



# ANNUAL REVIEW

6<sup>th</sup> October 2016

# SELF ASSESSMENT REPORT

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## Chapter 1: Progress against 2014/15 Annual Review Action Points

NHS Grampian's 2014/15 Annual Review took place on 10<sup>th</sup> August 2015. Following the meeting the Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison, wrote to the Board Chairman setting out the outcome from the review.

Information on the current position with the matters discussed at the last Annual Review is detailed below and throughout the report.

<b>Agreed Action</b>	<b>Position at August 2016</b>
<p>Make sustained progress against the smoking cessation target and the Ministerial commitments on insulin pumps</p>	<p>There were 785 smoking quits in the 40% SIMD areas in 2015/16, below the target of 955. We continue to progress the implementation of our Tobacco Action Plan which focuses on prevention and protection as well as cessation. There are renewed efforts to deliver further smoking cessation support to vulnerable groups including those within HM Prison Grampian.</p> <p>The number of adults and children with an insulin pump has continued to increase with the end of June 2016 position showing 5.8% adults and 27.33% under 18s with a pump. Activity to support those with a pump and to facilitate access continues. The number of people on a pump now exceeds the target number.</p>
<p>Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.</p>	<p>We remain focused on ensuring there are robust arrangements for controlling infection and that the Board is informed of performance against a range of healthcare associated infection standards and targets. Further information is provided in Chapter 4. In the quarter January-March 2016 we had a higher rate of infection than the target set for us. Of the 38 SAB cases reported, fewer than half of infections were hospital acquired. Similarly the rate of <i>Clostridium difficile</i> was higher than the standard set with 50% classified as healthcare associated and 50% 'out of hospital'.</p>
<p>Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including completion of the Improvement Programme arising from the reports by Healthcare Improvement Scotland and</p>	<p>A comprehensive Improvement Programme was produced following the reports from Healthcare Improvement Scotland and the Royal College of Surgeons of England. Implementation of the actions identified in the programme has been closely managed using a</p>

<b>Agreed Action</b>	<b>Position at August 2016</b>
the Royal College of Surgeons of England.	detailed tracker report. Progress has also been reported to Scottish Government and Healthcare Improvement Scotland. We continue to track a small number of actions not yet fully implemented and are on track to complete these in 2016/17. Chapter 9 provides further information.
Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, in particular the 4-hour A&E standard, and Treatment Time Guarantees.	We worked closely throughout 2015/16 with the Scottish Government Access Support Team to deliver access performance within the resource available to us. We are continuing to report breaches of the 18 week Treatment Time Guarantee. At the end of March 2016 359 breaches were reported against a revised target agreed with Scottish Government of 385. The number waiting more than 12 weeks for a first outpatient appointment had also fallen substantially with 3957 breaches reported against a plan of 4819. Delivery of the national 4 hour standard for discharge or admission, following arrival at Accident and Emergency has greatly improved in 2015/16 with the 95% delivered consistently.
Maintain the good work done to date in progressing towards the staff sickness absence standard.	We have continued to deliver a sickness absence rate which is amongst the lowest in Scotland.
Continue to work with planning partners on the integration agenda, and to deliver against the delayed discharge target.	Aberdeen City, Aberdeenshire and Moray Integration Joint Boards were established according to plan. Reducing the number of delayed discharges is a focus for each partnership. The number of delayed discharges in Grampian remains high in Scottish terms but there were significant reductions throughout 2015/ 2016. Numbers did not increase as usual over the winter period. Further reductions are expected in 2016/17.
Continue to achieve financial in-year and recurring financial balance, and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.	We met our three financial targets in 2015/16 and worked closely with the Health and Social Care Directorates throughout the year. Further information is given in Chapter 5.

## Chapter 2: Everyone has a positive experience of care

This chapter of the self assessment considers NHS Grampian's patient and staff feedback and the actions that we are taking to ensure patients and staff responsible for their care have a positive experience. It also contains information on performance against access targets which are a key aspect of overall patient experience.

Target/Standard	Performance
12 weeks Treatment Time Guarantee (100%) 18 Weeks Referral to treatment (90%) 12 Weeks for first outpatient appointment (95%)	We continued to report breaches to these standards throughout 2015/16. Whilst we did not achieve the standards set out in the Local Delivery Plan we did deliver performance in the final quarter of 2015/16 in line with the revised plan agreed with Scottish Government
Cancer 31 days from decision to treat (95%) Cancer 62 days referral to treatment (95%)	In the quarter January to March 2016 we achieved 87.7% against the 62 day standard and 94.2% against the 31 day standard. Performance has generally improved throughout the year
18 weeks referral to treatment for Child and Adolescent Mental Health Services and Psychological Therapies	In the quarter to March 2016 49.1% CAMHS and 71.2% psychological therapy patients were seen within 18 weeks. Delivering the CAMHS standard remains a considerable challenge due to recruitment difficulties
4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)	Since March 2015 the 95% target has been met. Performance in June 2016 was 97.2%

### Patient and Staff Experience

Since June 2014, 2668 patients have provided feedback in real time with 97.1% (2591) reporting a positive experience of care. This means they described their care as good, very good or excellent. In the last financial year 97.7% (860) patients reported a positive experience of care.

	Excellent	Very Good	Good	Fair	Poor	Very Poor
Patient Experience	55%	35%	8%	2%	1%	0%
Staff Experience	6%	35%	43%	13%	1%	1%

## What we have achieved

NHS Grampian has completed one round of real-time staff and patient experience surveys across all in-patient areas. In addition, outpatient clinics, emergency departments, allied health professionals, medical students at Aberdeen University and community nursing teams have participated in real-time feedback work, including the whole of the Aberdeen Health Village. This has involved the collection of real-time patient and staff experience information using survey tools. The purpose of the survey tools is to encourage a caring conversation between the interviewer and the patient, carer or staff member.

Patients are asked to rate their overall experience and staff are asked to rate their experience of work on the day of the interview. Patients, carers and staff may also complete the survey tool independently if they wish. The use of information technology is increasingly allowing us to turn around the information gathered in a timely manner and in a manner which is meaningful for staff.

Staff use the information to develop improvement plans where indicated.

### Other person-centred achievements include:

- Our use of patient/carers stories to inform adverse event investigation was published by Healthcare Improvement Scotland as an example of good practice in the May 2016 document, "Learning from Adverse events – learning and improvement summary". This can be accessed following the link below. The NHS Grampian example is on page 14.  
[http://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/management\\_of\\_adverse\\_events/learning\\_report\\_2016.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/management_of_adverse_events/learning_report_2016.aspx)
- A video of our real-time patient and staff experience work is available as an example of good practice on the NHS Scotland Staff Governance website <http://wdrv.it/1FU980L>
- Patient stories are being widely used across the organisation, including helping staff to better understand what lies behind a formal complaint
- Person-centred visiting for in-patient areas has been introduced across NHS Grampian
- A ward welcome banner which explains the ethos of person-centred care and visiting is in the final stages of development. This will be displayed at the entrance to every NHS Grampian ward
- A ward welcome booklet has been developed for patients. This also explains the ethos of person-centred care and visiting and will be given to all patients on admission to NHS Grampian wards
- Most posts on Patient Opinion are responded to within 2 working days with the volume of activity vastly increased this year
- Patient, relative and staff experience has been used to inform planning events for the coproduction of the major trauma service for the North-East of Scotland
- The five 'Must Do With Me' components of person-centred care are increasingly being used to co-produce care
- The person-centred agenda has been adopted by the three Integration Joint Boards

- As well as having three accredited Caring Behaviours Assurance System (CBAS) facilitators, NHS Grampian now has an in-house Master Trainer. This will allow us to grow our own facilitators and increase the number of cohorts we are able to deliver each month. To date the facilitators have taken 17 cohorts and a total of 118 quality champions through the CBAS process
- Over 90 improvement trees and 20 mobile improvement trees can now be seen across all NHS Grampian sites along with displays of the outputs from the trees in the form of “You said, we did....” posters
- The branding of our patient and staff experience work is increasingly being recognised
- Endowment funding has been used to support the rollout of Playlist for Life activity for those with dementia
- Our Patient Experience Public Involvement (PEPI) Group is actively involved in improvement work and service redesign

### **Key challenges**

- Spread and sustainability of real-time patient, carer and staff experience work within current resource
- Meeting the aim of 5 patient experience surveys completed per ward per month
- Managing the staff experience information gathered
- Evidencing that finding out what matters and who matters to patients informs care delivery and person-centred care planning
- Managing the demand for CBAS delivery

### **Our future plans**

- We will continue to embed real-time feedback as part of how we do business in NHS Grampian, aiming to move to 5 patients per ward per month in all inpatient areas. This remains a challenging aim, however the move towards care assurance based on observation and conversation will act as a catalyst for the systematic collection of real-time care experience information
- Introduce a care assurance tool based on observation and conversation with patients, families, carers and staff
- We will move to full subscription for Patient Opinion, commencing with three divisions of the Acute Sector in autumn 2016.
- The Person-centred team will work more closely with Patient Safety Facilitators and the three Integration Joint Boards
- We plan to capture experiences of harder to reach groups including patients with a diagnosis of dementia
- Involve non-clinical staff and volunteers in the collection of real-time feedback
- Link real-time feedback to clinical staff as well as to wards
- Increase the use of Patient Stories to inform adverse event investigations
- Bring a more person-centred approach to Morbidity and Mortality meetings
- Introduce daily goal setting for patients to a broader range of inpatient settings
- Continue to deliver CBAS to clinical teams

## **Encouraging and Handling Complaints**

NHS Grampian encourages and values all feedback and is committed to ensuring that the information and learning gathered from all our feedback systems informs the aspiration of continuous improvement and the further development of a person-centred approach to service planning.

We received 1443 complaints between April 2015 and March 2016 (compared to 1663 in 2014/15). An average of 75% of these were responded to within 20 working days and an average of 98% were acknowledged within 3 working days. Ten complaints were received about Prison Healthcare Services and 571 were received about Primary Care Organisations. There were no requests for Alternative Dispute Resolution.

Steps taken in 2015/16 to ensure that the focus on learning and improvement is recognised as the main outcome from feedback:

- Feedback and complaints are discussed at weekly multi-disciplinary clinical governance/quality meetings and appropriate actions are taken to improve on identified areas of concern
- Clinical treatment complaints are discussed through peer review
- Learning points are identified from patient feedback by service managers and these are shared with their teams
- Action points from patient feedback are implemented to ensure that the same things don't happen again
- Analysis of complaints and feedback is a part of service reviews to ensure and themes or significant events that require more significant service improvement or resource to improve are identified

NHS Grampian will continue to embed a robust system to maximise the learning from complaints by providing the appropriate training and practical support to services.

## **Delivering Improved Access Times**

### **Treatment Time Guarantee (TTG) and Outpatient Standard**

Throughout 2015/16 NHS Grampian reported breaches of the 12 week treatment time guarantee. However we worked closely with the Scottish Government Access Support Team to maximise delivery of improved access times within the resource available to us. At the end of March 2016 359 breaches were reported against a revised target agreed with Scottish Government of 385. We similarly reduced the number of outpatient breaches to 3957 and bettered the revised target agreed with Scottish Government of 4819.

We continue to work closely with Scottish Government and based on demand and capacity modelling confirmed our expected position for December 2016 within the resource available. In common with other Scottish Boards we expect the number of breaches to rise during 2016/17. We have committed to best endeavours and to

- Monitor performance against demand and capacity projections (including reducing our reliance on out of area private sector providers and non-core activity)
- Work towards improved efficiency and productivity within core services to produce locally sustainable specialties
- Participate fully in the National Scheduled Care Programme
- Plan in detail for the proposed Diagnostic and Treatment Centre in Aberdeen to cope with the expected increase in patient numbers over the medium term
- We will continue to work with national projects such as DO IT to redesign services to deliver sustainably on the totality of demand, including return patients.

### **Cancer Access Times**

In the quarter January to March 2016 we achieved 87.7% against the 62 day standard and 94.2% against the 31 day standard. The Scottish position was 90.2% and 94.9% respectively. We are committed to improvement and are working closely with the Scottish Government Cancer Access Team focusing on implementing redesigned pathways for those tumour types where we continue to have challenges. Performance has steadily improved over the last year. We have appointed a full time Cancer Performance Manager to support co-ordination and implementation of improvement actions in each cancer type.

### **Mental Health Access Times**

90% of patients referred for Child and Adolescent Mental Health Services (CAMHS) and psychological therapies should start treatment within 18 weeks. In the quarter to March 2016 49.1% CAMHS patients and 71.2% psychological therapy patients were seen within 18 weeks. These service have severe staff capacity issues and are currently working with the Health and Social Care Partnerships to determine a model of service across tiers 1-4 that best utilises the resources available and where possible to enhance that capacity. In the meantime there is ongoing review of patients on the waiting list and appropriate prioritisation based on assessed clinical need.

### **4 hour A&E Waiting Times Standard**

Since March 2015 the 95% target has been met in full. This includes over the Winter period when patient flow can be compromised. We will sustain this position whilst working towards delivery of the stretch target of 98%. Performance in June 2016 was 97.2%.

## **Chapter 3: People are able to live well at home or in the community**

This chapter of the self assessment report covers how NHS Grampian is taking forward its modernisation agenda to deliver the transformational change required to deliver our Healthfit 2020 which includes supporting people to live well at home or in the community. It describes how we continue to work closely with partners to ensure successful integrated health and social care.

### **Towards Healthfit 2020**

NHS Grampian continues to develop and move towards the Healthfit 2020 vision which describes how health and social care will be different in Grampian from 2020 and beyond. This vision takes account of trends, aspirations and current good practice applied consistently and comprehensively across the whole system. It acknowledges the population increases that are predicted and identifies the areas of transformation that are required across the system.

During 2015/16 we have worked to develop a Clinical Strategy (see chapter 8) which reinforces our aims to support individuals and staff to keep healthy, to support self care and to ensure effective and efficient planned and unscheduled care.

### **Elective Care**

During 2015/16 the major transformation of the Foresterhill Campus has continued with the implementation of the Aberdeen Royal Infirmary reconfiguration programme resulting in the re-organisation of inpatient services and the modernisation of inpatient facilities. There has been ongoing redesign of patient pathways to streamline processes and specialty based review of metrics with the aim of addressing performance in terms of access times, day case rates, length of stay and theatre utilisation. We have undertaken substantial demand and capacity planning to model the activity required to maintain a manageable waiting list size. Our work over the last two years has focused on new outpatients, inpatients and day case activity and we aim to extend this modelling to include theatres, beds and return outpatients.

The Scottish Government has subsequently announced a £200m capital investment programme in Scotland to enhance elective care capacity. Within Grampian it has been agreed that a comprehensive approach to the transformation of elective care is necessary – this will include a review of need associated with the changing population, and a review of service delivery in primary care and acute care. This approach will drive the maximum benefit that can be obtained from existing capacity and resources and ensure that the new capital investment can be applied effectively. The products of this approach will be a comprehensive elective care redesign programme and a specification for new diagnostic and treatment facilities.

### **Unscheduled Care**

NHS Grampian implemented a comprehensive multi-agency Winter plan and adopted the Six Essential Actions approach to unscheduled care which has included the development of safety brief models and discharge hubs as well as close working with IJBs. Improvements in patient flow have been delivered with sustainable

performance against the 4 hour A&E standard and a reduction in patients whose discharge is delayed, including over the winter period.

## **Major Trauma**

A north of Scotland network has been established to implement the Scottish Government's policy on major trauma which will see Aberdeen Royal Infirmary developing as a major trauma centre within a national network across Scotland. This will be a significant development not only for Aberdeen Royal Infirmary but also for the treatment and care of all critically ill and injured patients across the north of Scotland.

## **Primary Care Modernisation**

The Grampian Modernising Primary care initiative has now extended beyond an initial 6 target practices to the wider primary care system within each IJB area. Examples of progress and achievements include

### **Moray IJB**

- A link worker initiative to improve support to all staff and patients around follow up and referral activity
- StaffWell programme delivered to all staff
- Development of Advance Nurse practitioner and GP roles in delivering holistic approaches to patient management
- Enhanced triage systems

### **Aberdeenshire IJB**

- Dedicated practice pharmacist to improve links between practice and community pharmacy completing pharmacy reviews and releasing GP time
- Increased community based acute services
- Implementation of a Virtual Ward system
- Development of integrated community nursing teams

### **Aberdeen City IJB**

- Front of house training to improve triage, signposting and listening skills
- Development of self care portfolio
- Skill mix development
- Community engagement including listening surveys and focus groups

## **Baird and ANCHOR Project**

The Baird and ANCHOR project is taking forward the planning and delivery of the £150m investment in new facilities to replace the existing maternity, gynaecology, breast and reproductive medicine facilities (Baird Family Hospital), and cancer facilities (ANCHOR Centre). The new facilities will start construction in early 2018 and will be completed during 2020/21. A Frameworks contractor will be appointed to

design and construct the new facilities in November 2016 and the development of diagnostic and treatment facilities will be included as an option in the brief for the contractor.

## **Health and Social Care Integration**

A considerable amount of work was done to develop effective arrangements to support the establishment of the new Integration Joint Boards and ensure that they are effective. Key actions have included

- Preparation and approval of the integration schemes
- Developing partnership working arrangements across NHS Grampian and the three IJBs and Councils to ensure consistency of approach where appropriate
- Initial development of strategic planning processes which integrate NHS Grampian, IJB and North of Scotland planning
- Agreement of the delegation of services and the proposals for the hosting of Grampian wide services by the IJBs.

## **Key IJB achievements in 2015/16**

### **Aberdeenshire Integration Joint Board**

- Aberdeenshire Integration Joint Board was formed in February 2016 and assumed all of its delegated responsibilities in April 2016. The preparatory work of the IJB members, under the auspices of the Transitional Leadership Group for the preceding 18-months, appears to have been valuable.
- The IJB has worked hard on reducing the number of people delayed in hospital. We are continuing to deliver a steady and sustained improvement in this work.
- Teams working in our communities continue to move towards being a single multi-disciplinary team in each of the 20 locations identified within Aberdeenshire. These teams work on a very local basis, delivering services and crucially with a key aim of supporting the development of empowered communities who will be part of the different future described in our strategic plan.
- At the heart of our transformation for the delivery of early interventions and to enable successful team working has been the introduction of our virtual community ward approach. The aim of this is to prevent admission to hospital, support early discharge and enable a whole team approach where all team members have parity of esteem. Early indications are encouraging with teams reporting extremely positive working approaches and the number of admissions appearing to be reduced in some areas (the objective admission data needs more work over a longer period of time).
- The IJB continues to face challenge considering the demand and available resources against the rate at which we can redesign services which are fit for the future.

### **Aberdeen City Integration Joint Board**

- Aberdeen City IJB went live on the 1<sup>st</sup> of April 2016. This followed a 12 month shadow Board period where significant work on the Board's governance, risk

appetite and risk management was undertaken, preparing it to undertake the significant governance and scrutiny role over the scope of its delegated authority

- Now in operation, the IJB is supported by an Audit and Systems Performance Committee and a Clinical and Care Governance Committee which add to its ability to scrutinise and seek assurance in terms of the range of service it now oversees. A lot of work has been done with both NHS Grampian and Aberdeen City Council to ensure lines of governance are appropriate and robust;
- At its first live meeting the IJB agreed and signed off its Strategic Transformation programme and investment plan – which sets out the Board’s ambitions for transforming health and social care services across the City. The IJB sees its 4 Localities as the engine room of this change and the management structure for these localities was also agreed at that same meeting
- Locality Teams will be multi-disciplinary and involve and include our 3<sup>rd</sup> and independent sectors as partners in the delivery of health and care which is more locally focused, accessing local assets and community resources and harnessing the skills of the whole partnership to improve access, user experience, staff motivation and continuity
- The wider programme will see the IJB invest Care Fund and mainstream funding toward some of the following developments
  - Hospital At Home service – focusing on supporting people remain at home and preventing admission to hospital,
  - the wide scale roll out of Community Link Workers based in every GP practice and supporting alternative support to people accessing primary care
  - Modernising Primary and Community Care Programme which will support sustainable models and new ways of working
  - a focus on IT and Digital Technology to improve integrated working, maximise staff time in supporting people and supporting communities to access services and advice using technology wherever appropriate
- The IJB is ambitious to deliver change but remains challenged in doing so while continuing to deliver ‘business as usual’ and ensuring the maintenance of safe and effective services at a time of significant transition.

### **Moray Integration Joint Board**

- Moray IJB went live on the 1<sup>st</sup> April 2016, following a 12 month shadow Board period where the focus of activity was that of organisational development and ensuring all legal aspects and governance systems were agreed and in place for the “go live” date.
- We now have two sub-committees in place – Audit and Risk and Clinical and Care Governance. We are reviewing our Joint Performance Arrangements with a view to expanding further but currently have a robust performance framework reporting directly to the board on key indicators. We have also established a Strategic Planning and Commissioning Group reporting to the board through the Chief Officer. This board has a broader stakeholder reference group to give easy access to wider stakeholder involvement and this approach, although early days, is developing well.
- Our strategic plan is in place and this has been translated into a strategic framework and implementation plan. Within this we have adopted the Reshaping Care model across all adults with 4 key pathway domains supported by enablers

such as infrastructure and technology requirements. We are currently completing our 3 year change plan.

- Key areas for improvement and redesign have been identified with some innovative models emerging.
  - Mental Health and Wellbeing – commissioning plan is being established to allow the partnership to tender for a new Mental Wellbeing Hub, encompassing aspects of Primary Care and the Primary Care Transformation Bid.
  - Promotion of delivery of care close to home within residential settings as part of a rehab/re- enablement model collaboration with General Practice, Hanover Housing and the local integrated team.
  - Further collaboration with slightly different emphasis around rehab in relation to AHP inputs within a residential intermediate arrangement.
  - Through Community planning and in relation to locality planning and community engagement develop a community collaborative approach to Healthier Citizens.
- Work is now underway to develop the management team, looking at the ambition for change and the level of risk and empowerment the new organisation can create.
- Workforce planning, organisational development approaches and the introduction of iMATTER across the integrated team are being developed to further enhance the working practices and support to enable the workforce to move with the times.

## Chapter 4: Healthcare is safe for every person, every time

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

Target/Standard	Performance
<i>Staphylococcus aureus</i> bacteraemia (including MRSA) cases per 1000 acute occupied bed days	0.30 qtr to March 2016, above target of 0.24 but below Scottish average
<i>Clostridium difficile</i> infections per month per 1000 occupied bed days (patients aged 65 plus)	0.36 qtr to March 2016, above target of 0.32

### What we have achieved

#### Scottish Patient Safety Programme (SPSP)

- From an initial focus in 2008 on acute hospitals, the Scottish Patient Safety Programme is now an integral part of all healthcare services across NHS Grampian.
- We have recruited to 2.24 WTE Quality Improvement Facilitators to support SPSP across the organisation. We have daily safety huddles in all acute hospitals including Aberdeen Maternity and Royal Aberdeen Children's Hospital. All directorates in mental health and some GP practices also have a daily huddle.
- The Patient Safety Essentials are spread across the acute sector with ongoing monitoring for assurance. There are pilot wards testing the Point of Care Priorities, with some spread occurring. The priority areas for 2015/16 were deteriorating patients, falls and medication safety.
- NHS Grampian moved to National Early Warning Score Charts (NEWS) on 1 September 2015 for all adult inpatient areas. The move to a national tool ensures standardised national data, a familiar system across healthcare and a chart that is validated. This gives us the opportunity to educate all relevant clinical staff on the importance of early identification of deteriorating patients and the appropriate escalation process. The paediatric service has also moved to a national chart.
- Our clinical lead for falls has created and tested a starter pack for teams to use to get a baseline and understanding of falls in their area. The pilot ward has reported a reduction in falls, which is significant as this area has many high risk patients and was reporting multiple falls on a daily basis. There is also a weekly 'falls huddle' which is multi-disciplinary.
- SPSP and the HAI-QIF have introduced and spread a new Catheter Associated Urinary Tract Infection (CAUTI) insertion and maintenance bundles across community hospitals and the acute sector with positive feedback.
- Within paediatrics priorities for 2015/16 were medicine management, identifying 'at risk' patients, and introducing a safety climate survey. There has already been success with zero tolerance to medication error weeks, and we have seen a reduction in errors being made.

- The Grampian Improvement Trees are well established across the service with regular improvements following feedback from patients and parents.
- The Maternity Champions are a vital role in the continuing success of the programme in maternity services and have good compliance with management of sepsis. There are 'sepsis trolleys' in clinical areas, supporting the compliance with the sepsis 6 bundle, meaning what is needed to manage patients appropriately is available.
- A 'buddy' system is in place to review cardiotocography (CTG) in the labour ward, which should improve outcomes for babies.
- Mental Health has safety briefs in all clinical areas, which has improved communication within teams. Medication safety has been a priority in mental health with good support from the Pharmacy Directorate. There have been training sessions on missed doses and medicine reconciliation on admission across the service.
- Risk assessment and management plans are being reviewed. We have enthusiastic pharmacy teams who are engaged with the pilot of SPSP Pharmacy in Primary Care. They have been reviewing the information shared with patients on Warfarin and have been offering education and awareness raising with these individuals. Feedback has been very positive from the patients involved. The team are finding it is influencing different aspects of their work and they are making many tests of change.
- NHS Grampian is building capacity and capability with improvement methodology and running local learning sessions with action periods, to support clinical teams to test something new to improve care being delivered. Frontline teams are vital to the spread and sustainability of the SPSP across healthcare and with competing priorities it can be a challenge to maintain ongoing engagement.

## **Infection Control**

We continue to implement new strategies for preventing recurrent *Clostridium difficile* infections e.g. the treatment of recurrent CDI in line with national guidance. We also ensure the maintenance of care bundles and plans to contribute to ongoing reductions in *Staphylococcus aureus* bacteraemias. Enhanced SAB surveillance is carried out using standardised data definitions with each new case discussed at weekly multidisciplinary meetings. In January-March 2016 no cases of MRSA bloodstream infection were reported. Each new Cdiff case is similarly reviewed. In January-March 2016 50% cases were classified as 'healthcare associated' and 50% 'out of hospital'

- Ongoing initiatives to minimise infection include
- hand hygiene monitoring
- compliance with national housekeeping specifications
- environmental audits
- participation in national enhanced SAB surveillance
- MRSA screening at pre-assessment clinics and on admission

## **External Reviews**

During 2015/16 the following external reviews were undertaken. Action plans for all have been developed and progress is tracked within our Improvement Programme.

- April 2015 unannounced safety and cleanliness inspection of Dr Gray's Hospital undertaken by Healthcare Environment Inspectorate resulting in 3 requirements.
- August 2015 unannounced Older People in Acute Hospitals inspection undertaken by Healthcare Environment Inspectorate resulting in 15 areas of improvement.
- November 2015 Care Inspectorate undertook a joint inspection of Services for older people in Aberdeen City. This included all services, including NHS Grampian services . The report is awaited.
- December 2015 unannounced safety and cleanliness inspection of Royal Aberdeen Children's Hospital undertaken by Healthcare Environment Inspectorate resulting in 1 recommendation.
- March 2016 unannounced safety and cleanliness inspection of Aberdeen Maternity Hospital undertaken by Healthcare Environment Inspectorate resulting in 3 requirements and 1 recommendation.

## Chapter 5: Best use is made of available resources

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

Target/Standard	Performance
Deliver Financial targets	Delivered in full (see below)

### What we have achieved

NHS Grampian achieved all three financial targets in 2015/16 set by Scottish Government:

- Revenue Resource limit (a resource budget for ongoing activity) - a small under spend was recorded against the Revenue Resource Limit of £927 million.
- Capital resource limit (a resource budget for net capital investment) - the capital resource limit of £11.2 million was invested in full. Other sources of funding (donations, asset disposal proceeds) were added to the Capital Resource Limit to give a total capital programme investment of £21.5 million.
- Cash requirement (a financing requirement to fund the cash consequences of the ongoing activity and net capital investment) - the cash requirement was achieved.

We continue to effectively and efficiently deploy financial resources for the benefit of people across the North East of Scotland as follows:

#### Core revenue funding

NHS Grampian spent just over £1.116 billion in 2015/16 on improving health and providing health services to the Grampian population, equivalent to £3.05 million every day. The revenue breakeven position was achieved despite increasing and challenging financial pressures, such as investment in acute capacity to deal with treatment time guarantee requirements, funding for new high cost drugs which are recommended for treatment and an increase in employer superannuation contributions.

#### Delivery of efficiency savings

Total efficiency savings of £25.1 million were delivered in 2015/16 in line with the target requirement. The bulk of efficiency savings were recurring and were generated from improved procurement, savings on drug costs and more efficient and effective use of the workforce.

## Capital investment

We delivered a programme of infrastructure investment totalling £21.5 million during 2015/16. This overall programme was resourced using a combination of capital funding, revenue estates maintenance budgets, donated income and the proceeds from asset disposals.

Major achievements during the year include:

- Establishment of a new Endoscopy service at the Aberdeen Health and Community Care Village to assist in reducing cancer waiting times (£1.5m).
- Establishing the first robotically assisted surgical service in Scotland at Aberdeen Royal Infirmary (£1.6m) partly funded by UCAN the Urological Cancer Charity.
- Upgrade of the two former Emergency Department Theatres at ARI (£1.9m).
- Purchase of Brimmond Health Centre to ensure continuity of service (£0.4m).
- Investment of £6.3m to progress our agreed programme to reduce high and significant risk backlog maintenance across our estate including completion of the refurbishment of three of the clinical floors in the Phase 2 block at Aberdeen Royal infirmary.
- Investment, during the year of £5.1m in replacement of essential plant, IT and medical equipment.
- Enabling works for key infrastructure projects in order to allow these key developments to commence on site during 2016//17. These projects included the multi storey car park at Aberdeen Royal Infirmary which will be funded entirely by a charitable donation from the Wood foundation, a new MRI scanner at Woodend hospital to be funded entirely by a charitable donation from Craig Group and replacement Health Centres at Inverurie and Foresterhill to be progressed under the Hub initiative.
- Final agreement on an energy performance contract with a specialist private sector firm was reached in December 2015. The contract involves NHS Grampian leasing the energy infrastructure from our private sector partner who in turn are contractually committed to deliver a guaranteed reduction in energy consumption and a corresponding reduction in carbon emissions of 16%. The scheme will deliver a range of energy efficiency measures at Foresterhill, Dr Grays and Royal Cornhill Hospital.

## **Key challenges**

The projected financial position remains challenging in 2016/17 and beyond. We anticipate specific financial pressures around:-

- The impact of employer national insurance increases in 2016/17.
- The requirement to fund a range of specialist high cost drugs which have been approved for use in NHS Scotland.
- The need to continue to use high cost locum medical staff to cover for vacancies and other absences.
- The requirement to ensure that the newly established Health and Social Care Partnerships begin with a sound financial footing.
- The need to make real cash releasing savings through improved productivity and redesign of services.

- The continued growth of the population in Grampian as well as higher numbers of frail elderly people.

### **Future plans**

Using the funding provided to us, including movement towards NRAC parity

- There will be continued investment in clinical capacity in key areas and a corresponding reduction in the use of the independent sector and in the use of medical locum and agency staffing.
- We will support Health and Social Care integration by making sure that the three Integration Joint Boards for Grampian are established and have the tools to use resources in a flexible way to improve patient pathways and outcomes.
- We will reconfigure services to best fit the needs of the population of Grampian, including taking forward the aspirations of Healthfit 2020, the Quality Strategy and our emerging Clinical Strategy. This will include redesigning services to focus on prevention, an increased emphasis on community based care and continuing investment to reduce health inequalities across Grampian

## Chapter 6: Everyone has the best start in life and is able to live longer healthier lives

This chapter covers NHS Grampian as a health improving organisation, which includes a focus on reducing health inequalities and strengthening prevention efforts.

Target/Standard	Performance
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation so as to ensure improvements in breast feeding rates and other important health behaviours	We continue to meet this target
Sustain and embed Alcohol Brief Interventions (ABI) in the three priority settings (primary care, A&E, antenatal) and broaden interventions in wider settings	7568 ABIs were delivered in 2015/16 exceeding the target of 6658
Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% most deprived within-board SIMD areas	785 quits were achieved in 2015/16 against a target of 955
90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	This target continues to be delivered in full on a sustainable basis

### Context

It is recognised that there is a need to strengthen prevention efforts if we are to maintain increases seen in healthy life expectancy, stop the widening of health inequalities and reduce spend on preventable ill health which would help to fund new treatments and meet increasing demands on the health service.

Health is improving for everyone. But while life expectancy rates are increasing overall, they are rising faster for the affluent than the most deprived so the gap is getting wider – for men in Grampian this is almost ten years. Over 10,000 children in Grampian are estimated to be growing up in poverty.

Our Health and Wellbeing Framework set out our aim: *to protect and improve the health of the whole Grampian population, with appropriate focus on those who are more vulnerable or who have a higher risk of serious preventable ill-health.* Our emerging Clinical Strategy (see Chapter 8) reaffirms prevention as one of our four overarching themes for the future.

Child Health 2020 is NHS Grampian's plan for working towards our vision that "by 2020, all children and young people of Grampian will have the healthiest possible start in life."

The Child Health 2020 strategic framework is premised on the importance of the life course approach to health improvement and reducing health inequalities. The framework will continue to inform a co-ordinated approach to early years

interventions and services, including continued attainment of the early antenatal access standard and early years nutrition.

## **What we have achieved**

### Tobacco

- We have implemented a smoke free policy across our hospital sites, backed by smoking cessation and nicotine replacement therapy support for staff.
- We have agreed additional delivery of smoking cessation support services within HM Prison Grampian
- We continue to target groups such as pregnant women
- We participate in Local Tobacco Alliances

### Alcohol

- ABI reporting from wider settings continues to improve
- We input to Alcohol Licensing Boards to support the refusal of alcohol license applications in breach of licensing conditions

### Obesity

- We have continued to deliver tier Grow Well Choices interventions for older primary school children
- Tier 1- 4 interventions continue including walking groups, Healthy Helpings and bariatric surgery

### Health Promoting Health Service

- We continue to implementation Making Every Opportunity Count
- A pilot to increase health improvement support to surgical patients in ARI is being implemented
- We are continuing to work towards achieving the Healthcare Retail Standards ensuring a healthy retail food environment in healthcare buildings for staff, patients and visitors

### Antenatal and Early Years

We are progressing well towards implementing the Children and Young People (Scotland) Act 2014

- All named persons have received training on the Act and the role
- A project Manager has been appointed to support implementation
- We have a Corporate Parent Action Plan
- We have worked with Robert Gordon University to employ trainee Health Visitors and provide them with post graduation education to become qualified health visitors

## **Key Challenges**

- Prioritising prevention at a time when services are facing increasing pressures to cope with ever-growing demand
- Tackling persistent health inequalities
- Improving mental health and wellbeing, and reducing the harms associated with alcohol and drug misuse

## **Future Plans**

- To further re-orientate health services towards prevention and earlier intervention
- To continue to implement Child Health 2020 and the requirements of the Children and Young People (Scotland) Act 2014
- We are on track to implement the new Health Visitor pathway for first antenatal contact by October 2016

## Chapter 7: Staff Feel Supported and Engaged

This chapter of the self assessment covers progress in terms of staff engagement and development, staff governance and workforce planning.

Target/Standard	Performance
Sickness Absence 4% Standard	4.62% for 2015/16

NHS Grampian recognises that staff are its most valuable asset as they strive to deliver outstanding care to the population of Grampian. Currently 64% of our annual budget is invested in staff (excluding Family Health Services). Pay costs for 2015/16 were £559 million.

Good partnership relations, fostered through both formal and informal structures, are one of the best foundations within NHS Grampian to make this the best place to work in the NHS. Partnership working is at the core of the way we work.

### What we have achieved

- A Nursing Resources Group has overseen additional investment of £1.3m in nursing and midwifery staff in 2015/16. There are now 186 (headcount) more nurses in our workforce and, in addition, many current staff have increased their hours. All areas have, or are in the process of, establishing workforce governance groups. An independent review of bank arrangements has been undertaken. A programme of masterclasses in core skills for Senior Charge Nurses (SCN), Senior Charge Midwives and Team Leaders has been organised following the success of these at the SCN conference, held in April 2015.
- A Medical and Dental Education Governance Group (MDEGG) has been established with responsibility to develop the medical and dental education governance priorities for NHS Grampian and to assure the quality of education. MDEGG will ensure that there is Board level oversight on medical and dental education matters and in particular of the GMC survey results and actions.
- A Staff Experience Group has been established to lead the measurement and improvement of the overall experience of staff in Grampian. This has concentrated its efforts in three areas: roll out of iMatter, aligning the Caring, Listening and Improving values with those of NHS Scotland and providing a roadmap to support improvement, and addressing the requirements of the Freedom to Speak up Review.
- A variety of methods and tools have been utilised to drive forward staff involvement and engagement across NHS Grampian in 2015/16. This has involved face to face sessions and consultations led by members of the Board on current and relevant topics including Health Care Improvement Scotland improvement plans, the clinical strategy and more recently Health and Safety briefings. Executive communication, visibility and engagement with staff has further been supported by Podcasts available to all staff from Chief Executive Malcolm Wright. Integration engagement events across the three Health and Social Care Partnerships have been held regularly to ensure involvement of staff in pertinent integration topics.

- Recognising the importance and value in stakeholder engagement, recruitment practices for Executive and senior roles have been reviewed. Engaging with staff at all levels in the organisation, stakeholder groups now provide feedback on the identification of competences for the roles and selection processes for selected roles.
- NHS Grampian continues to implement iMatter as a key measure of the engagement of staff and as a tool to support the involvement of all staff in improving their experiences at work. iMatter has been rolled out to 5717 staff across corporate, support services and clinical areas. Engagement with the tool has been positive, with a Board response rate consistently above 60%, suggesting that staff have greater ownership of this tool than with other surveys undertaken. Information from the iMatter Board reports influence the Board-wide Staff Governance Action Plans through engagement with the Staff Governance Committee and Grampian Area Partnership Forum, providing assurance of compliance with the Staff Governance Standard. Key areas of strength and improvement are identified.
- Engaging staff across Health and Social Care Partnerships (H&SCP) continues to be a priority. A model for integrated employee relations has been developed in collaboration. The three H&SCPs within Grampian have formed their own Employee Relations Forums to discuss workforce issues arising out of integration, in an open and constructive way. These forums involve management, trade unions, professional organisations and Human Resource staff from the individual Local Authority and NHS Grampian. Whilst the Forums have no formal decision making authority, they formally report to the H&SCPs' Senior Management Teams and can seek formal decisions through that reporting line. They will also provide regular reports to the Grampian Area Partnership Forum (GAPF) and the local authority structures.
- Engagement of all doctors in the destiny of their services, is recognised as a priority for NHS Grampian. In 2015, a principle based Medical Leadership Framework was developed with stakeholders. This sought to increase the number of medical leaders in the acute sector and mental health and learning disability services and to refine the required roles and reward those leaders in line with performance management approaches used for other senior leaders in the Board. This is being rolled out from April 2016.
- Even with the downturn in the oil and gas industry, recruitment challenges remain. NHS Grampian continues to participate in recruitment events, such as a week-long Community Road Show event in the Bon Accord Centre, Aberdeen. This was used as an opportunity to produce a film to showcase the work of Health Care Support Workers and attract suitable applicants. This event was successful with a large percentage of applicants likely to be deemed suitable for appointment.
- We identified that current rostering practices for Doctors in Training were outdated, time consuming and lacked sufficient governance. Current benefits associated with piloting, for Scotland, DRS Real Time are clear, understandable and accountable rosters, which support having the right staff, in the right place, at the right time, with rosters built and managed to comply with the Working Time Regulations and the requirements of the New Deal.
- Building upon the implementation of the Management Standards and Stress Risk Assessment within a Division, guidance from the HSE has enabled the tool to be

used with smaller numbers, increasing the scope of the tool which can now be used to analyse workplace stressors within smaller teams.

- In 2015/16 NHS Grampian has achieved the lowest rate of sickness absence of any of the large Boards in Scotland, with a rate of 4.62%, in comparison to the national average of 5.16%. NHS Grampian's interactive Absence Management Service (iAMS) encourages proactive referral to Occupational Health to facilitate early access to appropriate support and facilitated return to work.
- Work continues on leadership and management development both internally and with the wider public sector and third sector in Grampian. Development opportunities include a joint leadership programme and a range of management development courses offered at different organisational levels.
- Workforce planning continues to be embedded within NHS Grampian with managers developing their plans locally with their teams and in partnership to inform the Board Workforce Plan. Specific actions include the continued introduction of Physician Associates, the ongoing development of health care support workers and the expansion of the use of Modern Apprenticeships.
- To support the development of a coaching culture and a coaching bank within NHS Grampian, there has been investment in developing coaches in-house.

### **Key challenges**

- The key challenges for NHS Grampian continue to include workforce supply. This relates not only to recruitment but the availability of particular staff groups, the age profile of the workforce and our requirement to continually change and adapt. Recruitment challenges are not solely in relation to doctors and nurses but for many other clinical and non clinical roles. Despite the recent down turn in the oil and gas industry, the high cost of living and previous funding levels have all contributed to a reduced workforce supply. This impacts on the ability to staff key areas of the organisation safely.
- The age profile of the organisation presents a risk to a sustainable workforce, particularly in light of changes to the pension age. To ensure a sustainable workforce, NHS Grampian must support employees to work longer, across all of the professions including nursing, where historically nurses could retire at age 55, without loss of pension benefits. This has meant that many nurses, who may have worked longer, have exercised their right to retire, although some do come back to the NHS, often in different ways. Our ability to respond flexibly to changing demands of the workforce will be important in the future.
- The rate of change continues to quicken across the organisation, responding to impact of changes in legislation, as well as the overall strategic direction of the NHS nationally, regionally and locally. This is a permanent and ongoing process with change itself recognised as having the potential to cause a level of destabilisation of the workforce. Change processes, working in partnership with staff, are already well developed to ensure that issues are handled swiftly and sensitively, acknowledging the importance of ongoing communication.

### **Future plans**

- NHS Grampian will continue to work collaboratively with all partners to support H&SCPs create and develop the workforce in terms of developing new and emerging roles, promoting staff engagement and involvement, ensuring skills

development, embedding workforce planning and information, creating behavioural and cultural change and organisational development.

- We will continue to support improvement, moving towards being an exemplar employer for all staff, but particularly doctors in training. This will be achieved through the implementation of the new DRS Realtime system, the newly developed Medical and Dental Education Governance Group (MDEGG) structure and through support to medical trainers by initiatives such as Grampian Learning Initiative for Trainers (GLINT).
- NHS Grampian will continue to support recruitment initiatives and overall workforce supply across professions, sectors and divisions through Recruitment 2020. We will work with partners to identify opportunities to develop sustainable accommodation for key workers to address cost of living and accommodation barriers to recruitment.
- Work initially commenced under the Nursing Resources Group will continue to support investment in the nursing workforce to ensure the most appropriate workforce available. A Return to Practice programme was established and will continue to run as demand necessitates. The recommendations from the Nurse Bank Review will be implemented. Career pathways will continue to be developed across professions and sectors with the development of new roles outlined above.
- We will undertake further work on age profile modelling and sustainability of an ageing workforce, in the continued recognition of the risks identified given the age profile of the NHS Grampian workforce. Work is required to understand the overall workforce and identify how we can retain the skills and experience of the older workforce whilst providing safe and manageable roles.
- NHS Grampian will continue to extend its collaborative working, building on existing relationships with other NHS Boards and partner organisations. To achieve this we will continue to support the proof of concept for shared services and hub working currently being undertaken in Operational HR and the Human Resource Service Centre.
- NHS Grampian will continue to support the engagement of staff through effective partnership working, embedding the Staff Governance Standard in everything we do. We will continue to measure the experiences of staff through the use of local and national tools such as iMatter, to support and empower teams and individuals and to be involved in the improvement of their experiences at work. The implementation of iMatter will continue across the Board. The first H&SCP will be using the tool with local authority and NHS staff by the end of 2016. The development of Staff Governance Action plans, at Board and at partnership forum level, will continue to be informed by the views of staff through the use of tools such as iMatter.

## Chapter 8 Developing our Clinical Strategy

Our population is growing and ageing. Even the most conservative projections of future healthcare needs in the next 20 years highlight the importance of strategic and systematic change to meet these needs. It is important that we have a clear strategy to support the changes required to continue to deliver improved health and clinical outcomes for the population of the North East and North of Scotland.

In late 2015 NHS Grampian began a comprehensive process to develop a Grampian Clinical Strategy. At the time of writing (August 2016) a widescale consultation is underway to complete the strategy with the aim of receiving Board approval in October 2016. The Grampian Clinical Strategy has been developed with staff, partners and patients through a comprehensive programme of meetings and events. Its purpose is to confirm the collective goals and endeavours we share with partners across all of our services. Consequently, the strategy does not focus on specific clinical services but is structured into four overarching themes of

- prevention
- self-management
- planned care and
- unscheduled care

These four themes are underpinned by a number of enablers to support the necessary changes.

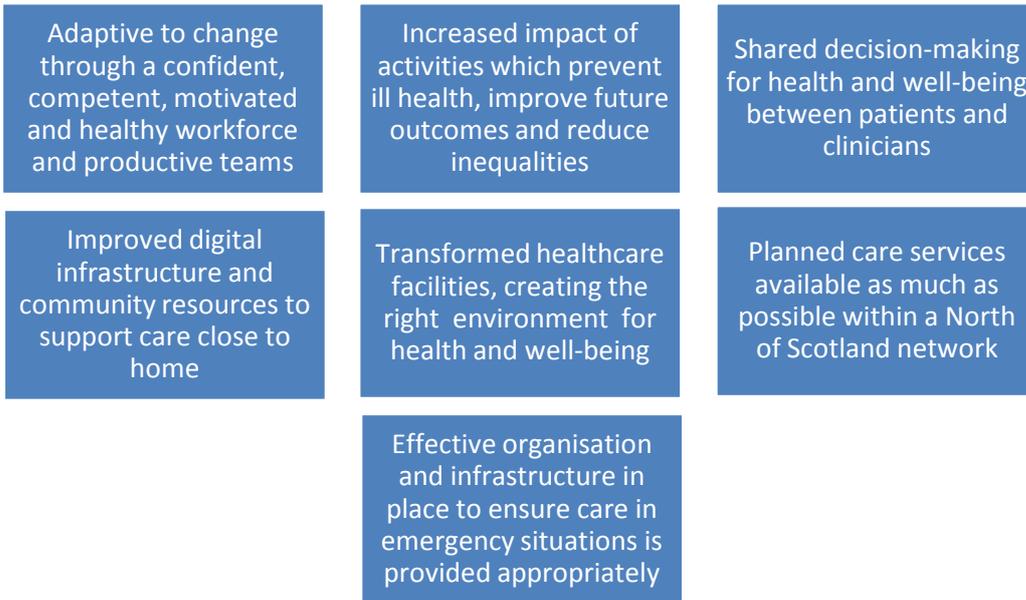
Clarifying the vision for health care and setting a clear direction for implementation is important, but creating the right environment for change is crucial. Our philosophy is that having a motivated and well supported workforce is essential if we are to achieve our shared ambitions for health, survival and well-being.

The advice received from staff and partners highlighted the need to create the conditions for change by:

- Developing the workforce to meet the future health, treatment and care needs of the population and supporting staff health and wellbeing
- Sharing information about treatment and care appropriately across the system;
- Supporting staff to continuously improve, innovate and research
- Working collaboratively in care networks, across acute services, Health and Social Care Partnerships and with North of Scotland partners
- Improving the clinical and digital infrastructure to provide a better environment for the delivery of clinical services and a better experience of care for patients

There was considerable input and feedback from stakeholders during the initial consultation stage and the common themes from these are reflected in the final draft of the Grampian Clinical Strategy.

In the draft Clinical Strategy our ambitions for prevention, self-management, planned care and unscheduled care over the coming years are summarised in the boxes below.



## Chapter 9 Delivering our Improvement Programme

In April 2015 the NHS Grampian Board formally approved our Improvement Programme and gave a commitment to delivering against high quality patient care based on

- Executive and senior management leadership
- Engagement between the Board, staff and our patients in terms of planning for future services and the delivery of performance and quality outcomes
- Clarity around management structures and operational effectiveness
- Commitment to continuous improvement and learning from staff and patients
- Supporting staff and building capability, capacity and resilience across all services.

The programme summarised the progress that had been made and was planned to address the findings from the 2014 invited review of Quality and Safety at Aberdeen Royal Infirmary, the Royal College of Surgeons (England) report and the findings and recommendations from the unannounced Older People in Acute Hospitals inspection.

Throughout 2015/16 the Improvement Programme actions were closely monitored with regular reports on progress produced for the Board and its advisory structure and sub committees. The majority of recommendations in the 2015/16 have now been implemented. At its August 2016 meeting the NHS Board approved a continuation of the Improvement Programme approach for the period to March 2017. A revised Improvement Programme has been produced which brings together our delivery commitments from the 2016/17 Local Delivery Plan and the implementation of recommendations arising from external reviews, within the overall context of our emerging Clinical Strategy and the National Clinical Strategy. A summary of the key areas of focus is given below.

### Local Delivery Plan

- Health Inequalities and Prevention
- Antenatal and Early Years
- Safe and Person Centred Care
- Primary Care
- Scheduled care, Cancer and Unscheduled Care
- Mental Health
- Finance and Workforce
- Community Planning Partnerships

### External Reports

- Health Improvement Scotland –Review of Aberdeen Royal Infirmary
- Vale of Leven Hospital Enquiry
- National Review of Crematoria
- HAI reports - improvement plans

### Strategic Direction

- National Clinical Strategy
- Integration Joint Boards – strategic plans
- NHS Grampian Clinical Strategy
- North of Scotland Regional Plan
- Realistic Medicine – Chief Medical Officer

## Chapter 10 Staff Achievements

Our teams and individuals continue to be recognised and awarded.

The 2015 the fifth Grampian Recognition Awards For Teams And Staff (GRAFTAS) were held with the following winners

- Chairman's Award for Staff Member of the Year: Staff Nurse Sarajane Laing
- Team of the Year: Northfield and Mastrick Medical Practice Team
- Partnership in Practice: Health Improvement Officer Kat Burke
- Service Redesign or Development: Dr Peter Kiehlmann, a GP in North Aberdeen and the Aberdeen Dementia Lead
- Volunteering: NHS Grampian Chaplaincy Volunteer Visitors Service
- Innovation: The Occupational Therapy Older Mental Health Team
- Unsung Hero: Staff Nurse Maureen Henderson
- Improving the Patient or Carer Experience: Occupational Therapist Janet Thompson
- Communications: The Public Health Tobacco Control Team
- Supervising – Supporting – Educating: Dr Andrew Stewart

We are in the second year of our estates department's awards for apprentices and mentors: the apprentices are Matthew Goodall (Mechanical), Craig Sims (Electrical), Euan Andrew (Electrical), Liam Watt (Mechanical) and Connor Deans (Plumbing). The Estates 'Mentor of the Year' is Norman Diack, Engineering Craftsmen, based at Woodend who has been with NHS Grampian for 43 years, and Runner-up is Adrian Johnston, Plumber, based at ARI for 11 years. Both received an engraved trophy and a certificate.

Ophthalmic Science Technician Martin McLeod won a UK award (Topcon/OIA (Ophthalmic Imaging Association) Image Competition) for ophthalmic imaging Ruth McKenzie, an Optometrist Principal with NHS Grampian's Eye Outpatients Department, was highly commended in national Ophthalmology honours

In the UK Advancing Healthcare Awards, Chris Llewellyn, Chief Cardiac Physiologist at ARI, and Foundation year doctor Vui Yung Chieng won the Scottish Government's 'Driving improvement delivering results award for healthcare scientists in Scotland'

Mary Duguid, highly specialist occupational therapist, and Karen Duncan, highly specialist physiotherapist, were finalists in the Scottish Government's award for 'Improving quality: measuring and demonstrating impact'.

NHS Grampian's Occupational Health Service was awarded Safe Effective Quality Occupational Health Services accreditation.

The British Society for Colposcopy and Cervical Pathology awarded first place to Christine Godley, Senior charge Nurse/Colposcopy Nurse Specialist, and Judith Wilson, Nurse Colposcopist, for their poster.

Marie Stirling, a Diabetic Podiatrist at Dr Gray's Hospital, won this year's Cosyfeet Podiatry Award.

Junior doctor Rosemary Hollick featured in a video campaign to encourage more junior doctors to live and work in Scotland, and Senior Charge

Nurse Doreen Jardine was featured in a Royal College of Nursing publication on nursing excellence in older people's care.

Hearing Screener Alison Thomson raised £10,000 to buy advanced and easily portable equipment to test the hearing of newborns.

Yvonne Wright, Divisional Lead Nurse for Clinical Support Services and a volunteer trustee at Home-Start Aberdeen, has won the Outstanding Trustee Award in the charity's national awards.

Consultant Dana Dawson was filmed at ARI for BBC's The One Show for an item about her work on 'Broken Heart Syndrome'.

## **Chapter 11 Report from Grampian Area Partnership Forum (GAPF)**

### **Achievements in 2015/16**

#### **Caring-Listening-Improving**

A great deal of time has been spent this year in listening, supporting and empowering our staff on issues which matter to them and on the changing environments of healthcare. Significant effort has been made to follow through on these discussions and remedying where possible the issues raised. GAPF has been particularly active around integration issues of terms and conditions for our staff and looking forward to the realities of integration and the impact of working in health and social care.

#### **GAPF Awayday**

GAPF has held successful awaydays across the board area in Moray, Facilities sector and Aberdeenshire. Each awayday has developed themes relevant to that area and the GAPF has been supportive in making these ideas reality, whether through policy development, dealing with cross Grampian issues or facilitating cross Grampian solutions. We also held a successful awayday specifically on health and safety issues, looking at activating trained staff and representatives to help make NHS Grampian a safe place to work and ensuring that the staff governance processes are used to support the new partnerships and local health and safety structures to improving staff experience in all sectors within NHS Grampian. It was disappointing therefore when we received 6 improvement notices and further areas of work that the HSE sought to have improvement on. However we have continued to work closely in partnership to overcome our deficits and engage all staff in the changes required to meet the necessary requirements.

#### **Integrating Health & Social Care**

NHS Grampian, together with partners in Aberdeenshire, Moray and Aberdeen City, has continued to host a variety of information, communication and strategic leadership meetings within the now established Integration Joint Boards. The development in all IJBs of staff forums which encourage and engage with local staff whilst maintaining the strong partnership structures within the employers structures is a most welcome addition. There is much work to be done and we do not underestimate that there will be difficult decisions to be taken, but partnership in Grampian remains strong and processes to further engage partnership and staff representatives are emerging.

## Priority Actions 2016-17

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

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

### Well Informed

- Improve staff experience, including 2<sup>nd</sup> tranche of iMatter. Response rates remain consistent and improvements are noted across all areas.
- Continue to promote partnership through a programme of touring Grampian Area Partnership Forum to local areas to listen and promote increased local involvement of staff in the partnership processes.
- Extend and embed partnership working further across Grampian, ensuring involvement in all areas of the change agenda, developing staff participation and improving staff experience.
- Actively and continuously working to improve staff awareness and understanding of staff governance, rights and responsibilities
- Continue to promote visibility and accessibility of NHS Grampian leaders and partnership colleagues through face to face sessions, Director-led Patient Safety Walkabouts with all members of the clinical teams, Team Brief and our global communications system.

### Appropriately trained and developed

- Continue to extend accessible, blended approach to learning, including extending an e-learning approach. Review of learning opportunities to improve accessibility, mindful of the difficulties of releasing staff from the workplace.
- Progress the initial work of the Nursing Resource Group (NRG) in the use of nurse bank across NHS Grampian areas, creating a central bank to maximise this precious resource and utilise any/all funding released by the Scottish Government to address staffing shortfalls
- Work with GAPF, managers and staff to improve eKSF Review rate.

### Involved in decisions

2016-17 will continue to be a period of significant change in NHS Grampian and for NHS staff working within the 3 IJBs. Staff involvement in how these changes will be progressed continues to be a key priority. Some of the major initiatives will be

- Establishment, in partnership, of an integrated model for delivery of HR services between NHS Grampian and NHS Orkney, and the development of a collaborative approach to payroll between NHS Grampian and NHS Tayside, building on the shared service model with NHS Orkney and NHS Shetland.

- Workforce Planning and Redesign. Staff are and will continue to be involved in these discussions, including
  - Health and Care Framework
  - Integration between health and social care in redesign of service
  - Service redesign towards 2020 vision
  - Nursing resource implementation
  - Recruitment 2020

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

- Continue the review and implementation of NHS Grampian's policies to ensure consistency with the new PIN policies and to highlight potential conflict with our local authority partners. NHS Grampian has been particularly active in this area over the past 12 months with over 15 policies/protocols reviewed and or refreshed.
- We have commenced a rollout of process to assess risk, including the HSE management standards and a review of our Health and Safety overarching policy.
- Continue Patient Safety walkabouts, taking account of staff issues, developing greater involvement with medical colleagues in these walkabouts
- Continue to promote local partnership structures to resolve issues at the most relevant level in the organisation.

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

- We have continued the process to embed health and safety as a key component of safe patient care as part of the normal business of NHS Grampian.
- We continue to seek to improve recruitment of Health and Safety representatives and nurture the partnership approach to health and safety including the involvement of staff side colleagues in development of policies relating to health and safety and in the inspection regimes.
- Increase understanding of the importance of health and safety in everyone's working lives
- Promote the use of the Datix recording system and utilise staff experience module.
- Individual sectors also continue to work towards their Healthy Working Lives Awards

Annie Ingram  
Director of Workforce

Sharon Duncan  
Employee Director

## **Chapter 12 Report from Area Clinical Forum (ACF)**

### **Facilitating Clinical Engagement with Specific Projects and Concerns**

Over the past 12 months, the ACF and its constituent advisory committees have been actively reviewing and discussing a number of major clinical projects, developments and concerns, bringing together feedback from across the clinical professions. These have included the Health and Social Care Partnerships, plans for the Baird Hospital and ANCHOR Centre, the NHS Grampian Winter Plan 2015/16 and plans for improving provision of elective care, including the new diagnostic and treatment centre for Grampian. Recognising the changing models of service delivery in primary care, the committee has also discussed the importance of timely access to clinical guidance and information, and the facilitation of appropriate referrals from primary to secondary care by different health professionals, including advanced nurse practitioners, physician associates and allied health professionals. Following on from this, ACF members welcome plans to improve the Clinical Guidance Intranet and increase investment in e-Health.

### **Major Trauma Centres in Scotland Review**

The ACF and its constituent committees had full discussions about the risks of a decision to locate two major trauma centres in Scotland in Edinburgh and Glasgow and a written summary of these was provided to the Board. This report covered the risks of compromised care and outcomes for patients and their families in the North of Scotland, the risk of loss of staff and resources in specialties associated with major trauma, and increased difficulty with recruitment and retention. The First Minister's announcement that there will be a major trauma centre in Aberdeen has been widely welcomed by Grampian clinicians.

### **NHS Grampian Clinical Strategy 2016-2021**

The ACF has actively engaged with the NHS Grampian Clinical Strategy consultation process, promoting discussion of the strategy document at the professional advisory committees, with many professional groups providing comprehensive written feedback. ACF members also took part in wider related discussions about the National Clinical Strategy and the CMO's report on Realistic Medicine. In addition, presentations were made by a number of professional committees at Board seminars on themes which have emerged as central to the Clinical Strategy (e.g. Prescription for Excellence by the Area Pharmacy Committee and self-management by the Applied Psychologists' Committee). Advisory committees continue to facilitate the ongoing consultation on the strategy and implementation priorities.

### **Staff Recruitment, Retention and Wellbeing**

The ACF has discussed concerns about the recruitment and retention of staff on numerous occasions over the past year. Individual professional advisory committees have highlighted a number of areas where staffing challenges have been particularly intense and are having a very significant impact on existing staff in these services. The committee recognises the ongoing challenge of recruitment of clinical staff as both a local and national issue, and the extensive work which NHS Grampian has

undertaken to improve recruitment. ACF members have been actively engaged with senior management throughout the past 12 months to explore a wide range of approaches which may help to address these concerns, including ways to enhance the reputation of NHS Grampian and make it an attractive, vibrant and supportive working environment. There has also been a focus on promoting and encouraging research and innovation, enhancing links with local universities and reviewing specific multi-professional and uni-professional solutions to address the challenges outlined above, such as GMED. Currently advisory committees are actively considering staff wellbeing and identifying specific suggestions for what NHS Grampian can do as an organisation to look after staff, ensure they have a positive experience and retain them.

### **Review of Advisory Committee Constitutions**

In line with the recommendations of the Healthcare Improvement Scotland report published in December 2014, the ACF completed a review of its constitution and changes have now been formally approved by the NHS Grampian Board. This facilitated a review of the constitutions of each of the professional advisory committees to ensure that these are consistent with each other and in line with the ACF constitution. This process is now complete.

**Dr Helen Moffat**  
**Chair Area Clinical Forum**  
**August 2016**

## **Chapter 13 Public Involvement Activities in NHS Grampian**

NHS Grampian is an organisation in transition following the delegation of certain services to the Health and Social Care Partnerships. In order to achieve our commitment to provide the best possible care and patient experience we need to ensure we are engaging with patients, families, carers and the general public both through this period of transition and in the future. Below are some examples of engagement activities in Grampian to demonstrate how we are achieving this.

### **NHS News**

NHS Grampian is about to produce the second edition of NHS News, after the Spring/Summer edition, was so enthusiastically received. NHS News is primarily a public facing digital newsletter, however a number of hard copies are produced and distributed to key sites across Aberdeen, Aberdeenshire and Moray. A call for articles for the Autumn/Winter edition has been sent out to NHS staff and colleagues from the Local Authority and Third Sector Organisations across Grampian. Half of the paper is dedicated to encouraging and promoting engagement opportunities and the other half is used to promote good health and wellbeing by including useful information and health improvement opportunities.

### **Foresterhill Site Green Space Project**

An engagement event took place on 2 August at the Suttie Centre to introduce the Foresterhill Site Green Space Project to patients, staff and members of the public. A second engagement event was held on 23 August at the Main Concourse entrance of Aberdeen Royal Infirmary site and 191 views have also been gathered through using an electronic survey.

### **NHS Grampian Youth Forums**

NHS Grampian Youth Forum has continued to evolve and develop. There are now two Youth Forums, one in Aberdeen City with 11 members and a newer group in Aberdeenshire with 4 members (last summer we had just 1 Youth Member within Aberdeen City). To achieve this NHS Grampian has produced promotional materials, used Twitter and Facebook and worked successfully in collaboration with the Scottish Health Council and Community Learning and Development. The aims of the Youth Forum were created in partnership with young people aged between 14 and 25 to enable them to get involved, share their ideas and influence decision making about local services for young people. This Forum is a valuable involvement mechanism for NHS Grampian and partnership opportunities continue to be explored to ensure a fair representation of youth.

### **The Baird Family Hospital and ANCHOR Projects**

The Baird Family Hospital and ANCHOR Project Team remains busy with its extensive programme of awareness sessions. By the end of September 2016, over 60 sessions will have been co-ordinated and delivered by NHS Grampian to update all levels and disciplines of staff working in clinical areas and beyond. These

sessions have been a combination of attending existing departmental meetings, committee meetings, ward meetings and drop-in sessions.

Successful drop-in sessions for patients and their families were held outside wards 307 (Haematology) and 308/309 (Breast and Gynaecology) on 21 June 2016, and outside ward 310 (Chemotherapy) on 23 June 2016. A drop-in session for patients and families using the Islands accommodation was also held at Aberdeen Maternity Hospital (AMH) on 22 June 2016. Service users gave helpful feedback on the plans for the Patient Hotel in The Baird Family Hospital and also highlighted more immediate issues with the current accommodation which has been passed to the relevant teams at AMH.

Project updates for Third Sector Committee/Board meetings have been co-ordinated with a number of partner organisations, with an update being delivered to Macmillan Committee on 19 August and further ones scheduled for later in the Autumn. A new look Project Newsletter was also launched in June and has received positive feedback on its contemporary appearance and information content.

### **Multicultural Health and Wellbeing Forums**

NHS Grampian's Multicultural Forum has been hard at work planning new and innovative ways of engaging directly with local communities and to find new ways to involve people with NHS Grampian. One of the ways the forum is achieving this is by working in partnership with colleagues at Community Renewal, who are at the forefront of the Modernising Primary Care work with GP Practices across Grampian. The GP Practice in Torry is one such practice, and is significant as Torry has the highest number of people from minority ethnic backgrounds in Aberdeen (around 15–17% of their patients). The Multicultural Forum has been so busy since it evolved in 2015 that the forum has put together a newsletter to highlight some of their activities from the previous year

The work that the forum has been doing has caught the interest of the Health and Social Care Partnership in Aberdeenshire, who approached NHS Grampian to discuss developing a Multicultural Forum for Aberdeenshire. A number of meetings have already taken place and it is proposed that 'Aberdeenshire Multicultural Forum' will be a joint venture between NHS Grampian and the Equalities Team at Aberdeenshire Council. The forum will provide Public Sector Organisations, including the Aberdeenshire Health and Social Care Partnership with the opportunity to consultation with, and involve people from local ethnic communities.

### **Modernising Primary Care**

NHS Grampian has been providing support to the Modernising Primary Care work which is currently ongoing at the Maryhill Practice in Elgin. This is being done by working collaboratively with Community Renewal and colleagues from Public Health and the Third Sector Interface in Moray. The aim of the work is to establish ways in which people from the local community can be involved in the GP Practice in practical and meaningful ways. By introducing local people as Community Connectors within the Practice, and adopting an asset based approach. This means patients can be connected locally and encouraged to find their own solutions by

focusing on what already exists within their local communities. A series of three workshops were organised, the first of which took place on Wednesday 22 June 2016. The response from the Practice was positive, and a second workshop has now been scheduled for 14 September 2016, with a final one to be organised by the end of 2016.

### **Keith and Speyside Pathfinder Project**

Another project that NHS Grampian is supporting is the Keith and Speyside Pathfinder Project, which is planning and assessing the needs for a new health and social care facility in Keith. This assessment will also take into account the needs of the wider Speyside Community. The Keith Practice is now interested to develop a piece of Asset Based Community Development (ABCD) work based at the local GP Practice, which NHS Grampian will be supporting.

### **Other engagement activities**

Inverurie Health and Social Hub and the Foresterhill Health Centre are two other projects that NHS Grampian is supporting to ensure meaningful engagement is taking place. There is also support being provided to the Adult Mental Health redesign, the move of Ear, Nose and Throat/Audiology from Woolmanhill to Woodend Hospital and for the new MRI scanner at Woodend Hospital. NHS Grampian continues to provide support to colleagues and projects in Primary Care, including the review of dispensing GP practices consultation that is in progress. Support is also being provided to acute services, unscheduled care, diabetes services, children's home care service, the development and implementation of NHS Grampian's Clinical Strategy and evaluating the impact of going smoke free.