

Final Draft



NHS Grampian

Annual Operational Plan 2019/20

DRAFT

Contents

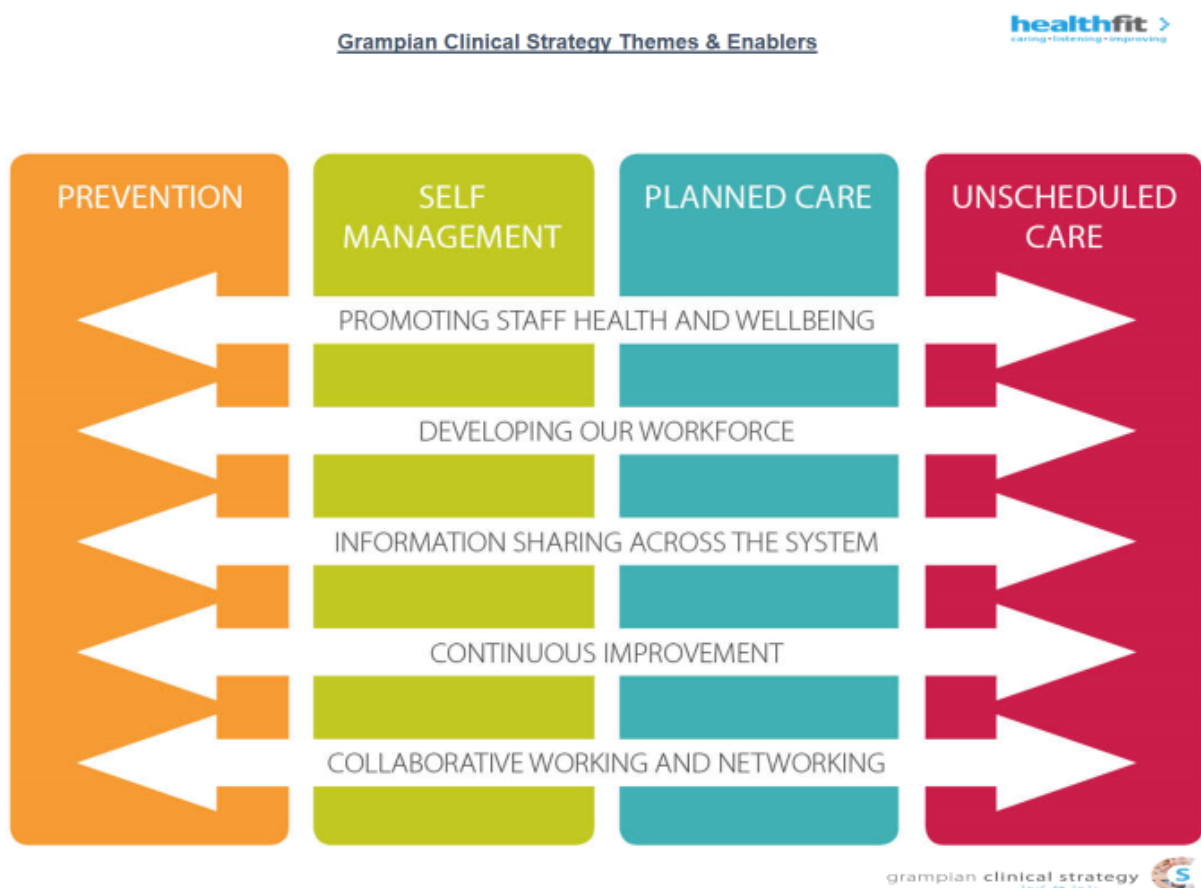
1: NHS Grampian Priorities	3
2: Unscheduled Care (Including Delayed Discharge)	4
3: Planned Care	9
4: Mental Health and Learning Disability	17
5: Prevention and Self-Management.....	26
6: Finance	32
7: Healthcare Associated Infection.....	366

Section 1: NHS Grampian Priorities

This Annual Operational Plan sets out how the Board will respond to the national priorities for NHS Scotland. The Plan is set within the context of the Board's own clinical strategy.

The Board's clinical strategy:

- Confirms the direction for clinical services for the five year years and beyond;
- Identifies the objectives across the health system to improve outcomes for patients; and
- Identifies the changes required to make the health system work more effectively.



In terms of delivery of the plan, the Board has the appropriate governance systems in place, with responsibility for implementation of the actions allocated to the System Leadership Team. We also recognise the increasing importance of collaborative working and investing both time and resources building relationships at all levels and across services and communities.

Section 2: Unscheduled Care (Including Delayed Discharge)

Context

Previous NHS Grampian Local Delivery Plans stated that our ambition was to seek to provide clinical treatment or advice in the right setting, at the right time, delivered by the right clinician/person. This aim was reinforced within the NHS Grampian Clinical Strategy, approved by the NHS Board in October 2016.

NHS Grampian has demonstrated resilience in unscheduled care, including over the winter period when services can be under greater pressure and performs positively against the national average. Much of the resilience is due to the efforts and hard work of committed and conscientious staff in our hospitals and communities as well as comprehensive cross-system planning and delivery. There has been considerable development of community based activity to minimise unplanned admissions to hospital and to facilitate supported discharge when admission does take place.

Working collaboratively across teams in NHS and Health and Social Care Partnership settings, multi-skilled staff work closely to focus on people's needs. In hospitals we have seen the further evolution of safety brief models including a daily conference across all sectors, we have developed integrated discharge pathways that cross sectors, we have developed close working relationships in partnership with other agencies to streamline processes and colleagues continue to develop more new ideas. We have been particularly successful at reducing the number of bed days spent in hospital by those awaiting discharge.

We have established an overview of unscheduled care that is provided by Chief Officers and the General Manager of Acute Services to provide leadership and direction. This overview includes strategic direction as well as a clear line of sight through the programme of work that delivers transformational change required in line with local and national strategies, as well as high level approval of operational planning such as the Winter Plan.

We participate fully in the national Unscheduled Care Programme focusing on delivery of the six essential actions. We operate a full staffing cohort to deliver the national Programme and are focused around the two acute sites, including a dedicated site based Improvement Manager embedded in the local team for Moray.

We also participate fully in the national Ministerial Steering Group and its supporting working groups.

Action Plans – 2019/20

Health and Social Care Partnerships have developed performance plans for the following indicators:

- Unplanned admissions
- Unplanned bed days
- A&E attendances
- Delayed discharge bed days
- Last six months of life at home
- Balance of care

These plans set out how the partnerships, with their wider communities and the Board will deliver optimum performance within resources available. Each partnership has developed Strategic Commissioning Plans. These provide more detailed information as well as the demographic and workforce challenges which are faced and which could detrimentally impact on delivery of planned targets for the future.

The Strategic Commissioning Plans are embedded below.



strategic-plan-2019-
2022.pdf



moray_strategic_pla
n_010416.pdf



Health and Social
Care Strategic Plan M

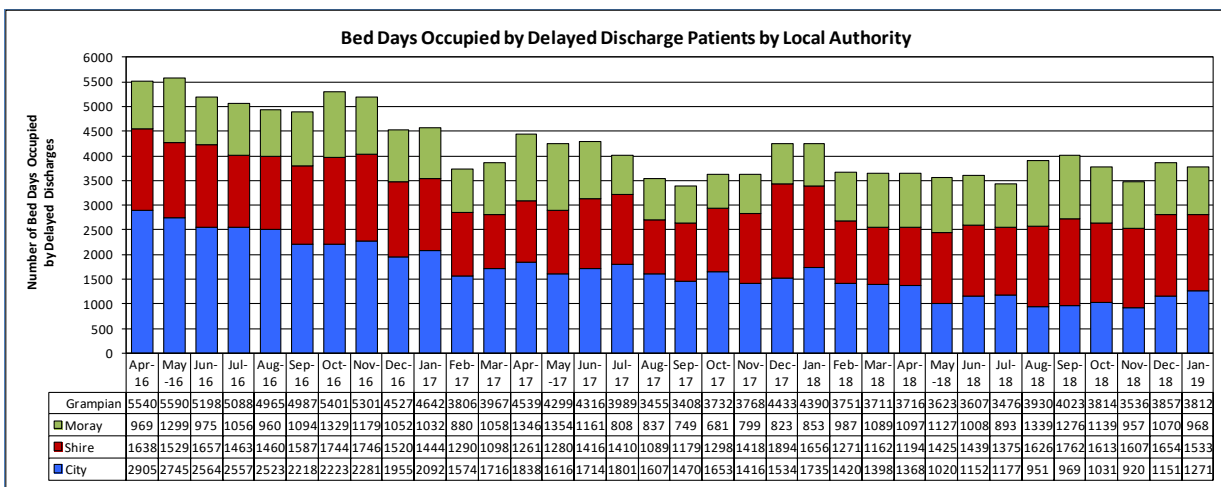
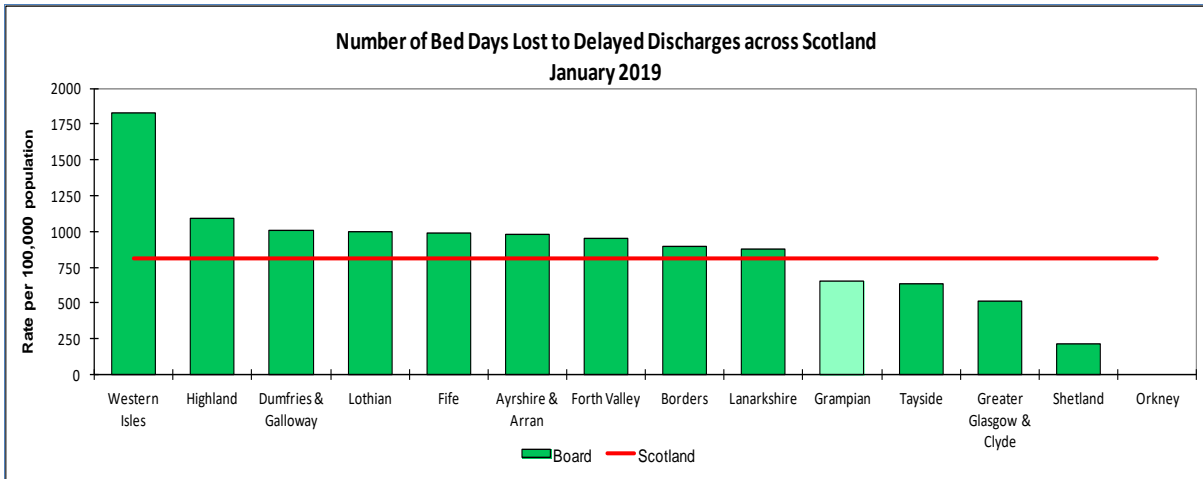
In terms of our performance in relation to delayed discharges and the 4 hour A&E standard we have included further details below.

Current and Planned Performance – Delayed Discharges and 4 Hour Standard

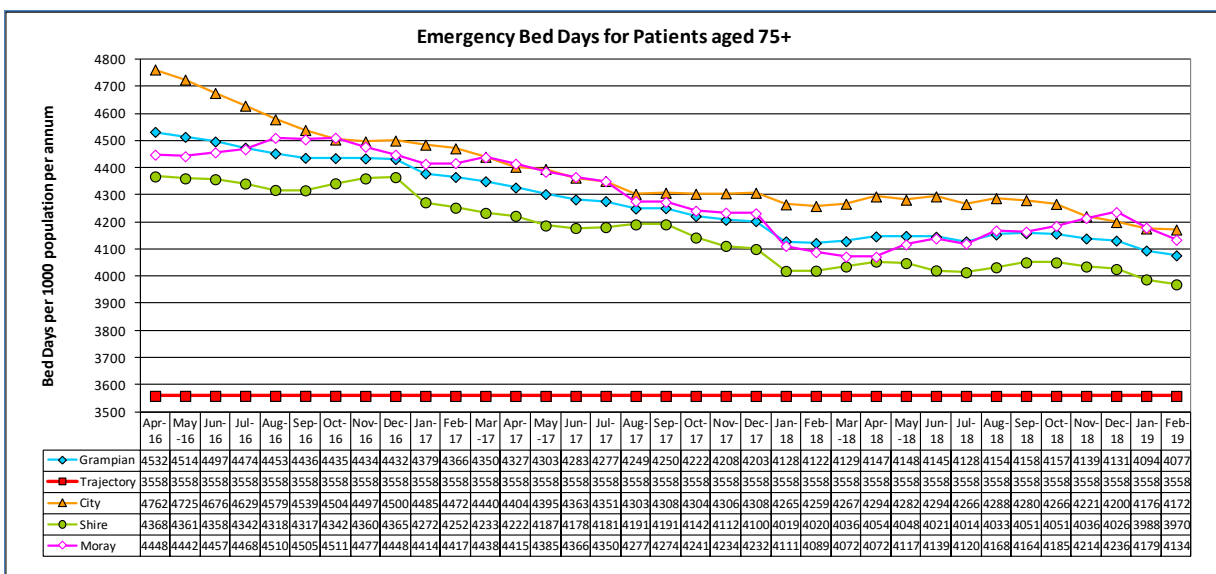
In terms of current performance, we would highlight the improvement activity that has been taken forward between the health and social care partnerships, the acute sector, local authorities and other partners to change how we improve access to health and social care. In the paragraphs below we set out how these actions have reduced the number and time patients have waited for discharge and the reduction in requirement for emergency admissions.

Delayed Discharge/Bed Days

There has been a concerted effort in Grampian to reduce the number of people delayed in hospital awaiting discharge and the length of time they are delayed. Whilst there are fluctuations from month to month and seasonally an overall downward trend can be demonstrated.



In Moray and across Grampian as a whole, the principal reason for delay is due to awaiting completion of care arrangements whereas in Aberdeen City and Aberdeenshire, the principal reason is due to waiting for place availability.



Emergency bed days for over 75s have been on a downward trend since April 2015. The latest figure, for the year ending January 2018, was 4218 bed days per 100,000 population which was 5.0% lower than for the year ending January 2017. The reduction was greatest in Moray, at 7.0% compared to 4.4% in Aberdeen City and 4.5% in Aberdeenshire.

Accident & Emergency Attendance Access Times and Patient Flow

Overall Grampian's attendance rate at A&E is one of the lowest in Scotland. We continue to promote our 'Know Who to Turn To' campaign to encourage people to access the service provider most appropriate to their needs.

Action Plans

Action planning and reporting for the Six Essential Actions (6EA) Programme are reported monthly via the Programme Managers Monthly Meetings with the National Improvement Team.

The three main areas of focus for action in 2019-20 are;

- Escalation Planning
- Discharge Planning
- Admission Avoidance

As an integrated system we will seek to improve unscheduled care services and performance by the following actions:

- Continue to take work forward by local 6EA groups with cross system membership.
- Daily cross system /sector flow huddles continue to support patient flow and there are three patient safety flow huddles per day.
- Refreshed re-launch of daily dynamic discharge supported by the Service Improvement Managers.
- Implementation of work planned through use of driver diagrams which have been produced with specialty senior clinical decision support.
- Ongoing development, support and evaluation of virtual community ward model and acute hospital at home models.
- Support patient flow through increased Site and Capacity Team operational hours to 24/7.
- Support discharge planning through additional pharmacy support in acute assessment ward and short stay medical ward.
- Support discharge planning through introducing discharge screening at weekends.
- Support discharge planning through flow coordination in acute assessment ward.
- Site based Discharge Co-ordinator to support a multidisciplinary approach to discharge planning in Dr Gray's wards.

- Support admission avoidance by investing in self-management for people with long term conditions via remote assessment and alerts.
- Continuing to develop the acute care at home model.
- Support Admission Avoidance through use of Frailty Assessment at the front door in Aberdeen.
- Support Admission Avoidance through introduction of Social Work input at the front door in Aberdeen.
- Focusing on locality needs and solutions.
- Implementing integrated neighbourhood care in Aberdeen model.
- Continuation of the Silver City project – a self-management approach to tackling social isolation for the older population at risk of hospital admission.
- Support Admission Avoidance by continued delivery of the Virtual Community Ward bringing greater collaborative working locally and supporting over 600 people to stay at home.

Unscheduled Care Services Delegated to Integration Joint Boards for Strategic Planning

The Integration Schemes for the Integration Joint Boards (IJBs) sets out the services which are delegated in terms of service delivery and strategic planning. Within the legislation there is a specific requirement relating to six acute hospital based services which are delegated to the IJBs for strategic planning.

Service Delegated for Strategic Planning	Agreed Host IJB
Accident and Emergency services within hospitals	Moray IJB
General Medicine hospital services	Aberdeenshire IJB
Geriatric Medicine hospital services	Aberdeen City IJB
Rehabilitation Medicine hospital services	Aberdeen City IJB
Respiratory Medicine hospital services	Aberdeenshire IJB
Palliative Care services provided within hospitals	Moray IJB

The three IJBs and NHS Grampian have agreed a collaborative approach and underpinning framework to optimise the benefits and opportunities around this work focusing on population outcomes across the whole pathway and system. This is based on the below agreed high level principles.

- Strategic planning leadership provided by an IJB.
- Development of a strategic vision and strategic plan focussed on whole patient pathway for the population of Grampian – this is done in partnership with all IJBs, acute services and other agencies.
- Resources and operational management/delivery of acute service retained by acute management team.

A phased plan has been agreed to take forward the strategic planning of the six delegated services. Initial focus has been on geriatric medicine services in the context of the wider model of care and a process is being put in place to take forward strategic planning for palliative care.

Section 3: Planned Care

Context

Our ambition for planned care as set out in our Clinical Strategy is to:

- Provide care close to people's homes, including diagnostics, treatments and wellbeing support.
- Tailor specialist treatment based on the realistic needs and goals of each patient.
- Improve the efficiency and productivity of services whilst safeguarding quality of care and working conditions for staff.
- Sustain planned care services as part of a North East and North of Scotland network, being sensitive to our dispersed population and securing sufficient capacity to improve faster access to care.

The National Waiting Times Improvement Plan was published in October 2019. The Plan reconfirmed that the overall approach to health and social care is rooted in the right of people to have safe, effective and person-centred healthcare.

The Waiting Times Improvement Plan focuses on reducing the length of time people are waiting for key areas of healthcare. The plan also takes account of the wider context of national, regional and local planning, health and social care integration, workforce planning, primary care development and the overall reform agenda. This includes the recognition of the relationship and impact unscheduled care demand will have on the capacity to deliver its objectives and the need to ensure a balanced approach to ensure patients' needs are met.

This Waiting Times Improvement Plan outlines the steps and timescales that will be taken, alongside significant and focussed additional investment to support this work. It sets out the clear deliverables over the next 30 months and how these will lead to improvements throughout this period.

Elective Care

Current Performance – TTG, OP and Diagnostics

At present we are predicting we will overachieve against the commitment given for our outturn position in Outpatients and TTG for 31st March 2019. In relation to the TTG position, the main variation from the plan has been the number of patients waiting over 52 weeks which has increased above the forecast trajectory. This has been mainly due to these patients being unsuitable to benefit from the additional independent sector that has been established to address our priority and longest waiting patients. The plan for 2019/20 will specifically seek to address these longest waiting patients.

Proposed Plan

We have assessed demand for our elective (planned) services. This takes account of the volume of patients treated the year before; changes in the numbers of patients waiting for both outpatient and inpatient treatment and the existing / growing backlog.

As part of the Elective Care Programme, individual specialities are developing service plans which take account of the realisation of productive opportunities (the Target Operating Model).

A key focus for 2018/19 was on realising our productive opportunities, as well as planning the service redesign to transform care in the medium to long term. Key areas that we focused on were pre-operative length of stay (day of surgery admission) and theatre utilisation. We will continue to monitor the effective utilisation of core capacity at our three main sites – Aberdeen Royal Infirmary, Dr Gray's and Woodend (Orthopaedics).

In addition to the Target Operating Model, during 2019/20 we will continue to develop theatre workforce to address the challenges we are facing in recruiting registered nurses. We have agreed to establish a Theatre Academy in order that we can develop the trained staffed required to support the new theatre staffing model that we are proposing to implement within the new elective care facilities and all our main theatres. This will enable us to increase the operating capacity within ARI by 25% by 31 March 2021 and provide sustainable models for all theatres across Grampian.

In terms of addressing demand through realistic medicine, we are planning to establish a Psychology and AHP Hub – focusing on return patients and patients where there are alternatives to surgery. We have confidence in recruiting to such posts and we know from initial experience this approach has the potential to reduce demand on a number of services.

As a result of the workforce challenges and level of backlog of patients waiting, we will continue to rely on sourcing additional capacity to continue to improve our performance during 2019/20.

Whilst the level of Scottish Government Access Support funding to be allocated to NHS Grampian is still to be formally confirmed, the Board has committed, based on discussions with Scottish Government, to support the continuation of the actions implemented during 2018/19 to increase capacity in the following areas:

- Additional independent sector capacity.
- Investment in recurring posts where there was an identified demand and capacity gap.
- Additional agency staffing to increase theatre availability locally.

These actions are being taken on the understanding that funding will be made available from Scottish Government for this additional capacity on formal agreement of our plan.

In addition to the continuation of the 2018/19 capacity, we are aiming to increase capacity in the following key areas subject to additional funding being confirmed.

1. Additional Capacity at Stracathro

We have agreement from a number of surgical services to utilise additional capacity at Stracathro that could be provided through the establishment of a mobile theatre and increasing the NHS Grampian share of capacity on the Stracathro site. Our initial priority services to allocate this capacity to General Surgery and Urology. The present assumption is that this would be utilised five days a week and 100% of the available time by NHS Grampian.

Discussions are ongoing with NHS Tayside in relation to the ability to increase the NHS Grampian share of the regional capacity to 50%. The financial consequences of this proposal are being developed and not reflected in our plan at this stage.

2. Addressing Long Waiting Patients (>78 weeks)

As requested we have undertaken a detailed analysis of the patients waiting over 78 weeks, which are mainly in the specialties of general surgery, urology and plastic surgery. In order to increase capacity we are proposing to reallocate capacity at Dr Gray's Hospital, utilise available capacity at Albyn Hospital and to take forward discussions with NHS Shetland regarding utilising capacity that they have available. The other category of waits waiting longest is within plastic surgery. We believe that this could be addressed through a redesign of current capacity and discussions are ongoing with the clinical team to agree an improvement plan.

3. Colonoscopy

In support of improving cancer performance, we have been able source additional colonoscopy capacity at Albyn Hospital. This will be directed to reducing the waits for suspected colorectal cancer patients.

4. Orthopaedics

In line with the significant service redesign undertaken within the service, we are in the process of finalising plans to reduce the backlog and increase recurring capacity. The investment is largely in community based staff to focus on foot and ankle referrals and hand referrals where we have a significant gap in capacity to address.

The funding requirement for 2019/20 is set out below and detailed in the waiting times improvement plan.

Funding Request		£/k
OP & TTG Projects		7,703
Nationally Provided Contracts ¹		2,000
Vanguard @ Stracathro		1,940
OP & TTG Subtotal		11,643
Diagnostics		1,532
Cancer		1,158
Cancer & Diagnostics Subtotal		2,690
Total Funding		14,333

Cancer

NHS Grampian is committed to ensuring that all those who require treatment for cancer should receive that treatment as soon as clinically appropriate. Improving cancer performance remains a Board priority as outlined within the Annual Operational Plan 2019/20 and we have established a robust cancer improvement action plan which seeks to deliver the recommendations of the Scottish Government's Effective Cancer Management Framework. The NHS Grampian Cancer Local Improvement plan sets out our ambitions to fully explore, and implement where clinically appropriate, the Effective Cancer Management Framework peer review recommendations to improve cancer management. To enhance our capacity to improve performance we have:

- Appointed a Medical Lead for Cancer Performance and a Head of Cancer (Pathways and Access) to provide the leadership and capacity to support the implementation of improvements across all cancer pathways; and
- Increased multi-disciplinary team (MDT) co-ordinator capacity to ensure appropriate monitoring of patients and implementation of clinical management plans for all patients with a cancer diagnosis. Each cancer pathway has an action plan which is reviewed regularly and variance escalated

NHS Grampian acknowledges that improvement against both 31 and 62-day standards is required and our focus for 2019/20 is to improve performance for all cancer pathways. Particular focus is on colorectal and urology pathways which accounted for 85% of NHS Grampian's 62-day breaches in the first quarter of 2019. We will focus on addressing ongoing capacity issues within endoscopy, which particularly impact on the colorectal screening pathway, and access to theatre capacity to ensure maximum utilisation of available staffed capacity.

¹ Dermatology, Ophthalmology & Orthopaedics

Recognising the significant staffing challenges which have impacted on capacity across NHS Grampian, a number of actions have been taken to effectively manage available resources whilst mitigating risk and ensuring appropriate governance. In order to achieve this, a clinically-led risk management system of clinical prioritisation was introduced from June 2017 to enhance our ability to prioritise patient clinical need, as determined by the treating clinician. The system is underpinned by robust monitoring and escalation processes which were developed in partnership with Primary Care and includes ongoing assessment of clinical risk to ensure highest risk patient groups are identified². NHS Grampian is committed to ensuring all available staffed theatre resource is targeted at patients with the highest clinical need.

In order to achieve this we are progressing a number of short-term actions to address the existing backlog, and medium and long-term initiatives which are focused on sustainable performance improvement:

- Breach analysis to focus on areas of consistent failure and patients waiting over 100 days;
- Systems of governance and assurance to monitor performance across all pathways;
- Weekly cancer pathway tracking meetings to identify and ensure early escalation of patients deviating from expected timed pathways and actions taken to prevent breaches where possible;
- Implementation of enhanced monitoring of available staffed theatre capacity across NHS Grampian with a view to identifying additional sessions for Colorectal, Urology and Breast.

These actions are underpinned by the following principles:

- As far as reasonably possible, patients requiring a procedure will be booked in turn;
- Available staffed theatre capacity will be allocated to cancer cases a matter of priority; and
- All available staffed theatre capacity will be allocated to the next highest priority patients.

A short-term plan has been developed to address the existing backlog of patients waiting longer than 62 days for treatment. As we treat patients waiting longer than the 62 day pathway target, we recognise that our cancer performance in 2019/20 is likely to deteriorate further. Agreed short-term actions are:

- Currently, urology and colon cancers account for 85% of patients waiting beyond 62 days for treatment. It is anticipated that the urology & colorectal backlog will be cleared in Q3 2019 as three whole day sessions of staffed theatre capacity will be reallocated as capacity to treat urology and colorectal patients who have waited more than 62 days for treatment.
- Increase capacity for scoping through use of the private sector at Albyn Hospital, Aberdeen Health Village and Dr Gray's.

²This system is currently under evaluation.

- Appointment of additional Urology consultant, colorectal nurse specialist
- Through enacting this short-term plan, we will significantly reduce the number of patients waiting more than 62 days for treatment across urology & colorectal cancer pathways to approximately 12 by end of Q3 2019.

Recognising finite critical care capacity, and to minimise unintended consequences through creating bottlenecks in the system, this short term plan will be in place throughout the summer theatre timetable from June to September 2019. Enhanced monitoring of the 6-4-2 theatre session allocation process will continue beyond this timescale and support the actions within the medium-term plan.

A high-level plan has been developed to ensure sustainable achievement of both the 31 and 62-day standards beyond Q3 2019/20. This seeks to maximise utilisation of core capacity across all elective sites within NHS Grampian and sets out our commitment to realising the productivity and efficiency opportunities outlined within the NHS Grampian Waiting Times Improvement Plan.

We anticipate that our short-term plan will address the existing backlog by Q2/Q3 2019 through a number of key actions, one of which seeks to reallocate existing staffed theatre capacity. As the backlog is cleared in the short-term, we will utilise reallocated staffed theatre capacity in the medium-term to maintain our cancer performance, with a specific focus on colorectal, urology and breast cancer pathways.

In order to sustainably improve cancer performance a number of work streams and developments will be undertaken in the medium-term. These are:

- Specialty-level service reviews;
- Consultant job plan template reviews;
- Theatre timetable redesign;
- Theatre capacity re-alignment across NHS elective sites;
- Development of a regional ovarian cancer service for the North of Scotland; and
- Increase capacity in endoscopy, radiology, PET and theatres as per 30 month waiting times improvement cancer plan.

These workstreams and developments have a number of interdependent improvement and sustainability initiatives. These initiatives have been outlined within the waiting times template.

Diagnostics

Our draft Waiting Times Improvement Plan sets out the diagnostic trajectories and improvements for 2019/20.

Regional Working

In line with the North of Scotland Health and Social Care Delivery Plan Discussion Document, NHS Grampian continues to work with Boards across the North of Scotland (NoS) in the development of a unified elective care system. This involves the harmonisation of our access policies and referral pathways, and integration of eHealth solutions and health intelligence

More importantly, this also includes the development of sustainable clinical pathways across the region, underpinned by a clinical prioritisation framework. At present, the following clinical areas are progressing regional developments:

- Oral Maxillofacial Service - regional clinically led collaborative model being progressed.
- Dermatology - exploration of the potential for a long term regional network arrangement for NHS Tayside and Grampian being progressed. Two clinically led, regional workshops have taken place, setting out the challenges, opportunities, and preferred way forward.
- Radiology - part of the national shared services agenda, supported by a regional working group.
- Laboratories - part of the national shared services agenda, supported by a regional working group.
- Urology - exploration of pathways of care between NHS Tayside and Grampian for prostate cancer patients. One clinically led regional workshop has taken place, setting out the challenges, opportunities, and possible way forward. A further clinically led workshop is being planned for May 2019.
- Vascular - exploration of pathways of care between the north Boards. One clinically led discussion has taken place, setting out the challenges, opportunities, and possible way forward. A further clinically led discussion is currently being planned.
- Cardiac - Three key priority areas have been agreed and are being progressed by the NoS Cardiac Services Group.
 - Approval of a NoS TAVI Business Case by the NoS CEO Group in November 2018. The NoS TAVI Service hosted in ARI is expected to go operational from April 2019.
 - A NoS Catheter Laboratory Workstream has been established to review equity of access to current catheter laboratory facilities. This will inform future capacity requirements across the NoS whilst ensuring optimal utilisation of current capacity, workforce and skills. This workstream has representation from NHS Grampian, NHS Highland and NHS Tayside and will also consider requirements for replacement or additional catheter laboratory capacity across the NoS.
 - NoS Cardiothoracic Surgery Sustainability Plan – a high level Cardiothoracic Surgery Action Plan was developed in 2018 and work remains ongoing with clinical and operational service leads to deliver on actions during 2019.

In addition to the above clinical areas, there is agreement by the North Chief Executives to:

- Review the priorities of all regional workstreams with a view to address and support short-term initiatives aimed at achievement of the Waiting Times Improvement Plan; and
- Set out a clear Acute Hospital Plan / Strategy for the north region, allowing short-term actions to be identified and addressed as part of a longer-term plan.

Overall Waiting Times Improvement Plan

The draft NHS Grampian Waiting Times Improvement Plan for 2019/20 is embedded below.



NHS Grampian
Waiting Times Improv

Further work will be carried out to progress our plans and trajectories for the period to 31 March 2021.

Section 4: Mental Health and Learning Disability

Context

Following discussions with Scottish Government in November 2018 on integration and NHS Mental Health and Learning Disability Services we submitted a detailed plan setting out the:

- Changes made within the operational arrangements at Royal Cornhill Hospital to maintain access to inpatient services; and
- Strategic review that was commissioned to consider the options for the future provision on pan-Grampian Mental Health and Learning Disability Services.

This section draws on that report, in addition to the plans that have been developed to improve access to Child and Adolescent Mental Health Services.

Operational Arrangements within Royal Cornhill Hospital

The revised operational arrangements implemented in November within Royal Cornhill Hospital continue. The consolidation of inpatient services into five wards was undertaken in close partnership with staff and patients. Steps taken included:

- All staff affected by temporary service closures had 1:1 meetings with Human Resources and nurse management to identify preferences for moves to alternative ward areas.
- Close working relationship with corporate communications and public involvement colleagues to ensure regular and appropriate communication.
- Regular email briefings to staff and other stakeholders including GPs.
- Press releases as required by NHS Grampian Corporate Communications Department.
- Meetings with staff in the staff lounge - lunchtimes and evenings (for night staff).
- Development of plans for reallocation of medical catchment areas.
- Briefing to Psychiatric Medical Advisory Committee.

As a result of the changes, staff to patient ratios have improved and there has been no impact on access to inpatient facilities for patients requiring admission. Permanent staffing complement has increased by 35 registered nursing staff following the recruitment of new graduates, however this is set against retirements and staff movement resulting in the continued use of bank and agency nursing staff to increase capacity, where appropriate.

The integration of acute and community mental health is well established across Grampian. Multi-disciplinary, multi-agency mental health teams are aligned to specific general practices in each IJB (Moray, Aberdeen and Aberdeenshire) with care pathways established to specific wards at Royal Cornhill Hospital and Dr Gray's Hospital (Elgin) should an acute episode require admission for a patient. The pathway is designed to support individuals in the community and to ensure wherever possible that the requisite resources are in place close to home.

The effectiveness of this model is reflected in the comparatively lower bed base, low cost specialist service in Grampian and, for example, the low Emergency Detention Certificates rates. The implementation of these arrangements is being overseen by the cross-Grampian Mental Health and Learning Disability Clinical and Care Leadership Group.

Strategic Review

The action plan submitted to Scottish Government set out how NHS Grampian would deliver the following:

- An integrated strategic plan for the provision of mental health services which optimises outcomes to meet population need and implement the appropriate reporting and governance processes; and
- Transition of the inpatient services to be formally hosted for strategic planning and operational delivery within an IJB of which there are three in Grampian.

The high level framework and process for the development and governance of an integrated system wide strategic plan has been agreed with the three IJB's and dedicated senior leadership and strategic planning capacity has been put in place to facilitate the implementation of the action plan. Underpinning this will be a robust stakeholder engagement and communication plan which sets out the key stakeholders, along with the various mechanisms to support wide ranging and meaningful engagement and communication in relation to patients, families, the public, staff and partners. In the interim whilst the strategic review is undertaken we have confirmed the following transitional arrangements:

- Joint executive leadership will be provided by Chief Officer and Director of Finance (current NHS Grampian executive lead for Mental Health and Learning Disability). The NHS Board will retain responsibility for delivery of the MH Waiting Times Standards during this period.
- The leadership management triumvirate based at Royal Cornhill Hospital will integrate with the Aberdeen City Health and Social Care Partnership senior management structure.
- Existing professional and governance links will be retained within NHS Grampian.
- No formal structural or organisational change processes will be implemented during the shadow period.

We have taken steps to ensure that we listen to the voice of those with lived experience of accessing services in Grampian and this work is ongoing. There is a commitment to ensuring that our strategy development is reflective of what we are told matters most to those accessing our services. To this end we have engaged the Health and Social Care Alliance Scotland to lead a local process of engagement with service users, carers and their advocates. Sessions have been held in Aberdeen City, Aberdeenshire and in Moray and have been attended by around 120 people comprised of those with experience of accessing services and those who support people to access services. There is also a parallel online survey seeking views of those with lived experience, feedback from which will be incorporated into the formal report that the Alliance will produce in due course.

Staff engagement is central to our strategy development - a staff survey has been responded to by 325 colleagues working across the sectors within Grampian. The results will inform the development of the Grampian-wide sustainability plan for MHL, taking account of staff views in regard to many aspects of service delivery and opportunities for improvement with regard to future stability, redesign and sustainability.

In addition to the engagement activities outlined above, there have been other parallel engagement activities within some professional groups.

This review process and related engagement activity will culminate in the generation of a draft future sustainability plan for consultation between June and September.

Main stakeholder workshops have been undertaken in March, April and a furthermore workshop scheduled in May – to include broad representation from stakeholders including: inpatient services, community services, social care, third sector and staff partnership.

We remain on target to complete the following key tasks by the due date:

- Approval of a co-produced robust integrated strategic plan which includes a redesigned workforce model by the three IJB's in partnership with relevant parties (By 30 September 2019).
- Formal agreement of the revised delegation arrangements by 1 October 2019 with full implementation from 1 April 2020.

ISD Data

We note that in the latest ISD publication that the total (net) expenditure for general psychiatry services for 2017/18 was £73.4m for NHS Grampian. This was equivalent to £125 per head of population which compared to £178 across Scotland and as much as £245 in Greater Glasgow & Clyde.

Similar to all services the per capita funding NHS Grampian receives means that most of our services will highlight a lower level of funding per head. This would explain c50% of the above variation in cost per head of population.

In terms of the remainder of the cost differential this is due to the model of integration of acute and community mental health that is well established across Grampian. Multi-disciplinary, multiagency mental health teams are aligned to specific general practices in each IJB sector (Moray, Aberdeen and Aberdeenshire) with care pathways established to specific wards at Royal Cornhill Hospital and Dr Gray's Hospital (Elgin) should an acute episode require admission for a patient. The pathway is designed to support individuals in the community and to ensure wherever possible that the requisite resources are in place close to home. The effectiveness of this model is reflected in the comparatively lower bed base, low cost specialist service in Grampian and, for example, the low Emergency Detention Certificates rates.

Child and Adolescent Mental Health Services (CAMHS)

A CAMHS whole system redesign has been implemented in Grampian and is now nearing conclusion. After an extensive organisational change and engagement process (involving key partners, staff, patients and carers), the CAMHS services have now been redesigned for all children and young people aged between 0-18 years including learning disabilities. This will enable the service to provide safe, effective, equitable and efficient care regardless of age or location of the patient requiring to access services.

The redesign has supported the following key changes:

- NHS Grampian uses the Choice and Partnership Approach (CAPA). The CAMHS service has fully implemented the CAPA model which enables the service to flex capacity to meet demand. CAPA also enables the CAMHS service to provide a more responsive and equitable service with no internal waits. This model maximises efficiency within the workforce by transparent and clear job planning for all grades of staff. The CAMHS national referral criteria was implemented across the service in early 2017 and the service now accepts referrals from a wider range of professionals such as health visitors and school staff. The referrals will therefore now all be screened by the same five clinical staff from our new Unscheduled Care Team for a six month pilot to assure consistent decision making.

- We now have a standard referrals process which follows the national CAMHS referral guidance as produced by the Scottish Government. Revised referrals guidance document has been produced and is being utilised. CAMHS now receives referrals from a wider range of professionals such as School Nurses, Head Teachers and Health Visitors.
- We have expanded the multi-disciplinary team employing a speech and language therapist, a physiotherapist, dietician and occupational therapists. We have appointed to all posts across the service and we do not have any problems currently recruiting to vacant posts. There can be a lag in employing some newly qualified staff due to course completion dates and recruitment processes.
- A new strategic multi-agency meeting has been commissioned focused on supporting mental wellbeing in order to prevent mental ill health. The main areas of focus are to deliver standardised training for the parenting programmes, adverse childhood events (ACEs) and anxiety reduction across the region.

In terms of further steps, £1m has been granted from the Scottish Government Health and Care Directorate to facilitate the co-location of the CAHMS services for Aberdeen and Aberdeenshire on a single site. CAMHS has been delivered care from four separate sites, by three separate teams all operating different age ranges and different models of delivery of care. It has been estimated that approximately 23% of the workforce capacity is being lost due to travel between CAMHS sites which is not efficient or effective. Building works are estimated to conclude in Spring 2019. This new facility will have many new benefits to patients, and staff, and in addition it will provide increased capacity and space to house new staff to ensure the workforce has enough clinical space to see patients. Support is also being provided by the Archie Foundation and there has been extensive ongoing input from the Patient Involvement Team, stakeholders and staff to ensure that the new site is fit for purpose.

The service aims to be a regional '**CAMHS Centre of Excellence**' which can ensure equitable and efficient healthcare. CAMHS NHS Grampian strives to be a source of locally accessible expertise to families and the wider services around the child, and to offer targeted specialist care.

Improving Performance

Within this section we set out how we will achieve the following performance standards:

- Set out the Trajectory showing how the CAMHS Standard (90%) will be delivered by end 2020.
- Set out the Trajectory showing how the PT Standard (90%) will be delivered by end 2020
- Set out the Trajectory showing how the ED – Mental Health Standard (95%) will be delivered by end 2020.

CAHMS

The service has welcomed and has been working closely with the Mental Health Access Improvement Team (MHAIST) to review current arrangements and identify opportunities to improve access and reduce waiting times. The report arising from the MHAIST review has been agreed and an action plan developed.

There has been an overall improvement in waiting times by 27% in the last year from September 2017 to September 2018. Children who have been referred are prioritised and all emergency cases are seen within 48 hours; all urgent cases are seen within 7 days. Additional clinics have also been offered to all staff in CAMHS for this quarter to help reduce longest waits (which are mainly for neurodevelopmental conditions). The funding to support this has come from the Taskforce.

It is of note that the CAMHS service currently counts the second appointment (Partnership) as start of treatment despite the fact that the initial appointment (Choice) includes a treatment plan and clear formulation, or self help advice. The waits in Aberdeen City and Aberdeenshire for Choice appointment are all now all currently less than 8 weeks. The wait to second appointment (Partnership) is 6-8 weeks. There are however a number of vacancies due to staff recently leaving posts at present so waits may change slightly.

The table below summarises the waiting times position under the CAPA model.

	Wait to CHOICE (assessment)	Wait to Partnership (Generic Treatment)	Wait to URGENT CHOICE
Aberdeen City	5 weeks	8 weeks	2 days
Aberdeenshire	6 weeks	8 weeks	2 days
Moray	21 weeks	5 weeks	15 days

We can now confirm that all patients in Aberdeen City and Aberdeenshire are meeting the 90% target - first appointment within 8 weeks and second appointment by 16 weeks. The move to the new City Hospital facility should increase capacity by approximately 20% and increase efficiency.

In relation to the CAHMS service in Moray, a detailed action plan has been discussed and developed with the MHAIST team. In Moray all patients now seen for first appointment with 21 weeks (was 29, last quarter 25 weeks and this quarter 21 weeks). By next quarter it will be reduced further. The time to second appointment is 6 week. We continue to work with MHAIST and there is approval for the Moray service to run additional evening or weekend choice clinics to reduce waits

With the support of MHAIST and the local team we anticipate a more HUB type role to support the Moray service and new staff are being recruited

Patients with a neurodevelopmental problem such as ADHD and ASD are waiting the longest and we have collaborated with MHAIST to develop a plan to reduce the waiting times. Extensive demand and capacity modelling based on CAPA has been undertaken to streamline the service capacity.

Additional core clinic capacity has also been introduced over the next three to six months to address the backlog of patients waiting.

'Attend Anywhere' virtual appointments system has been implemented to ensure patient and staff travel to appointments or multi-agency meetings is reduced. Recent outcome data about Attend Anywhere from other services is positive and we expect this to be fully operational in CAHMS following the move to the new Centre of Excellence.

The CAMHS team have a workforce plan, DCAQ analysis, and CAPA planning that enables the service to detail the impact of work undertaken and to be taken going forward.

With regards to PT there has been no Director of Psychology post in Grampian for 18 months. Although the lead psychologists from each area (Learning Disabilities, Adult, Specialisms, Acute, Old Age, and CAMHS) have been covering these roles there has been no consistent oversight or leadership for PT. This post is due to be advertised shortly and the post holder will be able to support the details of developing the AOP for PT.

Psychological services

As indicated due to issues with the data for the service we are not at this stage able to provide an accurate trajectory to improve performance. We have prioritised this work and we advise of progress. Irrespective we remain committed to the following actions to improve performance in the interim:

1. The appointment of a Director of Psychology
2. In terms of staffing our current position is as follows:
 - Aberdeen City - there are no vacancies in the secondary care service and we are looking to appoint to the one vacancy in primary care which if filled would significantly reduce waiting times across that service.
 - Aberdeenshire - there is one 0.6 whole time equivalent (wte) 8B vacancy and one 0.7 wte 7/8A vacancy in secondary care. In Primary care there is one 1.0wte Band 6 post out to advert and all other vacancies are filled
 - Moray has one current vacancy in secondary care and one in primary care.
3. Using Action 15 monies in both City and Aberdeenshire we are developing posts (4 in City, 9 in Shire) for Band 5 mental wellbeing workers who will support the Tier 1 patients and also reducing waiting times at tier 2 by providing interventions at an early stage, preventing deterioration for many patients.

Emergency Department

As a Board we are generally compliant with the ED standard – in 2018/19 this was 94.4% and 95.1% in the previous year. One of the breach reasons is 'Wait for Specialist - Psychiatry' which we monitor. However this does not take in to account all the MH presentations to the ED we are looking at whether our systems could capture a wider set of data in relation to MH patients. This will provide further assurance as to our performance against the 95% standard.

A copy of the draft Improvement Plan for CAHMS and Psychological Therapies is embedded below.



NHS Grampian MH
improvement plan (dr

Investment in Additional Capacity

In terms of overall workforce, Grampian has less staff than the Scottish average. The NHS Grampian Board has agreed to provide an additional £1m over the next five years to increase capacity within the service. This is in addition to funding that will be made available by the Scottish Government. The service is developing a workforce plan to support the implementation of this investment.

Despite the differential in workforce³, the number of patients waiting over 18 weeks is less than the Scottish average. Furthermore, national staffing vacancy rates are 4.8% whereas Grampian's staffing vacancy rate is 2.6% which is nearly half the national average.

NHS Board of Treatment	Data	Total	WTE per 100,00 population
NHS Grampian	% patients waiting more than 18 weeks	16%	60.4 WTE
Scottish Average	% patients waiting more than 18 weeks	23%	92.8 WTE

In addition to this, the service has been working closely with National Education Board for Scotland (NES) and has secured increased funding for training posts in both the masters and doctoral training programmes. The service also has secured NES funding for Tier 1 and training to skill up education staff to manage anxiety and this funding will continue until March 2020.

The service has also submitted an early plan to access a share of the £5m investment being made available by the Scottish Government to support the implementation of the recommendations made by the national taskforce.

³Our board's WTE per 100,000 total population for CAMHS is still low at 10.0wte (Scottish average is 16.8wte).

This should result in an additional £0.5m in local resources. The main focus for increasing capacity for CAMHS is a bid relating to a new nurse led unscheduled care team and increased support for Early Intervention Services in Tier 1 and 2.

Whilst noting the welcome additional investment in services, the three local authorities have discontinued their funding of the CAHMS services hosted by NHS Grampian through Changing Children's Services.

Section 5: Prevention and Self-Management

Context

Primary prevention activities can stop people becoming ill and reduce the need to use clinical services. Secondary prevention interventions help to identify disease at the earliest stage to begin prompt treatment and minimise future health problems. Individuals, families and communities play a significant role in managing their own health conditions. A partnership of care contributes to better outcomes and more effective use of health services. Both prevention and self-management are key themes in the Grampian Clinical Strategy which will be supported through implementation of this plan.

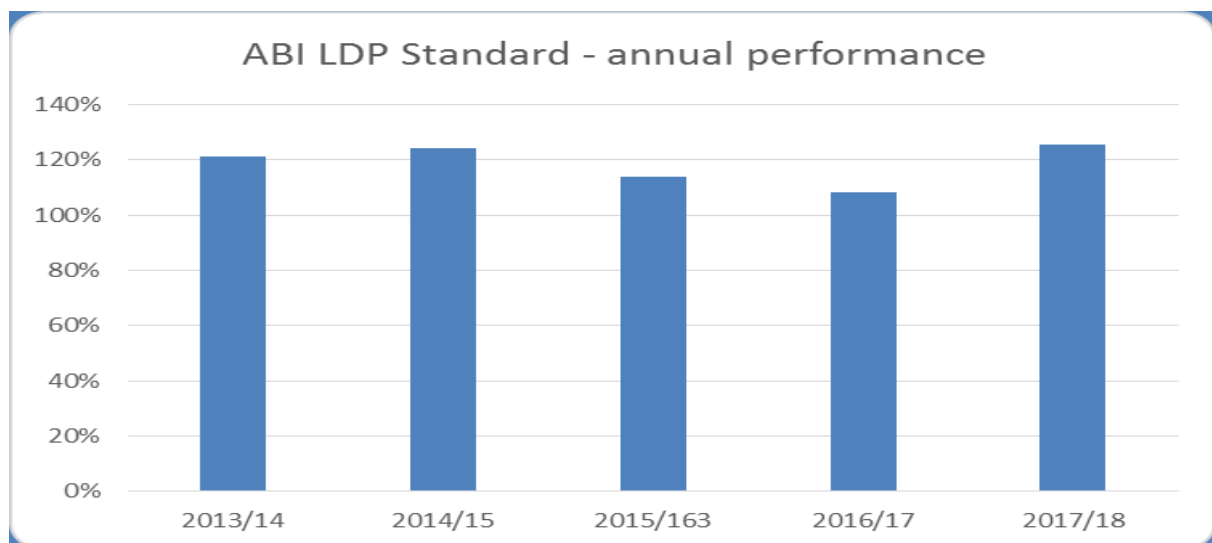
NHS Grampian will provide direct input to strategic needs assessment and strategic planning and commissioning undertaken by the Health and Social Care Partnerships, Community Planning Partnerships, Alcohol and Drug Partnerships, Community Justice Partnerships, and Children's Services Partnerships. We will use direct involvement to lead and influence preventive and protective actions and interventions to improve population health through the range of partnership delivery plans, which are responsive to local need and local priorities.

Current Performance

Performance is measured by a variety of metrics, previously contained in Local Delivery Plans and other key documents. Performance continues to be monitored and managed by the Board and its partners.

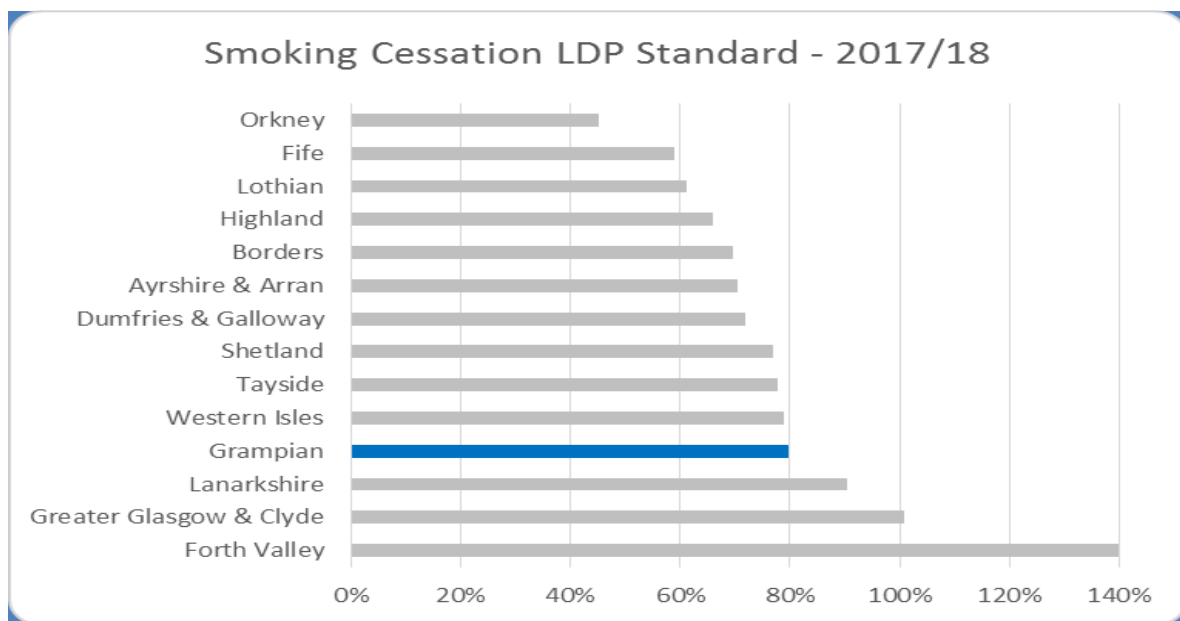
Alcohol Brief Intervention

NHS Grampian achieved 125% against the Alcohol Brief Intervention standard in 2017/18 (8,343 ABI delivered against a standard of 6,658).



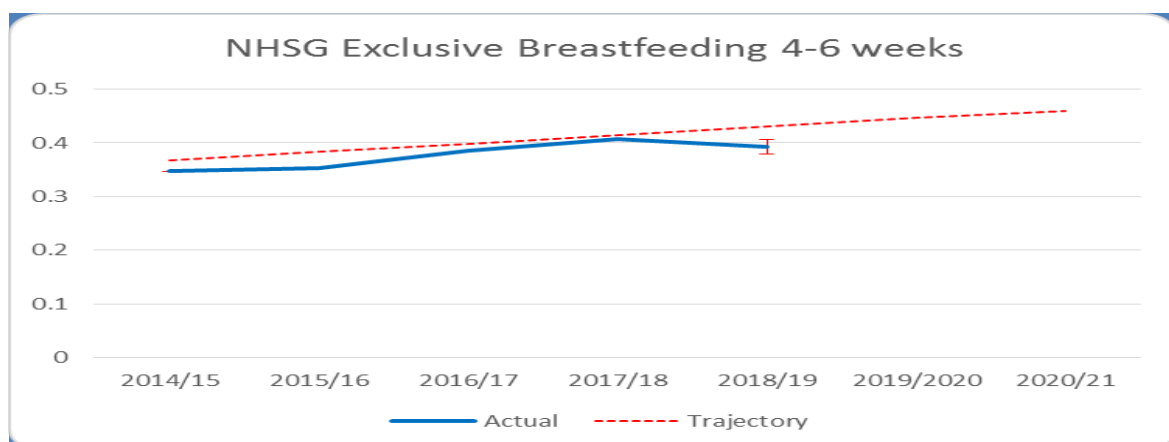
Smoking Cessation

NHS Grampian achieved 80% (916 against a standard of 1,149 12-week quits from the 40% most deprived population) against the smoking cessation standard in 2017/18. NHS Grampian is a high performing Board against the LDP standard given that it is set significantly higher than any other Board area in Scotland. Community Pharmacies had a 25% success rate (against a national average of 20%), the second highest amongst mainland Boards; the specialist smoking cessation team had the highest success rate of mainland Boards at 73% (compared to the national average of 38%); the team also support smoking cessation in HMP Grampian, which had the highest success rate within prisons at 49%.



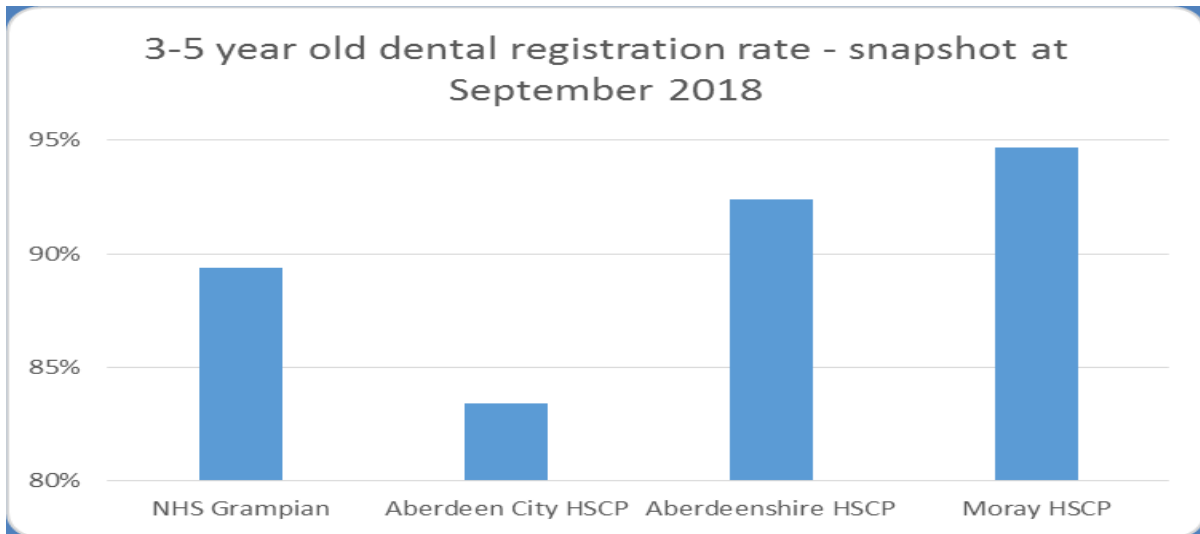
Breastfeeding

The national standard is that 46% of new-born children should be exclusively breastfed at 6-8 weeks by March 2021.



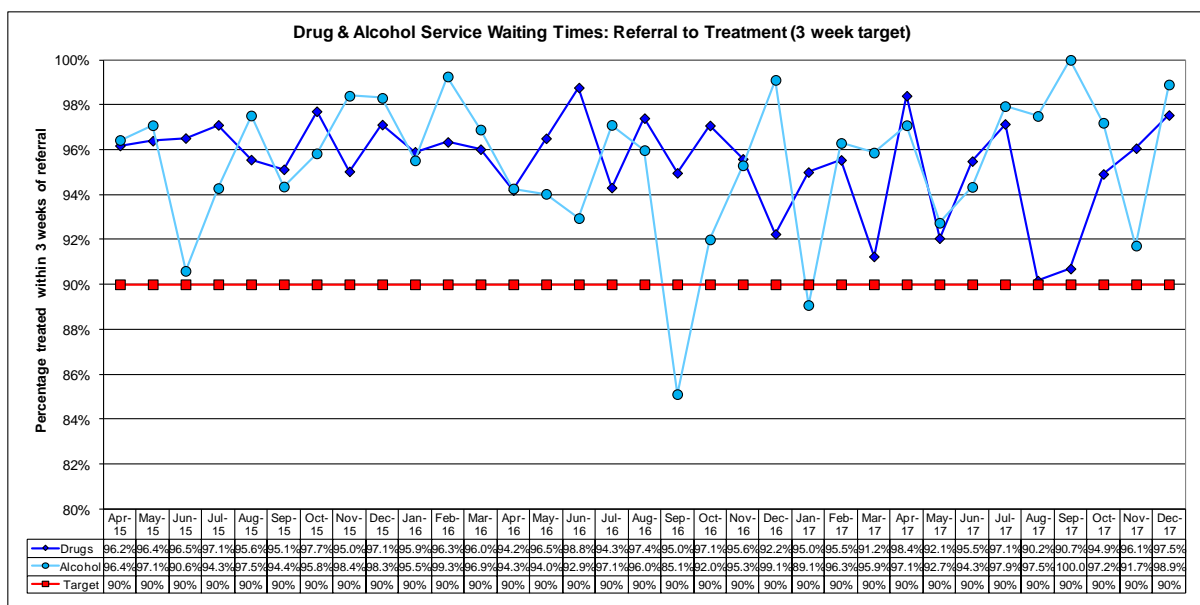
Dental Registrations

The national target is that 80% of 3-5 year olds should be registered with an NHS dentist. This has been delivered since the quarter ending March 2013.



Alcohol and Drug Service Waiting Times

90% of clients should wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. It should be noted that the services monitored against this target are wider than NHS and include local authority and voluntary organisation partners involved in tier 3 and 4 alcohol and drug services.



Prevention

Alcohol and Other Drugs

- NHS Grampian will continue to participate in Grampian's Alcohol and Drug Partnerships to ensure our investment is focussed on evidence based policies, prevention and treatment interventions.
- We will continue our efforts to increase delivery of Alcohol Brief Interventions through primary care and wider settings.
- As a statutory consultee, NHS Grampian will participate in all alcohol licensing applications to the alcohol licensing boards in Grampian to reduce overprovision in our communities.

Child Health

- NHS Grampian Children's Transformation Board will lead strategic planning for children's services across Grampian, which will include prevention and health improvement actions.
- We will support maternal and infant nutrition (including breast-feeding support) across maternity, health visiting and community settings.
- We will provide universal childhood screening.
- We will oversee the Vaccination Transformation Programme.
- We will deliver and report against our Child Poverty Action Plans developed with our three Local Authorities under the terms of the Child Poverty (Scotland) Act 2017.

Health Promoting Prison

- NHS Grampian will directly participate in Grampian's Community Justice Partnerships and ensure prevention and health improvement actions are included in strategic planning and implementation.
- We will support HMP Grampian become a smoke-free prison, and will provide a holistic health coaching service to support prisoner health.

Health Inequalities

- NHS Grampian will directly participate in Grampian's Community Planning Partnerships' and ensure prevention and health improvement actions are included in their LOIPs and Locality Plans.
- We will implement and monitor the actions identified by the Board Health Inequalities Working Group.

Mental Health

- We will provide mental health services and will ensure mental health promotion is addressed by strategic planning across the partnership planning landscape.
- We recognise that mental health is important to growth, development, learning and resilience. Working with our partners we will review our approach to supporting young people to be resilient and agree a plan to ensure the necessary support and services for young people as they grow up.

Nutrition, Physical Activity and Healthy Weight

- We will implement our *Healthier Future* action plan to tackle obesity, improve nutrition and physical activity.
- We will implement the Diabetes Framework Action Plan.

Oral and Dental Health

- We will improve access to high quality dental services through focused efforts at those populations who are less likely to be registered with a dentist.
- We will increase participation in our NHS oral health improvement programmes – Childsmile, Caring for Smiles, Mouth Matters and Smile for life.

Tobacco

- We will implement our renewed Tobacco Control Action Plan.
- We will continue efforts to extend smoking cessation support, with a particular focus on populations living in areas our most deprived areas, patients of Royal Cornhill Hospital and prisoners at HMP Grampian.

Sexual Health and Blood-Borne Viruses

- The Managed Care Network for Sexual Health and Blood Borne Viruses will continue to implement its priority action plan to reduce stigma, increase awareness of and support for individuals to reduce their risk taking behaviour and to ensure the provision of services for those who need. In particular we will raise awareness of liver health and actions to tackle liver disease and to increase those at risk of blood borne viruses to be tested.

Staff Health and Wellbeing

- The link between health and work is increasingly well understood: good quality work promotes better health, and a healthier workforce is a more productive one. We will implement our staff health and wellbeing plan to support NHS staff to stay fit and healthy.

Supported Self-Management

Chronic disease and multi-morbidity is projected to continue increasing in Grampian as elsewhere. NHS Grampian's Supported Self-Management Transformation Programme Board will oversee the supported self-management agenda. The Transformation Programme Board has adopted the *house of care* model, which empowers patients with chronic disease and multi-morbidity to be equal partners in their care, and supports patient autonomy in maintaining and improving health, while attending to the necessary social and environmental surroundings that need to be in place to allow self-determination to be meaningfully expressed. The latter aspect will help inform Health and Social Care Partnerships and Community Planning Partnerships with planning and commissioning decisions.

The programme is also fully consistent with the ambitions inherent in *realistic medicine*.

- Of the eleven practices across Grampian who have received house of care training and practice mapping, seven are live (Kincorth & Cove, Huntly, Fochabers, Macduff, Cruden & Hatton, Aberlour) or soon to go live (Banchory); the remaining four have had implementation delayed. Seven further applications for cohort three are being processed for 2019/20.
- We will continue to support the practices that are live, and will aim to support implementation in cohort three and cohort four practices during 2019/20.
- We will explore the potential for expert patient programmes to support self-management for patients in Grampian.
- We will explore the implications of the self-management agenda for Acute settings.

NHS Grampian's ambition is to embed person-centred care and support planning across primary care in Grampian, and integrate this work with strategic planning for community capacity building and community asset development.

Section 6: Finance

1. 2019/20 Revenue Budget

NHS Grampian's draft revenue budget was agreed by our Budget Steering Group on 25th February 2019.

Operating within Statutory Financial Limits

NHS Grampian expects to operate within the Revenue Resource Limit and Capital Resource Limit over the three year financial planning cycle to 31 March 2022. On the revenue side, underspends of £3.0m are planned for the 2019/20 and 2020/21 financial years balanced by a planned overspend of £6.0m in 2021/22. The pattern of these variances is based on the need to provide revenue funding to support two major capital projects which will come into operation in 2021/22.

A high level summary of the 2019/20 finance plan is embedded below.



Finance narrative -
AOP (updated 26 03)

In the following three financial years the key matters that the Board Finance Plan will be focused on addressing will include:

- Reviewing the service models operating within Dr Gray's Hospital (Elgin) and Mental Health where the current levels of temporary medical and nursing staff are presenting challenges to the sustainability of services. Redesign of services within these areas will be necessary to secure provision of a sustainable service model.
- Developing the plans for achieving national waiting times standards for elective and cancer care linked to the investment in diagnostic and treatment facilities.
- Identifying funding sources to meet the £10m costs of the new Baird Family Hospital and ANCHOR centre due to open in 2021/22.
- Working collaboratively with the three Health and Social Care Partnerships to deliver their strategic plans within available resources.

Anticipated Level of Savings

The predicted levels of savings required over the three period of the plan are noted below (NHS Grampian directly managed services only):

	2019/20	2020/21	2021/22
Financial gap	£10.2m	£10.2m	£10.2m

The draft finance plan sets out the actions that will be taken in 2019/20. The Board will be progressing its plans to achieve the required level of savings over the remaining two years and address the issues noted above.

Commitment to Deliver National Priorities Requirements

a. Mental Health

Mental Health Services are managed by NHS Grampian for inpatient services and by the three Health and Social Care Partnerships for community based services.

Our financial plans include commitments to increase investment in Mental Health Services by:

- £1.0m investment in the CAMHS service in addition to separate funding stream for new posts being provided through NES.
- NHS Grampian's share of the further funding announced by the Scottish Government to increase the mental health workforce and support the transformation of CAMHS.

b. Primary Care

In line with the requirements of the MOU of the new GP Contract, a Grampian GP oversight Group has been established to provide collective surveillance over the implementation of the contract. This grouping has in its membership the Chief Officers of the IJBs, LMC/GP Sub, NHS Grampian Property Lead, eHealth Lead, workforce lead, Pharmacy Director, Public Health lead as well as the Contract Manager. The purpose is also to maximise appropriate cross-system working and good communication, ensuring all key elements of the MOU are represented and all parties are suitably informed, supporting decision making.

At a local partnership level all three partnerships have PCIPs in place. These are currently under review in line with the new guidance. There is good cross partnership collaboration in place to ensure shared learning and objectives as appropriate. Action 15 monies have also been deployed in accordance with the ambitions of our PCIPs maximising the opportunity to strengthen outcomes for people.

NHS Grampian has historically had well established mechanisms in place to ensure good system working across all primary care contractors. Leadership is provided for Primary Care on behalf of NHS Grampian and the IJBs by one Chief Officer hosting the functions of the contract. Work has also been underway to strengthen support for the advisory and negotiating functions of the LMC and GP Sub with the funds available directly as required.

In line with the Public Bodies (Joint Working) Act 2014 Primary Care Services in Grampian are delegated to the three Health and Social Care Partnerships. NHS Grampian will pass on the share of the funding for primary care announced in the 2019/20 Scottish Government budget in full to the Health and Social Care Partnerships for investment in Primary Care Services.

c. Health and Social Care

NHS Grampian is continuing to pass our share of the £350 million national pot to the Health and Social Care Partnerships. An uplift of 2.6% has also been applied to this funding transfer for 2019/20.

We have also updated the calculation of the set aside budgets for the three Health and Social Care Partnerships based on 2017/18 data and will share these with the Chief Officers and Chief Financial Officers.

Financial Templates

Financial templates were requested from Boards by the Health Finance Department. These have been submitted with this Annual Operational Plan.

Infrastructure

The Board's Asset Management Plan sets out the priorities for managing the infrastructure that supports the delivery of patient care and associated services across NHS Grampian and is a key enabler to the delivery of the Grampian Clinical Strategy.

The plan includes a "balanced" five year investment programme which outlines how we intend to use the various sources of funding available to the Board in support of our priorities. It also includes a "long list" of other priorities for investment in infrastructure, delivery of which will be dependent on the availability of additional funding in the coming years.

The Asset Management Plan is reviewed annually and the updated version will be presented to the Board for approval at a future meeting. We have highlighted below the current commitments in our five year investment programme for the period to 31 March 2024. The following balanced approach will ensure that we are able to obtain maximum benefit from the available funding:

- Progress the Clinical Strategy by responding to new and improved ways of delivering services that require fewer assets, services will increasingly be delivered in people's homes, on an outpatient basis, on a mobile basis and through the use of new technologies such as the Electronic Patient Record and video conferencing.
- Improve estate and asset performance on all key indicators, including a targeted reduction in significant and high risk backlog maintenance and a continued programme of essential equipment replacement.
- Disinvest from buildings with high operating costs, backlog maintenance requirements, or short remaining life where these do not meet future service requirements; and
- Invest and develop in new technology that achieves simplification of the existing information technology infrastructure, whilst simultaneously allowing additional investment and improved resilience.

A summary of the immediate investment priorities for the next five years is presented in the five year plan included below.



Five year
infrastructure plan - 3

In terms of taking forward our plans for the future we welcome and recognise the support and close working relationships we have with colleagues in the Scottish Government, Scottish Futures Trust (SFT) and Health Facilities Scotland (HFS).

Section 7: Healthcare Associated Infection

Context

The prevention and control of Healthcare Associated Infection (HAI) is a fundamental part of providing safe, effective and patient centred care to all patients on a daily basis across NHS Grampian. This includes supporting healthcare providers locally to maintain a clean and safe environment, and deliver care which is person centred, recognising the impact HAIs can have on patients, families and carers. Measures to prevent and control antimicrobial resistance are also a key priority.

To meet the expected performance within the HAI standards, and to prevent HAI, NHS Grampian undertakes an extensive surveillance programme, implements a yearly HAI Work Programme (which incorporates Antimicrobial Resistance) and a yearly HAI Education Programme.

Standards

To prevent HAI, NHS Grampian works to agreed local and national delivery standards as described below:

- Healthcare Associated Infection Standards (HIS 2015)
- AMR/HAI 5 year Strategic Framework (SARHAI 2016-2021)
- National Hospital Antimicrobial Prescribing Quality Indicators for 2017-18
- Local Delivery Plan Standards for 2016/17
 - *Clostridioides* (formerly *Clostridium*) *difficile* infections (CDI) in patients aged 15 and over is 32 cases or less per 100,000 total occupied bed days (TOBD)
 - *Staphylococcus aureus* bacteraemia (SAB) cases are 0.24 or less per 1,000 acute occupied bed days (AOBD)
- National Key Performance Indicators for MRSA screening
- National Key Performance Indicators for CPE screening
- National Health Facilities Scotland (HFS) Environmental Cleaning Target
- National Health Facilities Scotland (HFS) Estates Monitoring Target
- National Hand Hygiene Compliance Target

To support this work, NHS Grampian's annual HAI Work Programme reflects the delivery areas from the HAI Standards and the Vale of Leven report. The HAI work programme is a programme of works currently ongoing and is ratified by the Infection Prevention & Control Committee and HAI Executive Committee at year end. Work areas are added to the programme as required. Additionally the HAI work programme is complemented by the HAI Education Programme which focuses on the education component of HAI related work across the organisation.

Current Performance against NHS Scotland

Issue	Group	Target	Period & source	NHS Scot	NHS Gramp	RAG
CDIs	Healthcare Associated Infection	Local Delivery Plan Standards	Jul – Sep 2018, HPS	14.8	19.4	Amber
	Community Associated Infection	32 cases per 100,000 TOBD		9.1	12.9	Amber
<i>E coli</i> Bacteraemia	Healthcare Associated Infection	No target (rate per 100,000 bed days)	Jul – Sep 2018, HPS	40.2	28.3	Green
	Community Associated Infection	No target (annualised rate per 100,000 population)		48.8	38.6	Green
SABs	Healthcare & Community Associated Infection	Local Delivery Plan Standards 0.24 or less cases per 1,000 AOBD	Jul – Sep 2018, HPS	0.33	0.37	Amber
Surgical Site Infections (SSIs)	Caesarean Section	n/a	Jul – Sep 2018, HPS	1.5	0.6	Green
	Hip Arthroplasty	n/a	Jul – Sep 2018, HPS	0.6	0.4	Green
MRSA (CRA) screening		HPS 90%	Jul – Sep 2018, HPS	84	84	Amber

Issue	Group	Target	Period & source	NHS Scot	NHS Gramp	RAG
CPE (CRA) screening		HPS 90%	Jul – Sep 2018, HPS	79	93	Green
Cleaning	All clinical areas	HFS 90%	Oct – Dec 2018, NHSG	N/A	94	Green
Estates		HFS 90%	Oct – Dec 2018, NHSG	N/A	95	Green
Hand Hygiene		SGHD 90%	Oct – Dec 2018, NHSG	N/A	98	Green

RAG Status Ready Reckoner

Above upper control limit

Red

Below upper control limit but above National average

Amber

Below National average

Green

Below lower control limit

Green

Governance

Governance structures exist to ensure escalation of issues or concerns are timely and efficient. These include Infection Prevention and Control Team governance structures as described in HDL 2005 (8) as well as reporting structures aligning communication from the ward level to Board. The Infection Control Manager (ICM) has direct accountability to the HAI Executive and can contact the Chief Executive as required.

The HAIRT (HAI Reporting Template) is submitted every two months detailing NHS Grampian's performance against relevant standards and the rest of NHS Scotland. The HAIRT is escalated via the IPC committee, HAI Executive Committee and Clinical Governance Committee before being submitted to the Board for ratification.

At each stage of this process, the relevant committee has an opportunity to ask questions, make suggestions or raise concerns.

Ongoing surveillance allows the monitoring of infection rates in real time. This enables increased incidence to be actioned and managed. Problem Assessment Groups (PAGs) are convened at short notice to manage outbreak situations or other HAI related incidents within the organisation. PAGs and Incident Management Team (IMTs) meetings are well attended, facilitating support for the outbreak area as well as developing an action plan to help manage and control the situation. Health Protection Scotland is available to support NHS Grampian, upon request, with ongoing outbreak or incidents.

Actions

Current performance against standards continues to be monitored.

- Surveillance meetings are held weekly and are attended by the IPC team including doctors. Antimicrobial pharmacists provide input. Each case of *Clostridioides* (formerly *Clostridium*) *Difficile* and *Staphylococcus aureus* bacteraemias (SABs) is reviewed in all aspects of the case. All information is shared with responsible clinical teams for shared learning. Extensive work has been undertaken to address the increased incidence of CDI rates seen within NHS Grampian during April to June 2018. Trends continue to be monitored.
- Standard Infection Prevention and Control Education Pathway (SIPCEP) introduced in June 2018 which addresses the Vale of Leven Recommendation 42 that all those working in a healthcare setting have mandatory IPC training which includes CDI.
- National mandatory surveillance continues to be reported to Health Protection Scotland for E coli bacteraemia, surgical site infection (SSIs) Caesarean Section, Hip Arthroplasty, elective large bowel and elective vascular procedures.
- IPC nurses support HAI audits at ward level on a routine basis. Audits include hand hygiene, invasive devices, facilities management tool and SICPs management of care equipment.
- Hand hygiene compliance is reported and monitored.
- Divisional management walkabouts continue with HAI issues considered.
- The IPC team works collaboratively with Estates and Facilities colleagues such as Decontamination Lead, Head of Domestic services, Projects, Maintenance and Technical Service, with joint attendance at many Committees. The joint working relationship facilitates innovative solutions to varying issues which is required for the multi-faceted challenges presented to the teams. This makes for a good working relationship.
- The IPC team has a strong work relationship with the IPC doctors, again working to resolve ongoing threats, issues and concerns.

- The Antimicrobial Team (AMT) Reports to both the HAI Executive and the Grampian Medicines management group. The AMT provides guidelines and support in all aspects of antimicrobial prescribing and antibiotic stewardship to all primary and secondary care providers in NHS Grampian. It meets monthly with representation from Microbiology, Infection Prevention and Control, Infectious Diseases, Acute Medical and Surgical Specialties. There is a programme of work in place to ensure timely review of antimicrobial guidelines and contingency planning and risk assessment for any guidelines which are overdue review. The AMT ensures all guidelines are available to all staff in including supporting documents from national organisations such as HPS and SAPG relating to the management of infection on the NHS Grampian intranet and Antimicrobial Companion App.
- The AMT actively participates at the request of the Infection Prevention and Control team in the investigation or management of any raised incidences of HAI.
- Audit of prescribing of antibiotics against the national prescribing indicators are undertaken and results feedback to clinical teams by members of the AMT. Antibiotic consumption is monitored by the AMT using HMUD data to identify trends in increases in overall prescribing and that of alert or high risk for C.diff antimicrobials. Action is taken to address any increasing trends in antibiotic consumption where possible.
- The AMT participates in a programme of educational events for NHS Grampian staff at all levels and the public including supporting EAAD (European Antibiotic Awareness Day) and WAAW (World Antibiotic Awareness Week).