was submitted to Scottish Government in November 2018 and has been made available widely to staff and the population of Moray. The plan outlines the first phase of efforts to increase choice for pregnant women and to maximise the local provision of treatment. The plan incorporates the recommendations made in the Chief Medical Officer’s expert advisory group report and addresses issues raised by the KeepMum campaign group.

Children’s Health

In October 2017, we produced our ‘The State of Child Health: a Grampian perspective’ report, which was well received by NHS Grampian’s ‘Improving Outcomes for Children Transformation Board’. This provides an overview of child health status within Grampian, is written to be accessible by readers requiring different levels of detail, and is based on the report of a similar name produced by the Royal College of Paediatrics and Child Health.

Of particular note in 2017/18:

- We had the lowest teenage pregnancy rate in Scotland
- Talk Boost was taken forward, a literacy, language and communication initiative for Primary 1 pupils which is already showing a narrowing of the literacy attainment gap
- Maintenance of Unicef Baby Friendly Accreditation Programme
- Continuous improvement in oral health with child dental registration above 90%
- Low Intensity Anxiety Management (LIAM) scheme in Aberdeenshire for low level anxiety in children and young people.

Immunisation

Uptake rates of vaccine amongst infants in Aberdeen City are well below the level of 95% (recommended by the World Health Organisation as being necessary to maintain a high level of immunity in the population and avoid outbreaks of vaccine preventable diseases). This low level of uptake creates a vulnerable group of children who could contract a serious, potentially fatal vaccine preventable infection. Uptake rates in Aberdeenshire and Moray, whilst less than ideal are acceptable. Across the system, greater efforts are required to actively and assertively follow up infants who fail to attend their scheduled appointments where there has been no active refusal of parental consent for vaccination.

School based vaccine programmes such as influenza show good uptake rates throughout Grampian in comparison to Scotland.

Our strong collaboration with local authority, Health and Social Care Partnerships and health have enabled conversations and agreement to address this risk collectively to maximise the opportunity for improved uptake.

Better Value

Chapter 6 Financial Performance and Efficiency

Our Achievements

- Continued delivery of our 3 financial targets
- Ongoing delivery of efficiency improvements
- Impressive capital programme of new builds and backlog maintenance

Our Challenges

- Delivery of access targets within resource availability
- Recruitment and retention of staff to meet population needs

In 2017/18 we met the three financial targets set for us:

- Operated successfully within revenue resource limit
- Operated successfully within capital resource limit
- Operated successfully within cash requirement

The efficiency savings target of £27.7 million for the year was achieved in full through the continued implementation of a range of initiatives including reduced energy costs from investment in more efficient infrastructure, property rationalisation, focused procurement activity to reduce the unit costs of consumables, introduction of biosimilar drugs as alternative treatment regimes and productivity improvements through investment in technology and redesign of services to enable reduced staffing levels in back office functions and redeployment of clinical staff to areas of greatest need. Recurring savings amounted to £18.25 million and non-recurring of £9.45 million.

As part of the Board's ambitious five year capital programme, infrastructure investment of £57.6m was made during 2017/18. Major investments included:

- the redesigned Community Maternity Unit at Peterhead opened in March 2018,
- the new Health Centre at Foresterhill opened in May 2018,
- the Inverurie Health and Care Hub opened in August 2018
- design work is well advanced for the new Baird Family Hospital and the ANCHOR Centre, with construction of enabling works starting on site in October 2018.
- The new multi storey car park at Aberdeen Royal infirmary, funded by a charitable donation from the Wood Foundation, opened in December 2017.
- Investment of £12.9m to reduce high and significant backlog maintenance
- Investment of £12.3m for replacement of essential IT and medical equipment

Chapter 7 Integration of Health and Social Care

Our Achievements

- Reduction in delayed discharges and bed days occupied by those awaiting discharge
- Good performance against national indicators when compared to elsewhere
- Good and effective joint working between agencies

Our Challenges

- Achieving financial balance with growing demand for health and social care
- Key workforce shortages and recruitment challenges
- Transforming care whilst maintaining service provision

Three Integration Joint Boards (Aberdeen City, Aberdeenshire and Moray) were established on 6 February 2016 under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 with full delegation of functions and resources to enable integration of primary and community health and social care services effective from 1 April 2016. Each IJB is a separate legal organisation and acts as principal in its own right.

Much has been achieved in each of the IJBs during 2017/18 with systems and processes put in place and strategic plans produced. There is a history of good, effective joint working in Grampian between agencies and the IJBs have consolidated and built on this foundation.

Each IJB was asked to produce an annual performance report for 2017/178. These are included below and provide greater detail than is included in this self assessment. Achievements include:

Aberdeen City

- Continued progress in tackling whole-systems challenges of emergency admissions and delayed discharge.
- Implementation of pilots and projects, including but not limited to: INCA (Integrated Neighbourhood Care Aberdeen); a West Unscheduled Care service; Primary Care Psychological Therapies service (across the city); Alcohol Hub Test of Change; Link Work Practitioners; the Golden Games Festival; Interim Housing pilot project; and Acute Care @ Home.

Aberdeenshire

- Continued evolution of locality organisational structure and integrated health and social care teams to deliver joined-up, person centred care to communities.
- Continued progress against both local indicators and national core integration indicators, with good performance compared nationally

- Implementation of pilots and projects (including, but not limited to): the review of Minor Injury Units; the Virtual Community Ward Model; development of Local Carer Strategies; Participatory Budgeting; development of a Workforce Plan; Health Visiting Service; Wellbeing Festival; and Inclusive Day Services projects

Moray

- Delivery of successful community-based activity programmes, including but not limited to: Boogie in the Bar; Be Active Life Long (BALL) groups; Singing Exercise and Tea (SET) Groups; Men's Sheds; Health & Wellbeing Vintage Tea Parties.
- Development of housing-based models of care across several different settings working with older people and younger adults with specific conditions.
- Notable progress in the outcomes of wellbeing such as reducing emergency bed days; increasing numbers of anticipatory care plans; and increasing number of clients receiving more than 10 hours of care.

[Aberdeen City IJB Annual Performance Report 2016-17](#)
[Aberdeenshire IJB Annual Performance Report 2016-17](#)
[Moray IJB Annual Performance Report 2017-18](#)

Better Care

Chapter 8 Unscheduled Care

Our Achievements

- Continued cross system focus on reducing delayed discharges and length of delay
- Year round process for winter planning
- Comprehensive approach to demand and capacity management
- Establishment of North of Scotland Trauma Network
- International recognition of ECMO service
- Cross sector leadership across health and Social Care Partnerships and NHS Board

Our Challenges

- Cross system workforce challenges in recruitment and retention
- Consistent maintenance of good performance against the 4 hour Accident and Emergency standard

NHS Grampian has stated that its ambition is to seek to provide clinical treatment or advice in the right setting, at the right time, delivered by the right clinician. This aim was reinforced within the NHS Grampian Clinical Strategy, approved by the NHS Board in October 2016.

Over the last few years we have demonstrated resilience in unscheduled care, including over the winter period, when services can be under greater pressure. Much of the resilience is due to the efforts and hard work of committed and conscientious staff in our hospitals and communities as well as comprehensive cross-system planning and delivery. There has been considerable development of community based activity to minimise unplanned admissions to hospital and to facilitate supported discharge when admission does take place.

Since the early stages of integration of health and social care, working relationships have developed positively; we now have genuinely integrated working practices with multi-skilled staff working closely in teams focused around people's needs. In hospitals we have seen the development of safety brief models that are held up as exemplars to other Boards, we model integrated working for planning and implementing discharge pathways that cross sectors, we have developed roles in partnership with other agencies to streamline processes and colleagues continue to develop more new ideas. This cross system working is emphasised in the daily cross system huddle allowing the resolution of 'day to day' challenges between the various sectors. We have been particularly successful at reducing the number of bed days spent in hospital by those awaiting discharge.

The 4 hour A&E standard is one measure used to assess unscheduled care performance and, in common with elsewhere, NHS Grampian has faced challenges in delivering this in full in recent times. Performance in Grampian is however consistently above the Scottish average.

North of Scotland Trauma Network

The North of Scotland trauma Network went live on 1st October 2018 after extensive planning with partners over the last few years. Each region of the trauma network will be capable of providing a tiered response that ensures the timely provision of sufficient pre hospital care to maximise survival, prevent disability and distress. The network will:

- Through a new major trauma triage tool, assist paramedics and technicians in getting trauma patients to the most appropriate level of care
- Facilitate transfer arrangements from rural settings
- Provide 24 hour consultant led multi disciplinary care
- Ensure a rehabilitation plan for every patient
- Support a quality improvement approach

ECMO

ARI has been delivering this specialist service since 2001 and is one of six centres as part of a UK network that provide Extracorporeal Membrane Oxygenation (ECMO) services to adult patients who have severe respiratory failure. ECMO treats severely ill patients whose lungs and heart cannot manage unsupported. Special equipment is used to pump blood out of the body to remove carbon dioxide and restore oxygen levels. ECMO is used to treat conditions including swine flu (H1N1), severe pneumonia and heart failure and in the treatment of avalanche victims. As part of the UK network, Aberdeen provides care to patients from across Scotland when extra capacity is required in the Network. The team have over the years been recognised a number of times for their dedication and excellent care to patients and their families. In 2016 an external Peer Review reported the team met or exceeded every standard of care and acknowledged their dedication and commitment to patients. Their exceptional practice has been shared across the UK network.

Planning for Winter

For 2017/18 NHS Grampian produced a consolidated plan across acute services and the health and social care partnerships. The overall aim of the plan was to ensure that Grampian was as prepared as possible for the winter period.

The winter plan was developed in the context of the national 6 essential actions framework as well as sound principles of planning for resilience and preparedness. Following final approval by Scottish Government, the Grampian Winter (Surge) Plan is now published on the web and its effectiveness will be monitored on an ongoing basis through review of weekly data on key performance metrics. Leadership throughout the winter will be provided by the Medical and Nursing Directors and festive debriefs are scheduled for early January.

Chapter 9 Elective Care

Our Achievements

- 18 month programme of intensive engagement with 21 stakeholder pathway groups
- Enhanced and documented understanding of key elective specialties
- Approved Initial Agreement for capital investment in elective care capacity
- Agreed cross system process for developing strategic sustainability plans
- Prioritisation of waiting lists based on clinical need of patients, including clinical escalation process

Our Challenges

- Performance against Cancer standards
- Performance against TTG
- Workforce challenges in recruitment and retention, notably among theatre nurses

Treatment Time Guarantee (TTG) and Outpatient Standard

Throughout 2017/18 NHS Grampian reported breaches of the 12 week treatment time guarantee. However we worked closely with the Scottish Government Access Support Team to maximise delivery of improved access times within the resource available and in accordance with agreed performance trajectories.

During the year, elective care capacity has been impacted by a number of factors, including critical care capacity and theatre nurse availability. Key to future improvement is ensuring capacity, both in terms of staff and facilities are maximised.

Elective Care Programme

The Elective Care Programme in Grampian was originally stimulated by the Scottish Government's elective care centres programme. Key elements of the Grampian programme which were progressed during the year included:

- Intensive engagement process with 21 services involving a broad range of acute and primary care staff – this commenced in March 2017 and was completed in September 2018.
- Cross system workstreams to identify not only the service specific redesign initiatives but also the common themes that need to be progressed across patient pathways.

The output of this process has informed a comprehensive redesign programme and a specification for the use for the capital funding available for elective care centre development.

Planning of elective care will also include regional working with partner Boards. A Regional Programme Board has been established, overseeing the joint working between the northern Boards and the preparation of regional strategic assessment to explore population and demographic changes, drawing conclusions about future demand for certain high volume specialties

Clinical prioritisation

In order to mitigate the clinical risk associated with the recurring demand and capacity gap, a clinical elective surgery categorisation system has been developed and deployed to ensure that those patients who require surgical intervention within a clinically defined time period receive it. In essence this process introduces prioritisation across three categories, with priorities assessed by clinicians on the basis of clinical need.

In addition, a process of clinical escalation has been developed and implemented. This process allows clinicians to escalate specific patients where compliance with the revised classification is challenging. This then allows resolution at three levels (a) within the speciality, (b) across surgical specialities, and (c) at sector / external capacity level. To date, all escalations have been resolved at individual speciality level.

From a research perspective we will robustly evaluate the impacts across the healthcare system and patient experience. This is being taken forwards with Public Health colleagues in terms of scope and commission

Optimisation of use of resources

Redesign and optimisation initiatives are a key feature of the overall strategy that will result from (a) the Elective Care Programme, and (b) the various improvement strands progressing within the Acute Sector. Examples include:

- Institute for Healthcare Optimisation (IHO) Option 1 – The ‘right-sizing’ of emergency theatres based on demand, reducing variation through standardised emergency surgical urgency classification and booking processes.
- Establishment of a Day of Surgery Admissions (DOSA) unit – This project has established a DOSA unit adjacent to the main theatre suite in ARI in order to improve experience, and optimise available time and resource for patients prior to surgery. This will reduce cancellations, delays and reliance on ward based staff capacity to prepare patients.
- Theatre booking – Significant progress has been made in implementing more robust theatre booking processes, marrying leave planning and substantive staff availability to ensure published theatre lists are planned at least 6 weeks ahead. Booking of cases is monitored at key points thereafter, with automated reports generated to support the process.

- Managing demand - For some specialties, conversion rates post new outpatient appointment is as low as 50% of patients requiring any further input from that specialty. A range of actions require to be taken to drive up the appropriateness of referrals including making primary into secondary care referral pathways clear through the revised Clinical Guidance Intranet (CGI), and with systems in place that facilitate prompt and easy decision support.

Recruitment and retention

As with all NHS Boards in Scotland, and indeed as seen across the UK as a whole, there is a significant and increasing gap in the supply of trained professional health care staff. This has a clear impact on our ability to deliver operational and strategic success.

There is continuing exploration of the development of new workforce models, including growth of existing and new roles, such as Advanced Nurse Practitioners, Clinical Development Fellows, Physicians' Associates and Assistant Perioperative Practitioners. New roles create the advantage of utilising a broader spectrum of the population to recruit from. This is particularly important in NHS Grampian to address the historical challenges relating to workforce supply. For these roles to be attractive, whole life career pathways (incorporating accredited education) will require to be further developed and offer real opportunities which will place NHS Grampian at the centre of ground breaking initiatives for the rest of NHS Scotland. Development of these new roles will go some way to reducing the impacts of continuing vacancies, but these roles take considerable time to train, and have inherent vulnerability in themselves.

A 'Supply, Recruitment and Retention' task and finish group to identify key opportunities and strategies has been established to build on the existing work in relation to creating a resilient and sustainable workforce.

Collaborative working with the local Higher Educational Institute's, North of Scotland Boards, Scottish Government Directorates and NES is continually being strengthened to address the workforce supply challenges in the North

The strategic approach being taken to address workforce supply, recruitment and retention in NHS Grampian recognises the importance of organisational context and culture to deliver an empowered and engaged workforce who are skilled, competent and enabled to deliver high quality care is fundamental to the sustainability of services

Cancer Access Times

We are committed to improvement and are working closely with the Scottish Government Cancer Access Team focusing on implementing redesigned pathways for those tumour types where we continue to have challenges.

In terms of improvement activity there are ongoing tumour group specific action plans including colorectal, urology, lung, breast and oncology, which are regularly monitored and challenged to help improve any bottlenecks identified with the patient pathways. Improvements that have been achieved to date include:

- GP direct access to CT for patients with suspected cancer,
- Reduction in wait to outpatient appointment,
- Use of standard MDT proformas, which are automatically generated to the GP system within Grampian.

A full pathway review project has been initiated. This will ensure that all pathways reflect current clinical practice, and that appropriate timescales are set for each step in the pathway with monitoring steps embedded to identify any divergence from the plan.

With regard to our governance arrangements we would highlight the following:

- Twice weekly meetings to discuss all individual patients on a cancer pathway, allowing appropriate escalations to be taken forward by the relevant service, and any indications of performance issues which may impact any of the tumour specific pathways.
- Service specific performance improvement plans in place, addressing particular bottleneck areas identified within the given pathway, with a meeting in place on a regular basis to monitor these and work collaboratively with services, MCN and primary care colleagues to address any performance / process issues.
- Breach patients are circulated to services on a weekly basis, with discussion at divisional level, helping promote shared learning across services.
- Regular meetings with the Scottish Government to discuss all aspects of cancer waiting time performance, and thus any potential support they may be in a position to offer in this regard.
- Whilst the standards are not yet being met on a sustainable basis, overall the length of pathways have reduced and NHS Grampian performs well in terms of cancer outcomes.

Chapter 10 Quality and Person Centred Care, including Staff Experience

Our Achievements

- We have agreed 4 Quality ambitions and are developing a range of metrics to provide intelligence to the Board and others on our progress and performance
- Development of a professional practice model for nursing, midwives and Allied Health Professions
- Responding and Learning from feedback

Our Challenges

- Progressing the improvement in health and safety
- Implementing quality reporting to the Board
- Differentiating NHS Grampian as an employer of choice

Quality and Safety

NHS Grampian is committed to ensuring that quality and quality improvement is at the centre of everything that we do. The NHS Board has overall responsibility for assurance of the quality of care. During 2017/18 we have worked with the NHS Board, clinical staff and senior teams across the system to develop new quality assurance processes. This has included defining our ambitions for quality and the management of risk. The quality ambitions agreed by the NHS Board in August 2017 are:

- No preventable deaths
- Continuously seek out and reduce harm
- Achieve the highest level of reliability for clinical care
- Deliver what matters most

[A progress report was provided to the NHS Board in August 2017.](#)

Professional Practice

We have developed a Professional Practice model for nursing, midwifery and allied health professionals. This depicts values and defines the structures and processes that support staff to control their own practice and to deliver quality care.

This will enable us to

- Measure and articulate the professional contribution of nurses, midwives and allied health professionals.
- Demonstrate the contribution nurses and midwives make to the Quality Strategy ambitions of person-centred, safe and effective care.
- Embed staff and care experience/engagement at its core.
- Recognise the culture and conditions required to enable good-quality care

Of particular note in 2017/18:

- We are the first Health Board in Scotland to have implemented a person centred Welcome Wards approach across Grampian. This change means friends, relatives and carers are able to visit hospital at times matching the needs and wishes of each patient.
- We are the first Health Board in Scotland to develop and implement a new one page hospital nursing admission document. The new documentation looks at the whole person, not just the condition or illness that has brought them into hospital. This then allow nurses to spend time with patients building better relationships.
- We have seen a 41% reduction in our Cardiac Arrest rate in General Wards in Acute Adult Hospitals. This is supported by the implementation of the National Early Warning Score 2.

Health and Safety

NHS Grampian is committed to effective and efficient health and safety for patients, staff and those who visit our premises. We work together with the Health and Safety Executive and other bodies to ensure compliance and to make improvements where these are required. The overall agenda is overseen by a Health and Safety Committee that reports to the Senior Leadership Team and Staff Governance Committee.

Of particular note in 2017/18:

- Demonstration of a robust system for health surveillance and screening related to Hepatitis B vaccine provision.
- Work progressing to respond to manual handling improvement notice in acute wards at ARI.
- Significant reduction in ligature points at Huntly Ward as the first stage in a three year programme across all inpatient areas in Royal Cornhill Hospital.

Encouraging Feedback and Handling Complaints

NHS Grampian encourages and values all forms of feedback and is committed to ensuring that the information and learning gathered from all our feedback systems informs the aspiration of continuous improvement and the continued development of a person-centred approach to service delivery.

[NHS Grampian's 2017/18 Handling and Learning from Feedback Annual Report](#) demonstrates how feedback and complaints are encouraged, responded to and learned from.

Staff Experience

NHS Grampian recognises that staff are its most valuable asset. Our Clinical Strategy recognises that good staff wellbeing, both physical and mental, is crucial to delivering organisational goals. We are now in the fourth year of utilising the iMatter staff engagement tool, rolling out the process to all staff.

Absence levels are one of a number of indicators which can be used to understand staff wellbeing, however it should not be considered in isolation, as absence figures only represent a percentage of staff who are not able to attend their workplace. Over the last year NHS Grampian has consistently reported sickness absence rates below the Scottish average.

We have concentrated, over recent years, on developing an approach to Staff Governance that is built from the bottom up, through engagement with operational sectors, but also reflects the overall Board priorities. This continued through 2017/18, with the fourth annual workshop, held in May 2017, post the publication of the national Staff Experience Report in February 2018. This work has continued over the course of 2018 through engagement with Local Partnership Forums to support staff governance action planning and monitoring as fundamental to the structure and reporting of these forums.

Since fully implementing iMatter in 2017 the focus of the NHS Grampian Staff Experience Steering Group has been working to improve our strategic response to improvement of staff health and wellbeing. Examples of work undertaken include the development of a single brand for staff health and wellbeing alongside a website where all information relevant to staff health and wellbeing, including aspects of their employment. This will support information on wellbeing being accessible to staff, including those who are working away from NHS Grampian sites, allowing staff to be signposted to support, services and policies available to them. To support accessible data for services, exit questionnaires are now electronic and sit alongside face to face exit interviews.

Some specific examples of initiatives include

<ul style="list-style-type: none">• Smoke free NHS sites• Cycle to work scheme• Healthy Working Lives activities• Health and Safety audits• Flexible working• Mindfulness training	<ul style="list-style-type: none">• Lone working policies and practices• Occupational Health Services support• Bullying and Harassment policy• People Management policies• Attendance management policy• 6 step workforce planning tool
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Summary of performance against Local Delivery Plan Standards

LDP Standard	Current Published Performance
People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase)	2016 & 2017 22.7% Grampian 25.3% Scotland
31 days from decision to treat (95%) and 62 days from urgent referral with suspicion of cancer (95%)	Quarter to June 2018 • 92.7% Grampian (31) • 95% Scotland (31) • 81.9% Grampian (62) • 84.6% Scotland (62)
12 weeks Treatment Time Guarantee (TTG 100%)	Quarter to September 2018 55.3% Grampian 74.6% Scotland
12 weeks for first outpatient appointment (95% with stretch 100%)	At end September 2018 57.9% Grampian 70.5% Scotland
18 weeks Referral to Treatment RTT	September 2018 64.4% Grampian 81.4% Scotland
People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support	2015/16 21% Grampian 42% Scotland
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	2017/18 86.9% Grampian 86% Scotland
Eligible patients commence IVF treatment within 12 months (90%)	Quarter to June 2018 100% Grampian 100% Scotland
Sickness absence (4%)	2017/18 5.13% Grampian 5.39% Scotland
18 weeks referral to treatment for Psychological Therapies (90%)	Quarter to June 2018 72.1% Grampian 76.3% Scotland

LDP Standard	Current Published Performance
<p>Clostridium difficile infections per 1000 occupied bed days (0.32) SAB infections per 1000 acute occupied bed days (0.24)</p> <p>NHS Grampian has not been identified as an outlier</p>	<p>Year to June 2018 0.44 Grampian (Cdiff) 0.28 Scotland (Cdiff)</p> <p>0.35 Grampian (SAB) 0.33 Scotland (SAB)</p>
<p>Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)</p>	<p>Quarter to June 2018 94.9% Grampian 94% Scotland</p>
<p>Sustain and embed alcohol brief interventions in 3 priority settings (primary care, sexual health, antenatal) and broaden delivery in wider settings</p>	<p>2017/18</p> <p>8343 Grampian actual 6658 Grampian standard</p> <p>81177 Scotland actual 61081 Scotland standard</p>
<p>Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas</p>	<p>7/18 Year</p> <p>1149 Grampian standard 916 delivered</p> <p>7632 Scotland actual 9404 Scotland standard</p>
<p>GP Access GPs to provide 48 Hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients.</p>	<p>2017/18 91% Grampian 93% Scotland</p>

Report from Grampian Area Partnership Forum (GAPF) Achievements in 2017/ 18

Caring. Listening. Improving

Members of the NHS Grampian Area Partnership Forum (GAPF) have been spent this year listening, and supporting our staff on issues which matter to them and on the changing environments of healthcare. Significant effort has been made to follow through on these discussions and remedying where possible the issues raised. GAPF has been particularly active around the review and development of staff policies and also dealing with the many issues around the integration agenda that affect our staff working in health and social care.

GAPF Away Days

GAPF has held successful away days, aligned to different sectors, including the Acute Sector November 2017, Aberdeen City Health & Social Care Partnership December 2017, Aberdeenshire Health & Social Care Partnership March 2018 and Facilities & Estates August 2018. Each away day concentrates on themes relevant to that area and the GAPF has been supportive in making these ideas reality, whether through policy development, dealing with cross Grampian issues or facilitating cross Grampian solutions.

In addition to the sector away days, GAPF hosts an away day, involving representatives from all sectors. The theme for 2018 was Big Rocks, based on the thinking of Steven Covey on identifying priorities and undertaking the biggest pieces of work first. GAPF has continued work around Big Rocks and has identified 5 themes which will be incorporated in to future GAPF meetings.

The 5 themes include:

- Communication, information and dissemination, recent examples include Endowments, Turas Learn and Finance.
- Views, feedback and discussion (airing), recent examples include Occupeye and Car Parking.
- Consultation and negotiation, recent examples include the proposed Brexit questionnaire.
- Decision making to develop GAPF advice info to support the Board, this is currently a regular written report to the Board, however, this would be agreed at the end of the meeting when items for communication were discussed , items for Board would also be agreed.
- Approval, this would include the approval and sign off of policies.

Integrating Health & Social Care

NHS Grampian, together with partners in Aberdeenshire, Moray and Aberdeen City, has continued to work together in developing the new culture for staff working within the Health & Social Care Partnerships. Work continues, to develop effective working relationships. An example of this would be the work stream regarding the Health & Safety Gap Analysis involving NHS Grampian and all 3 Health & Social Care Partnerships.

Priority Actions 2018-19

We aim to continue to build on our successful foundation and have developed our priorities, in partnership, in line with the Staff Governance Standards.

Well Informed

Continue to promote the importance and commitment to the partnership model of working through two way communication between Grampian Area Partnership Forum and the Sector Partnership Forums representing local areas to listen and promote increased local involvement of staff in the partnership processes. Extend and embed partnership working further across Grampian, ensuring involvement in all areas of the change agenda, developing staff participation and improving staff experience.

Involved in Decisions

2018/19 will continue to be a period of significant change in NHS Grampian, for NHS staff working within the 3 HSCPs; and for NHS staff across the North region. Progression of the shared services agenda for corporate services and for estates and facilities will see changes to working arrangements for some staff. The regional agenda is also likely to extend to some clinical services and staff involvement in how these changes will be progressed continues to be a key priority

Appropriately trained and developed

Continue to extend accessible, blended approach to learning, including extending an e-learning approach through Turas Learn. Review of learning opportunities to improve accessibility, mindful of the difficulties of releasing staff from the workplace, by increasing access to information technology resources. The Grampian Area Partnership Forum Endowments Sub Group receives an annual allocation from the Endowment Committee to consider applications for staff training & development.

Treated fairly, consistently, with dignity and respect in an environment where diversity is valued.

Creating strong links and communication channels within NHS Grampian through the Once for Scotland Policy work stream.

Following approval, the implementation of the Health and Safety Strategy and policy across NHS Grampian.

Continue to promote local partnership structures to resolve issues at the most relevant level in the organisation.

Provided with a safe and continuously improving and safe working environment, promoting health & well being of staff, patients and the wider community.

Supporting initiatives which seek to develop and embed a model that supports health and wellbeing of staff.

We have continued the process to embed health and safety as a key component of safe patient care as part of the normal business of NHS Grampian.

We continue to seek to improve recruitment of health and safety representatives and nurture the partnership approach to health and safety including the involvement of staff side colleagues in development of policies relating to health and safety and in the workplace inspection regimes. The Grampian Area Partnership Forum Endowments Sub Group also receives an annual allocation from the Endowments Committee to consider applications from staff which address one or more of the Staff Governance Standard and can link to patient benefit.

Report from Area Clinical Forum**Clinical Engagement**

ACF members recognise the importance of their role and the links which they provide between clinical services and the Senior Leadership Team (SLT) and the NHS Grampian Board. It has been noted that communication between the ACF and senior level could be improved and this has been welcomed from all of those involved. The ACF has regular representation from members of the SLT and the Board and it is essential that this continues. There has been ongoing work to improve links and to improve the information flow from and to the ACF committee. The ACF members are very keen to be involved in helping to shape strategy and key developments by providing clinical perspective and access to the wider professional group. The ACF would like to have the opportunity to consult on key pieces of work at an early stage and are committed to involving their individual committees and wider clinical membership as an integral part of this. There are now regular agenda setting meetings with the Chair and Vice Chair of the ACF and the SLT which should help ensure this engagement continues.

Information Sharing

There are a number of large projects at varying stages of development and over the past year the ACF has welcomed presentations and engagement from those leading projects and also welcomed the opportunity to discuss and provide multidisciplinary clinical opinion. Examples of these are the Elective Care Programme, NHS Grampian Clinical Strategy, Regional Delivery Plan, Baird Family Hospital and ANCHOR Centre plan and the Beating Cancer Ambition and Action Plan. The ACF will continue to engage with these and other key developments to ensure that the wider membership have access to relevant information and a route to communicate ideas via the ACF.

Staff Experience and Wellbeing

In 2017 the ACF committee compiled a paper on staff health and wellbeing. This was shared with the Staff Experience Group in December 2017 where it was well received and promoted further discussion. The NHS Grampian Director of Workforce wrote a formal response to the report which was welcomed by the committee and in addition she also attended the March 2017 ACF meeting to continue discussion on this topic. This engagement was a useful forum to continue a positive and constructive discussion on staff experience, stress and in particular wellbeing. Staff experience and wellbeing will continue to be an area which the ACF would like to reflect on a regular basis as we continue to work in challenging workforce times.

Recruitment and Retention

Closely related to staff experience and wellbeing is recruitment and retention, the interconnectedness of the two is regularly highlighted in committee discussion. There are significant recruitment and workload challenges in the NHS and not unique to NHS Grampian and the ACF view this as a particular concern across the clinical specialities. Many relevant factors have been discussed and fed back to the Board including recruitment/ screening issues, financial issues, promoting research and innovation, enhancing academic links etc. The ACF has welcomed discussion from nursing and midwifery on new approaches to recruitment on a more 'global' scale and would like to engage more in plans to attract school leavers into a career in healthcare, recognising that most school leavers will be unaware of the vast array of opportunities in the NHS. In addition the ACF has increasing concern that new developments such as the General Medical Services (GMS) contract which provides a range of new opportunities will also cause significant challenges in workforce supply which has a large potential to adversely impact other areas.

Improving communication

As a Grampian-wide, multi-professional forum for all clinical groups, the ACF continues to seek to establish effective links with all three Integration Joint Boards (IJBs) i.e. Aberdeen City, Aberdeenshire and Moray. This is essential to enable clinical advice, questions and concerns to be readily shared and to facilitate collaboration and mutual understanding across patient pathways that span community and secondary care. Members are keen to understand the new structures and processes within the health and social care partnerships, including hosted services, however it is still felt that knowledge gaps exist and these continue to have a negative impact on communication between professionals across the whole health and social care system. It is recognised that health and social care partnerships are complex organisations that continue to evolve over time and ACF members would certainly like to improve relationships and communication to ensure that the IJBs can access the ACF for multi-professional clinical advice.

Staff Achievements 2018

January

- Ally Lister district nurse from Huntly was among a group of 20 to have been awarded the title of Queen's Nurse, marking the first time the honour had been made in Scotland for almost 50 years. Ally was selected earlier 2017 to take part in a nine-month development programme run by the Queen's Nursing Institute Scotland (QNIS). Each of the community nurses were nominated by their managers for providing high quality, compassionate care.

February

- A specialist team from RACH visited Bangladesh to support the 'Walk for Life' charity programme. Ros Baker, Andy Shipley, Leanora Mills and myself (Simon Barker) delivered instructional lectures alongside practical support and guidance in the Ponseti casting technique. This has been used to treat 21,000 children in the WfL programme and is the standard of care in Aberdeen and around the world. Without this life-changing resource-appropriate treatment, clubfoot ostracises and limits the life-opportunities for children in Bangladesh.

March

- Staff show their dedication after ARI flood. Teams throughout ARI rose to the occasion when a flood in the main concourse took pharmacy robots out of commission. The incident took place on the evening of Monday 12th February and led to disruption for much of that week. Staff volunteered for weekend shifts to restock the pharmacy and ensure we were able to return to a normal service.

April

- Dr Roger Staff, Head of Imaging Physics, has been awarded The Normal Veall Medal. This prestigious national award is handed out each year by the BNMS Council to a scientist who has made an outstanding contribution to the science and/or practice of nuclear medicine in the United Kingdom. In addition to leading the NHS Grampian imaging physics team, an internationally recognized centre of excellence, Dr Staff is a globally recognised research scientist, publishing over 100 peer review publications, multiple book chapters and generating more than £2m of grant income.

May

- Awards shortlist for neonatal innovation: Nicole Bauwens – Nurse Manager at the neonatal unit in AMH - has been announced as a finalist in the 2018 RCNi Nurse Awards, the UK's most prestigious nursing accolade. The RCNi Nurse Awards identify and celebrate nurses who, every day, go above and beyond to save lives, provide outstanding care for patients and transform nursing practice for the better. Nicole has been shortlisted for the Child Health Award for introducing 'Family Integrated Care' to the unit, empowering parents and staff to work together.

- Two well-known faces from NHS Grampian were special guests of HRH The Prince of Wales at a Buckingham Palace event in March that celebrated nursing in the UK. The Countess of Wessex was also in attendance and met two frontline NHS Grampian staff, Nurse Manager Jean Quirie and Healthcare Support Worker Helen Collinson. Jean was nominated following her work as a nurse for 50 years and was described as an inspirational and supportive colleague. Helen was nominated due to her humour, hard work and dedication in every shift and described as "treasured, loved and fondly thought of by patients, families and the team".
- Dr Kirsty MacLennan, clinical psychologist, was delighted to be invited to present at an All Party Parliamentary Group at the House of Commons on Psychological Support for People with Diabetes.

June

- ITU nurse – and budding photographer - Carrie-Ann Goodbrand has won the Scottish round of nationwide photography competition run by UK heart valve disease charity Heart Valve Voice and The Royal Photographic Society. The contest aims to raise awareness of heart valve disease; a growing health concern with approximately 1.5 million people over the age of 65 currently affected by the condition in the UK.
- Energy project wins national award. A project linking the Foresterhill Health Campus and Royal Cornhill complexes to the existing energy centre, in addition to delivering energy conservation measures recently picked up a prestigious industry award. The project was delivered jointly by NHS Grampian and Vital Energi and won Retrofit Project of the Year at the annual Heating and Ventilation News awards in London. In 2012 we installed a CHP, Biomass and conventional Dual Fuel boiler powered energy centre at Foresterhill to provide electricity in addition to low-carbon heat and hot water. In 2017 infrastructure was installed which allowed Royal Cornhill Hospital to share this energy centre via a district heating and HV "Energy link".

July

- Dr Richard Coleman collected the 'Outstanding Role Model' award at the recent NHS Education for Scotland (NES) Medical Awards. The awards were presented as part of the 2018 NES Medical Conference, the largest of its kind, which brought together 1,500 delegates over two days to Edinburgh. Richard is currently Associate Medical Director with responsibility for Education, Workforce and Training.
- ARI nurses scoop dermatology award. Sobia Regi and Mary Fergus have been jointly named dermatology nurses of the year by the Scottish Dermatological Nursing Society. They are part of the phototherapy team based in Ward 406 at ARI. They have been crucial to the delivery of this service, which underwent a redesign in 2015/2016 to address a nine month waiting list. The hard work and dedication of Sobia, Mary and their colleagues has reduced this to 6 weeks.

- The inaugural ‘Valuing Our Healthcare Support Workers’ Event took place. This pilot event was initiated by Kerry Jane Lyon, a maternity HCSW and Associate Practice Educator, based in Aberdeen Maternity Hospital. Kerry was inspired by the recent International Day of the Midwife and International Nurses’ Day and felt that Healthcare Support Workers also deserved the same recognition and appreciation. Kerry said “I wanted to hold an event specifically dedicated to the wonderful Healthcare Support Workers in AMH. I was overwhelmed with the enthusiasm others showed for the day and hopefully we’ll be able to do something bigger and better, across NHS Grampian, next year”.
- Pharmacy technicians represented NHS Grampian at the Association of Pharmacy Technicians (APTUK) national conference and exhibition held in Glasgow. At the awards ceremony, Aberdeen branch won branch of the year, a huge achievement just after their 1st birthday. In addition, branch member Kay Morgan won 2nd place in Technician of the Year Award, but was overwhelmed when it was announced she was to be endorsed as a fellow of the Association.

August

- Congratulations to Sandra Wilson, a Senior Diabetes Specialist Nurse, who has been named a Diabetes UK Clinical Champion. A total of twenty healthcare professionals have been appointed by the charity; Sandra is one of only two working in Scotland. Sandra plans to establish high quality standards of care for people with diabetes. She wants to improve how education is delivered by working with health and social care staff and also the third sector.
- Queen’s Nursing Institute Long Service Awards. Almost 50 nurses from across the north-east have been recognised for their dedication to community care. The group came together for an event in Inverurie, where they were presented with the Queen’s Nursing Institute Scotland (QNIS) award for long service. They all work in roles within the community, including district nursing, health visiting and practice nursing, and have an outstanding total of 1,249 years of service between them. They were presented with the prize, which consists of a badge and certificate, by Linda Harper, one of our Associate Directors of Nursing.
- Staff at Muick Ward Royal Cornhill walked from Loch Muick to Muick Ward in 24hrs raising over £6000 which funded an internet cafe on the ward for their patients.

September

- Suzanne Livingston, Community Rehabilitation Nurse Specialist, who has just passed the national Headway charity Certificate in Brain Injury, affiliated to the University of Northampton
- The Scottish Research Nurse & Coordinators Network present the Gail Woodburn Nurse of the Year Award at their annual conference each year and nominations are now open. The award recognises and rewards excellence in the research nurse profession and hopes to increase the wider understanding of clinical research nursing.

October

- The District Nursing Team at Great Western Medical Practice, and their supportive Direct Delivery Team from Airyhall Clinic, have won the Royal College of General Practitioners Palliative Care Award. The team were nominated for their continued excellent service to all patients, but particularly palliative patients.

November

- Scottish Health Awards – Shona McCann, won the Care for Mental Health Award at the Scottish Health Awards 2018. She was nominated by some of the ladies she cared for which made it even more special. She is Specialist Midwife in Perinatal Mental Health - the first in this role in Scotland. Ann Ovall, Public Dental Service Dentist at the Health Village won Dentist of the Year. She and her colleagues treat priority group patients including those with learning difficulties, complex medical issues, physical impairment, anxiety and psychiatric conditions. They also carry out domiciliary visits to housebound and hospital patients and care home residents, many of whom have dementia.