



NHS GRAMPIAN

ANNUAL REVIEW

TUESDAY 4th SEPTEMBER 2012

SELF ASSESSMENT REPORT

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(Mandarin)

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Chapter 1

Introductory Comments

This self assessment report follows the format of the agenda for the Annual Review meeting to be held on Tuesday 4th September 2012 at Curl Aberdeen, Eday Walk, Aberdeen.

The Annual Review will be conducted by NHS Grampian Chairman, Bill Howatson, who will be accompanied by Chief Executive, Richard Carey, and representatives of the senior management team. Maximum opportunity will be provided for members of the public to ask the Grampian team questions on all aspects of service provision. Questions related to the care of individual patients will not be taken in public.

This self assessment does not aim to be a comprehensive picture of activity in NHS Grampian in 2011/12. It can provide only a snapshot of the continuing work delivered by the staff of NHS Grampian and colleagues in partner organisations to deliver high quality health and healthcare.

Further information about NHS Grampian's achievements and our plans for the future can be found in our Grampian Health Plan 2010 -13 and in our 2020 Vision. These can be found online at www.nhsgrampian.org or obtained from the Corporate Communications Team (see page 3 for contact details).

Chapter 2

Progress Against 2010/11 Annual Review Action Points

NHS Grampian's 2010/11 Annual Review took place on 1st November 2011. Following the meeting, the Minister for Public Health, Michael Matheson MSP wrote to the Board Chairman setting out the actions agreed at the review. A mid-year review was held in January 2012 when progress was discussed. Information on the current position with these actions is detailed below and throughout the report.

| 2010/11 Agreed Action | Position at July 2012 |
|--|--|
| Keep the Health Directorates informed of progress with the local implementation of the Quality Strategy and Change Fund | We continue to engage nationally with the Health Directorates and also with other Boards to ensure best practice is adopted towards delivery of the Quality Outcomes and Ambitions. Further information on our approach to ensuring care is person centred, safe and effective is given throughout this self assessment. Similarly, we have participated fully in national activities relating to the Change Fund and the wider integration of Health and Social Care agenda. |
| Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection | Chapter 4 demonstrates the continued actions we have taken to address Healthcare Associated Infection. There has been a steady fall in rates of MRSA/MSSA bacteraemias and <i>Clostridium difficile</i> . We have robust monitoring arrangements in place and full reports are provided to the NHS Board and Clinical Governance Committee. |
| Ensure there is sustainable progress made in relation to identified requirements and recommendations in Healthcare Environment Inspectorate reports | We continue to respond rigorously to external inspections through close performance management of action plans and local inspection processes. |
| Keep the Health Directorates informed on action taken and progress towards achieving all access targets and standards, in particular the cancer waiting times targets | We have worked closely with representatives from the Health Directorates to ensure they are fully aware of actions in place to deliver access times targets on a sustainable basis. There has been detailed reporting on the 62 day cancer access target which has been a particular challenge for us, however enhanced capacity is now in place. Further information is given in Chapter 5. |
| Keep the Health Directorates informed of progress with the breastfeeding target and reductions in the waiting list for adult registration with a general dental practitioner | Work continues across Grampian to support vulnerable mothers with breastfeeding, through local peer support teams and breastfeeding workshops. All areas within Grampian are working towards Baby Friendly Accreditation to increase skills within our workforce to ensure that women of childbearing age receive the most appropriate support with making key decisions around appropriate food and fluid choices. Access to dental care remains a priority for NHS Grampian with a significant reduction in patients waiting |

| 2010/11 Agreed Action | Position at July 2012 |
|--|---|
| | <p>for an NHS Registration - the waiting list has dropped to under 5000 and there are 10 dental practices within Aberdeen who are looking to attract more NHS patients. Oral Health in children continues to improve and through our Childsmile Programme we have targeted nurseries and primary schools from areas of deprivation, reducing levels of inequalities in access to services and health improvement.</p> <p>Further information is included in Chapter 3.</p> |
| <p>Put plans in place to ensure the delivery of the Psychiatric Readmissions standard and reduce the number of children and young people being admitted to adult inpatient mental health wards</p> | <p>There were 25 patients aged under 18 admitted to adult wards in during 2011/12, a reduction from 35 in 2010/11. All 25 patients were under the care of adolescent psychiatrists and received daily input from Child and Adult Mental Health Services (CAMHS) clinical staff. We remain actively involved in the development of regional services. The North of Scotland "Tier 4" CAMHS Network has been fully approved and will be implemented this year. The full business case for a Regional Young People's Unit is being progressed.</p> |
| <p>Continue to achieve in-year and recurring financial balance; and keep the Health Directorates informed of progress in implementing the local efficiency savings programme</p> | <p>Financial balance was delivered in 2011/12. There is regular reporting and liaison with Health Directorates throughout the year.</p> |

Chapter 3

Everyone has the best start in life and is able to live longer healthier lives

This chapter of the self assessment considers Grampian's performance against public health and substance misuse targets and the wider health inequalities and early years' agendas. It also provides information about how the new Detecting Cancer Early initiative is being progressed.

| Measure | Performance | | Plan |
|--|--------------------|---|-------------|
| Number of completed Child Healthy Weight Interventions | 451 by March 2012 | G | 410 |
| Number of Alcohol Brief Interventions | 8621 by March 2012 | G | 6054 |
| Reduce suicide rate from 2002 baseline | 4.3% by 2010 | R | 20% by 2013 |
| Number of Successful Smoking Cessation Quit attempts | 4603 by March 2012 | G | 2586 |
| Number of Inequalities Targeted Cardiovascular Health Checks | 1560 by March 2012 | G | 1340 |
| Referral to Treatment within 3 weeks for alcohol | 80.3% March 2012 | G | 63.1% |
| Referral to Treatment within 3 weeks for drugs | 90.9% March 2012 | G | 79.1% |

Health Improvement

There are a number of Health Improvement measures and targets against which NHS Grampian's performance is monitored. This section covers HEAT measures for 2011/12. A summary of performance is given at the beginning of this chapter and further information is provided below:

- Child healthy weight interventions: Grow Well Choices is an 8 week primary 5-7 class approach to promoting healthier lifestyles. As part of the programme NHS Grampian delivered 451 completed healthy weight interventions in 2011/12 and therefore exceeded the planned number of 410. We anticipate that the target for interventions within our 40% most deprived datazones will also be met. The programme is supported through a range of initiatives including the Healthy Eating Active Living programme which supports individuals and families to change lifestyle habits through activities such as Community Kitchens teaching vulnerable individuals and groups how to cook, Health Walks to encourage everyone to be more active more often and Early Years Health and Well-being Award which provides a framework to support early education and childcare settings to be health promoting
- Alcohol brief interventions (ABI): A target was set of 6054 ABIs to be delivered in 2011/12 and this was exceeded by 42% at 8621. Most of the

ABIs delivered were in General Practice (78%) with an additional contribution from Sexual Health Services (15%) and A&E (6%). To date it is estimated that 3,000 adults have reduced their excessive alcohol consumption significantly through this programme. It is estimated that 100,000 people in Grampian could benefit from this intervention and work is underway to embed ABIs as part of routine service delivery.

- Reduce suicide rate between 2002 and 2013 supported by training of key frontline staff in using suicide assessment tools/ suicide prevention: NHS Grampian achieved the target of 50% of key staff trained in suicide prevention by December 2010. When compared to the rest of Scotland Grampian suicide rates are below the Scottish average. The Grampian rate has however fluctuated since 2002 and further analysis is underway to increase our understanding. Suicide prevention remains a priority and we are working with partners on a range of activities. These include getting people to talk about mental health through, for example, training staff to support the emotional well-being of young people and tackling mental health stigma through campaigns such as the Feeling Good Festival. We are supporting people in work and those not in work to manage stress.
- Successful smoking cessation (at one month post quit): Work with partners has been undertaken to develop our Tobacco Control Strategy to prevent the uptake of smoking, to support those who smoke to stop and to create environments to reduce exposure to environmental tobacco smoke. Support to stop smoking is available across Grampian through helplines, community support groups, community pharmacies and the specialist Smoking Advisory Service (SAS). In 2011/12 we were expected to deliver 2586 successful quits which we exceeded by 78% of which 1552 were to be in our 40% most deprived areas which we exceeded by 71%. Compared with other Board's Grampian's pharmacy and SAS services perform well with success rates of 46% and 81% respectively.
- Inequalities targeted cardiovascular Health Checks: There is a substantial inequality gap in Grampian with higher rates of premature death in areas of greatest deprivation. The National Keep Well Programme provides targeted cardiovascular health checks which take a holistic approach covering cardiovascular risk, with clinical and non-clinical support as appropriate. The programme focuses on those who are at greatest risk of preventable ill health because of their life circumstances and is a key component of targeted primary prevention to tackle health inequalities. By the end of March 2012 we had well exceeded the target of 1340 cardiovascular health checks by delivering 1560.

Substance Misuse

By March 2013 90% of clients should wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment to support their recovery. Grampian is well on track to deliver this target having achieved the interim target of 5 weeks by March 2012. This reflects the considerable redesign work and investment that has taken place over recent years.

Within Aberdeen City the Timmermarket Clinic opened in May 2011. The clinic acts as an initial focus for anyone coming into drug treatment services.

All patients coming into the Integrated Drug Service are referred there so that a full assessment can be carried out and appropriate treatment commenced. The Timmermarket Clinic houses up to 30 staff, including doctors, nurses, social workers and rehabilitation workers. It is easily accessible in the city centre, helping build capacity for drug treatment and rehabilitation in Aberdeen. It operates in conjunction with GPs, pharmacies and community social support services. Other innovative programmes include low threshold prescribing in Aberdeenshire. Throughout Grampian there is excellent joint working between health and social care services.

Health Inequalities

National data shows that 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. Not only will people living in the poorest neighbourhoods on average die earlier than people living in the richest neighbourhoods they will spend more of their shorter lives with a disability. This is reflected in Grampian. NHS Grampian continues to work through our three local authority based community planning partnerships to address inequalities in health outcomes. Some examples over the last year include:

- Ongoing analyses to identify systematic variation in health status within local areas. This includes publishing on our website revised Health Traffic Lights based on 2008 and 2010 Community Health Profile data. This provides easily accessible pictures of inequality for every postcode sector
- Health professionals understand the importance of work in relation to rehabilitation and recovery but were unsure how to integrate this into their work. On behalf of the Scottish Government, we have been piloting work to integrate health and work into patient care. The Respiratory Managed Clinical Network has information on health and work on its website with training to support staff, work status is included in discharge planning for patients and health and work is part of rehabilitation support including improved access to occupational therapy vocational rehabilitation
- A number of community kitchens have been established across Grampian to support vulnerable individuals and groups to learn cooking and build life skills. The Huntly Kitchen is used by people of all ages from young mums and older people and provides links to a range of community activities such as the allotment scheme to grow food, reading scheme to enable participants to improve their reading skills in addition to providing a venue for local events such as coffee mornings and food sharing events to promote the sense of community. In Aberdeen City a map has been developed of all kitchens in community learning establishments, social care and churches willing to support a similar initiative
- Every visit to the health service is an opportunity to promote health and we are taking this forward through the Health Promoting Health Service. In addition to ABI, smoking cessation and other lifestyle programmes, activities such as Cash in Your Pocket, a financial inclusion scheme in Aberdeen Royal Infirmary and Woodend Hospitals, are being taken forward to address health inequalities. The scheme supports patients and their relatives who may endure financial hardship due to ill health to seek

guidance and advice on a range of financial concerns. By providing advice on housing benefit, debt, affordable foods etc our patients have benefited by an estimated additional £210k to alleviate financial hardship and aid recovery

- Working with the third sector/social enterprise partners we have considered how to get the maximum possible benefit for our communities from NHS spending. The work highlighted a number of effective programmes including Community Food Initiative North East - a social enterprise supplying cheap nutritious food and the Sensory Garden at Dr Gray's Hospital - developed by volunteers with the support of the business community and run by Greenfingers, a group providing gardening opportunities for adults with learning disabilities
- Give Kids A Chance was launched in 1997 and has supported young people to address potential barriers to participation, build their confidence, life and social skills through involvement in leisure activities. This early intervention programme is valued by a range of services that in 2011/12 referred 167 young people from disadvantaged areas or excluded from their peer group. To enable the programme to go from strength to strength the partners agreed to transfer this NHS Grampian led programme to the third sector in 2012.

Early Years

We continue to work with our three local authority partners to progress the outcomes contained within the national Early Years Framework. Each local authority, through the community planning structure, has a multi-agency strategy group with a prioritised action plan relating to the Early Years.

A range of universal and targeted services support improved wellbeing in the early years:

- Aberdeenshire Community Planning Partnership has developed a multi-agency approach to tackling health inequalities focusing on early years in Fraserburgh. A total of 20 priorities were agreed with partners including intensive support for vulnerable mothers, support for postnatal depression, UNICEF Baby Friendly Initiative, tackling alcohol misuse, smoking cessation in pregnancy and employability. Good progress has been made and work will continue in 2012
- The Maternal Infant Nutrition programme provides a comprehensive suite of initiatives to give a child the best possible start in life. The programme ranges from policy development, support for breast feeding awareness week, peer support, parenting skills including weaning, Healthy Start providing vitamins and healthy food to vulnerable families and support for women to maintain a healthy weight. Key achievements in 2011/12 include achievement of the UNICEF Baby Friendly Initiative stage 1 by the 3 CHPs, stage 2 by Aberdeen Maternity Hospital and stage 3 by Dr Gray's. The National Childbirth Trust ran a four day breastfeeding peer support course for volunteers who in turn will be able to support mothers who are experiencing issues with their breastfeeding complementing the role of midwives and health visitors

- The World Health Organisation growth charts for preschool age have been implemented in Grampian and we are currently working on new charts for school age children
- We have a published strategy for protecting children
- We have implemented the Getting It Right for Every Child (GIRFEC) roles of 'named person' and 'lead professional' as per Scottish Government advice on practice. Our midwives and health visitors have undergone training in these roles being the 'named person' until day 10 and up to five years respectively. We have also worked with these staff groups on the published pathway for vulnerable families. Work continues to embed GIRFEC across all our services along with our partners
- Health visiting resource across Grampian has been reviewed with a view to improved targeting as well as introducing better skill mix to counter act vacancies and shortages. A new health visiting record is being piloted which will support GIRFEC. The health plan indicators are being implemented. A training plan offering different levels of infant mental health training is being made available by our Child and Adolescent Mental Health team and Robert Gordon University

Maternity Services

During 2011/12 we made significant progress with our strategic review of maternity services. When our Maternity Strategy 2010-2015 was approved it was agreed that an option appraisal should be undertaken to consider the changes needed to deliver our vision of all maternity related services, agencies and communities working closely together to support women and families to give children the best possible start in life.

Options for service delivery were developed by a group of women, clinicians and managers and following a comprehensive process a preferred option was presented to the NHS Board in December 2011. A period of public consultation followed until 22nd March 2011 during which time over 500 people participated in consultation activities which included presentations to groups and committees, discussion groups, public meetings and surveys. The Scottish Health Council confirmed that we had complied with the Scottish Government's guidance on involving local people in service change.

There was a high level of support for the overall aims and many of the individual aspects of the proposals but also divided opinion on some. Having considered the results the Maternity Services team responded to concerns and requests for information and made final recommendations to the NHS Board in June 2012. The Board accepted the recommendations for change and the proposals are currently with Scottish Government for Ministerial consideration.

Detecting Cancer Early (DCE)

The national Detect Cancer Early programme was launched in February 2012. The goal of the programme is to improve overall 5 year survival for people in Scotland diagnosed with cancer. The proportion of people with

'stage 1 disease at diagnosis' is used as a proxy indicator for survival outcome and a delivery target of increasing the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/2015 has been set. NHS Grampian has a baseline below the Scottish average from which to start although further work will be done to validate the data.

The programme aims to detect and treat existing disease at the earliest possible stage, based on evidence of improved patient outcomes. The chance of diagnosis at the earliest possible stage of disease can be increased by: individual participation in national screening programmes which can pick up disease without individuals having signs or symptoms, minimising delays in seeking general practitioner advice when signs or symptoms occur, professionals instigating appropriate investigations to diagnose disease and referring into a specialist centre for treatment. We have prepared a plan for local delivery of the DCE programme. This was developed under the auspices of a transitional steering group, prior to the establishment of the NHS Grampian Cancer Managed Care Network (MCN) which will oversee implementation. The programme also requires Boards to sustain performance against cancer access time standards (see chapter 5).

Chapter 4

Healthcare is safe for every person every time

This chapter of the self assessment report covers our governance arrangements, what we are doing to improve patient safety and also our performance against key Healthcare Associated Infections and as assessed by external review.

| Measure | Performance | | Plan |
|--|--------------------|---|------|
| <i>Staphylococcus aureus</i> bacteraemia (including MRSA) cases per 1000 acute occupied bed days | 0.32 to March 2012 | A | 0.29 |
| <i>Clostridium difficile</i> infections per month per 1000 occupied bed days (patients aged 65 plus) | 0.25 to March 2012 | G | 0.47 |

Clinical Governance, Clinical Effectiveness and Risk Management

In 2011 our Clinical Governance and Risk Management Unit changed to the Quality, Governance and Risk Unit (supporting quality and safety). The new Unit's purpose is to give assurance that robust quality systems are in place, whilst supporting staff in the provision of safe and effective patient care, in a safe and healthy environment. We have a strong Clinical Governance committee structure which provides assurance to the NHS Board on the effectiveness of both Clinical Governance arrangements and Clinical Services throughout NHS Grampian. The NHS Grampian Clinical Governance Committee reports directly to the NHS Board and is supported by Clinical Governance arrangements at sector and corporate level.

Over the last year there has been significant work in terms of updating, reviewing and monitoring risks on the Strategic Risk Register. The Strategic Management Team review the risk register discussing risks in turn in some detail. Any substantial changes to the risks are collectively agreed. The Board has an annual risk workshop where the risk register is reviewed. In addition, risks are presented to every Board meeting. To support this work, Board Committees are maintaining an overview of their relevant strategic risks and report to the Performance Governance Committee as part of the NHS Grampian Assurance Framework.

Reports on risk registers for each part of the Delivery Unit are used to foster discussion at the individual bi-monthly Performance, Risk and Finance meetings held by the Chief Operating Officer.

Patient Safety

NHS Grampian continues to be actively involved in the implementation of the Scottish Patient Safety Programme (SPSP) with good progress being made across all workstreams:

- In the adult programme we are participating in the national collaborative for Venous Thromboembolism (VTE) and Sepsis. A considerable amount of work has been undertaken in both these areas with multiple tests, data collection and joint working between specialties and hospitals. Four frontline staff who have worked on SPSP activity in their own local areas have been seconded for four months (ranging from 1-5 days a weeks) to facilitate VTE and Sepsis work. We presented on this work at the national VTE/Sepsis learning event and the NHS Scotland event in June 2012
- We have received feedback from Healthcare Improvement Scotland (HIS) that good progress has been made by the Grampian team in implementing the paediatric programme elements and measures. This includes implementation, spread and sustained improvement in perioperative measures, good compliance with Paediatric Early Warning Scoring, testing an avoidable harm indicator, medicines reconciliation spread to both medical and surgical and a draft process to carry out hospital wide daily patient safety briefings
- We have commenced the roll out of LanQip which is a data collection and management system originally developed by NHS Lanarkshire which pulls together all of the SPSP work stream measures, hand hygiene and Clinical Quality Indicators into a single system to enable internal and external reporting. Local reporting on the system has now commenced
- We continue to develop and use our Quality Dashboard
- We undertook a review of patient safety walk rounds and have made changes as a result
- We have developed a Board Quality Action plan for the coming year with clear actions and responsibilities including delivery of an aim that everyone come together to talk about safety
- We have been invited to participate in phase 1 of the mental health programme. Patient safety work already underway in mental health includes medicines reconciliation and use of DATIX to support reviews of adverse events
- We continue to participate in the Safety in Primary Care pilot work, specifically looking at improving communications between outpatient clinics and GPs in Moray.

Healthcare Associated Infection

Prevention of Healthcare Associated Infection (HAI) continues to be a major priority for NHS Grampian. Over the last year we have continued to see an improvement with levels of infections such as *Clostridium difficile* and MRSA and MSSA bacteraemia reducing. This has been achieved by sustained improvements in antibiotic prescribing, ongoing enhanced surveillance and root cause analysis of HAIs and implementation of care bundles for invasive devices, combined with strict adherence to infection control measures. Bi-monthly HAI reports are submitted to the NHS Board along with an annual report. Key points include:

- *Staphylococcus aureus* Bacteraemia (SAB): Although the target HEAT target is to be achieved by the end of March 2013, our local target of a rate of 0.3 cases per 1000 acute occupied bed days by the end of December

2011 was achieved. We have even begun to see a reduction in MSSA bacteraemias since March 2011.

- *Clostridium difficile* Infection (CDI): the HEAT target requires NHS Grampian reduce the rate of CDI in those aged 65 and over to 0.39 by March 2013. This rate was, in fact, achieved before the end of June 2011 and continues to fall. There were no CDI outbreaks in 2011/12
- Hand Hygiene: Strict adherence to hand hygiene policy is still the key way to prevent the spread of infections. NHS Grampian set a local target of 95% compliance 2 years ago and continues to maintain high levels of performance of 95 to 99% compliance
- Hospital Cleanliness: Hospital cleanliness is assessed in accordance with a national framework and involves NHS Grampian staff and members of the public visiting areas to assess performance. The national target is 90% and this is now being delivered consistently across all acute hospital sites.

Healthcare Environmental Inspections

The Healthcare Environmental Inspectorate (HEI) is a body that has been set up to help reduce the risk of healthcare associated infections. The team examines a Board's self assessed information and then visits clinical areas to validate this information and to meet patients and staff. During the visit, the team also assesses the hospital's physical environment for issues related to healthcare associated infection.

Since April 2011 the HEI have conducted one announced and 3 unannounced visits to acute hospitals in NHS Grampian. Our Infection Control Committee continues to monitor progress against requirements and recommendations made by the HEI by including them in the Healthcare Associated Infection Work Plan which is reviewed bi-monthly. Some recent completed actions include:

- A new standard operating procedure and monitoring tool has been developed for the decontamination of patient equipment.
- Further online infection prevention and control training has been developed to improve accessibility for staff.
- Detailed cleaning instructions for most commonly used pieces of patient equipment are now available on the intranet and a complete standard operating procedure is in development.
- New ways of communicating information to children about healthcare associated infection have been developed.
- Quality assurance mechanisms are in place around healthcare environmental audit.
- All non-medical clinical staff now have mandatory standard infection control precautions training in their personal development plans.
- A new dress code has been developed for all staff.

In early 2012, HEI began Older People in Acute Care inspections in NHS Scotland. Further information about older people in acute care is given in Chapter 5.

Chapter 5

Everyone has a positive experience of healthcare

This chapter covers the topics that impact on people's experience of our services including our performance in relation to the various access targets. It also provides information on the range of activity being taken forward relating to promoting person-centred care and improving patient experience.

| | | | |
|--|---------------------|---|-----|
| 18 weeks referral to treatment | 91.3% at March 2012 | G | 90% |
| Number exceeding 12 weeks for first outpatient appointment | 0 | G | 0 |
| Number exceeding 9 weeks from decision to treat to start of treatment | 0 | G | 0 |
| 31 day max wait from decision to treat to treatment for patients with cancer | 96.7% to March 2012 | G | 95% |
| 62 day urgent referral to treatment for suspected cancer | 90.7% to March 2012 | R | 95% |
| % A&E discharge or transfer within 4 hours | 97.2% at June 2012 | A | 98% |
| Admission to stroke unit on day of admission or following day | 97% at March 2012 | G | 80% |

Better Care Without Delay

In April 2008 Grampian established its Better Care Without Delay (BCWD) Programme to provide leadership and support to deliver improved access targets, including the commitment to 90% of patients experiencing a maximum time of 18 weeks from referral to treatment by December 2011. Since that time considerable progress has been made. Targets and standards are being delivered consistently without reliance on the independent sector and without short term waiting list initiatives.

- The 18 week referral to treatment target was delivered one month early in November 2011 and has been sustained since then
- The two stage of treatment standards of no-one waiting longer than 12 weeks for a first outpatient appointment and longer than 9 weeks from decision to treat to start of treatment have been sustained since March 2010

The BCWD programme came to an end in March 2012 having achieved its two key objectives of delivering 'better care', 'without delay'. The work of the programme covered 5 key areas:

- Access management – clinically urgent patients booked first and fast, everyone else booked in turn
- Involving staff in redesign
- Shifting the balance of care
- Investment in core stability – away from waiting list initiatives

- Information for Improvement – provision of a suite of data on a regular basis to support performance management, service improvement and sharing improvement

In its final year the programme continued to support the development of new patient pathways for spinal, musculoskeletal and direct access tonsillectomy. Service redesign has also taken place to improve access to audiology and reduce Did Not Attends (DNAs) in gynaecology. The programme also supported initiatives such as GP minor surgery to contribute to shifting the balance of care.

A particular success of the programme is the ongoing development of a Clinical Guidance Intranet (CGI). When fully operational the CGI will provide an online facility for up to date referral advice which is accessible to all clinicians and easily maintained by non-technical staff. It will provide a central repository for referral guidance to support good referral practice as well as a service directory of all services available in Grampian. The facility will also host an online discussion forum to allow clinicians to work collaboratively on the development and refinement of guidance and patient pathways.

The work of the BCWD programme has now been embedded within the core work of NHS Grampian. The good management of waiting lists and the provision of regular high quality reporting are continuing. Work on pathways and shifting the balance of care is being led by the Board's new Modernisation Directorate and delivered through our priority programmes of planned care and unscheduled care.

Other Access Targets

We have had some difficulty in delivering the maximum 4 hour time from admission to discharge/transfer in A&E departments on a sustainable basis. The 98% target was delivered between February 2011 and July 2011 but performance then fell and has remained around 96-97% since then. Work is currently underway to develop care pathways associated with the new Emergency Care Centre in Aberdeen and these will support appropriate fast tracking of patients. Efforts are also ongoing to minimise inappropriate attendance at A&E and subsequent hospital admission. We have recently introduced Occupational Therapy Assessment in A&E to support avoidable admissions. Chapter 7 provides further information on other initiatives including the Know Who To Turn To Campaign.

From the quarter ending December 2011, 95% of all patients diagnosed with cancer are required to begin treatment within 31 days of decision to treat. This target was delivered in the quarters to September 2011 and March 2012 and we expect this position to be sustained.

95% of patients referred urgently with a suspicion of cancer are also expected to begin treatment within 62 days of referral. During 2011/12 we have had difficulties delivering this target, specifically in relation to colorectal cancer. Theatre capacity for endoscopy has been increased and staffing has been

enhanced. However there has also been a significant increase in the number of urgent suspected colorectal cancer referrals which has impacted on waiting times. A whole system endoscopy review is underway and monthly performance is improving.

To improve stroke care there is a target that by March 2013 90% of all patients admitted to hospital with a diagnosis of stroke should be admitted to a stroke unit on the day of admission, or the day following. 80% was required to be achieved by March 2012. Performance against this target fluctuates from month to month. 88.9% was delivered in July 2011 but then performance dipped before rising to 97.0% in March 2012.

Person Centred Care

The aims of person-centred care in Scotland are:

- to improve and embed patient-reported outcomes and experience across all NHS Scotland services
- to support staff, patients and carers to create partnerships which result in shared decision-making
- to inform and support people to manage and maintain their health, and to manage ill-health

It is accepted widely that patient and carer experience has an impact on outcomes of care and on staff experiences of delivering care. A poor experience can and does delay recovery from ill health. NHS Grampian has made a strategic commitment to involve people and improve the patient experience.

Since August 2008, we have had a Nurse Consultant in Patient Safety and Patient Experience. The patient experience part of this role includes the management of the NHS Grampian Feedback Service. The work to date has been in the promotion of the concept of person-centred care with a drive to encourage staff to collect patient experience information and to use this information for improvement activity. Work has also been done to publicise the Better Together survey results and to support the development of action plans based on these results.

The 2011 Better Together results indicated that our bottom five areas of performance were:

- In the emergency department / Accident and emergency , I was told how long I would have to wait
- I was not bothered by noise at night
- I was given help with arranging transport
- I knew who was in charge of the ward
- I was happy with how long I had to wait around when I was told I could go home

The survey results provided us with valuable information on which to base improvement activity. The areas in which we did best were:

- I understood how and when to take my medicines
- Did the information you were given before attending hospital help you understand what would happen
- Doctors introduce themselves to me
- I understood what my medicines were for
- I had privacy when being examined and treated

Within Grampian we have also developed pledges/promises. These were developed to address the issue of complaints about staff attitude and behaviour. A project group used a variety of techniques to discover what dignified and compassionate care meant to the patients, families and carers of Grampian. The information gathered was analysed and themes emerged:

- Communication
- Consideration of individuality and personal choice
- Promotion of positive behaviours and attitudes
- Care and compassionate
- Provision of privacy and confidentiality

Under each theme, the behaviours which would indicate that staff were being dignified and compassionate were identified. These pledges now form part of the NHS Grampian induction programme. The pledges have also been developed into a poster which is being used to encourage staff to participate in using patient experience information for improvement.

Some other development work in relation to person-centred in NHS Grampian includes:

- The development of a Person-centred strategy
- Patient Experience walk rounds
- A Patient Experience intranet page
- A Patient Experience toolkit
- eLearning for person-centred care
- Customer care training on induction
- Increased use of patient and staff stories, including at NHS Board meetings

Older People in Acute Care

A significant amount of progress has been made around management of older people within the Acute Sector of NHS Grampian over the last year. We participated in a test visit by Health Improvement Scotland in January 2012 and whilst the outcome of the test was not published, we did receive feedback and this has been used to guide improvement activity. We are working collaboratively with NHS Tayside on areas of improvement identified within both Board areas. More than 50 members of staff have already participated in a learning set. The main focus is on improving assessment of older people who are admitted to an acute hospital, seeking to address their needs as early as possible, listening to patients and families about their experience in hospital and learning from this feedback together with enabling staff to develop local strategies to provide a high standard of patient care.

We are working hard to increase awareness and to provide education to staff on the specific needs of vulnerable adults. We have a Learning Disabilities team who work in community and hospital settings to provide support to this specific patient group. A monthly newsletter for staff on progress and important themes in Older Peoples' Care has been produced since December 2011.

We are also taking forward a number of improvements relating to the care of people with dementia when in hospital. We have appointed a Nurse Consultant for Dementia Care in collaboration with Alzheimer's Scotland and our first 9 Dementia Champions qualified in March 2012 with a further 10 in training. We are using the Alzheimer's Society 'This is Me' document across Grampian. We have started to implement the Butterfly Scheme – a scheme that uses the butterfly as a symbol to identify patients in hospital suffering from Dementia or Cognitive Impairment so that staff are aware that this is someone who will require additional support. Every area has a Butterfly Champion and it is envisaged that the roll out will be complete by the end of October 2012.

Chapter 6

Staff feel supported and engaged

This chapter of the self assessment covers progress in terms of workforce planning, staff engagement and development. It should be read in conjunction with the report from Grampian Area Partnership Forum (Appendix 1).

| Measure | Performance | | Plan |
|------------------|--------------------|---|------|
| Sickness absence | 4.1% at April 2012 | G | 4.0% |

NHS Grampian recognises that staff are its most valuable asset as they strive to deliver outstanding care to the population of Grampian. We invest more than 63% of our annual budget on staff (excluding Family Health Services). Pay costs for 2011/12 were £470.1m.

Workforce Planning and Staffing

Workforce Planning in NHS Grampian has been undertaken using an integrated 6 step approach across service and financial planning. The Grampian Workforce Plan was aggregated from sector based workforce plans which were developed in partnership. There was consultation on the plan through the Grampian Area Partnership Forum (GAPF) and feedback was used to finalise its shape and content before sign off by the NHS Grampian Board. The plan and its supporting action plan is performance managed on a quarterly basis by the GAPF and the Staff Governance Committee.

During 2011/12 we continued with our Safe and Affordable Workforce project to review all posts in partnership. We also ensured a robust vacancy management process. Over this period we recruited to 1449 posts. As each of these vacancies arose they were reviewed in terms of banding, contract type and hours. 13% of the posts were redesigned to a lower band. In the same time period 19% were reduced in hours and 11% of posts were changed from a permanent contract basis to a temporary basis. 12% of the overall posts were new posts e.g. as a result of projects or initiatives that we have agreed to support. We also undertook a further Voluntary Severance scheme in 2011/12 and have recently launched one for 2012/13. Detailed changes in NHS Grampian workforce numbers will be available in the published projections by Information Services Division in late August 2012.

In general, changes to the workforce over the last year have included more flexibility in terms of skills and knowledge and increases in multidisciplinary and multi agency working. On average, Grampian has a 5.4% higher employment rate than Scotland as a whole. Employment in Aberdeen City, Aberdeenshire and Moray has increased slightly over the decade. Grampian has resisted the national trend of falling employment rates, instead

maintaining a flat average of around 80% since 2006/07. This level of high employment and stiff competition from the buoyant oil and gas sector has impacted on NHS Grampian's ability to recruit staff in areas such as Estates and eHealth.

Staff Engagement

There is clear awareness that excellence in patient care depends on ensuring that every individual employee is given the opportunity, and is empowered, to contribute as much as they possibly can. During 2011/12 we have continued to work in partnership with staff through the Grampian Area Partnership Forum and its supporting sector based forums. Supporting staff through challenging times over the next few years is a key priority and our strong partnership approach is an essential part of our strategic delivery. We believe that it is vital to ensure that all staff are fully aware of the challenges that face us, the initiatives being taken forward in connection with these and how they can become involved. To further facilitate staff engagement we have extended the secondments of our 5 Whole Time Equivalent (WTE) staff side representatives.

We have also continued with our Face2Face Staff Briefings, holding a series of these in Autumn 2011. We also undertake similar events at times convenient to teams, departments and wards. There is clear feedback from staff that face to face communication is very important, with the opportunity to ask questions and raise issues and concerns directly with senior managers being the main benefit.

Staff Governance

Implementation of NHS Grampian's Staff Governance Action Plan for 2011/12 was overseen by GAPF and the Staff Governance Committee. A draft 2012/13 plan has been produced following a GAPF workshop. Key actions include further improving staff engagement and understanding of the new Staff Governance Standards, promoting and raising awareness of staff policies and procedures, including a review of our Dignity at Work policy and procedures and ensuring all members of staff under KSF have a development review appraisal and personal development plan each year.

Sickness Absence

There is a national standard across NHS Scotland that the sickness absence rate should not exceed 4%. Our sickness absence rate has remained fairly steady throughout 2011/12 at just above the standard, with the exception of the usual increase over the winter months. We are focused on minimising sickness absence and following a successful pilot of iAM (intelligent attendance management) we are rolling out the system. iAM provides employees with occupational health contact on the first day of absence to offer advice and support as appropriate. The pilot areas demonstrated significant reductions in absence rates.

Chapter 7

People are able to live well at home or in the community

This chapter of the self assessment report covers NHS Grampian's continued progress with shifting the balance of care from hospital to home and to community settings. It includes how we are working closely with partners towards integration and how we are embracing new technology to support implementation of our plans. This section also covers mental health.

| Measure | Performance | | Plan |
|--|--------------------|---|------|
| Reduction in emergency bed-days for patients (75+). Rate per 1,000 of population | 5203 at March 2012 | | 4628 |
| Delayed discharges of longer than 6 weeks | 0 | G | 0 |
| Attendance Rate at A&E | 1594 at June 2012 | R | 1534 |
| People with diagnosis of dementia on GP dementia register | 4303 March 2012 | G | ↑ |
| Access to Child and Adolescent Mental Health Services within 26 weeks | Not yet available | | |

Shifting the Balance of Care/Towards Health and Social Care Integration

Within Grampian there is a strong history of effective joint working between health and social care services. This has facilitated early establishment of a process to take forward the Scottish Government's plans for health and social care integration to support treatment and care in community and home settings. The Chief Executives of the 3 Grampian local authorities and NHS meet regularly to give strategic leadership to the process. The local principles for integration state that we shall build on what we have already achieved.

With partners we have been focused on moving towards greater service provision within community settings since the development of our "Healthfit" approach to strategy in 2002, with each Community Health Partnership area pursuing a change and innovation programme suited to local needs and resources. We have also continued to reshape care for older people with the aim of minimising the need for hospital admission. The further development of for example rapid response services has contributed to a reduced number of geriatric assessment beds being required at a time of rising levels of admission. We are also working to help people to maintain good health and actively protect against and prevent ill health.

During 2011/12 we continued to progress two pathfinder projects in Inverurie and Forres. These projects sought to work with the local populations to determine how best their health and care needs could be met. The aim is to ensure that care is provided at the right time, by the right person and in the right place and that it is high quality, effective, efficient, sustainable and affordable. Both pathfinder projects have had extensive community and

partner engagement and have resulted in options for change being explored and priorities for development identified. The work is continuing but it is clear that implementation will contribute greatly to both the shifting the balance of care and integration agendas.

Within Aberdeen City, plans for the new Health and Care Village have progressed as the first hubCo project in Scotland. The Village, due to open in 2013, will be a Diagnostic and Treatment Centre for the people of Aberdeen, Health services to be provided from the facility will include outpatient clinics, minor surgery, dentistry, radiology, sexual health services, podiatry, physiotherapy, speech and language therapy, dietetics, a carers' advice and information centre, a Healthpoint information service and learning space for patients, carers and staff. The Village will support people to remain well, independent and in their own communities, supporting self-care and reducing the need for acute hospital care.

A number of high level national targets are used to measure progress with shifting the balance of care/integration (see above). These are supplemented by local performance reporting on the multiple initiatives being taken forward by NHS Grampian and partners.

- Emergency bed-days per 1000 population for patients aged over 75 fell steadily until August 2011 but has risen again since then. The rate within Aberdeenshire has however remained fairly steady.
- Attendance rates at A&E are expected by Scottish Government to reduce, but, in common with other Boards in Scotland, this is proving to be a particularly challenging target to deliver in Grampian. Attendance rates fell steadily until mid 2011 when they began to rise once more. The Grampian rate is however low in Scottish terms.
- For several years NHS Grampian and partners have delivered the national target of zero delayed discharges greater than 6 weeks. From April 2012 the measure changed to 28 days and c10-15 delayed discharges are now being reported per month, predominantly within Aberdeen City.

Change Fund developments/achievements

Modernising and improving the efficiency and effectiveness of our services for older people has been accelerated with the arrival of the change fund in 2011/12.

Each partnership area has established a range of change fund projects focused on reducing dependency on institutional models of care and treatment through the provision of a range of services in line with the Reshaping Care for Older People Pathway. A key development for all three partnerships has been to establish targeted anticipatory care planning for older people. This work has involved GP practices, allied health professionals, community nurses, and social care staff. Early results are promising, and a full evaluation will be conducted over the next year.

In November 2011 a mapping workshop was held involving all three partnerships, the acute sector and mental health service. This workshop

focused on populating a logic model based on the pathway and aiming to identify any gaps in activity against the pathway and also those services that could be decommissioned in the medium or long term as the balance of care shifts. This was followed by a decommissioning workshop which identified the need to build a health and social care simulation model with full engagement from all three partnerships, acute and mental health services to consider four possible future scenarios. The modelling exercise will help determine the milestones and capacity changes that are required to deliver our Healthfit 2020 Vision and the potential contribution to be achieved by the change fund projects.

Some examples of Change Fund Projects in 2011/12 include:

- Early screening for risks of falls (Aberdeenshire)
- Point of care testing (Aberdeenshire)
- Palliative care training in care homes (Aberdeenshire and Aberdeen City)
- Improved medication management to maximise independence (Aberdeen City)
- WRVS low level support to older people (Aberdeen City)
- Equipment assessment, demonstration and training facility (Aberdeen City)
- Enhanced out of hours home care service (Moray)
- Assistance with transport options for older people (Moray)
- Carers Short Break bureau established (Moray)

Developing Primary Care/ Delivering Quality in Primary Care

Key to enabling people to live well at home or in the community is the provision of high quality and well developed primary care services as these are generally the first point of contact for the population. The ongoing development of primary care in Grampian is entirely consistent with the national Delivering Quality in Primary Care Action Plan which seeks to support integration, empower people to manage their health, ensure safety and make best use of resources. A local action plan has been produced and is being implemented. During 2011/12 practices throughout Grampian joined together as clusters/areas to take forward the integration agenda and to drive quality improvement.

Within Grampian there has been considerable focus on engaging and supporting primary care practitioners and their teams to provide an extended range of services with extended hours. These enhanced service contracts are being reviewed so as to ensure they are fit for purpose and align with local and national priorities.

The further development of anticipatory care is an enhanced contract in all three Grampian CHPs and is a vital part of supporting people at home and targeting activity to prevent deterioration in health and unplanned hospital admission. A number of aims and outcomes have been agreed with practices including the delivery of the HEAT targets for emergency bed days and A&E attendances. However practices are also required to equip patients and

carers with knowledge and skills to improve self management of relevant conditions and ensure implementation of Living and Dying Well. They must commence a structured approach to early planned intervention through the application of advanced care planning for at risk patients aged 75 years and over and show regular collaboration with their aligned Community Geriatrician, Old Age Psychiatry colleagues and Local Authority staff.

The importance of improving access to primary care services for patients also features in our plan. Practices are being supported to analyse, reflect and take action on the results of the Better Together patient experience questionnaire. Practices are also being encouraged to offer extended hours and increasing numbers are doing so. We have continued to support GPs with Special Interests to enable services such as endoscopy and minor surgery to be provided in local communities.

Primary care development is not restricted to General Medical Services. There has been considerable service redesign activity within other contractor services with the development of a Primary Care Pharmacy Plan , further development of the Grampian Eye Health Network and continued implementation of our Dental Plan.

During 2011/12 we also continued to work with community teams as part of the Releasing Time to Care initiative to build capability and capacity in teams to meet the challenge of the growing population needs and the changing pattern of service delivery.

Know who to turn to

In 2011/12, NHS Grampian has continued to build on and develop the 'Know Who To Turn To' brand as our social marketing work in supporting the public to understand how to choose and access the right service at the right time. This has included a second promotional campaign for the 'Self Management' strand, focusing on people with long term conditions. Another campaign is planned prior to the opening of the new Emergency Care Centre in late 2012.

In 2011/12 we developed and distributed a standalone booklet promoting the role of the community pharmacist, highlighting the full range of services offered by these trained clinicians and their accessibility. We have further developed the range of services covered by the materials to include dental services and eyecare services, embedding these into the printed materials and the website.

In addition we have developed and produced a 10 minute resource in DVD/electronic format which is targeted at educating all staff in NHS Grampian about 'Know Who To Turn To' , outlining their role and opportunities in signposting members of the public , as well as informing them as private individuals. We are now planning to communicate the resource to staff at all levels and in all staff groups.

Assistive Technology

Grampian's Healthfit 2020 Vision describes a health service which has embraced emerging technologies to deliver patient centred, safe and effective care. During 2011/12 we have continued to be active in utilising existing telecare and telehealth to support people's independence. Initiatives include remote health monitoring to support Elgin's Maryhill GP Practice's virtual medical ward model utilising both traditional remote life signs monitoring and a unique and innovative skin-worn respiratory monitor. Remote consultations with specialist consultants in rheumatology and neurology are now being offered to link Moray patients direct to ARI. NHS Grampian (Moray CHSP) is one of the five communities in Scotland participating in the *dallas* (delivering assisted living lifestyles at scale) programme which attracts funding from the Technology Strategy Board, Highland and Islands Enterprise and the Scottish Government. The Programme will initially run from 2012 to 2015 and will allow us to work with industry partners with a view to improving lifestyles through innovative use of everyday technologies such as the television, mobile phone and computer.

Mental Health

NHS Grampian operates a comprehensive community-based mental health and learning disability service with a continuum of care from primary care aligned community teams to day patient and inpatient services. The service was recently selected to be an early adopter of the Patient Safety in Mental Health programme. Throughout 2011/12 the Mental Health Collaborative met regularly with Scottish Government to review performance across the spectrum of care provided. There are currently two national HEAT measures relating to mental health:

- **Dementia:** Each Board was required to deliver improvements in the early diagnosis and management of patients with dementia by March 2011. This is measured by the number of people with a diagnosis of dementia on the Quality and Outcomes framework (QOF) dementia register. The number of patients in Grampian on Primary Care Dementia Registers was above target at the end of March 2011 and has continued to increase in 2011/12. See chapter 4 for improvements in dementia care as part of the Older People in Acute Care programme.
- **Child and Adolescent Mental Health Services (CAMHS):** By March 2013 no one will wait longer than 26 weeks from referral to treatment for specialist CAMHS Services. We have produced an action plan and continue to work towards delivery of this target. A stand alone data collection system has been developed for the collection and collation of required data to monitor progress in relation to waiting times and in June 2012 we submitted data to ISD for the first time which will be published in August 2012. Whilst there are currently patients waiting over 26 weeks, this is being addressed and we expect to deliver the required improvements as planned.

Chapter 8

The 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.

| Measure | Performance | | Plan |
|-------------------------------|--------------|---|--------------|
| 2010/11 financial performance | 3 key met | G | |
| Cash efficiencies | £20m | G | £20m |
| Energy Consumption | 630576 GJ | A | 558505GJ |
| Carbon Emissions | 26219 tonnes | A | 22502 tonnes |

2011/12 Financial Performance

NHS Grampian remained in financial balance in 2011/12. The Scottish Government Health Directorate sets three main financial targets for Boards to deliver on an annual basis. These are:

- Revenue Resource Limit – a resource budget for ongoing activity
- Capital Resource Limit – a resource budget for net capital investment
- Cash Requirement – a financing requirement to fund the cash consequences of the ongoing activity and net capital investment.

Health Boards are required to contain their net expenditure within these limits and report on any variation. NHS Grampian's out-turn for the year was:

| | Limit as set by SGHD £000 | Actual Out-turn £000 | Variance (over)/under £000 |
|--|---------------------------|----------------------|----------------------------|
| Core Revenue Resource Limit | 779,794 | 779,722 | 72 |
| Non Core Revenue Resource Limit | 31,378 | 31,378 | - |
| Capital Resource Limit | 66,595 | 66,595 | - |
| Cash Requirement | 901,000 | 900,129 | 871 |

The revenue breakeven position was achieved despite increasing and challenging financial pressures. Rigorous budget management, delivery of total efficiency savings of £20 million and prudent financial and workforce planning were key to this position and provide a strong basis for the challenges faced in 2012/13 and beyond.

NHS Grampian's Healthfit 2020 vision was approved by the Board during 2011/12. Healthfit 2020 sets out for our staff, patients and members of the public the strategic direction for NHS Grampian and what has to be achieved in order to modernise our health services and ensure that we are able to continue to meet the needs of our local population. This strategic direction for the Board was developed with the involvement of our staff and patients, local authority and third sector partners, as well as members of the public.

Investment in our workforce accounts for around two thirds of NHS Grampian's controllable spend. Close links are therefore crucial between the workforce plan and the financial plan. The core information for both plans is built on a "bottom up" basis from operational units. This achieves synergy between the plans and ensures that any assumptions on workforce are affordable and any financial budget assumptions are deliverable in terms of their impact on the workforce.

During 2011/12, we continued with the Safe and Affordable Workforce (SAW) project and a Voluntary Severance (VS) scheme which were both in line with our workforce strategy and have both achieved significant financial savings without impacting on frontline patient care.

Efficiency

Under the leadership of the Chief Operating Officer, our Delivery Team (which comprises the operational general managers) has built on the work commenced by our Efficiency and Productivity Programme Management Office (EPPMO) to identify and deliver further costs savings during 2011/12 by sharing best practice, avoiding wasted effort and eliminating duplication.

As a result of our focus on financial performance, budget managers throughout the organisation delivered more than £20 million of savings during the 2011/12 financial year through a variety of initiatives including

- Safe and affordable work programme – where we have undertaken a review of all posts across NHS Grampian in partnership with our staff. Each post was assessed to ensure that any redesign proposals were both affordable and did not compromise patient and staff safety
- Safe affordable nursing establishment – similar to the SAW process set out above we evaluated all nursing posts using recognised workforce tools to assess our current establishment from a safety and affordability perspective. The SANE process has informed a comprehensive redesign of our nursing establishment
- Voluntary severance – we continued with our VS programme which we have implemented on an annual basis for the last three financial years
- Single nurse bank – we have now implemented single nurse bank arrangements on a pan-Grampian basis. We will continue to review these arrangements during 2012/13 with a view to ensuring that we make effective use of our nurse bank to complement our core nursing resource
- Procurement – as an early adopter of national procurement contracts we continue to seek and implement opportunities to deliver savings through close working relationships with National Procurement and our local managers
- Releasing Time to Care – we continue with our programme of redesign with our community health workforce to ensure that we minimise non-patient contact time

and improve the effectiveness of our support and planning arrangements for staff. This work is undertaken in partnership with local authorities and third sector

- eRostering – we have implemented a pilot eRostering project within our mental health division which has enabled us to improve our nurse roster arrangements both from an operational efficiency and productivity perspective

Links Between Finance and Service Change

Integration: Integration of services and approaches to health and care will guide the way forward to provide person centred care, in a safe and efficient manner. Close working between the three Community Health Partnerships (CHPs) and the Acute Sector continues to integrate services on a cross system basis. This has contributed to the Board's ability to reduce dependence on inpatient beds through improved efficiency and the creation of capacity in the community and primary care.

Partnerships with the local authorities and the third sector also continue to strengthen in recognition of the need to more closely integrate the services of all agencies around the needs of people requiring care in their own homes and communities. The introduction of the Change Fund by the Scottish Government in 2011 has stimulated the development of local authority area specific plans to improve community care for older people. This together with the formal health and care integration agenda will be the main focus for partnership working for the foreseeable future creating a structure for the shift in activity relating to older people away from acute services to primary and care in the community services.

Access to Outpatient and Inpatient Services: NHS Grampian achieved its requirement to deliver the 18 weeks referral to treatment standard by December 2011. We also met targets set for urgent referrals of suspected cancer. We continue to plan on the basis of securing this level of performance within existing resources, but recognise that delivering access targets places significant additional demands on the organisation's financial resources. We remain committed to continuing to build the capacity required to meet shorter access times on a sustainable basis. The introduction of the Treatment Time Guarantee and new HEAT targets for early detection of cancer and access to mental health services will present opportunities to further improve access to services during 2012/13.

Health improvement: The Grampian region enjoys relatively good health in a Scottish context but there remain areas of deprivation and disadvantage where the health of the population is well below acceptable standards. We continue to investment in programmes designed to increase healthy life expectancy in Scotland, to break the link between early life adversity and adult disease, to reduce health inequalities particularly in the most deprived communities and to reduce smoking, excessive alcohol consumption and other risk factors to a healthier life. Protecting the public's health is priority for the Board and NHS Grampian is well placed to take forward this whole agenda. The Government continues to offer targeted funding in addition to core allocations to support health improvement and we must ensure that we make most effective and efficient use of such funds in innovative and imaginative ways

Future change and service redesign: A Service Modernisation function was created during 2011/12 under the leadership of a member of the Executive Management

Team. The Service Modernisation function will combine the key members of our EPPMO, CSI and Planning teams to ensure that our approach to service change and efficiency is being applied widely, consistently and robustly. While cost efficiency must remain a constant objective of everyone within the organisation, that in itself is unlikely to deliver the level of cost reductions required to ensure financial sustainability over the next few years. It is paramount therefore that service redesign is planned and implemented in conjunction with national efficiency and productivity efforts.

Capital investment

The Board has managed a significant capital programme during 2011/12 totalling c£66.5m. Investment was targeted at supporting the strategic changes set out in the Health Plan and eliminating the backlog maintenance associated with many healthcare premises in the area.

The profile of investment included:

| | |
|---|--------|
| Acute and specialist services (including the Emergency Care Centre) | £53.0m |
| Intermediate care (completion of the Chambers Hospital – Banff) | £5.5m |
| Medical equipment | £3.8m |
| eHealth projects | £1.4m |
| Other infrastructure projects | £2.8m |
| | £66.5m |

The commitment to investing in our health and care facilities will result in the following developments being completed or further progressed during 2012/13:

- £110m Emergency Care Centre which is due to open in late 2012;
- Aberdeen Health and Care Village due to open late 2013;
- Dr Gray’s maintenance project which will be completed in 2012/13;
- Moray Life Sciences Centre where construction has commenced;
- New theatre at Aberdeen Maternity Hospital; and
- Establishment of a new dental unit at Fraserburgh.

There is also the desire to progress the development of further primary care premises projects with priority been given to the new health and care facilities at Woodside and Forres and investments in the replacement for Denburn Health Centre and expansion of the health centre facilities in Inverurie.

Response to the State of the Estate report

The State of the Estate report highlights, nationally, many of the issues that are the focus of our local Property and Asset Management Plan. The report places particular emphasis on the extent of backlog maintenance that our remaining estate requires in order to bring the accommodation up to the relevant physical and statutory standards. Accordingly our financial plans allow for substantial resources to be targeted at the key priority of delivering a demonstrable reduction in high and very

high risk backlog maintenance in clinical areas, whilst maintaining an essential equipment replacement programme.

As well as the investment committed by the Board over the next 5 years, the Board recognises the need for prudence in proposing capital or revenue intensive solutions to modernising its estate since such solutions are inherently challenging in terms of affordability. Our Property and Asset Management Plan proposes a mix of measures to address the current condition and performance of the estate and to modernise the estate to meet future service need. These measures include:

- Rationalisation of buildings and concentrating services in the best accommodation, enabling the decommissioning and disposal of “not fit for purpose” and poorly performing buildings particularly those with significant backlog maintenance
- Identifying and confirming the properties required in the community and on hospital sites to support new models of service delivery being developed through the Healthfit 2020 Action Plan. This will enable further rationalisation and disposal of existing properties and the continued move towards an overall smaller modernised asset base
- Completion of the current major capital investment plan that will deliver a “step change” in the overall condition and performance of the Board’s assets through the replacement of some of our existing properties with modern, fit for purpose buildings and equipment
- An annual prioritised minor capital programme for essential equipment and eHealth technology replacement
- An annual prioritised investment programme to address all “High” and “Significant” backlog maintenance items associated with assets which are expected to be retained over the longer term (5+ years), and is projected to reduce our Clinical “High” and “Significant” backlog maintenance items by 88% over the next 5 years through our Planned Backlog Investment.

Overall, the changes proposed in this plan will result in a smaller, more productive asset base that will have a key role to play in delivering the radical changes in the NHS Grampian Health Plan and the Healthfit 2020 Action Plan. We fully recognise the impact that change can have on people and we will work closely with patients and staff to minimise the impact.

Carbon Emissions and Energy Consumption

The Scottish Government has set targets for 2010 -15 which require a year on year 3% fossil fuel CO₂ emission reduction and a 1% energy efficiency reduction across the whole asset base. These targets have been incorporated into our Property and Asset Management Strategy which includes plans to migrate from fossil fuel to non-carbon alternatives, introduction of on site renewables, new technologies and energy conservation measures.

Whilst energy consumption has generally fallen in the period from 2004/05, there was an 11% increase in 2011/12 meaning the target for the year was not delivered. Similarly the CO₂ emissions increased in 2011/12. Whilst this is a disappointing in

year position, a number of key changes have taken place recently or are imminent which will impact positively on the delivery of the required targets in the future. The £12.5m Energy Centre on the Foresterhill Health Campus became operational in February 2012 and now provides heating and electrical power to new and existing buildings on the Foresterhill Campus. The facility comprises a blend of (a) combined heat & power plant (CHP), (b) renewable energy (biomass) boiler, and (c) traditional dual fuel boilers. This blend allows greater fuel resilience and flexibility to meet variable site loads. The CHP plant generates the majority of the site's electricity needs. The waste heat from this process is then used to create steam for heating, catering, ventilation, etc. The project has been rated at BREEAM "Excellent" standard. It is expected that 2772 Tonnes of CO₂ emissions will be saved in one year. The new build Emergency Care Centre will open towards the end of 2012 and will accommodate 40% of inpatient beds on the Foresterhill campus. This will enable some older, less fuel efficient buildings to close.

NHS Grampian Area Partnership Forum Report 2011/2012

NHS Grampian is committed to partnership working and this is demonstrated in the day to day working of departments, services, CHPs and pan Grampian activities and through the release of 5 WTE staff side colleagues who are representative of the wider staff groups. Those of us who are able to view the work of other Boards in Scotland, and who are aware of the activities in Trusts south of the border, are appreciative of the benefits to staff and patients of the continuing partnership work within NHS Grampian.

Over the past year we have continued to face a number of challenges and have worked together to reach solutions and to continue to embed the partnership processes.

Grampian Area Partnership Forum (GAPF) continues to update staff regularly on partnership activities through Team Brief, Global emails and Information updates. There are also monthly updates through the Staff newspaper Upfront with a partnership representative on the editorial board.

Our Safe Affordable Workforce programme has continued throughout 2011/12 and will be in place for the foreseeable future. This programme works together with workforce planning and the redesigning and modernisation of NHS Grampian to ensure that the needs of the service are paramount, that any service changes are risk assessed and that staff are fully involved in the process of change. All 15000 staff within NHS Grampian will have participated in a review of their service, and any subsequent redesign will take account of the staff views whilst focusing on service need. This model of change will be critical to ensuring success as we move toward health and social care integration.

One of the many proposed changes that staff have been involved in and influenced outcomes was the maternity service review, which at time of writing is awaiting Ministerial decision. Our staff and management have worked together in partnership to produce these proposals and are committed to the changes indicated within the document.

For many staff in Grampian last November 30th was the first time that they had participated in industrial action. This day and the BMA day of action this year on June 21st was coordinated and planned in full partnership with management colleagues, putting in place safe systems and alternates to mitigate and minimise disruption to patients, ensuring that at all times that a minimum agreed staff level was maintained but ensuring that those who wished to demonstrate their objections at the UK government proposals were enabled to do so.

The launch of many new PIN policies will present us in 2012 with additional work in ensuring that all NHS Grampian policies meet or exceed the minimum standards required by these policies and legislative changes.

The revised Staff Governance standard further reinforces the organisation's responsibilities to staff, but for the first time, now outlines the staff responsibilities to the organisation. The NHS Grampian staff governance implementation plan reflects these changes and will continue to encourage and develop staff to be involved in decisions which affect them.

Health and safety partnership working will be an increased priority for the next 2 years as we are piloting increased staff side release to further develop sector Health and Safety arrangements in partnership with our newly appointed Head of Health and Safety

There is no doubt that working with our 3 Local authority counterparts on the integration of health and social care agenda will present a significant challenge but the maturity of the partnership structure within NHS Grampian has to date faced many other challenges and produced positive results to the benefit of staff and patients in the Grampian area.

Sharon Duncan
Employee Director

Report from the NHS Grampian Area Clinical Forum

Health Promoting Health Service CEL 01 2012:

This updated CEL extends the range of actions set out in CEL 14 (2008) and includes community hospitals in the settings targeted. The Area Clinical Forum (ACF) supports this agenda and although NHS Grampian has made good progress towards achieving the actions set out in CEL 01, there are identified areas of improvement and an action plan is now being developed. There is recognition that we need a culture change to ensure that all consultations with clinicians include a focus on health improvement where appropriate. A further action for the smoking agenda will be to focus on working towards smoke free hospital sites.

The Maternity Review:

This proposed redesign of the service has been discussed at the ACF on a number of occasions and there is support for the preferred option, because it will deliver a safer, more sustainable service that is equitable across the whole of NHS Grampian. There is also agreement that teams with a skill mix, managing an appropriate case load, allowing time for quality consultations should improve outcomes for mother and baby and that targeted support by health care professionals for the early years will contribute towards reducing inequalities.

Quality Strategy:

The ACF is represented on groups taking forward the Quality Strategy and at the forum we have discussed the issues that make this challenging. We have endorsed the 2020 vision and recognise that modernisation is required in order to cope with demographic change and ensure that we continue to deliver safe and effective health care. Disinvestment in buildings and settings that are not fit for purpose needs to be progressed so that resource can be targeted on more efficient ways of working using eHealth. We now have concerns that in order to meet the 12 week Treatment Times guarantee, limited resources may be used inappropriately. The opportunity costs involved in achieving these targets will impact on the organisation which is already coping with increased demand for services due to demographic change.

Health and Social Care Integration.

The ACF recognised the potential benefits from partnership working and integration, however there are also considerable challenges. The ACF feels the issue of joint accountability requires careful consideration as a complex system of accountability may not improve outcomes for people. Demonstration of performance will rely on capacity for electronic information sharing and use of IT and there remains uncertainty around this. Integration of budgets will also be challenging as realistically the acute sector will remain at capacity due to the significant demographic change we face. For NHS Grampian there will be a 101% increase in the over 75 age group by 2035.

Secondary Care Reconfiguration and Integration:

In advance of the opening of the new Emergency Care Centre a large consultation has taken place with all services in the acute sector and this continues. The reconfiguration plan seeks to bring all surgical HDUs together,

ensuring high quality and equal access for all patients. However it is also recognised that there is a need to reduce admissions and ensure timely discharges for patients, and therefore developing more integrated care pathways is essential. The ACF responded to the review of Managed Clinical Networks (MCNs) last year and supports the principle of multi-disciplinary and multi-professional networks as detailed in CEL 29 (2012). In NHS Grampian we already have good primary care participation in MCNs and as we progress with integration, then multiagency care networks should support the management of long term conditions so that care is planned and supported.

Patient Rights (Scotland) Act 2011

The legislation which encourages feedback, comment, concerns and complaints is now in place and although the ACF is supportive of this, it would have been helpful if NES had been in a position to support Primary Care Service Providers now rather than in the future. The ACF supports the use of Datix as a tool to promote governance, reflective practice and service improvement, this is now being used by all staff, including the medical profession in NHS Grampian. Further progress will be made as Datix is to be piloted by primary care contractors in order to support the requirement for the quarterly reporting.

Work Force Planning:

NHS Grampian struggles to recruit staff at lower grades because there is relatively low unemployment in the area. There are vacancies within nursing and a review using national workload/workforce tools will be undertaken to allow benchmarking and planning. We are now also seeing problems emerging around the medical workforce within both the acute sector and primary care as a result of MMC.

E Health:

The ACF feels that in order to deliver the 2020 Vision there will be a requirement to put resource into IT and technology instead of buildings. Difficult decisions will be necessary because maintaining our current assets is not affordable if at the same time we need to invest in technology that will support redesign of services. Changes in working practices and service delivery are being planned with public and healthcare professional involvement and this will require ongoing support by the modernisation team. It is important that all clinical staff have easy access to patient records, preferably electronically, in order to provide safe, effective and timely care.

Linda Juroszek, Chair ACF, July 2012

**North of Scotland Planning Group Report
for NHS Board Annual Reviews
2011-2012**

Overview

The North of Scotland Planning Group (NoSPG) continues to facilitate collaboration between the six Boards across the North for the benefit of the populations they serve. Richard Carey, Chief Executive, NHS Grampian has agreed to continue in the role of Chair of NOSPAG for a further year and Ian Kinniburgh, Chair NHS Shetland continues to chair the North of Scotland Chairs and Chief Executives Group. It is anticipated that a new Chair will take over from Richard Carey before the end of the 2012 calendar year.

In September 2011, there was a regional event in Nairn to develop a blueprint for future regional working and horizon scanning approaches. A report from the multi-stakeholder event, was signed off by representative Executives from each of the Boards and is now being developed for integration into regional planning prioritisation processes.

During 2011-12, work to build the Rohallion Clinic, the regional secure care clinic was completed and clinical services will commence during summer 2012. The Eden Unit is now fully operational.

There has also been significant recurring investment of just under £4m into specialist children's services and improved local access of children, particularly from remote and rural areas to specialist services through visiting services and increased use of telehealth.

The new Child Adolescent Mental Health services project was launched with an outline business case developed for a new service located in Dundee, serving the North of Scotland Boards. An inclusive project board is overseeing the development, partnered with a hubCo development in NHS Fife.

A report was commissioned into the sustainability of Paediatric secondary care across the NoS, and completed by Dr Zoe Dunhill. The report has been signed-off and the recommendations are now out to Boards for further development / progression. It is likely that a more cohesive, networked approach to such services will be developed for future sustainability, linking capability, capacity and workforce.

In cancer, a new CEL was launched to support the implementation of a quality framework to drive improvements in care across tumour groups. The CEL supports the implementation of Quality Performance Indicators across tumour groups and these have been developed through national working groups as part of a 2 year development programme. The North of Scotland has been a joint partner with the West of Scotland in developing an IT system to capture the data and analyse performance. A new CEL (currently in final draft format) has been developed to drive

improvements in chemotherapy services and work to develop regional management protocols for the NoS was commenced. A review of Thoracic Surgery for Lung Cancer in the NoS was completed and a review of Endocrine Cancer services was launched. A £600k implementation of ChemoCare (electronic prescribing system) was completed on behalf of the NoS cancer centres, saving £450k compared with single centre purchasing.

Following the restructure of NoSPG team (2010-11), workstreams have been aligned through three main programme managers covering the broad themes of:

1. Acute care & Neo-Natal
2. Cancer
3. Mental Health & Children's services

Having flexibility across the workstreams is important and a priority moving forward is to establish stronger links with senior operational management tiers in driving ownership and maintaining traction on regional developments and projects.

NHS Grampian continues to play a pivotal role in the provision of regional services. It is strategically and operationally important to its neighbouring Boards and provides considerable clinical and organisational support to clinical colleagues throughout the north.

Regional Workplan

The NoSPG workplan has continued to grow, and within the 3 main theme areas above are currently 16 high-level objectives. Within each objective is a series, often diverse, workstreams relating to the main objective. Each objective has an assigned programme manager, clinical lead and project support.

The main areas of work continue to emphasise Mental Health (Eating Disorders, Forensic Services and CAMHS); Child Health (particularly specialist services and links with secondary care and child protection); and Acute Services, including Oral Health & Dentistry, Cardiac Services, Cancer Services and Weight Management, including bariatric surgery and neo-natal services. The work continues to be supported by the North of Scotland Public Health Network (NoSPHN) and other functional specialist planning groups.

NoSPG, particularly through the Regional Director, continues to support NHS Scotland corporately, specifically through leadership roles in a number of national initiatives including the MSN for children's cancer, National Planning Forum, National Planning Directors Group and Remote & Rural sub-groups.

As a continuing principle, Regional working should only be adopted where there is an added benefit to patients by adopting such an approach. In our Annual Report for 2010/11 the significant benefits to patients through achievement of our workplan were recognised. The following table highlights what benefits patients have seen or will see as a result of current workplan. Further information is also available on the NoSPG website at www.nospq.nhsscotland.com.

Benefits to Patients of a Regional Approach Reported During 2011/12

The delivery of cardiac services across the North provides a regional approach that will ensure consistency of care, and enhanced access to specialist services, closer to patient's homes.

Through regional approaches and established networks, children and young people in the North will have improved access to specialist paediatric services, including local provision of specialist clinics or telemedicine links for those in remote areas.

Regional approaches also provide education and training for locally based staff who care for children and these will improve outcomes.

Neonatal services across the North Boards will be safe and sustainable, with a consistent approach to the quality of care. The range of services provided within an individual locality may vary but through the network all babies and their parents will have access to the full range of necessary neonatal care.

A regional Network for Child and Adolescent Mental Health will provide specialist care as close to home as possible and provide access to specialist services for those living in the most remote communities.

The regional inpatient unit will be provided within the context of an obligate network and will ensure that pathways of care are optimised, including liaison and transitional support between different tiers of service.

The regional approach to secure care will ensure equity of service and quality of care throughout the North of Scotland, including a patient pathway negotiated with all partner agencies.

There will be a consistent approach across all Boards for weight management services and the surgical network for bariatric surgery will ensure accessible and sustainable access to Tier 4 care, when required.

Children, young people and their families who may have suffered abuse or neglect can expect child centred effective local services and the provision of expert specialist paediatric child protection services when required.

Children and young people who require critical care will benefit from an increased capacity of trained and experienced staff and the establishment of a regional network will help to ensure an equitable and safe service in all parts of the North of Scotland.

Children and young people in the North of Scotland with gastroenterology, herpetology or nutritional problems now have timely access to high quality care through a multi-disciplinary team of clinicians.

Specialists and general paediatricians work closely together to ensure care is provided as close to the patient's home as it is safe and appropriate to do.

Children and adolescents with complex neurological conditions have improved timely access to specialist neurology and epilepsy multi-disciplinary services provided by skilled, experienced staff as close to their homes as possible.

Adults diagnosed with an eating disorder, across the North, follow an agreed pathway of care, no matter where they live in the region and when an inpatient admission is required, the pathway is as seamless as it can be and retains important links with local clinicians. The Eden Unit offers specialist intervention for both inpatient and day patients within the region, allowing most patients to be cared for within both the region and the NHS.

The Oral Health and Dentistry Project aims to improve access to specialist oral and dental care and to develop a network approach that will provide care locally by suitably trained practitioners.

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

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

A consistent, collective approach to workforce planning across the North of Scotland will support workforce sustainability, ensuring the provision of a safe and affordable workforce and consistent delivery of safe standards of patient care.

A triangulated approach will be in place to inform and influence operational and strategic decisions on safe and affordable staffing and skill mix requirements. The outcomes will be that risks will be identified and understood, the workforce capacity and capability will be optimised in response to changing patient need, and safe and effective standards of patient care will be maintained.

The Emergency Care Network will ensure that patients have access to the best information and decision support as early in the patient pathway as possible and where possible, allow patients to remain in their local environment. Decisions regarding transfer and the information available to the receiving clinicians will be improved.

The Framework for General Practitioners providing Acute Care in remote hospitals provides reassurance that a system of training, education and performance monitoring is in place to provide the necessary evidence for doctors working in remote Community Hospitals to support revalidation and ensures that the system of care in remote Community Hospitals is safe for patients.

Moving newborn babies between hospitals is a highly specialised task requiring significant training and skill from clinicians and close working with the ambulance service. The SNTS ensures that the benefits of intensive care are brought to the newborn and these babies are transferred safely to definitive care. In addition, the

significant education programme, delivered by SNTS means that local services have the skills necessary to resuscitate and stabilise babies born in local units before transfer.

The main aim of the MSN is to ensure that children and young people in Scotland with a diagnosis of cancer attain the best possible outcomes, have access to appropriate specialist services, as locally as possible that are both safe and sustainable, and that the pathway of care is as equitable as possible regardless of where they live in Scotland.

Robust video-conferencing infrastructure will allow patient access to specialist services from local environments and reduce the need for unnecessary travel. Through robust telemedicine it is possible to offer improved access to patients and offer timely interventions and advice.

Peter Gent
Interim Director of Regional Planning
28 July 2012