

**OFFICE OF CHAIRMAN
& CHIEF EXECUTIVE**

Summerfield House
2 Eday Road
Aberdeen
AB15 6RE



██████████
By email

Our Ref MW/AW
Date 19 August 2015
Enquiries to Malcolm Wright
Extension 58552
Direct Line 01224 558552
Email nhsg.grampianchiefexecutive@nhs.net

Dear ██████████

Thank you for attending the Annual Review of NHS Grampian on 10th August and for telling us about your poor experience as a volunteer with us. I am sorry that this has been the case. You submitted your question in advance which has given us the opportunity to investigate further.

You said: I volunteered for 3 years as a Patient Representative on the Clinical Governance Committee, Royal Aberdeen Children's Hospital. I attended many meetings in 2013. Suddenly, the communications stopped - no more invitations to attend meetings, no explanations, no thank you, no good bye!

I made enquiries but did not receive an explanation. Why have I been treated so badly as a volunteer, for this NHS group?

Some important problems concerning patient care were raised at these meetings and as a Patient Representative I am concerned that the voice representing patients at these meetings, has been silenced. Are these meetings still taking place? Is there a public voice represented at these meetings? If the answer to any part of the question is no, how does this fit with the Community Empowerment Bill?

We are extremely grateful for the time and commitment shown by all our public representatives and we can only apologise that due to a variety of changes to the administration and leadership of this group we did not keep in touch with you and provide you with any information about what was happening.

The group did go into abeyance for a while but has recently been re-convened under the chairmanship of the Clinical Director for Child Health. We are keen to strengthen it and the group has intimated that they would value public representation. This will be taken forward by the public involvement team.

Your feedback has also been helpful to us in allowing us to review how we keep in touch with all groups with public representation and with the representatives themselves on an annual basis and we are now putting in place arrangements to ensure this happens.

Continued

We have a variety of ways people can get involved. I understand that Evonne Llewellyn from our Public Involvement team has discussed the Public Involvement Network with you and that she plans to meet with you at a convenient date to discuss your interests and opportunities for further involvement with NHS Grampian.

Yours sincerely


Malcolm Wright
Chief Executive,
NHS Grampian

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By email

Dear 

Thank you for attending the NHS Grampian Annual Review on 10th August and for submitting questions in advance. As you know it was not possible to answer all questions on the day but I gave a commitment to respond in writing.

You asked: Did GHB request that the release of the HIS report be delayed?

When HIS undertake a review they issue a clear timetable with stages of the review and reporting. This includes a report publication date. NHS Grampian did not ask for the publication date to be delayed. We did express concern at the tight timescale given to respond to the draft report.

You asked: Why was the appointment process for the medical director carried out before the HIS report was released?

The previous post holder decided to retire at the end of September 2014 and the Board is required to have a medical director. Medical leadership had been identified as a key area to progress and following discussion the Board agreed to seek to appoint to that post, in order that any gaps in senior leadership were minimised.

You asked: How many doctors employed by GHB have been investigated by the GMC in the last 5 years and how does that compare with the rest of the country on a per capita basis?

Comparative data for GMC complaints, referrals, investigations and sanctions are published in the annual GMC report 'The State of Medical Education and Practice in the UK'. The latest available report was published in October 2014 and is available on the GMC website. This report covers data from 2010-2013. The reported figures record complaints data for Scotland as a single region and progression data to investigation or sanction for the UK as a whole. Between 2010 and 2013 there were 1507 GMC complaints about doctors in Scotland. Overall in the UK 35% of complaints resulted in GMC investigation (suggesting about 528 investigations in Scotland). Overall in the UK 15% of investigations resulted in a GMC sanction (suggesting about 79 sanctions in Scotland). Furthermore the overall rate of investigation for a doctor in the UK who has not previously had a complaint against them is reported to be 1% (2013 data).

Continued

In NHS Grampian between 2010 and 2013 there were 60 GMC investigations identified as linked to the NHS Grampian region (51 Consultants/General Practitioners/Career Grade doctors, 7 locum doctors who had worked for NHS Grampian and 2 doctors in training). The GMC report does not give a Scottish breakdown analysis of investigation but based on the UK figures for proportion of complaints investigated NHS Grampian had approximately 11.3% of predicted investigations. This may be an overestimate as it is not clear if the GMC data counts independent contracted GPs and locum doctors as employees of the Board. The medical workforce is approximately 1800 (600 GPs, 600 hospital consultants/career grade doctors and 600 trainees). With a UK predicted investigation rate of 1% for doctors with no complaint history one might expect at least 18 GMC investigations per year.

There is no published comparative data after 2014. The GMC figures do indicate that investigations across the UK have progressively risen by around 10% per annum between 2010 and 2013 (45% increased overall between 2010 and 2014). Our local figures for 2014 indicate that the GMC have opened 22 investigations (14 in Consultants/GPs directly employed by NHS Grampian and 8 in locums or independently contracted General Practitioners).

You asked: Does GHB accept money from any foreign source to fund clinical posts? We are unaware of foreign sources funding clinical posts. We do have overseas doctors working with us who are funded by their own employer. This is an important element of their training.

You asked: How many Grampian Health Board patients have been referred for diagnosis and/or treatment out with Grampian in the last 12 months in comparison with a similar time period five years ago?

In 2014/15 there were 3134 elective admissions of Grampian residents to hospitals in other parts of Scotland. In 2009/10 there were 2207. In both years the majority were treated in other NHS hospitals. The 2014/15 activity treated outside Grampian represents around 5% of total elective activity. We have invested over £7.2m in staffing and £1m in equipment to build local capacity to reduce the number of patients having to travel outside Grampian for treatment.

You asked: What response has GHB made to the report issued by the Academy of Scottish Medical Colleges detailing significant problems in management?

All external reports of this nature are considered through relevant governance processes. In this instance we considered the recommendations and mapped them to activity underway as part of our Improvement Programme implementation. Recommendations related to leadership, culture and professional engagement, staffing levels, quality of care and patient experience and external review.

You asked: You have recently indicated that 19 new Consultants have been appointed. How many are from British Universities, when are they starting and in what specialities?

We are very pleased to have been able to recruit to some key consultant posts recently. Grampian encourages applications from across the EU for all posts, as required by current legislation, and where it is not possible to fill posts from within the EU, we will advertise across the globe. It is not possible to answer the question as posed.

You asked: What are the total financial payouts for both medical negligence and clinical payouts over the last 5 years?

We have more than a million patient contacts each year and the vast majority of patients are very satisfied with their care and treatment. Claims represent a very small proportion of the number of patient contacts we have and are not a reflection on NHS Grampian's standards. I also commend our staff for their professionalism and their tireless work for the people of Grampian and beyond. That said, we absolutely respect the right of anyone to raise any issue they have with our services. We look into each claim very carefully, listen to concerns and, if appropriate, compensate a claimant.

Compensation is not paid from NHS Grampian funds, but comes from its insurance scheme - the Clinical Negligence and Other Risks Scheme (CNORIS) which is a risk transfer and financing scheme for NHS Scotland. In the period from 08/09 to 13/14 compensation payments across 90 settled claims totalled £10,050,729. In 2013/14 NHS Grampian cases were c 6% of the total Scottish expenditure.

You asked: Have there been any deaths amongst doctors investigated in the last 5 years?

NHS Grampian is unable to answer this question for reasons of confidentiality.

You asked: Why was it necessary to refer 8 surgeons to the GMC?

NHS Grampian did not refer 8 surgeons to the GMC. On 4th August 2015 Niall Dickson, Chief Executive and Registrar of GMC wrote to me. The following is an extract from this letter.

We (GMC) received information from him (Dr Fluck), including the HIS report and RCSE report as part of our regular exchange of information. We expect and encourage the sharing of material that may raise concerns about doctors or patient safety and would consider it a dereliction of duty not only of the RO, but of any doctor not to share information that raised concerns that could affect the safety of patients.

We are clear that sharing this material with us does not constitute a referral of any individual named in the report as we would still apply our statutory criteria in deciding whether to open and investigate any concerns. We would only open a case if the information received raised a question about the doctor's fitness to practise and could put patients or the public at risk.

In this instance, we decided to open eight cases where the test in our rules was met. We have liaised closely with Dr Fluck and gathered our own evidence.

You asked: Were the accepted protocols followed in the appointment process of the Medical Director last year?

The protocols were followed fully as stated in my letter to you of 30th July 2015.

You asked: What are the total costs for locum services as a result of the suspension of Prof Z Krukowski and Ms Wendy Craig?

Cover is being provided from clinicians from Tayside, Highland and Glasgow and to date we have not received any charges from either of these Boards. We are not using agency locums but a NHS locum has been appointed and is due to take up post in September.

The assistance from consultants from other Board areas will be at a regular consultant cost, not a locum rate. Costs are not yet available.

Yours sincerely

Malcolm Wright
Chief Executive,
NHS Grampian

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Dear ██████████

Thank you for submitting questions for NHS Grampian's Annual Review on 10th August 2015. It was not possible to answer all questions on the day but as promised I can now provide you with a written response where appropriate.

You asked: To whom is the Board of NHS Grampian accountable?

Members of the NHS Board are appointed by the Cabinet Secretary for Health, Wellbeing and Sport. The Board Chairman has an annual performance review with the Cabinet Secretary. Non executive Board members have performance reviews with the Board Chairman. Executive Board members are accountable to the Chief Executive who in turn is accountable to the Board Chairman and the Director General Health of NHS Scotland.

You asked: What skills and qualifications are the management and Human Resources department of NHS Grampian required to possess in order to do routinely what they claim, on the homepage of their website, they do.

All Assistant Human Resource Managers and above must have membership of the Chartered Institute of Personnel and Development. A number of staff below this grade are also members but it is not obligatory. Some senior staff are Chartered Fellows of the Institute.

You asked: Why is NHS Grampian's record of recruiting and retaining permanent staff deteriorating?

Recruitment and retention of suitably qualified health care staff is a particular challenge across the UK. This is linked to an ageing population, reliance on health care, a need to change services and a desire for people to have a different work life balance. We have more staff in post this year than last. Turnover has reduced and is within an acceptable range.

You asked: By their suspension of valued clinicians Prof. Krukowski and Ms Craig who raised concerns, and by failing to engage in a meaningful way with clinicians and the public, Why, with regard to these surgeons in particular, is NHS Grampian unable or unwilling to work together with these clinicians and the public to improve health?

You asked: Why, in this specific regard, is NHS Grampian faltering in behaving according to their own publicised credo, "Caring, Listening, Improving"?

Continued

You asked: Why is there a malfunctioning regarding NHS Grampian's handling of Prof. Krukowski and Ms Craig and the widespread public concern, when NHS Grampian declares itself to "communicate clearly, be open, honest and fair"?

You asked: With regard to their handling of Prof. Krukowski and Ms Craig, why is NHS Grampian struggling to "treat each individual with dignity and respect"?

You asked: Why has NHS Grampian not been able to demonstrate to a concerned public that their suspension of Prof Krukowski and Ms Craig fulfils NHS Grampian's proclamation that they "behave with integrity, consistency and compassion"?

You asked: When is NHS Grampian going to reinstate Professor Zyg Krukowski and Ms Wendy Craig? These surgeons are highly valued by their patients (of whom I am one) and Aberdeen is very fortunate to have people of this excellence and expertise caring for them.

With regard to the six questions above, due to staff confidentiality NHS Grampian is unable to discuss circumstances relating to individual cases in which an employee is subject to internal investigation or is suspended. Suspension is a serious matter and only takes place after careful consideration.

You stated: The Board of NHS Grampian proclaims itself to be "responsible for improving the health of the Grampian population, and for delivering the health care required". Why then is it so obviously failing in its duty? Because the Board of NHS Grampian will not properly engage with staff and the public who raise concerns, am I correct to have come to the assumption that their actions appear to me to be, at best, incompetent?

I hope the Chairman's presentation at the Annual Review and the self assessment document available on the day and in advance on our website, demonstrated to you that we have continued to make good progress in terms of improving health and delivering healthcare to our population. We also actively engage with staff and the public using a variety of means. The first round of using the Scottish Staff Engagement tool iMatter had a 87% response rate. The outcomes from this are currently being taken forward by individual teams. We regularly reinforce the rights of staff to raise concerns and the means by which they can do so.

We actively seek feedback from patients and their relatives and carers. We have made significant improvements within our Feedback service and now have the highest compliance rate in Scotland for responding within 20 working days. More importantly we use the feedback provided to make improvements. We have an active Public Involvement Network, participate in the Patient Opinion website. Our real time patient feedback work showed that between June 2014 and May 2015, 96.2% of patients rated the care they had received as good, very good or excellent.

You asked: Does the Board of NHS Grampian at least acknowledge the distress that their suspensions of surgeons have caused the public since May 2015? Do they think we deserve this?

We do acknowledge that some patients will have concerns as their care is being undertaken by another surgeon. We have contacted every patient to reschedule care. We are happy to speak to anyone on an individual basis who has ongoing concerns about their care.

Once again thank you for submitting questions for the review.

Yours sincerely

Malcolm Wright
Chief Executive,
NHS Grampian

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Dear ██████████

Thank you for attending the Annual Review of NHS Grampian and for asking a question on the day. You also submitted a question in advance and as promised I can now provide you with a written response.

You asked: Patients have an unacceptable waiting time for assessment by a Clinical Psychologist, is there likely to be any improvements in the near future?

There has been significant improvement since last October when only 48% of patients were seen within the 18 week target for access to psychological therapies. Currently 75% of patients are now seen within the 18 week target. Urgent referrals are seen within 4 weeks with the mean wait for the service being 13 weeks.

The reason for the delay is primarily due to challenges in recruitment of psychology staff. We have a number of vacant posts and three members of staff are currently on maternity leave. We have advertised posts several times with limited success. We have now appointed two of our local students who qualify in September and they will start work with us in October /November but that will still leave us with three vacancies and three staff on maternity leave. We are in the process of recruiting an agency locum for a year. It follows that compliance will remain about the 75% mark until October/November when the new staff come into post.

You can be assured that we will continue to make every effort to fill the current vacancies.

Yours sincerely

Malcolm Wright
Chief Executive,
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Dear ██████████

Thank you for submitting a question for the Annual Review of NHS Grampian. I committed to providing written responses.

You asked: It has been two months since two surgeons have been suspended from their duties. Can you indicate the timeframe for the resolution of this disciplinary process?

I am sorry but I am unable to answer this question. Due to staff confidentiality NHS Grampian cannot discuss circumstances relating to individual cases in which an employee is subject to internal investigation or is suspended. Suspension is a serious matter and only takes place after careful consideration.

Thank you for raising the question.

Yours sincerely

Malcolm Wright
Chief Executive,
NHS Grampian

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By email

Our Ref MW/AW
Date 18 August 2015
Enquiries to Malcolm Wright
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Email nhsg.grampianchiefexecutive@nhs.net

Dear ██████████

Thank you for attending the Annual Review of NHS Grampian and for asking a question on the day. I can now provide you with a written response to your question.

You asked: The last meeting of the CHD MCN Board was on 12 August 2014. Since then two further meetings have been cancelled and on telephoning the MCN office I have been told the CHD MCN is being reviewed. Why is it being reviewed, why has the Third sector representatives not been informed on why there is a review and when and if, the MCN Board will be reinstated?

I am very sorry that there has been a lack of communication with you, that should not have happened. I have asked Graeme Smith, Director of Modernisation to make contact with you to explain what is happening. All MCNs are being reviewed to take account of the arrangements for health and social care integration and the new planning processes being put in place. The third sector has played a valuable role in networks in the past and we see them continuing to have a role in the future. There will be a meeting of the MCN Board in the near future to discuss and agree the way forward.

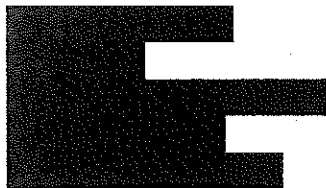
Once again I apologise for the lack of communication with you.

Yours sincerely

Malcolm Wright
Chief Executive,
NHS Grampian

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By email

Our Ref MW/AW
Date 18 August 2015
Enquiries to Malcolm Wright
Extension 58552
Direct Line 01224 558552
Email nhsq.grampianchiefexecutive@nhs.net

Dear 

Thank you for submitting a question for NHS Grampian's Annual Review on 10th August 2015. It was not possible to answer all questions on the day but as promised I can now provide you with a written response.

You asked: With Stonehaven being situated in a Strategic Development Corridor and with the associated increase in population along that corridor, what plans do NHS Grampian have to increase the capacity of Kincardine Community Hospital in Stonehaven?

The population of Aberdeenshire is changing very rapidly both in terms of the overall number of people (estimated to be some 40,000 extra people over the next 20 years) and also in its composition, with the number/proportion of older people rising very quickly indeed (a change from 43,000 people over the age of 65 to some 73,000 within 20 years).

Our approach to these changes is not one of increasing capacity and buildings in a linear relationship. Such an approach would be both unaffordable and also we would be unlikely to be able to recruit enough staff for such an approach. Rather our vision is to support people and communities to live healthier lives and to develop different support and community initiatives. These changes are reflected in the Aberdeenshire Health and Social Care Partnership draft Strategic Plan which has just been issued for consultation. The model was also reflected in the 'Ageing Well in Aberdeenshire' document published three years ago.

It follows that we are not planning to increase the capacity of Kincardine Community Hospital at this time. That is not to say that services will not change. Indeed we are currently working with a community group who are actively fundraising to provide a new renal service at the Hospital. In addition we are keen to seek Developer Contributions towards further improvements at the Hospital and are actively involved with Aberdeenshire Council in this regard.

In terms of primary care services we are working with the local Portlethen Group to find sustainable solutions to the challenges which will result for primary care services. The practice is seeking an extension to provide a further four consulting rooms principally to

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deal with the growth of population at Portlethen and also the new Chapelton community until there is a sufficient population to merit that community having their own surgery. The Portlethen extension will be funded from a £500,000 improvement grant allocation and is expected to be complete by the end of 2016, subject to planning approval etc.

I hope this answers your question. Should you wish any further information I suggest you contact Adam Coldwells, the Chief Officer of the Aberdeenshire Health and Social Care Partnership, who will be pleased to assist you and your Community Council. Adam can be reached at Adam.Coldwells@nhs.net

Yours sincerely

Malcolm Wright
Chief Executive,
NHS Grampian

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Date 18 August 2015
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Email nhsq.grampianchiefexecutive@nhs.net

By email

Dear [REDACTED]

Thank you for submitting a question for NHS Grampian's Annual Review on 10th August 2015. It was not possible to answer all questions on the day but as promised I can now provide you with a written response.

You asked: PAMIS works with people in Scotland with profound and multiple learning disabilities and their families to promote a more inclusive society. We are finding that health professionals in acute and community settings often do not have the training and knowledge to work effectively with those with PMLD and their families. What support and education do you need from organisations like PAMIS in order to successfully engage with people with PMLD and their family carers?

The NHS Grampian Learning Disability Service recognises the valuable work that the PAMIS organisation carries out across Grampian. It is concerning to hear of the gaps that PAMIS have identified in training and education regarding staff working in acute and community settings, but important that these gaps are identified. The service would be keen to meet with you to hear more about these concerns so we can consider ways to improve this situation.

The NHS Grampian Learning Disability Service has five Community Learning Disability Teams and these work very closely with Social Work colleagues in all the teams. It is expected that those with PMLD living in Grampian are known to our multidisciplinary Community LD Teams, but this may not always be the case. CLDTs teams are happy to be contacted by any staff in these areas to provide support and training as required. For those known to the service we have an open referral system for access to our multi-disciplinary team services.

Regarding support to acute services, the NHS Grampian Learning Disability Service employs a Learning Disability Acute Nurse Advisor who is based at ARI and available to provide support and guidance to care teams when people with learning disabilities require inpatient admission.

Continued

If you would like to meet to discuss further, please contact Jane Fletcher at janes.fletcher@nhs.net

Yours sincerely

Malcolm Wright
Chief Executive,
NHS Grampian

Our Ref SL/AW
Date 18 August 2015
Enquiries to Malcolm Wright
Extension 58552
Direct Line 01224 558552

Dear [REDACTED]

Thank you for attending the Annual Review of NHS Grampian on 10th August. You submitted three questions in advance and I can now provide you with a written response. I have also received your undated letter, received here on 13th August 2015. I am sorry that you did not feel welcome at the Annual Review. The evaluation forms completed on the day were generally positive about the event but the venue did receive criticism which we will take on board when planning future events. The small number of reserved seats at the front were for members of the Board Executive Team so that they could respond easily to any questions from the public and be seen and heard from everywhere in the room, as well as filmed for our website.

You asked: During the review period 2014/15 how many full-time equivalent person-days were lost due to staff employed by NHS Grampian being suspended, and what were – and/or will be the total costs incurred by NHS Grampian in paying these staff and also in finding, training and paying all of the employment related costs of replacements?

We do not collect and cost this information. However I asked the Director of Workforce to review the position for the period covered by your question. We can identify that during 2014/15 there were 40 members of staff suspended at various points. This is equivalent to 0.28% of our total workforce of 14263. The full-time equivalent person-days lost due to staff employed by NHS Grampian being suspended was 1,404 days and the cost of this has been assessed as £383,780. This represents 0.07% of our payroll costs.

We do not record separately any replacement costs so cannot provide this information. Suspensions are not always backfilled.

You asked: During the review period 2014/15 how many appointments and admissions did NHS Grampian delay or cancel because of these suspensions, either because of resulting lack of 1) suitably trained staff or 2) money?

There are a number of reasons why admissions and appointments may be cancelled or delayed. Whilst availability of staff will be a reason in some instances, we do not record whether the absence is as a consequence of suspension. All patients cancelled or delayed as the result of a suspension will receive care from another clinician and will continue to be treated according to clinical priority.

We are working hard to minimise cancellations for whatever reason as this causes great inconvenience to patients. In June 2015, 62 (1.8% of operations planned) were cancelled

by the hospital due to capacity or non clinical reasons compared to 1.3% across Scotland. As part of the national access programme we are actively reviewing clinician, theatre and bed capacity to ensure an appropriate balance between emergency and elective work to avoid cancellations.

You asked: To whom is the Board of NHS Grampian accountable to for doing their jobs?

Members of the NHS Board are appointed by the Cabinet Secretary for Health, Wellbeing and Sport. The Board Chairman has an annual performance review with the Cabinet Secretary. Non executive Board members have performance reviews with the Board Chairman. Executive Board members are accountable to the Chief Executive who in turn is accountable to the Board Chairman and the Director General Health of NHS Scotland.

Yours sincerely

Professor Stephen Logan
Chairman
NHS Grampian

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Thank you for submitting a question for NHS Grampian's Annual Review on 10th August 2015. It was not possible to answer all questions on the day but as promised I can now provide you with a written response.

You asked: We are very good at measuring "disease" but "health" is a very complex and individual concept and difficult to measure, it means different things to different people.

The 9 National Health and well being outcomes are laudable but broad overarching and ambitious statements with tight time scales. Change in culture takes many years.

What baseline measurement criteria will be used to evidence

- reduction in health inequalities in the short, medium and long term
- living in "good health" for longer
- ability to "improve their own health" i.e. Self care-management

Our main source of data is the Scotpho health and wellbeing profiles. These comprise a variety of indicators of health and the wider determinants of health, and help to highlight health and social inequalities for localities within each Health and Social Care Partnership. We also use healthy life expectancy as a measure for living in good health for longer.

The advantage of using a national dataset to measure change in health is that the indicators are constant, provided at regular intervals and provide comparisons with other localities and regions. We package these indicators with local intelligence and provide a six monthly Health and Well Being Compendium to monitor improvements.

We add value to the national dataset locally by analysing it and translating it in different ways. For example, we provide traffic lights at locality level to help interpretation with community planning partnerships. We present indicators using the 'Relative Index of Inequality' - a method which summarises relative risk for the most and least advantaged populations.

We provide data, information and intelligence at operational and strategic levels throughout the health system to measure improvements in health. Tailored for different

Continued

audiences, these include the Corporate Performance Report, Single Outcome Agreements, in-depth Health & Well Being Compendium, Fact Sheets, Publication Briefings and Performance Dashboards.

Self care and self management of health is assessed through uptake of various self-care programmes and initiatives. These include immunisation and screening; health improvement activities (eg Grow Well); participation in community engagement activities in HSCPs, and health and disease/chronic disease specific programmes (eg No Delays). The effects of these programmes and initiatives are monitored through the healthy lifestyle/behaviour indicators contained within the national Scotpho health and well being profiles mentioned above.

Our development work to improve health surveillance involves the concept of 'big data' analytics. We have created a joint platform with the University of Aberdeen to link data for planning and research purposes, and working through our health and social care partnerships, aim to integrate data from health, social care, education and other sectors to improve system thinking.

I hope this answers your question.

Yours sincerely

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Dear [REDACTED]

Thank you for submitting questions for the Annual Review of NHS Grampian. It was not possible to answer all questions on the day but I committed to providing written responses.

You asked: What are your plans for rebuilding the Department of Ophthalmology following the loss of three top consultants 3 years ago, and how do you intend to fix the problem of staff shortages and long-term manpower planning which were a consequence of that debacle?

We are very proud of the ophthalmology team who work consistently to provide a high quality service and at the same recognise and embrace the need for continuous improvement. The ophthalmology service in Grampian is highly motivated, forward looking and high performing. It has adopted new ways of working including the innovative Eye Health Network, subject of a very positive review. The Grampian ophthalmology service is a key focus for the national Transforming Outpatients Programme which is to be relaunched on 27th August 2015. The multidisciplinary Team has already met with representatives of the the national team and are already looking at further improvement options. They are to be commended. There are currently no vacant consultant ophthalmology posts in Aberdeen. There are two vacancies in Elgin.

You asked: How many cases of litigation have resulted from delays in treatment related to staff-shortages at NHSG over the last two years?

We cannot isolate delays due to staff shortages.

You asked: How many procedures are cancelled per week in the GI endoscopy suite, and how many endoscopy sessions are performed weekly? How many sessions would be available if there was a full complement of staff?

At the moment 19 sessions per week are undertaken at ARI. 28 sessions would be undertaken with a full complement of staff. Nurse recruitment is underway. In addition we are currently running a total of 6 lists a week in Banff, Peterhead and Stonehaven. A new

endoscopy service will commence at the Aberdeen Health and Social Care Village later this month. For the last few months there have been no procedures cancelled except for clinical reasons.

Yours sincerely

Malcolm Wright
Chief Executive,
NHS Grampian

OFFICE OF CHAIRMAN
& CHIEF EXECUTIVE

Summerfield House
2 Eday Road
Aberdeen
AB15 6RE



[Redacted]

By email

Our Ref MW/AW
Date 18 August 2015
Enquiries to Malcolm Wright
Extension 58552
Direct Line 01224 558552
Email nhsgrampianchiefexecutive@nhs.net

Dear [Redacted]

Thank you for attending the Annual Review of NHS Grampian on 10th August and for asking a question on the day. You also submitted a question in advance and as promised I can now provide you with a written response.

You asked: As an outpatient attending the Anchor Unit I appreciate how very busy the unit is. My concern is probably heightened by the fact that over the last two years I have also been trying to find out about progress in developing the former Ward 29 to provide much-needed additional space for Dermatology, given the increase in the numbers of referrals of skin cancer patients. I have just received an update letter from Laura Gray about the latter, for which I am grateful, but there is no indication about financial commitment. I do appreciate that in these very difficult financial times, there will be a reluctance to invest in buildings which are by their nature no longer fit for purpose and expensive to reconfigure but I am concerned about there being adequate provision in the immediate future.

The Foresterhill Campus is going through a period of redevelopment which involves the re-organisation of accommodation for services and undertaking much needed backlog maintenance. Changes include the development of the Baird Family Hospital and ANCHOR Centre to be completed in 2020, the re-organisation of inpatient facilities and the re-organisation of outpatient facilities – all these changes are in support of our 2020 vision and plan for the Foresterhill Campus.

The detailed planning of outpatient services and ambulatory care is underway and the accommodation requirements of services will be considered over the next three months. We are well aware of the challenges being faced by Dermatology – the service has been asked to submit information on their requirements for accommodation and this will be considered as part of the process. Decisions on these issues will be taken by a group of clinicians and managers who meet regularly to look at all of the accommodation requirements at Aberdeen Royal Infirmary to ensure that the best possible solutions can be found.

Continued

I understand that Graeme Smith our Director of Modernisation has made contact with you and arranged a meeting to discuss the plans in more detail.

Yours sincerely

Malcolm Wright
Chief Executive,
NHS Grampian

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██████████
By email

Dear ██████████

Thank you for attending the Annual Review of NHS Grampian and for asking a question on the day. You also submitted questions in advance and as promised I can now provide you with a written response.

You asked: What are your plans for rebuilding the Department of Ophthalmology following the loss of three top consultants 3 years ago, and how do you intend to fix the problem of staff shortages and long-term manpower planning which were a consequence of that debacle?

We are very proud of the ophthalmology team who work consistently to provide a high quality service and at the same recognise and embrace the need for continuous improvement. The ophthalmology service in Grampian is highly motivated, forward looking and high performing. It has adopted new ways of working including the innovative Eye Health Network, subject of a very positive review. The Grampian ophthalmology service is a key focus for the national Transforming Outpatients Programme which is to be relaunched on 27th August 2015. The multidisciplinary Team has already met with representatives of the the national team and are already looking at further improvement options. They are to be commended. There are currently no vacant consultant ophthalmology posts in Aberdeen. There are two vacancies in Elgin.

You asked: How many cases of litigation have resulted from delays in treatment related to staff-shortages at NHSG over the last two years?

We cannot isolate delays due to staff shortages.

You asked: How many procedures are cancelled per week in the GI endoscopy suite, and how many endoscopy sessions are performed weekly? How many sessions would be available if there was a full complement of staff?

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Continued

endoscopy service will commence at the Aberdeen Health and Social Care Village later this month. For the last few months there have been no procedures cancelled except for clinical reasons.

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Malcolm Wright
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