



NHS GRAMPIAN

ANNUAL REVIEW

MONDAY 7TH OCTOBER 2013

SELF ASSESSMENT REPORT

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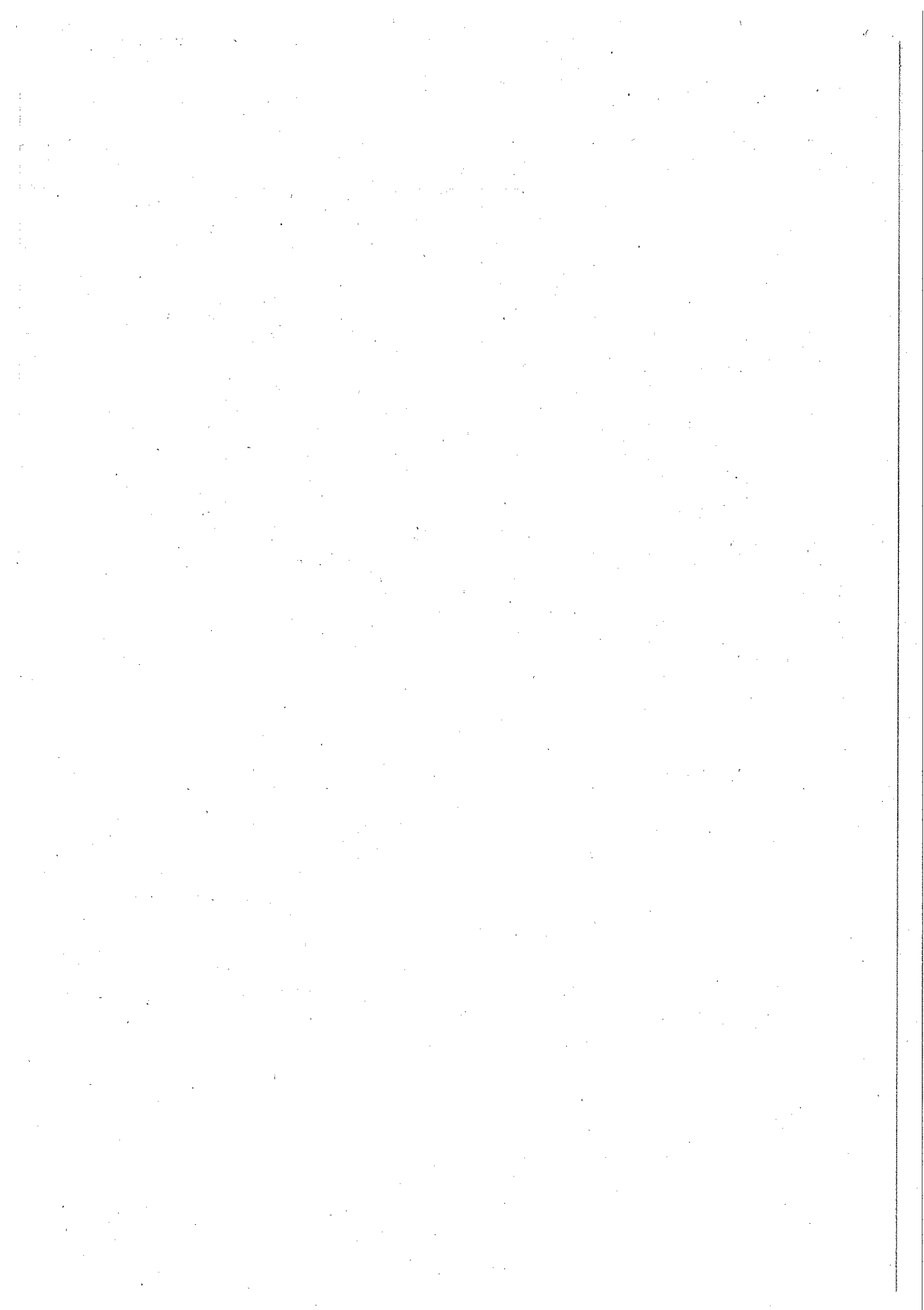
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Chapter 1

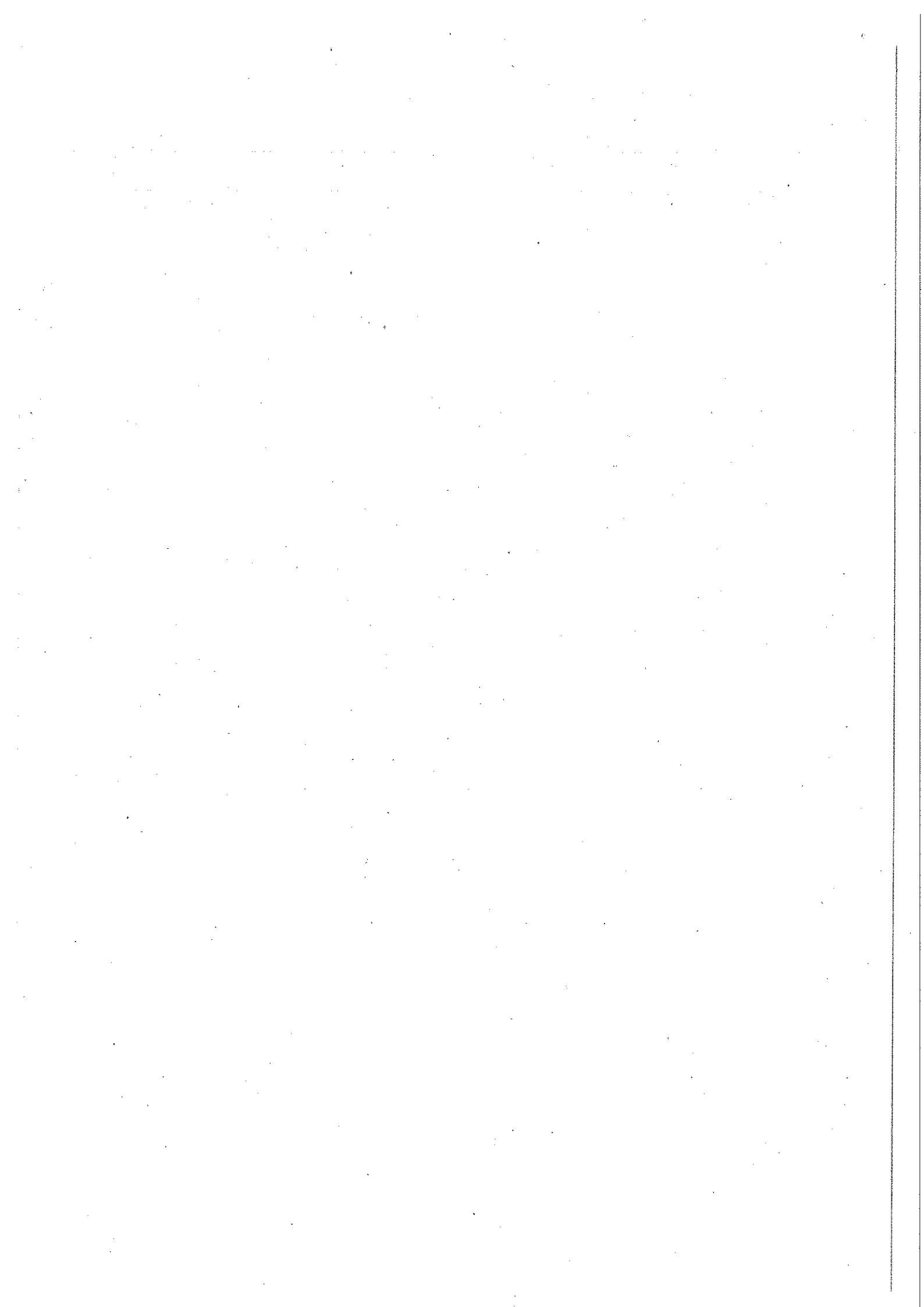
Progress Against 2011/12 Annual Review Action Points

NHS Grampian's 2011/12 Annual Review took place on 4th September 2012. Following the meeting, the Cabinet Secretary for Health and Wellbeing, Alex Neil MSP, wrote to the Board Chairman setting out the actions arising from the review. A mid-year review was held in October 2012 when progress was discussed. Information on the current position with these actions is detailed below and throughout the report.

2012/13 Agreed Action	Position at August 2013
Keep the Health and Social Care Directorates informed of progress with the local implementation of the Quality Strategy and Health and Social Care Integration	We continue to engage nationally with the Health Directorates and also with other Boards to ensure best practice is adopted towards delivery of the Quality Outcomes and Ambitions. Further information on our approach to ensuring care is person centred, safe and effective is given throughout this self assessment. Similarly, we have participated fully in national activities relating to the integration of Health and Social Care agenda with progress made in setting up Transitional Leadership Groups with local authority partners
Continue to review, update and maintain robust arrangements for controlling healthcare associated infection and ensure sustainable progress is made against requirements and recommendations in Healthcare Environment Inspectorate and Older People in Acute Care (OPAC) inspection reports	Chapter 3 demonstrates the continued actions we have taken to address healthcare associated infection. There has been a steady fall in rates of MRSA/MSSA bacteraemias and <i>Clostridium difficile</i> . We have robust monitoring arrangements in place and full reports are provided to the Board and Clinical Governance Committee. We continue to respond rigorously to external inspections through close performance management of action plans and local inspection processes.
Sustain performance against all HEAT targets and standards	As shown throughout this report we continue to perform well against the majority of HEAT targets and standards. Where performance falls below plan we have robust systems to ensure action to recover is taken. Full performance reports are presented to each Performance Governance Committee.
Ensure that there are robust plans in place to reduce the wait for IVF treatment	Additional clinical, laboratory and administrative staff are now in place. Performance management arrangements ensure activity is being undertaken efficiently and effectively. It is anticipated that waiting list management will be

2012/13 Agreed Action	Position at August 2013
	included in the Patient Management System which will provide robust data for future planning and reporting. At the present time the wait is around 12 months.
Ensure that there are robust plans in place to meet the March 2013 insulin pump provision target for under 18s	Currently 42 people aged under 18 are using insulin pump therapy. Pump provision has been increased and structures have been put in place to support this on an ongoing basis. However, this does mean that the target has not been fully met within the intended timescale. Review of attempts to achieve this have been made, and reflection given, to learn from work to date in order to refresh and progress delivery of this as soon as possible. We are monitoring the situation closely to ensure insulin pump starts are commenced safely and appropriately and in a manner consistent with the approach, objectives and targets outlined by the Scottish Government in CEL 4 (2012). We expect 12–18 paediatric patients to be started on insulin pump therapy by March 2014. This is dependent on factors such as staffing availability and patient choice. It is acknowledged this will fall marginally short of our target contained within CEL 4.
Maintain an appropriate focus on delivery of the 12 week Treatment Time Guarantee and ensure emerging problems are highlighted at an early stage	NHS Grampian continues to comply with the Patient Rights (Scotland) Act 2011 by ensuring a patient-centred approach to waiting times management. Waiting list management principles were approved by the Board which ensure patients are being treated in terms of clinical priority and time on list. Compliance with the 12 week treatment time guarantee has been very high at around 99%, however a small number of breaches continue to be reported weekly. Patients are fully engaged in decisions about where and when their care is provided. A plan is in place to invest in theatres and infrastructure to increase local capacity. This investment will enable us to deliver the requirements of the Patient Rights (Scotland) Bill 2011 on a sustainable basis consistent with the person-centred principles agreed by the Board. Scottish Government Health Directorate has been fully engaged throughout, receiving weekly reports on progress.
Ensure there are robust plans in place to sustain the 62 day and 31	Performance against the 31 day target has been sustained but on a number of occasions the 62

2012/13 Agreed Action	Position at August 2013
<p>day cancer access standards and continue to plan local implementation of the Detect Cancer Early programme</p>	<p>day target has not been met. An action plan and improvement trajectory have been produced and performance is improving as capacity is increased. Additional trackers are also now in place. Services are required to provide an explanation for delays in the pathway plus action being taken to prevent any breach occurring. This information is currently submitted to Scottish Government weekly.</p> <p>There has been good progress with the Detecting Cancer Early Programme. Further detail is given in chapter 3.</p>
<p>Maintain focus on the achievement of in year and recurring financial balance and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme</p>	<p>Financial balance was delivered in 2012/13. There is regular reporting and liaison with Health and Social Care Directorates throughout the year.</p>



Chapter 2

Everyone has the best start in life and is able to live longer healthier lives

This chapter of the self assessment considers Grampian's performance against public health and substance misuse targets and the wider health inequalities and early years' agendas. It also provides information about how the Detecting Cancer Early Programme is being progressed and how we are performing against cancer access targets.

Measure	Performance		Plan
Number of completed Child Healthy Weight Interventions	1156 by March 2013	G	983
Number of Alcohol Brief Interventions	8280 by March 2013	G	6054
Number of Successful Smoking Cessation Quit attempts	9689 by March 2013	G	5263
Number of Inequalities Targeted Cardiovascular Health Checks	1633 by March 2013	G	1500
Percentage of 3&4 year olds in each SIMD quintile receiving 2 fluoride varnishing applications per year	6.24% by March 2013	R	12.5%
Referral to Treatment within 3 weeks for alcohol	99.3% June 2013	G	90%
Referral to Treatment within 3 weeks for drugs	100% June 2013	G	90%
Exclusive breastfeeding at 6-8 weeks	32.9% Dec 2012		46% 2020
Early access to antenatal care – booked at 12 weeks	83.4% Sept 2011	G	75% Mar 13
Proportion of breast, colorectal and lung cancer detected and treated at stage 1	20.4% in 2010&11		21.5% Dec 12
31 day maximum wait from decision to treat to treatment for patients with cancer	97.6% March 2013	G	95%
62 day maximum wait from urgent referral to treatment for suspected cancer	90.6% March 2013	A	95%

Health Improvement

There are a number of Health Improvement measures and targets against which NHS Grampian's performance is monitored. This section covers HEAT and some additional measures for 2012/13. A summary of performance is given at the beginning of this chapter and further information is provided below:

Child healthy weight interventions: Grow Well Choices is an 8 week primary 5-7 class approach to promoting healthier lifestyles. By March 2013 the programme had delivered 1156 completed healthy weight interventions and therefore exceeded the planned number of 983. We anticipate that the target for interventions within our 40% most deprived datazones will also be met. An early years intervention similar to Grow Well Choices is being developed for nursery aged children. The programme is supported through a range of initiatives including the Healthy Eating Active Living programme which supports individuals and families to change lifestyle habits through activities such as Community Kitchens which teach vulnerable individuals and groups how to cook; Health Walks which encourage everyone to be more active more often; and the Early Years Health and Well-being Award which provides a framework to support early education and childcare settings to be health promoting.

Alcohol Brief Interventions (ABI): A target was set of 6054 ABIs to be delivered in 2012/13 and this was exceeded in Grampian by 37% at 8280. Most of the ABIs delivered were in General Practice (82%) with an additional contribution from Sexual Health Services (15%) and A&E (3%). To date it is estimated that 4,500 adults have reduced their excessive alcohol consumption significantly through this programme. However, more than 150,000 people in Grampian drink hazardously or harmfully and could benefit from this intervention. Work continues to embed ABIs as part of routine service delivery and to develop effective delivery through opportunities in acute sector settings.

Successful smoking cessation (at one month post quit): In 2012/13 we continued to greatly exceed targets set for successful smoking cessation in both the overall population and in deprived communities. We also know that that over the last 10 years there has been a significant reduction in smoking levels amongst the general adult population as well as in children and pregnant women in Grampian. We are not complacent, however, as this good performance masks differences between our most deprived and affluent communities. The Board recently approved a Tobacco Control 2020 Action Plan which will deliver the national strategy, Creating a Tobacco-free Generation. We will continue to work to prevent smoking, protect the population from others' smoke and support those who smoke to stop. Heads of Agreement were recently agreed by our Tobacco Policy Review Group in partnership with the Grampian Area Partnership Forum to support development of a Tobacco Policy which will make NHS Grampian smoke-free by March 2015. These Heads of Agreement were endorsed by the Board.

Inequalities targeted cardiovascular Health Checks: There is a substantial inequality gap in Grampian with higher rates of premature death in areas of greatest deprivation. The National Keep Well Programme provides targeted cardiovascular health checks which take a holistic approach covering cardiovascular risk, with clinical and non-clinical support as appropriate. The programme focuses on those who are at greatest risk of preventable serious ill health because of their life circumstances and /or lifestyles and is a

key component of targeted primary prevention to tackle health inequalities. By the end of March 2013 we had well exceeded the target of 1500 cardiovascular health checks by delivering 1633.

Oral Health: NHS Grampian recently endorsed its Dental Plan 2020. This showed that over the 2008-2012 period a range of dental improvements were made and targets exceeded. In 2012 67.8% of primary 1 children had no obvious decay, there has been 169,000 additional NHS registrations since 2007, the waiting list for primary care dentistry has fallen from a high of 32,000 to 1500 and over 80 additional dentists are now in place. The Dental Plan 2020 sets further challenging targets. One area where progress is slower than desired is child fluoride varnishing but efforts are continuing to encourage dentists and parents to participate.

Substance Misuse

NHS Grampian met the target which required that, by March 2013 90% of clients should wait no longer than 3 weeks from referral to appropriate drug or alcohol treatment. An overall rate of 96.1% was delivered. Locally this was broken down to: Aberdeen City – 98.2%; Aberdeenshire – 92.1%; Moray - 100%. Since then performance has further improved.

NHS Grampian, in partnership with Aberdeen City Council, commissioned third sector drug services, through Drugs Action and Aberdeen Foyer, which link into the city's Integrated Drug Service. These began operating from April 2012 and included Aberdeen Recovery Community which works with drug users in treatment to help them develop skills to move out to sustained community-based recovery. Also Direct Access Service, which provides injecting equipment and works with drugs users to reduce the time from onset of drug misuse to seeking support. They also assist users to stabilise their chaotic drug use and to access structured treatment and recovery. Keep Well, sexual health services and the liver service are all delivering services from the Integrated Drug Service facilities.

Ongoing work to redesign NHS Grampian substance misuse services in Aberdeenshire is progressing. Significant planning work is underway for provision in the new Her Majesty's Prison Grampian facility at Peterhead.

Health Inequalities

National data shows that health is improving for everyone. But while life expectancy rates are increasing overall, they are rising faster for the affluent than the most deprived so the gap is getting wider. Not only will people living in the poorest neighbourhoods on average die earlier than people living in the richest neighbourhoods, they will spend more of their shorter lives with a disability. This is reflected in Grampian. We continue to work through our own services and our three local authority based community planning partnerships to address inequalities in health outcomes.

In support of the Health Promoting Health Service, the Quality Strategy and the national Patient-Centred programme, we tested whether a busy outpatient clinic in an acute hospital could build 'the health question' into routine practice, referring patients for support on smoking, and signposting for support with diet, physical activity, and mental health improvement. Of 1819 patient attendances in an eight week period, 1077 brief health focused conversations took place. 21 referrals to smoking cessation were made compared with 3 during the previous twelve months. Each clinic was provided with our Health Traffic Lights illustrating the greatest health issues for patients living in the most deprived postcodes. Activity is being maintained in the pilot clinic and other areas within ambulatory care have been identified for roll-out.

Working and involvement in productive activity are key social determinants of health. In implementing Health Works, we are improving health directly for those in work in conjunction with local employers, and indirectly by addressing employability through opportunities inherent in being one of Grampian's largest employers. This complements the activity of our partners in the three Employability Forums in Grampian. We identified critical points within clinical pathways for the inclusion of an employability intervention. To ensure workforce competence and confidence to ask 'the work question', we developed brief training and resources for staff in clinical settings. Following training, over 87% of respondents felt that asking about a patient's work status was part of their clinical role and, of those, 90% felt confident to deliver a brief work-related intervention as part of a patient's recovery plan.

In 2012, in association with Grampian Regional Equality Council (GREC) and Peacock Visual Arts, we initiated a health issues project with the seasonal Gypsy Traveller community in Aberdeenshire, using photography as a means of engagement. The initiative quickly identified that health was an area the gypsy traveller community would readily discuss and the areas most frequently raised were dental health, smoking, healthy eating and alcohol. There were also discussions around providing care for family members, and accessing services. This summer input to non-permanent encampments have focused on these five areas and a range of multi-agency services have provided support to a month long health input. Trained nurses have also been offering Keep Well checks and mini lifestyle checks.

The Huntly community kitchen continues to provide food skills development initiatives targeted at vulnerable individuals and families. One particular initiative has been the establishment of the 'Silver Darlings' group, which brings together older people living in a situation where they feel socially isolated. The participants can be referred through a supporting agency, have self referred or come into the programme through other health improvement initiatives. The group has been so successful that there are plans to develop the initiative in other more rural areas.

Every visit to the health service is an opportunity to promote health and we are taking this forward through the Health Promoting Health Service. In addition to ABI, smoking cessation and other lifestyle programmes, activities

such as Cash in Your Pocket, a financial inclusion scheme in Aberdeen Royal Infirmary and Woodend Hospitals, are being taken forward to address health inequalities. The scheme supports patients and their relatives who may endure financial hardship due to ill health to seek guidance and advice on a range of financial concerns.

Working with the third sector/social enterprise partners we have considered how to get the maximum possible benefit for our communities from NHS spending. The work highlighted a number of effective programmes including Community Food Initiative North East - a social enterprise supplying cheap nutritious food and the Sensory Garden at Dr Gray's Hospital - developed by volunteers with the support of the business community and run by Greenfingers, a group providing gardening opportunities for adults with learning disabilities

Early Years

The Early Years Taskforce launched the Early Years Collaborative in late 2012 with the first learning session being held in January 2013. We have committed 36 staff to the 'away team' in support of the three Community Planning Partnerships (CPP) we work with. Each CPP is at a different stage of development in terms of the approach and we have been keen to support partners' understanding of the approach and methodology, which has been welcomed. We are currently working with partners to develop the wider 'home team'. A range of disciplines of frontline staff are active in all 3 workstreams. The Director of Public Health has taken lead role for Early Years, Children and Young People. We are currently consulting on a strategic framework for the health of children and young people and expect Early Years to be a major emerging theme.

The national practice model for Getting it Right for Every Child (GIRFEC) is widespread across NHS Grampian although we recognise there is still much to do. We have made significant progress in implementing the named person role within our health visiting and maternity workforce well in advance of legislation coming shortly on this aspect of the Children's Bill.

We have created a new 'Women and Children's Division' recognising the benefits of closer working across maternity, neonatal, hospital and community paediatrics. This will support better communication across the system as well as the care continuum.

The health visiting service, whilst still embedded within Community Health Partnerships, has been reviewed across Grampian. Nursery nurses along with paediatric nurses now support a team approach providing a more efficient and effective service. We have increased the financial support for training specifically to allow more nurses to consider health visitor training. This is designed to improve succession planning in an ageing workforce.

Breastfeeding

During 2012 we refreshed our breastfeeding strategic framework for the period to 2020. This supports the local implementation of the overarching Improving Maternal & Infant Nutrition – A Framework for Action (Scottish Government, 2011) and encourages partnership working with all key agencies across Grampian.

In Grampian, the exclusive breastfeeding rate is higher than the national average. The strategy sets a local target of 46% by 2020. The breastfeeding initiation rate (first feed) continues on an upward trend and is currently 71.5%. The introduction of the UNICEF Baby Friendly programme in 2008 led to a further increase in the initiation rate. More recently, there has been significant investment in UNICEF Baby Friendly, with all sectors of NHS Grampian now progressing well, and Dr Gray's Hospital in Elgin has achieved full Baby Friendly Accreditation.

However, these figures mask fluctuations between areas and the significant drop-off in the exclusive breastfeeding rate in the first two weeks after delivery from the first breastfeed. There is also a significant "*breastfeeding gap*" between more affluent and more deprived areas. The refreshed framework sets out a series of actions to ensure that by 2020 there will be a culture across Grampian where breastfeeding is seen as the norm, where mothers enjoy a positive breastfeeding experience and feel confident and fully supported to breastfeed their babies in public.

Maternity Services

Our Maternity Services Review was approved by the Minister at the end of August 2012. An implementation plan for both the Maternity Services Review proposals and the over-arching NHS Grampian Maternity Strategy 2010-2015 has now been developed.

We are making progress with the development of integrated community teams and establishing work bases for the midwives within general practice. Changes to Birth Units are predicated upon the integrated teams' development and the required infrastructure being in place. Planning for a community midwifery unit at Inverurie is proceeding as part of the redevelopment of services in Inverurie. A workstream is in place to look at the availability of scanning and community consultant clinics.

Performance against the antenatal access target is good with the most recent data showing 83.4% booked by 12 weeks.

Detecting Cancer Early (DCE)

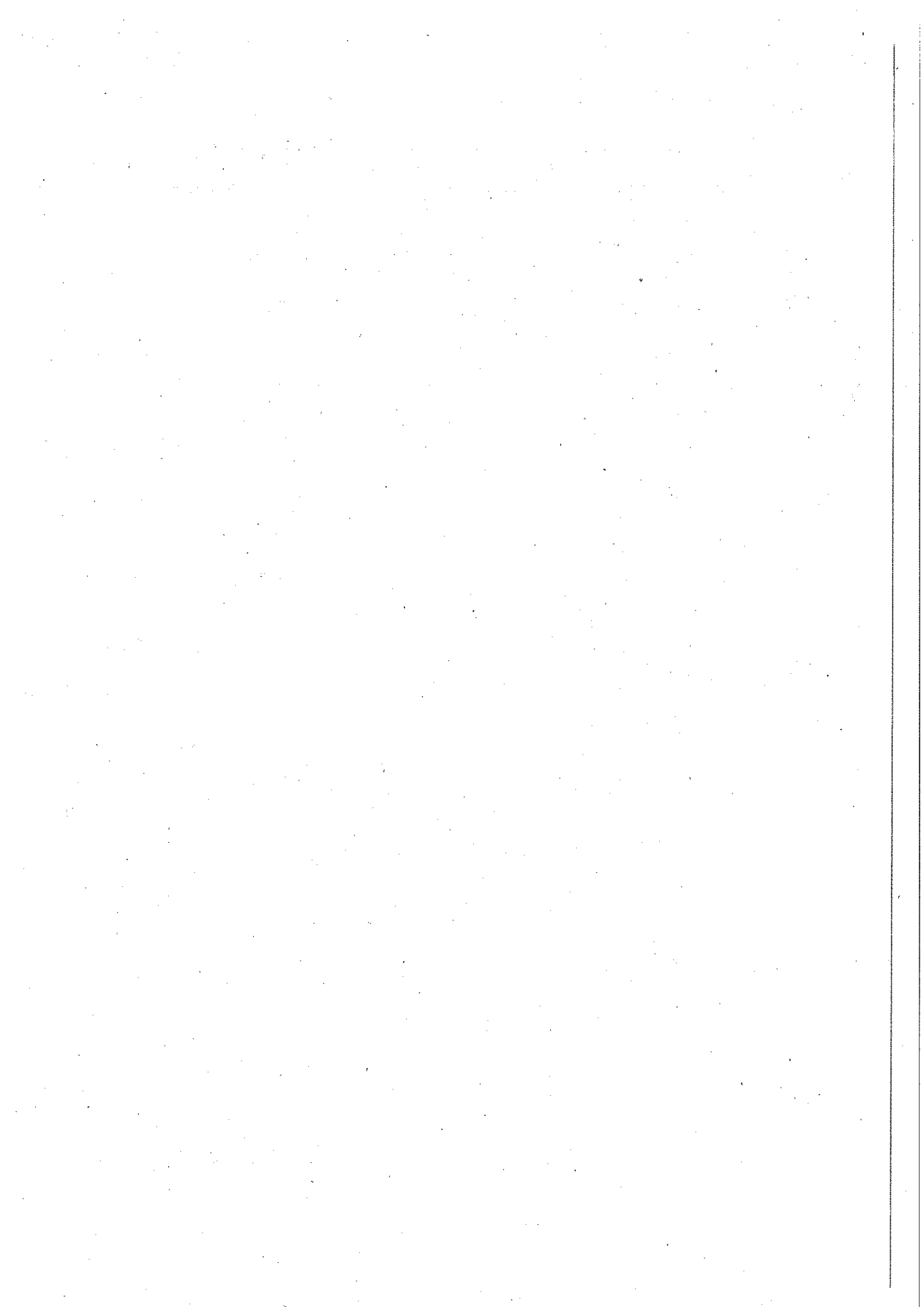
The national Detect Cancer Early programme was launched in February 2012. The goal of the programme is to improve overall 5 year survival for people in Scotland diagnosed with cancer. The proportion of people with 'stage 1 disease at diagnosis' is used as a proxy indicator for survival

outcome and a delivery target of increasing the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/2015 has been set. NHS Grampian has a baseline below the Scottish average from which to start. Performance was 20.4% in 2010 and 2011. A target of 29% by December 2015 has been set.

The programme aims to detect and treat existing disease at the earliest possible stage, based on evidence of improved patient outcomes. The chance of diagnosis at the earliest possible stage of disease can be increased by: individual participation in national screening programmes which can pick up disease without individuals having signs or symptoms, minimising delays in seeking general practitioner advice when signs or symptoms occur, professionals instigating appropriate investigations to diagnose disease and referring into a specialist centre for treatment. We have prepared a plan for local delivery of the DCE programme. This was developed under the auspices of a transitional steering group, prior to the establishment of the Grampian Cancer Care Network (GCCN) which now oversees implementation. Improvements so far have included increasing capacity within endoscopy, radiology and cancer audit, as well as a number of successful local initiatives to complement the national public awareness campaign, undertaken in partnership with voluntary and partner organisations. The programme also requires Boards to sustain performance against cancer access time standards.

Access to Cancer Services

As mentioned in Chapter 1 performance against the 31 day target has been sustained but on a number of occasions the 62 day target for referral to treatment for suspected cancer has not been met. An action plan and improvement trajectory have been produced and performance is improving. The areas of greatest challenge remain colorectal and urology but the action plan includes developing additional capacity in these areas including GP endoscopists and additional locum consultant appointments. Additional trackers are also now in place and administrative arrangements are being managed rigorously. Services are required to provide an explanation for delays in the pathway plus action being taken to prevent any breach occurring. This information is currently submitted to Scottish Government weekly.



Chapter 3

Healthcare is safe for every person every time

This chapter of the self assessment report covers our governance arrangements including risk management and how we deal with adverse events. It provides information on what we are doing to improve patient safety, reduce healthcare associated infections and our performance as assessed by external review.

Measure	Performance		Plan
<i>Staphylococcus aureus</i> bacteraemia (including MRSA) cases per 1000 acute occupied bed days	0.24 to March 2013	A	0.25
<i>Clostridium difficile</i> infections per month per 1000 occupied bed days (patients aged 65 plus)	0.25 to March 2013	G	0.39

Clinical Governance, Clinical Effectiveness and Risk Management

Our Quality, Governance and Risk Unit gives assurance that robust quality systems are in place, whilst supporting staff in the provision of safe and effective patient care, in a safe and healthy environment. We have a strong committee structure which provides assurance to the NHS Board on the effectiveness of both clinical governance arrangements and clinical services throughout NHS Grampian. The Clinical Governance Committee reports directly to the NHS Board and is supported by arrangements at sector and corporate level.

The NHS Grampian Board agreed a set of Quality Aims which were launched at the first Quality Event in May 2012. These included:

- To have a quality-focused Board agenda
- To facilitate everyone to come together to talk about safety - mortality meetings
- To promote a culture of quality visible to staff – pledges, stories
- To streamline strategies under a single Quality Plan

A Quality Plan was approved in April 2013. At that time the considerable progress made with this agenda was noted. Examples include:

- A model of Tiered Intelligence has been developed.
- Structured mortality and morbidity meetings have been established with innovative use of Datix by surgeons. A poster on this work has been presented internationally. We aim for such meetings to be universal throughout Grampian.
- Incident reporting has been reviewed and improved with input from general managers and others.
- Mapping work is being conducted into our capability and capacity of quality improvement skills and expertise and a framework for quality improvement education is being built.

- "Caring, Listening, Improving" is being widely promoted across NHS Grampian.
- The 2013 Quality Event was attended by over 200 staff. This gave the opportunity to learn from national work and showcase frontline teams' clinical work. Feedback from the event has been very positive indeed and it has been agreed to host this on an annual basis.
- Patient stories and feedback are being used at Board meetings, corporate induction, and other committees and groups to focus on service redesign, planning and improvement.
- Our quality dashboard is presented to the Board in open session twice per year.
- The pledges work addressed the issue of complaints about staff attitude and behaviour. They now form part of the induction programme and have been developed into a poster which is being rolled out across Grampian.

The Clinical Effectiveness Team aims to provide specialist knowledge, advice and support throughout NHS Grampian supporting the development, implementation and monitoring of effective evidence based practice within the framework of the Quality, Governance and Risk Unit's workplan. Over the last year 75 clinical effectiveness projects have been completed. A fourth Grampian-wide audit of nurse record keeping took place (1690 records) along with the first Allied Health Professions audit of record-keeping (1030 records.)

Careful consideration of risk helps us plan our developments with a greater chance of success. The Strategic Risk Register is a component part of the NHS Grampian Risk Management Plan. It is a management tool that enables the organisation to be aware of its comprehensive risk profile. As such, it is a repository for risk information across all areas of activity. We have a robust process in place whereby the Board Executive Team reviews and discusses the Strategic Risk Register at regular intervals both in its totality and by individual risk. This approach allows both a corporate overview of all strategic risks and in-depth peer review of individual risks. Risks are then presented to the appropriate governance committee and through these to the Board as appropriate. The Board also has an annual risk workshop where the risk register is reviewed. We are implementing a process of self assessment of our risk maturity.

Reports on risk registers for each part of the Delivery Unit are used to foster discussion at the individual bi-monthly Performance, Risk and Finance meetings held by the Chief Operating Officer.

Patient Safety

NHS Grampian continues to be actively involved in the implementation of the Scottish Patient Safety Programme (SPSP) with good progress being made across all workstreams:

Adult Acute Programme

The first phase of SPSP in acute adult care is well established with the additional elements of Venous Thromboembolism (VTE) and Sepsis being introduced in January 2012 as a national collaborative. The next phase is concentrating on

- renewed aims of the programme (reduce mortality by 20% by 2015 and at least 95% of people receiving care do not experience harm). A case note review is currently underway.
- rescue of the deteriorating patient involving Early Warning Scoring and sepsis work.
- patient safety indicators (falls, pressure ulcers, catheter associated urinary infections and crash calls). We have extensive work taking place for falls under the direction of a Falls Lead. Pressure ulcer and catheter associated infection work continues.
- standardisation and integration of improvement practices across programmes. Safety huddles have commenced in the Children's Hospital and early talks are being held within acute services to commence daily hospital safety huddles.

NHS Grampian was recommended as the place to visit in Scotland to see patient safety in theatres. The theatres team presented its work on peri-operative patient safety at the national learning event in August 2013. We also presented in the leadership and critical care work streams at the learning set.

A number of staff have applied for the next round of fellowships. The three staff currently progressing with the fellowship attended the International Quality Forum and submitted a report to Healthcare Improvement Scotland on the conference. They are all progressing with their required projects.

Paediatric Programme

This programme has been underway since June 2010. There are many examples of success (theatres, general wards, early warning scoring, leadership group). A Senior Charge Nurse in Dr Gray's was successful in gaining an SPSP Fellowship and is also seconded three days a week to support reliability, spread, teaching and consistent display of material etc.

Paediatric services have now established a general quality group and the patient safety work will feature as part of this.

A multidisciplinary Leadership Group is well-established and is chaired by the Clinical Lead for Patient Safety. A work plan for patient safety is in place.

Mental Health

NHS Grampian was a pilot site for the first phase of the programme and is currently testing work in Cornhill and Dr Gray's. The areas of work are medicine management, patient risk assessment and safety planning. There has been early success with all elements of work and testing is now being spread to other ward areas so there are now 10 areas undertaking SPSP work.

The improvement methodology used in SPSP is being utilised for other aspects of quality, showing maturity in the application and understanding of the model for improvement e.g. for risk assessment and Mental Welfare Commission related work.

A multidisciplinary Leadership Group is well established with representation from Carers and a Programme Co-ordinator. The third learning session was in June 2013 and we had 17 staff attending from a multidisciplinary background. Mental health services held a quality event in September 2012 to showcase some of the patient safety work.

Primary Care

NHS Grampian was part of the Safety in Primary Care Programme (SIPC2) pilot and worked on communication between out-patient clinics in Dr Gray's and GP practices. This work informed the national direction for the programme and the leads for this work (who are also SPSP fellows) are supporting the national team with roll-out.

Two elements of improvement work have been introduced for primary care via GP Contracts this year with the allocation of 11 Quality Outcome Framework (QoF) points – Primary Care Trigger Tool and Safety Climate Survey. We have chosen to support further work on Warfarin and DMARDS via the Local Enhanced Service (LES) route.

Maternity Services

The work in maternal services is not new and many of the elements of the general ward work in the acute adult programme are being implemented (e.g. Early Warning Scoring, PVC Care Bundles etc). One aim is to take safety briefs and SBAR across the organisation. Two midwives continue to support SPSP two days a week each. In addition a multidisciplinary Leadership Group has been established chaired by a Consultant Obstetrician. A spread plan has been drafted and steps to record data using Lanqip are being progressed. Smoking cessation work has commenced with testing very successfully in Fraserburgh and this will now be taken to other sites for testing.

Neonatology

Scoping work has been carried out and the launch of this workstream will be in association with the Maternity Care Improvement Collaborative.

Healthcare Associated Infection

Prevention of Healthcare Associated Infection (HAI) continues to be 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 and MSSA bacteraemia reducing. This has been achieved by sustained improvements in antibiotic prescribing, ongoing 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): The end of March 2013 target of 0.26 cases per 1000 acute occupied bed days was narrowly missed at 0.27. This

is an annual figure. Performance for the quarter to March 2013 reported a rate of 0.246 compared to 0.301 for Scotland.

- *Clostridium difficile* Infection (CDI): the target to reduce the rate of CDI in those aged 65 and over to 0.39 by March 2013 was well exceeded at 0.25. The quarter to March 2013 reported 0.182 compared to 0.242 for Scotland.
- Hand Hygiene: Strict adherence to hand hygiene policy is still the key way to prevent the spread of infections. NHS Grampian set a local target of 95% compliance 2 years ago and continues to deliver this. In the most recent published audit we achieved a compliance of 98%.
- 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 this continues to be delivered consistently across all acute hospital sites. The Health Facilities Scotland (HFS) National Cleaning Compliance Report Quarter 1 to 3: April 2012 – December 2012 shows that NHS Grampian achieved 94.5-95% compliance. NHS Grampian is also compliant in relation to estates monitoring at 96% overall in Quarter 3. Previously Woodend Hospital was 87.9% compliant but due to ward moves associated with the opening of the new Emergency Care Centre and Aberdeen Royal Infirmary development programme, Woodend is now fully compliant.

External Inspections

In January 2013 Healthcare Improvement Scotland (HIS) reviewed NHS Grampian's management of adverse events. The review identified a number of areas of good practice including exemplary use of the information management system (Datix) which provides one integrated system for incidents, complaints, risks and safety alerts and a well-developed formal education and training programme for adverse event management. Several other Boards have visited us to observe our use of Datix and two NHS Grampian staff are members of the national adverse event group. Recommendations for further improvements were made in relation to engagement with patients and families, open and transparent decision-making and system-wide learning following and adverse event review. An improvement plan has been produced to take forward the recommendations.

Since April 2012 HIS has conducted 2 visits to ARI and 1 to RACH (as at 20th August 2013). Our Infection Control Committee continues to monitor progress against requirements and recommendations made including them in the Healthcare Associated Infection Work Plan which is reviewed bi-monthly. Full reports and action plans are available on the HIS website www.healthcareimprovementscotland.org

The visit to Aberdeen Royal Infirmary on 4 and 5 June 2013 was summarised by Healthcare Improvement Scotland as:

"We found that NHS Grampian has made progress to protect patients, staff and visitors from acquiring an infection. In particular, senior charge nurses were able to demonstrate a good understanding of their roles and responsibilities in relation to infection prevention and control. However we also identified a number of areas for

improvement including three requirements that we identified in a previous inspection. We expect NHS Grampian to address these areas as a matter of priority and we will follow up to ensure the improvements made."

The visit to Royal Aberdeen Children's Hospital on 6 December 2012 was summarised as:

"Our inspection found that NHS Grampian is complying with most standards to prevent and control healthcare associated infection. Wards and clinical areas were clean, and good isolation facilities are available to ensure the risk of infection is reduced."

The visit to Aberdeen Royal Infirmary (7 & 8 August 2012) was summarised as:-

"We found that NHS Grampian is making some progress against standards to protect patients, staff and visitors from the risks of acquiring a healthcare associated infection. However, improvements are required in a number of areas including a need for clarity on the roles and responsibilities for infection prevention and control."

We also received an Older People in Acute Hospitals inspection on 16 & 18 April 2013 which found:-

"In this inspection we noted a number of areas where NHS Grampian is performing well. We could see that consideration had gone into the design and layout of the new emergency care centre to preserve patients' dignity and respect. Mealtimes were well managed and we saw many good examples of patients being helped or encouraged to eat and drink. However, during our inspection we also identified areas for improvement. For example, several senior charge nurses and clinical service managers across three wards we inspected told us of concerns they had about staffing levels on their wards. We asked NHS Grampian to supply us with an improvement action plan within seven days of our inspection, detailing their plans to address the staffing issues highlighted to us. NHS Grampian's improvement action plan has given us assurance that actions are being taken to improve the issues of staffing levels at Aberdeen Royal Infirmary. We will continue to follow this up with NHS Grampian on future inspections."

Further information on what we are doing generally in relation to Older People in Acute Care is given in Chapter 6.

Chapter 4

Everyone has a positive experience of healthcare

This chapter covers the topics that impact on people's experience of our services including our performance in relation to the various access standards and targets. It also provides information on the range of activity to promote a person-centred care approach to patient care.

Within Grampian improving elective access is part of our wider Planned Care (PC) programme and improved non-elective access is part of the Unscheduled Care (USC) programme. Both of these are covered in more detail in Chapter 6.

18 weeks referral to treatment	90.7% at June 2013	G	90%
% A&E discharge or transfer within 4 hours	98.6% at July 2013	G	95%
Admission to stroke unit on day of admission or following day	86% at June 2013	A	90%

Access Times

18 weeks Referral to Treatment (RTT): This access target was delivered a month early in November 2011. Since then performance has generally been sustained although it dipped to a low of 89% in April 2013 but has since recovered to above 90%.

12 weeks Treatment Time Guarantee (TTG): The Patient Rights (Scotland) Act 2011, effective from 1 October 2012, introduced a number of changes to the management of waiting times, including a Treatment Time Guarantee. 99% of Grampian patients are currently being treated within 12 weeks and plans are in place to ensure continued compliance with the Patient Rights (Scotland) Act 2011

In October 2012 the NHS Board approved a revised Access Policy which describes in detail the arrangements, policies and procedures to be followed to ensure consistency and fairness for all patients. This will be reviewed annually.

A set of waiting times management principles have been approved by the Board and are strictly adhered to across Grampian. These are:

- *patients will be scheduled according to clinical priority;*
- *within a given clinical priority, all patients will be booked in turn;*
- *wherever possible and where clinically appropriate, patients will be offered treatment within Grampian;*
- *children will not be offered treatment outwith Grampian unless they require specialist care that cannot be provided locally;*
- *where patients wish to wait rather than be treated outwith Grampian, they will be treated in turn and at the earliest available opportunity; and*
- *waiting list management will ensure best value for the public and fairness for all staff*

In order to deliver the 12 weeks TTG on a sustainable basis we are substantially increasing capacity. An additional three theatres are being provided, two at ARI and one at Woodend Hospital. It is expected that the new theatres will be operational in December 2013. In addition to the capital investment, there will be additional consultant and nursing capacity and associated services costing in excess of £8m.

In November 2012 the Audit Committee considered a report from internal auditors PriceWaterhouseCoopers, that provided assurance that NHS Grampian's waiting list management was fair and consistent with Scottish Government guidance.

Percentage A&E discharge or transfer within 4 hours: In common with other parts of Scotland we had some difficulty in delivering the maximum 4 hour time from admission to discharge/transfer in A&E departments on a sustainable basis over the 2012/13 winter period. The main breach reasons in 2012/13 were waiting for beds (24.9%), first assessment (22.8%), and treatment (19%). Since April 2013 the 95% interim target has been delivered and in June and July 2013 over 98% was once more delivered. Operational policies of the new Emergency Care Centre in Aberdeen support appropriate fast-tracking of patients direct to specialty. Since December 2012, the A&E senior clinician now makes the decision about the ARI admission specialty regardless of bed availability. Comparison of the 5-month period January-May shows a 57% reduction in bed breaches from 2012 to 2013, indicating improvement in flow. We aim to maintain this position over the 2013/14 winter period. Efforts are also ongoing to minimise inappropriate attendance at A&E and subsequent hospital admission. We have successfully implemented a redirection policy and have continued to progress other initiatives including the Know Who To Turn To campaign.

Admission to stroke unit on day of admission or following day: To improve stroke care there is a target that by March 2013 90% of all patients admitted to hospital with a diagnosis of stroke should be admitted to a stroke unit on the day of admission, or the day following. Performance against this target fluctuated throughout 2012/13 ranging from 46.3% to 81.8%. 86% was delivered in June 2013. The dips in performance were due mainly to capacity issues within the stroke unit as a consequence of delayed discharges. Assurance was given to the Performance Governance Committee that clinical care of those patients treated outwith the unit was not compromised. A number of improvements have been made including ensuring a patient pathway is in place for stroke patients with a tracheotomy. Where patients are considered by all pathway stakeholders to be medically stable, they are moved on from the acute setting to other care locations. This pathway and the decision to move the patient is supported by a robust risk assessment. Options to increase the capacity of the acute stroke unit are being actively considered with the identification of a preferred option and timetable for implementation expected soon.

Person Centred Care including Patient Experience

It is accepted widely that patient and carer experience has an impact on outcomes of care and on staff experiences of delivering care. A poor experience can delay recovery from ill health. NHS Grampian has made a strategic commitment to involve

people and improve the patient experience. We are participating fully in the national Person-Centred Health and Care Programme.

A number of initiatives are underway or planned:

- NHS Grampian has registration status with Patient Opinion. This means that two nominated staff receive email alerts when stories relevant to NHS Grampian are posted and they can post responses to the stories. Stories are forwarded to the service concerned where appropriate. NHS Grampian stories, responses and associated learning are reported through the Clinical Governance Committee.
- We use patient stories at NHS Board meetings
- Volunteers and chaplains are participating in patient experience work, using walkrounds to talk with patients, engage with staff.
- Signage to identify patients with sensory impairment has been developed in collaboration with this client group and has been introduced across hospital sites in Aberdeen.
- We are using staff experience alongside patient experience information to identify improvement opportunities across a variety of settings.
- Mental Health and Learning Disabilities have a Person Centred Group. It will look at managers gathering and discussing real-time patient feedback, developing a leadership vision of person-centred care, using patient stories for reflection at team meetings, leadership walkrounds, staff surveys of experience, and using carers to collect patient stories.
- We have tested the brief intervention "What matters to you?" a postcard survey for patients.
- Previous "Better Together" results indicated that patients were bothered by noisy wards. A Noise Ear was purchased with monies obtained from the "Better Together" innovation fund. The Noise Ear is making its way around NHS Grampian sites. This raises awareness of noise, the impact of noise and in reminds staff of the importance of a quiet environment for patients. Many improvements aimed at reducing noise disturbance have been identified as a result of using the Ear.
- We have supported staff to be trained as facilitators of the Caring Behaviours Assurance System (CBAS)/Heartmath. CBAS is an evidence-based system for enabling and assuring the delivery of person-centred health and care from Board to point of care.
- Staff from a range of backgrounds have attended a series of masterclasses in obtaining and using person-centred feedback for improvement. "Touchpoints" expertise is being developed and two cohorts of staff and volunteers have received patient story training.
- We continue to work on improvements based on the "Better Together" survey results. A workshop took place focusing on "Discharge and Leaving Hospital". Key staff members attended the meeting and good practice was shared.
- We have a Patient, Carer and Staff Experience Project which combines the collection of staff, patient and carer experience in real time with Better Together results (where they exist) and data on compliments and complaints to inform a Person-centred Quality Portfolio. The data is presented to the clinical team who will have ownership of improvement plans based on the data. 16 areas throughout NHS Grampian have already commenced data collection for the project. Templates for feedback to areas have been developed as has a "You

said, we did" poster for areas to advertise the improvements they have made. As part of this the project team are expected to identify up to 3 always events and to commit to regular real time staff and/or patient experience activity.

- A staff and patient experience survey has been carried out in the new Emergency Care Centre and the results shared with managers from that area.
- More than 200 staff attended the Quality and Safety in Healthcare Event 2013 which focused on person-centred care.
- Our complaints and incidents investigation guidance is being revised to ensure that such activities have a person-centred focus.
- The five elements of "Must do with me" have been incorporated into our new patient admission and assessment document which will be rolled out in September.
- Several areas have been identified who wish to support the evidencing of person-centred care through the adoption of the "Making Every Moment Count"

Chapter 5

Staff feel supported and engaged

This chapter of the self assessment covers progress in terms of staff engagement and development, staff governance and workforce planning. It should be read in conjunction with the report from Grampian Area Partnership Forum (Appendix 1) which provides more detail.

Measure	Performance		Plan
Sickness absence	4.3% at June 2013	G	4.0%

NHS Grampian recognises that staff are its most valuable asset as they strive to deliver outstanding care to the population of Grampian. We invest more than 63.5% of our annual budget on staff (excluding Family Health Services). Pay costs for 2012/13 were £484.4m.

Staff Engagement

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 2012/13 we have continued to work in partnership with staff through the Grampian Area Partnership Forum (GAPF) and its supporting sector based forums. In 2012/13, we extended the funding for the release of 5 full-time Partnership representatives to support partnership working and have made this funding available on a substantive basis.

Appreciating staff, all staff – those in the front line and those that ensure that the front line keeps running, was something that NHS Grampian wanted to celebrate.

In 2012, sponsored by the Employee Director and the Chairman and supported by GAPF, the first **GRAFTAS** – Grampian Recognition Awards for Teams and Staff - were launched. Nominated by peers, 10 awards were made to:

- The Team of the Year – the Security Officers Team from Foresterhill
- Improving Patient Access – Tissue Viability Team
- Best Service Redesign – Community Nursing Service, Aberdeen City CHP
- Health & Safety – Catering Training Development Group
- Equality & Diversity – Oral Health Team Leader, Aberdeenshire North
- Partnership in Practice – Aberdeen Community Health & Care Village Full Business Case team
- Effective Communication – Community Specialist Podiatrist, Aberdeen City CHP
- Innovation in Healthcare – Social Networking Group
- Volunteer of the Year – Jim Morrison, Carer/Public Representative

NHS Grampian - caring • listening • improving

- The Chairman's award – an Associate Specialist in Cardiology, ARI

We have also continued with our Face2Face staff briefings. We also undertake similar events at times convenient to teams, departments and wards. There is clear feedback from staff that face to face communication is very important, with the opportunity to ask questions and raise issues and concerns directly with senior managers being the main benefit.

Dignified Workplaces This is a key priority for NHS Grampian aiming to foster structures and practices that offer equality of opportunity, collective and individual voice, safe and healthy working conditions, secure terms of employment and just rewards. NHS Grampian has 4 commitments to workforce and workplaces, the personal responsibility of leaders for dignity and respect; processes to address inappropriate behaviours; and monitoring and evaluation of progress. This will be progressed by a number of workstreams.

Workforce Planning and Staffing

Workforce Planning in NHS Grampian has been undertaken using a streamlined 6 step approach that incorporates service, workforce and financial planning.

In September 2012, the Staff Governance Committee sponsored a workshop to update and refresh Grampian's workforce strategy. Workforce 2020 was agreed by GAPF in December 2012 and approved by the Board in June 2013.

Workforce 2020 is essential for the Board's delivery of NHS Grampian's 2020 vision. Based on our values of Caring, Listening Improving, by 2020 NHS Grampian aims to be the employer of choice in the North east and we will:

"By 2020, NHS Grampian will employ a leaner, more flexible, multi-skilled workforce, who will enable and empower people to take responsibility for their own health. The workforce will be organised in an integrated way, focussing on the needs of the individual rather than the desires of the professional. Healthcare professionals will be more accessible to the public and to each other. There will be a sense of responsibility across the organisation that will focus on:

- Results and value for patients
- Enablement, anticipation & rehabilitation
- Safety and Quality
- Those who need it most.

This is a significant challenge given that Grampian enjoys low unemployment. In Aberdeenshire, the unemployment rate is 1.2%, in Aberdeen City it is 2%, with 1.2 jobs for every person of working age. This level of high employment and stiff competition from the buoyant oil and gas sector has impacted on NHS Grampian's

ability to recruit staff in key areas such as Estates and eHealth. During 2012/13 a Recruitment and Retention Premium was agreed for Crafts staff in Estates.

In general, changes to the workforce over the last year have included more flexibility in terms of skills and knowledge and increases in multidisciplinary and multi agency working. Medical workforce planning has been identified as a priority and transformational medical workforce 2020 visions are being developed by our new strategic medical workforce group.

This year has also seen the first tranche of Physicians Assistants (PAs), trained in Scotland graduate. The PA training was developed in collaboration between NHS Grampian and Aberdeen University and the trainees have undertaken clinical placements across Grampian. In October, the first 11 PAs will move into their intern year in a range of clinical services. Other Boards are now offering clinical placements and Grampian hope to become the hub for this exciting new staff role. In 2014, it is envisaged that 16 PAs will enter an intern year, with 24 the following year.

The nursing and midwifery workload workforce tools are being used across the sectors with nurse sector leads supporting the organisational implementation. NHS Grampian also has local tools, that also take account of affordability and there is significant ongoing work to determine the safe and affordable nursing levels.

A third successful voluntary severance scheme was run in 2012/13 resulting in 6 staff leaving the organisation. Overall the headcount of employees fell by 0.28%. We are also on target to reduce the number of senior managers by 25% by March 2015.

Staff Governance

Implementation of NHS Grampian's Staff Governance Action Plan for 2012/13 was developed collaboratively with GAPF and overseen by the Staff Governance Committee. Of particular note is the progress made with Health and Safety. The interim Head of Health and Safety was appointed permanently in post. The creation of sector Health and Safety Committees has led to clear empowerment to staff in improving health and safety within their sectors. After extensive piloting, there has been structured roll-out of the Staff Health and Safety Audit. The Audit is the first of its kind undertaken by NHS Grampian in which data is collated on compliance levels in relation to policies, procedures and legislative requirements. Action Plans have been created for improvements at service level.

A 2013/14 Staff Governance Action plan has been produced. A key priority is making progress with actions arising from the previous staff survey. Key to this is the work around creating Dignified Workplaces. This will be progressed by a number of workstreams.

eLearning

During 2011/12, NHS Grampian developed a range of eLearning packages, in addition to the more traditional approaches to learning and activity increased

significantly. During 2012-13, participation continues to be good but is less than in the previous year and a programme is in place to continue to expand the portfolio of courses available and encourage staff to undertake mandatory training by pushing bookings to AT learning accounts.

Sickness Absence

There is a national standard across NHS Scotland that the sickness absence rate should not exceed 4%. Our sickness absence rate has remained fairly steady throughout 2012/13 at just above the standard, with the exception of the usual increase over the winter months.

We are focused on minimising sickness absence and have continued to roll out the iAM (Intelligent Attendance Management) service across Grampian. The iAM service is operated by GO Health Services, our internal occupational health provider and aims to provide employees with occupational health contact on the first day of absence, offering advice and support as appropriate. During 2012/13, iAMS was extended to Specialisms within Mental Health; Intermediate Care and Specialist Rehabilitation at Woodend Hospital, Aberdeen Maternity Hospital, Facilities staff, and continuing to roll out across the acute sector. During 2011/12, there were an average of 45.42 referrals per month, this has doubled in 2012/13 to 97.33 and this trend is continuing in 2013/14.

Chapter 6

People are able to live well at home or in the community

This chapter of the self assessment report covers how NHS Grampian is taking forward its modernisation agenda to deliver the transformational change required to deliver our Healthfit 2020 which includes supporting people to live well at home or in the community. It describes how we are working closely with partners towards integration and how we are embracing new technology to support implementation of our plans. This section also covers mental health and the care of older people in acute care.

Measure	Performance		Plan
Reduction in emergency bed-days for patients (75+). Rate per 1,000 of population	4942 at June 2013	R	4268
Delayed discharges of longer than 6 weeks	0 at April 2013	G	0
Delayed discharges of longer than 4 weeks	38 at July 2013	A	35
Attendance Rate at A&E	1595 at June 2013	R	1522
Child and Adolescent Mental Health Services waiting more than 26 weeks	0 at March 2013	G	0
Numbers on Dementia Register	4304 March 2013	G	4310

Towards Healthfit 2020

Healthfit 2020 is our description of how health and social care will be different in Grampian by 2020. This vision takes account of trends, aspirations and current good practice applied consistently and comprehensively across the whole system. Grampian's population is projected to increase by 7.2% by 2020. The 65+ age group is projected to increase from 16.8% to 19% in the same time period. If admission rates and average length of stay remain at current levels, taking into account the population predictions, it is estimated that overall length of stay would increase from 8.39 days to 8.72 days, emergency admission bed days would increase by 15.9%, and emergency department attendances would increase by 7.4% by 2020. It follows that transformational change is required. During 2012/13 our focus has been on understanding how this can be delivered through major change in unscheduled care and planned care and with greater integration and innovation. We no longer consider primary care and secondary care in isolation from each other, recognising that a whole system approach to change is required.

Unscheduled Care

Our Unscheduled Care Programme (USC) was established in September 2012. The overall aim of the programme is to make a major contribution to the transformation of the health system in Grampian by co-ordinating USC activities which require a

partnership approach and ensuring that there is a practical focus on moving towards the 2020 vision.

In December 2012 our Emergency Care Centre (ECC) opened and provided the opportunity to introduce new ways of working including co-locating A&E and out of hours services and introducing new pathways for emergency admissions which admit to the right specialty directly. These changes have already led to improvements in terms of reduced A&E 4 hour breaches, reduced boarding of patients and shorter lengths of hospital stay. However the ECC is only one component of the unscheduled care system.

Our new approach to unscheduled care focuses on organising resources around an individual's needs in the most efficient and clinically effective way. There are five key elements:

- Supporting individuals and the population of Grampian to make the best decisions about their own care and choose the right service should they need support/treatment.
- Investment in an integrated and flexible workforce involving all agencies providing unscheduled care.
- Establishing real-time decision support that will be accessed by clinician and others at the first point of contact with patients requiring unscheduled care.
- Commitment to action and follow-through of decisions made to ensure that there is trust and confidence in the system.
- Investment in re-enablement to support discharge and following discharge to help the transition to self care/management and maintaining people at home or in the community.

The extensive planning during 2012/13 is now leading to implementation. In particular, the clinical decision support service based in the ECC will become operational on a phased basis from September 2013. This will in time provide GPs, paramedics, advanced nurse practitioners, NHS 24, nurse advisors, nursing homes and other professionals with the right support to connect up care and make the best decision for the patient. This will ultimately support professionals in delivering safe, high quality, person centred care in the right place at the right time by the right professional team. It is expected that this approach will also reduce the need for hospital attendance or admission and when this is required ensure it reflects the individual patient's needs. In addition to the decision support service, advice will also be accessible by enhancing local networks e.g. GPs, Dr Gray's, community hospitals, social workers, pharmacists and specialist service networks (e.g. palliative care). Information on local services will be available via a service directory. The Clinical Guidance Intranet will also be valuable (see below) in providing clinical decision support.

During 2012/13 we continued to build on and develop the 'Know Who To Turn To' brand as our social marketing work in supporting the public to understand how to choose and access the right service at the right time. A campaign took place prior to the opening of the new ECC. We also used our locally produced 10 minute resource in DVD/electronic format to educate staff about 'Know Who To Turn To', outlining their role and opportunities for signposting members of the public, as well as informing them as private individuals.

A suite of measures and milestones has been developed to track progress with the changes to unscheduled care. These include the national HEAT targets and standards shown at the beginning of this chapter.

- Emergency bed days for over 75s continue to fall with a reduction of 5% between March 2012 and June 2013. The reduction however is not sufficient to meet the trajectory set in our Local Delivery Plan.
- Attendance rates at A& E fell in the period to March 2013 but have risen again since then and remain well above plan. The rate of attendance was 5.4% higher in April-July 2013 than April-July 2012. Attendance rates are low in Scottish terms.

Planned Care (PC)

Our Planned Care programme was also established in 2012. The overall aim of the programme is to make a major contribution to the transformation of the health system by co-ordinating planned care activities which require a partnership approach and ensuring that there is a practical focus on moving towards the 2020 vision. This approach will not only improve the outcomes and quality of care for those individuals accessing planned care services, but also expect to further enhance effective and efficient use of resources across partners to better support the future predicted population needs.

A number of initiatives are underway:

- Continued development of the Clinical Guidance Intranet (CGI), our on-line referral guidance and service information library. The CGI is populated with information on health and health-related services and organisations available in Grampian. It holds information to support good referral practice helping to ensure patients are referred to the right person in the right place every time.
- Undertake audit of all services against the 5 high impact changes from the national Transforming Outpatients Group and develop a Grampian plan.
- Develop whole-system pathways to identify opportunities for improvement and for digital health solutions. This has included the introduction of group return outpatient appointments for coeliac patients.
- Ongoing development of 'No Delays', our locally filmed digital postcards to provide patients with information and monitoring devices to support their self care at home.
- The development of pre-admission assessments in community settings.

A suite of measures and milestones has been developed to track progress with the changes to planned care including new to return outpatient ratios, pre-operative length of stay, day case rates.

Local Developments

In addition to the work being taken forward as part of the Unscheduled and Planned Care programmes we have continued to plan for and reshape service provision to maximise local services. Pathfinder projects for Inverurie and Forres involved

intensive work with the local populations to determine how best health and care needs could be met. The aim was to ensure that care will be provided at the right time, by the right person and in the right place and that it is high quality, effective, efficient, sustainable and affordable. Both projects have resulted in change being taken forward.

Throughout 2012/13 we have continued to focus on engaging and supporting primary care practitioners and their teams to provide an extended range of services with extended hours. The further development of anticipatory care is now included in the General Medical Services (GMS) contract and is a vital part of supporting people at home and targeting activity to prevent deterioration in health and unplanned hospital admission. Practices throughout Grampian have joined together as clusters/areas to take forward the integration agenda and to drive quality improvement. They are being supported to analyse, reflect and take action on data relating to their practices/cluster. Practices are also being encouraged to offer extended hours and increasing numbers are doing so. We have continued to support GPs with Special Interests to enable services such as endoscopy and minor surgery to be provided in local communities.

Within Aberdeen City, the new Community Health and Care Village, the first hubCo project in Scotland, is nearing completion. The Village will be a Diagnostic and Treatment Centre for the people of Aberdeen. Health services to be provided from the facility include outpatient clinics, minor surgery, dentistry, radiology, sexual health services, podiatry, physiotherapy, speech and language therapy, dietetics, a carers' advice and information centre, a Healthpoint information service and learning space for patients, carers and staff. The Village will support people to remain well, independent and in their own communities, supporting self-care and reducing the need for acute hospital care.

Innovation and Health Care in Grampian

Grampian's Healthfit 2020 Vision describes a health service which has embraced emerging technologies to deliver person-centred, safe and effective care. During 2012/13 we have continued to progress this agenda through participation in local, national and international initiatives.

Two Health Innovation Partnerships (HIPs) were launched in Scotland in April 2013 bringing together the NHS with industry and academia to innovate on the topics of Digital Health and Medical Technologies. HIPs aim to accelerate the adoption and scaling of improved approaches to healthcare delivery as well as growing the Scottish economy. The Scottish Government also launched three new institutes to bolster academic activity in health and life sciences, Stratified Medicines, Medical Sensors and Digital Health. Grampian will host part of the Digital Health Institute via the Glasgow School of Art and Design facility in Moray. This will locate design capacity in the area to support service redesign in NHS Grampian.

As mentioned previously our pioneering decision support programme will launch in September 2013 accelerating real time augmented clinical decision making. Clinicians plan to build on existing networks to promote collaborative decision making and reduce hand-offs and waits. A team effort will accelerate improvements

in diabetes care, respiratory care, cancer services, dermatology, medical services and a host of practice and cluster innovations. Pioneering home-grown digital health platforms such as No Delays video postcarding alongside Grampian designed and tested monitoring devices, apps and web based tools will aid our progress.

Grampian has become an industrial test bed for Innovation. A range of commercial collaborations will enable NHS Grampian to try out new innovative approaches. Grampian will nurture an *Ecosystem* for innovation, welcoming new academic and industrial partners to the region. This includes companies like ATOS who opened their multi-million Digital Test Bed Innovations Unit in May 2013.

Towards Health and Social Care Integration

Within Grampian there is a strong history of effective joint working between health and social care services. The Executive Teams of the NHS Board and the 3 Grampian local authorities meet regularly to give strategic leadership to the process and there are effective Community Health Partnerships in place. With the publication of the Public Bodies (Joint Working) (Scotland) Bill these arrangements are being strengthened. Transitional Leadership Groups with NHS Board and Local Authority Councillor membership have begun to meet with supporting workstreams being developed.

A series of outcome measures for integration are being developed nationally. In the meantime, delayed discharges are used as a proxy measure. NHS Grampian delivered the April 2013 delayed discharge target and is now working with partners to ensure full delivery of the new maximum 28 days target.

Older People in Acute Care (OPAC)

NHS Grampian is working with NHS Tayside in an Older People in Acute Care Collaborative (OPACC) with the aim of improving the experience of older people in acute care through the delivery of a person-centred approach

The following goals have been set:

- 95% of patient experience scores are excellent
- 300 days between complaints
- 95% of appropriate patients receive standardised screening

NHS Tayside and NHS Grampian teams are continuing to test and implement interventions included within the change package, reflecting on lessons learned, and being supported to make further changes. Teams have benefited from access to experts in this topic as well as through regular conference calls, online dialogue, frequent written updates and face to face meetings.

Teams have attended three successful learning sessions where both boards share their tests, improvements, and data with a particular focus on multidisciplinary communication and screening for delirium. Examples of work include:

- Testing multidisciplinary team board rounds.
- Implementing multi-disciplinary team safety briefings.

- Testing and developing a Think Frailty and Delirium tool for the identification and immediate management of delirium.
- Improving compliance with patients receiving a functional screening assessment.
- Improving the discharge experience for patients.

We are currently testing the reliability of standardised screening for frailty and delirium across the acute sector. All wards within the collaborative are working on this and two areas have achieved reliability. Acute Medical Investigation and Assessment Unit, Geriatric Assessment Unit and the Emergency Department are all testing the Think Frailty bundle as part of the national older people work. Ward 47 continues to test the Delirium bundle.

Comfort rounding continues to work well within all collaborative wards with all teams reporting reliability in this area. Teams continue to collect patient experience information and we are also testing the capture of staff and carer experiences. multidisciplinary team board rounds, Safety Briefs and Ward rounds are being tested in all areas.

Mental Health

NHS Grampian operates a comprehensive community-based mental health and learning disability service with a continuum of care from primary care aligned community teams to day patient and inpatient services. The service is an early adopter of the Patient Safety in Mental Health programme. Throughout 2012/13 the Mental Health Collaborative met regularly with Scottish Government to review performance across the spectrum of care provided. In 2012/13 there were two national HEAT measures relating to mental health:

- **Dementia:** Each Board was required to continue to measure 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 6 below target at the end of March 2012. Focus is now on working towards the new target of ensuring available support in the first year following diagnosis.
- **Child and Adolescent Mental Health Services (CAMHS):** By March 2013 no-one waited longer than 26 weeks from referral to treatment for specialist CAMHS Services. The target has now reduced to 18 weeks.

There is also a target to deliver access to psychological therapies within 18 weeks by December 2014. At present, data is not available but an action plan has been developed to produce robust data and to deliver the target.

Chapter 7

The Best Use Is Made Of Available Resources

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

Measure	Performance		Plan
2012/13 financial performance	3 key met	G	
Cash efficiencies	£12,006m	G	£12,006m

Financial Performance

NHS Grampian remained in financial balance in 2012/13. 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	800,449	800,368	81
Non Core Revenue Resource Limit	36,700	36,700	-
Core Capital Resource Limit	54,350	54,350	-
Cash Requirement	904,000	903,619	381

The revenue breakeven position was achieved despite increasing and challenging financial and services pressures. Rigorous budget management resulted in delivery of total efficiency savings of £12.006 million. Recurring savings amounted to £10.431 million and non-recurring of £1.575 million. £4m was achieved through savings in GP prescribing with the remainder from redesign and procurement savings.

NHS Grampian's Healthfit 2020 vision was approved by the Board during 2011/12 and has continued to develop through 2012/13. Healthfit 2020 sets out for our staff,

patients and members of the public, the strategic direction for NHS Grampian and what has to be achieved in order to modernise our health services and ensure that we are able to continue to meet the needs of our local population. This strategic direction for the Board was developed with the involvement of our staff and patients, local authority and third sector partners, as well as members of the public. A suite of 2020 plans now exists or are in development, including our Workforce 2020.

Investment in our workforce accounts for a significant proportion 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.

Efficiency

In 2012/13, NHS Grampian successfully delivered a total of £12 million of cash releasing efficiency savings. Delivery of this total was a major factor in contributing to the achievement of our statutory financial targets for the year. Our financial savings plans were delivered without impacting on frontline patient care.

The key themes identified by our Executive Team and Delivery Team for generating efficiency savings during the year were:

- Prescribing – implementation of a number of more effective and efficient procedures for medicines management including procurement and supplies of medication, reduction in variation of prescribing practices, maximising the use of technology to assist cost effective prescribing choices and reviewing the concurrent use of multiple medications for single patients.
- Safe and affordable work programme – we have undertaken a review of all posts across NHS Grampian in partnership with staff. Each post was assessed to ensure that any redesign proposals were both affordable and did not compromise patient and staff safety. This initiative commenced in 2011/12 and produced further significant savings in 2012/13.
- Voluntary severance (VS) – we undertook a smaller scale VS programme in 2012/13 and also made full year savings from posts lost to VS in 2011/12.
- Procurement – continued use of national contracts, strategic sourcing, supplier management, sourcing from the National Distribution Centre and a robust approach to contract renegotiation led to savings on a wide range of non-pay spend in 2012/13.
- Asset Disposals – We disposed of a number of facilities in 2012/13 which were deemed surplus to requirements, including property in Aberdeen and Campbell Hospital in Portsoy. These provided profits on disposal and also give the benefit of a reduction in estates costs.

A variety of initiatives being taken forward in 2013/14 include:

- Redesign of services aligned to our modernisation strategy. Our overall strategy is predicated on redesigning care pathways to deliver services to services within communities, reducing reliance on physical infrastructure and increased innovation. The implementation of the Clinical Guidance Intranet and development of No Delays are important steps forward in the design of more efficient, person-centred and effective clinical care.
- Investment in Infection Control Nurses to improve infection control compliance across NHS Grampian has led to reducing levels of healthcare associated infections which have provided reduced lengths of stay and complications. These have provided cost savings.
- Repatriation of inpatient activity – the new theatres project will mean that fewer elective surgical patients need to be referred out of area. Patients are currently referred to private facilities in Glasgow and Dundee (up to 200 miles away from home). Repatriation will reduce costs and increase patient satisfaction.
- Redesign of outpatient clinics to increase throughput by adjusting start and end times and specific targeting of Did Not Attends (DNAs).
- Reviewing the balance of nurse staffing between substantive, bank and agency usage in order to reduce bank / agency with a corresponding increase in substantive staffing. Aim is to reduce costs by avoiding payment of premium agency rates whilst improving continuity of care for patients.
- Amending procurement specifications for medical supplies and other goods to move away from purchasing the cheapest item and taking a more rounded view to purchase the item that best meets quality and value for money criteria.

Links Between Finance and Service Change

Integration: Integration of services and approaches to health and social care continue to guide the way forward to provide person-centred care, in a safe and efficient manner. Close working between the three Community Health Partnerships (CHPs) and the acute sector continues to integrate services on a cross system basis. This has contributed to the Board's ability to reduce dependence on inpatient beds through improved efficiency and the creation of capacity in the community and primary care. Partnerships with the local authorities and the third sector also continue to strengthen in recognition of the need to more closely integrate the services of all agencies around the needs of people requiring care in their own homes and communities. The Change Fund has continued to stimulate the development of local authority area specific plans to improve community care for older people. Each partnership submitted a joint strategic commissioning plan and there was a Joint Improvement Team event in May 2013 to critique these across Scotland. This, together with the formal health and social care integration agenda, is the main focus for partnership working for the foreseeable future creating a structure for the shift

in activity relating to older people away from acute services to primary care and community services.

Access to Outpatient and Inpatient Services: Delivering access targets places significant additional demands on the organisation's financial resources. We remain committed to continuing to build the capacity required to meet shorter access times on a sustainable basis whilst adhering to our waiting list management principles. Our modernisation agenda also seeks to utilise technology to keep people healthy, to support self-care and to minimise hospital attendance.

Health improvement: The Grampian region enjoys relatively good health in a Scottish context but there remain areas of deprivation and disadvantage where the health of the population is well below acceptable standards. We continue to invest in programmes designed to increase healthy life expectancy in Scotland, to break the link between early life adversity and adult disease, to reduce health inequalities particularly in the most deprived communities and to reduce smoking, excessive alcohol consumption and other risk factors to a healthier life. Protecting the public's health is priority for the Board and NHS Grampian is well placed to take forward this whole agenda. The Government continues to offer targeted funding in addition to core allocations to support health improvement to ensure that we make most effective and efficient use of such funds in innovative and imaginative ways

Capital investment

The Board has managed a significant capital programme during 2012/13 totalling £64 million.

Major achievements during the year include :

- The Emergency Care Centre (ECC) on the Foresterhill campus was brought into operation, as planned, during December 2012.
- The first phase of the new Radiotherapy Centre at Foresterhill was completed with the second phase underway and due to be completed during the summer of 2013.
- In Elgin work continues on a programme to upgrade and reconfigure Dr Gray's Hospital – this work supports the re-organisation of patient flows in line with the long term direction for the hospital.
- Work continued on the Aberdeen Community Health and Care Village which is on target to complete in November 2013.
- Agreement with the Scottish Government Health and Social Care Directorates on a programme to deliver an 88% reduction in high and significant risk backlog maintenance in clinical areas over the next five years. The programme will be resourced through prioritisation of available capital and revenue funding supplemented by the proceeds of planned asset disposals.
- Investment during the year of £11.6m in replacement of essential plant, IT and medical equipment, partly enabled by additional funding of £5.3 million allocated for this purpose by the Scottish Government Health and Social Care Directorates.
- Work is underway to provide two additional theatres at ARI and one at Woodend to provide additional capacity to deliver the 12 week TTG on a sustainable basis.

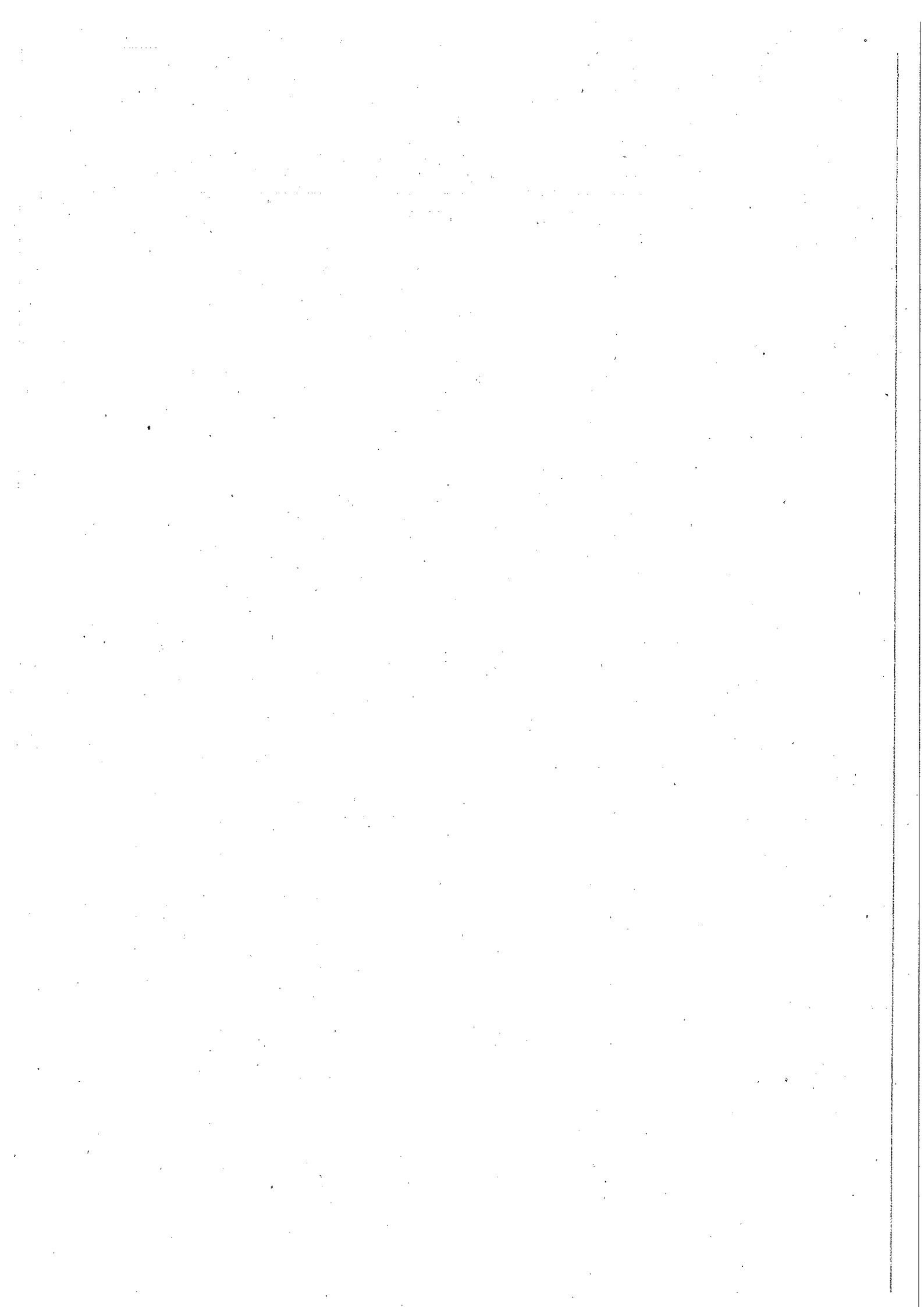
The development of further primary care premises projects is being taken forward with priority given to the new health and care facilities at Woodside and Forres and investments in the replacement for Denburn Health Centre and expansion of the health centre facilities in Inverurie.

As well as the investment committed by the Board over the next 5 years, the Board recognises the need for prudence in proposing capital or revenue intensive solutions to modernising its estate since such solutions are inherently challenging in terms of affordability. Our Property and Asset Management Plan proposes a mix of measures to address the current condition and performance of the estate and to modernise the estate to meet future service need.

Carbon Emissions and Energy Consumption

The Scottish Government has set targets for 2010-15 which require a year on year 3% fossil fuel CO₂ emission reduction and a 1% energy efficiency reduction across the whole asset base. These targets have been incorporated into our Property and Asset Management Plan which includes plans to migrate from fossil fuel to non-carbon alternatives, introduction of onsite renewables, new technologies and energy conservation measures. This was approved by the Board in April 2013.

The new Energy Centre will not run at full efficiency until all planned developments come online. This is currently being addressed through NHS Grampian participation in Carbon and Energy Fund Scotland (CEFS) initiative which will see acceleration of Energy Centre building/performance



Report from Grampian Area Partnership Forum

Achievements in 2012/13

GRAFTAS

In 2012, sponsored by the Employee Director and the Chairman and supported by GAPF, the first GRAFTAS – Grampian Recognition Awards for Teams and Staff - were launched. Nominated by peers, 10 awards were made to:

- The Team of the Year – the Security Officers Team from Forresterhill
- Improving Patient Access – tissue Viability Team
- Best Service redesign – Community Nursing Service, Aberdeen City CHP
- Health & safety – Catering Training Development Group
- Equality & Diversity – Oral health team leader, Aberdeenshire North
- Partnership in Practice – Aberdeen Community Health & Care Village FBC team
- Effective Communication – Community Specialist Podiatrist, Aberdeen City CHP
- Innovation in Healthcare – Social Networking Group
- Volunteer of the Year – Jim Morrison, Carer/Public Representative
- The Chairman's award – an Associate Specialist in Cardiology, ARI

GAPF Away-day

On 18th June 2013, GAPF held a successful away-day. This year's theme was the Francis Report - how we foster Dignified workplaces and how we ensure that the culture we foster is positive for staff. Our keynote speaker was Juliette Alban-Metcalf, who spoke about 'Maximising the potential and wellbeing of your people'.

Appropriate Reward

Managers and Estates staff worked in partnership to develop a business case for the payment of Recruitment and Retention Premium to Crafts staff in estates and this was promptly actioned by the payroll team to address loss of staff.

Integrating Health & Social Care

NHS Grampian, together with partners in Aberdeenshire, Moray and Aberdeen City, hosted two workforce integrations meetings to consider the issues facing our workforces as we move towards integration. Key issues include learning for others successes, the importance of ongoing communication and recognition and valuing difference.

Priority Actions 2013-14

Partnership working with all our staff is of key importance in NHS Grampian. Without the excellent relationships that exist between the managers and staff side representatives in Grampian, we would not have been able to achieve the significant changes that we have achieved over the last 12 months.

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

Well Informed

- Embed 'Listening, Caring, Improving' as the key vision and values which create the cultural norm across the organisation.
- Continue to promote partnership through a programme of taking Grampian Area Partnership Forum to local areas.
- Extend and embed partnership working further across Grampian, ensuring involvement in all areas of the change agenda.
- Actively and continuously work to improve staff awareness and understanding of staff governance.
- Continue to promote visibility and accessibility of NHSG Leaders through face to face sessions; Director-led Patient Safety Walkabouts with all members of the clinical teams; team Brief and our global communications system.

Appropriately trained and developed

- Promote GRAFTAs to reward staff excellence, including the addition of an extra award recognising mentorship & support.
- Continue to extend accessible, blended approach to learning, including extending an e-learning approach.
- Establish Short life working partnership group to review the approach to nurse staffing, including a review of the 12 hour shifts.
- Work with GAPF, managers and staff to improve eKSF Review rate, with an aim to return to 80% compliance rate by 31st March 2014.

Involved in decisions

2013-14 will continue to be a period of significant change in NHS Grampian. Staff involvement in how these changes will be progressed continues to be a key priority. Some of the major initiatives will be:

- Continued reconfiguration of ARI site following the opening of the ECC, there is a significant plan to redevelop and upgrade the rest of the ARI site. This will affect all other staff on the site.
- Workforce Planning and Redesign. Staff are and will continue to be involved in these discussions, including:
 - Health and Care Framework

- Integration between health and social care
- Develop proposal for an 'Aberdeen Weighting' for submission to STAC.

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

- Continue the extensive NHS Grampian's policies to ensure consistency with the new PIN policies.
- Implement the corporate approach towards achieving Dignified Workplaces, including review of the Dignity at Work policy and rollout of process to assess risk, including the HSE management standards.
- Continue Patient Safety walkabouts, taking account of staff issues.

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

- Embed health and safety as a key component of safe patient care.
- Improve recruitment of H&S representatives and nurture the partnership approach to health and safety.
- Individual sectors also continue to work towards their Healthy Working Lives Awards
- Extend the iAMS approach across NHS Grampian.

Annie Ingram
Director of Workforce

Sharon Duncan
Employee Director

Performance Statistics

April 2011 – March 2012

- 63.5% of NHS Grampian's budget is invested in staff.
- Pay costs for 2012-13 were £484.4m.
- Substantive funding made available to release of 5 wte Full-time Partnership Representatives. Representatives are elected by staff side organisations and serve a term of three years.
- Grampian enjoys low unemployment. In Aberdeenshire the unemployment rate is 1.2%, in Aberdeen City it is 2%, with 1.2 jobs for every person of working age.
- During 2012-13, there was a 14% rise in vacancies, compared to the previous year, with a total of 1,737 vacancies recruited to.
- The headcount of employees 0.28%, from 14,898 to 13,853.
- Our workforce is relatively stable, with an overall turnover of 11.1%.
- 79% of our staff are nurses, with an average of 11.6 years service. We have twice as many nurses aged over 50 than those under the age of 30.
- 8% or 139 posts which were approved were redesigned to a lower band. This is a reduction of 5% from 2011-12.
- 14% or 228 posts which were approved were reduced in hours. This has also reduced since 2011-12 by 5%
- 10% of overall posts recruited during 2012 were new posts.
- At the end of March 2012, NHS Grampian was 46 WTE staff under funded establishment, this has fluctuated over the last 12 months, with the lowest point at 165 wte in August and September 2012, which can be attributed to some recruitment challenges and skill-mix issues.
- A third successful voluntary severance scheme was run, in partnership, with 6 staff leaving the organisation, at a cost of £330k and a payback period of 1.39 years.
- NHS Grampian is on target to achieve the Scottish Government target to reduce the number of senior managers by 25% by 31st March 2015, have achieved a 21.9% reduction (33.5 wte) by March 2013.
- At 31st March 2012, relevant staff with a signed off eKSF review was 42%, which is a slight increase on 2011-12 and work is underway to support improvement.
- Sickness absence continued to be fairly steady throughout 2012/13; at just above the national target of 4%, with the exception of the usual increase over the winter months where it peaked at 5.06% in November and by March 2012 had decreased to 4.27%.

Report from the NHS Grampian Area Clinical Forum

Health Promoting Health Service CEL01 2012

There is continued progress with staff to encourage them to engage with patients on improving their health. The ACF welcomes the announcement that hospital sites will be smoke free by 2015. NHSG has made good attempts to move smoking away from hospital entrances, however staff find that advising patients and visitors not to smoke can be very challenging and it would be enormously helpful if the government were to introduce legislation that will support staff to implement this.

The Quality Strategy: caring • listening • improving

The advisory structure has discussed the Francis report and will continue to work with NHS Grampian to develop a culture where professionals learn from feedback. Datix has now been rolled out to 11 GP practices and has already been useful in highlighting organisational issues where improvements can be made to ensure safe and effective care.

All primary care contractors are now required to provide feedback. Progress on this has been slow as disappointingly the NES training was only recently available.

Patient Safety

The improvement methodology used in the Scottish Patient Safety Programme is being used more widely within the organisation and the roll out to primary care will further develop the safety culture. Whilst we recognise the value of Healthcare Improvement Scotland inspections, it is important that inspections are supportive and do not leave staff feeling demoralised.

The advisory structure welcomes the Berwick report and although this refers to England, it is a timely reminder that targets should not be more important than safe and effective care.

Service redesign

Integration: The ACF is represented on the Integration Programme Board and there are good examples of progress at operational levels of integrated working to improve care in the community. The ability to share information and adequate resource to develop IT for community nursing and Allied Health Professions remains a priority for professionals working in primary care.

Unscheduled Care: The ACF has contributed to and is supportive of the of the new approach to unscheduled care by NHS Grampian as there is recognition that patients can be assessed and treated in various locations provided there is appropriate clinical decision support when required. We already have examples where professionals have developed competencies and skills to deliver care that is more patient-centred and, with increased use of technology, this can be further

developed. The risk for NHS Grampian is the difficulties we have in recruiting care at home workers due to the high cost of living.

Workforce planning

The ACF contributed to the Workforce 2020 for NHS Grampian and recognises the need to further integrate professionals working here both across sectors and within localities. There will be a requirement to focus on enablement, anticipation and rehabilitation which will require investment in primary care to expand the role of general practice and community teams.

Securing Efficiencies and Improving Quality

Meeting financial targets was achieved by NHS Grampian; however combining this with improving quality may not be sustainable. The continued increased cost of medicines due to volume and new treatments will be challenging and there is a now a need to consider a review on the process for Individual Patient Treatment Requests (ITPR). Boards have finite resources and current allocated budgets are unlikely to be able to fund the use of medicines for all rare conditions in the future, the opportunity costs of expensive treatments needs to be transparent.

Linda Juroszek
Chair Grampian Area Clinical Forum
September 2013