



ANNUAL REVIEW

10<sup>th</sup> AUGUST 2015

SELF ASSESSMENT REPORT

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(Polish)

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(Mandarin)

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## Chapter 1: Progress against 2013/14 Annual Review Action Points

NHS Grampian's 2013/14 Annual Review took place on 12<sup>th</sup> January 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 June 2015</b>
Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.	Robust arrangements are in place. There has been a slight increase in MRSA/MSSA rates in Grampian, predominantly those 'out of hospital' although rates for these and Clostridium difficile remain below the Scottish average. We recently completed the first year of an NHS Grampian wide programme of supported environmental environmental audits. The 7 <sup>th</sup> annual Infection Prevention and Control Conference – Champions Challenged – took place in June.
Continue to deliver on key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including an effective response to the findings of Healthcare Environment Inspectorate and Older People in Acute Hospitals inspections.	There were a number of inspections and reviews undertaken in 2013/14. All requirements and recommendations have been taken forward. NHS Grampian participates fully in the Scottish Patient Safety Programme and the OPAH collaborative and strives to ensure care provided is safe and person centred.
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.	NHS Grampian has worked closely with Scottish Government throughout 2014/15 to develop plans to deliver improvements in access times. As part of the 2015/16 Local Delivery Plan process a schedule of investment and improvement has been agreed. The 4 hour A&E standard is generally being met but continues to be dependent on effective patient flow and discharge across the system.
Make sustained progress against the staff sickness absence standard.	The annual sickness absence rate increased slightly to 4.64% compared to 4.63% in the previous year. NHS Grampian continues to perform better than other large territorial Boards with a proactive approach to support staff back into the workplace.
Continue to work with planning partners on the integration agenda and to deliver	Three Integrated Joint Boards are now in place in Aberdeen City, Aberdeenshire

Agreed Action	Position at June 2015
against the delayed discharge target.	and Moray. Each Board is focused on addressing the challenge of delays in discharge. The IJB are working together with the Acute Sector on cross sector issues.
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.	<p>NHS Grampian achieved all three financial targets in 2014/15 set by Scottish Government:</p> <ul style="list-style-type: none"> <li>• Revenue Resource limit (a resource budget for ongoing activity) - a small under spend was recorded against the Revenue Resource Limit of £873 million.</li> <li>• Capital resource limit (a resource budget for net capital investment) - the capital resource limit of £22.2 million was invested in full.</li> <li>• Cash requirement (a financing requirement to fund the cash consequences of the ongoing activity and net capital investment) - the cash requirement was achieved.</li> </ul>

## 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.

### **Patient and Staff Experience**

The table below represents the outcome of our patient and staff experience surveys for the period June 2014 to May 2015.

	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>
Patient Experience	46%	40%	11%	2%	1%	0%
Staff Experience	9%	31%	41%	14%	3%	2%

### **What we have achieved**

NHS Grampian has completed one round of real-time staff and patient experience surveys across all in-patient areas with the exception of Ugie Hospital. In addition, five out-patient areas 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 a survey tool. The purpose of the survey tool 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 one which is meaningful for staff.

Staff use the information to develop improvement plans where indicated.

### **Positive patient feedback**

Since June 2014, 1085 patients have provided feedback in real time with 97.7% (1060) reporting a positive experience of care. This means they described their care as good, very good or excellent.

### **Other person-centred achievements include:**

- Patient stories are being widely used across the organisation
- All posts on Patient Opinion are responded to within 2 working days

- The use of the PALS module of Datix to collect, store, retrieve and report patient and staff experience work, including stories, surveys and improvement tree outputs
- 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 and staff experience has been used to inform the first planning event 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
- Conversation about the person-centred agenda with the Chief Officers of the Integrated Joint Boards have begun.
- As well as having six 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 10 cohorts and a total of 23 teams through the CBAS process
- Customer care training is being redesigned
- Over 60 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 patients and staff experience work is increasingly being recognised.
- Endowment funding has been used to undertake Playlist for Life activity
- Our Patient Experience Public Involvement (PEPI) Group is actively involved in improvement work and contributed positively to the recent HIS Older People in Acute Hospitals visit

### **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 week
- Managing the staff experience information gathered
- Evidencing person-centred care planning
- Evidencing shared decision making
- Managing the demand for CBAS delivery

### **Our future plans**

- 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 commencing in Dr Gray’s in August 2015 with roll out thereafter
- Move to full subscription for Patient Opinion, commencing with Dr Gray’s in August this year prior to full roll out across Grampian.
- Person-centred team will work more closely with Patient Safety Facilitators
- Person-centred work will increasingly be with Integrated Joint Boards rather than sectors
- We plan to capture experiences of harder to reach groups including patients with a diagnosis of dementia

- Involve non-clinical staff in the collection of real-time feedback
- Link real-time feedback to clinicians as well as to wards
- Use Patient stories as part of adverse events investigations
- Adding elements of person-centredness to Morbidity and Mortality meetings
- Test ways of implementing and evidencing person-centred care planning
- Test ways of ensuring and evidencing patient and family involvement in decisions about care
- Continue to deliver CBAS to clinical teams
- Apply to Healthcare Improvement Scotland to be one of three pilot sites to develop and test a comprehensive suite of methods for gathering, analysing and using care experience feedback and narratives

## **Encouraging and Handling Complaints**

NHS Grampian 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 encourage and receive feedback through a variety of sources including Feedback Cards, letters, Facebook and Patient Opinion website.

Following a review of NHS Grampian's complaints operational policy we made adjustments to ensure improvement in the Board's processes for investigating, responding and learning from complaints. This has resulted in significant improvement in performance against the national standards of acknowledgement within 3 days and full response within 20 working days.

## **Delivering Improved Access Times**

### **Treatment Time Guarantee (TTG)**

Throughout 2014/15 NHS Grampian has reported breaches of the 12 week treatment time guarantee. Numbers are reducing over time. There has been significant investment in additional theatres at Woodend Hospital and Aberdeen Royal Infirmary, commissioned and brought into operation in July and April respectively. This investment was supported by a corresponding increase in theatre and staffing capacity to ensure that more Grampian patients could be treated, with the aim of reducing our spend on additional capacity within the independent sector.

We have worked closely with the Scottish Government Access Support Team and developed a Performance and Sustainability Work plan to target and prioritise improvement and move to a position of sustainability. An Acute Sector Waiting Times Implementation Plan has been agreed as part of our 2015/16 Local Delivery Plan and is being closely managed. It is anticipated that implementation of the plan will deliver compliance in inpatients/day cases by the end of 2015 in all specialties except oral and maxillo-facial surgery and plastic surgery which are contingent on recruitment .

## **Outpatient Standard**

Over recent months there has been significant improvement in new outpatient waiting times. Steady progress is being made to reduce the number of people waiting more than 12 weeks. In addition NHS Grampian now has significantly reduced patients identified as unavailable for treatment.

## **Mental Health Access Times**

90% of patients referred for Child and Adolescent Mental Health Services (CAMHS) should start treatment within 18 weeks by March 2015. CAMHS were making good progress and were on course to meet the 18 week target until around May 2014. A number of staff vacancies and difficulty recruiting means performance has stabilised. 73.5% of people started treatment within 18 weeks in the quarter to March 2015. The number of people on the current waiting list (not yet started treatment) who have waited over 18 weeks has however fallen from 226 in February 2014 to 59 in April 2015. There are currently 7.2 WTE clinical posts out of 68.4 vacant or unfilled. Efforts to fill vacancies, engage locums and provide temporary cover arrangements are ongoing.

90% of patients referred for Psychological Therapies should start treatment within 18 weeks by December 2014. NHS Grampian delivered 70.1% in the quarter to March 2015. This is expected to increase substantially however given the inclusion of *Beating the Blues* activity. This is a computerised cognitive behavioural therapy programme being rolled out to GP practices across Grampian. All patients accessing the programme will meet the 18 week standard. However, it is important to note that this new service is for people with low level anxiety and depression. For those people requiring to be seen by a secondary care clinician, 60% currently have access within 18 weeks. The service currently has 2.5wte vacancies and 5 members of staff on maternity/special leave. Efforts to recruit are continuing.

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

Since April 2014 the 95% target has been met in 7 out of 14 months. Sustainable achievement of the unscheduled care access standard remains challenging but we have demonstrated a sustained recovery from the winter period where compliance levels dipped. Analysis shows there are significant number of patients who fall outwith the target by a small margin. This measure is a whole system measure which reflects patient flow through the system. The inability to discharge patients can lead to delays in admission.

## **Cancer Access Times**

The Board has an action plan to strengthen the overall arrangements in place to deliver the 31 day and 62 day cancer access targets on a sustainable basis. Progress against the action plan is monitored at weekly executive review meetings and by the Scottish Government cancer support team. The Board has approved additional investment within cancer and endoscopy services and is reviewing the future requirements for diagnostic capacity and interventional radiology. The interventional radiology service is taking forward service improvement work which

will assist in informing the planning of the service to meet patient demand. The 31 day target is generally being delivered although there have been a few dips below 95%. We are on track to deliver the 62 day target by quarter three of 2015.

### 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 are working closely with partners towards integration.

Target/Standard	Performance
Reduction in emergency bed-days for patients (75+). Rate per 1,000 of population	Emergency bed days for over 75s have levelled off after decreasing between October 2012 and December 2013. The latest figure, for the year ending May 2015, was 4800 bed days per 100,000 population. The target for March 2015 was 3558/1000
Reduction in attendance rate at A&E	NHS Grampian's attendance rate at A&E has fallen substantially in recent years and is low in Scottish terms. The position at May 2015 was 1432 per 100,000 population, well below the target of 1476/100,000
Delayed discharges of longer than 14 days	There should be no delayed discharges of over 2 weeks by April 2015. However numbers increased steadily over the winter period to 150 in January 2015. They have reduced to 79 in May 2015. Most delayed discharges are in Aberdeen City where there is a significant challenge in recruiting appropriate carers.

#### 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.

A wide range of activities were undertaken in 2014/15 to modernise NHS Grampian support the move towards Healthfit 2020, including:

#### Health and Social Care Integration

A considerable amount of work has been done to develop effective arrangements to support the establishment of the new Integrated Joint Boards and ensure that they will be effective when established. 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 will 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. Proposals have been made, a joint meeting of IJB members is planned for September and final decisions will be made by November 2015

## **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 as one of four trauma centres in 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.

## **Unscheduled Care**

The development and implementation of the Local Unscheduled Care Action Plan (LUCAP) continues to be a focus for the improvement of unscheduled care and NHS Grampian's approach is broad and cross system. In response to significant challenges we have implemented a range of improvements which has resulted in an improved performance in relation to the four hour standard. These improvements have included:

- Innovative approaches to the workforce challenges and the development of physician associate and advanced nurse practitioner roles
- Continuing to develop clinical decision support in its broadest sense
- Improving the coordination of patient care between the Emergency Department and hospital services
- Improving patient flow across the system (see below)
- Continuing to develop the Know Who To Turn To campaign which aims to direct patients to the most appropriate service and avoid inappropriate attendance at the Emergency Department

Evaluation of Winter planning for 2014/15 was very positive and work has now begun to prepare for the 2015/16 winter period. The Winter Plan will be available in August 2015.

## **Patient Flow**

Improving patient flow has been a key activity during 2014/15 building on the work undertaken in the previous year. The system for organising flow has been transformed through the development of a focused team at Aberdeen Royal Infirmary which actively manages flow in the hospital and integrates this with the wider system. Daily briefings are held with the involvement of hospital and community based clinical staff and social work staff. Improvement work has therefore

been focused on bringing forward discharge decision making, exploring criteria led discharge and extending the estimated date of discharge (EDD) planning.

### **Primary Care Modernisation**

The Primary Care Modernisation programme received significant support from the Scottish Government with the aim of developing innovative approaches to community involvement in the planning and delivery of primary care services. Community Renewal, a social enterprise which has successfully developed new ways of engaging the public, embarked on a two year programme to work with six practices in Grampian. The Modernisation of Primary Care programme was also changed during 2014/15 to ensure that it was more closely aligned with the shadow Integrated Joint Boards given the delegation of primary care to IJBs and the need to integrate processes within the wider community.

A Grampian General Practice Workforce Survey was undertaken across the three Community Health Partnerships during winter 2013 to develop a comprehensive workforce profile for Grampian. This highlighted issues regarding the age profile of the workforce and the need to focus on active recruitment. A General Practice Workforce recruitment summit was held in November 2014 to support the development of an action plan. Since then there has been a variety of actions to raise awareness of opportunities and market general practice in Grampian.

### **Child Health 2020**

NHS Grampian's Child Health 2020 Strategic Framework was approved in December 2013 following extensive engagement of staff, young people, families and other key stakeholders. It sets out the vision that 'By 2020, all children and young people of Grampian will have the healthiest start in life'. A Programme Board is now fully established to oversee the delivery of Child Health 2020 with detailed plans developed and implementation beginning, including

- A programme of health intelligence reports to inform direction and support services
- Involvement of children, young people and families including real time feedback and service redesign
- Integrated workforce planning
- Regular reporting to the Programme Board regarding child protection
- Implementation of all aspects of the Children and Young People's Act
- Developing IT solutions to support frontline services
- Health improvement mapping and evidence based planning

### **Redevelopment of the Foresterhill Health Campus**

The major transformation of the Foresterhill Campus continued during 2014/15 with the implementation of the Aberdeen Royal Infirmary reconfiguration programme which will see the re-organisation of inpatient services and the modernisation of inpatient facilities. This has been a challenging programme which will continue until 2017. Whilst significant works are being undertaken the aim is to ensure that the current inpatient areas are fit for purpose for the next ten years until the facilities are replaced as part of the next stage of the Foresterhill redevelopment

## **Baird Family Hospital and ANCHOR Centre**

Part of the redevelopment of the Foresterhill Campus is the planning and implementation of the Baird Family Hospital (to replace the maternity hospital and bring together a range of services primarily for women) and the ANCHOR Centre (the Cancer Centre). Detailed work has been done following the announcement of £120m for the projects by the Scottish Government in 2014. During 2014/15 more than 200 staff and members of the public have been involved in the detailed development of the clinical strategy for the services which form the basis of the brief for the design of the facilities. The projects are on track for completion in 2020.

## **Organisational Development**

A major feature of organisational development in 2014/15 has been the improvement of clinical engagement. The Area Clinical Forum constitution has been revised and the constitutions of all advisory committees will be revised in 2015/16. Very productive meetings were held between the NHS Grampian Board and all members of all advisory committees resulting in the development and implementation of plans to improve engagement.

A specific initiative implemented during 2014/15 was the organisation of Board seminars every two months which involve the NHS Grampian Board members and Executive Team together with representatives of the Area Clinical Form, Grampian Area Partnership Forum, and senior clinicians and managers. These seminars have been successful in developing a wider team approach through the consideration of a range of issues including:

- The purpose of NHS Grampian
- Values and behaviours
- NHS Grampian's 2020 vision
- Innovation
- Health and social care integration
- General practice
- Community engagement
- Prescription for Excellence

These seminars will continue to be a feature of how NHS Grampian involves and engages staff in planning and policy development and they will continue to develop in 2015/16.

## **Aberdeenshire Health and Social Care Partnership**

### **What we have achieved**

The past year has seen an enormous effort to balance ongoing high quality delivery of both the NHS and Council services while exploring how we can make a real difference to 'Mrs Smith' through the integration of Health and Social Care. At the

heart of these changes has been the identification of locality based teams by the people who make up these emerging teams. Their local knowledge of the needs of their communities has developed an approach which is superior to one which would have been developed in a more traditional manner. Our Strategic Plan has been developed following good engagement with communities; we believe this has been a very positive start which we will build on in future years. Importantly, it has set out the way which we want to do things engaging people to take a different responsibility for themselves and for their community whilst ensuring it is balanced with what we will be able to do as a Health and Social Care Partnership. We have committed the Integrated Care Fund to a series of significant projects which we believe will deliver key aspects of our strategy.

### **Key challenges**

Within Aberdeenshire we are very aware of our significant geography and so continue to develop services on a local basis wherever possible. The development of our locality teams further supports this aim. This approach continues to be successful and supports people to remain in their communities. The ongoing very positive North East Scotland employment climate continues to offer real challenge for the recruitment of carers in both the public and private sector. This challenge in recruiting care workers has, in a significant part, seen two care homes close. These issues have contributed to our challenge in the number of people delayed within a hospital setting. Our final developing challenge is the recruitment of some other staff groups; perhaps the most topical is that of General Practitioners. We have seen a series of very challenging situations within some half a dozen Practices, especially within the north of our area.

### **Our future plans**

The development of a really high quality, high performing Health and Social Care Partnership, ensuring an integrated approach to working with our population, is at the very heart of our Aberdeenshire ambition. We are building from a very strong base with a long history of good working relationships between all staff members. The past 18 months has built on this in preparation for our more formal Partnership formation. This year will see our locality based teams develop in cohesion and approach. We will continue to undertake small tests of change (for example, the primary care modernisation) and then share and spread examples of best practice. We will develop our leadership skills in our emerging locality based teams ensuring that their ability to deliver against the very challenging future is possible.

## **Aberdeen City Community Health Partnership**

### **What we have achieved**

A significant focus in the past year has been on our journey toward health and social care integration and meeting the legislative and transformational milestones within that key policy. A Chief Officer for the Aberdeen Health and Social Care Partnership came into post in October 2014 and work has been ongoing on developing our shadow Integrated Joint Board toward a 'go live' date of March 2016. We have been focusing our change effort on working at a local level, with local teams and

communities helping shape the future of services that are; person centred, seamless and responsive to the unique characteristics of our city communities. Our shadow Integrated Joint Board is working on realising our vision of being *'a caring partnership, working with our local city communities on helping people achieve healthier, fulfilled lives and wellbeing.'*

Key to our ambition is engagement and participation of people, staff and partners and we have undertaken regular workshop sessions that have had a regular attendance of around 70-80 staff and partners. We have also undertaken a large number of 'integration conversations' with individuals, teams, groups and partners – engaging on ideas and things that we can do to change and improve the way we work together.

The Aberdeen Partnership continues to lead the promotion of active ageing and wellbeing and we have welcomed the 5<sup>th</sup> year of the Golden Games in the city – with hundreds of people over the age of 65 taking part in activities across the city in early June. This award winning programme garnered national interest and our oldest competitor was 102 years of age.

### **Key challenges**

Our partnership recognises our challenge in reducing the number of delayed discharges in our system. We also recognise the underlying challenge of the recruitment and retention of staff across health, care and into the third and independent sectors remains one of the most significant challenges facing Aberdeen City. We continue to focus our efforts on addressing this underlying issue and are working hard with all partners to develop innovative approaches to address this. These include support to key worker housing and accommodation and models of care excellence that make health and care a more attractive career option across our developing integrated partnership.

We have also addressed the challenge of pressure on primary care and the recruitment and retention of GPs in particular. We have worked through a process with an independent practice giving notice on their contract but are confident that we can secure a sustainable future model to meet this and will continue to support our GP colleagues in ensuring high quality primary medical services in Aberdeen.

### **Future plans**

Our focus over 2015 is in developing our Strategic Plan as an Integrated Joint Board. The Strategic Plan is being co-produced with our partners and we plan a series of co-production sessions over the summer with communities, leading into a consultation phase toward the end of the calendar year. Our plan will support the future direction of spend from our Integration Care Fund and will support an acceleration toward a locality model of health and care.

We will continue to work hard on our challenges – on securing a highly skilled and motivated workforce – across all sectors – and on securing a sustainable primary care model in the city.

## Moray Community and Social Care Partnership

### What have we achieved

The Moray Health and Care Partnership made significant progress across 2014/15 against this ambition in terms of both our work under the *Reshaping Care for Older People* 10 year strategic agenda, and in relation to our ambitions under Adult Health and Social Care Integration.

- Very positive joint inspection of older peoples services
- Range of community development approaches established
- Falls assessment and care planning established in local care homes demonstrating a reductions in falls.
- Falls bundle approach audit programme established
- Continued development of intermediate care options (including palliative) in community settings
- 100% Anticipatory Care Plans for over 75s at risk of hospital admission
- National pilot for self-directed support in residential care
- Mainstreamed shared lives initiative Shared lives
- Progress in SDS and development of the market place
- Dementia work – Post diagnostic support and an increase in diagnosis rate
- National test site for eight pillar model of Integrated community support
- Building on existing carer support using change fund monies
- Sustaining delayed discharge figures
- Reduction evident in multiple admissions
- Two practices submitted plans to the partnership re modernising general practice which is focused around a personal outcomes approach to care, deep community engagement and case management approach.
- Increase in the number of people receiving more than 10 hours care in the community
- Development of joint mental health strategy with a recovery focus

### Key challenges

- Maintaining achievements and building on same through the Health and Social Care integration arrangements.
- Completion of a robust Strategic Commissioning Plan for Health and Social care
- Ensuring children and young people's services are appropriately linked in and that the person centred approach continues to be reflected
- Scoping different models in terms of capacity building, increasing demographic and ongoing challenges with recruitment
- Shifting resource from acute services to community services
- Delayed discharge: challenge to ensure that this is sustained and that people are not kept in hospital inappropriately and independence and return to their community is not compromised
- Build on the work of introducing anticipatory care plans to people's care and ensuring that the process of sharing the information is maximised to achieve good outcomes

- Working with communities to plan, build resilience and engage in appropriate use of health and social care services
- Seek to develop further improved access to services by improving the ability to navigate the system e.g. Single point of access
- Continue to support staff to adopt an enabling approach to care and apply a personal outcomes approach

### **Future Plans**

- To ensure that the Strategic Plan for Health and Social Care builds on the achievements to date and seeks to challenge the system further towards building community resilience and community engagement that has the community and services working together to maximise the opportunities for all
- To consider further recruitment and retention of staff in Moray, looking at alternative models around current team structures.

## 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	0.29 to March 2015, 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)	0.3 to March 2015 below target and Scottish average

### What we have achieved

#### 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. There are close links between the Antimicrobial Team and the Scottish Patient Safety Programme.

We review each infection case at a weekly multidisciplinary meeting.

We continue to audit hand hygiene and have a zero tolerance approach to non compliance.

We have completed a year of supported environmental audits. This programme was set up to support Senior Charge Nurses and Clinical Department Managers carry out their environmental audits with support around applying consistent levels of scrutiny of cleaning and measuring compliance with standard infection control precautions. Feedback to date has been positive.

We are piloting the introduction of bed space cleaning teams and implementing a service for the management of grossly contaminated beds. We are well advanced in the delivery of targeted equipment cleaning education sessions for nursing and domestic staff. Uptake of training is reported routinely to the Infection Control Committee. Recruitment and retention issues within nursing and domestic services make maintaining high standards of cleanliness a challenge.

#### External Inspections

Several inspections took place in 2014/15 in hospitals across NHS Grampian, both in acute and community settings.

- Aberdeen Maternity Hospital unannounced follow up 30 June/1 July 2014

- Inverurie Hospital – 15/16 June 2014 and no recommendations for improvement were made which demonstrates that systems and processes resulting from inspections in acute settings have been equally applied and implemented in community hospitals
- Aberdeen Royal Infirmary – unannounced 27/28 January 2015 with 3 requirements and 2 recommendations
- Dr Gray’s – unannounced 14/15 April 2015 with 3 recommendations
- Aberdeen Royal Infirmary and Woodend Hospital were also reviewed on 6-10 October 2014 as part of the Older People in Acute Care programme
- The Care Inspectorate undertook multi-agency inspections of Children’s Services in Aberdeen City and Aberdeenshire. The City report was published in March 2015 and the Aberdeenshire report is awaited.

Following the publication in November 2014 of reports by Healthcare Improvement Scotland, the Royal College of Surgeons of England and an Older People in Acute Hospitals inspection, we developed an action plan to address all recommendations. Progress with implementation is closely monitored and continues in 2015/16. A consolidated Improvement Programme has been produced. The external reports did not raise any consistent or widespread concerns about patient safety or about the quality of care across NHS Grampian. The detailed case note review carried out by HIS confirmed many areas of good practice, including patients being seen by consultants and experienced trainees early in their admission, evidence of good communication with patients’ relatives and clear care plans. The reports also confirm that our patient outcomes are consistent with those in other parts of Scotland. Our hospital standardised mortality ratios (HMSR) are also consistent with other parts of Scotland.

### **Vale of Leven**

Lord Maclean’s inquiry report made 65 recommendations for Health Boards and all Boards were asked to make an assessment of progress against the recommendations. The NHS Grampian Board meeting in February 2015 considered our position against all of the recommendations. At that time 37 recommendations were fully implemented, 15 mostly implemented, 10 partially implemented and 3 were not applicable. All recommendations will be fully implemented by 31 August 2015. We are aware that national groups are being established to ensure recommendations are being implemented and monitored and we will work with these groups as appropriate.

### **Scottish Patient Safety Programme**

From an initial focus in 2008 on acute hospitals, the Scottish Patient Safety Programme is now an integral part for all healthcare services across NHS Grampian. We have recruited to 2.24 WTE Quality Improvement Facilitators to support SPSP across the organisation.

We have hospital 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 are deteriorating patients, falls and medication safety.

NHS Grampian is moving to National Early Warning Score Charts (NEWS) on 1 September 2015 for all adult inpatient areas. The move to a national tool will ensure 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 will also move 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 are 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.

## 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 2014/15 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 £873 million.
- Capital resource limit (a resource budget for net capital investment) - the capital resource limit of £22.2 million was invested in full.
- Cash requirement (a financing requirement to fund the cash consequences of the ongoing activity and net capital investment) - the cash requirement was achieved.

NHS Grampian continues to effectively and efficiently deploy its financial resources for the benefit of patients across the North East of Scotland as follows:

#### Core revenue funding

NHS Grampian spent just over £1.07 billion in 2014/15 on improving health and providing health services to the Grampian population, equivalent to £2.9 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 and funding being provided for a range of new high cost drugs.

Our performance as an NHS Board has been significant in the context of our funding position relative to all other Boards. We very much welcome the plan we have agreed with the Scottish Government to move towards NRAC parity level and the additional resources that have been and will be provided to NHS Grampian as a result. These will enable us to invest in key clinical services in order to bring service provision up to comparable levels with other parts of Scotland and will help us to provide healthcare for the ever expanding population of Grampian.

## Delivery of efficiency savings

Total efficiency savings of £23.2 million were delivered in 2014/15 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 £29.4 million during 2014/15. 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:

- The Woodside Fountain Health Centre became operational in June 2014 and the Forres Health and Community Care Centre became operational in August 2014;
- A new PET/CT scanner at Aberdeen Royal Infirmary (£2m) as part of the national PET replacement programme;
- Completion of the Foyer to the Emergency Care Centre and enabling works for the Therapeutic Roof Garden;
- Investment of £9.4m in a range of infrastructure improvements across our estate in line with our agreed programme to reduce high and significant risk backlog maintenance; and
- Investment, during the year of £6.3m in replacement of essential plant, IT and medical equipment.

## **Key challenges**

In spite of the additional funding received under the NRAC formula by NHS Grampian, the projected financial position remains very tight in 2015/16 and beyond. We anticipate specific financial pressures around:-

- The impact of employer pension and national insurance increases in 2015/16 and 2016/17 respectively.
- Continued cost pressures arising from secondary care drugs, especially those for the treatment of Hepatitis C.
- Continued investment in capacity to achieve Treatment Time Guarantee targets.
- Several new clinical developments including the development of a Major Trauma Centre, Robotic Surgery and Seven Day 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. This will involve recruitment of additional medical, nursing and other professional staff to support service developments and address known activity pressures.
- We will support the introduction of Health and Social Care Integration by making sure that the three Integrated 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 and the Quality 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.

Target/Standard	Performance
<p>Early Access to Antenatal Services</p> <p>At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvements in breast feeding rates and other important health behaviours</p>	<p>Data reporting time-lag of 18 months</p> <p>Most recent data is for 2013, and is exceeding 80%</p>
<p>Exclusive breast feeding at 6 – 8 weeks</p>	<p>Achieved 34% as of September 2014</p>
<p>Child Healthy Weight</p>	<p><i>Grow well choices</i> sessions directly delivered to 806 children in 33 schools, and co-delivered with education staff to 1,051 children in 25 schools</p>
<p>Alcohol Brief Interventions (ABI)</p> <p>Sustain and embed ABIs in the three priority settings (primary care, A&amp;E, antenatal) Develop delivery of alcohol brief interventions in wider setting</p>	<p>7523 ABI delivered in 2014/15</p> <p>24% above target of 6,054</p> <p>11% delivery in wider settings</p>
<p>Smoking Cessation</p> <p>1,634 successful quits, at 12 weeks post quit, in the 40% most deprived within-board SIMD area</p>	<p>747 successful quits at 12 weeks</p> <p>46% of target</p>
<p>Specialist Drug and Alcohol Treatment Waiting Times</p> <p>90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery</p>	<p>93% in January – March 2015</p>
<p>Cardiovascular Health checks target of 1,600</p>	<p><i>Keep well</i> health checks delivered to a further 1,631 people</p>

## What we have achieved

### Building healthy public policy

- We have implemented a smoke free policy across our hospital sites, backed by smoking cessation and nicotine replacement therapy support for staff. We have a communication strategy to deliver key messages by poster, flyer, and internet.

### Creating a supportive environment for health

- Our priorities within our Early Years Collaboratives are smoking in pregnancy, healthy start, and 'B4 words'.
- We continue to develop a Health Promoting Health Service in our hospitals, with two thirds of patients attending a maxillo-facial outpatient clinic participating in a brief health conversation (with information provision and sign-posting as appropriate).
- We have improved dental health, with an increase to 73% of children in primary one who have no obvious dental disease. We have increased the number of children and adults who are registered with a dentist (85% of all children and 66% of all adults, as of September 2014).
- We are facilitating walking groups. In Aberdeenshire we have walks for mums and children, for older people and for the general public. In Aberdeen we have walks for people with diabetes and via community planning we are supporting the development of a city-wide physical activity referral pathway.
- We are supporting voluntary partners to provide a seated exercise programme to people living in Aberdeenshire.

### Strengthening community action for health

- 'Healthy Heart Project' is running in an Aberdeenshire community kitchen, focusing on promoting healthy weight, social connection, physical activity, cooking skills, self-confidence and self-esteem.
- We continue as an active partner in the three Community Planning Partnerships.

### Developing personal skills for health

- We have launched a new 'Outreach Mobile Information Bus Service' allowing us to increase engagement and deliver health improvement interventions to people living in our less advantaged communities.

### We are implementing the Family Nurse Partnership Programme.

- We are piloting a money advice project, with money advisors proactively supporting those at risk of financial hardship.

### Reorienting health services towards prevention and earlier intervention

- We have close working relationships with our shadow Integrated Joint Boards, supporting needs assessment, strategic planning, prevention, and community engagement.
- Our integrated sexual health service has the highest rate of attendance for HIV treatment in Scotland (91%). Local blood borne virus performance management system has been commended by Scottish Government.

## Key Challenges

- Prioritising prevention at a time when services are facing increasing pressures to cope with ever-growing demand
- Tackling persistent health inequalities
- Challenges in accurate measurement of smoking cessation. There is significant under-reporting from community pharmacies, where the majority (94%) of smoking cessation activity is carried out. We are increasing provision of specialist smoking cessation services to our least advantaged communities
- Improving mental health and wellbeing, and reducing the harms associated with alcohol and drug misuse

## Future Plans

### Building healthy public policy

- Develop procurement policy that benefits less advantaged communities
- Support health impact assessment for all policies
- Implement employment policies to support less advantaged and potentially marginalised population groups into training and employment with us

### Creating a supportive environment for health

- We will continue to implement:
  - Healthy Eating Active Living
  - Cooking, food access, and community kitchen programmes
  - Child and adult healthy weight programmes
  - Maternal and infant nutrition framework
  - Health and Transport action plan
  - Tobacco Control Strategy, including Smoke Free grounds

### Strengthening community action for health

- Support and participate in Total Place, Big Noise, and Participatory Budgeting pilots and initiatives
- Prepare for the implementation of the Community Empowerment (Scotland) Bill

### Developing personal skills for health

- We will continue to:

- Deliver Health Promoting Health Service interventions
- Deliver Keep Well interventions
- Provide health-related information and education
- Pursue our evolution towards a health organisation that supports people to self-care, and self-manage long term conditions
- Build our delivery of Alcohol Brief Interventions across a range of services and settings

#### Reorienting health services towards prevention and earlier intervention

- We will
  - facilitate health and wellbeing improvement for our staff through our Staff Well programme
  - develop a plan to reduce health inequalities in people with learning disabilities
  - continue to deliver Healthy Working Lives in NHS Grampian services

## 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
4% Sickness Absence	4.64% Annual rate to 31 <sup>st</sup> March 2015

NHS Grampian recognises that staff are its most valuable asset as they strive to deliver outstanding care to the population of Grampian. Currently more than 50% of our annual budget is invested on staff (excluding Family Health Services). Pay costs for 2014/15 were £527m.

During 2014/15 we have continued to work towards the agreed Everyone Matters actions with particular focus on improving the quality of the performance appraisal process and supporting staff to have a meaningful experience with relevant development agreed; developing 10 behaviours to underpin the NHS Grampian values of Caring, Listening and Improving; providing a range of leadership development options locally, regionally and collaboratively with our partners and striving to improve the accuracy of data and consequently information to inform better decision making.

### What we have achieved

- During 2014/2015 the feedback from the Annual Staff Survey reached 35% which was 5% higher than 2013/2014. This feedback was shared through the Sector Partnership Forums who agreed 2-3 specific areas for action.
- Even with the downturn in the oil and gas industry recruitment challenges remain as salaries and cost of living continues to be high. The lack of affordable accommodation adds to this. Work continues on staff sourcing and supply with continued participation in career events. The Return to Nursing Practice course was approved and has been launched with a very successful uptake. A second cohort will be launched. A working group has also been established to assess the feasibility of overseas recruitment. It is recognised that this will be a challenge not only in terms of employing the staff, but ensuring that the appropriate pastoral care is in place during their initial few months in the country.
- We have completed the creation and implementation of the Management Standards, Stress Risk Assessment, Audit Tool resulting in a Division within the Acute Sector having an overarching Stress Risk Assessment and Improvement Action Plan and each area within the Division implementing their own risk assessments and action plans. Measurable improvements are now becoming evident. This work supports our work on Dignified Workplaces and will be used in future in support of the iMatter tool.
- We have been supported by Scottish Fire and Rescue Service (SFRS) in improving our fire safety management arrangements and training across the organisation. We have taken the SFRS audits of sleeping accommodation and, from the findings, created improvement action plans for all areas of sleeping

accommodation. This has allowed Staff and Responsible Persons for Fire to focus on the key Fire Safety Management arrangements required within each area and implement improvements rapidly.

- Occupational Health has worked in conjunction with recruitment staff to develop a 'live' database to improve workflow and visibility of information. The database provides recruitment staff with an 'at a glance' facility to track a candidate's progress. Online pre-employment health questionnaires have been developed which separate the screening pathways for existing staff from those new to the organisation, to facilitate an effective and efficient recruitment process.
- We continue to have a proactive supportive approach to attendance management. In the past 12 months NHS Grampian has achieved the lowest rate of sickness absence of any of the large Boards in Scotland with a rate of 4.66%, in comparison to the national 5.04%. We have an attendance policy which encourages proactive referral to Occupational Health to facilitate early access to appropriate support. Referrals are received through various pathways including, the iAM (Intelligent Attendance Management) service, which provides occupational health support from the first day of absence, referrals in relation to long and short term absence, and also to access support while an employee is at work and experiencing difficulties.
- Engaging staff across the health and social care partnerships continues using both newsletters and face to face sessions throughout Grampian. These have been delivered jointly by health and social care staff. An HR Project Officer for Health and Social Care Integration has been jointly appointed by the four organisations to address the challenges of integration and will focus on staff governance and Partnership working, a joint recruitment process and workforce profiling.
- Additional funding has been made available to address the staffing issues we have. Posts have been filled based on agreed criteria and over 100 wte nurses have been added to the establishment. These additions, whilst welcome, are only part of the staffing solution.
- There has been a focus on staff involvement and engagement, including a workshop for nearly 250 Senior Charge Nurses. The agenda focused on the contribution of this staff group and the implications of revalidation. Workshops concentrated on skills development, including coaching, courageous conversations, dealing with conflict, human factors of change, partnership working and personal resilience.
- During 2014/2015 an action plan has been developed by a Nursing Resource Group to tackle challenging issues within the nursing workforce. Specific work includes the development and approval of a Return to Nursing programme in collaboration with Robert Gordon University.
- 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. A new addition to this portfolio Leading with Purpose has been a North region leadership programme for medical staff, with the third cohort starting in Autumn 2015.
- Completion of Job Plans by the medical consultant workforce increased significantly in 2014/2015 with a return in excess of 85%. A new process has been introduced to improve the administration through electronic submission.

- Workforce Planning continues to be embedded within NHS Grampian with managers locally developing their plans with their teams and in partnership, to inform the Board Workforce Plan. From previous plans specific actions such as the introduction of the Physician Associates, the development of health care support workers and the review of Induction, including the new staff handbook have been implemented. For Doctors in training this has meant a new process that includes video clips, immediate access to systems and include the completion of the required statutory and mandatory training via eLearning. Other specific actions include the development of more Advanced Clinical Practitioners to support new workforce models, provide services closer to patients' homes and improve patient care.
- A new NHS Pension Scheme for Scotland was established from 1 April 2015 as part of the UK Government's programme of public sector pension reforms. In order to fulfil its employer responsibilities, NHS Grampian devised its own presentation for scheme members and this was made available to staff by attending a face to face session, viewing podcasts on a dedicated Pension Reforms intranet page and YouTube, or downloading the presentation and full script. Forty face to face sessions were facilitated over a 10 day period at various locations throughout Grampian.
- Work has commenced in relation to the employment of Looked after Children on work readiness programmes to meet employer responsibilities in this area.

## **Key challenges**

The key challenges for NHS Grampian include recruitment and workforce supply. This is not solely in relation to doctors and nurses but for many other clinical and non clinical roles. The buoyant local economy, competitive salaries, the high cost of living and previous sub NRAC funding levels have all contributed to a reduced workforce supply. This impacts on the ability to safely staff key areas of the organisation. Areas of concern for recruitment include Emergency Medicine, Oncology, Psychiatry, Clinical Radiology, Anaesthetics and General Practice for medical staff. A general shortage of Registered Nurses and a shortage of applicants to fill support roles such as HCSW, some areas of Allied Health Professionals, Health Care Scientists, Admin and Clerical and Maintenance staff are also a recruitment challenge. There are certain rural locations where recruitment is challenging for all types of staff.

The age of our workforce and the implications for roles in the future is also an issue. It is recognised that individuals will work longer and the benefits this will bring in terms of experience, however there will also be challenges in relation to potential health and adjustment issues and the need to ensure that roles offered are suitable for this group of the workforce. In addition there is a need to increase the younger workforce, specifically those under 25, to provide a greater degree of medium to long term sustainability. Encouraging under 25s to make a positive clinical or supporting career choice is required to ensure a more balanced workforce. Currently there are 15 modern apprentices within NHS Grampian with an additional 2 just secured substantive posts.

The changes in the workforce following Health and Social Care Integration and the exact implications remain unknown. It is likely there will be additional roles required

for generic workers who will have a broad range of skills. There will be a need to develop new career pathways and educational opportunities. This will require collaboration with Higher and Further Education partners and there are likely to be issues relating to differing terms and conditions.

## Future plans

- We will continue to develop and embed work that has already commenced, e.g. leadership and management development. The next step for this is the creation of modules for managers on essential core skills, which will utilise eLearning as well as the traditional models of delivery. This will be developed in partnership and focus on the core skills that all managers require to manage and support their teams effectively.
- We will support the new Health and Social Care Partnerships to create and develop the workforce in terms of new and emerging roles, staff engagement and involvement, skills development, workforce planning and information, behavioural and cultural change and organisational development.
- We will continue to further develop a proactive approach to recruitment. Plans are in place to increase more focused participation at relevant careers and recruitment events. There will be a greater focus on using work experience opportunities to enable individuals to better understand the breadth of career options and consequently make a positive career choice to work in NHS Grampian.
- NHS Grampian is 17<sup>th</sup> Board in the roll out and implementation of the iMatter programme. This programme is seen as a helpful tool to engage staff and involve them in decisions that affect them. It will provide a mechanism for teams to work together to agree action and make improvements. iMatter implementation commenced on 27 April 2015 with cohort 1 comprising of the offices of the Chairman and Chief Executive; Workforce Directorate; Finance Directorate; Employee Director; Nursing and Quality; and Corporate Communications. From Cohort 1 there was an 87% response rate to the iMatter questionnaire. The roll out will continue with Cohort 2 beginning 25<sup>th</sup> August 2015, this will significantly increase participant numbers and will include the first clinical areas; Women and Children's Services and Dr Gray's Hospital, with the remaining Executive Directors
- We will continue to utilise and further develop and engage staff in the use of the PALs module. We are looking to expand the use of this system and are currently in the initial stages of identifying and developing how this system would support gathering staff opinions, recognising positive work, spreading learning and addressing areas of concern. This system is very flexible and has the advantage of being embedded within a larger system with which staff are familiar.
- Caring Behaviours Assurance System (CBAS) is an evidence-based system for enabling and assuring the delivery of person-centred health. It addresses caring for patients and caring for staff in equal measure; it engages with individuals, teams, the Executive Team and the national agenda in assuring the quality of the care experience for patients, their families and for staff. This initiative is being implemented and has a high demand from services due to its positive outcomes.
- The Grampian Recognition Awards for Teams and Staff (GRAFTAS) celebrate people who work for NHS Grampian. GRAFTAs celebrate inspiring staff and volunteers and the excellent projects and continuing impressive work being done

for the benefit of patients, families, carers, staff and partner organisations. Each year, finalists are invited to our awards ceremony. Guests often remark that the range of work in NHS Grampian is astonishing and that they really appreciate learning about activities and meeting the people who make them possible. Winner's stories are further celebrated through global communication to all staff, recognising their achievements. Through providing nominations for colleagues and volunteers, staff have an opportunity to share their opinions on what is going well.

- The Bullying and Harassment Policy and Mediation is currently under review. This has been identified as required to reinvigorate the workplace mediation service and increase the numbers of mediators and overall awareness. NHS Grampian has identified a need to link the promotion of a new policy, awareness of mediation alongside developing work on behaviours. These behaviours have been developed from person centred work and previously identified behaviours which underpin the organisational values of Caring, Listening and Improving.