NHS Grampian

Local Delivery Plan 2016/17

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Introduction

This Local Delivery Plan (LDP) builds on the 2015/16 plan and has been produced in accordance with the Local Delivery Plan Guidance 2016/17 issued by Scottish Government on 13th January 2016. It defines progress made in key priority areas towards delivery of the national 2020 vision for health and social care and our own Healthfit 2020. It also provides information on key actions for 2016/17 which will be taken forward by the Board in association with the new Integration Joint Boards (IJBs) and other partners. It outlines key workforce, financial and performance challenges for the year ahead.

This Local Delivery Plan is not a comprehensive picture of the business of NHS Grampian and must be viewed in the context of wider plans and strategies, locally, regionally and nationally. These include the IJB Strategic Plans and Community Local Outcome Implementation Plans. In particular the Board is in the process of developing a Clinical Strategy to formulate the short, medium and longer term actions required to transform how care is provided.

The clinical strategy will build on the Healthfit 2020 strategy to provide renewed clarity of direction for the health system and for NHS Grampian’s role in the north of Scotland. The strategy will be one of a suite of strategies that will guide future development and change including the Moray, Aberdeenshire and Aberdeen City strategic plans approved in March 2016, the National Clinical Strategy, and an emerging North of Scotland Clinical Strategy.

NHS Grampian is an organisation in transition following the delegation of services to the Health and Social Care Partnerships (HSCPs) from April 2016. It is important, therefore, that the NHS Grampian strategy is focused on strategic issues that it is uniquely placed to develop i.e. the system of care in the north east of Scotland and the supporting actions that will bring the health and social care organisations together with a shared intent.

The emerging clinical strategy identifies four key themes each with a stated ambition.

| Prevention | Our ambition is to ensure NHS Grampian creates environments which promote health and wellbeing for our staff, our patients and our visitors, taking every opportunity to prevent ill health as part of our clinical services. |
| Self Management of Long Term Conditions | Our ambition is for people who are living with long term conditions to be supported to optimise their health and wellbeing and to maximise their ability to live the life of their choosing, including enabling them to reduce their risk of further complications. |

Final May
Planned, Routine and Urgent Care in the Right Place and Time

Our ambition is to transform the approach to planned care to ensure that patients are treated by the right clinician in the right place and at the right time.

Unscheduled Care (USC) in the Right Place and Time

Our ambition is that we seek to provide clinical treatment or advice in the right setting, at the right time, delivered by the right clinician.

Six key enablers will support delivery across the system.

- Promoting staff health and wellbeing
- Developing our workforce
- Information sharing across the system
- Continuous improvement
- Collaborative working and networking

A Quality Hub has been established to support, facilitate and contribute to improving the health and social care system for the population of the North East of Scotland by:

- Working directly with individuals, teams and service areas to improve the quality of care and service delivered on objectives and priorities included in the clinical strategy
- Establishing and managing a Quality Improvement Network across the North East of Scotland to share learning and promote collaborative working, empowering staff and teams to make improvements
- Promoting Quality Improvement (QI) methodology and create and deliver a range of QI learning and development opportunities for all levels of staff
- Developing links with neighbouring Health Boards and Health and Social Care Partnerships in the North of Scotland and wider to share and learn

An Innovation hub has also been established to support and develop innovations which will support the strategic priorities and the development of an innovation culture across all health and social care organisations in the north east of Scotland. The Innovation Hub will also work with the universities and the business community to create an innovation network aimed at creating wider support for innovation in health and connecting to the Scottish Government’s health, wealth and innovation initiative.

A period of extensive engagement and consultation is currently taking place on the emerging Clinical Strategy. This will be presented to the NHS Board in October 2016. The LDP will be updated as required following the consultation process. Taken together these documents will identify local aims and actions, implementation of which will be monitored by the Board and 1 Senior Leadership Team.

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1 Senior Leadership Team comprises Board Executive Directors, IJB Chief Officers and the Director of Acute Services
Section 2
Health Inequalities and Prevention.

Context

The health needs of the Grampian population, as elsewhere in the UK, are changing. The NHS Grampian Director of Public Health report DPH Report highlights some of the ‘big issues’ that face us when we look to improve health or plan delivery of health and care services. Our aim is for people in Grampian to live longer, healthier and more fulfilling lives.

People are living longer – which is a success of the current system. Life expectancy is increasing overall, but people living in the most deprived parts of Grampian live almost 10 years less than those living in the least deprived areas and are also more likely to live in poorer health.

Tackling these health inequalities is crucial for a fairer, more equal society. We have reported positive trends in breastfeeding, oral health, physical activity and restricting the sale of alcohol and these contribute towards improved quality of life and longevity. As a region, we compare positively to the rest of Scotland on a range of areas which influence our health and outlook such as employment, housing and crime. However, we still have a long way to go in reducing smoking and obesity if we are to avoid the preventable premature deaths associated with smoking and obesity in diseases such as cancer and coronary heart disease.

Our population is getting older and with age, people are more likely to develop more than one long-term condition such as diabetes, dementia or heart disease. Caring for long-term conditions requires partnership with individuals over a long period of time rather than providing single, unconnected ‘episodes’ of care. It also requires services to be integrated around the needs of the individual. The formation of the Integration Joint Boards within our three local authority areas in 2016 will provide us with a real opportunity to tackle the issues through a more collaborative and structured approach.

NHS Grampian participates in strategic needs assessment, prioritisation, commissioning and planning, undertaken by a number of Boards and agencies. These include the Integration Joint Boards and Community Planning Partnerships. Through these partnership processes we identify local priorities to address health inequalities and improve prevention work based on the needs of local populations and our workforce. For example, we have convened a multi-stakeholder offender health promotion steering group, invested in a full time health improvement practitioner, and during 2016/17 will develop and implement a multi-agency action plan to improve the health and wellbeing of offenders across custodial and community settings in Grampian.

Successive strategic assessments have demonstrated the large and growing burden of demand arising from long-term health conditions and associated multi-morbidity. Variation in such conditions are clearly linked to socioeconomic position. NHS Health Scotland’s health inequalities framework identifies the need to address the caring, listening, improving
fundamental causes of ill health and disease. Wherever possible, NHS Grampian seeks to address the upstream determinants of health, whilst also ensuring that services are available downstream for affected individuals.

**Our areas of focus for 2016/17**

Local priorities include:

- The NHS Grampian Clinical strategy will incorporate prevention and supported self-management as two of its strategic themes.

**Under prevention** (see prevention) we propose to:

- build on the Health Promoting Health Service programme, particularly focusing on staff health and wellness, the healthcare retail standards, green space / active travel and training
- widen the digital availability of health information
- broaden the implementation of the making every opportunity count programme, providing support to staff to support the most vulnerable people and communities – see MEOC
- trial the Health Scotland Place Standard in the design of a healthcare setting and its environs
- we will develop a health promotion programme for staff health and wellbeing
- explore the potential for generic health coaches to link patients and carers with resources in their neighbourhoods

**Under supported self-management**, see Self Management and Long Term Conditions, we propose to promote healthy living and better mental health by:

- creating a collaborative, compassionate, person-centred organisational culture
- enabling community and voluntary organisations and service users to participate in service design, development and delivery
- trialling methods to facilitate and encourage peer education and support programmes
- redesigning services for those with multi-morbidity

- We will continue to work with partner agencies within the three Community Planning Partnerships to address the fundamental determinants of health. This will be focused on communities where deprivation is greatest and progress will be evaluated through the development of Local Outcome Improvement Plans and agreement on explicit prioritised metrics of local inequalities. For example, Aberdeenshire Community Planning Partnership have identified child poverty as a priority area for action.
- We will continue with our involvement and participation in multi-agency, place-based community development programmes in Aberdeen City, Aberdeenshire and Moray. These are focused on communities where deprivation is greatest and which provide support to staff to support the most vulnerable individuals and communities.
• Integration Joint Boards will also support progress against the national outcomes and indicators, linked to Community Planning.

Together these priorities will allow NHS Grampian to continue to tackle the preventable causes of the costs to the NHS and society of preventable diseases and will include actions that promote healthy living and better mental health.

Local Delivery Plan Standards

In relation to the LDP standards for alcohol brief interventions (ABI) and smoking cessation:

• All alcohol licensing applications in Grampian will be assessed in relation to its local licensing board policy, with objections submitted where these are in breach of this.
• The Local Enhanced Contract for ABI will be continued for a further year to facilitate recording and reporting of ABI from primary care, while Alcohol and Drug Partnerships will continue to collate and report activity from a growing range of wider settings.
• We will sign up to the ASH Scotland Charter, will continue to participate in Local Tobacco Alliances, will continue to implement smoke free grounds and smoke free homes, and will ensure that smoking cessation services are available through community pharmacies, particularly those serving the most deprived communities.

In relation to priorities for action to address burdens arising from poor diet and weight management, NHS Grampian will continue to:

• Work towards achievement of the Healthcare Retail Standards.
• Deliver grow well choices and child healthy weight interventions in partnership with education staff.
• Ensure the availability of a range of local resources to support physical activity, particularly for those with long-term health conditions.
• Encourage and support universal breastfeeding and targeted uptake of healthy start nutrition.
• Ensure availability of tier one through tier four adult weight management services.

We have actively reviewed our procurement policies and ensured a method to incorporate additional Scottish Government guidance as this is published. As well as actively promoting the NHS as a potential employer through multiple channels, we are exploring employment policies that support people to gain employment. For example Project Search gives an extended work experience in order to support individuals to gain employment. The potential to pilot inclusion of healthy working lives involvement as a contract requirement is also being considered.
Antenatal and Early Years

Context

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

The Child Health 2020 strategic framework is premised on the importance of the life course approach to health improvement and reducing health inequalities. The framework will continue to inform a co-ordinated approach to early years interventions and services, including continued attainment of the early antenatal access standard and early years nutrition.

The plan consists of a strategic framework that identifies the key priorities/issues for child health and provides an action plan that translates these into actions. Within the framework, the priorities/issues are identified through six themes and a 'child health map':

- Putting children, young people and their families at the heart of what happens;
- Acting early and intervening at the right time;
- Safe and sustainable services;
- Integration and partnership;
- Workforce, education and training; and
- Knowledge and evidence.

Child Health 2020 acknowledges the work that many professionals, across many organisations, are doing every day to protect and improve the health of our children. Its purpose is not to tell these individuals how to do their job or to duplicate what they are doing, but to provide a clear focus and direction for NHS Grampian so that we can achieve our vision. Child Health 2020 has been developed in this way to produce a shared vision.

Child Health 2020 encompasses all activities that contribute to child health, from education and early prevention through to tertiary healthcare services. It takes account of current national policy and initiatives, including Getting It Right for Every Child (GIRFEC) and Early Years Collaborative. A Programme Board, chaired by the Director of Public Health with the Director of Nursing and non executive child health champion members, oversees the implementation of the Child Health 2020 action plan.

Our areas of focus for 2016/17

NHS Grampian recognises the significant new duties placed on Boards as a consequence of the Children and Young People (Scotland) Act 2014. NHS Grampian has participated in implementing the national practice model, providing invaluable experience for implementation across the organisation.

The key actions that will support the implementation of the Act are as follows:

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- Care inspectorate surveys of the workforce demonstrate that knowledge of the named person role and child’s plan is well established. Information sharing guidance is in place having been signed off by all partners.
- A project manager will support the implementation of the detailed action plan, reporting to an Act Implementation Group comprising membership from all sectors of the organisation. We are in the process of establishing champions for each sector to ensure sustainability beyond 2016. The Senior Leadership Team and other executives receive regular updates on progress.
- All named persons have received training on the Act and the role. A large proportion of the children’s workforce has received training on the Act’s implications and the child’s plan. Multi agency and single agency training is on offer across the NHS Grampian area and we are now extending into preparing the workforce who largely work in adult services.
- We launched an e-learning module in February, which was used by 70 staff in its first live day. We are working on single points of contact for all services to use.
- The Project Manager and others are working with the Integrated Children’s Partnerships to streamline the process and to encourage the development of one plan and consistency across the three Community Planning Partnerships.
- A Corporate Parent Action Plan has been prepared for the NHS Board to ensure the Board will meet its responsibilities in terms of the new legal framework. The NHS Board has previously had awareness sessions on the issues facing care experienced young people and we expect to update this with the Board along with Child Protection Governance this year.
- An education plan has been developed in conjunction with Robert Gordon University to employ trainee health visitors and provide them with post graduate education to become qualified health visitors. It is currently foreseen that this plan will provide us with a sufficient number of health visitors to increase our current establishment to meet the requirements of the new legislation while cognisant of reducing workforce through retirement of health visitors.
- We have plans in place to increase the Health Visitor workforce. National and local funding has been secured which will result in a total of 173 Health Visitors in post by 2018.

We will continue to achieve the UNICEF Baby Friendly standards. Our maternal healthy weight activity includes the promotion of breastfeeding.

We provide healthy start vitamins to all pregnant women at booking, and for every infant at their six month health visitor check and encourage those who are eligible to continue to obtain these through community pharmacies. We monitor healthy start vitamin uptake through community pharmacies and use PDSA improvement methodology to broaden successful implementation.
Local Delivery Plan standards

At least 80% of pregnant women in each SIMD quintile should be booked for antenatal care by the 12th week of gestation. We continue to deliver this standard in full.

Through ongoing development of the BadgerNet IT system we will continue to refine our data collection and analysis to drive service improvement, particularly in relation to the most vulnerable pregnant women, such as those who use drugs and alcohol.
Safe Care

Context

From an initial focus in 2008 on acute hospitals, the Scottish Patient Safety Programme (SPSP) is now an integral part for all healthcare services across NHS Grampian. The SPSP aims to improve the safety and reliability of healthcare and reduce harm, whenever care is delivered.

Patient safety is a key priority for NHS Grampian - working in partnership with staff, patients and the public. All sectors of NHS Grampian are engaged with the SPSP.

Improving patient experience and safety requires us all to work together in partnership – clinical staff, support staff, managers and, crucially, patients and their relatives and carers – patient safety is everyone’s business.

The main aims are:

- Patient safety is integrated into the daily working routine.
- Create a safety culture by maintaining the patient as the focus and raising staff awareness to recognise their contribution to improving patient safety.
- Implement evidence-based interventions that have been shown to reduce adverse events

Our areas of focus for 2016/17

We will continue with those actions that are now embedded in everyday practice and build on this foundation with new tests of change and implement systems and processes that demonstrate improvement to patient outcomes.

Examples of actions already embedded in practice include

- There is now a hospital or directorate huddle/safety brief on a daily basis across Grampian and there is testing of safety huddles and a virtual ward in 3 GP practices. These give staff the opportunity to raise any safety concerns.
- All adult inpatient wards moved to using the National Early Warning Score (NEWS) on 1 September 2015. This drives the ‘step change’ required in the assessment and response to acute illness. There have been quality assurance checks regarding the implementation with positive feedback from clinical teams, and evidence of appropriate management of deteriorating patients.
- The Patient Safety Essentials are now embedded across adult inpatient areas and progress is being made across the programme’s 9 Points of Care priorities in pilot wards with some evidence of spread.
- There has been a 19% reduction in cardiac arrests across the acute sector, with improved early recognition and rescue of deteriorating patients. This information is shared at the daily hospital wide safety brief. Clinical teams are offered the opportunity to raise any patients causing concern at this time. There continues to
be a monthly deteriorating patient steering group which drives the improvement and spread in this key area of safe care.

- In 2013, NHS Grampian invested in a dedicated community based heart failure nurse led service. The SPSP team work with these nurses, who offer an in-reach service to the acute sector. This is an area where improvements continue to be made with feedback to clinical teams on compliance with the heart failure bundle.
- With the aim of reducing grade 2-4 pressure ulcers we have an e clinic where district nurses, care homes and others can send in photographs of pressure ulcers and advice and support is provided. We are currently reviewing the tissue viability service to ensure all practitioners have the highest level of skills and knowledge on how to prevent and manage pressure ulcers.

Further actions that will be taken forward and implemented include:

- Fall prevention work is being spread across wards and sectors. We are working in collaboration with the Older People in Acute Hospitals (OPAH) team to spread the application of ‘fall bundles’. There is now a strategic and governance Falls Group with oversight of falls improvement work across health and social care.
- Using Health Protection Scotland’s template we have an insertion and maintenance bundle for indwelling urinary catheters which is available across our organisation. This template has been shared with our community nursing team. We have completed a point prevalence study of our acute hospital and have a low incidence of catheter associated urinary tract infections <0.04%.
- The Mental Health and Learning Disability service has recently completed its staff safety climate survey. This is the first time all wards had been invited to participate. 184 people responded, and in general outcomes were very positive. The results were shared at the Patient Safety Person-Centred Leadership Group and the Operational Management meeting who are supporting each ward with implementing an action plan.
- NHS Grampian is one of the pilot Boards for the Pharmacy in Primary Care Programme where 95% of patients on Warfarin in 5 pilot pharmacies have had a review and ongoing support regarding the management of their Warfarin. The next test of change is medicine reconciliation in community pharmacy following a hospital admission.
- The Primary Care Programme is testing a Medicine Reconciliation bundle in Aberdeenshire. Aberdeen City and Moray are progressing results handling, when results from investigations are reconciled on receipt by the practice and discussed with patients. There has been positive feedback from patients.
- The Labour Ward in Aberdeen Maternity Hospital has successfully introduced the sepsis 6 bundle and risk assessment for venous thromboembolism (VTE). We plan to spread this to other appropriate wards. This work follows on from the Board creating risk assessments specific to the need of the patient, for example orthopaedic trauma or elective, medical or surgical, ante-natal or post-natal.

The Safe Team is working with frontline teams to embed systems and processes that support the patient safety programme as part of routine care delivery. This
ensures staff and patients do not see the programme as something extra to the care that is delivered. We have leadership groups that support most of the programmes and with their support and vision and engaging with the governance processes, we expect the safe delivery of quality care to every person, every time.
Person-Centred

Context

NHS Grampian is committed to a person-centred approach to safe and effective care delivery. Our aim is for 95% of patients, carers and families to report a positive experience of care. We measure care in real-time using a conversational approach which allows for the gathering of both qualitative and quantitative information about the care experience.

The five “must do with me” principles of care were incorporated into our nursing admission and assessment documentation in 2014. There is accompanying guidance for staff which explains how the five “must do with me” principles should be used and how to make documentation more person-centred and reflective of the individual needs and preferences of patients. We aim to further develop our nursing documentation in 2016/2017 to make it easier for staff to do the right thing in terms of person-centred care delivery and documentation. We also aim to focus on how we can introduce the five “must do with me” principles of care to outpatient areas and primary care.

The “what matters” and “who matters” components of the five “must do with me” principles are displayed visually in our paediatric wards and in some of our adult wards. This means that all staff involved with the patient have immediate knowledge of what is important to the patient without having to refer to a filed document. We aim to spread the visualisation of “what matters and “who matters” to all our in-patient areas during 2016/2017.

Our areas of focus for 2016/17

- We are introducing person-centred visiting to all our areas. This requires staff to discuss with patients “what matters and “ who matters”, in terms of visiting, to ensure that families and carers are present and involved as much as patients want them to be.
- We have engaged fully with the Caring Behaviours Assurance System (CBAS), in which staff identify key person-centred quality indicators for their areas. This work supports the delivery of care in alignment with the “five must do with me” principles. We will continue to deliver CBAS training to more teams in 2016/2017.
- We are increasingly utilising an experience based design approach for service improvements and design. We use the five “must do with me” principles as a guide for collecting patient stories from service users to ensure that the five principles inform future service delivery.
- NHS Grampian has embraced “Play List for Life” as a means of alleviating stress and distress for patients with cognitive impairment. This means getting information about patients’ musical preferences from family members and creating a personal play list which the patient can then listen to using an iPod or similar device.
- We are in the process of moving to the second level of registration with Patient Opinion. This will enable us to devolve responding rights to staff closer
to service delivery. A Patient Opinion administrator has been identified in readiness to increase access to greater numbers of staff.

**Listening and responding to feedback**

NHS Grampian is committed to encouraging staff and public feedback and actively uses this information to support improvement. Examples of actions now in place include:

- An Acute Sector Quality and Risk Huddle takes place on a weekly basis. This creates the opportunity for sharing system-wide collective intelligence, working together to identify areas of good practice. Members provide knowledge and observations regarding the sector's position in relation to clinical effectiveness, clinical risk management, person-centeredness, continuous improvement and staff focus.
- Complaints and concerns received are reviewed weekly. Any complaints that cause concern or do not demonstrate lessons learned and action are highlighted to the service teams.
- To ensure we can demonstrate learning and improvements made, monthly ‘Learning from Feedback’ reports are produced. These include all complaints received the previous month which have been partially or fully upheld. The ‘Lessons Learned’ and ‘Action Taken’ fields are included in the reports to demonstrate where learning and action has been taken, and to highlight complaints where no learning or action has yet been recorded. Complaint themes, 20 working day target performance and early resolution figures are also provided.
- We undertake an annual online survey of complainants to assess their experience of Feedback responses.
- We continue to embed a more robust system to maximise the learning from complaints by providing the appropriate training and practical support to services. One of the ways this is being achieved is by introducing a new way of complaint severity scoring, which allows for a risk assessment to be performed in the same way as adverse events are assessed. This is being achieved using the NHS Scotland Core Risk Assessment Matrices (2013).
- We support our staff to engage through effective partnership working across NHS Grampian. We encourage staff feedback and undertake regular Face2Face meetings with teams. In November 2015 over 200 staff attended a Face2Face meeting and 97.9% of staff who completed an evaluation form responded that they or other members of staff had an opportunity to raise questions or make comments.
Primary Care

Context

The establishment of Health and Social Care partnerships across Grampian will have a profound effect on how we deliver services in the future. Understandably this is currently occupying a large proportion of NHS Grampian focus as it works with partner organisations to develop new ways of working and working towards the three local Integration Joint Boards (IJB) strategic plans.

The Redesign of Primary Care Services has seen the management of General Medical Services, salaried Dental services; Optometric services and Pharmacy services wholly or in part transfer to the three partnerships. They are supported by NHS Grampian’s Primary Care contracts team (PCCT) who provide contract administrative support for the partnerships and provide a centralised function reducing diseconomy of scale.

With the formation of Health and Social Care partnerships and Integration Joint Boards, formal contracts for the independent contractors will still be held by Health Boards, however, day to day management and service design and provision will be part of the IJB functions.

Demand for primary care is increasing, particularly for people with multiple complex problems which require a collaborative approach between primary and secondary care and between health and social care services. Engagement with local communities and a focus on prevention and reducing inequalities is required. As we have moved forward with integration and with the imminent new 2017 GP contract more emphasis will be required on the patient journey, requiring locality teams to develop communication between a wide range of partners, patients and carers.

The collective management of Primary Care is brought together through the Primary Care Integration Management Group (PCIMG) which has a series of reporting sub groups, ensuring consistent application of NHS Scotland and NHS Grampian policies and procedures.

These sub groups include:
- Primary Care Operational Management Team
- Primary Care Information Management Team
- Primary Care Premises group
- Primary Care Education Training and Workforce Group
- Enhance Services Group

Three broad areas of challenge have been identified:
- Workforce
- Infrastructure
- Service delivery
**Our areas of focus for 2016/17**

**Workforce**

Through previous workforce planning cycles, in partnership, the workforce in Grampian has continued to evolve. This includes increased clinical roles for: Pharmacists, Advanced Nurse Practitioners, Healthcare Scientists, Allied Health Professionals, Paramedics, Physician Associates and Health Care Support Workers. These additional clinical roles, detailed in the 2015 Plan, provide enhanced capacity across patient pathways in both primary and secondary care.

There is recognition that there will be a more varied workforce delivering primary care in the future and incorporating the third sector. We are presently creating conditions that allow the full range of traditional primary care practitioners to maximise their contribution. This requires engagement with both the public and partners to support a change in culture and awareness.

Workforce issues are proving challenging, particularly with regards to the recruitment and retention of GPs. A workforce plan is being implemented to take forward various initiatives to support the workforce of the future. The three IJBs are engaged in a broad range of initiatives to address the workforce challenges and opportunities, working with all partners.

Recent communications with NHS24 and Scottish Ambulance Service have also proved helpful in regards to partnership opportunities. Examples are access to KIS, reviewing the falls pathway and development of care protocols.

**Infrastructure**

Two main areas of priority within infrastructure are premises and information, communication and technology (ICT).

The Primary Care Premises Plan is produced annually and this planning is synchronised with the wider NHS Grampian Asset Management Plan. This plan sets out the current, updated priorities identified by each Integration Joint Board. Where available, the plan provides information on the condition of premises. A condition survey is currently concluding for General Medical Services (GMS), and this will help inform the annual updates of the plan and allow for a more comprehensive, robust assessment mechanism in future. The NHS Grampian Asset Management Plan establishes a comprehensive process to effect infrastructure project prioritisation across 51 identified NHS Grampian infrastructure priorities.

GP ICT systems and support are consistently identified as a limiting factor to maximising GP performance. In response to this, *GP systems and Support Briefing Paper (May 2015)* was developed and widely discussed with stakeholders. A wide range of initiatives have been taken forward by the eHealth department to respond to the concerns and are in the process of being implemented.
These include:

- New server equipment for every community GP main and branch sites. This will safeguard hardware reliability and improve system performance.
- A new server installed for all EMIS sites.
- Installation of physical hardware to all Vision sites has been completed.
- A complete redesign of the system solution has been undertaken.
- Deployment of Windows 8.1 on all laptops and tablet (mobile) devices is well under way.
- All domain controllers (DCs) at remote sites have been replaced with new hardware: Domain policies developed to improve faster logins.
- All GP sites have been migrated from N3 to Scottish Wide Area Network (SWAN).
- Wi-Fi access to the NHS Grampian domain has been installed and enabled at all GP and community sites across Grampian. This is the first step of enabling mobile device usage.

Shared Access module will enable the sharing of data between the GP and other primary and secondary care professionals. A programme team has been setup to manage the technical implementation, governance and data sharing requirements. Initial activities are anticipated to last at least 12 months.

Service Delivery

Primary care by its very nature is a shifting dynamic, with changes in demography and population, fluctuations in workforce availability, introduction of new drugs and technologies and changing patterns of lifestyle behaviours affecting the nature and prevalence of health priorities. Availability of funding also influences the ability to make changes. Recent government announcements on Primary Care Investment fund have supported this.

As a result of the above, changes in service delivery models can be both reactive and proactive.

The Modernising Primary Care Initiative Practices are working with their local communities to engage more effectively in delivering a needs based service.

Community Renewal (a social enterprise charity) has been engaged in this process, to support the practices in a ‘deep community engagement’. This goes beyond patient or practice level engagement and seeks to engage wider community. Issues under exploration include:

- Expert patient development
- Community patient transport solutions
- Engagement of under and over presenters
- Improving ‘front of house’ experience for patients
Improving Did Not Attend (DNA) rates
Opportunities for working across the interface between Primary and Secondary Care

In order to scale up the modernisation programme, the participating practices are linking locally to the strategic planning underway within the IJBs. This connection is crucial if we are to be successful in establishing changes in working practice that respond to the needs of the practice populations in a co-ordinated and integrated way. Further opportunities exist to maximise this by working with the wider health and social care stakeholders including third and private sector partners.

Work is ongoing to support engagement with secondary care in terms of meeting the needs of the practice populations. CONNECT has supported this approach exploring the interface between primary and secondary clinicians. In Aberdeenshire and Moray “Virtual Medical Wards” have been developing to manage patients at higher risk of admission in a more co-ordinated and comprehensive way. Improved access to mental health services is also being planned for.

The programme is gathering momentum, especially within local communities. In order to develop sufficient scale to effectively see transformational change we would wish to roll out the project to whole clusters and areas. This would entail further training of primary care teams, re-organisation of service delivery models and increased integration of the health and social care teams. Modernising primary care is an ongoing activity across all practices in Grampian.

GP Contract

NHS Grampian PCIMG is progressing arrangements linking to the national agenda in preparation for new GP Contract in 2017.

Unscheduled care

The Primary Care Out of Hours service is now hosted by Moray IJB. A review of the model of delivery is being undertaken with a view to establishing a multi-agency, sustainable service, taking cognisance of the recommendations in Sir Lewis Ritchie’s review. Early engagement with IJB Clinical Leads and local Management teams has begun.

The Primary Care Out of Hours service is currently testing:
- GP led redirection – patients who present with non urgent problems are redirected to their own general practice in hours.
- remote access working - GPs provide telephone advice remotely,
- GPs working alongside consultants in medicine – to treat and discharge patients home.

These initiatives will be reported on within six months.

We also continue to run an in-house Advanced Nurse Practitioner development programme which is producing staff who will support GP practices in and out of hours provision. Early discussions have begun to consider the role of AHPs and mental health workers.
Dental

Improved recruitment of independent dental practitioners has followed significant investment by Scottish Government in expanding capacity. We are presently seeing an increasing contractor service with an opportunistic realignment of the Public Dental Service to focus on the vulnerable population. This will allow the service to provide expert care for people with special care needs such as those with significant learning and physical disabilities, medically compromising conditions, looked after children, frail elderly housebound patients, migrants and homeless people and those with substance misuse and dependency.

We are working to the strategic vision for e-dentistry aimed at improving the quality of care received by the patient. There are a number of significant outcomes to be achieved but the immediate ones for 2016/17 are the acceptance of E-Signatures for dentists by April 2016 and the development of SCI Gateway referrals by April 2017.

We will be working with Medicines Management to better understand the prescribing practices of our dental practices in order to improve their antimicrobial stewardship.

A small scale pilot is being considered to evaluate alternative imaging software. From the period 31 March 2008 – 31 March 2015, there was a 104.53% increase in NHS registered dental patients in Grampian. Our focus is now on reaching people who are not currently accessing dental care. Registrations for children have steadily increased year on year and programmes such as Childsmile ensure good oral health habits are developed at an early age.

We are implementing the Scottish Government dental directive to support patients who are non vulnerable and non-special care patients to move to the independent sector. There is now open access to the independent sector for NHS treatment so enabling the Public Dental Service to revert back to being a support service for vulnerable and special care patients.

General Medical Services

The establishment of the Health and Social care partnerships and the new 2017 Contract provides the context on how we deliver services for the future. There are many initiatives being taken forward where practices are working closer with their local communities

There is a workforce plan with several initiatives across Grampian, including advertising the many benefits in being a part of our communities. We continue to invest in Career Start, a scheme for those GPs immediately after completing their training to encourage further development and an opportunity to develop a special interest.

NHS Grampian is actively engaging with those practices experiencing difficulty, and their communities, to explore short and longer term resilience solutions

Leadership development and organisational development is supporting the caring • listening • improving
progress with local teams.

Locality working is beginning to see the development of local services meeting local need, improving communication between professionals, communities and patients, engaging with third sector, community planning, public health and community groups.

- All GP sites (bar one) in NHS Grampian are enabled for serial prescribing.
- All Vision Practices are actively streaming to V360, providing business continuity during their server migrations.
- A Community Module Caseload Tool was demonstrated to Aberdeen Community Nursing Direct Delivery Team and eHealth Senior Managers and options are now being considered.

**Community Optometry**

The Eye Care Network has positioned community optometry increasingly as the first point of contact for patients presenting with eye problems. An extensive educational program linked to strong governance arrangements continues to develop a high quality service based within primary care.

NHS Grampian is working to identify practices not using SCI Gateway to the best of their capacity and offering support and training as required.

We are involved with the Eye Care Integration project leads from across Scotland to take forward SCI Gateway referrals, with a view to developing feedback mechanisms to optometrists and electronic payment systems.

**Community Pharmacy**

Prescription for Excellence describes the role of pharmacists working in the community and primary care on patient facing clinical activity. We can add clinical capacity into primary care, and reduce potential for patient harm from improved medication safety. A multi-stranded approach has been underway across Grampian including experiential learning sessions focused on developing medication review skills and confidence through to the appointment of pharmacists into the General Practice Pharmacist role to work within GP practices and develop their skills as independent prescribers. Professional links between community pharmacies and GP practices are improving with increasing recognition of the benefits of including the community pharmacist in the practice multidisciplinary team.

There continues to be ongoing support throughout Grampian around the Chronic Medication Service (CMS):

- Support to pharmacies is related to ‘troubleshooting’ issues with serial scripts, helping to identify processes and SOPs, training and best practice. Support for GP practices relates to assisting with understanding serial scripts, housekeeping and liaising with pharmacies/GPs to resolve any ongoing issues.
• A small number of community pharmacies are testing electronic links with a local GP practice to enable the pharmacist to access the practice patient record where clinically indicated. This will facilitate pharmacist-led polypharmacy reviews being undertaken within the community pharmacy.

Technology and Data

General Practice

• All GP sites (bar one) in NHS Grampian are enabled for serial prescribing. With 93% of practices having active serial script patients; 57% of active sites have over 100 patients receiving serial scripts. The number of patients receiving serial scripts in Grampian has increased by 3,149 since April 2015
• All Vision Practices are actively streaming to V360, providing business continuity during their server migrations.
• A Community Module Caseload Tool was demonstrated to Aberdeen Community Nursing Direct Delivery Team and eHealth Senior Managers and options are now being considered.

Community Pharmacy

There continues to be ongoing support throughout Grampian around the Chronic Medication Service (CMS):

• Support to pharmacies is related to ‘troubleshooting’ issues with serial scripts, helping to identify processes and SOPs, training and best practice
• Support for GP practices relates to assisting with understanding serial scripts, housekeeping and liaising with pharmacies/GPs to resolve any ongoing issues.
  ✓ 99% of pharmacies across NHS Grampian have registered CMS patients; only one pharmacy has no registrations
  ✓ 99% of pharmacies are dispensing serial scripts
  ✓ 36% of pharmacies have over 100 active serial script patients
  ✓ 7% have less than 10 serial script patients.

Optometry

• NHS Grampian is working to identify practices not using SCI Gateway to the best of their capacity and offering support and training as required.
• We are involved with the Eye Care Integration project leads from across Scotland to take forward SCI Gateway referrals, with a view to developing feedback mechanisms to optometrists and electronic payment systems.

Dental

• We are working to the strategic vision for e-dentistry.
• A small scale pilot is being considered to evaluate alternative imaging software.
Contracts and Resources

NHS Grampian currently offers Enhanced Service Contracts, some of which are specifically offered in certain localities. These include the Anticipatory Care, Dermatology and Orthopaedic Locally Enhanced Services. The uptake of Enhanced Services in Practices is high across the area. Currently we are undertaking a joint review with public health and primary care of 7 Enhanced Services to identify the added value of providing care out of hospital and within primary care. Enhanced Services continue to promote quality in line with previous QOF standards as their quality markers and will continue to maintain high standards of care. Challenges will be related to the transfer of resource from secondary to primary care to support these services.
Integration

Context

The Integration Joint Boards for Moray, Aberdeenshire and Aberdeen City were formally established on 6th February 2016 following the approval of their Integration Schemes and went live from 1st April 2016.

Significant joint work has been undertaken by NHS Grampian, the Moray, Aberdeenshire and Aberdeen City Councils to set up the arrangements to support the new Integration Joint Boards (IJBs). This will be a significant step in the implementation of major reforms which will pool health and social care budgets and integrate health and social care around the needs of individuals and communities.

An action plan was formulated during 2015 which outlined the key actions that needed to be taken to prepare for the implementation of integration and the establishment of the IJBs. The plan has been regularly reviewed and monitored by the Senior Leadership Team of NHS Grampian and a specific Integration Planning Group which has involved senior officers of NHS Grampian and the chairs, vice chairs and Chief Officers of the IJBs.

A range of actions have also been reviewed and developed by the North East Scotland Partnership Steering Group (NESPG), a group which brings together NHS Grampian Board members and senior officers, and the co chairs and Chief Officers of the IJBs.

The following actions have been completed:

Organisational Accountability

New system wide performance management arrangements have been put in place:

- Bi monthly performance reviews conducted by the NHS Grampian and Chief Executive of the respective Council area for each IJB. These meetings enable the respective Chief Executives to hold the Chief Officer and s95 Finance Officer to account.
- The IJB performance is also considered as part of the monthly NHS Grampian system wide performance management undertaken by the Senior Leadership Team of NHS Grampian.
- Each of the IJBs has established an Audit Committee and these are working co-operatively with Local Authority and NHS Audit Committees to ensure good accountability against best audit guidelines.

Section 3 identifies responsibility for delivery of the Local Delivery plan standards. Integration Joint Boards will also be working to deliver the nine Health and Wellbeing outcomes. The IJBs are in the process of establishing their own performance management arrangements.
The broader issues relating to accountability with parent bodies and across the 3 IJBs has been discussed at the North East Partnership Steering Group (NEPSG) and these were further explored at a joint meeting between all IJB members, NHS Grampian Board members, and the senior officers of the Councils, IJBs and NHS Grampian on 1 March 2016.

**Strategic Planning:**

The three IJBs have published their strategic plans and all have been the subject of wide engagement and consultation. The plans provide the high level direction for the preparation of more detailed commissioning plans during 2016.

The IJBs also have strategic planning responsibility for specific acute services and dedicated planning processes have commenced for each of these services. This planning will be led by the IJBs with the participation of clinicians and acute services management.

The formulation of the NHS Grampian Clinical strategy is also underway with the aim of submitting the strategy for approval to the Board in June 2016. The strategy will build on the IJB planning process to develop high priority system wide themes which will influence the formulation of the commissioning plans and the NHS Grampian Local Delivery Plan.

**Hosting of Services**

Arrangements for the hosting of delegated services have been considered by the NESPG and are based on the previous Community Health Partnership hosting arrangements.

A high level ‘heads of agreement’ has been drafted to guide the arrangements for hosting. This will summarise the roles and responsibilities of an IJB which is hosting a service in relation to the other IJBs which will be receiving a service.

**Areas of focus for the Integration Joint Boards in 2016/17**

**Aberdeen Integration Joint Board**

The Aberdeen Integration Joint Board strategic plan explains what the challenges and opportunities are for health and social care services through joint and integrated working – NHS Grampian, Aberdeen Council Social Work, third sector organisations, private providers of health and social care and, not least, the residents of Aberdeen.

The principles that underpin the plan are about individuals looking after their health, planning ahead to meet health and social support needs as we get older and making informed choices about how we use our local services. Aberdeen is fortunate in having diverse and vibrant communities that make a valued contribution to health and wellbeing alongside public, private and voluntary services.
The way services are organised and provided will have to change and the plan explains that these changes will be set out in commissioning plans that will be available during early 2016/17.

The IJB vision for better health and social care services is ambitious and the plan has been developed through community consultation events that took place during 2015.

**Aberdeen City Integration Joint Board**

The strategic plan demonstrates a commitment to improving the personal experiences and outcomes of the local population when they use health and care services. The plans also shows how the IJB hopes to develop community connections and activities to complement the care and support that is offered as close to people’s homes as possible.

Integrated health and care services will be delivered that support the people of Aberdeen to remain as well as possible for as long as possible and to ensure that people are admitted to hospital only when that is the best place for them to be (i.e. fewer ‘social admissions’) and that they stay in hospital for only the minimum time that is clinically required to treat them.

To address these challenges the strategic priorities for the next three years are:

- Improve the health and wellbeing of the local population.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs and make it easier for people to contribute to helping others in their communities.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Develop personalised services that promote and protect the human rights of every individual and which enable residents to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Support those who are unpaid carers to look after their own health to enable them to maintain their caring role and have a quality of life outside the caring role. Ensure that unpaid carers are equal partners in the planning and delivery of services.
- Work in partnership with our residents, communities and organisations across all sectors to ensure that all our activities are meaningful to them and effective.
- Deliver high quality services that have a positive impact on personal experiences and outcomes.

**Moray Integration Joint Board**

The strategy recognises the enormous and valuable contribution that communities and volunteers can make in the areas of promoting health and wellbeing.
• The Reshaping Care for Older People programme and associated Change Fund enabled the partnership to accelerate local progress and to develop plans to drive sustainable improvements in the national outcomes that relate to the care of older people. It enabled the partnership to not only to shift the location of care (from institution to community) but also to transform the culture and philosophy of care from reactive services provided to people towards preventative, anticipatory and coordinated care and support at home delivered with people.

• Housing as partners - Housing has become a key partner in the joint commissioning process. The partnership acknowledges the vital contribution that housing can make to improving health and wellbeing outcomes.

• The community care redesign programme aims to meet future demand. A single point of access to community care is established. The access service provides an early intervention and preventative approach to care with greater choice and control over the support people need.

• Moray Partners in Care – community care has developed a new model of care and support in the community which promotes independence and supports greater choice and control and improved outcomes. It is based on three offers – Help to help yourself, help when you need it and ongoing support for those that need it.

• Improvement Programmes currently underway in Moray include: Modernisation of Primary Care, Focus on Dementia, Self-directed Support, Unscheduled Care, Older People in Acute Care, Patient Safety Programme, Long Term Condition Action Plan.
Scheduled Care

Context

The Board has made significant investment in additional elective care capacity over the last few years and welcomes the announcement of the Scottish Government funding for a new diagnostic and treatment centre. The capital programme has supported the establishment of three new operating theatres at Aberdeen Royal Infirmary and Woodend Hospital, as well as the re-commissioning of two theatres within the old accident and emergency unit. There has also been a corresponding and significant increase in staffing within surgical specialties, anaesthetics, theatre nursing and supporting clinical and non-clinical services.

During 2015/16, we also made significant investment through the:

- Introduction of the first state-of-the-art Robotic Assisted Surgical System in Scotland for minimally invasive procedures for conditions including prostate, bowel, rectal and gynaecological cancers. The RASS equipment provides a 3D high-definition camera which shows surgeons a clear, highly magnified view of the procedure area, as well as fine instruments which go into the patient's body through small incisions and which allow the surgeon to perform procedures such as removing tumours and organs using wristed instruments - ones which mimic a surgeon's hand movements - and increased precision.
- Aberdeen Royal Infirmary becoming the first hospital in NHS Scotland to use an O-Arm scanner. This sophisticated machine generates high-resolution 3D images of patients' spine, bone and soft tissue structures, improves the speed and accuracy of operations, removes the need for repeated X-rays, reduces the extent of incisions, and improves recovery time.

Significant additional investment has also been made over the last five years in our cancer services in terms of infrastructure, staff and access to drugs. These investments include:

- In February 2015 we opened the new £13.6 million Radiotherapy building at Aberdeen Royal Infirmary (ARI) bringing all aspects of radiotherapy delivery under one roof to deliver 1,700 courses of treatment a year to patients across NHS Grampian, Orkney and Shetland. The radiotherapy department is part of a range of improvements for cancer patients over the past three years which have included new inpatient accommodation in the Matthew Hay Building and the Maggie’s Centre.
- £2.1m investment in additional staffing funded by the Board and through the national Detecting Cancer Early Programme which has enabled us to recruit 7 consultants, 12 nurses and 12 other health professionals.
- Over the last 5 years there has been increased access to new drugs and therapies for cancer services, with the budget having increased by 40% during this period.

caring • listening • improving
Our areas of focus for 2016/17

NHS Grampian is developing its plan for core scheduled care capacity requirements through our continuing work on demand and capacity planning.

We `use software to model the activity required to maintain a manageable waiting list size. This work highlights the recurring and non recurring outpatient and inpatient activity demands, enabling us to consider the relevant long and short term investment required.

Our work over the past two years has focused on new outpatients, inpatients and daycase activity and we aim to extend this modelling incrementally over the next two years to include theatres, beds and return outpatients. This work involves continuous involvement and co-development with clinical/speciality teams.

We will build on the embedded health intelligence approach we have developed over the past two years by extending our work into other specialties and services, including mental health. The software enables us to look at the impact of optimum booking on existing waiting lists and we will continue to use this as a tool to support improved efficiency and to inform our investment decisions.

The output from modelling and discussion with services is being used to inform our elective demand and capacity plan for 2016/17. Alongside this we are developing a whole system simulation model to test the effects of changes in the number and location of beds in hospitals and social care.

We have a number of initiatives aimed at transforming the way we organise our services, including implementation of the national Transforming Outpatients programme and further development of our No Delays platform.

Local Delivery Plan Standards

Treatment Time Guarantee

We aim to reduce our reliance on out of area private sector providers and non-core activity and work towards improved efficiency and productivity within core services to produce locally sustainable specialties.

We will be participating fully in the National Scheduled Care Programme and planning in detail for the proposed Diagnostic and Treatment Centre in Aberdeen to cope with the expected increase in patient numbers over the medium term.

In line with the prior year, we will make best endeavours within available resources to ensure that the Acute Sector Waiting Times Plan (2016/17) is delivered. Based on the demand and capacity modelling we have undertaken we expect our performance to be in the range 850-1,360\(^2\) by 31 December 2016. We will continue to work closely with the Scottish Government Access Team to monitor progress and acknowledge the additional funding that has been made available.

\(^2\) The number of patients per month who will not be treated within the treatment time guarantee.
**New outpatients – patients seen within 12 weeks**

We will continue best endeavours to achieve the best outcome within available resources. Based on the demand and capacity modelling we have undertaken we expect our performance to be in the range 7,299-9,060\(^3\) by 31 December 2016.

Redesign efforts will concentrate on achieving this position with a particular focus on the number of patients waiting longer than 12 weeks for an orthopaedic outpatient appointment. We will continue to work with national projects such as DO IT to redesign services to deliver sustainably on the totality of demand, including return patients.

**Cancer Access Times**

We are committed to improving our cancer access times performance. Following the success of the endoscopy service plan in 2015/16, our focus in 2016/17 will be in implemented redesigned pathways for those tumour types where we continue to have challenges in meeting the 31 and 62 day targets.

We expect to continue to work closely with the Cancer Access Team as this work progresses in order to demonstrate sustained improvement.

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\(^3\) The number of patients per month who will be waiting longer than 12 weeks for an outpatient appointment
Unscheduled Care

Context

The Local Unscheduled Care Action Plan that has been implemented is based on the principles of clear leadership, clinical and managerial engagement. Over the last few years additional capacity has been made available to improve the patient pathway through enhanced consultant and medical cover and increased support in the form of triage nurses, advanced clinical practitioners and physician associates. These support the six essential areas included within the national unscheduled care programme. It is assumed that Scottish Government funding for the Local Unscheduled Care Action Plan will cease in 2016/17. Provision has been made in our Financial Plan for funding to support the recurring costs of the Local Unscheduled Care Action Plan.

These investments, together with the support of primary, community and social care resources, have resulted in significant changes and improvements to patient flow and patterns of admission and activity since 2011/12.

<table>
<thead>
<tr>
<th></th>
<th>Patients (+65 yrs old)</th>
<th>Patients (+75 yrs old)</th>
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<tbody>
<tr>
<td></td>
<td>Scotland</td>
<td>Grampian</td>
</tr>
<tr>
<td>Reduction in emergency admissions</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Reduced admission rates per 100,000</td>
<td>1.6%</td>
<td>12%</td>
</tr>
<tr>
<td>Reduction in emergency bed days</td>
<td>0%</td>
<td>10%</td>
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We would also highlight the significant differential between NHS Grampian and other NHS Boards in relation to our admission rate to hospital (per 100,000 population) for patients with chronic conditions:

<table>
<thead>
<tr>
<th></th>
<th>Diabetes</th>
<th>Heart Failure</th>
<th>COPD</th>
<th>Asthma</th>
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</thead>
<tbody>
<tr>
<td>Grampian</td>
<td>92</td>
<td>113</td>
<td>300</td>
<td>80</td>
</tr>
<tr>
<td>Scotland</td>
<td>161</td>
<td>253</td>
<td>603</td>
<td>172</td>
</tr>
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Boards are expected to ensure that 95% of people attending an Emergency Department should be admitted, transferred or discharged within four hours of arrival. The standard gives a good indication of patient flow. The Board’s performance against the 4hour A&E target has been consistently good through 2015/16, including over the festive period and during severe weather events.

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<tbody>
<tr>
<td>No of attendances</td>
<td>11,377</td>
<td>11,768</td>
<td>12,065</td>
<td>11,585</td>
<td>12,695</td>
</tr>
<tr>
<td>4 hour standard</td>
<td>95.5%</td>
<td>96.3%</td>
<td>95.7%</td>
<td>97.1%</td>
<td>95.9%</td>
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</tr>
</thead>
<tbody>
<tr>
<td>No of attendances</td>
<td>12,047</td>
<td>11,377</td>
<td>NA</td>
<td>10,750</td>
<td>10,904</td>
</tr>
<tr>
<td>4 hour standard</td>
<td>97.4%</td>
<td>95.5%</td>
<td>NA</td>
<td>96.7%</td>
<td>96.3%</td>
</tr>
</tbody>
</table>
As part of the Winter Plan for 2015/16, the Board prioritised patient flow within our major hospital sites and working with key partners regarding reducing the number of patients with a delay in their discharge and implementing a new system of multi professional daily safety briefings.

NHS Grampian has adopted the Six Essential Actions approach, introduced by Scottish Government in June 2015, which has included the development of safety brief models and discharge hubs as well as close partnership working with IJBs.

**Our areas of focus for 2016/17**

We are currently developing the 2016/17 plan. Key activities under the Six Essential Actions approach have still to be finalised however these will focus on:

- Continuing to develop the ARI team to ensure multi site coverage with established and sustainable roles in clinical leadership, service improvement and programme management as well as Board area-wide communication and engagement.
- Continued development of the successful safety briefing model, including spread and sustainability of site and system escalation plans as well as evaluation of models for continuous improvement.
- Further develop and refine use of the ‘Building Blocks’ approach to ensure appropriate use of performance data on a hourly, daily, weekly and monthly basis for staff groups. This will be enhanced by additional and dedicated input from Health Intelligence.
- Employ appropriate procedures, tools and techniques to maximise efficient flow of patient journeys; including appropriate admission protocols, transfer to specialty and clinical decision support.
- Focus on discharge processes and pathways to support quality discharges across all settings.
- Work with IJBs to support and ensure effectiveness of discharge and the subsequent impact of delays.
- Build on success of joint working for winter planning processes to ensure delivery of services for Grampian and smooth variation across out of hours and weekend working.
- Taking forward actions from IJB Kaizen and Rapid Improvement events to ensure patients are cared for in their own home.
- Extending the Virtual Ward in Aberdeenshire.
- Developing Hospital at Home in Aberdeen City and Moray.

**Local Delivery Plan Standards**

We are committed to sustained delivery of performance against the 4 hour A&E standard (95% on an NHS Grampian Board basis) and making further progress in reducing the number of patients whose discharge from hospital has been delayed.
Mental Health

Context

NHS Grampian remains committed to delivering a high quality mental health service. This includes minimising access times to care. Regrettably because of recruitment difficulties and staff absence the services for child and adolescent mental health services (CAMHS) and psychological therapies have been unable to meet the local delivery plan standard of access within 18 weeks for all. We continue to take action to deliver improvement and will work with the Mental Health Access Improvement Support Team to ensure all that can be done is done.

Our areas of focus for 2016/17

Demand and Future Service Need

- We will continue to use the Choice and Partnership Approach (CAPA) model in CAMHS and undertake routine demand and capacity checks, including individual practitioner caseload reviews, across all psychological therapy services.
- We will consider the local demographic shift and population projections to establish potential future service demand and to inform development and redesign.
- We will continue to plan and implement our CAMHS service redesign and commence work to establish options for redesigning other mental health provision, including psychological therapies.
- We will continue to strengthen CAPA model across CAMHS to measure and respond to demand.
- We will carry out a review of referrals for psychological therapies over the last 4-5 years to inform future thresholds and potential service demand.

Capacity and Workforce Development

Staff development, training and education is key to creating and maintaining a robust and pro-active workforce and remains high priority.

- We will ensure NHS Grampian links with NHS Education for Scotland and other national initiatives.
- We will continue to look at innovative ways of attracting skilled and experienced staff. We will update workforce plans to increase skill mix and create new posts that support new ways of working.
- We will work with primary care and other partners to increase mental health and wellbeing service capacity in these areas to offer more appropriate alternatives for cases not requiring specialist mental health provision (ie ongoing development of Mastermind Project / Beating the Blues).
- We will continue to benchmark our services. Our staffing ratios are very low in Scottish terms.
Local Delivery Plan standards

Improving Access times for CAMHS and Psychological Therapies

- We will continue to provide accurate and robust monthly waiting time performance reports to Information Services Division (ISD).
- We will consider and, if practical, set up manual systems for adjusted waiting time reports for the small number of significant cases where appointments have been offered but refused by patients waiting more than 18 weeks.
- We will continue with fortnightly review of all cases waiting over and near 18 weeks.
- We will continue to implement action plans with a focus on tackling the longest waits and ensuring increased equity of services across Grampian. Progress will be reviewed quarterly and contingency measures implemented as required.

Additional Mental Health Funding

We welcome the additional resource being made available by Government. We will be working with the three Health and Social Care Partnerships in Grampian to agree the model of care for all people suffering from a mental illness. Levels one and two will be provided in the community, most likely by Primary Mental Health Care workers and CAAPS. (Clinical Associates in Applied Psychology). These will be aligned to a number of GP practices. All available funds will be considered available to contribute to these additional posts.

- Primary Care Transformation Fund
- Mental Health Transformation fund
- Integration Fund
- The Boards allocation of the £54M for enhancing capacity

Most of the funds will be used for Level one and two services with some additional capacity for levels three and four being made available in years three and four.

We will continue to measure performance against the 18 week referral to treatment standard. The additional capacity will help us deliver the standard on a sustainable basis. There will be marginal increases in numbers seen in the first year as the discussions with the partnerships and then the recruitment of staff will take considerable time.

We will continue to work with NES and will apply to them for additional CAAP training posts and for Cognitive Behavioural therapy and Interpersonal Therapy courses.

Mental Health Improvement

We will continue to deliver a range of capacity building training programmes to the wider workforce e.g. Scottish Mental Health First (SMHFA), Mainstreaming Mental Health, Mentally Healthy Working Lives, stress awareness and relaxation courses.

We will develop “Branching Out” pilot projects in Aberdeenshire and Moray in partnership with multi-agency organisations including the Forestry Commission,
mental health services, Scottish National Heritage, to support and improve mental health and wellbeing of people living with severe and enduring mental health conditions.

We will carry out a mapping exercise of mental health improvement training and development capacity which will include wider mental health improvement topics e.g. choose life, mindfulness, SMHFA. This will help further plan workforce training and development needs.

We will continue to support and work with the IJBs, acute, community, voluntary and private sectors to provide and improve inequality sensitive mental health improvement services through awareness raising, training and development activities by focusing on 6 equality strands.
Section 3
Local Delivery Plan Standards

NHS Grampian is committed to making best endeavours to improving performance in relation to Local Delivery Plan standards in a sustainable way. We have a robust performance management system which ensures action is taken should performance against these and other key indicators fall below plan. Further information is provided throughout this plan with this section providing a summary.

People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase)

*Responsibility: Integration Joint Boards and NHS Board*

- We will continue to review quarterly Detect Cancer Early (DCE) data to monitor variances in performance and consider options for improving performance.
- We will continue to support national awareness campaigns by local promotion
- The 2016 Cancer Conference will focus on DCE and provides an opportunity for education.
- We will undertake a study into barriers to early presentation.

31 days from decision to treat (95%) and 62 days from urgent referral with suspicion of cancer (95%)

*Responsibility: NHS Board*

- We will continue to focus on improving pathways and improving performance.
- Urology performance has been impacted by the introduction of robotic surgery, however the outcomes for patients have been greatly enhanced and all patients no longer opt for a laparoscopic procedure.
- A cancer waiting times role has been created to further lead, manage, develop and improve linkages across pathways and between multiple services.

People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support

*Responsibility: Integration Joint Boards*

- We are funding link worker posts employed by Alzheimer Scotland in Aberdeen City, Aberdeenshire and Moray to provide support to people recently diagnosed with dementia.
- Each person allocated a link worker will be offered personalised and flexible support for a minimum of one year.

12 weeks Treatment Time Guarantee (TTG 100%)
12 weeks for first outpatient appointment (95% with stretch 100%)

*Responsibility: NHS Board*
• We will continue to maximise local capacity through improved theatre utilisation.
• We are participating fully in national improvement programmes.
• We are using modelling tools to ensure intelligence on demand and capacity.
• We will continue with best endeavours to achieve the best outcome within available resources. The projected outcome will be agreed in line with our Acute Services Waiting Times plan.

At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation

Responsibility: Integration Joint Boards and NHS Board

• Through continued development of the BadgerNet IT system, we will continue to refine our data collection and analysis to drive service improvement, particularly in relation to the most vulnerable pregnant women, such as those who use drugs and alcohol.

Eligible patients commence IVF treatment within 12 months (90%)

Responsibility: NHS Board

• We will continue to work closely with the referring clinic to ensure the patient pathway is efficiently managed to reduce any duplication of investigations and to confirm that patients meet the set criteria before being placed on the waiting list. This helps maintain an accurate waiting list and therefore give patients a realistic waiting time.

18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)

Responsibility: NHS Board

• Service capacity remains reduced due to staff absence and vacancies in a small clinical workforce. We will continue to focus on filling vacancies and utilising locum and alternative cover as appropriate.
• We will continue to use the Choice and Partnership Approach (CAPA) model in CAMHS and undertake routine demand and capacity checks, including individual practitioner caseload reviews, across all psychological therapy services.
• We will continue to plan and implement our CAMHS service redesign.
• We will work with primary care and other partners to increase mental health and wellbeing service capacity in these areas to offer more appropriate.
• We will continue with best endeavours to achieve the best outcome within available resources

Final May
18 weeks referral to treatment for Psychological Therapies (90%)

Responsibility: NHS Board

- Service capacity remains reduced due to staff absence and vacancies in a small clinical workforce. We will continue to focus on filling vacancies and utilising locum and alternative cover as appropriate.
- We will carry out a review of referrals for psychological therapies over the last 4-5 years to inform future thresholds and potential service demand.
- We will consider alternatives for cases not requiring specialist mental health provision (ie ongoing development of Mastermind Project / Beating the Blues).

Clostridium difficile infections per 1000 occupied bed days (0.32)
SAB infections per 1000 acute occupied bed days (0.24)

Responsibility: Integration Joint Boards and NHS Board

- We will continue to review each new case at weekly multidisciplinary team meetings.
- Treatment guidelines for recurrent episodes will be reinforced.
- Hand hygiene audits will continue to have a zero tolerance to non compliance.

Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)

Responsibility: Integration Joint Boards and NHS Board

NHS Grampian and the three Alcohol and Drug Partnerships met the target over 2015/16. The three ADPs are now working to

- ensure that they meet the standards and expectations of care and support in their alcohol and drug services as outlined in the Scottish Government’s national Quality Principles
- prepare local systems for compliance with the new Drug and Alcohol Information System (DAISy) which is due to be implemented in the coming year

Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings

Responsibility: Integration Joint Boards and NHS Board

- We will continue to incentivise primary care to deliver ABI through a Local Enhanced Service contract
- We will explore alternative options for delivery
- We will continue to provide ongoing training, support, and performance feedback to primary care practitioners through our local public health teams
- We will enable ABI reporting through routine electronic patient record systems
Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas

Responsibility: Integration Joint Boards and NHS Board

- We will continue to provide smoking cessation advice and support to staff and patients across Grampian
- We will target services to areas of greatest deprivation
- We will ensure that smoking cessation is incorporated into clinical patient pathways
- We will ensure that clients setting a quit date are provided with support and advice throughout the cycle of their quit attempt.

Sickness absence (4%)

Responsibility: Integration Joint Boards and NHS Board

- We will continue to promote the widespread application of our HR policies which include back to work interviews.
- We will continue to proactively manage attendance by listening to the issues, offering counselling and self help resources
- We will also continue to signpost to other specialists e.g. physiotherapy and for minor ailments such as migraine which includes encouraging clients to talk to their GP/Pharmacy
Section 4

Community Planning

Context

NHS Grampian remains an active participant in Aberdeen City, Aberdeenshire and Moray Community Planning Partnerships. During 2015 the Chief Executive and/or the Director of Public Health have attended the Community Planning Boards.

Priorities identified through the community planning processes are included in our plans and appropriate indicators monitored through routine performance arrangements. The governance arrangements within NHS Grampian have been strengthened with the Board’s Performance Governance Committee receiving standard committee reports following each meeting.

NHS Grampian is working closely with all three Community Planning Partnerships through public health intelligence to provide information / intelligence for each area. The Director of Public Health Annual Report was specifically aimed at Community Planning Partnerships to stimulate debate regarding relevant targeted priorities for improvement.

Our areas of focus for 2016/17

Two out of three community planning partnerships are working with What Works Scotland to revise their Single Outcome Agreements into the Local Outcomes Improvement Plan. The IJBs and NHS Grampian are working collaboratively to support this process which will conclude in 2016/17. It is hoped to identify fewer key priorities for implementation.

NHS Grampian together with the Chief Officers of the IJBs have considered the implications of the Community Empowerment (Scotland) Act and are working together to gain a greater understanding of individuals and communities concerns, values and priorities but also to identify their strengths, resources and capabilities to improve health outcomes.
Delivering Everyone Matters

**Sustainable Workforce**

We continue to implement workforce planning across services to inform the annual Board Workforce Plan.

Recruitment initiatives continue to focus on Graduate Nurse Recruitment, Return to Practice for registered nurses and specific recruitment initiatives for health care support workers including open days. Work is now ongoing to further highlight the Healthcare Support Worker role and career pathways from this role.

NHS Grampian has also invested in policies and processes that support the overall health and wellbeing of staff. This includes attendance management, redeployment, equality and diversity training, iAMS (supporting staff from their first day of absence), management and self referral to occupational health services, counselling services, smoking cessation and staff physiotherapy. All sectors of NHS Grampian are signed up for Healthy Working Lives and are at various stages in the award structure.

**Capable Workforce**

There has been a focus on meaningful appraisal and development of staff. The rationalisation for KSF outlines has commenced to simplify and improve clarity is in progress.

Other key developments are the new Senior Medical Staff Induction, designed, developed and implemented from December 2015. The ongoing Talent Management Framework has been updated and implemented with an Aspiring Leaders Programme for bands 6 and 7 and a programme for bands 4 and 5 under development.

Policy development in line with PIN Guidance continues ensuring that staff management practice is consistent and supportive to both the employee and service.

**Integrated Services**

Representatives of the Workforce Directorate have developed very good working relationships with their counterparts in all three of the Councils within the Grampian geographic area. A work plan has been agreed amongst all parties and is progressing well and includes, a Trade Union/Professional organisation/Staff Partnership Framework within IJBs, organisational change for senior posts, ensuring recruitment and appointment processes are consistent and accommodate national (NHS) and local (LAs) arrangements, developing policies and procedures and training, processes for co-ordinated HR/Workforce Planning and a model of HR support.
Effective Leadership and Management

In 2015, new management development and supervisory courses were launched to support managers in terms of their people skills, their resilience, their change management skills and their coaching skills. This is now being expanded into a specific management development course for medical leaders.

The North Regional Clinical Leadership Programme for Clinical Leads and Aspiring Clinical Leads programme has been designed and delivered to support clinical leads, in particular consultants, GPs, dentists and psychologists.

Healthy Organisational Culture

NHS Grampian has used a range of tools and initiatives to create a healthy organisational culture, including using the iMatter Staff Experience model, promoting positive behaviours and recognising the behaviours of individuals and teams at all levels which reflect our values. By May 2016 over 7,000 staff will be involved, in iMatter, marking the half way point in implementation.

Using a suite of tools to support team development, we are committed to implementing the Aston Team Journey tools, specifically designed to support iMatter.

There has also been the development of ‘Living the Values’ diagnostic tool which measures the extent to which teams and individuals experience the values of NHS Grampian and NHS Scotland. This enables immediate ‘temperature checks’ on individual teams.

There has been further development of NHS Coaching Bank and the delivery of coaching programmes to grow the number of suitably trained coaches.

Investment in our workforce and addressing the risks

Through previous workforce planning cycles and in partnership, the NHS Grampian workforce has continued to evolve. This includes an increased number of clinical roles for: Pharmacists; Advanced Nurse Practitioners; Healthcare Scientists; Allied Health Professionals; Paramedics; Physician Associates and Health Care Support Workers. These additional clinical roles, detailed in the 2015 Plan, provide enhanced capacity across patient pathways in both primary and secondary care.

There are challenges and risks associated with the overall workforce supply and recruitment to a number of roles. We have, however, made significant investment in the medical and nursing workforce with the consultant medical workforce increasing by 26 whole time equivalent (wte) and the nursing and midwifery workforce by 24 wte between 31st December 2014 and 31st December 2015.
Nursing and Midwifery

During 2015, the following Nursing and Midwifery Workload and Workforce tools have been used across NHS Grampian: Professional Judgement; Adult Inpatient; Small Wards; Peri-operative; Maternity; Mental Health; Neonatal; SCAMPS and Community Children’s and Specialist Nurses.

The Community Nursing tool will inform the risks and workforce planning around Health Visitors and School Nurses both locally and nationally in terms of the workload index.

Currently, 24% of the District Nursing workforce are aged 55 and over and this figure is replicated for the Health Visitor Nursing workforce in NHS Grampian.

Allied Health Professionals (AHPs)

As of 31st December 2015, there were 54.1wte AHP vacancies which is a significant level of vacancies for this staff group. Further work is required with graduates and returners to reduce this gap.

Medical Workforce

A Secondary Care Medical Workforce Plan is being progressed to identify risks and actions in the medical workforce including Emergency Medicine, Psychiatry and Clinical Radiology.

Other proactive steps that have been progressed around the overall vacancies include: close work with the local universities and colleges; international and UK recruitment of GPs; attendance at career and jobs fairs; a collaborative Return to Practice course with RGU; improved social media presence with dedicated GP Facebook pages; primary and secondary care medical workforce symposiums and a senior charge nurses’ conference.