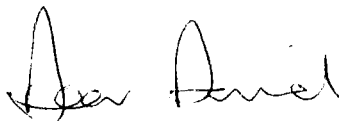


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NHS GRAMPIAN ANNUAL REVIEW: 2 NOVEMBER 2009

1. I am writing to summarise the main points emerging from our discussions at the Annual Review and associated meetings and visits in Elgin on 2 November.
2. As always, you and your team clearly put a great deal of work into preparing for the day. I don't underestimate the logistics of holding the Review in Elgin, not least because of the extreme weather and disruption to transport in Aberdeenshire and Moray on 1 and 2 November. I would be very grateful if you would pass on my thanks to all those involved in planning the meetings and visits and in making sure that everything went so smoothly on the day in more difficult circumstances than usual.

Meeting with Area Partnership Forum

3. We had a wide-ranging and constructive discussion with Forum members about implementation of Agenda for Change and the Knowledge and Skills Framework; actions to reduce sickness absence; service redesign; and effective investment of resources. The Forum has made a direct and effective contribution in all of these areas and this says a lot for the spirit of genuine partnership in which it conducts its business.

Meeting with Area Clinical Forum

4. Similarly, I got the impression here of a group that adds real value to service planning and delivery. Our discussion touched on some specific services developments in pharmacy and optometry and on the wider agenda for shifting the balance of care to the community. Workforce issues such as the impact of the European Working Time Directive will continue to present challenges and, from what I heard, I am confident that the Forum has the capacity and expertise to provide valuable support to the Board in addressing these.

Meeting with Patients Group

5. I always find this part of the Annual Review programme extremely useful in learning directly from people who use services about what concerns them most. We managed to fit a considerable number of topics into our discussion. We covered the importance of delivering services locally, wherever possible; access to facilities for wheelchair users; access to NHS dentistry; ambulance provision in rural areas; and support for carers. All of these are important and I hope we did them justice in the relatively short time we had. I am very grateful to those who attended for their contributions to a stimulating discussion.

Visits to healthcare facilities

6. My visit to **Dr Gray's Hospital** gave me the opportunity to see and speak to people about some important aspects of frontline service delivery. Late cancellations of surgical and other procedures are among the most frustrating of experiences for patients and it was very encouraging to hear about the work the pre-assessment unit has been doing to keep cancellations to a minimum. Congratulations to all the staff involved in achieving such positive results in this respect. In ward 9, I saw and heard about the improvements that have been put place since the outbreak of *Clostridium difficile* earlier this year. I know how personally the staff on the ward and throughout the hospital took the consequences of the outbreak and how determined they are to avoid any recurrence. That determination does, of course, need to be reflected at Board level to ensure that the lessons learned are applied across the organisation – I know that you and your team share my views on this.

7. Visiting the **Glassgreen Centre** gave me the opportunity to see an excellent example of what we mean by shifting the balance of care to local communities. The Centre provides a broad range of services under one roof. GP, community nursing, mental health, podiatry and speech and language therapy services are only some of these. The facility is highly impressive and clearly benefits from the enthusiasm and skills of the wide range of staff who work there both within their own disciplines and in a co-operative and integrated way with colleagues in others. Elgin is fortunate in having this combination of modern, purpose-built facilities and local expertise. The Centre provides a model for what we are looking to develop elsewhere in Scotland.

Main Annual Review Meeting

8. You opened the meeting by updating us on progress against the actions we agreed at the 2008 Review. We covered a number of these in more detail later in the meeting, but among the achievements you highlighted were continued progress in shifting the balance of care on various fronts under the "Healthfit" programme; service redesign at Aberdeen Royal Infirmary and Woodend Hospital; the opening of a stroke rehabilitation unit in Aberdeen; and significant progress against dental registration targets. You also told us that patient safety and close involvement of frontline staff in safety initiatives has been a central theme since the Board agreed its patient safety strategy in 2008.

9. You gave particular prominence to some key ongoing matters. On the first of these, I am very grateful to the Board for its co-operation with Professor Alan Rodger in his review of and report on **cancer services**. This has helped greatly in developing a clear strategy for the longer-term and in addressing immediate issues affecting both services and accommodation. We will stay in close touch with the Board as it implements the changes emerging from the review and report.

10. We also spoke about the review of and report on **neonatal services**, which the Board and the Scottish Government Health Directorates jointly commissioned in the light of the high numbers of transfers of mothers and babies away from Aberdeen. While you emphasised that the number of transfers has reduced over the last year, we agreed on the importance of taking forward any recommendations in Iain Laing and Rory Farelly's report, the draft of which is currently being finalised. This again is something on which we will want to work closely with you.

11. I am also very grateful to you for the support that NHS Grampian has been providing to **NHS Orkney and NHS Shetland** both informally and through the formal partnership arrangements agreed at the end of 2008. I know how much both Boards appreciate this.

12. We touched briefly on the capacity for **ECMO treatment** that the Board has recently developed. This is a positive step in the light of its application to the H1N1 virus.

Improving Health and Tackling Inequalities

13. The Board needs to tackle the inequalities agenda in partnership with the three Grampian Local Authorities and the **Single Outcome Agreements (SOAs)** therefore have a central role to play in setting the framework for action. We briefly ran through the key features of each SOA. Aberdeenshire's sets a clear context for tackling inequalities and you stressed the importance of identifying areas of rural deprivation. Both the Aberdeenshire and Moray SOAs place an emphasis on HEAT targets at the expense of other more high-level targets - you feel this is justifiable both symbolically and as partnership will be crucial in delivering the HEAT targets. Actions and outcomes on inequalities are perhaps less visible in the Moray Agreement, but you assured us that they are embedded in the document through measures for specific services such as those for alcohol, mental health and older people. We agreed that for all three SOAs it will be important to have systems in place to measure the impact of actions. You told us that the Board's strategic approach to tackling inequalities has helped in developing monitoring systems through the CHPs.

14. We covered developments in **anticipatory care**. You feel that the relatively slow progress in uptake of health checks – less than half the target figure had been reached by August this year – is at least partly because NHS Grampian had been in the second phase of *Keep Well*. The Board is however continuing its efforts to target specific groups and to recruit more GP practices. It is also utilising the "Healthy Hoose" initiative and community pharmacies to deliver checks. Effective IT systems are essential in maintaining information flows and while this has been challenging, you told us that that the Board is overcoming initial problems.

15. NHS Grampian is not alone in having difficulties in recruiting children to its scheme to tackle **childhood obesity**. It is encouraging to know that you are continuing to look at other options, including social marketing and a family-based approach, to address the problems. NHS Forth Valley has already had some success with its "whole class" approach in schools and that might also be worth looking at. In tackling adult obesity, uptake in the **Counterweight** programme in primary care has been very low - only five participants at the latest reckoning. You explained that GPs have the option of referring to Counterweight or the local Healthy Helpings initiative, the success of which might have influenced Counterweight uptake. But you assured us that both initiatives are available.

16. You outlined the process under which the Board works with the three Grampian Alcohol and Drug partnerships to agree needs-based targets for and distribution of funding to tackle **alcohol misuse**. We have increased NHS Grampian's funding in this respect by 172% this year. Given that you have top-sliced some of this funding for the purpose, it is disappointing that in the year to 31 March 2009 there were only 710 brief interventions – all of them in primary care – against a target of 3,000. You assured us that the Board is making progress in signing up more GP practices and is continuing its efforts to increase brief interventions in the other main care settings.

17. The Board has improved its data recording in relation to **smoking cessation** and has strengthened the cessation team. However, quit rates remains significantly below target and this is something we will need to monitor closely over the next year.

18. As the Board is behind its planned trajectories for achieving targets in several areas of the Health Improvement agenda, I would like the Board to review the reasons for this and report to me by January 2010 on its plans to secure improvements.

Pandemic Flu Planning

19. I am very grateful to the Board's Public Health team and to all the others in NHS Grampian who have been involved in ensuring readiness to tackle and contain the H1N1 virus. It is of course vital that we remain vigilant and it was encouraging to learn how wide-ranging and well-co-ordinated the effort has been throughout the Board. You confirmed that supplies of the vaccine were arriving and that initial uptake among NHS staff has been good. At the time of the meeting, supplies were also reaching GPs and I hope that by now the wider vaccination programme will be well under way. Thank you again for all the work you have done on this.

Shifting the Balance of Care Towards Primary and Community Care

20. You outlined the three main elements of the drive to shift the balance of care in Grampian. These are the transfer of specific services wherever it is safe and sustainable to deliver them locally; shifting the professional expertise to accompany services; and making sure that information about local services (such as those for diabetes) is readily available in the relevant communities. You told us that the Scottish Government's framework for shifting the balance has been helpful in bringing a clearer focus on specific areas. One of these is **reducing hospital readmission rates**. You gave us some examples of services that are having an impact here and also in reducing the length of time people need to stay in hospital. A community rehabilitation programme, palliative care and, of course, the range of local services at the Glassgreen Centre which I saw earlier in the day were among those you covered.

21. We also spoke about the HEAT target for increasing the number of **older people with complex care needs** who receive their care at home. There has been some variance in this over the three Local Authority areas – Moray is ahead of target, but Aberdeen City and Aberdeenshire are lagging somewhat behind. You emphasised the importance of working jointly with the Local Authorities to in put in place the home care packages that are crucial to securing the target. I fully accept that partnership is the key here.

22. **Reduction in the number of emergency bed days for people over 65** is another HEAT target that will support the shifting the balance agenda. NHS Grampian's performance here has been relatively static over the last two years and bed days are above the Scottish average.

You see progress as being linked to the redesign of services at Woodend Hospital and consequent improvement in the assessment of rehabilitation needs. I look forward to hearing how the Board is moving forward against the HEAT targets in the coming months and to how it is continuing to tackle the wider challenges associated with caring for an increasingly older population that formed the background to the leadership summit in Dunfermline last May.

23. You confirmed that NHS Grampian partnerships are well advanced in their use of the **Community Care Outcomes Framework** and that all three partnerships are members of the Community Care Benchmarking Network. This makes the Board well-placed to develop important aspects of the outcome-based approach such as staff training and IT-based information sharing.

24. We discussed some of the key aspects of **mental health**. You confirmed that the Board expects to sustain the good progress it has made towards the HEAT target of having 50% of frontline staff in training in suicide prevention awareness – 28% of staff had been trained as at the end of September. As it has been for most other Boards, the target of reducing anti-depressant prescribing has been more challenging. A crucial element for success here is close engagement with GP practices. You told us that the Board's approach has been to work intensively with four specific practices on the issues involved. You will evaluate the outcomes with a view to rolling out the lessons learned to other practices. Access to psychological therapies is clearly also essential - the Board has ambitions to improve this, but is still short of the capacity to realise them.

25. The Board has an action plan for developing its **Child and Adolescent Mental Health Services (CAMHS)**. Drawing on additional funding of £300,000 this year, it has increased staffing levels in the service and is tackling improvements on a multi-agency basis - partnerships with the three Local Authorities are well established in this respect. A key feature of the approach is to expand the age range the services covers to 0-18 (it was previously 0-12). You are confident that the range of actions in hand will put the Board in a good position to meet the new target we will be developing for CAMHS next year.

Access to Services, Including Waiting Times

26. NHS Grampian has performed well in achieving and surpassing the key **waiting times targets for outpatients and inpatients** – and you emphasised that a component of this success has been growth in NHS capacity and reduced reliance on the independent sector. In this respect, I have announced the return of **the Scottish Regional Treatment Centre at Stracathro** to the NHS from January 2010 and you confirmed that the business case you have agreed with NHS Fife and NHS Tayside was on track for approval and formal submission to me. Sustaining the good performance on waiting will, of course, be important as we move towards the 18-week referral to treatment standard and it was encouraging to hear that the Board has been strengthening the information systems that will be so important to delivery of the standard. The Health Directorates Waiting Times Team will be discussing the application of systems with you in the coming months.

27. Performance against the four-hour waiting time target in **Accident & Emergency** has been less consistent, but I am grateful to the Board for its co-operation with the Health Directorates Improvement and Support Team which has been working with you on this.

I know that there have already been positive results and you outlined some of the improvements that have contributed towards them - for example appointments of an A & E consultant at Dr Gray's Hospital, redesign of acute medical receiving arrangements at ARI and work with GPs to ensure appropriate referrals. Sustainability is again the key in relation to this target.

28. The Board has consistently exceeded the **cancer waiting times** target in the most recent quarter – well done on that. You are confident of sustaining the performance, although you pointed out that operational issues can occasionally offer challenges.

29. You gave us very good news on **waiting times for drug treatment** – your latest statistics show that the waiting list has reduced from a high of around 800 to fewer than 70, with a consequent impact on the time people have to wait for treatment. That represents real progress and I look forward to seeing this reflected in future quarterly waiting times reports. I look to you to maintain the momentum, building on the additional investment to increase clinic time and taking account of recommendations emerging from the recent multi-agency inspection of substance misuse services – for example promoting to more GPs the enhanced contract to provide drug treatment services.

30. The new Aberdeen Dental School's impact on **access to NHS dental services** is likely to be longer-term, but the number of registrations (including children) has been increasing across the Grampian area. You told us that capital investment in new premises – such as those at the Glassgreen Centre – has helped here. There is still a long way to go, but the trend is positive. The Board will be paying particular attention to improving registration in rural areas.

Service Change and Redesign, Including Patient Focus and Public Involvement (PFPI)

31. The programmes for major capital investment, including the Foresterhill campus developments, and for shifting the balance of care provide frameworks for a broad range of service redesign. But our discussion here focussed on a very specific service issue – the **maternity service at Fraserburgh Hospital**. The birthing unit there itself resulted from a changing pattern of community-based services and I can understand why the people of Fraserburgh are concerned about the recent suspension of the service and its impact on women's choice. I do, of course, also understand the reasons for the suspension – mothers' and babies' safety must always be the first consideration. But I look to the Board to do all it can to make sure that midwives are in place to reinstate the services as soon possible. You estimated that this is likely to be in January. I would be grateful if you could update me on progress early in the New Year.

32. You told us that the Board is proud of its record on engaging with patients and the public. There is a sound structure of **Patient and Public Forums** in each CHP area and the Forums work closely with the Board on key aspects of service planning, including development of the Local Delivery Plan. The Board has also involved the Grampian public through other channels such as community councils and in specific services such as those for children with complex needs. The Board has a close relationship with the Scottish Health Council. You also reported good progress with the Board's **volunteering** strategy.

33. The PFPI structure in Grampian will also have an important part to play in ensuring the Board's readiness for its role as an alternative pilot for **direct elections to Health Boards**. We will be keeping in touch with you about developments here in the coming months.

Improving Treatment for Patients

34. The issues around tackling **Health Care Associated Infection (HAI)** have come into sharp focus in Grampian over the last year because of the C.difficile outbreak at Dr Gray's Hospital. Since we met, the Healthcare Environment Inspectorate (HEI), which I set up following the Vale of Leven Hospital inquiry, has also reported on its visit to Aberdeen Royal Infirmary in October. The report is uncompromising in its criticism of a number of aspects of infection control in the Hospital. While it is encouraging to know that the inspection team found a number of improvements in place during an unannounced follow-up visit in November, we cannot afford to take the matters highlighted in the report lightly. We are making good progress throughout Scotland in tackling HAI on a number of fronts, but the report is a wake-up call and a warning against complacency. I therefore look to the Board to learn and act on the lessons learned from the outbreak in Elgin and the HEI report and to apply this learning to ensuring that the HAI Action Plan is implemented in full.

35. We discussed how NHS Grampian is tackling some of the main tasks involved in controlling HAI. Effective **surveillance** is vital and you have drawn on advice and support from Health Protection Scotland in strengthening arrangements at frontline level in all Grampian hospitals. You have been targeting specific drugs known to contribute to infection in seeking to reduce **antibiotic prescribing**. However, the issues are complex and you have also been improving the Board's prescribing data to make the task easier. The Board is working closely with GPs on all of this. You also assured us that the Board is keeping up the pressure to ensure compliance with **hand hygiene** standards and is using the lessons learned from the Dr Gray's outbreak to improve **cleaning** in healthcare facilities. One of the main outcomes of the Board's experience as pilot for **MRSA screening** is the need to identify not only those suffering from an infection, but those potentially carrying it.

36. You told us that **patient safety** is at the core of the Board's strategic planning. In operational terms you have been using a range of measures, such as senior management "walk rounds", to get key messages about patient safety across to front line staff.

37. **NHS QIS reports, complaints and Scottish Public Services Ombudsman reports** all provide opportunities for learning and improvement and you gave us some recent examples of how NHS Grampian has used them in this respect. NHS QIS reports on asthma and learning disability services have helped to identify and fill gaps in services. Complaints have highlighted the need for action – which the Board has taken – on speeding up waits for drugs from pharmacy before hospital discharge; on enhancing patient information about eye clinic appointments; and on improving confidentiality in reception at sexual health clinics. The need effective record-keeping has been a theme in Ombudsman reports and the Board has also acted on this.

38. The recent events in **mid-Staffordshire** flagged up some important lessons for us all about better integration of local healthcare systems in governance terms. You assured us that NHS Grampian has taken these lessons on board, with improved data on key areas such as patient mortality, morbidity and HAI incidence now regularly reported at full Board meeting level.

Finance, Efficiency and Workforce

39. You set out some of the main elements of the Board's financial planning in the light of reduced growth in funding.

Efficiency savings remain central to this and it is very encouraging to know that you see opportunities in this respect across a broad spectrum of processes and service areas.

You have been applying the LEAN principles to efficiency planning and have been involving clinical teams closely – that is very important as I believe the process has to be highly inclusive. In reducing the Board's reliance on **non-recurring funding**, you have been targeting specific aspects of services, such as waits for cancer treatment. You told us that the Scottish Government's conversion of some previously non-recurring funds to a recurring basis - for example those for improving access - had also been helpful. You confirmed that the Board's ambitious long-term **capital investment** programme is proceeding according to plan, although you have built in some contingency for slippage to take account of the tighter financial climate that lies ahead. It will be important for the Board to maintain its dialogue with the Health Finance Directorate about these and other aspects of financial planning over the next year.

40. We had covered most of the main **workforce** issues at the earlier meeting with the Area Partnership Forum – among them implementation of Agenda for Change and the Knowledge and Skills Framework; handling the outcome of Agenda for Change reviews; and continuing the drive to reduce sickness absence. These are all likely to remain at the forefront of the workforce agenda for some time to come.

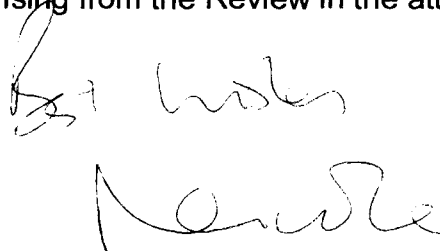
Public Question and Answer Session

41. I am grateful to all those who submitted questions before the meeting and to those who asked further questions on the day. I value these sessions as I think it is very important that we respond directly to people's concerns about our NHS in Scotland. We covered a wide variety of topics, ranging from health service funding nationally through community health and ambulance services in Grampian to services for specific care groups - cardiac rehabilitation, ME/Chronic Fatigue Syndrome, mental health and dementia were among those we touched on. I hope that, between us, we managed to provide most if not all of the answers.

Conclusion

42. Thanks again to you and your Board team and to all those who contributed to the planning and delivery of the Annual Review. I can assure you that I see the Reviews as one of the most important parts of our interaction with NHS Boards and the people they serve and I believe that the time and effort that we invest in them is well worthwhile. NHS Grampian's Review served to highlight for me that dedicated and skilled staff at all levels are providing a service that they and the people of Grampian can be proud of. There are, of course, important lessons to be learned – not least those arising from events related to infection control during the last year – and some very significant challenges to be faced in the year ahead. We need to work closely together in tackling these.

43. I have listed the main action points arising from the Review in the attached annex.



NICOLA STURGEON

ANNEX

NHS GRAMPIAN ANNUAL REVIEW 2009

ACTION POINTS

- **Implement changes to cancer services emerging from work with Professor Alan Rodger.**
- **On finalisation of report, consider and act on findings of neonatal services review.**
- **Review performance against key targets for improving health (childhood obesity; Counterweight; alcohol brief interventions; smoking cessation) and report to Health Directorates by January 2010 on plans for improvement.**
- **Continue progress against targets, including HEAT targets, which support shifts in the balance of care (reducing hospital readmission rates; increasing number of older people with complex care needs receiving care at home; reducing number of emergency bed days for people over 65).**
- **Continue progress against existing HEAT targets for mental health and ensure Board is ready to address new CAMHS target effectively**
- **Agree capacity requirements at Scottish Regional Treatment Centre and utilise them when service returns to NHS in January.**
- **Meet all waiting times targets.**
- **Address staffing issues with a view to reinstating maternity service in Fraserburgh Hospital by January 2010.**
- **Take on board lessons learned from C.diff outbreak at Dr Gray's and HEI report on ARI and ensure implementation of HAI Action Plan**
- **Maintain dialogue with Health Finance Directorate on financial planning with particular reference to efficiency targets, reducing reliance on non-recurring expenditure and capital investment programme.**