



NHS GRAMPIAN

ANNUAL REVIEW

MONDAY 2ND NOVEMBER 2009

SELF ASSESSMENT REPORT

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Agenda Item 1 Opening Comments

This self assessment report follows the format of the agenda for the Annual Review meeting to be held on Monday 2nd November 2009 in the Gallery, Elgin Library, Elgin.

The Annual Review will be conducted by the Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon MSP, and her Scottish Government Team. NHS Grampian's response will be led by Board Chairman, Dr David Cameron, accompanied by Chief Executive, Richard Carey, and representatives of the senior management team.

During 2008/09 NHS Grampian reviewed the organisation's Vision and Values

NHS Grampian: proudly working together to deliver the best possible services for a healthier Grampian

We agreed that our purpose is to:

- *Improve the health of the people in the North East of Scotland and beyond*
- *Provide high quality services for our patients*
- *Help people choose the best ways to look after their health*

Supporting this Vision and purpose, we have agreed five Strategic Themes and fifteen Strategic Objectives to guide our work. These are shown in Annex A. In June 2009, the Board endorsed the adoption of a programme of Continuous Service Improvement (CSI) activity, incorporating the principles of LEAN methodology, as our strategic approach for all service improvement activity within NHS Grampian. References to this are provided throughout this report and more detail is provided in Annex B.

This self assessment does not aim to be a comprehensive picture of activity in NHS Grampian in 2008/09. It can provide only a snapshot of the continuing work delivered by the staff of NHS Grampian and colleagues in partner organisations to deliver high quality health and healthcare.

Further information about NHS Grampian's achievements for 2008/09 and our plans for 2009/10 can be found in our Grampian Health Plan 2009/10 published in April 2009. This can be found online at www.nhsgrampian.org or from the Corporate Communications Team (see page 3 for contact details).

Agenda item 2

Progress Against 2008 Annual Review Action Points

NHS Grampian's 2007/08 Annual Review took place on 28th August 2008. Following the meeting, the Cabinet Secretary for Health and Wellbeing wrote to the Board Chairman setting out the actions agreed at the review. A mid year review was held in January 2009 when progress was discussed. Information on current progress with these actions is contained throughout this report as detailed below. This first agenda item provides an update on the actions not covered elsewhere.

- Continue to evaluate impact of initiatives to improve health and reduce health inequalities, ensuring that health improvement is a mainstream function: see agenda item 3
- Resolve tracking issues to ensure accurate data on number of people supported to quit smoking at one month: see agenda item 3
- Continue to quantify and measure shifts of services from hospitals to primary and community care: see agenda item 4
- Review the balance between hospital and community-based mental health services: see agenda item 4
- Work further with Joint Improvement Team (JIT) to strengthen partnership with local authorities: see agenda item 3
- Meet all waiting time targets: see agenda item 5
- Demonstrate impact of dental action plan in increasing access to NHS dentistry: see agenda items 3 and 5
- Investigate and report on Grampian-related issues highlighted in Health Protection Scotland report on C.difficile: see agenda item 7
- Meet all financial and efficiency targets: see agenda item 8

Develop strategy under clearly defined clinical leadership to deliver new cancer centre and to secure interim improvement to facilities and services

A number of developments have taken place or are underway in cancer services since last year's Annual Review. These include improvements to accommodation and infrastructure as well as enhancements to staffing.

Work started in January 2009 to refurbish accommodation for haematology. The day therapy and clinic were moved temporarily whilst the refurbishment took place. This work is due to be completed and opened by November 2009 and includes 6 new clinic rooms, new offices to separate clinical from non-clinical space, an enhanced treatment area, new procedure rooms and better patient waiting accommodation.

A refurbishment of the first floor in the Rotunda Block at ARI has been designed to enable a complete relocation of the Oncology Clinic within 2009/10. This work will begin once the Haematology Centre (above) is complete.

A significant addition is the plan to locate oncology and haematology beds on the top floor of the new Emergency Care Centre. This will offer significantly improved accommodation for inpatients.

Professor Alan Rodger from the Beatson Institute and his team had a series of very positive meetings with the Grampian Clinical Oncology Team following the 2008/09 Annual Review and a report with recommendations was produced. This assisted in the development and refinement of a strategy around clinical leadership in cancer services. The post of Unit Clinical Director has been re-advertised recently and NHS Grampian is confident that strengthened clinical leadership will be in place by October 2009. Following the Unit Clinical Director appointment, an action plan attending to all 48 recommendations from Dr Rodger's report will be submitted to the NHS Board and taken forward through the Cancer Centre Project Board to complete the redesign of the whole service. A timescale will be agreed, with progress on priorities being reported back through that structure by March 2010.

Prepare action plan to address capacity issues in neonatal service

At the time of the Annual Review in August 2008, there were concerns that there was a higher than desired number of transfers of mothers and babies to neonatal units elsewhere in the country because of capacity and staffing issues at the Aberdeen unit. An increasing birth rate had contributed to these difficulties. The Cabinet Secretary asked that an Action Plan be produced which increased capacity and ensured a clinically safe service in Grampian thus minimising transfers. It was however acknowledged that there would continue to be a small number of transfers made for clinical reasons.

An action plan was produced and submitted to Scottish Government in October 2008 with an update provided in December. In addition, a service redesign event using LEAN methodologies was held in March 2009 and resulted in 50 short, medium and longer term actions being agreed. Since then consultant staffing levels have increased from 6 to 8, middle grade and junior grade staffing difficulties have been resolved, due partly to additional International Paediatric Training Scheme staff and leadership responsibilities have been clarified. Staff development and training programmes have been developed and implemented and there has been detailed planning to modernise and modify the physical condition of the Unit. Work is also ongoing on nurse staffing.

We are very pleased to report that neonatal transfers are much reduced (11 neonates plus 13 in-utero (3 delivered) in the period to September 2009 compared with 58 in the same period last year.

Consolidate support for NHS Orkney and NHS Shetland as required

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

As at September 2009, there are a number of partnership agreements at various stages of implementation and development. Generally, these can be categorised as:

- Ongoing partnership input over an extended period of time: An example is the specialist support to Facilities and Estates in Shetland provided by a senior Estates Manager from Grampian. He has worked with the local Shetland team to deliver improvement across these services and to appoint a Head of Estates for NHS Shetland. Similarly, there have been a number of senior secondments from NHS Grampian to NHS Orkney covering senior management posts and to enhance the Public Health function.
- Time limited/one off agreements: An example is the provision of a training course on handling and responding to complaints provided in Shetland by NHS Grampian's Feedback Advisor. Similarly, NHS Grampian's Equality and Diversity Manager has undertaken training in Orkney on undertaking impact assessments and these are now being undertaken as a matter of course. NHS Grampian has worked to support NHS Orkney in its external communications function since April 2009.
- Peer support/Information/systems sharing: The partnership agreement process has been instrumental in facilitating the development of peer relationships between the Boards. A number of informal links are now in place and there has been considerable sharing of processes, systems and documentation for mutual benefit. Examples are widespread but include Health Intelligence and Human Resources. Relationships between Non Executive Board members have also been developed with regular attendance at each other's NHS Board meetings.
- Partnerships still at developmental/scoping stage: Some initial thoughts for partnership agreements are still at a developmental stage. Initial visits and meetings are taking place to undertake scoping work and agree gap analyses to determine how partnership working can assist sustainable delivery of service.

In the 12 months since non clinical partnerships have been introduced considerable progress has been made and this has been acknowledged by the Scottish Government Health Directorate.

Agenda Item 3 Improving Health and Reducing Inequalities

One of NHS Grampian's five strategic themes (see Annex A) is to:

Improve the Public's Health and reduce Health Inequalities

Through this, we aim to enable a health improving and inequalities sensitive organisation within a 10-15 year horizon. We aim to ensure NHS Grampian has the strategic capacity and capability, as part of a wider partnership approach, to deliver long-term solutions to:

- Sustain and improve health outcomes
- Identify and reduce inequalities in access and use of services
- Identify and reduce the gap in health outcomes between the advantaged and disadvantaged

In November 2008, a Steering Group chaired by the Director of Public Health was established to lead this important agenda. The Steering Group will ensure that NHSG enhances its fitness for purpose - through all its policymaking, planning, programming, resource allocation, partnership working and practice - to improve the health outcomes of the population and, in particular, to target the needs of the most disadvantaged, improving access to, and use of, services.

At the 2007/08 Annual Review we were asked to continue to evaluate the impact of initiatives to improve health and reduce health inequalities, ensuring that health improvement is a mainstream function. We have continued to do so and good progress is being made.

“Equally Well” in Grampian

“Equally Well”, the report of the Ministerial Taskforce on Health Inequalities, and the subsequent action plan, were published by the Scottish Government in 2008. Equally Well made 78 recommendations to reduce inequalities in healthy life expectancy and wellbeing. NHS Grampian's Strategic Theme, as explained above, provides the sustained drive to build the system's capacity and capability to support the delivery of Equally Well and related programmes now and in the future.

The strategic theme coupled with the specific actions from Equally Well and related programmes will ensure longevity of approach, systemic change within the NHS, its relationships with its partners, and the combined work with the population of Grampian, to improve health and reduce inequalities in health.

We will soon be undertaking a system-wide audit of work to reduce inequalities in health, including the range of work required to address Equally Well. This will ensure we make progress on actions to reduce inequality, wherever these are managed in the organisation. The audit will provide us with assurance that any programmes of work, or recommendations from Equally Well, for which we are the lead or a main partner, are effectively governed.

Mortality from Coronary Heart Disease among the under 75s in deprived areas/Cardiovascular Health Checks

Over the last few years there has been a national target to reduce mortality rates from coronary heart disease by 15% among the under 75s in deprived areas. From a 1998-2000 baseline Grampian delivered a 50.2% reduction by 2005-2007. In Scottish terms our rate is low at 92.2/100,000 compared to 113.8/100,000 for Scotland.

NHS Grampian was a second wave site for the Scottish Government's Keep Well programme to increase the rate of health improvement in deprived communities by enhancing primary care to deliver anticipatory care. The national target has since been further developed and in 2009/10 a new, but related target, has been introduced with a specific inequalities focus. This relates to the use within primary care of a specific cardiovascular health check screening tool. The aim is to engage 45-64 year olds in the most deprived communities who are at greatest risk of serious, preventable, ill-health. Initial performance in this first year of delivery has been variable, both within and across practices, reflecting a combination of the necessary programme initiation and set up times required for each practice and the workforce and service challenges of individual practices. Current performance, monitored monthly, indicates 168 completed health checks against a target of 300 to end June. Despite a lower than desirable level of completed checks, the programme is building an integrated infrastructure of support for patients and practices which will also contribute to other programmes including Long Term Conditions and Primary Care Redesign. Close monitoring and support of existing practices, the support offered to bring new practices on stream, and the development of complementary alternative models of health check delivery, should ensure that we will deliver this target .

Oral Health

Grampian is on target to achieve the national target of 60% free of dental decay by 2010 as preventive programmes continue to expand. 58.5% of Primary 1 children starting school in Grampian in 2008/09 were recorded as caries free. We continue to expand pre-school and primary school preventive care programmes with over 14,000 children now brushing daily in nursery and primary schools.

The ChildSmile Programme has now recruited over 15 staff across Grampian. This dental nurse led preventive care programme targets children with the greatest need and will deliver over 10,000 preventive treatments for nursery and primary school children over the next year. We are presently reviewing how to expand such treatments to other special care groups such as children in care, those with learning difficulties and children with long term illness or disabilities.

NHS dental registrations continue to increase across Grampian with 25,059 additional registrations in 2008/9. 69% of children aged 3-5 years are now registered against a target of 80% by 2010, although differences between areas remain. Since June 2007 there has been 40,165 additional NHS registrations in Grampian, of which, approximately 10,000 were children. Five new NHS dental practices will open between March 2009 and December 2009. These will predominantly undertake NHS work. Two large practices recently opened- one in Aberdeen and one in Elgin. These have now confirmed an additional 10,000 registrations in the last 3 months.

Healthy Eating, Active Living and Healthy Weight Strategic Framework

During 2008/09 we have developed a Healthy Eating Active Living Strategic Framework. This offers a co-ordinated approach to the challenges presented by rising obesity levels. Work is underway to implement an Integrated Care Pathway for adult weight management in Grampian. This links with Well North (Aberdeenshire and Moray) and Keep Well (Aberdeen City). In Aberdeen City and Aberdeenshire most patients who are now referred into the Community Dietetic Department principally for weight management are being directed, as a first step, to the Healthy Helpings weight management service. Initial feedback from primary care has been positive with the value of a structured approach to weight management being recognised. It is anticipated that this system will be adopted Grampian-wide.

A practical food skills programme called Confidence to Cook continues to support people to develop practical food skills, confidence and knowledge around food. A community kitchen is opening in Huntly building on the success of the community kitchen at Summerhill Community Centre in Aberdeen.

A cross-disciplinary steering group has been established to provide the expertise, commitment and vision to take forward maternal and infant nutrition.

Four working groups (Infant feeding and support for mothers, Healthy Start, Specialist nutritional support services and related training, Research and Evaluation), have been formed to take forward distinctive work streams. Each workgroup is in the process of identifying actions that will target the most effective activities to address disadvantage.

The national target to support and encourage healthy weight relates to the number of completed childhood healthy weight interventions taking place in an area. For 08/09 it was recognised that this was a developmental target. Key areas of progress within 08/09 in Grampian included the development of action plans that incorporate procedures to identify overweight children at 3 key stages (P1, P5 and S1/2), the initiation of the Child Health Surveillance Programme throughout Grampian, devising and piloting family-based interventions as well as staff training. To date we have focused on implementation planning, the development of a delivery infrastructure and raising levels of awareness as well as the development of a database, and the production of resources and supporting materials.

Despite this activity we anticipate that delivery of the required level of completed interventions in 2009/10 (to c13.5% of children aged 5-15) will be a significant challenge, although we do believe that the actions taken have laid the foundations of a comprehensive approach to address childhood obesity.

The work conducted to date indicates that the target numbers are over ambitious and are likely to remain unattainable for the foreseeable future. The key challenges faced include the availability of suitably qualified delivery staff, competing demands associated with other Public Health priorities such as HPV and A(H1N1) vaccination programmes. One further important issue relates to public acceptance of the importance of child healthy weight as demonstrated by the current low uptake rate of interventions (approximately 2%).

Substance Misuse

Over the last year NHS Grampian has continued to strengthen its partnership working with each the three Alcohol and Drug Partnership (ADPs) operating across Grampian. We, as a partner, have contributed to the development and implementation of the various ADP strategies. We have continued to support and facilitate a Grampian approach to working across the three ADPs to better utilise capacity and resources as appropriate. Examples of this are health promotion campaigns, development of a drug related deaths database and a Clinical Effectiveness and Research Group as well as intelligence and performance reports. This work was evidenced in written submissions and responses to the Social Work Inspection Agency (SWIA) team who carried out a follow-up inspection visit to Grampian in April 2009. Although the SWIA re-inspection report has not yet been published, the indication is that it will show that progress has been made since the original report recommendations were produced in 2007.

In relation to alcohol, a health needs assessment across Grampian is currently being undertaken in order to inform the development of a Grampian Alcohol Strategy and support the future work programmes and decision making by the ADPs. We have incurred significant challenges in delivery of the new national target for alcohol brief interventions (ABI) although plans have been developed and implemented to progress towards delivery. We have taken an approach which is wider than the three national priority areas by considering local needs, for example supporting a randomised controlled trial in the delivery of ABI in the sexual health services and a pilot in community pharmacies.

At last year's Annual Review Aberdeen City was highlighted as having a significant waiting list for access to substance misuse services. Good progress has been made in the last year and the waiting list has been reduced from 799 to 235 at the end of June 2009. By Dec 2009 no-one will have waited more than 6 months for assessment / treatment. We recognise that there will be a significant challenge in meeting the anticipated (yet to be determined) 2010/11 access target and we are working closely with services to develop robust intelligence and plans for this.

Other key developments which have enhanced the substance misuse pathway of care over the last year include the start of the construction of the Timmer Market centre in Aberdeen, c£1m additional investment by NHS Grampian and Aberdeen City Council in treatment capacity, rehabilitation and recovery as well as new staff investment by Job Centre Plus.

In Aberdeenshire there is multi-agency buy-in to 'Routes to Recovery', the three year strategy for Alcohol and Other Drugs, spelling out what partners felt were the key priorities and outcomes to be achieved. The strategy broadens the agenda beyond the narrow focus of specialist alcohol and drug 'treatment' to that of 'recovery', recognising the importance of the full range of issues having a bearing on the quality of someone's life.

Tobacco/Smoking Cessation

In Scottish terms Grampian has a lower than average smoking rate. As at 2006 23.3% of adults smoked. We continue to support smoking cessation through a

range of activities across the area including work within schools, targeting of maternal smokers and through the Smoking Advice Service (SAS).

The national smoking target relates to successful smoking cessation. This is measured by the number not smoking at one month post quit. At last year's Annual Review we reported some difficulties with measuring our performance against this target and were asked to resolve this to ensure more accurate data. The SAS has now introduced a number of initiatives to improve data tracking and this has clarified and improved data flow within the service. The smoking cessation team has expanded with the appointment of a Clinic and Waiting List Co-ordinator to deal with booking of all clinics and appointments. In partnership with the Essentia Group, we are now improving client follow-up rates and for some community clinics we are achieving 99% follow up. We have also addressed the issue of data recording within pharmacies and are confident that more comprehensive data returns are being made.

These changes will take some time to be reflected fully in performance data and at present we are well behind target on the number of successful quits we are expected to deliver in 2008-10. An action plan has been produced to ensure focused effort on targeted activities to continue to provide intensive and specialist support in the community, workplaces, in hospital and through pharmacies.

Babies Exclusively Breastfed at 6 weeks old

There is a national target that by 2010/11 33.3% of babies should be exclusively breastfed at 6 weeks old. The breastfeeding rate, according to latest figures from the Grampian Infant Feeding audit, show an increase in breastfeeding rates in 2007 to 47.5%, with an exclusive rate of 34.6%. Although we enjoy higher breastfeeding rates than other areas of Scotland, the statistics mask areas of very low breastfeeding rates, which are linked to health inequalities. The provision of earmarked funding for targeting women of childbearing age, pregnant women and children under five in deprived areas, has prompted much discussion on deprivation and areas of low breastfeeding rates, and has focused work on improving the rates in these areas, which should have an impact on the overall rate for Grampian

Aberdeen Maternity Hospital and Dr Gray's Hospital in Elgin, achieved Stage 1 of the United Nations Children's Fund (UNICEF) Baby Friendly Initiative in February 2009 and work is now progressing well with Stage 2. The UNICEF Steering Group continues to meet bi-monthly to monitor progress.

Single Outcome Agreements

The Concordat agreed in November 2007 between the Scottish Government and local government requires each local authority to prepare a Single Outcome Agreement which identifies priority outcomes for its area, linked to the Governments 15 national outcome measures. Measures and targets through which progress with delivering these priorities can be tracked must be identified. Delivery of the agreement is the responsibility of all Community Planning Partners, who are joint signatories to the Agreement. NHS Grampian is a partner in the delivery of three Local Outcome Agreements covering Aberdeenshire, Aberdeen City and Moray.

NHS Grampian, through its three Community Health Partnerships (CHPs), has lead responsibility for delivering national outcome 6, 'We live longer, healthier lives'. Delivery is tracked predominantly but not exclusively through the NHS HEAT measures. As a Community Planning Partner, NHS Grampian, has a key role in contributing to the delivery of a number of national and local outcomes. Full details, along with performance reporting arrangements can be found in the Single Outcome Agreements at www.improvementservice.org.uk/single-outcome-agreements

One outcome which has been delivered on a sustainable basis in Grampian through effective joint working is the elimination of delayed discharges of greater than 6 weeks ie no-one in Grampian is delayed in hospital for longer than 6 weeks awaiting a nursing home place or home based care package or similar. Efforts are now being focused on those delayed less than 6 weeks.

Agenda Item 4

Shifting the Balance of Care towards Primary and Community Care

Shifting the Balance of Care has been a major tenet of NHS Grampian's strategy for many years and was at the forefront of our *Healthfit* Strategy developed in 2002. The message remains pertinent today and reflects fully national policy direction. In Grampian shifting the balance of care means shifting the focus of care on to prevention and anticipatory care to avoid illness and hospital admission, shifting the location of care closer to people's homes and developing the skills of staff and partners in the community to provide care previously available only in a hospital setting. We are already well advanced with this agenda, having formulated and implemented plans over the last few years which have seen a growth in diagnostic and treatment services throughout the area, increasing numbers of GPs with special interests as well as nurse led services and enhanced roles for pharmacists and optometrists.

At the August 2008 Annual Review we were asked to continue to quantify and measure shifts of services from hospitals to primary and community care. Measuring shifts in the balance of care to demonstrate effective delivery is complex. As part of our *Healthfit* process we set challenging targets of shifting 25% specialist inpatient activity and 40% outpatient activity to a community setting. Since we formulated the target for inpatients, in 2005, we have achieved the following shifts in the balance of care in inpatients in Grampian:

- In collaboration with local authorities. Aberdeenshire Community Health partnership has shifted the balance of care from inpatient to home and residential care. This includes closing 133 long stay frail elderly beds, 28 GP acute beds and 64 psychiatric beds. A stroke rehabilitation unit has been opened as well as 51 GP acute beds providing GP acute and slow stream rehabilitation.
- 20 maternity beds were closed in Aberdeenshire and 3 birthing units opened (max 6 hours stay)
- Woodend Hospital has closed 53 beds to shift care to the community and improve bed spacing for healthcare associated infection (HAI) prevention.
- Care equivalent to 100 beds in mental health services have been shifted to psychiatric community care teams.
- Aberdeen Royal Infirmary has taken over a further 18 beds from Woodend Hospital designated for acutely ill elderly patients.
- Aberdeen Royal Infirmary has transferred 15 beds to Woodend Hospital designated for orthopaedic rehabilitation.
- Aberdeen Royal Infirmary has closed a further 20 beds during redesign of services and improvement of bed spacing for HAI prevention.
- Dr Gray's Hospital has closed 25 beds during redesign of services and improvement of bed spacing for HAI prevention.

To date it has been difficult to measure shifts in the balance of care for outpatient activity to the community. There has been extensive development of Diagnostic & Treatment Services in the community but existing information systems for recording of activity make it difficult to measure the impact of these developments on hospital outpatient services. That said we can demonstrate clearly the establishment and

ongoing planning of services in the community which previously would have required a hospital visit or stay. These include:

- Nurse led cancer review clinics for patients with colon cancer and prostate cancer in Fraserburgh, Turriff, Banchory and Inverurie
- GP Shared Care Clinics in three locations for metastatic colorectal patients
- Ongoing development of GPs with Special Interests with regular clinics now provided throughout Grampian including endoscopy clinics (upper and lower), dermatology, minor surgery, diabetes and orthopaedics
- GP ultrasound is now offered in 12 community settings by 17 trained GPs with in excess of 60% of the Aberdeenshire population being able to access an abdominal ultrasound scan locally
- 14 GP practices have signed up to an Orthopaedic Medicine Locally Enhanced Service (LES) for 09/10
- Near patient testing for warfarin is now available at all GP practices
- Community Cardiology is now operating at four sites
- A range minor surgery is undertaken by GPs across the area
- We have a range of specialist nurses covering urology, dermatology, endoscopy, cystoscopy and Multiple Sclerosis.
- An increase in blood transfusion/IV therapies in community hospitals is currently being planned

We continue to participate fully in the national Shifting the Balance of Care Delivery Group which is working with Boards and Local Authority partners to make measureable shifts in the balance of care. In particular we are putting in place a planning, prioritisation and evaluation framework so that the objectives and outcomes of various projects can be appropriately assessed. We are currently planning a joint event in the Autumn with Scottish Government on evaluation and assessment and how best to establish the cumulative effect of shifting the balance of care.

Intermediate Care

The development of intermediate care is crucial to shifting the balance of care on a sustainable basis. Throughout Grampian 'out of hospital' intermediate care initiatives are being progressed as well as changes within the main hospital sites. The Intermediate Care project is one of our Continuous Service Improvement (CSI) redesign programmes and commenced in 2007 (see Annex B). This project involves redesigning services at ARI and Woodend to facilitate the movement of services to more appropriate community settings.

During 2008/09 much of the early planning began to be implemented. A key organisational change was the transfer of responsibility for Woodend Hospital from the management of Acute Services to Aberdeen City Community Health Partnership with the Woodend Hospital site becoming a CHP led intermediate and rehabilitation centre ie a 'Community Hospital' for Aberdeen City. Work is ongoing to improve the accommodation and infrastructure at Woodend Hospital to fulfil this function. An early development was the creation of capacity at Woodend Hospital for a specialist intermediate and rehabilitation unit for orthopaedics. This is the first part of a plan to provide facilities at Woodend for orthopaedic, vascular, other muscular skeletal and stroke patients.

The project also plans for services for elderly people requiring specialist acute medical assessment to be provided in Aberdeen Royal Infirmary and this shift has already commenced and will ultimately involve the relocation of appropriate acute geriatric assessment beds from Woodend to accommodation at ARI. An early success of the Intermediate Care project was the Rapid Access Assessment Clinic. This was initially a pilot to find out whether providing a rapid multi-professional assessment on an outpatient basis would avoid admission for some elderly patients. The formal evaluation (covering 13 GP practices) suggests that admission was avoided for 65% of the patients seen. As a result a Triage and Assessment Unit is being established.

The service changes at Woodend and ARI have been complemented by wide-ranging community based initiatives. A prime aim of the intermediate care project is to ensure that patients remain at home as far as possible and are supported to remain there. A community geriatrics service has further developed with consultant geriatricians fully linked with GP practices. GP practices also now align with nursing care homes, meaning better links between professionals and optimal care for all elderly people.

Rosewell House, a new residential care facility for older people in Aberdeen, partly funded by NHS Grampian, opened in early 2009. The development meets the varying and complex needs of 60 older people, made up of 20 residential, 20 respite and 20 rehabilitation places. Craig Court, a 16 bed rehabilitation unit run by Southern Cross has also opened providing long stay and rehabilitation places for those aged 16-65 following an acquired brain injury, stroke or spinal injury. These patients would previously have remained in hospital.

In Moray, a number of initiatives have been implemented to support shifting the balance of care. The Home from Hospital service is being rolled out across Moray. A care officer has been appointed in the A&E department of Dr Gray's Hospital to support admission avoidance. There is a redesign of the home care service in rural Moray to support re-enablement and GPs have rapid access to Consultant Physician advice relating to their patients in step down beds in care homes

Long Term Conditions

Promoting and supporting self care activities and ensuring community based management of long term conditions continues to be a priority for NHS Grampian. Long Term Conditions is one of our CSI service redesign programmes (Annex B). We have a robust project infrastructure in place.

Over the last 12-18 months we have worked with partners to provide appropriate specialist care locally for people with long term conditions such as diabetes, coronary heart disease and chronic respiratory problems such as asthma. We have put in place suitable packages of care for patients identified as being at high risk of a preventable hospital admission. There has been ongoing training of community staff to shift the balance of care from hospital and to support patients to manage their conditions. Enhanced community based support has also meant patients can be safely discharged home earlier. The average length of stay in respiratory wards in ARI has reduced from seven to five days over recent years.

Current national measures relating to long term conditions seek to reduce the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD. Grampian currently has one of the lowest rates of admission for these conditions in Scotland. Admission rates vary significantly between the 3 local government areas within Grampian, the highest being in Aberdeen City. This intelligence is being used to target improvement activity.

There is a national target to increase the level of older people with complex care needs receiving their care at home. In Grampian the percentage of people receiving this type of homecare has risen from 15% in March 2003 to 26% in March 2008.

As part of the ongoing development of anticipatory care we are rolling out a model for managing the care of those at risk of admissions to hospital to 10 practices in Aberdeenshire and aligned health and community care teams. This will cover 89,000 people representing over one third of the Aberdeenshire population.

Grampian Eye Health Network

During 2008/09 we undertook a major reconfiguration of the emergency eye care service in Grampian. Community based optometrists assumed responsibility for the provision of this care. In the first year there were up to 8000 patient contacts with optometrists which previously would have required an attendance at the hospital eye casualty service. A system of direct referral from the optometrist to the specialist service is in place.

Mental Health

At the August 2008 Annual Review, NHS Grampian was asked to review the balance between hospital and community based mental health services. Over the past 30 years, NHS Grampian has reduced significantly the number of beds for mental illness and learning disabilities, which at one point in time exceeded 3000. Over the last 10 years bed numbers have continued to reduce from c950 beds to the current c470 beds. Over this period, a comprehensive community-based mental health and learning disability service has been developed, with a continuum of care from primary care aligned community teams to day patient and inpatient services.

The Grampian Mental Health Collaborative is one of our CSI improvement programmes (Annex B) and is presently focusing on continuing to improve access to services and the quality of care for people with mental health needs. The collaborative is Grampian wide and is made up of service users, carers, volunteers and local authority representatives as well as NHS staff. There are a number of national mental health targets which are the focus of the collaborative's work. In common with elsewhere in Scotland we are working to reduce the rate of antidepressant prescribing but are having difficulty in achieving this. Our prescribing rate is however low in Scottish terms. We have already delivered the required reduction in psychiatric readmissions but are mindful that rates vary within our area. We are making good progress with the development of a care pathway to improve early diagnosis and management of patients with dementia. The number of people with a diagnosis of dementia on the primary care dementia register is increasing in line with plan.

Other notable developments within mental health include the opening in February 2009 of the first NHS adult eating disorders unit in Scotland, the Eden Unit. This unit now provides a high quality service closer to home for the people of the North of Scotland. We also combined the management of mental health services for children and young people to ensure greater integration.

Agenda Item 5

Access to Services, Including Waiting Times

We have continued to make good progress over the last year in delivering waiting time reductions and in creating a stable position to support service redesign and service transformation to enable the delivery of effective, efficient, safe and timely patient care.

18 weeks Referral to Treatment

In December 2007, Grampian established its Better Care Without Delay (BCWD) Programme under the executive leadership of the Director of Planning and with a Programme Board chaired by the Medical Director. The Programme Board provides the leadership of the Grampian wide project to achieve the Government's access targets including 18 weeks from referral to treatment as well as additional interim targets introduced from April 2009. The Project Board oversees the implementation of enabling actions and facilitates the removal of any barriers to progress across the whole of NHS Grampian. This programme is part of our CSI programme (Annex B).

As a milestone in achieving 18 weeks referral to treatment, Boards were charged with ensuring that no patient waited longer than 15 weeks for inpatient or day case treatment by the end of March 2009. A 15 week target for a first outpatient appointment was also set. At the end of March 2009 Grampian exceeded this position with all available patients being seen within 12 weeks. A very small number of patients who were unavailable for admission at the end of March waited longer but were seen/treated as soon as they became available for admission. Over the last 12 months outpatient activity in Grampian has increased by 11% and admissions by 7%. Over the same period, the number of people on waiting lists has fallen by 16% for outpatients and 4% for admissions. Sustained achievement of the 12 week stage of treatment target has continued into the first quarter of 2009/10 and activity levels continue to increase.

To deliver these waiting time reductions there has been considerable effort by staff across the organisation and also considerable investment of resource. The greatest challenge is to continue to deliver further improvements on a sustainable basis within the financial resource available to us.

The BCWD programme continues to support improvement through a number of strands of work. During 2008/09 we started to implement a plan to improve how referrals are made and how they are subsequently managed by secondary care. Almost all GP referrals are now made electronically.

A key service improvement initiative was the 'Referral Hub'. This was initially trialled within orthopaedics, a specialty with a high and growing number of referrals. The Referral Hub involved protected time and resources to support the clinical and administrative team to work together to understand patient and administrative flows into, through and out of the specialty. This was done on a multidisciplinary basis with input from GPs and specialties interdependent on orthopaedics such as physiotherapy and neurophysiology as well as support from eHealth analysts and the BCWD team. As part of the analysis, 1300 referrals to orthopaedics were scrutinised

and decisions recorded. Patient pathways were mapped and important issues logged. The end result was the identification of a generic administrative pathway to underpin delivery of the 18 week RTT for this specialty. The orthopaedic team identified activities to focus on and developed a concise action plan covering improvements to referral vetting and management, recording of clinic outcomes and improved patient information. The Referral Hub initiative is now being rolled out across other specialties on a planned basis.

During 2008/09 we also agreed plans to roll out pre-assessment services across Grampian. Pre-assessment is carried out to speed up treatment and avoid theatre cancellations. The Government target for accessing selected diagnostic tests within 6 weeks is now being met in full. Systems are being developed to extend the monitoring to an increased range of tests. A diagnostics project as part of our CSI programme is being considered (Annex B).

At the outset of the BCWD Programme, it was known that effective and efficient intelligence on patient numbers, activities and needs were required. Considerable focus has been given to mapping and measurement. The locally produced 'Time to Clear' model has been valuable in guiding improvement activity. Monthly reports on progress are available to operational managers using Business Objects systems and traffic light reports are produced for the Programme Board and onward reporting to the NHS Board.

Cancer Targets

For 2008/09 Boards were expected to ensure that 95% of urgent referrals for suspected cancer were treated within 62 days. Whilst there has been a significant improvement in Grampian's performance against this target with compliance increasing from 66.4% in April-June 2005 to 95.5% in Oct-Dec 2008, regrettably the performance in the first quarter of 2009 fell to 93.9%. Provisional data for April-June 2009 suggest the position has been recovered (96.4%). A complex system of patient tracking is in place to support delivery of this target and each breach is fully investigated and learning points identified. The small numbers involved in some cancers can mean that very few patients waiting longer than 62 days can have a big impact on the compliance rate.

For 2009/10 the number of people covered by the 62 day target increased by the addition of patients referred from any source, including self referral to Accident and Emergency (A&E) and through screening programmes. In addition a new target of 31-days from decision to treat to first treatment for all patients diagnosed with cancer will be introduced from October 2009. For 2009/10, validated quarterly cancer waiting times submissions will continue to be used to describe performance on a proxy measure of diagnosis to treatment. 61.4% of cancer patients received treatment within 31 days of diagnosis, in the quarter ending March 2009.

Accident and Emergency (A&E)

Grampian continues to make steady progress towards meeting the target of 98% of patients discharged or transferred within 4 hours of arrival at A&E. The target was delivered in June and July 2008. Unfortunately this level of compliance was not sustained in subsequent months. The compliance rate has improved more recently with 97.8% compliance recorded in June 2009.

Delivery of this target has received considerable focus in the last year. We have worked with the Improvement Support Team to identify barriers in the system and sought to alleviate these. Generally breaches have been a consequence of bed availability within our main hospital sites leading to patients waiting within A&E for admission. Delivery of our Intermediate Care Programme, outlined in section 4, along with initiatives to ensure admission only when really necessary, will lead to improvements. In 2008/09 we established an Unscheduled Care Network to co-ordinate and plan more responsive emergency care across different services such as NHS 24, A&E and General Practice. This will ensure patients receive the right care in the most appropriate place and at the right time.

Dental

Ensuring appropriate access to NHS dental services for the population of Grampian has been a particular challenge for many years. We are very pleased to report significant improvements in this regard. Item 3 of this self assessment gives current performance against oral health measures for dental registrations and shows that we are now well on track to deliver dental registration targets.

The dental workforce in Grampian increased by over 21 dentists in 2008/09, representing a significant increase in the rate of recruitment. Continued increase at this rate would mean 80 -100 additional dentists over the period of our Dental Action Plan 2008-12. The Plan sets a target of 300 dentists working in Grampian by 2010 and this target was achieved in March 2009 (local statistics). The Dental Plan workforce targets for 2010 and 2012 will be revised upwards to maintain the improvements in workforce numbers. All subgroups of the workforce are increasing at a similar rate. The majority of new dentists joining the service are committed to NHS care.

There have been continued improvements in the number and quality of dental practices. New facilities to support the expansion of the dental workforce continue although at a slower rate than previous years. In 2008/09 over 10 practices upgraded to meet decontamination standards. A large number of new facilities are planned to open in 2009/10 including:-

- 3 practices with 18 surgeries in Elgin (this includes Spynie Dental Outreach Centre)
- A development with 6 surgeries in Huntly
- Developments throughout Aberdeen City including 3 practices and the surgery at Aberdeen Dental School

Progress with dental education and training cannot be overstressed. The Aberdeen Dental School opened in 2008 with 35 dental students in training at Aberdeen University. The new Aberdeen Dental School building will open in November 2009. There are over 100 dental nurses in training supported by NHS Education Scotland. The number of training places for postgraduate dentists continues to expand.

Agenda Item 6 Service Change and Redesign, including Patient Focus and Public Involvement

Service Change and Redesign

NHS Grampian has a history of effective service redesign. Our 2002 *Healthfit* strategy set a direction which is still largely relevant today. However the current economic environment and the circumstances we face require a dramatic change in our approach to service provision if we are going to continue to provide high quality services for our population. Whilst there is a good deal of constructive and innovative change taking place, we need to make these activities more effective, widespread and sustainable. This will be achieved only if change is understood, owned and delivered by all. All staff need to be supported and encouraged to be involved. Our approach to improvement developed during 2008/09 is known as Continuous Service Improvement (CSI). The aims of implementing CSI are to ensure that:

- NHS Grampian has knowledgeable and confident staff prepared to lead and engage in CSI activities
- Pan Grampian service delivery is led, managed, prioritised and improved using LEAN techniques
- We establish our own improvement tools and techniques
- The approach realises significant benefits

Considerable progress on CSI has been made over recent months. The CSI portfolio comprising 14 Programmes and Projects is now at various stages of scoping and implementation and other key supporting strands of CSI have been identified and initiated. Information on these programmes/projects are contained throughout this self assessment. Annex B gives more information.

Work is also underway to integrate other programmes currently being implemented across NHS Grampian which enhance improvement activity and employ LEAN tools and techniques. These include “Releasing Time to Care” and the Scottish Patient Safety Programme (SPSP). By integrating approaches and defining common tools and techniques, there will be a wider spread of improvement.

We have created a Strategic Change Team this year which is now firmly embedded in all elements of the portfolio, providing support to programme and project teams in addition to driving Grampian wide priorities such as training and communications. The Strategic Change managers are aligned to the sectors and have responsibility for supporting specific programmes and projects within the CSI portfolio.

Patient Focus and Public Involvement

One of the five strategic themes which underpins our priority work is:-

Involving patients, the public, staff and partners towards mutuality

A mutual NHS is one which works in a truly co-operative and collaborative way with its staff, public and patients and partner organisations. This way of working has

become progressively embedded into the day-to-day work of the organisation over the last few years but we want to do more to develop meaningful relationships with the public and our communities and to make sure that patients experience the best possible care when they come into contact with our services.

Getting Involved in Grampian

In 2004, NHS Grampian established a Patient Focus and Public Involvement (PFPI) Committee to provide strategic direction, quality assurance and monitoring of progress on all aspects of Patient Focus and Public Involvement. The committee routinely examines progress on all themes within PFPI and provides assurance on this to the NHS Board. The Committee meets four times each year and includes representation from across the service as well as two public lay members.

We have a well established Community Forum with in excess of 80 members made up of patients, carers and the general public who are particularly interested in health services across Grampian. Members of the Forum work in partnership with clinical staff and managers as a large group and sometimes as individuals on working groups and committees. Much of the Forum's work is associated with issues that impact on the whole of Grampian.

During 2008/09 we have worked to further develop the Public Partnership Forums (PPF) established within each Community Health Partnership (CHP). PPFs are locally based networks of members of the public, patient groups, voluntary organisations and carers who work in partnership with the CHP staff. The aim is to improve access and local health services, help improve the health of the local population and develop new and existing health services in their areas. PPFs are used to inform people about the range and location of services and to involve local people in the improvement of services. The forums also support wider public involvement in planning and decision making.

A development day for Public Partnership Forums, hosted by the Scottish Health Council, was held in August 2008 and brought together staff and PPF member representatives from the three CHPs. This was a very positive day with a report and local action plan for each CHP approved. One recommendation was for increased staff support for PPF groups. In Aberdeenshire, discussions are ongoing with Community Planning partners to identify scope for linking-in to established community engagement structures and sharing resources e.g. for training. In Moray, a joint funded public involvement worker took up post in March 2009. Public involvement in Aberdeen City CHP is benefiting from a Public Involvement worker attached to the Aberdeen City Primary Care redesign project.

Some Examples of Involvement

The following are some examples of where local people have been involved in plans for service change and service improvement over the last 12-18 months.

- The Moray PPF has been actively involved in the Health Care Associated Infection agenda, raising awareness of good hand hygiene and conducting environmental audits in Dr Gray's and Moray community hospitals. During 2008/09 members of the group have been involved in service redesign for sensory disability, eye care services redesign, and the Forres Hospital and

- A comprehensive mapping exercise is underway in Aberdeen City to gather information about public and patient groups that may be affected by, or have an interest in, changes within primary care. Communication plans around GP practice changes are being drawn up to ensure the needs of patient groups are considered in the redesign of local services.
- PPF groups are set up across Aberdeenshire and links with communities continue to develop with members of the public and community groups linked to specific projects including the Aberdeenshire Drug and Alcohol Team. .
- The Emergency Care Centre Project produced an information booklet and held a very successful open day for public and staff in September 2008 and the project team is ensuring issues raised by the public, ie access, wayfinding and waiting area facilities, are considered in the new building design. Information booklets are being produced for other key programmes and developments including Intermediate Care services at Woodend Hospital and the Forres Development in Moray.
- There has been significant progress in meeting the needs of non-English speaking migrant workers and their families with Language Line access points and services now available 24 hours a day 7 days a week. Consultation with local ethnic communities helped shape the revised Racial Equality Scheme.
- New Healthpoint and Carers Information points have been set up in the concourses at Aberdeen Royal Infirmary and Dr Gray's Hospital, Elgin. These are improving access to health information and support for carers and patients.
- A discussion group was held in February 2009, to give patients, carers, members of the public and local voluntary organisations an opportunity to hear about the options for developing a Cancer Centre on the Foresterhill site, and to discuss the issues surrounding the project. Fourteen public representatives attended along with members of NHS Grampian staff who are involved in the project. The discussion group was a starting point for the future public involvement activities around the Cancer Centre, identifying key issues for patients, carers, members of the public and voluntary organisations and giving the background around how the new Centre fits into the plans for the development of the Foresterhill site
- As part of the Scottish Patient Safety Programme (SPSP), the Patient Safety public representative worked with staff to develop a pilot survey to capture patient experience in real time on a small set of specific areas which included hand hygiene, cleanliness of the ward environment, and involvement in the decision about their care/treatment. Overall those patients who replied were very satisfied with their hospital experience in the ward.

- In order to spread the message on hand hygiene we held a one-day event in The Trinity Mall, Union Street, Aberdeen in March 2009. The Hand Hygiene and MRSA Screening teams joined forces to provide an interactive, informative and fun activity day. The interactive activities at the stand attracted many people.
- The MRSA Screening pilot started in August 2008. A communication group was set up as part of the Project Management arrangements to co-ordinate the production and dissemination of patient information about the screening pilot. At the time of the launch of the MRSA Screening pilot, interviews were carried out which were broadcast on local radio, giving people information about the pilot. A news release was issued to raise awareness amongst the general public. Patient information leaflets were developed for all patients being screened for MRSA and patients diagnosed MRSA positive. Both these leaflets were made available in alternative languages and large print and service users were consulted on the wording and content.
- During 2008 NHS Grampian developed an Oral Health Improvement/Dental Health Action Plan which set out targets for improving access to dental services, improving the oral health of children and adults and improving dental service facilities. This plan was approved subject to wider public and stakeholder consultation by NHS Grampian Board in February 2008. In May 2008, a shortened version of the plan was written together with a feedback questionnaire to distribute to the public and voluntary sector interest groups for comment. A meeting to discuss the dental action plan was held with members of NHS Grampian's public partnership forums in May 2008. The final version of the Dental Action Plan included details of the public consultation and feedback with a recommendation to develop a communication and involvement framework to support the implementation of the plan.
- An option appraisal on services for Children with Complex Needs in Aberdeen City is underway. This included comprehensive involvement and engagement work, including a number of workshops involving parents, staff and carers. Three workshops were used to identify the benefits which services should provide and rank these, as well as to generate options for redesign which were scored to identify the preferred options. Work continues on developing the preferred options. This will be followed by a period of final formal consultation, the duration of which will be agreed between the stakeholders, NHS Grampian and the Scottish Health Council, prior to a report to the Board for final decision.

Better Together

Scotland's Patient Experience Programme includes the requirement for Health Boards to participate in three patient experience surveys. The first of these will be an in-patient survey followed later by a GP user's survey and a long-term conditions survey. The surveys will be postal and will be sent to a random sample of patients. For the purpose of executing this survey work the Scottish Government requires each NHS Board to set up a project team. Initially the project team will be responsible for the in-patient survey only. Boards will work with an approved

contractor chosen from a list of approved contractors. The approved contractor will administer the agreed survey tool, analyse the results and provide Boards with reports of the data. The Better Together Co-ordination Centre will provide the approved contractor with the survey instruments and guidance that they need to undertake the in-patient survey. NHS Grampian has established a project team to guide this work including public representatives.

The Future

In August 2009 the Patient Focus and Public Involvement Committee approved a PFPI Framework for 2009-2012 and an Action Plan for 2009-10. An extensive work programme is planned. The Scottish Health Council (SHC) has asked all Boards to work with the public to agree 6 priorities for SHC assessment in 2009/10 and following a vote by Community Forum and Public Partnership Forum members the priority projects have been agreed as:-

- Infection Prevention and Control
- Long Term Conditions and Self Care
- Access to Primary Care (focus on Aberdeen Redesign Programme)
- Better Care Without Delay
- Intermediate Care
- Cancer Centre

The three year framework outlines future activity against each of the PFPI themes:

- Performance monitoring, assurance and assessment
- Patient Experience (Better Together)
- Public Involvement and consultation
- Patient, public and carer information
- Equality and Diversity
- Advocacy and Volunteering
- Learning and Development

Agenda Item 7 Improving Treatment for Patients

One of NHS Grampian's five Strategic Themes is:-

Delivering safe, effective and timely care in the right place

This is about ensuring the care we provide meets the individual needs of patients and is safe and effective.

Patient Safety

NHS Grampian continues to ensure that patient safety is key to everything we do. Our revised Patient Safety Strategy was approved by the Board in August 2008 and has been widely disseminated.

The Scottish Patient Safety Programme (SPSP) is being implemented as part of the revised Patient Safety Strategy with pilot sites within Aberdeen Royal Infirmary and Dr Gray's established. In addition formal groups have been set up within Children's Services and in Aberdeenshire CHP to take this work forwards in a structured way.

There is considerable involvement of frontline staff in all workstreams to support this work with excellent clinical leadership which, combined with clear senior leadership support, has resulted in demonstrable progress. The pilot sites are gathering their own data and information to show the improvements being made and this is being displayed at Ward/Unit level. NHS Grampian has been able to demonstrate improvement in all five workstreams of Leadership, Medicines Management, Peri-operative, General Ward and Critical Care. Our work has been shared with other Boards across Scotland with we delivered seven presentations in each of the workstreams at the national learning event in May 2009.

Key changes are beginning to be made. Compliance is improving with process measures such as hand hygiene, cannula care and safety briefings. Changes in outcomes are also being demonstrated eg two pilot areas exceeded the goal of 300 days without having a Staphylococcus Aureus Bacteraemia infection.

Links have been made with the two Grampian Universities about incorporating the model for improvement and the programme elements into the curriculum for Medical/Nursing/Allied Health Professionals and Pharmacists.

A public representative is a member of the Patient Safety Reference Group and has been involved in the development of materials to capture patient views on their care as part of the work with pilot sites. In addition they are now participating in Patient Safety Walkrounds, when a member of the Executive Team meets with ward and department staff to discuss patient safety.

A Patient Safety Quality Dashboard is being developed which will begin to look at five high level harm measures. This will expand over time to include a suite of measures which will allow monitoring of the whole system effects of the Patient Safety Strategy. Monitoring these measures will allow for a quick response if the

strategy to improve clinical quality detrimentally affects other measures seen to be important for organisational stability.

MRSA Screening

NHS Grampian has been one of three NHS Boards participating in the national MRSA screening pilot since August 2008. 25,000 patients were screened in the first six months of the pilot. Our compliance rate has been excellent (between 90 and 95%). The screening pilot has now been concluded and the transfer of all data to Health Protection Scotland has been completed within the agreed timescales.

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% compliance but Grampian has been above this rate (at around 95-98%, with a small number of exceptions) since monitoring commenced. Where compliance is less than ideal, actions are put in place to improve. In Scottish terms Grampian's overall performance in the January-March 2009 quarter was 95.7% which was equal to the Scottish average.

We continue to increase the number of registered Cleanliness Champions. As at June 2009, there were 880 course completions recorded which is well above the average per head of staff in the main Scottish Boards.

Hand Hygiene

Hand hygiene compliance in NHS Grampian remained high during the monitoring periods of March and May 2009. With a compliance rate of just over 95% we compare favourably with the Scottish average of 93%.

Healthcare Associated Infections

For 2008/09 the national target was to reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010. For 2009/10 this has been expanded to include compliance with local antimicrobial policies by 2010; and to reduce the rate of Clostridium Difficile infection in hospitals by at least 30% by 2011. Regular, comprehensive reports on progress towards these targets are provided to each NHS Board meeting.

The number of identifications of staphylococcus aureus bacteraemia has fallen steadily in Grampian with the end of March 2009 level showing 200 cases against a target of 192. Monthly averages have reduced by 37% over three years. Infection rates in Grampian are comparable with similar sized Boards.

By contrast there has been an increase in Clostridium Difficile Infections since late 2007 and in the year to March 2009 Grampian had the second highest rate in those aged over 65 in Scotland. The average number of cases recorded per month during 2008 was 73.2 which was almost 50% higher than the monthly average in 2007. So far in 2009 the monthly average has dropped to 54.9 cases and in July and August 2009 the figure was 35, which is the lowest of any month since July 2007. Grampian continues to show a high incidence of community diagnosed Clostridium Difficile infections and concerted effort is now undertaken to influence antimicrobial prescribing in primary care. In response to recent outbreaks in hospital settings, we

have taken action at Woodend Hospital, Dr Gray's in Elgin, and Aberdeen Royal Infirmary to address risk factors in the hospital environment. This has included reducing bed numbers to increase the space between beds and structural refurbishment of hospital wards.

Agenda Item 8 Finance, Efficiency and Workforce

Finance

NHS Grampian remained in financial balance in 2008/09. 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
Revenue Resource Limit	756,339	749,853	6,486
Capital Resource Limit	41,801	41,798	3
Cash Requirement	826,100	826,100	0
Memorandum for In Year Out-turn			£000
Brought forward (surplus) from previous financial year			(6,391)
Saving against Revenue Resource Limit			95

Total efficiency savings of £27.5 million were achieved against a requirement of £26.2 million. Recurring savings amounted to £19.4 million whilst the recurring nature of £8.1 million of savings remains to be confirmed.

2009/10 planned revenue expenditure amounts to £913 million with a capital plan net of agreed brokerage amounting to £55 million. Cash releasing efficiency savings for the year were planned at £22 million, but recent correspondence from the Scottish Government Access Unit concerning reduced funding, increases that target to £26 million.

Performance to the end of August 2009 shows revenue overspends of about £3 million with a full year projection of breakeven. There are no perceived major risks to the capital plan although attempts are being made to defer expenditure to support the Scottish Government Health Directorate's efforts to reduce commitments to align investment to funding, which has been hit by a large reduction in expected asset disposal receipts.

Outline funding allocations for 2010/11, both revenue and capital, suggest a financial challenge not so far experienced by the vast majority of NHS Grampian staff. Strategies are being reviewed across the organisation to re-align service provision to the resource envelope now expected to be available. Fundamental changes to the

phasing of our capital investment programmes will be of particular difficulty while bringing staff costs into line with a lower than planned budget will require extensive debate on organisational change.

Capital Developments

NHS invested £41.7 million on capital programmes during the 2008/09 year. The major areas of spend included £6.6m on acute specialist services, £8.9m on infrastructure, £3.4m on primary care modernisation, £3.8m on dental modernisation and £4.7m on eHealth capital projects. Of particular note in the last year was the completion of the Matthew Hay project (Suttie Centre) in association with the University of Aberdeen, the construction of the Aberdeen Dental School, the Eden Unit for eating disorders at Cornhill, the new staff nursery 'Acorns' as well as additional and replacement cath labs at ARI and improvements to cancer accommodation. In terms of forward capital build and planning, the Foresterhill, Woodend and Dr Gray's blueprints continue to be developed and implemented. The business case for the new £110m Emergency Care Centre at Foresterhill was approved and work has now started on site. This centre will integrate acute medical assessment with A&E and out of hours services, replacing more than 40% of the existing inpatient facilities at the hospital. Work is also underway with the Chalmers Hospital Redevelopment and the planning for the Aberdeen Health Village and the new Forres Health Centre are progressing well.

Efficiency

NHS Grampian strives to be an organisation which operates at maximum efficiency whilst delivering effective and high quality care. We review our performance regularly against other similar organisations and take opportunities to learn from elsewhere where improvements can be made. We have used the output from the National Benchmarking Project and the more recent Efficiency and Productivity Group to guide where action might lead to further efficiency gain. One of our five Strategic Themes (see Annex A), from which our organisational objectives are derived is:-

Improving efficiency, productivity and sustainability

The NHS in Scotland measures the efficiency of Health Boards across a number of measures and progress towards national targets. A summary of our 2008/09 performance is given in the separate 'At a Glance' document.

Universal Utilisation of CHI number: The proportion of laboratory requests which included a CHI number was 98.4% in March 2009, above the 97% national target. From April 2009, the measure changed to use of CHI in radiology requests and this target is already being delivered in full at 98.7% (June 2009).

Sickness Absence: There is a national standard across NHS Scotland that sickness absence rates should not exceed 4%. This is an extremely challenging standard but one to which considerable effort is being applied. There is a strong seasonal trend in sickness absence but through strengthened Absence Management initiatives, a revised Attendance Management policy and improved data collection procedures, we have demonstrated year on year reductions in absence rates. We are

consistently below the Scottish average and reported 4.3% absence in March 2009 and 4.2% in April 2009.

Knowledge and Skills Framework Personal Development Plans (KSF PDPs): All staff covered by Agenda for Change had a PDP by the end of March 2009, meaning this national target was delivered in full.

Day Case Rates: NHS Grampian has made good progress in 2008/09 in progressing to deliver national and local targets for same day surgery. Our average annual day case rate rose by 5% this year to 67.5%. A number of issues are being addressed to improve performance including coding of activity in outpatients, zero length of stay inpatients, no procedure recorded, patients admitted the night before and information reporting. The number of inpatients with a zero length of stay decreased by 14% in the last year but there were still 1971 of these resulting in a same day surgery rate 2.9% lower than if these patients had been recorded as daycases. Had these patients been day cases the same day surgery rate would have been 70.5%. Our main focus for achieving the same day surgery target is on five main specialties – Gynaecology, Orthopaedics, General Surgery, ENT and Urology. With small improvements in these areas, it is expected that performance will soon reach 74% and with additional work elsewhere, the target of 75% will be achieved.

The national target for day cases covers a selection of procedures known as the British Association of Day Surgery (BADs) procedures. This covers around 50% of surgical procedures. NHS Grampian has a target of delivering 70% of BADs procedures as a day case by September 2009 and 83% by March 2010. The performance in the quarter to March 08 was 65.5% rising to 67.5% in the quarter to March 2009.

Non-Routine Average Length of Stay: Average hospital length of stay for non-elective acute inpatients decreased from 5.68 days in the year ending March 2007 to 5.38 days in the year ending December 2008. This is already below the target reduction to 5.5 days by March 2009.

Review to New Outpatients ratio: NHS Grampian performs well in Scottish terms against this national measure of efficiency. There were 1.91 return outpatient attendances for each new outpatient attendance in the quarter ending March 2009, which delivered the target ratio.

New Outpatient Did Not Attend (DNAs): the percentage of new outpatients who did not attend their appointments decreased from 8.4% in the quarter ending March 2008 to x% in the quarter ending March 2009. NHS Grampian has given considerable focus to minimising DNAs through adoption of Patient Focused Booking and by trialling and rolling out a patient reminder system.

Online Management of Referrals: Almost 100% of referrals from GPs in Grampian are now made electronically. The expectation is that these referrals continue to be managed on an electronic basis when they reach secondary care. Grampian set a target to manage 10% of referrals electronically by March 2009 rising to 45% by March 2010. The system for recording that this is happening (part of SCI Gateway)

has just been put in place in Grampian (September 2009), and we expect to deliver the March 2010 target in full.

Best Value

NHS Grampian has recognised the characteristics of best value as fundamental to good management in the health service and has sought to apply them since guidance was published in 2003. In 2008 it was agreed to commit resources to a one year project to

- Identify and communicate what best value means within the context of the NHS
- Identify the level of commitment to the principles of best value within each sector
- Identify the work that currently contributes to best value
- Support NHS Grampian to ensure that the principles of best value are included in planning and delivering health services

The work was based on national guidance on best value in the public sector and the understanding of this as it evolves through development across the public sector. The principles of best value are of necessity interpreted differently in the NHS – national health policy and guidance, the membership of NHS Boards, the structure of the organisation, national funding arrangements and accountability all set the context for best value. Nevertheless, the basic principles of public engagement and public accountability, effective and efficient use of resources and skilful performance management are universal.

The project raised awareness of best value and increased our understanding of the principles. We recognised in particular the strengths of our performance management arrangements, the work we are doing on a continuous improvement framework and the importance of public consultation and involvement.

We were also clear about the areas of work where we need to improve and have developed an action plan which will be reviewed in due course.

Procurement Best Value

One of our Continuous Service Improvement projects (see Annex B) relates to maximising savings associated with the procurement of goods and services. There are currently a large number of procurement processes and systems and the project will deliver improvements to ensure there is a greater use of national and local contracts, that the number of product types available is reduced and that best price agreements are secured. This project builds on work that has been underway for a number of years.

Workforce

During 2008/09 Grampian produced a comprehensive Workforce Plan (published in June 2009) which builds on plans produced in the three preceding years. This Plan provides a picture of the numbers, groups and profiles of staff to help us plan for the types of staff and skills we will need to deliver future services. The Plan is consistent with the commitments given in our Local Delivery Plan and the delivery of our major service redesign projects. The review of the key workforce challenges affecting delivery of these plans has highlighted the following issues for us:

- The impact of implementing Modernising Medical Careers, and the implementation of the European Working Time Directive for trainee doctors in August 2009
- The development of the Undergraduate Dental School
- The development of new specialist roles and Assistant Practitioner roles for nursing and midwifery and Allied Health Professions to support new services
- The recognised need to engage the wider workforce to support self-care and provide a more proactive approach to anticipatory care.

Affordability is one of the key criteria which the Workforce Plan is required to meet. The plan is explicit that further workforce redesign will be required to match workforce costs with resources available to the Board over the next few years.

NHS Grampian Strategic Themes and Strategic Objectives 2009/10

Improving the Public's Health and Reducing Inequalities

- Reduce inequalities in health outcomes and access to & use of healthcare
- Sustain and Improve the Population's Health
- Work in partnership to support healthier & fairer communities

Delivering safe, effective & timely care in the right place

- Be the best performing provider of health care services in Scotland
- Exploit opportunities arising from single system working
- Redesign health care services to improve the service to patients and reduce our cost base

Involving patients, public, staff and partners towards mutuality

- Ensure public and patients are fully informed in a way relevant to their needs
- Ensure all plans, programmes and services demonstrate active and meaningful involvement:
- Embed a culture of meaningful partnership in all NHSG services

Improving efficiency, productivity and sustainability

- Promote and encourage the effective utilisation and management of all our resources
- Meet Financial Targets
- Raise standards of performance to those of the best performing health systems in Scotland

Developing the Workforce and Empowering Staff

- Alignment of staff to deliver outcomes consistent with our stated strategic direction
- Creation of a supportive, nurturing and empowering organisational climate and culture
- Be the NHS employer of choice

Continuous Service Improvement (CSI) in NHS Grampian

A dramatic change in our approach to service provision is required to meet both the challenging environment we are operating within and the organisational objectives, building on the constructive and innovative change activities already taking place. The strategic deployment of CSI aims to ensure that all NHS Grampian staff are knowledgeable and able to engage in improvement activities, using improvement tools and techniques. In so doing, we will be able to realise significant benefits for the organisation by improving service delivery using LEAN principles and techniques. The CSI Portfolio of Programmes and Projects has moved beyond planning into the implementation phase with initial key areas for focus having been identified.

Benefits of improvement activities are being quantified, helping to assess the cumulative potential return on investment. A performance management matrix and reporting process has been established. A pragmatic approach to training is being rolled out employing a blended approach of face to face and e-supported learning. An engagement strategy including communication messages and information about CSI is being developed, with the Face2Face sessions as the start point. An evaluation plan is being developed, aiming to assess the direct contribution of the CSI Leadership and support with an assessment of the wider, cultural impact of CSI also being planned.

The strategic deployment of CSI is dependent upon the creation of a culture of engagement in improvement and change activity across all staff within NHS Grampian. A key driver in this is the creation of a style of engaging leadership, consistently demonstrated at Executive Team level and embedded in the successful delivery of the CSI portfolio.

As at September 2009 the CSI Portfolio consists of the following Programmes and Projects:-

- Long Term Conditions including Anticipatory Care
- Better Care Without Delay including orthopaedic theatre capacity
- Intermediate care
- Mental Health Collaborative
- Health Campus
- City Primary Care Redesign
- Unscheduled Care
- Length of Stay (medical)
- Length of Stay (surgical)
- Length of Stay (community hospitals)
- Neonatology
- Procurement Best Value

North of Scotland Planning Group Report for NHS Board Annual Reviews

Overview

Regional working is another way that Boards do business and this report outlines progress across the North. We are continuing to build on our success of planning together, towards a regional approach to delivery of key services. In May 2009, the North Boards opened the first NHS Inpatient unit for adults with an eating disorder. This unit is jointly funded by all North of Scotland Boards. In addition, NoSPG continues to lead implementation of Delivering for Remote & Rural Healthcare.

NoSPG is a collaboration between NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles. A number of Boards may also link with other regional planning groups in delivery of Board business.

During the year we have agreed the role of two further functional groups in supporting the work of NoSPG: the NoS Medical Directors Group, chaired by Dr Roelf Dijkhuizen, NHS Grampian and the NoS Nurse Directors Group, chaired by Miss Heidi May, NHS Highland. These important strategic groups will ensure appropriate clinical direction for NoSPG and the Chairs are formally members of the NoSPG Executive.

Regional Workplan

The NoSPG workplan continues with 17 high level objectives, each led by an Executive Lead from across the North. The main areas of work continue to emphasise Mental Health (Eating Disorders, Forensic Services and CAMHS); Child Health (particularly specialist services and links with secondary care and child protection); and Acute Services including; Oral Health & Dentistry, Cardiac Services, Cancer Services. The work is also supported by an extremely successful Public

Health network and workforce agenda. Inter-regional objectives include performance management of the Scottish Neonatal Transport Service (SNNTS) and providing Project Director support to the National Remote and Rural workstream. Additional workstreams this year, includes leading the development of the pan-Scotland bid for children's cancer services, and the Nursing and AHP workload measurement and management projects.

Benefits to Patients of a Regional Approach

Regional working should only be adopted where there is an added benefit to patients by adopting such an approach. In our Annual Report for 2008/9 we recognised significant benefits to patients through achievement of our workplan. The following table highlights what benefits patients have seen or will see as a result of current projects.

A Regional approach to **cardiac services** has ensured that patients from across the North with cardiac problems have both received the care they need in the north, within the timescales set nationally and have had access to new developments and treatments.

A planned regional approach to the planning and improvement, through investment, in **children's services** will provide equitable, accessible and sustainable specialist care for children and young people living in the North of Scotland.

A regional network for **Adolescent Mental Health** aims to ensure that young people can be cared for in their own communities, as far as possible, but that there will be access to specialist care, including inpatient admission within the North, if their condition requires it.

The **Secure Care** development will allow patients, defined as requiring medium secure care, to be cared for within the North, within an appropriate level of security and ensure that the North medium secure and Tayside low secure patients are cared for in modern, fit for purpose accommodation.

The establishment of **Obligate Networks** for radiology to support remote and rural areas will ensure local access to expert opinion, when required, and timely advice in support of treatment decisions.

The **NoS Eating Disorders Network** has already improved pathways of care across the North. The commissioning of the Eden Unit, the first NHS inpatients facility for adults with an eating disorder in Scotland will ensure that patients can access care within the North, the pathways of care will be improved, with better transition between local services and the regional unit.

The **Oral Health and Dentistry Project** aims to sustain fragile services and develop models to improve access for patients across the North.

A regional approach to **cancer services** allows better integration of care, between local areas and more specialist services, where Boards will work together. A networked approach to care means that patients across the North have access to the same standard of care no matter where they live.

The **NoS Public Health Network** ensures that regional initiatives are based on the best available evidence and on the identified population need so that we make the best possible decisions within the resources available for the people of the North of Scotland.

The improvement in **workload and workforce planning** for the nursing, midwifery and AHP workforces will ensure that the workforce capacity and capability is maximised in response to changing patient need.

National planning and regional delivery of the **Scottish Neonatal Transport Service** ensures that trained and experienced dedicated teams are available 24/7 to transfer sick babies to the specialist services that they need, no matter where this is in Scotland.

The new model of safe and sustainable health services for **remote and rural** communities with formal working links between rural areas and those in larger centres will provide equitable, accessible and sustainable services to patients in remote and rural areas.

Annual Event

The Annual Planning event for NoSPG was held in Aberdeen, in October 2008, with improving patient access through technology as the main theme. The main conclusions were:

- NoSPG should maximise engagement in events through supported video links.
- In future, inclusion of technological approaches that improve patient access should be core to all NoS projects and strategies.
- North projects should maximise the use of electronic referral pathways to reduce time from referral to treatment, and telemedicine should be optimised to improve access and limit unnecessary travel, by both patients and professionals.
- NoSPG needs a clearer strategy for the eHealth, that is clinically led and describes the services where the North has identified a telehealth approach might be helpful.
- Through description of the areas for action, compared to a map of current infrastructure, a gap analysis should be made, which will inform local, regional and national planning and investment decisions.
- A telehealth system needs to be supported by technically competent advisors but it needs clinical leadership to describe what the technological tools need to deliver.

North of Scotland Planning Group

08 June 2009