27th September 2011

NHS GRAMPIAN

ANNUAL REVIEW

TUESDAY 1ST NOVEMBER 2011

SELF ASSESSMENT REPORT

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ANNUAL REVIEW
CORE AGENDA AND SELF ASSESSMENT CONTENTS

Chapter 1
Introductory Comments

This self assessment report follows the format of the agenda for the Annual Review meeting to be held on Tuesday 1st November 2011 in Committee Room 5, Woodhill House, Westburn Road, Aberdeen.

The Annual Review will be conducted by the Minister for Public Health Michael Matheson MSP, and his Scottish Government Team. NHS Grampian's response will be led by Acting Chairman, Councillor Bill Howatson, accompanied by Chief Executive, Richard Carey, and representatives of the senior management team.

This self assessment does not aim to be a comprehensive picture of activity in NHS Grampian in 2010/11 and into 2011/12. It can provide only a snapshot of the continuing work delivered by the staff of NHS Grampian and colleagues in partner organisations to deliver high quality health and healthcare.

Further information about NHS Grampian's achievements and our plans for the future can be found in our Grampian Health Plan 2010-13. This can be found online at www.nhsgrampian.org or obtained from the Corporate Communications Team (see page 3 for contact details).

Chapter 2
Progress Against 2009/10 Annual Review Action Points

NHS Grampian's 2009/10 Annual Review took place on 8th November 2010. Following the meeting, the Cabinet Secretary for Health and Wellbeing wrote to the Board Chairman setting out the actions agreed at the review. A mid-year review was held in February 2011 when progress was discussed. Information on the current position with these actions is detailed below and throughout the report.

2009/10 Agreed Action	Position at September 2011
Facilitate involvement of Area Clinical and Partnership Forums in implementing the Quality Strategy and associated efficiency savings programmes, workforce planning and service redesign	NHS Grampian is committed to partnership working with all staff and strives to ensure engagement through the partnership and advisory structures as well as direct with staff using various internal communication tools including regular Face2Face sessions across the area. We have recently supported 5 whole time equivalent staff representatives to further facilitate involvement and engagement of staff.
Ensure that principles outlined in the Quality Strategy are embedded throughout the NHS Grampian organisation	The principles of the Quality Strategy are entirely consistent with NHS Grampian's Health Plan and emerging Health and Care Framework. Quality criteria are included within our new resource allocation and decision making framework. Throughout this self assessment examples are given of activities which demonstrate how the Quality Strategy is embedded in practice. Chapter 3 provides more detail.
Ensure robust governance arrangements at Board level to oversee and monitor quality and patient safety	There is regular reporting to the NHS Board and its Committees on all aspects of Quality and Service Improvement. Our Assurance Framework ensures a risk based approach and in accordance with good practice there is ongoing evaluation of effectiveness.
Achieve infection control targets and continue to apply learning from Health Environment Inspectorate reports in all Grampian hospitals	Full details of our performance are contained in Chapter 3 along with how we are responding rigorously to external inspections through close performance management of action plans and local inspection processes.
Review measures for achieving HEAT targets for health improvement and tackling inequalities and put in place further plans to address areas where challenges are greatest	At the time of the November 2010 Annual Review NHS Grampian was behind target on delivering the required number of alcohol brief interventions and cardiovascular health checks. At the end of March 2011 both these targets had been exceeded along with full delivery of the health improvement targets for child healthy weight interventions and successful smoking cessation quits. The proportion of 3-5 year olds registered with an NHS dentist increased during the year but fell short of the planned 80%. The level of exclusive breastfeeding at 6 weeks also fell short of target. Full details are provided in Chapter 4.

Chapter 3
Improving the Quality of Care and Treatment for Patients

This chapter of the self assessment report covers NHS Grampian's performance against a range of 'Treatment' and 'Access' targets within our Local Delivery Plan. Chapter 5 contains information relating to those 'Treatment' measures which are associated with Shifting the Balance of Care, including mental health. This chapter also provides more detailed information on what we are doing to tackle Healthcare Associated Infection, to implement the Quality Strategy to deliver the Quality Outcomes and to improve the patient experience. This also includes what we have done to improve access to care, a key aspect of quality for patients.

Measure	Performance		Plan
Number of staphylococcus aureus bacteraemia (including MRSA) cases	181 to March 2011	R	135
Rate of C.Diff infections per month per 1000 occupied bed days (patients aged 65 plus)	0.41 to March 2011	G	0.89
31 day max wait from decision to treat to treatment for patients with cancer	93.8% to June 2011	A	95%
62 day urgent referral to treatment for suspected cancer	88.1% to June 2011	R	95%
18 weeks referral to treatment	87.4% at June 2011	G	80%
Number exceeding 12 weeks for first outpatient appointment	0	G	0
Number exceeding 9 weeks from outpatient to inpatient/day case	0	G	0
Number of patients waiting over 4 weeks for Key Diagnostic Tests	0	G	0
% A&E discharge or transfer within 4 hours	98.3% at July 2011	G	98%

Delivering the Quality Outcomes

The NHS Scotland Quality Strategy was launched in May 2010. The strategy is entirely consistent with NHS Grampian's Health Plan and is a key driver for our emerging Health and Care Framework. We are working hard to embed the quality outcomes and ambitions in all we do as well as through the work associated with the Patient Experience and Scottish Patient Safety Programmes and the clinical effectiveness strategy. Some examples of the work we have done since the launch of the strategy include:

- Formed a Quality Strategy Group and a virtual Grampian Quality Improvement Group
- Established a programme of Consultant and GP Café events to engage the clinical community in topical service improvement issues

- Extended involvement in patient safety walkrounds to non executive Board members and public representatives and extended coverage to mental health services and Community Health Partnerships
- Rolled out the patient safety programme to all theatres in Aberdeen Royal Infirmary (ARI) and Dr Gray's and critical care areas
- Became a pilot site for safety in primary care focusing on testing communication methodologies between primary and secondary care
- Developed patient stories and presented these at Board seminars, Clinical Governance Committee development sessions and a major Health and Care Framework Planning event. They have also been used in inter-professional learning in association with Robert Gordon University
- Developed a joint incident, claims and complaints report which is presented to the Clinical Governance Committee
- Undertaken two annual nursing record audits cycles and the first Allied Health Professionals record keeping audit has been completed. A medical record keeping audit has been piloted in Mental Health Services.
- Developed and tested a Quality dashboard which is now being presented at each relevant Operational Management Team meeting and shared widely with clinical leaders. The dashboard covers mortality, adverse events, patient harm, infection and patient experience. This has been presented at Board seminars and will eventually feature in Board formal meetings
- Developed a Quality Framework along with an "Is your care safe, effective and person centred?" tool for use by all staff. This is beginning to be used across the organisation e.g. child protection indicators, Emergency Care Centre planning and by individual senior charge nurses
- Piloted and delivered a Quality Education Framework to over 200 staff in the last year with further dates scheduled
- Set up a Quality Strategy intranet page and included information on the strategy in our staff newspaper *Upfront* and discussed it with staff at Face2Face sessions
- Developed five pledges to make explicit the way in which staff will behave towards patients, carers and families to ensure dignity and compassion in care
- Developed an improving patient and carer experience toolkit
- Established a Better Together Public Involvement Group to contribute to improvement work based on the Better Together In-patient results.

Governance Systems

NHS Grampian's clinical governance and risk management governance systems were assessed as a level 4, 'evaluation', by Quality Improvement Scotland at their last inspection in 2009. We continue to build on this position to ensure systems are effective and fit for purpose.

With regard to risk management, there has been significant work in terms of updating, reviewing and monitoring risks on the Strategic Risk Register. The Strategic Management Team review the risk register discussing risks in turn in some detail. Any substantial changes to the risks are collectively agreed. The Operational Management Team discusses the risk register in relation to identifying monitoring and escalation arrangements for cross-sector operational risks. The Board has an

annual risk workshop where the risk register is reviewed. In addition, risks are presented to every Board meeting. To support this work, Board Committees are maintaining an overview of their relevant strategic risks and report to the Performance Governance Committee as part of the NHS Grampian Assurance Framework.

Reports on risk registers for each part of the Delivery Unit were introduced in October 2010 to foster discussion at the individual bi-monthly Performance, Risk and Finance meetings.

With regard to clinical governance, email notification of significant incidents to senior staff was tested and introduced over the last year, including a process for monitoring the recording of lessons learned and action taken. This also involves a review and reissue of the investigation guidance following a complaint or incident. Incident reporting continued to increase, during 2010/11 with over 20,000 incidents reported. This is welcomed as NHS Grampian is encouraging staff to report incidents. Data also importantly shows that although the number of incidents reported is increasing the level of harm reported remains stable.

The development of local reporting tools continues with the introduction of My Dashboards for all staff. This provides a 'pin board' of graphs and charts identified by the user that contains live data. This has been well received by users. Future developments will allow for creation of a dashboard containing organisational data accessible by others, on a limited basis. Reporting to groups and committees continues as established in 2009/10.

Sector clinical governance groups all receive an annual review visit and report from a panel consisting of the Director of Nursing and Quality, chair of the Clinical Governance Committee and the Head of Clinical Governance and Risk Management. Outputs from these visits are collated and used for organisational learning.

Healthcare Associated Infection

Prevention of Healthcare Associated Infection (HAI) is a major priority for NHS Grampian. Over the last year we have continued to see an improvement with levels of infections such as *Clostridium difficile* and MRSA bacteraemia reducing. This has been achieved by improved antibiotic prescribing, enhanced surveillance and root cause analysis of HAIs and implementation of care bundles for invasive devices, combined with strict adherence to infection control measures. Bi-monthly HAI reports are submitted to the NHS Board along with an annual report. Key points include:

- *Staphylococcus aureus* Bacteraemia (SAB): A further 15% reduction was expected in the year to March 2011, but there was an increase of 5 cases when compared to the previous year. Within this number, however, MRSA cases have continued to fall to a consistently low figure. Healthcare associated SABs have reduced but cases presenting in the community have increased. Every case is investigated to establish a cause and robust investigation has halved the number of ‘cause unknown’ cases in a year
- *Clostridium difficile* Infection (CDI): the HEAT target required NHS Grampian to deliver a 50% reduction in CDI rates in those aged 65 and over by March 2011. A consistently reducing rate has been demonstrated and the target

was met in full. There were no CDI outbreaks in 2010/11. For the first time since surveillance began the number of cases identified in the community exceeded hospital presentations

- Hand Hygiene: Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. NHS Grampian has set a local target of 95% compliance and where individual wards do not achieve 95% they are required to develop an action plan to deliver improvement. All hand hygiene audit results are displayed at ward level. Monthly scores range from 90% to 99% in the year to March 2011
- Hospital Cleanliness: hospital cleanliness is assessed in accordance with a national framework and involves NHS Grampian staff and members of the public visiting areas to assess performance. The national target is 90% and whilst this has been delivered on an NHS Grampian basis consistently, the performance for Woodend Hospital has fallen short of the target at 86.9% in the quarter to March 2011. A considerable increase in staff at Woodend has been agreed and additional domestic hours are being allocated to weekend clinical areas. Domestic staff are also being taken off other duties, e.g. catering provision, to increase compliance.

Healthcare Environmental Inspections

The Healthcare Environmental Inspectorate (HEI) is a body that has been set up to help reduce the risk of healthcare associated infections. The team examines a Board's self assessed information and then visits clinical areas to validate this information and to meet patients and staff. During the visit, the team also assesses the hospital's physical environment for issues related to healthcare associated infection.

Since April 2010 the HEI have conducted one announced and 4 unannounced visits to acute hospitals in NHS Grampian. The NHS Grampian Infection Control Committee continues to monitor progress against requirements and recommendations made by the HEI by including them in the Healthcare Associated Infection Work Plan which is reviewed bi-monthly. Some recent completed actions include:

- New guidance has been developed for checking of mattresses following every patient discharge or weekly for long stay patients
- Online infection prevention and control training has been developed to improve accessibility for staff
- Detailed cleaning instructions for most commonly used pieces of patient equipment are now available on the intranet and a complete standard operating procedure is in development
- Local infection control groups have been convened covering all acute hospital sites
- Rolling programmes are in place for planned and unplanned ward environmental audits across all hospital sites in NHS Grampian.
- The NHS Grampian Information Strategy was reviewed to improve communication of Healthcare Associated Infection issues to patients, visitors and staff
- All nursing and support staff now have mandatory hand hygiene training in their personal development plans

Patient Focus and Public Involvement (PFPI)

NHS Grampian has a strong commitment to all aspects of Patient Focus and Public Involvement. PFPI has become progressively embedded in the day to day work of the organisation, at an operational and strategic level. The Board has a PFPI Committee which provides strategic direction, quality assurance and monitoring of progress on all aspects of PFPI. We have a three year PFPI Framework (2009-2012) which sets out the PFPI strategic direction and the activities which will deliver this.

The evaluation of the processes, tools and techniques applied to PFPI is paramount, with evidenced learning being applied to future activity. However, PFPI is about people and how the NHS interacts with patients, carers, the public and local communities and how the organisation works with its staff. It involves real actions, practical applications of tools and techniques, pragmatic advice on complying with legislation, implementing national guidance and learning from examples of best practice from Grampian and elsewhere.

A number of external organisations play a role in external scrutiny of PFPI work. The Scottish Health Council has a major role in assessing and verifying PFPI activity. 2010/2011 was the first year of the new Participation Standard and a comprehensive self assessment report was produced and discussed with the Scottish Health Council covering the three strands of Patient Focus, Involving People and Corporate Governance. The Health Council's report acknowledged the work being done with the public to develop action plans following receipt of the Better Together inpatient survey results and with Community Health Partnerships and GP practices following the Better Together GP survey. The engagement work associated with the supported discharge service and newsletters/booklets produced were also noted.

NHS Grampian was assessed at level 3, 'evaluation' for the work it is doing around participation, involving people in decision making and ensuring participation is a core part of staff activity. Improvement plans have been requested to build on good practice and address any areas of weakness.

Some examples of progress and activity in the last year include:

- Undertook the national alternative pilot to NHS Board Direct Elections with a comprehensive and robust communication and marketing campaign using new and innovative methods of raising awareness of the opportunity offered by Board membership. This resulted in 95 applications being received and two new Non Executive Board members being appointed. NHS Grampian is now participating in the national evaluation of the pilot
- Participation in a national pilot with dedicated PFPI staff gathering patient experiences of cancer services and ensuring improvements to services
- Analysed the results for the national Better Together surveys and developed sector based action plans with public input. The surveys demonstrated a good response rate by the Grampian population and have become one of the gauges of public opinion in Grampian
- Developed a Communication and Involvement Framework and Action Plan to ensure staff and public views inform the strategic review of Grampian

maternity services. Involvement activities included public representatives on the Review Leadership Group, four newsletters for staff and the public, information available on the NHS Grampian website. The views of over 200 women were gathered via discussion groups and survey in May 2010, staff briefing sessions have been held and a 3.5 day Service Improvement Event was held in August 2010 attended by five public representatives

- Promoted carer awareness in the Polish community through use of interpreters in Aberdeen City, Aberdeenshire and Moray. Carers Information Strategy resource has funded a dedicated post in North Aberdeenshire
- Implemented the NHS Grampian Disability Equality Action Plan 2010/11. The main priorities were directly informed by three involvement and consultation events held with local disabled people. Examples include further improving communication by increasing the availability of accessible/pictorial material, the provision of more portable induction loops, the application of the Royal National Institute for the Blind (RNIB) good practice guidelines, improved signposting and increased use of British Sign Language (BSL) signers
- Implemented a range of measures to ensure that the spiritual care needs and pastoral needs of both patients and staff are met. Chaplains took every opportunity to encourage staff to record and transmit religious affiliation and requests for support from both a patient's own faith group and healthcare chaplains, particularly during a time of major administrative change with the introduction of the new Patient Management System in 2010/2011
- Used video stories and opinion meters to gauge carer opinion and influence developments, for example video recording units were used in Carers Centre for the Children with Complex Needs consultation
- Installed information screens throughout Aberdeenshire, including health centres, hospitals and public places in conjunction with local authority and police colleagues to enhance information to carers in "hard to reach" areas.
- Undertook activities to explore how best to engage young people
- Undertook a comprehensive option appraisal and a full consultation exercise as part of the Review of Health Services for Children with Complex Needs in Aberdeen City. Parents were heavily involved throughout the process and brought considerable influence to the final configuration of services as well as identifying gaps in services e.g. information needs.

Improving Access

In December 2007, Grampian established its Better Care Without Delay (BCWD) Programme to provide leadership and support to deliver improved access targets including the commitment to a maximum of 18 weeks from referral to treatment by December 2011. Since that time considerable progress has been made. Targets are being delivered consistently and with a greatly reduced reliance on the independent sector and without short term waiting list initiatives.

Improving access times is not however restricted to the BCWD programme. The commitment to improve the patient experience is embedded throughout the organisation. The development of patient pathways enables us to identify those elements of the pathway that can be delivered in primary and intermediate care settings, shifting the balance of care towards locally accessible services wherever possible (see Chapter 5). Work is also ongoing throughout the system to ensure

maximum efficiency and capacity, to streamline processes and to improve patient flows (see Chapter 6).

Performance against specific access targets and some key achievements include:

- Since the end of March 2010 no patient available for admission at that time has waited more than 9 weeks. This position has been sustained despite considerable challenges within some specialties relating to theatre capacity and specialist staff availability
- Since the end of March 2010 the maximum 12 week waiting time for available patients has been met
- Since April 2010 there has been only one breach of the 4 week target for the 8 key diagnostic tests
- The national target is that 90% of patients available for treatment should wait no longer than 18 weeks referral to treatment by December 2011. Performance against this target has improved steadily from 55.9% in November 2010 to 88.2% in July 2011 and we are confident that the target will be delivered in full by December 2011. A proportion of patients are waiting over 18 weeks due to their unavailability for treatment caused by a combination of clinical and social reasons, including personal preference for local treatment. In order to deliver the 18 weeks referral to treatment target a number of service improvements have been put in place to streamline pathways including:
    - A role of Independent Audiology Practitioner has been developed allowing patients to be referred directly to the audiology service for an increased range of conditions and consequently this is releasing capacity within ENT clinics
    - There is direct access to the adult tonsillectomy pathway. GPs assess patients in line with agreed criteria which allows the patient to be added directly to a theatre list, removing the need for an outpatient appointment
    - Introduced direct access for GPs to CT head scans in the context of a headache pathway. This work was a collaboration of effort from primary care, radiology services and the neurology department.
    - We have reviewed theatres using The Productive Operating Theatre and Continuous Service Improvement (CSI) methodologies to further improve our already efficient theatre service
    - We have developed a Clinical Guidance Intranet, a web-based tool to support referral practice and the signposting of patients to the most appropriate healthcare professional and healthcare setting. This will provide a comprehensive directory of services in primary and secondary care, succinct and current guidance to support referral decisions and a pathway development forum to allow primary and secondary care clinicians to work collaboratively to build and review pathways of care
- We have had some difficulty in delivering the maximum 4 hour time from admission to discharge/transfer in A&E departments on a sustainable basis. The 98% was delivered between May and October 2010 but performance dipped over the winter months before recovering once again from February 2011 onwards. Further information on activities to reduce attendance at Accident and Emergency (A&E) is given in Chapter 5

- We continue to have difficulties delivering the two cancer access targets on a sustainable basis, however we expect improvement to be demonstrated by the end of September 2011 and the position to recover fully by the end of 2011. The main challenges are in relation to urology and endoscopy. In urology the issue is one of theatre capacity but an additional 5 sessions each week have now been secured and recruitment of staff is underway. In endoscopy, capacity for colorectal screening has been increased by 20% from August 2011 and further temporary capacity is being put in place to treat routine patients and clear the waiting list.

Patient Management System (PMS)

On 14th February 2011 NHS Grampian went live with its new PMS system. This was the largest ever business and IT collaboration ever undertaken by NHS Grampian and we were the second Board in Scotland to implement the new system. To manage the scale of implementation the programme was managed under workstreams of activity. Each workstream focused on a particular element of the business/implementation. Given the scale of change there were inevitable challenges following 'go live' which required considerable effort by staff across the system to resolve and work round. Much of the initial difficulties have now been fixed and the learning and experience from these are vital as the system is implemented across Scotland.

Chapter 4
Improving Health and Reducing Inequalities

This chapter of the self assessment considers Grampian's performance against the key health improvement and health inequality targets.

Measure	Performance		Plan
Number of completed Child Healthy Weight Interventions	855 by March 2011	G	607
Number of Alcohol Brief Interventions	15736 by March 2011	G	15496
Staff trained in suicide prevention	50.3% by Dec 2010	G	50%
Number of Successful Smoking Cessation Quit attempts	9131 by March 2011	G	8120
% Exclusive Breastfeeding at 6-8 weeks	31.6%	A	33.3%
Number of Inequalities Targeted Cardiovascular Health Checks	1771 by March 2011	G	1495

Health Inequalities

The expectation of life expectancy at birth continues to improve in Grampian, with men living 2.5 years longer and women 1.4 years longer than ten years ago. This rate of improvement is less than the Scottish average, however the Grampian position overall remains second highest of all NHS Boards. Life expectancy at birth is useful in investigating health inequalities and there are differences within Grampian, especially between Aberdeen City and Aberdeenshire. Life expectancy across all three Grampian Local Authority areas remains higher consistently than the Scottish average and considerably higher than the lowest in Scotland, where men in Greater Glasgow & Clyde are expected to live 4.9 years less than in Aberdeenshire. Healthy life expectancy is also higher in Grampian compared to Scotland overall. Further analysis is being undertaken to identify variation within areas to support partnership working to tackle inequalities.

In order to reduce avoidable ill-health and tackle health inequalities, improving health and well-being is an essential component of NHS Grampian business and is key to planning and delivery of all services. The following examples highlight work to date:

- The emerging Health and Care Framework for Grampian supports consistent and co-ordinated action to improve health
- A resource allocation and decision making framework has been developed which addresses health inequalities explicitly within its overall approach
- A Health Inequalities standard has been developed for our Managed Clinical Networks (MCNs) as part of our quality assurance process.

The Sexual Health Network, the first accredited network in Grampian, utilised the standard in their self assessment

- Significant progress has been made in tackling gender-based violence through implementing Routine Enquiry of Abuse (REA) in priority settings, revision of our patient policy, positively evaluated training of over 600 staff through face to face and online training and now preparing to commence implementation of national employee policy guidance
- Working with our Community Planning Partners, health and well-being are
  recognised as core elements of supporting people into work and maintaining them in the workplace. 194 organisations are registered for Healthy Working Lives National Award in Grampian. Support is provided regarding policy development and practice covering health promotion, occupational health and safety, employability, community and the environment. One of the Gold Award holders in Grampian is piloting an innovative approach to encourage small and medium sized enterprises (<250 employees) within their supply chain to become involved in health in the workplace. Recent work has shown that health professionals understand the importance of work in relation to rehabilitation and recovery but are unclear how to integrate this into their practice. NHS Grampian is piloting work to integrate health and work into an MCN agenda and our clinical intranet
- The Health Promoting Health Service includes a financial inclusion scheme 'Cash in your pocket' to support patients and relatives who may be enduring financial hardship due to ill health. Operating in Aberdeen Royal Infirmary and Woodend the scheme received 230 referrals in 2010 providing advice on housing benefit, debt, affordable foods.

We are working with partners to strengthen our community involvement and to build on existing examples of good practice, including:

- Huntly Kitchen, established with the involvement, ownership and direction of local people and groups, supports improved eating habits for vulnerable individuals and groups. Over 50% of the population are aware of the facility with over 710 using the facility in 2010
- Self Caring Community – Dufftown: the general practice worked with the community to develop and provide health checks in response to local need, supporting individual lifestyle change and tackling factors that affect health such as housing and finance. The programme has resulted in changes to how GPs deliver their routine service, patients managing their own conditions with the support of the practice and increased participation in community activities including volunteering.

Health Improvement

There are a number of Health Improvement measures and targets against which NHS Grampian's performance is monitored. A summary of performance is given at the beginning of this chapter and further information is provided below:

- Child healthy weight interventions: NHS Grampian achieved 607 completed interventions for the period 2008-11 and therefore exceeded the target. This was delivered through Eat Play Grow Well, our one to one intervention, and through school based interventions. An evaluation which includes the views of service users has been undertaken and will report shortly. An integrated care pathway has been developed for children and young people aged 2-18 years, mainstreaming and standardising referrals and improving links between services. Baseline data for primary 1 children born between1984-2005 has been established which will enable us to further target our services to those in greatest need. Training needs have been identified through a needs analysis and a programme put in place to address these. Our interventions have been revised in line with available local intelligence and national guidance. We are continuing to deliver Eat Play Grow Well and plan to pilot a school-based intervention, Grow Well Choices in September 2011
- Alcohol brief interventions (ABI): A target was set of 15,496 ABIs to be delivered by the end of March 2011. This target was introduced in a phased manner over a three year period with much of the activity taking place in 2010/11. 11,278 ABIs were delivered in 2010/11, thus achieving 101% (delivered) over the three year period. Most of the ABIs delivered were in General Practice (74%) with an additional considerable contribution from Sexual Health Services (22%). This was achievable through the training of 421 front line staff and the concerted effort with General Practices to sign up to the Local Enhanced Service Contract. The focus of the work in 2011/12 will be embedding ABIs. A robust training plan is being put in place to support this with a project plan for expanding alcohol screening and ABI delivery in the acute setting. Data for the first quarter of 2011/12 shows good progress against plan
- Reduce suicide rate between 2002 and 2013 supported by training of key frontline staff in using suicide assessment tools/ suicide prevention: 50% of key staff were required to be trained in suicide prevention by December 2010, a target that was achieved. The suicide rate has however fluctuated since 2002 with a 31% decline between 2002-2006 and a rise from 11.1 in 2006 to 14.7 per 100,000 population in 2009. Suicide prevention remains a priority. We participate in 3 local, multi-agency Choose Life Groups. Each contributes to Towards a Mentally Flourishing Scotland (TAMFS) which supports the preventive spectrum, including suicide reduction. As such, TAMFS continues to make strategic progress through 'Guardian Groups', including local multi-agency Mental Health Partnership/Strategic Outcome Groups, with Community Health Partnership Action Plans reflecting local improvement priorities
- Successful smoking cessation (at one month post quit). Delivery of the smoking cessation target is set within the context of overall tobacco control, which is being implemented through action plans developed by Local Tobacco Alliances (LTA). LTAs are cross-sector groups that feed into community planning and provide a forum for partnership working on tobacco issues. Examples of their work include the Smoke Free

Homes and Cars initiative, young people prevention projects in schools and community, Stop before your op and tobacco policy development to ensure smoke free environments. We exceeded the target number of successful interventions to March 2011 with 9131 successful one month quits, equivalent to 112% of the 08/11 target set. Approximately 80% of all quit attempts were made with the Community Pharmacy scheme. In the last year the Smoking Advice Service has focused on improving data return and completion of the 4-week follow up. After a comprehensive series of training events the pharmacy quit rate is now 46%, which is amongst the best in Scotland. The remaining 20% of all attempts are made with the service's Smoking Cessation Advisors. The Adviser led service delivers a quit rate of 81%, again one of the best in Scotland

- Exclusively breastfeeding at 6–8 weeks: From July 2010 onwards NHS Grampian breastfeeding rates were reported via the Child Health Surveillance System – Pre School. For the period from September 2010 to March 2011, the rate of exclusive breastfeeding at 6-8 weeks in Grampian was 31.6% which fell short of the target. A comprehensive programme has been put in place to improve the nutrition of mothers during pregnancy and improve weaning advice in addition to improving breastfeeding rates in areas of greatest need. Actions include: Aberdeen Maternity Hospital and Dr Gray's Hospital in Elgin are on track to achieve full United Nations International Children's Emergency Fund (UNICEF) Baby Friendly status by summer 2012, All Community Health Partnerships are actively progressing the UNICEF plan for sustaining breastfeeding in the community and significant investment has been made to ensure delivery of consistent high quality advice and support on breastfeeding and to address the drop-off in breastfeeding rates from initiation to 6-8 weeks. Research had been commissioned to test the feasibility of telephone support in postnatal settings, the findings from which will inform our development of peer support. A new web resource to assist mums to find local establishments which are breastfeeding and baby friendly, 'BabyFeeding Finder' is under development.
- Inequalities targeted cardiovascular Health Checks: There is a substantial inequality gap in Grampian with standardised mortality ratios for the most deprived groups being much higher than those of the least deprived. By the end of March 2011 we had well exceeded the target of 1495 cardiovascular health checks by delivering 1771 checks to eligible 45-64 year olds in our most deprived communities. These were delivered through: 17 GP Practices and 2 Community Pharmacies in Aberdeen City, 1 GP Practice and 3 Community Pharmacies in Aberdeenshire and 2 GP Practices in Moray.
  A number of actions contributed to our success including maximising capacity in all delivery settings, securing new practices and increasing the number of health checks delivered in complementary locations such as the Healthy Hoose and Aberdeen Sports Village. Community bank nursing and community pharmacy health checks have commenced in Aberdeen City with two pharmacies linked to a neighbouring GP practice to deliver health checks for an identified

cohort of patients. In Fraserburgh health check delivery has commenced in three community pharmacies linked to two GP practices.
A local evaluation highlighted the effectiveness and flexibility of the mixed economy of delivery which we had developed to support primary care to deliver inequality targeted primary prevention and recommended we adopt this in extending Keep Well. Our current programme provides a strong foundation for the extension of Keep Well across Grampian

- 3 and 4 year olds in each Scottish Index of Multiple Deprivation (SIMD) quintile to have fluoride varnishing twice a year: The national targets set for 2010 for dental and oral health have been exceeded for Primary 1, Primary 7 and adult oral health both across Grampian as a whole and within each of the three Community Health Partnerships (CHPs). Oral health continues to improve across all CHPs with continued introduction and/or expansion of oral health preventive programmes. 69.4% of children start school in Primary 1 in Grampian with no obvious dental decay, a 20% increase since 2003.
  Activities to ensure delivery of the fluoride varnishing target by 2014 are progressing well, with all staff recruited and programmes organised and implemented by CHPs. The nursery and school fluoride varnish phase is fully implemented. The next stage is to recruit all independent practitioners to Childsmile by December 2011
  We continue to expand and develop prevention programmes with adult priority group programmes to be in place by March 2012. Service improvements also continue in line with our Dental Action Plan. Registrations increased by 97,774 between June 2007 and March 2011 and the waiting list for primary care dental services dropped from 33,000 in 2009 to 15,000 in 2011 through a combination of record management and improved services. Prevention initiatives coupled with care pathway developments have resulted in a 50% reduction in the number of dental day cases within children's services and a 50% reduction in the number of general anaesthetic hospital day cases for tooth extraction in children over the last 5 years. 14,000 children now brush their teeth daily in nurseries and schools across the region.

Chapter 5
Shifting the Balance of Care

This chapter of the self assessment report covers NHS Grampian's continued progress with delivering integrated care, including shifting the balance of care from hospital to home and to community settings. It includes progress with partners in reshaping care for older people through the Change Fund. Mental health and substance misuse services are also covered here.

Measure	Performance		Plan
Reduction in emergency bed-days for patients (65+). Rate per 1,000 of population	3195 at March 2011	G	3201
Bed-days for long term conditions (rate per 100,000 population)	7539 at April 2010	G	7232 March 2011
% older people with complex care needs receiving care at home	24.8% March 2010	A	28% March 2011
Delayed discharges of longer than 6 weeks	0	G	0
A&E Attendances per 100,000 population	1567 August 2011	A	1544 August 2011
People with diagnosis of dementia on GP dementia register	4076 March 2011	G	4011 March 2011
Referral to assessment time for drug treatment	77% March 2011	A	90%
Assessment to drug treatment time	93% March 2011	G	90%

Shifting the Balance of Care

Since its first 'Healthfit' approach to strategy development in 2002, NHS Grampian has been working towards providing services as locally as possible to people's homes and reserving acute hospital admissions for those complex interventions that need specialist care in a hospital setting. We have made good progress and our plans for delivering the best possible services for a healthier Grampian continue to focus on primary and secondary care working together and putting more emphasis on what happens outside hospitals, including:

- Helping people to maintain good health, and to protect against and prevent ill-health
- Providing care in people's homes and in community settings
- Delivering more care using trained and experienced staff from across a range of professions.

A key element of shifting the balance of care is the prevention of avoidable hospital attendances and admissions and increased delivery of care in the

community and at home. A number of the national targets are used to measure progress with this important agenda. Grampian's performance is generally good in Scottish terms and is shown at the beginning of this chapter and summarised below:

- We are on track to deliver the required reduction in hospital bed days for long term conditions by March 2011 (rate per 100,000 population) and continue to have a rate below the Scottish average. More up to date data is not currently available
- Emergency bed-days for patients (65+) have been falling steadily and the end March 2011 target has been met
- The percentage of people in Grampian aged 65 and over receiving 10 hours or more of homecare has increased steadily from 15% in 2003 to 24.8% in 2010. This target is very much dependent on local authority practice relating to homecare allocation. Whilst this particular target was not met, we continue to be positive about the overall service provision for this client group. We have consistently had very few delayed discharges in hospital
- Attendance rates at A&E are expected by Scottish Government to reduce, but, in common with other Boards in Scotland, this is proving to be a particularly challenging target to deliver in Grampian. Attendance rates fell steadily until early 2011 when they began to rise once more. The Grampian rate is however currently the second lowest of Scottish mainland Boards.

A key element of our shifting the balance of care activity in the last year has been about building capacity in the community to ensure the resource is used efficiently and effectively and also to facilitate activity shifts from acute services as well as greater focus on preventing admission through anticipatory care. The Releasing Time To Care in the Community Programme has been tested and implemented across community nursing, associated administration teams and Allied Health Professions. We have set a target of releasing up to 20% additional time across services. Currently 171 teams are on the programme. The programme has taken an approach which has developed leadership and capability capacity at the front line, which will allow teams to continue to progress with an ongoing cycle of continuous service improvement. Considerable benefits are already being delivered for staff and the organisation including the reduction in working unpaid overtime, improved stock management as well as cost savings.

On the back of Grampian being the pilot for the "Know Who To Turn To" campaign, we have extended this branding to promote self management across Grampian linking into our Healthpoint stations and staff. The work has continued to maintain momentum in raising awareness and providing responsive advice and signposting. Work has continued with key third sector partners to develop generic exercise classes for people with long term conditions and to develop peer support models in collaboration with NHS interventions around Chronic obstructive pulmonary disease (COPD) e.g. Pulmonary Rehabilitation Classes. We are also focusing on the services available from local community pharmacists, highlighting to people that they can access a trained clinician in their own community without an appointment.

Further work has been undertaken following successful implementation and testing of Pulmonary Rehabilitation in the Community in Aberdeenshire and Moray. Whilst Aberdeenshire now has established classes, the City and Moray are in the process of setting up the same. These will link well to the new Emergency Care Pathways in the GP contract.

Another key anticipatory care initiative relates to falls prevention and bone health. Each CHP has a falls lead and a local action plan. Specific pieces of work are currently underway around A&E presentations, with the aim of linking into the Frail Elderly Emergency GP Pathway. An improvement event was held in November 2010 focused on Nutrition and Falls. 96 delegates from nursing homes across Grampian attended and further collaboration and actions have emerged from this.

During 2010/11We have continued to reshape the inpatient care we provide for older people with the aim of minimising hospital admission and progressing with the alignment to primary care of the specialist geriatric service. A triage unit was created at Woodend Hospital for the early assessment and timely discharge of all referrals to the Department of Medicine for the Elderly. We have begun to create a community geriatric service by including community sessions in consultant job plans, aligning geriatricians with general practices and aligning general practices with care homes. Since 2007 we have been able to reduce geriatric bed numbers by 123. Over this same period there has been a 9% increase in the population aged over 75, referrals have increased by 21% and the average length of stay has educed by 38.5%. The Change Fund will enable this less bed dependent model of care to be progressed further.

The Change Fund

Reshaping Care for Older People is a national programme, established to enable health and social care partnerships to make better use of their combined resources for older people. NHS Grampian has been allocated £6.763m in 2011/12 to take forward projects which redesign services in line with the national policy direction of anticipatory care, home based care and greater support for carers. The third sector and the independent sector are also key partners in the programme.

A Change Fund Plan has been produced by each of the three Grampian partnerships. An overall Grampian framework is being supported by each of these partnerships coming together monthly as an Integrated Strategic Planning and Monitoring Group. A workshop is planned for October 2011.

Each of the three Change Plans are unique, reflecting the differences between the partnerships.
The Aberdeen City plan has 31 active proposals, many of which focus on avoidance of unscheduled hospital admission including accelerating the Releasing Time to Care work to include social care staff. A significant redesign of inpatient services has already taken place at Woodend and ARI

as a consequence of the Grampian intermediate care programme, so with the exception of increasing specialist psychiatric nursing and medical support for patients in ARI to support early discharge, the plans are not inpatient focused. Aberdeenshire is taking forward 14 projects. These range across early intervention and prevention, improving local access to diagnostic and treatment services and the further development of rehabilitation and enablement. There is an aim to establish integrated dementia services in each locality. Four projects are aimed at improving long term care by increasing the amount of sheltered/extra care housing units with 24 hour care teams.
Moray is taking forward five workstreams, focusing on the creation of a Moray wide multi-disciplinary intermediate care team as well as support and capacity building in the third sector.

Mental Health

NHS Grampian continues to perform well against the national measures related to mental health. We are particularly proud of our community-based approach to mental health service provision. Over the past 30 years we have reduced significantly the number of beds for mental illness and learning disabilities, which at one point exceeded 3000. Over the last 10 years bed numbers have continued to reduce from around 950 beds to the current 470 beds. Over this period, a comprehensive community-based mental health and learning disability service has been developed, with a continuum of care from primary care aligned community teams to day patient and inpatient services. Performance against the current targets is shown below:

- Antidepressant Prescribing: In common with other areas, the rate of antidepressant prescribing has continued to increase, so the national target of reducing this rate has not been delivered. NHS Grampian does however have a low rate of prescribing when compared with other Scottish Boards. The prescribing target has now been replaced by access to evidence-based psychological therapies for all age groups in a range of settings and through a range of providers. 18 weeks referral to treatment is expected to be delivered by December 2014. No performance data is currently being reported and work this year has concentrated on ensuring readiness for this. Skill mix amongst Community Mental Health Teams is being reviewed as well as the provision of varying psychological therapies across all areas. The service has appointed a Clinical Lead to provide clinical expertise and leadership to ensure delivery of the target. **I**nformation systems are being developed and historical data is being analysed to drive improvements within the area of service
- Dementia: Each Board was required to deliver improvements in the early diagnosis and management of patients with dementia by March 2011. This is measured by the number of people with a diagnosis of dementia on the Quality and Outcomes framework (QOF) dementia register. The number of patients in Grampian on Primary Care Dementia Registers was above target at the end of March 2011
- Child and Adolescent Mental Health Services (CAMHS): We continue to implement our CAMHS framework and during 2010/11 recruited

additional specialist CAMHS. We have successfully appointed two Consultant Psychiatrists. An Integrated Care Pathway is being piloted with North of Scotland partners for the most severe and complex patients. A new access target is being introduced and by March 2013 no one will wait longer than 26 weeks from referral to treatment for specialist CAMHS Services. We are working towards delivery of this target and have adopted a Continuous Service Improvement approach regarding service design and capacity issues. This will be supported by a new Patient Management System that will provide relevant reporting data.

Substance Misuse

Two developmental substance misuse measures were introduced in 2010/11. Initially these relate to specialist drugs services but will be extended to alcohol services in late 2011. By December 2010 90% of referrals for assessment should be offered an appointment within 28 days and 90% of treatments should commence within 28 days of an assessment being completed. At March 2011 Grampian was 77% compliant with the referral measure and 93% compliant with the treatment measure.

Considerable work has been ongoing to ensure improved access to the drugs and alcohol services. In Aberdeenshire there is ongoing service redesign work and an action plan with planned improvement trajectories for 2012 and 2013 is being developed. In Moray there is also service redesign and developments are in place that will progress the service to achieving and maintaining the 2012 target. Aberdeen City is currently achieving the 2012 Target and 2013 Target and work is ongoing to maintain this position. The Grampian position at the end of quarter 1 was 85% achievement of the 2012 Target for drugs services and 84% for alcohol services. Recent progress includes:

- Establishment of low threshold prescribing initiative in North Aberdeenshire and pharmacy supplementary prescribing in Peterhead
- A skills matrix for staff has been undertaken to align specialist staff to problem areas
- A revised administration process is in place for recording and processing waiting times data and revised case allocation process to minimise any delays for patients
- Investment in additional nursing capacity in South Central Aberdeenshire.
- The establishment of Studio 8 as a single point of referral in Moray
- The successful opening of the Timmer Market in Aberdeen City and the opening of the Macrobin Centre for Integrated Alcohol Service

Substance misuse continues to be a high priority for all partners in the Grampian area with significant investment in redesign and service improvement activity. This has resulted in innovative solutions and significant improvements to service delivery and integration.

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Chapter 6
Finance and Efficiency, including Workforce Planning and Service Change

This chapter of the self assessment focuses on NHS Grampian's performance according to a range of financial, efficiency and workforce measures. It provides greater detail on the work we are doing to redesign to deliver improvement within a challenging financial climate.

Summary Performance against Targets

Measure	Performance		Plan
2010/11 financial performance	3 key targets met	G	
Cash efficiencies	£34m	G	£34m
Emergency inpatients average length of stay	3.37 at Dec 2010	G	5.3
Pre-operative length of stay	0.71 at Dec 2010	G	0.81
Review to new outpatient ratio	1.97 at June 2011	G	2.00
Same day surgery (BADS)	82.1% at Nov 2010	G	79.3%
Electronic management of new outpatient referrals	89.8% March 2011	G	90%
Energy Consumption	568775 GJ year to March 2011	A	547806 GJ
Knowledge and Skills Framework (KSF) personal development plan review	100% March 2011	G	80%
Sickness absence	4.1% at July 2011	G	4%

2010/11 Financial Performance

NHS Grampian remained in financial balance in 2010/11. The Scottish Government Health Directorate sets three main financial targets for Boards to deliver on an annual basis. These are:

- Revenue Resource Limit – a resource budget for ongoing activity
- Capital Resource Limit – a resource budget for net capital investment
- Cash Requirement – a financing requirement to fund the cash consequences of the ongoing activity and net capital investment.

Health Boards are required to contain their net expenditure within these limits and report on any variation. NHS Grampian's out-turn for the year was:

	Limit as set by SGHD £000	Actual Out-turn £000	Variance (over)/under £000
Core Revenue Resource Limit	757,967	757,918	49
Non Core Revenue Resource Limit	28,343	28,343	-
Capital Resource Limit	59,753	59,753	-
Cash Requirement	887,000	886,786	214

We spent £932 million in 2010/11 on improving health and providing health services to the Grampian population, equivalent to £2.5 million every day. The revenue breakeven position was achieved despite increasing and challenging financial pressures. Rigorous budget management and prudent financial and workforce planning were key to this position and provided a strong basis for the greater challenges faced in 2011/12 and beyond. Total efficiency savings of £34 million were delivered in 2010/11 in line with a target requirement of £34 million. Of this total for efficiency savings, £26.8 million were recurring and £7.2 million non-recurring.

We invested £59.8 million during 2010/11 the year on capital programmes. The major areas of spend included:

- £23.1 million on the new Emergency Care Centre. Construction is progressing well and is in line with timetable and cost estimates.
- £5.7 million on the new Energy Centre at Foresterhill which will provide a more environmentally friendly and cost efficient means of supplying energy to the site.
- £5.0 million on Banff's Chalmers Hospital upgrading.
- £6.5 million on medical equipment such as a new MRI facility at Aberdeen Royal Infirmary and a wide range of medical equipment.

Going forward we will require to review and re-prioritise our capital programme to reflect the anticipated reduction in capital funding that will be available to the Board.

Staff costs account for around two thirds of NHS Grampian's controllable spend. Close links are therefore crucial between the workforce plan and the financial plan. The core information for both plans is built on a "bottom up" basis from operational units. This achieves synergy between the plans and ensures that any assumptions on workforce are affordable and any financial budget assumptions are deliverable in terms of their impact on the workforce. During 2010/11, NHS Grampian progressed the Safe and Affordable Workforce (SAW) project and a Voluntary Severance (VS) scheme which were both in line with our workforce strategy and have both achieved significant financial savings without impacting on frontline patient care.

With the emerging Health and Care Framework, We are currently at the start of a sustained period of service redesign. All proposals for service redesign (including capital projects) have to be supported by robust business cases

and option appraisals which outline how they will contribute to improved efficiency. Prime examples of this are the Emergency Care Centre (which will lead to a reduction of beds at Aberdeen Royal Infirmary and a faster throughput of patients who will be seen in much improved facilities) and the schemes that are being taken forward through the "hub" funding initiative for the Aberdeen Health Village, Forres and Woodside Health Centres.

Efficiency

NHS Grampian strives to be an organisation which operates at maximum efficiency whilst delivering effective and high quality care. We review our performance regularly against other similar organisations and take opportunities to learn from elsewhere where improvements can be made. We have used the output from national benchmarking projects and the Efficiency and Productivity Group to guide where action might lead to further efficiency gain.

There are a number of national measures of efficiency:

- Non-Routine Average Length of Stay: The average length of hospital stay for non elective acute inpatients continued to fall substantially during 2010 with the target of 5.3 days greatly exceeded. Considerable efforts have been made in all acute and community hospitals to minimise hospital admission and facilitate discharge. The introduction of an elderly triage unit at Woodend Hospital has had a profound impact on admissions of elderly people
- Pre-operative Length of Stay: The time in hospital prior to surgery has fallen each quarter since March 2008 with the target reduction by December 2010 exceeded. The length of pre-operative stay is however still high in Scottish terms. An audit of people admitted the night before surgery showed that these were predominantly patients travelling long distances, including from Orkney and Shetland. We are taking action to ensure appropriate pre-admission assessment and use of the patient hotel and other similar facilities. The audit will be re-run in late 2011
- Return to New Outpatients ratio: NHS Grampian generally performs well in Scottish terms against this national measure of efficiency and has consistently delivered a rate within target as was the case throughout 2010/11
- Same Day Surgery: The national target for day cases covers a selection of procedures known as the British Association of Day Surgery (BADS) procedures. This covers around 50% of surgical procedures. NHS Grampian has a target of delivering 79.3% of BADS procedures as a day case by March 2011. At November 2010 we were delivering 82.1% of BADS procedures as a day case, a position we expect to be maintained.
- Online Management of Referrals: Approaching 100% of referrals from GPs in Grampian are now made electronically. The expectation is that these referrals continue to be managed on an electronic basis when they reach secondary care. At March 2011 89.8% were being managed this way which is just below the target of 90%

- Energy efficiency: a 3% year on year fossil fuel CO_2 emission reduction and a 1% year on year energy efficiency target for the whole asset base is expected of NHS Boards. Whilst Grampian's seasonal performance is generally to target, additions to our asset base mean we are at present above the target overall. Six years ago we developed and put in place a ten year Carbon Management Implementation Programme (CMIP) which sets out our strategy in response to carbon reduction. We have progressed considerably over this period and a replacement Foresterhill Campus energy centre is about to go live. This is a gas turbine combined heat and power plant with a biomass renewable boiler and three dual fuel boiler solution. We will generate a significant proportion of our own electricity and use the waste heat for heating and hot water. The carbon savings from the energy centre will be significant. The approved scheme will contribute by reducing CO_2 by 4,525 tonnes per annum – an estimated 17% reduction in CMIP by 2012.

Efficiency and Productivity Programme Management Office (EPPMO)

The NHS Grampian Efficiency and Productivity Programme Management Office (EPPMO) was established in late 2009 to support budget managers identify and implement efficiency and productivity measures that could be delivered in a relatively short time. The emphasis of the work conducted this year has moved away from the identification of specific savings initiatives to the promotion of efficient practice through the provision of professional support and expertise. Examples of the work conducted by EPPMO this year include:

- Extensive auditing of nursing duty rosters, absence management, bed occupancy levels and associated costs, use of bank staff etc
- Supporting the successful implementation of the 'long day' as the core nursing shift pattern across NHS Grampian
- Supporting the Safe and Affordable Nursing Establishment (SANE) initiative by reviewing templates, confirming financial calculations and co-ordinating data to enable an independent review to be conducted
- Conducting a review of Mental Health Services nursing expenditure at Royal Cornhill Hospital
- Managing the implementation of a pilot e-rostering and an associated real-time nurse management programme in Royal Cornhill Hospital
- Developing a NHS Grampian Efficiency and Productivity Savings Plan to support the budget setting process.

Collaborative Working with NHS Orkney and NHS Shetland

In July 2008, Scottish Government Health Directorate asked NHS Grampian, NHS Orkney and NHS Shetland to build on their experience of collaborative working in the provision of clinical services to extend such arrangements to non clinical services. Additional resource was provided to the Island Boards to enter into arrangements with partners to strengthen capability and capacity in areas such as human resources, finance, governance and planning. Dedicated time of a senior Grampian manager was identified from November

2008 onwards to facilitate and support the development of partnership arrangements for non clinical services.

The agreements continued to develop successfully throughout 201011 across a number of service areas. Generally, these can be categorised as:

- Continuing partnership input over an extended period of time: An example is the specialist support from Grampian to the Facilities and Estates functions in Shetland. A key outcome has been the appointment of a Head of Estates for NHS Shetland and improved compliance with key standards. This input is reducing in late 2011. From November 2009 the Grampian Corporate Communications Team entered into an agreement to provide NHS Orkney's external communication service. At the same time NHS Shetland began to receive its Optometric Advisory Service from Grampian. More recently NHS Grampian has agreed to provide a range of Human Resources services to NHS Orkney and a payroll service to NHS Shetland.
- Time limited/one off agreements: Examples include training courses on Equality and Diversity, workforce planning and work associated with the national Cost Book.
- Peer support/Information/systems sharing: The partnership agreement process has been instrumental in facilitating the development of peer relationships between the Boards. A number of informal links are now in place and there has been considerable sharing of processes, systems and documentation for mutual benefit.

Workforce

NHS Grampian recognises that its staff are the most valuable asset as they strive to deliver outstanding care to the population of Grampian. We invest more than 68% of our annual budget (excluding Family Health Services) on the employment of around 15,000 people. There is clear awareness that excellence in patient care depends on ensuring that every individual employee is given the opportunity, and is empowered, to contribute as much as they possibly can. During 2010/11 we have:

- Continued to work in partnership with staff through the Grampian Area Partnership Forum and its supporting sector based forums. Supporting staff through challenging times over the next few years is a key priority and our strong partnership approach is an essential part of our strategic delivery. We believe that it is vital to ensure that all staff are fully aware of the challenges that face us, the initiatives being taken forward in connection with these and how they can become involved. To further facilitate staff engagement we have supported 5 Whole Time Equivalent (WTE) staff side representatives until December 2011 to ensure full involvement in our Safe and Affordable Workforce (SAW) and other activities
- Made considerable progress in embedding workforce planning throughout the organisation using the 6 step approach to integrated workforce planning. Over 100 embedding workshop planning sessions were held over a 4 month period and a consistent approach to sector

workforce plans allows the aggregation of plans to ensure our overall workforce plan is robust. Through this we are taking forward initiatives for generic healthcare support workers

- Continued with our Safe and Affordable Workforce (SAW) initiative which has reviewed staffing numbers, grades and skills across the whole of the organisation and identified savings of approximately £11m. It is so called because patient safety and clinical care remain the top priority. There has been robust challenge by peers and strong partnership involvement throughout
- Continued with the Safe Affordable Nursing Establishment (SANE) programme to implement a peer review methodology to ensure a consistent and robust approach to workforce planning and management. The Nursing Midwifery Workload and Workforce Planning Programme national workforce planning tools are recognised as providing information for approach and work continues to ensure that the infrastructure to enable access is in place
- Ensured a robust vacancy management process to manage the future workforce. The process has been used as a management tool to ensure that all vacancies are considered as part of the service workforce plan. It requires managers to review all vacancies in terms of their future workforce needs. A further policy, which is supporting the vacancy management process, is the Redeployment Policy which was updated and is being managed more rigorously by managers, including compulsory redeployment where appropriate
- Operated a voluntary severance scheme which enabled 27 staff to leave NHS Grampian and generated £1.4m recurring savings. A further scheme was launched in September 2011.

There are two national standards/targets relating to workforce:

- Knowledge and Skills Framework Personal Development Plan (PDP) Reviews: The 2009/10 target of 80% of staff covered by Agenda for Change having a PDP review by March 2011 was exceeded at 100%.
- Sickness Absence: There is a national standard across NHS Scotland that sickness absence rates should not exceed 4%. This is an extremely challenging standard but one to which considerable effort is being applied. There is a strong seasonal trend in sickness absence but through strong absence management initiatives a fall has been demonstrated year on year. We are consistently below the Scottish average and reported 3.9% in April 2011 and 4.1% absence in July.

Service Change/Continuous Service Improvement (CSI) Grampian

NHS Grampian has a history of effective service redesign and our 2002 *Healthfit* strategy set a direction of travel which is still relevant today and consistent with our emerging Health and Care Framework and 2020 Vision. Our approach to service improvement is known as Continuous Service Improvement (CSI) and was developed in 2009 to ensure mid to long term sustainable efficiencies.

In June 2010 the CSI portfolio was refocused on work to deliver shifts in the balance of care and improved efficiency/cost savings. There are now six major areas plus workstreams within the acute pharmacy setting. In 2010/11 we introduced short secondments to the Strategic Change Team from operational areas to support the further embedding of CSI culture and methodologies. This has proved very successful. NHS Grampian is keen to support staff throughout the organisation to deliver service improvement. The CSI projects mentioned here do not reflect the total redesign and improvement underway. Key achievements in each of the main CSI project areas are:

- Procurement Best Value: The project has achieved more than it set out to do. It generated savings in excess of £4.8m and has supported the organisation in achieving a dramatic increase in its Procurement Capability Assessment, the national index of procurement competence and best practice. An additional £1.8m savings is expected in 2011/12. The project has now been mainstreamed into day to day operational activity
- Theatres: During 2010/11 an Orthopaedic capacity project, which had established the pre-assessment process as a barrier in their pathway, delivered an increase in patients pre-assessed from 22% to 100%. It also managed to ensure all patients were pre-assessed at an appropriate time prior to admission and as a consequence cancellations have reduced. From the patient perspective some patients now require only one visit pre-operatively instead of two. The remaining patients also have a more focused visit reduced from three hours to one and a half hours.
  The Productive Operating Theatre has been implemented at ARI and achievements to date have included the implementation of Opera, the new theatre management system, which will allow real-time theatre information to be displayed and allow early intervention plus improved management information for more proactive trouble shooting. Visual management is also now in place, giving high visibility and knowledge of theatre productivity, displaying late starts, early and late finishes etc. Anaesthetic rooms have all been standardised so that staff can access equipment instantly as it will be in the same place in every room
- Maternity: A review of the length of stay for normal births within Aberdeen Maternity Hospital has resulted in a saving of approximately 180 days per calendar month and enabled the redeployment of midwives to the labour wards to support the increasing number of births. Some clinic processes have also been reviewed with benefits for both patients and ultrasound staff
- Productive Community (Releasing Time to Care in the Community): Three test sites were set up during 2010/11 enabling CSI to work with the national model for the Productive Community. A complex database of activity has been built in-house to map and measure workloads. By helping local teams work through lean activities to understand their processes, it is estimated that it will be possible to increase productive time by approximately 20% in the short term, rising to a 35% increase longer term. Further information is given in Chapter 5

- Pharmacy: 12 work streams have begun in acute sector Pharmacy services with overall benefits still being defined. Two of the work streams will be key to achieving the £400k saving required through the SAW process and others will support the retention of the NHS Grampian wholesale license. Other work includes the definition of a vision for the future of hospital pharmacy services in NHS Grampian to support the development of an operational plan. This, in turn, will support the discussion and agreement on the provision and development of pharmacy services in the Emergency Care Centre (ECC)
- Unscheduled Care: This project has twin strands in supporting the acute sector and work streams within the ECC development. The project was instrumental in helping NHS Grampian achieve the 4 hour standard. Work streams within individual wards improved the flow through the hospital thus reducing length of stay for emergency admissions. In addition the number of patients decanted into other wards was reduced substantially. A reduction in the discharge prescription turnaround time from 157 minutes to 75 minutes was also achieved and the pilot for the electronic immediate discharge letter (eIDL) was also launched with a full implementation plan now in place
- Length of Stay: Formal work began on this project in October 2010 with the major successes to date being through work with the Scottish Ambulance Service (SAS) looking at delays to patients being discharged from ARI. One of the blockers to this was around the number of aborted journeys – either because the patient was not ready when SAS call to the ward or because transport cannot be obtained due to the SAS workload. Currently 11% of all journeys to collect patients from wards in ARI are aborted. In the wards were the test of change was carried out there were none in a three month period. Other work has taken place with a project called “I’m a patient – get me out of here” in ARI.

NHS Grampian
27th September 2011

Appendix1

NoSPG Report for NHS Board Annual Reviews 2010-2011

Overview

The North of Scotland Planning Group (NoSPG) continues to facilitate collaboration between the six Boards across the North for the benefit of the populations they serve. Richard Carey, Chief Executive, NHS Grampian has agreed to continue in the role of Chair of NOSPG for a further year and Ian Kinniburgh, Chair NHS Shetland continues to chair the NoS Chairs and Chief Executives Group.

During 2010-11, work to build the Rohallion Clinic, the regional secure care clinic began in earnest; the Eden Unit became fully operational; and the needs assessment and Options Appraisal to underpin the work to establish a regional specialist network for adolescents with severe and complex mental health problems was completed. There has also been significant recurring investment of just under £4m into specialist children's services and improved local access of children, particularly from remote and rural areas to specialist services through visiting services and increased use of telehealth.

During 2010-11, NoSPG undertook a review of the senior team structure and in line with NHS Board plans has reduced the headcount whilst improving cross-cover and support to the workstreams.

Regional Workplan

The NoSPG workplan has continued to grow, now with 18 high level objectives, across a range of clinical and specialist planning groups. The main areas of work continue to emphasise Mental Health (Eating Disorders, Forensic Services and CAMHS); Child Health (particularly specialist services and links with secondary care and child protection); and Acute Services, including Oral Health & Dentistry, Cardiac Services, Cancer Services and Weight Management, including bariatric surgery. New to the workplan this year is the development of the regional managed clinical network for Neonatal Services. The work continues to be supported by the North of Scotland Public Health Network (NoSPHN) and other functional specialist planning groups.

NoSPG, particularly through the Regional Director, has also continued to support NHS Scotland corporately, specifically through leadership roles in a number of national initiatives including the MSN for children's cancer, continued performance management of the Scottish Neonatal Transport Service.

In October 2010, the Final Report of the Remote and Rural Implementation Group, which involved all of the remote and rural Boards across Scotland completed its work, reporting to the Cabinet Secretary evidence that 80 of the 83 recommendations of Delivering for Remote and Rural healthcare had been delivered

or in progress. The Report also included some further recommendations, particularly in relation to sustaining the Rural General Hospitals and these recommendations were accepted and Boards are now working to implement these further recommendations.

Regional working should only be adopted where there is an added benefit to patients by adopting such an approach. In our Annual Report for 2009/10 the significant benefits to patients through achievement of our workplan were recognised. The following table highlights what benefits patients have seen or will see as a result of current workplan. Further information is also available on the NoSPG website at www.nospg.nhsscotland.com.

- The recently expanded infrastructure for delivery of cardiac services across the North provides a regional approach to cardiac services that will ensure consistency of care, and enhanced access to specialist services, closer to patient's homes.
- Through regional approaches and established networks, children and young people in the North will have improved access to specialist paediatric services, including local provision of specialist clinics or tele-medicine links for those in remote areas.
- Regional approaches also provide education and training for locally based staff that care for children improves outcomes.
- A regional network for Child and Adolescent Mental Health will provide specialist care as close to home as possible and provide access to specialist services for those living in the most remote communities. The regional inpatient unit will be provided within the context of the network and will ensure that pathways of care are optimised, including transitional support between different tiers of service.
- The regional approach to secure care will ensure equity of service and the quality of care throughout the North of Scotland including a negotiated patient pathway, with all partner agencies.
- Adults across the North with an eating disorder follow an agreed pathway of care, no matter where they live in the region and when an inpatient admission is required, the pathway is as seamless as it can be and retains important links with local clinicians. The Eden Unit offers specialist intervention for both inpatient and day patients within the region, allowing most patients to be cared for within both the region and the NHS.
- The Oral Health & Dentistry project aims to improve access to specialist oral and dental care to develop a network approach that will provide care locally by suitably trained practitioners.
- A regional approach to cancer services allows better integration of care, between local areas and more specialist services, where Boards will work together. A networked approach to service delivery means that patients across the North have optimal access to the same standard of care no matter where they live.
- The NoS Public Health Network ensures that regional initiatives are informed by the best available evidence and identified population need so that we make the best possible decisions within the resources available for the people of the North of Scotland.

- A consistent, collective approach to workforce planning across the North of Scotland will support workforce sustainability, ensuring the provision of a safe and affordable workforce and consistent standards of patient care.
- A triangulated approach will be in place to inform and influence operational and strategic decisions on safe and affordable staffing and skill mix requirements. The outcomes will be that risks will be identified and understood, the workforce capacity and capability will be optimised in response to changing patient need, and safe and effective standards of patient care will be maintained.
- The skills, competence and productivity of the nursing & midwifery workforce will be developed, maintained and optimised to ensure the delivery of safe and effective standards of patient care.
- Within remote a rural areas, a team based approach to care that better meets the needs of the local community and a safe system of emergency care embedded in a matrix of support will ensure the sustainability of the RGH.
- The Framework for acute care in remote community Hospitals provides reassurance that a system of training, education and performance monitoring is in place to provide the necessary evidence for doctors working in remote Community Hospitals to support revalidation and ensures that the system of care in remote Community Hospitals is safe for patients.
- The elements of a Biomedical Scientist network are designed to ensure an appropriately skilled and competent workforce providing remote laboratory services as locally as possible to support the sustainability of services in the RGH.
- Through the acute hospital care pathways patients will be able to understand when they might be cared for within an RGH and when they may be transferred elsewhere.
- The main aim of the national MSN for Children and Young People with Cancer is to ensure that children and young people in Scotland with a diagnosis of cancer attain the best possible outcomes, have access to appropriate specialist services, as locally as possible that are both safe and sustainable, and that the pathway of care is as equitable as possible regardless of where they live in Scotland.
- Robust video-conferencing infrastructure will allow patient access to specialist services from local environments and reduce the need for unnecessary travel. Through robust telemedicine it is possible to offer improved access to patients, timely interventions and advice.

29 August 2011