NHS Grampian

Local Delivery Plan 2015/16
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Section 1
Local Delivery Plan Context

This NHS Grampian Local Delivery Plan (LDP) has been prepared taking account of the Scottish Government LDP guidance and forms the basis for the development of a comprehensive NHS Grampian plan which will include all of the actions that need to be taken forward in the short term.

The LDP has been prepared against the background of the Board’s Healthfit 2020 Vision and the significant change that is gathering pace in relation to health and social care integration. The Board has embraced integration and recognises that its purpose needs to be revised to take account of the new environment. The purpose of NHS Grampian is therefore to:

- Support and facilitate the planning, delivery and integration of health and healthcare across the north east of Scotland
- Deliver secondary and tertiary services to the north east and north of Scotland and ensure that good access to such services for the population is maintained
- Be an active partner and leader in north of Scotland working to develop and maintain an effective and efficient network of services
- Train, educate and develop people who will deliver and support health and healthcare in partnership with a range of other organisations
- Be a positive influence in the health and wellbeing of the community in the north east of Scotland in partnership

In relation to integration, the planning process will change considerably during 2015/16 to take account of the strategic planning processes of the Integrated Joint Boards (IJBs) and NHS Grampian will ensure that there is a consistent and coordinated process which balances the need to develop community services, enhance acute and tertiary services, continue to improve performance in relation to access standards and achieve financial balance.

The LDP also takes account of the significant activity that is underway in response to the Healthcare Improvement Scotland (HIS) reports and the Royal College of Surgeons (RCS) Review report published in December 2014. A specific improvement programme has been prepared with a wide range of actions which will be implemented in the coming year. Implementation of these actions is closely monitored by the Board and in conjunction with colleagues within the Health Directorate.

A significant feature of the HIS and RCS reports was the need to develop a culture within the organisation which promotes dignity and respect in the way that staff work together and in the treatment and care of patients. This is an extremely important priority for the Board and whilst there is a specific section in the LDP on the development of a healthy organisational culture, it is a way of working and living that needs to be reflected in all areas of health and care in the Grampian area.
Section 2
Improvement Priorities

Health Inequalities and Prevention

Introduction

NHS Grampian aims to improve the health of the whole Grampian population, with appropriate focus on those who are more vulnerable or who have a higher risk of serious preventable ill health.

Health is improving for everyone. However, while life expectancy rates are increasing overall, they are rising faster for the affluent than the most deprived so the gap is getting wider. In Grampian, people living in the poorest neighbourhoods will, on average, die five years earlier than people living in the more affluent neighbourhoods. The average difference in disability free life expectancy is 22 years between the 10% least and most deprived in Grampian.

Our focus is therefore not only on how long we live but how well we live – healthy life expectancy. Reducing health inequalities between people, communities and areas guides all the work we do. These outcomes will be delivered through

- improvements across wider factors that affect health and wellbeing and health inequalities e.g. increasing the level of literacy and numeracy, social isolation, child poverty
- Helping people to live healthy lifestyles and make healthy choices
- Protecting the population’s health from major incidents and other threats e.g. vaccine preventable diseases, sexually transmitted infections
- Reducing the number of people living with preventable ill health and people dying prematurely e.g. Keep Well health checks, oral health

Action is taken at a local level working with communities and partners. Where it is appropriate we take action at a Grampian level to support local endeavours.

Our efforts are focused on 5 key areas:

Building Healthy Public Policy - to ensure that health and wellbeing is considered within all policy development, both within the NHS and across all our partnerships.
Creating a supportive environment - to facilitate individuals, groups and communities to make the healthy choice the easier choice.
Strengthening Community Action for Health - in order to empower communities to exert influence and control over the wider determinants of health that are beyond the control of individuals.
Developing personal skills to enable better health - to increase individuals’ personal capacity to pursue a healthy lifestyle and make healthy choices, emphasising and supporting self care and self management
Re-orientating health services through

- Ensuring every health care contact is a health improvement opportunity.
- Ensuring financial audit that increasing health service resources are targeted at early intervention and prevention.
- Ensuring prevention is incorporated into clinical pathways where appropriate.
- Ensuring that clinical pathways are integrated across partnerships as appropriate.

There are a number of examples of good practice across Grampian. The challenge is to work with partners to implement at scale.

**Building Healthy Public Policy**

Health impact assessment (HIA) is a practical approach to judge the potential health effects of a policy, programme or project on a population, particularly vulnerable or disadvantaged. NHS Grampian has committed to HIA screen all policies.

- We are developing and testing a joint health impact and sustainability assessment tool on identified policy to support partners to be inequalities sensitive organisations
- Part of the development work is to ensure the process is embedded in routine practice
- We will report on the utilisation of the tool on an annual basis.

When drawing up procurement contracts and partnership funding or planning agreements we will include terms that bring extra benefits to disadvantaged communities. We will develop a policy to encourage a cultural shift within the workplace, specifically contractors and subcontractors, to take steps to a fairer, healthier work environment. Measures and monitoring will be agreed to support policy implementation

- Building from the template in Annex A of ‘Workforce Matters Invitation to Tender Questions’ in Scottish Government Procurement Policy note (4215), we will draft a policy and undertake a trial. Registration with the Scottish Healthy Working Lives Award Programme will be included. Once the policy is agreed, and refined this will become routine procurement practice.

We are committed to implementing employment policies that improve support for people, particularly the more disadvantaged, to gain employment.

- Working with Job Centre Plus we are developing employment routes for unemployed people to fill suitable vacancies within NHS in targeted areas and groups.
- We will establish a disabled graduate traineeship in conjunction with the forthcoming national initiative.
- Our approach to pre-employment and in-work support and to marketing and communicating job vacancies will improve as we learn from these initiatives.
- Human Resource data capture will reflect the target populations/areas of residence and other specific initiatives designed to support work with Job Centre Plus.
Creating a Supportive Environment

Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

We will implement NHS Grampian Healthy Eating Active Living (HEAL) with a particular focus on early years and areas of deprivation. We will take a community assets based approach over a three year period led by third sector partners to embed this. Progress will be reviewed quarterly.

- We will increase availability and use of healthier food choices through Confidence to Cook, food access schemes and Community Kitchens
- We will work with partners to ensure sustainability of Grow Well Choices and continue to roll out the programme in Early Years and Level 2 stages
- We will commence delivery of Tier 3 obesity service as part of our integrated approach to weight management
- We will continue to Implement the Maternal and Infant Nutrition Framework - Unicef Baby Friendly, Breastfeeding Peer Support Programme and Welcome to Breastfeed Here Scheme

We will implement the priority actions in the Health and Transport Action Plan (HTAP). NHS Grampian Board has committed to this and many of the actions relate to policy changes to promote physical activity and sustainable environment.

- We will raise awareness of the benefits of physical activity, in particular active travel
- We are working with Community Safety Partnership to support measures to reduce road traffic accidents and ensure safer streets

We will implement the Grampian Tobacco Control Strategy and Action Plan and report annually to the NHS Board and Community Planning partners.

- We will be a smoke free organisation from April 2015
- We will take forward Smoke free Homes and Cars training and test of change working with Early Years Forums.
- Local Tobacco Alliances have been established to oversee and provide leadership
- We will tailor smoking cessation services to target groups such as deprived communities, pregnant mothers and patients in our healthcare facilities

Strengthening Community Action for Health

We will work with communities and communities of interest to set our priorities, make decisions and implement them to achieve better health. We will use Total Place methodology in selected communities to improve outcomes for families/individuals with multiple and complex needs.

- We will identify and select a cohort of families/individuals who use a high level of multi-agency resources
• We will engage with frontline staff and service users to identify how to work differently for improved outcomes
• We will map current provision and organisational structures to identify resources available to test options
• We, and community planning partners, will learn lessons from the pilots and evaluations of tools such as Total Place, Big Noise and Participatory Budgeting

Developing Personal Skills to Enable Better Health

We will support personal development through providing information, education for health and enhancing life skills. By doing so we will increase options available to individuals to exercise more control over their own health and over their environments and to make healthier choices. Self management has the potential to improve health outcomes, patient experience and reduce preventable admission to hospital.

Our actions will ensure that simple health-related messages and support, acted on by a lot of people with everyone doing a little, will create the weight and direction of change we need to reduce the incidence of preventable disease and health problems.

We will continue to develop a package of signposting and referral, enabling all partners to build relevant support for vulnerable patients into their routine practice.

• We will further develop the ‘work question’ into clinical pathways, signposting and referring patients to support
• Informed by the Keep Well programme, tools are being developed to support staff and partners to deliver brief wellbeing focused conversations and interventions.
• We are implementing an e-learning module to ensure staff are aware of the impacts of welfare reform
• We will ensure activities to support the Health Promoting Health Service are designed to be sustainable
• We will continue to monitor Keep Well and Healthpoint services, and staff uptake of training.

We will achieve national standards for key lifestyle behaviour programmes - smoking cessation, Alcohol Brief Interventions (ABI), and Healthy Weight.

• We will sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas. Smoking cessation services are integrated into care pathways, available in a range of settings, delivered by a range of professionals.
• NHS Grampian will go smoke-free on 1st April 2015 and is supporting partners to follow this lead.
• We will extend Keep Well anticipatory health checks, targeting vulnerable groups and establishing pathways with public and third sector partners. Keep Well tools are being developed to support staff deliver these.
We will ensure performance is monitored closely and will improve electronic recording systems for ABI enabling more accurate recording in hospital settings.

Re-orientating Health Services

We will develop and consolidate health improvement policy and practice in hospital settings to improve health and address health inequalities.

- We will develop a plan to tackle the inequalities faced by people with learning disabilities within Grampian based on routinely available data, as well hospital based records and where possible primary care data to better understand the care pathways of existing patients who have a learning disability, identify the needs of this patient group and develop proposals to address these needs and reduce the inequalities.
- There will be 3-4 demonstration projects in 3 selected hospitals within NHS Grampian in 2015 using a World Health Organisation (WHO) approach. These will be fully evaluated.
- Demonstration projects will be utilised as case studies to encourage adoption and there will be evidence for change presentations delivered across the system.
- A web-page will be developed to ensure easy access to all education materials, training and case studies and utilisation will be monitored.

We will facilitate the promotion of improved health and wellbeing for the workforce of NHS Grampian.

- We will test Staff Well as part of the primary care modernisation programme.
- We will provide opportunity for a Keep Well check for targeted groups of staff in Aberdeen Royal Infirmary.
- Six sectors will be supported to achieve the next level of the Healthy Working Lives Award.
- The NHS Grampian Chief Executive will continue to chair the Health Promoting Hospital Steering Group providing a supportive culture for systematic application of good practice.
Section 2
Improvement Priorities
Antenatal and Early Years

Introduction

Child Health 2020, NHS Grampian’s Strategic Framework for Children and Young People’s Health in Grampian, sets out a vision that “by 2020, all children and young people of Grampian will have the healthiest possible start in life”. One of the Framework’s six key themes is acting early and intervening at the right time, which recognises the significant benefits of early intervention and primary prevention. A Child Health 2020 Programme Board is now fully established and oversees and monitors progress against the Action Plan developed to deliver the framework.

NHS Grampian is continuing to work with partners in the Early Years Collaborative as well as the other NHS Scotland collaboratives. The Family Nurse Partnership is being rolled out in 2015 and we look forward to facing the opportunities and challenges presented by the Children and Young People’s (Scotland) Act 2014.

Children and Young People’s (Scotland) Act 2014

An action plan exists to monitor the implementation of all aspects of the Act. The vast majority of community midwives and health visitors have received specific training on the role of the named person. Evidence of this can be clearly demonstrated by the recent Care Inspectorate survey of staff showing high level understanding of Getting it Right for Every Child (GIRFEC) and the named person across our service.

We have developed information sharing guidance with our partners and this has been widely distributed to clinical staff including GPs. Other parts of the child health workforce are benefiting from access to a multi agency training programme as well as our own e learning package. A priority in the coming year will be to do more training and awareness raising with the adult service sectors. We have increased the numbers of health visitors in training using additional local and Scottish Government funding and this should have a benefit in capacity by late 2016. Administration support for the Act implementation requires further consideration before 2016.

Early Antenatal Access

The implementation of our Maternity Services Review is progressing well. Key redesign workstreams include the development of integrated teams and the Community Maternity Unit model which will provide care closer to home where possible, supporting early antenatal access.

The maternity service is achieving a consistently high rate of women booking for pregnancy before 12 weeks gestation. In November 2014, 93.2% was achieved and in December 2014, it was 95.9%. We have a dedicated service for some hard to reach groups such as SMS (substance misuse).
Teams review their access statistics and discuss any issues with team leaders and the community midwifery manager to monitor and address in a timely way. The service will continue to work to increase the number of women booked by 10 weeks.

Community midwives have undertaken GIRFEC training and are continuing to ensure good joint working with health visiting colleagues and the allocation of the Health Plan Indicator (HPI) prior to 16 weeks gestation.

**Breastfeeding**

The latest annual data for 2013/14 shows that NHS Grampian's exclusive breastfeeding rate at 6-8 weeks is 35.2%, compared to a national rate of 27.1%. This met the local target for 2013/14. We have set a target to increase exclusive breastfeeding at 6-8 weeks to 46% by 2020/21.

We are embedding breastfeeding into practice. The NHS Infant Feeding Policy, and ‘Support for Breastfeeding Mothers’ are both fully embedded. A rolling programme of Breastfeeding Management training is underway in all areas through the UNICEF Baby Friendly programme with all NHS Grampian now fully accredited.

An in-house programme of Breastfeeding Peer Support is being rolled out Grampian wide, with a new curriculum developed and the latest cohort of peer supporters were trained in late 2014. PDSA methodology is being used to trial a ‘Welcome to Breastfeed Here’ scheme in Aberdeen City and the results will inform activity in other areas. Moray has developed Babyfeedingfinder.com to promote breastfeeding friendly environments

**Healthy Start**

In Grampian, the uptake of Healthy Start vouchers is approximately 67% which is less than the national average. The uptake of vitamins is under 5% which is similar to other NHS Boards. Healthy Start is now an NHS priority within the Early Years Collaborative.

We have established a working group to oversee activity. We have been using PDSA methodology to undertake tests of change including universal provision of Healthy Start Vitamins at first point of contact with midwife and greater engagement with community pharmacists to increase knowledge relating to pregnant women and families with children under 4 years of age. We are also investigating the use of text message reminders to pregnant women about vitamin coupons. The activity is being tested on a small scale at the present time, but will be rolled out further if successful.

**Early Years Collaborative (EYC)**

Early Years Collaboratives are in place in the Aberdeen City, Aberdeenshire and Moray. Working within these collaborative the NHS priorities are Smoking in Pregnancy, HPI Allocation, Healthy Start and B4 Words.
The work of the Early Years Collaborative is being delivered across workstreams that relate to all ages and stages in the early years. NHS Grampian will contribute to delivery of the national aims which are

- Conception to 1 year: women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015)
- One year to 30 months: By the end of 2016, 85% of all children have reached all of the expected developmental milestones at the time of the child’s 27-30 month child health review
- 30 months to primary school: By the end of 2017, 90% of all children will have reached all of the expected developmental milestones at the time the child starts primary school
- Start of primary to end of P4: 90% of all children in each Community Planning Partnership area have reached all of the expected developmental milestones and learning outcomes by the end of P4 by 2021
- Leadership: By 2016 all leaders in the Early Years Collaborative demonstrate the skills and knowledge to lead for improvement and delivery of a successful collaborative

The three collaboratives in Grampian are progressing with key actions and workstreams.
The Moray EYC is focusing on early communication, Aberdeen City EYC is focusing on bonding and attachment and the Aberdeenshire EYC is taking a total place approach to the rollout of the PDSA methodology focusing on local areas individually, training staff and undertaking tests of change. All areas have a training programme in place to embed the methodology as standard.

**Family Nurse Partnership (FNP) Programme**

NHS Grampian is in the early stages of implementing the FNP Programme. This is an exciting opportunity to improve the future of young, first time, mothers. The supervisor and data manager take up post in March. Recruitment is underway for seven nurses and we expect to interview for these posts in late March. Staff bases have been identified in Aberdeen, Buckie and Fraserburgh. We will be the first NHS Board to deliver the programme with a dispersed staff model to accommodate rural and urban populations. The nurses will start the advanced training in May and clients will be enrolled thereafter.
Section 2
Improvement Priorities
Person Centred Care

Introduction

NHS Grampian aims to be an organisation that is caring, listening and improving. We do this through a variety of involvement and engagement mechanisms including extensive patient and public involvement in key Board activities. Information on this and how to get involved can be found on the NHS Grampian website NHS Grampian

This section of the Local Delivery plan focuses on person centred care at a more individual and local level, including both patient and staff experience.

Listening and Learning from Feedback

Since 2011 we have had a small team working on the person centred quality ambition. One of the aims of the team has been to increase the ways in which people can provide feedback about care and services.

The manner in which learning and change can result from feedback has been explored and strengthened. The table below provides information about how we collect feedback, what we do with it and how improvement is being measured.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Recording mechanism</th>
<th>Sharing learning</th>
<th>Measures of improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real-time patient/carer experience.</td>
<td>Datix PALS</td>
<td>Improvement plans and ‘always events’ are identified from the feedback and shared with teams. ‘Always events’ are things a team agrees should always happen for their patients. Use of “you said we did” posters. Board quality dashboard.</td>
<td>We aim to collect 5 patient surveys per ward or department each week. Compliance with this will be the measure of improvement in terms of process. The outcome measure will be the number of improvements recorded and monitored. Scores are displayed on doors at wards and departments.</td>
</tr>
<tr>
<td>Aim: 90% of patients report a positive experience of care</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Real-time staff experience:</td>
<td>Datix PALS</td>
<td>Improvement plans and ‘always events’ shared with teams Use of “you said we did” posters Board quality dashboard</td>
<td>We aim to collect an agreed number per ward or department per month. Compliance with this will be the measure of improvement in terms of process. The outcome will be the number of improvements monitored.</td>
</tr>
<tr>
<td>Aim 80% of staff report a positive experience of care delivery</td>
<td></td>
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</tr>
<tr>
<td>Activity</td>
<td>Recording mechanism</td>
<td>Sharing learning</td>
<td>Measures of improvement</td>
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<tr>
<td>or work</td>
<td></td>
<td></td>
<td>improvements recorded and monitored.</td>
</tr>
<tr>
<td>Improvement trees – a visual tool for the collection of real time feedback. People write feedback and stick it on the tree which is then auctioned by staff.</td>
<td>DatiX PALS</td>
<td>Use of “you said we did” posters</td>
<td>Number of areas with improvement trees Number of improvements recorded</td>
</tr>
<tr>
<td>Patient Opinion website</td>
<td>Patient Opinion</td>
<td>Shared with teams and reported quarterly to Patient Focus and Public Involvement Committee</td>
<td>Increased number of postings as a result of increased publicity of Patient Opinion. Percentage of postings responded to within 2 working days</td>
</tr>
<tr>
<td>Patient stories</td>
<td>DatiX PALS</td>
<td>Patient story at each NHS Board meeting. Stories use for co-production and experienced base design</td>
<td>Number of improvement projects and planning projects which use a co-production approach</td>
</tr>
<tr>
<td>CRT Opinion meters</td>
<td>CRT website Clinical Effectiveness database</td>
<td>Reports from Opinion meter surveys are shared with appropriate teams and used to inform improvement activity</td>
<td>Percentage of time equipment is in use. Number of improvements resulting from use of equipment.</td>
</tr>
<tr>
<td>Hospedia (Acute Sector only)</td>
<td>Hospedia database</td>
<td>Reports shared with teams and used to inform improvement activity</td>
<td>Aim to upload a different survey each month. Measure of improvement will be increase uptake of this opportunity. We aim to increase monthly responses by 100% by December 2015.</td>
</tr>
<tr>
<td>Bespoke surveys can be created and used to suit specific situations and</td>
<td>DatiX PALS</td>
<td>Reports shared with teams and used to inform improvement activity</td>
<td>Record of improvements made as a result of such surveys</td>
</tr>
<tr>
<td>Activity</td>
<td>Recording mechanism</td>
<td>Sharing learning</td>
<td>Measures of improvement</td>
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<tr>
<td>circumstances</td>
<td></td>
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<tr>
<td>National surveys</td>
<td>NHS Grampian intranet</td>
<td>Sector improvement plans</td>
<td>Completion of sector improvement plans</td>
</tr>
<tr>
<td>Caring Behaviours Assurance System (CBAS)</td>
<td>Shared space on NHS Grampian intranet</td>
<td>Learning shared with management teams at end of day three implementation of each cohort. Six monthly review sessions where all cohorts come together to share learning. Board members (executive and non-executive) are invited to this</td>
<td>Number of teams progressed through CBAS process</td>
</tr>
<tr>
<td>Datix Lite - used by GPs to report concerns about discharges from hospital</td>
<td>Datix Lite</td>
<td>Discharge and Transfer Collaborative meets monthly and reviews data to identify learning</td>
<td>Number of records may initially increase whilst longer term we would like to see concerns about quality of discharges decreasing</td>
</tr>
<tr>
<td>Comment Box – used in Sexual Health. Patients can text their feedback</td>
<td>BT Comment Box</td>
<td>Clinical lead shares data with team</td>
<td>Number of improvements resulting from texts</td>
</tr>
</tbody>
</table>

**Must Do With Me**

In Scotland practical improvements to person centred care are promoted and supported by five Must Do With Me areas

- What matters to you?
- Who matters to you?
- What information do you need?
- Nothing about me without me
- Personalised contact

In Grampian the five must do with me areas have been incorporated into nursing admission and assessment documentation. We have also created guidance as to how they should be used. Audit of nurse record keeping will include audit of the collection and use of these five Must Do With Me.
We are exploring and testing ways in which “What matters?” can be displayed at the bedside for all inpatients. There is recognition that the spread of this initiative is an important task in the coming year. Measures of success will be evidence of the five must do with me areas being used in care planning and shared decision making. There is also recognition of the challenge of implementing these in community settings.

**Real-time Patient Experience**

Following its invited review of Aberdeen Royal Infirmary, Healthcare Improvement Scotland (HIS) recommended that NHS Grampian should continue to build on collecting real-time patient experience data, ensuring this is done reliably and consistently across the services.

To deliver this we will

- Continue to collect real-time patient experience data with the aim of maintaining a minimum of 90% positive experiences of care
- Complete one round of patient experience data collection across all inpatient areas and five additional outpatient areas by the end of March 2015
- Enhance the pool of trained survey workers
- Ensure that collated feedback is returned to staff in as near to real-time as possible
- Continue to support teams to develop improvement plans and ‘always events’ based on results
- Develop a system to post patient experience results at entrances to wards and departments

**Staff Experience**

We are also undertaking real-time staff experience with the aim of 80% staff reporting a positive experience of care delivery or work. During 2015 we have a planned programme to begin implementation of iMatter in Grampian. This tool requires teams to answer 29 questions about their experience at work. A participation rate of 60% is required to generate a performance report which will then be used by managers and teams to develop plans for improvement.

**Complaints**

NHS Grampian welcomes feedback on the services it provides and recognises that sometimes things do not go as well as planned resulting in complaints being made.

Following its invited review of Aberdeen Royal Infirmary, Healthcare Improvement Scotland (HIS) recommended that NHS Grampian should improve the way it investigates, responds to and learns from complaints. Since then the Feedback service has

- Prioritised entering complaints on the complaints system the day they are received ensuring achievement of the 3 working day acknowledgement target. Performance now regularly 100%
• Introduced a new complaint classification and risk assessment
• Introduced early communication with complaint leads to encourage early resolution (within 3 days), but where this is not possible, Complaint Leads are asked to provide a response to the Feedback Advisor within 10 working days of receipt of complaint. 88-92% of complaints are now being responded to within 20 working days
• An escalation procedure has been introduced to allow earlier senior management involvement when complaints are delayed
• Greater support is now available to staff requiring assistance with complaint handling with one to one and group training offered
• Began to involve service users to ensure improvements made are informed by complainant experiences
• Introduced a review process for responses to ensure they have a soft tone, are person centred and are empathetic
• A backlog of 150 complaints has been cleared
• Developed a system of monthly Learning and Actions reports for each sector which will identify learning and action but will also highlight where there are gaps.
• Started to review posters and feedback cards to ensure members of the public are aware of how to feedback to staff locally as well as contacting the Feedback Service. Details of Patient Advice and Support Service will be included
• Started to create bespoke communication training for frontline staff.
Section 2
Improvement Priorities

Safe Care

Introduction

The spread and sustainability of the Scottish Patient Safety Programme (SPSP) across healthcare services in NHS Grampian remains a priority. We have a Patient Safety Executive Group which meets monthly and reviews improvement plans and data. Each sector or programme has a leadership group e.g. primary care and mental health. Within acute services we have commenced leadership meetings for patient safety and person centred work combined.

The NHS Grampian Board receives a twice yearly Quality Dashboard, which includes aspects of safety (Hospital Standardised Mortality Ratio, falls, infection rates, incidents). Governance of patient safety is through the clinical governance structure with the overall work reported to the Clinical Governance Committee and through the sector clinical governance groups. Clinical governance arrangements within the acute sector have been strengthened following recommendations made by Healthcare Improvement Scotland (HIS).

Data collection methods are via LanQIP for the 10 Essentials of Safety and via the Healthcare Improvement Scotland (HIS) national spreadsheet for other programmes and aspects.

NHS Grampian Priorities and Successes

The SPSP aims to improve the safety and reliability of healthcare and reduce harm, wherever care is delivered. The priorities in NHS Grampian are to embed the 10 Essentials of Safety, falls, improve the deteriorating patient and sepsis work and to strengthen medication safety. We will also consider organisation wide approaches e.g. huddles, safety briefs.

Since 2008 SPSP in NHS Grampian has contributed to a significant reduction in harm to acute adult inpatients through:

- Improved patient outcomes through reduction in infection rates such as ventilator associated pneumonia and central line bloodstream infections
- Widespread implementation of general ward safety briefs
- Daily goal setting for patients in Intensive Care and Medical High Dependency Unit
- The use of surgical brief and pause
- Ongoing improvement work in the recognition and treatment of deteriorating patients and sepsis in the Emergency Department and Acute Medical Initial Assessment (AMIA) Unit
- The embedding of the 10 Essentials of Safety
- For adult inpatients there is a plan to move to NEWS (National Early Warning Scoring) with a planned launch date of 1 September 2015
Acute Adult Programme

There is evidence of the 10 Essentials of Safety being delivered to patients who could benefit from them. LanQIP is the measurement system and there is an aim to build a nursing dashboard for regular review and monitoring. The acute adult programme is continuing to work with pilot sites testing the Point of Care Priorities:

- Treatment Escalation Plans are being tested in a pilot site. This ensures a clear plan is there if the patient deteriorates.
- Structured ward rounds are being tested in two wards to ensure key aspects of care are assessed and this will be taken to other areas.
- The introduction of the sepsis bundle has improved the management within the Emergency Department and this work has now been rolled out to AMIA. We are working with other services to spread the sepsis work.
- Heart Failure Nurses have created a bundle for patients identified as having heart failure.
- Catheter Associated Urinary Tract Infections are being monitored in a pilot ward and the urinary catheter insertion and maintenance bundle is being introduced. This work will then be taken to another area.
- Falls with Harm starter pack is now available for clinical areas. This helps the teams to focus on the culture and the bundles available to help to identify patients at risk of falling. This work has been included in the Older People in Acute Hospitals (OPAH) driver diagram and measures to assist with spread.
- Medicine Reconciliation is monitored in two pilot sites with the plan to spread further.
- Case note reviews have commenced and we aim to establish a regular process around this.

Maternity and Children’s Quality Improvement Collaborative

The Maternity and Children’s Quality Improvement Collaborative (MCQIC) is at a different stages of spread and sustainability.

The Neonatal Unit

- has sustained improvement in administration of gentamicin
- uses SBAR as a communication tool
- Is continuing to test checklists for pre-transfusion.

Paediatric service

- Has many of the 10 Essentials of Safety in place
- Uses safety briefs to communicate key safety issues in clinical areas.
- Uses PEWS (paediatric early warning score) to identify children deteriorating. Measures compliance with the PVC bundle.
- Continues to support sepsis management, this will be spread to all areas.
- Undertakes structured ward rounds, this will be spread to all areas.
- Has held four episodes of zero tolerance to medication errors weeks – this work showed improvement and has been used within Mental Health. Looking
Final

to extend this approach to other services. HDU have had sustained zero tolerance since August 2014.

Maternity Service

- Maternity champions have established a hospital wide huddle Monday to Friday, with multi-professional attendance. This has helped improve communication across the hospital and ensures all of the hospital has an understanding of potential deliveries.
- Focusing on the management of sepsis, labour ward a pilot for VTE and another ward piloting SBAR handovers, work will then be extended to other clinical areas.
- CO2 monitoring embedded within community teams with clients offered smoking cessation advice.

Mental Health Services

- There is a hospital huddle in the acute mental health wards within Royal Cornhill Hospital, with the plan to spread this across directorates.
- There is ongoing work on medication safety and zero tolerance week bundle has been used. Zero tolerance bundle will be applied again.
- Staff and patient safety surveys are being used and will be extended to all areas.
- There has been a reduction in the amount of restraints across the service.
- The amount of ‘as required’ medication dispensed has been reduced.
- There is testing of a clozapine bundle in a pilot site and ongoing work with the national team to establish Essentials of Safety in Mental Health. This will be a future priority.

Primary Care

- SPSP in Primary Care is a pilot for result handling with 18 Aberdeen City practices engaged. Two key areas for further work have been identified. Workshop held in January to look at first 3 months of data and progress patient questionnaire as next step. Patient information leaflet being amended.
- 65% of practices have already completed or are in progress of completing the climate survey tool. Tool has been used within some of the Community Hospitals with an aim to extend this to all. Also considering using survey within prison service.
- Medicines reconciliation is being taken forward by one CHP with workshops planned in the other two CHPS.
- We are a pilot site for SPSP Pharmacy in Primary Care and are working with 5 practices looking at warfarin management and patient engagement.

In general we are looking to extend some generalist aspects of patient safety taking it from initial testing areas across all services for example the huddle approach, climate surveys and zero tolerance to medication errors.
External Reviews

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

Vale of Leven

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

Health and Social Care Integration

In order to achieve successful delivery of the nationally agreed outcomes for the new Partnerships, arrangements must be in place to assure safe, efficient and effective clinical and care governance. The current sector NHS clinical governance groups within the partnerships will expand to include Local Authority representation and business and will report accordingly to the Integration Joint Boards, Health and Social Care Partnership Committees and as required to the statutory partners. A number of workshops have been held across each of the sectors and a pan Grampian workshop on governance is planned before April 2015.
Section 2
Improvement Priorities
Primary Care

Introduction

NHS Grampian continues to engage with our contractor groups – General Medical Practice, Community Pharmacy, Dentistry and Community Optometry. We actively encourage integration of these contractor groups around community service provision.

NHS Grampian’s Primary Care Organisation is based on the three Community Health Partnerships (CHPs), soon to be Integrated Joint Boards. The three CHPs actively manage the contractor services and come together in the Primary Care Integrated Management Group to provide consistency in policy and application across the Board area.

The Grampian population continues to rise. This, and the demographic changes associated with an ageing population with multiple morbidity, are causing increased pressures on our primary and community services. This is especially seen in the commuter belt around Aberdeen city and in the remote and rural areas of Aberdeenshire. Recruitment and retention, especially of General Medical Practitioners (GPs) is also significantly impacting on service delivery.

Primary Care is committed to delivering the 2020 vision but there are significant challenges that we are addressing in order to be successful.

Leadership

At the heart of our CHP delivery of primary and community services is the development of local management with aligned clinical leadership. This is exhibited in six Areas in Aberdeenshire, four Clusters in Aberdeen City and the Moray GP group. These administrative areas are increasingly aligning health and social care services. This is vitally important in the development of effective Health and Social Care Integration. Active engagement with the advisory structures provides additional leadership from the primary care professions.

General Medical Practice: Each of the Areas and Clusters has a GP lead linking closely to their local practices. Each practice has an identified GP who links to the CHP for the development of Health and Social Care Integration.

The GP sub committee, in collaboration with the Royal College of General Practitioners Faculty Board, Local Medical Committee (LMC), CHP Clinical Leads and medical school colleagues have worked to develop a shared understanding of the current opportunities and challenges faced by General Practice. This has resulted in a short paper that has local ownership and complements the Local Delivery Plan, CSP and 2020 Vision to help support the organisation recognise the strengths and areas for development in Grampian General Practice.
Community Pharmacy: There are clinical pharmacists in each CHP who link closely to their local community pharmacists. It is planned to develop the Pharmacy Champion model into locally based clinical leads.

Community Optometry: There are clinical leads in each of the CHPs providing leadership and linkage to the community optometrists. In addition the Eye Health Network has active engagement and involvement of all community Optometry practices in Grampian.

Dentistry: There are clinical leads in each of the CHPs linking primarily to the Public Dental Service with emerging links to the independent/High Street sector.

**Workforce**

NHS Grampian has increasing problems of recruitment and retention of key staff. Severe shortage of home care capacity has led to Aberdeen City and Aberdeenshire partnerships aiming to resolve the problem in a more strategic manner. In Aberdeen, a multi-agency group is established involving a broad range of partners to try and address this issue. Community and practice nursing demographic profile, with many nurse over 50 years of age, is an increasing concern and is under active review.

We have an Advance Nurse Practitioner development program which is producing clinicians who will support General Medical practices and out of hours provision. NHS Grampian sponsors the training program supported by training in practices. In addition we support the Aberdeen University diploma course for Physician Associates, many of whom are primary care focused.

General Medical Practice: In collaboration with the LMC we undertook a workforce survey of all practices in November 2014. This uniquely in Scotland had 100% response from Grampian practices. This showed that 44% of medical staff in Moray, 35% in Aberdeenshire and 28% in Aberdeen City are aged over 50. 53% of the nursing staff in Aberdeen City, 43% of the nursing staff in Aberdeenshire and 35% of the nursing staff in Moray CHP are aged 50 or over. Several practices, in particular in North Aberdeenshire, are significantly challenged in providing General Medical Services due lack of GPs.

To address this we have a formal action plan which is multi agency and has priorities which we know have previously shown success. In particular we have an integrated plan across Grampian advertising the many benefits in being a part of our communities. We are increasing our investment 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.

Out of Hours Service: As with general medical practice, GMED has had significant difficulties in recruiting sufficient GPs to be part of this service. A review of employment terms and conditions has seen improvement in this area. We recognise that this will only be temporary and we have undertaken a strategic review of the service and are working with the CHPs to review the service for the future.

Community Pharmacy: We are embarking on the early implementation of Prescription for Excellence. The Board is engaging practices in the early stages of
this important contractual change. This should see an increasing clinical role for community pharmacists providing first line care to patients, relieving pressures on General Medical Practice.

Dentistry: Improved recruitment has followed significant investment in the form of the Scottish Dental Access Initiative and the foundation of our dental school locally. We are presently seeing an increasing contractor service with a realignment of our Public Dental Service. This significant increase in workforce now sees all patients in Grampian being able to register with a dentist should they wish, although there are still pockets of low registration levels in Aberdeen.

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 fully implementing the recommendations of the Healthcare Improvement Scotland report on our ophthalmology services.

**IM & T**

General medical practice: This is heavily reliant on effective IT. We are rolling out a programme of server upgrades to practices. NHS Grampian is aware of additional challenges that the primary care systems will require to manage.

We are developing a successful clinical decision support service from the acute sector via the SCI Gateway service. The “no delays” program offers additional information on clinical services and processes for both GPs and patients.

A process of engagement is being undertaken with each local authority to facilitate health and social care integration, with governance and project teams established to focus on property, technology and information data sharing. Data sharing at a Grampian level across the various organisations and stakeholders is essential and is being taken further through Grampian Data Sharing Partnership.

We are investing in Vision 360 software to facilitate the development of a community based single clinical record based on the GP clinical systems. Piloting mobile devices for district nurse teams based around practices is planned once Vision 360 is commissioned.

Community Optometry: Referrals to secondary care are now undertaken via the SCI Gateway portal. We are developing a feedback process to improve communication between primary and acute services.

**Premises**

Infrastructure issues around appropriate primary care premises are in part related to the increased work now undertaken in community settings. However we have also significant challenges related to our expanding populations, especially in the commuter belt around Aberdeen. We have a cross CHP review being undertaken to address some of these boundary issues.

Across Grampian the priorities for 2015, in line with the Property and Asset Management Plan are to
• Continue to allocate GMS Premises Grants to offset the need for significant capital works. In 2015/16 this equates to £0.5m
• Determine the impact of the outcome of condition surveys currently being undertaken in all GMS premises and support the roll out of condition surveys to other contractor services premises.
• Develop Initial Agreements and Outline Business Cases in respect of the £19m Revenue Hub monies allocated by the Scottish Government in relation to new and expanding settlements around the West and North of Aberdeen City and into Aberdeenshire
• Seek funding sources for the ten top priorities, as identified in the 2015/16 NHS Grampian Primary Care Premises Plan and in particular Banchory and Ellon which will hopefully be exciting Integrated Health and Social Care Village models, providing a range of services to their local communities.

Enhanced Services

NHS Grampian has reviewed its Enhanced Services programme in light of the Healthfit 2020 Vision and in delivering health gain. The review shows that the programme is an important mechanism to support primary care to help achieve the Vision. Whilst recognising the challenging fiscal environment, we are committed to funding these to maintain and move services into community based settings.

Modernising Primary Care

Our Modernising Primary Care (MPC) activity is being supported by the Scottish Government Primary Modernisation and Innovation Fund. This is to support the six early adopter practices across Grampian to engage in this work.

Our work thus far has resulted in the focus on three key components of MPC - Enabling the GP team as the co-ordinator of care, Deep Community Engagement and re-focused GP/Acute services. Current activity within the early adopters is not limited to but includes:

• Testing a triage model that informs/influences patient behaviour
• Creating a fresh approach to primary-secondary care working; improved decision making, no ‘hand-offs’, clinical accords.
• Use of link workers for patient/carer education and support
• Exploring methods to improve patient continuity
• Exploring delivery of the StaffWEL model
• Developing patient communication/relationship building strategies
• Rewrite of 17c GP contract to support the above and our wider ambitions.

Deep Community Engagement: The bulk of this year’s funding from Scottish Government is supporting our efforts to engage differently and meaningfully with our patient (and wider) populations. This is principally to address how we can create a more balanced (and ‘de-medicalised’) relationship between patients and the health/care services they want. We are engaging the services of Community Renewal, a social enterprise/charity, who specialise in this area, to facilitate this approach and transfer skills and knowledge to existing practice/community resources. Community Renewal are already engaging with the early adopters and are building a work plan based around three areas of activity.
• Community listening/engagement/energising/capacity building in the six practice population areas.
• Training and development of practice reception/admin teams in relationship building.
• Training of practice staff in holistic approaches with patients

Some of the community activity already identified by the early adopters as potential target areas includes developing expert patients, community patient transport solutions and addressing over/under presenters. The funding will support two full time support staff for approx 18 months (employed by Community Renewal) who will be assigned to the six early adopters to progress all of the above. One of these staff is already in post and the second will be recruited to meet the emerging requirements of the six practices/communities.

NHS Grampian, in its development of Integrated Joint Boards, recognises the crucial requirement to engage with General Medical Practice. The 2017 change to this contract offers a further opportunity to develop high quality community based services for our population. We will endeavour to support the development of these contractual changes to maximise the benefits. Our improving engagement with the medical advisory structure and mature general practice leadership will ensure that we will look positively to readily implement contractual changes as they appear.
Section 2
Improvement Priorities
Integration

NHS Grampian will work proactively with the Councils in the Grampian area and the new Integrated Joint Boards (IJBs) to implement a system for strategic planning and service provision which is focused on the delivery of the nine national outcomes for health and social care integration. The Board has re-organised its planning structure to establish groups which have integration and the development of partnership working as their core purpose i.e.

North East Scotland Partnership Steering Group: The membership of this group includes the Chairman, Chief Executive and senior officers of NHS Grampian, the chairs and vice chairs of the IJBs, and senior officers from the three Councils in the Grampian area. The main purpose of this group is to manage the partnership of the agencies in relation to cross partnership services to ensure that there is consistency of approach where necessary and appropriate. Under the terms of the legislation each IJB must consult with other relevant IJBs in relation to their Strategic Plans and it was agreed that the NESPG would provide a useful forum for exchanging information and ideas. This group would also provide an opportunity to facilitate and enable consultation in relation to complex, cross partnership services.

The Strategic Change Management Group: The membership of this group includes senior officers of NHS Grampian (including the Medical Director and the Director of Public Health), acute and mental health service senior managers and the IJB Chief Officers. Other managers and clinicians are involved or participate in subgroups as necessary. This group has a very practical role in formulating, coordinating and implementing system wide change plans and supporting the strategic planning processes of NHS Grampian and the IJBs to ensure that the national outcomes are progressed together with local priorities.

Clinical Leadership Group: With a wide clinician, management and executive/non executive, and IJB membership this group develops high level strategy and policy to ensure that there is broad ownership of integrated approaches and the development of the NHS Grampian Healthfit 2020 vision.

The diagram below summarises the structure of the approach:
The Integration Schemes have been approved by NHS Grampian and through that process the operational management of a range of Grampian wide services will be delegated to the IJBs to encourage the development of community planning wherever possible and local ownership of processes and planning.

The priorities for integration and redesign of the IJBs will be informed by the strategic planning processes which are currently underway. It is expected that the strategic plans will be complete by November 2015 with the three IJBs being formally established by April 2016. The priorities identified in the strategic plans will be wide ranging to ensure there is a good balance between short term issues and the longer term investment in public health, prevention and self management. The specific short term priorities will include:

- A steady and sustained reduction in delayed discharges, recognising the challenges within the local area regarding recruitment of carers and availability of care home beds
- The improvement of flow throughout the health and care system
- Implementation of our unscheduled care plan to improve performance in relation to relevant access standards

The involvement of staff, patients and the population as a whole in the planning and redesign of services will be a major priority during 2015/16 and a number of actions which commenced in 2014/15 will continue to be developed together with a range of new actions. The high priority actions are outlined below:

**Supporting the strategic planning:**

- Participating in and supporting the strategic planning groups in all three IJB areas
- Identify specific resource to support the planning process in each IJB
- Undertaking a programme of development in the Hospital based delegated services/specialties which will ensure that there is wide clinical understanding and involvement in the IJB strategic planning process for these services
- Identify a NHS Grampian lead for integration planning to be associated with the delegated hospital based services to ensure that there is continuity of approach across hospital and community services
- Identify an IJB Chief Officer who will take lead responsibility for the strategic planning of the hospital based services
- Review the NHS Grampian input and support to the community planning process across the three Council areas
- Prepare joint needs assessments for each IJB area to form the basis for the development of the strategic plans

**Delegation of Services**

- Communicate directly with staff included in the services to be delegated to ensure that there is clear awareness and understanding of the integration processes
• Develop memoranda of understanding in relation to a range of services that will be delegated and hosted by one IJB in terms of strategic planning and operational management e.g. hospital based mental health and learning disabilities services, rehabilitation and services for elderly people at Woodend Hospital in Aberdeen, GMED out of hours service, HM Prison Peterhead, Community renal dialysis
• Complete a process of due diligence for the delegation of budgets to IJBs to ensure that budgets settlements are fair and reasonable

Clinical and Care Governance:

• Review the purpose and function of the NHS Grampian Clinical Governance Committee to ensure that it can effectively support the principles of clinical and care governance as set out in Scottish Government guidance
• Develop specific arrangements for the regulation and validation of professional staff in preparation for the formal establishment of IJBs

Modernising Primary Care:

• Continue to support the six practices developing innovative approaches to the transformation of primary care and align this work to the IJBs
• Actively link the modernisation of primary care process to community planning
• Further develop community involvement through the Community Renewal process
Section 2
Improvement Priorities

Introduction

NHS Grampian has developed a comprehensive Improvement Programme which sets out the actions we will be taking to address the findings from the 2014 Healthcare Improvement Scotland (HIS) invited review of Quality and Safety at Aberdeen Royal Infirmary, the Royal College of Surgeons (England) report and the findings and recommendations from an unannounced Older People in Acute Hospitals inspection. The actions in the Improvement Programme will assist in ensuring that our corporate health and healthcare strategy is fit for the future and that service delivery meets the requirements of the people of Grampian and Scottish Government policy.

We are committed to taking steps to deliver against high quality patient care based on:

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

The aim is not only to make improvements that will have an effect in the short term but also to have a long term impact in relation to the role of NHS Grampian as a partner in the north east of Scotland and north of Scotland health and care community

Key findings from the HIS review

NHS Grampian has the ambition to be a high performing organisation - safe, effective, caring, responsive and well led. Performance against this ambition will be measured by clinical outcomes, patient experience and staff experience. We have some way to go to achieve this ambition but will build on the excellence we have in a range of services and the improvements that we will implement as part of our improvement programme.

The reports recognise the challenging environment in which we have been operating and of the hard work and dedication of our staff.

The primary focus of the Health Improvement Scotland review was on the quality and safety of care within Aberdeen Royal Infirmary and the conclusions of the review team confirm that:
• The patient outcome data did not show consistent or widespread concerns about patient safety or the quality of patient care.

• Aberdeen Royal Infirmary is not significantly different from the Scottish average for a range of measures about the quality and safety of patient care.

• NHS Grampian, primarily Aberdeen Royal Infirmary, is on trajectory for all but two elements of the Scottish Patient Safety Programme. Being on trajectory means that sustained improvements have been made and that these are widespread throughout the Board.

• The detailed case note review confirmed many areas of good practice, including patients being seen by consultants and experienced trainees early in their admission, evidence of good communication with patient relatives and clear care plans.

• 96% of patients rated the service they received as being good, very good or excellent. The review concluded that on the whole patients and carers report positive experiences of the care they receive whilst in Aberdeen Royal Infirmary.

We do recognise that there are areas for improvement and very much welcome all opportunities to enhance and improve our services. The reports highlight the challenges facing the organisation and the need for decisive and immediate action. We take these reports extremely seriously and will embrace the recommendations within the three reports as a valuable component of our journey of improvement.

**Commitment to Key Outcomes**

The Improvement Programme sets out how the Board will address the key recommendations within the three reports issued on 2 December 2014. The Board and Executive Team are committed to the implementation of all the recommendations in full and will provide the leadership needed to deliver the vision, provide support to staff, promote staff engagement and effective team working and ensure that we fulfill our vision of delivering consistently high quality, compassionate and safe patient care.

**Behaviours and Values**

Caring, Listening and Improving are the core values of NHS Grampian and we expect that staff at every level will embrace and reinforce these values and behaviours.

The Board accepts its responsibility around establishing and enforcing the implementation of standards of conduct and behaviour and takes its responsibilities in this respect extremely seriously. We will robustly tackle personal and professional behaviour that is not consistent with these values. All services will be required to implement a positive and constructive culture of respect, dignity, trust and openness. The values and behaviours noted below have previously been agreed in partnership with staff.
Accountability

The full Board will be responsible for the implementation of the actions and for providing assurance to the Scottish Government that steps are being taken to implement the agreed actions and secure the desired outcomes that will provide confidence that we are consistently delivering person-centred, safe and effective care.

In terms of accountability, the Chief Executive will be directly responsible to the Board for implementation of the agreed actions. The Chief Executive will delegate lead responsibility for each element of the plan to members of the Executive and Senior Management Team.
### Strategic Goal: Improve the health of the population within available resources

#### Leadership

We will ensure that effective leadership is established within all areas with clarity around the structure, roles and responsibilities and a sharp focus on the scrutiny of performance and risk mitigation. Nursing and medical staff and management will have equal responsibility and accountability for performance, patient safety and staff governance.

- **Clear Board vision and strategy**
- **Effective performance management**
- **Revised Governance (post integration)**
- **Organisational development plan**
- **Values applied consistently**
- **Revised Quality Plan**
- **Established Acute Sector Leadership Team and clinical governance arrangements**
- **Joint management and clinical accountability (pan Grampian)**

#### Patient Welfare & Experience

We will listen and respond to feedback from patients and ensure a culture of learning and continuous improvement is embedded across all services.

- **Improved response to patient feedback**
- **Agreed operational policy**
- **Responding to feedback real-time**
- **Face to face meetings with patients**
- **Changes in clinical practice and team working within General Surgery**
- **Evidenced improvement in care for elderly patients in acute hospitals**

#### Access to Care

We will develop and implement robust and sustainable plans to ensure that patients can receive timely access to care that is high quality and person-centred.

- **Sustainable plan for the Emergency Department**
- **Improved performance against the 4 hour A&E waiting times standard**
- **Improved performance against treatment time and cancer access targets**
- **Fewer patients waiting with a delayed discharge**
- **Joint responsibility for patient discharge with local authorities**
- **Agreement to a fully integrated unscheduled care plan**

#### Workforce

We will ensure that the workforce challenges around recruitment, retention and sustainability are addressed and that appropriate mitigating actions are implemented to ensure we can deliver sustainable and resilient services. We will also ensure that all staff, including professional trainees, develop their skills and experience in a positive and supportive environment.

- **Fewer medical and nursing vacancies**
- **Improved graduate conversion rates**
- **Robust medical workforce plan**
- **Safe and appropriate staffing cover**
- **All consultants engaging in job planning**
- **Evidenced improvement in trainee experience**
- **Positive and supporting learning culture for all staff**

#### Staff Engagement

We will ensure that there is a closer connection with all staff to enhance trust and confidence in the Board’s leadership. We will also ensure that the advisory structure is representative of health professions and professional staff and connected to the Board with a common purpose and agenda.

- **Empowerment of staff to take decisions to improve care and address concerns**
- **Confidence and trust in Board leadership**
- **Strong working relationships between management and clinical staff**
- **Advisory structure and Board working to a common purpose**

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caring • listening • improving
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.

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

- We will evaluate the use of the Detect Cancer Early funding and the impact it has had on clinical care and we will use this evaluation to inform future cancer funding allocations
- We will continue to support national awareness campaigns by local promotion
- We continue to review lung, colorectal and urology pathways, implementing necessary changes to streamline patient care.
- We will facilitate a programme of skin cancer education for primary care to improve the quality of referrals
- We will evaluate the psychology project looking at increasing bowel screening uptake and will share learning from this

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

- We are committed to enhancing our endoscopy capacity to improve our performance against the 62 day target and to continuing to work with the national cancer support team to implement agreed actions to achieve a sustainable trajectory of improvement.

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

- We have committed to 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
- We are using the five pillar model and are testing the eight pillar model of community support
- Each link worker operates as a member of the multi-disciplinary team providing specialised support to people diagnosed with dementia
12 weeks Treatment Time Guarantee (TTG 100%)
18 weeks Referral to Treatment (RTT 90%)
12 weeks for first outpatient appointment (95% with stretch 100%)

- We will make best endeavours to ensure that the Acute Sector Waiting Times Implementation Plan 2015 is delivered (Appendix A) and that we continue to make steady and sustained improvement in reducing inpatient and outpatients waiting times.

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

- We will continue to review antenatal clinic provision and caseload numbers, increasing and decreasing clinics as the workload demands.
- We have a dedicated service for some hard to reach groups such as SMS (substance misuse)

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

- 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.
- We provide clear information on the IVF process to ensure patients are aware and are sure they wish to undertake this treatment option before being added to the list.
- We have invested in new technology which has led to the increase of single embryo transfer which should increase the pregnancy rate.

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

- 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 prioritise patients who have waited the longest.
- Did Not Attends and Could Not Attends are being systematically reviewed to minimise lost clinical time.
18 weeks referral to treatment for Psychological Therapies (90%)

- 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 are advertising nationally for psychologists.
- An online cognitive behavioural therapy course, Beating the Blues, is being rolled out for those with mild to moderate depression or anxiety.
- The local system for recording waiting time does not allow adjustments for unavailability so overstates times on occasion.

Clostridium difficile infections per 1000 occupied bed days (0.32)

SAB infections per 1000 acute occupied bed days (0.24)

- 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.
- We will act on findings of external reviews such as HEI.
- We will improve multidisciplinary participation in SAB surveillance, including giving detailed feedback to clinical teams.
- There will be increased collaboration between Infection Prevention and Control, Practice Education and Tissue Viability staff to implement education on aseptic technique and wound management.

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

- We will continue to closely monitor performance to identify areas of variation and seek to address these.
- Workforce planning is key as the workforce ages and highly skilled staff reach retirement.
- We will aim to recruit staff who retire back on a part time basis.
- We will redeploy staff to areas of greatest need so that there is equity of provision across Grampian.

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

- We will continue to incentivise primary care to deliver ABI through a Local Enhanced Service contract.
- 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

• We will continue to provide smoking cessation advice and support to staff and patients across Grampian
• We will provide advice and support to pharmacies to further increase uptake in this sector and to ensure comprehensive and timely data capture
• We have assigned SAS advisors to areas of greatest deprivation to engage directly with these communities
• We are working with Peterhead prison to provide cessation support for prisoners and staff
• 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.

48 hour access or advance booking to an appropriate member of the GP team (90%)

• Every practice has an assessment of 48 hour access and advanced booking at their annual contract review.
• A pan Grampian seminar is planned for 2105 involving all contractors. This will include specific section on Access
• Community Healthcare Partnerships support practices in monitoring and achieving the 48 hour access target.
• Practices are encouraged to utilise the Access tools promoted via Productive General Practice Programme

Sickness absence (4%)

• We will continue to promote the widespread application of our HR policies which include back to work interviews.
• Through staff experience initiatives we will listen to staff and seek to ensure all are treated with dignity and respect
• We aim to be the employer of choice in Grampian
• We will deliver flexible working to aid recruitment and retention
• We will continue to proactively manage attendance by listening to the issues, offering counselling and self help resources such as living life, stress cd, and encouraging people to complete the stressor assessment questionnaire for workplace stress
• 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
4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)

- We are introducing a 'patient flow policy' with the aim of making an Emergency Department (ED) decision in no more than 2 hours and move to ward within 3 and a half hours
- We have opened a discharge lounge for patients, freeing up ward accommodation earlier
- We are trialling discharge trackers in general surgery and general medicine
- The ED rota is being reviewed to extend cover overnight and at weekends

Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement

- We will take action in accordance with the Financial Section of this plan
Section 4

Workforce

By 2020:

NHS Grampian will employ a leaner, more flexible, multi-skilled workforce, who will enable and empower people to take responsibility for their own health. The workforce will be organised in an integrated way, focusing on the needs of the individual rather than the desires of the professional. Whilst managing growth and demand, healthcare professionals will be more accessible to the public and to each other. There will be a sense of responsibility across the organisation that will focus on:

- Results and value for patients
- Enablement, anticipation and rehabilitation
- Safety and Quality
- Those who need it most

Key Workforce Statistics

The overall workforce statistics for NHS Grampian as of 31st January 2015 are as detailed below:

- NHS Grampian’s workforce has increased by 1.7% to 14,263 headcount compared to 14,024 headcount 2014 (excluding bank).
- The whole time equivalent (WTE) has increased significantly to 11,804.8 WTE compared to 11,541.1 WTE in 2014.
- The average length of service is 14 years and has increased over the last 2 years.
- The gender split has remained the same as the previous year at 83% female and 17% male.
- The average age of the workforce in 2015 is 43 years. This has remained unchanged from the previous year.
- In 2015, 60% of the workforce is over the age of 40 years and of these 31% are over the age of 50 years.
- The split between full and part-time working is 63% full-time and 37% part-time. This has shifted slightly from the previous year (62%/38% respectively).
- Nursing staff account for 43% of the workforce and 75% of nurses and midwives are registered and 25% are non-registered support nursing staff, a small increase is unregistered.
- Turnover has increased to 12.2% compared to 11.1% the previous year.

Nursing Workforce

NHS Grampian continues to invest in the overall nursing resource via the Nursing Resources Group (NRG) to ensure that the most appropriate nursing workforce is available. This work utilises the National Workload and Workforce planning tools the ratio between registered and unregistered nurses to develop the nursing workforce.
During early 2014, following successful discussions with Scottish Government regarding the overall NRAC share received by NHS Grampian, **£2.1m was allocated for investment** in additional nurse staffing. This is in addition to a total investment of £4.2 million since 2010/11.

NHS Grampian’s **utilisation of the Workload and Workforce tools** includes use of the Professional Judgement Tool and Adult Inpatient tools (since 2012) and in February 2015 we will have the expectation of 100% coverage in the Acute Sector. The Small Wards, Emergency Department and Emergency Medicine, Peri-Operative, Mental Health, SCAMPS, Maternity, Neonatal, Clinical Nurse Specialist, Community Children’s and Children’s Specialist Nurse and Community Nursing workload and workforce tools have all been utilised over the past 2-3 years.

Work has also been undertaken to help reduce the number of **nursing and midwifery vacancies** in Grampian. Initiatives such as streamlining the appointment process, advertising at national recruitment fairs and batch advertising of posts are expected to improve recruitment. A Nurse Recruitment process was carried out last year with an improved percentage of local nursing students recruited from Robert Gordon’s University. The scope of this is being widened to also target Stirling, Dundee and Edinburgh students.

A collaborative model of delivering **Return to Practice Programme** has been developed with Robert Gordon’s University and is expected to start in May 2015. Currently being advertised, it is envisaged there will be 20 students in the first cohort, with two further cohorts in September and November.

**Medical Education**

In 2014 the focus of NHS Grampian **Director of Medical Education team** has been on improving the education governance structures in NHS Grampian ahead of the GMC project to recognise all medical trainers by 2016/17. During the past year a database of all named educational supervisors and named clinical supervisors has been created with 296 named educational supervisors and 303 named clinical supervisors.

The NHS Grampian DME team uses the patient safety software system “DATIX” to communicate **medical education feedback data** with departments and services. This tool is used to monitor and record responses to queries as well as acting as a tool to disseminate information.

A **new Educational Governance Committee (EGC)** is being developed as a sub-group of the Board’s Staff Governance Committee. The EGC will map the education and training programmes to the relevant curricula to demonstrate the organisation’s ability to deliver the training programmes in a well resourced educational environment. The committee will also engage with the Deanery and Medical School through robust structures for effective delivery of education and training.
Grampian General Practice Workforce Survey 2013

A Grampian General Practice Workforce Survey was undertaken across the three Community Health Partnerships during winter 2013 to develop a comprehensive workforce profile for Grampian. The questionnaire was developed in partnership with the Local Medical Committee, and achieved a 100% response rate.

A General Practice Workforce recruitment summit was held on the 11th November 2014 to support the development of an action plan. This has been developed during the Winter of 2014 and includes actions on: marketing General Practice; Partnerships; Locums; return to practice; promotion of vacancies; further training post qualification; variation in location of GPSTs completing their training; detailed workforce supply and mapping analysis; retention of our local GPST workforce; part-time working; nursing workforce; Advanced Clinical Practitioner workforce and administrative workforce.

Secondary Care Medical Workforce Profile

A Secondary Care Medical Workforce Profile was written in the winter of 2014. This provides baseline quantitative detail on the medical workforce employed in Secondary Care. All grades of doctors are included in this workforce profile from Consultant, Specialty Doctor, Associate Specialists, Staff Grade, GPs, Specialist trainees, Core trainees, Foundation Doctors and Locum Appointment for Training (LAT).

The purpose of the Secondary Care Medical Workforce Profile is to create a baseline for a further Medical Workforce Plan. The profile informs, forecasts, documents risks and explores supply.

A Secondary Care Medical Workforce symposium is planned for spring 2015 to discuss the Medical Workforce Profile with the Consultant and Management communities.

Healthy Organisational Culture

For the development of a healthy organisational culture NHS Grampian is progressing work on induction, staff experience, through partnership working and work experience. Such work will promote and recognise the behaviours of individuals and teams at all levels which reflect NHS Grampian’s values of caring, listening and improving.

NHS Grampian has implemented a new approach to induction and agreed Induction standards. From the 3rd of December 2014, all new starts will have one stop access to PC directories, NHS mail accounts, eKSF, AT learning and have been booked on statutory and mandatory e-learning training. This will include the HCSW induction workbook and Code of Conduct.

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1 The key eLearning packages which underpin all staff induction includes moving and handling, violence and aggression, fire safety, hand hygiene, standard infection control procedures, IT security, information governance, child protection and adult protection. eLearning packages for all new staff are a minimum requirement.
To improve patient and carer experience we aim to maximise staff experience. Greater understanding of staff governance and individuals’ roles and responsibilities are crucial for the engagement of staff in the further planned initiatives such as establishing dignified workplaces, the development of an action plan following the results of the national Staff Survey 2013 and the roll out of the iMatter staff experience project. An implementation plan has been agreed and the first cohort will commence in April 2015. Roll out of the tool will be staged over a total of 6 cohorts. Implementation will be completed by December 2017.

Local Partnership Forums have identified three challenging areas from the National Staff Survey 2013 and are taking forward areas for improvement. Local partnership groups are in the process of completing their 2014/15 staff governance monitoring forms demonstrating the actions taken from the 2013 survey results and under the 5 staff governance standards. Local partnerships have been supported in a recently held staff governance workshop. The purpose of the workshop was to identify actions to improve against the 5 least positive responses to the 2014 national Staff Survey. This work will form part of the 2015/16 staff governance action planning and monitoring.

NHS Grampian continues to work on employability to support individuals into the workplace through employability initiatives including work experience, return to work programmes supported by GO Health Services, offering flexible employment, recognising carers and retain the current workforce. Given the links between health and well being as well as the organisations’ social responsibility, NHS Grampian will develop opportunities for employment for the wider population including but not exclusively young people and carers. Planned joint work with Job Centre Plus to develop employment routes for unemployed people to fill suitable vacancies within NHS will bring benefit to the service by increasing our capacity to fill vacancies, and to each successful client for whom securing employment raises their opportunity for better health and wellbeing for themselves and their families.

The organisation has continued to provide work experience for pupils attending all 39 Grampian schools (public and independent), with specialist programmes for those interested in a career in medicine. This programme called Doctors at Work was developed in partnership with the University of Aberdeen Medical School. Placements will be provided to mature persons who are also seeking the opportunity to experience a healthcare setting prior to pursuing a career in healthcare.

Sustainable Workforce and Integrated Workforce

From an organisational perspective as integration progresses, relationships are being developed with our partners to facilitate a shared understanding. This includes continued work with our colleagues in the local authorities, care homes, other Boards and the third sector.

NHS Grampian has undertaken a selection of innovative recruitment solutions. A film was commissioned and produced promoting the Health Care Support Workers Role which is now available via the recruitment website along with films promoting the Aberdeen area. Recruitment materials of a standard format have been produced.
for career events and bus advertising campaign for students ‘earn whilst you learn’. There have been 216 applications for this initiative to date.

There have been various promotions of vacancies and attendance at national recruitment events and conferences. Links have been made with local companies to engage with employment opportunities for partners and spouses and links made to the oil and gas industry to promote our vacancies to those companies wishing to reduce their administrative workforce.

Further recruitment films will be commissioned promoting NHS Grampian as a place to work and live for healthcare professionals. Information will be posted on social media sites to approach candidates alongside the use of SMS text messaging throughout the recruitment system to contact interviewees. During 2015 development of the Recruitment micro site will take place improving current accessibility and rebranding.

**Capable Workforce**

For the development of a capable workforce, new roles and new skills have been introduced over the past few years which support moving care closer to an individual’s home/community, promoting the provision of unscheduled care and the further implementation of more integrated working between health and social care.

A professional lead for Health Care Support Workers was appointed by NHS Grampian in December 2014. The focus for 2015 will be on improving preparation and induction processes for Health Care Support Workers.

For Health Care Support Workers the numbers of Agenda for Change bands 3 and 4 have increased over recent years, although based on current rates this may not be sufficient to meet the future demands of services. There is a great opportunity to promote this workforce from both within the organisation and at schools careers fairs.

Included in the development of a capable workforce are an increased number of Advanced Clinical Practitioners to deliver care across the continuum and joint appointments between General Practice and Out of Hours provision have been progressed. A number of cohorts of Advanced Nursing Practitioners have been trained through a GMeD training scheme.

Another role that has been progressed in the past few years has been the Physician Associate. There are now Physician Associates working in Emergency Medicine, Respiratory Medicine, Orthopaedics, Cardiothoracic Surgery, Breast Surgery/Screening, Paediatrics, Renal Medicine, Psychiatry, Medical HDU and Haematology in NHS Grampian. Please see Appendix Nine for further detail.

In all sectors AHP disciplines have reviewed future service delivery and have updated workforce plans to reflect their direction of travel towards the NHS Grampian AHP 2020 vision. The newly formalised professional committees have carried out across Grampian consistency check including the number and nature of specialist posts/roles and review of individual models of service delivery. A local
delivery plan for AHP’s has been developed and has acted as a catalyst towards achieving NHS Grampian’s strategic themes and objectives and has evolved in partnership with other key stakeholders. In addition to this, work has commenced to develop an AHP Improvement Plan capturing all the key work streams that AHP’s will be proactively progressing across NHS Grampian to support delivery of services.

**Effective Leadership and Management**

Central to developing a 2020 vision for the future workforce is leadership, middle management development and organisational development. Joint learning and development initiatives across the organisations are ensuring enhanced partnership working, building on longstanding positive relationships and collaborations. A variety of Leadership and Management programmes continue to be offered over recent years in collaboration with our partners in local authority, the third sector, and higher education, Scottish Fire and Rescue and Police Scotland. This practice (including shared eLearning via the learning management systems) will improve the quality of care and provide a more seamless person-centred service. During 2015 there will be an even greater emphasis on management development and core skills for managers. These areas of development will be core to support integrated working, which will enhance and improve the overall capacity of the organisation to manage and lead the changes ahead.

The Coaching and Mentoring Framework for NHS Grampian is in place. The aim of this development is to instil a coaching culture within the organisation, recognising that these skills can be applied in a number of settings from appraisal discussions to feedback and to interactions with patients and their carers.

Changes and advances in technology, some of which are already with us will also mean a significant development in technological skills for the workforce. This is emphasised by both the learning opportunities available electronically and the number of systems that staff and managers are required to use as part of their normal working day. For some, however there is limited access to technology and alternative methods for learning will be required. Further skills will also be needed in areas such as telehealth and telecare as it is used to support health professionals to provide more prevention based localised care for the population.

**How will key stakeholders and partners be engaged and involved?**

Workforce planning is now embedded across all sectors and CHPs with partnership representatives involved in these training sessions.

Work continues with colleagues within the 3 local authorities to prepare the organisation for Health and Social Care Integration. Briefings on progress have been shared with staff and discussions are planned on workforce planning across Health and Social Care.

Relevant workforce plans and papers are progressed regularly through the staff governance structure, including the NHS Grampian Area Partnership Forum, local Advisory Committees and local Partnership Committees.
Through the **Nursing Resources Group** and other forums the Senior Charge Nurses have been involved in engagement, involvement and discussion regarding the nursing workforce. The Director of Nursing and Quality and Director of Workforce have instigated a series of conversations directly with Senior Charge Nurses and a Senior Charge Nurse workshop is planned.

Throughout this document various processes have been described on how **stakeholders and partners are engaged and involved**. For the Nursing and Midwifery workload/workforce tools there were drop in training sessions and discussion at Senior Charge Nurse forums. For Medical Education the Director of Postgraduate Medical Education undertook a series of road-shows across Grampian. Over 100 Consultants and SAS doctors attended. The Medical Workforce Profile has been presented at the General Practice Workforce recruitment summit and a similar event is planned for Secondary Care.
Section 5

Community Planning

NHS Grampian is an active participant in Aberdeen City, Aberdeenshire and Moray Community Planning Partnerships. The Board has engaged, through the Community Health Partnerships, at all levels and stages to develop and implement a joint strategic plan for each area. The Audit Scotland reports on community planning and significant legislative changes - The Public Bodies (Joint Working) (Scotland) Act 2014 and the Community Empowerment (Scotland) Bill - made it timely for NHS Grampian to review and update representation and contribution to Community Planning. The review indicated that whilst local connects were in place there is further work required to strengthen our corporate approach.

Leadership

From the 1st April 2015 NHS Grampian Board will be represented at each Community Planning Board by the Chief Executive and/or the Director of Public Health. The governance arrangements will be strengthened with NHS Grampian Performance Governance Committee receiving standard committee reports following each meeting. The Performance Governance Committee will also scrutinise the NHS Grampian contribution to the Partnerships on an annual basis. Improvement priorities identified through the community planning processes will be included in corporate plans and appropriate indicators monitored through routine performance arrangements.

Informing Priorities

NHS Grampian is working closely with all three partnerships through the Public Health Intelligence Group to inform priorities. The Public Health Intelligence Group, established in 2014, has produced a data pack for each area, a narrative setting out the need for change and commenced the production of Fact Packs on key issues. Fact Packs cover - policy context, evidence of effective interventions and local need - and are designed to stimulate debate on relevant targeted priorities for improvement. The initial work has focused on Health and Social Care priorities but will evolve and respond to the needs of the wider partnerships.

The Public Health Intelligence Group is also working with Partnerships to inform and support evaluation of a range of innovative projects underway or in an early stage of development, such as those funded through the Integration Fund. This work will contribute to the local evidence base to inform service development.

The third area of work is utilising infographics to translate data into a format suitable for community engagement on local needs. This work will be piloted during March/April 2015 and further refined.

An estimate of preventative spend has been undertaken for NHS Grampian services. This will be reviewed on an annual basis to inform discussions around the shift to prevention and early intervention.
Service Delivery

NHS Grampian aims to improve the health of the whole Grampian population, with appropriate focus on those who are more vulnerable or who have a higher risk of serious preventable ill health.

To deliver this goal we will work in partnership with community planning partners to:

Create supportive environments through policy developments and programmes such as Healthy Working Lives, Health and Transport Action Plan, availability of alcohol through Alcohol Licensing Boards and Community Safety. We will utilise the health inequality action framework as a planning tool and health impact assess our policies to ensure we deliver our goal of an inequalities sensitive organisation.

Strengthen Community Action for Health – we are working to gain a greater understanding of individuals and communities concerns, values and priorities but also to work with communities (geographic and communities of interest) to identify their collective strengths, resources, capabilities, knowledge and skills to improve health outcomes. A portfolio of programmes will continue to be implemented including community led food networks – sale of fresh fruit and vegetables through social enterprise companies, community kitchens, local physical activity pathways and area based approaches such as whole systems approach (formerly known as Total Place).

Support families to give children the best start in life through delivery of the Early Years Collaborative plans, Childsmile and Family Nurse Partnership.

Support the development of personal skills to enable better health – to increase individuals’ personal capacity to pursue a healthy lifestyle and make healthy choices a range of healthy lifestyle programmes targeted at those in greatest need will be delivered e.g. Keep Well, healthy weight, tobacco, physical activity, mental well-being, alcohol misuse and sexual health. (Details are included in the Improvement Priorities section of this plan).

Ensure every health care contact is a health improvement opportunity under our programme of Health Promoting Health Service. We are working towards embedding health behavior programmes in our care pathways, address some of the wider determinants of health through social prescribing e.g. ‘Cash in Your Pocket’, financial inclusion officers in GP practices and supporting self care through face to face, telephone and web based support. A programme of modernising primary care will embed coproduction and self care in routine practice.

To underpin these priorities we will:

Develop public health capacity and capability to provide professional, scientific and delivery expertise to our partners.
NHS Grampian 2020 Vision

Future Grampian Plan
- LDP
- Clinical Priorities (acute/secondary, tertiary & H&SCI)
- Improvement Plan
- Acute Waiting Times Implementation Plan

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- LDP
- Clinical Priorities (acute/secondary, tertiary & H&SCI)
- Improvement Plan
- Acute Waiting Times Implementation Plan

NoSPG Plans
- Cardiothoracic
- Cancer
- Major Trauma
- Paediatrics
- Eating Disorders
- CAMHs

NHS Grampian Plans
- NHS Grampian Quality Strategy/Plan
- Grampian Living and Dying Well Action Plan
- Grampian Unscheduled Care Plan for 2014/15
- Acute Flow Plan
- Grampian Planned Care Plan
- NHS Grampian Workforce Plan 2014/15
- NHS Grampian eHealth Plan
- DPH Report and NHS Grampian PH Work Plan
- NHS Grampian 5 Year Finance Plan
- NHS Grampian PAMS
- NHS Grampian Organisational Development Plan
- NHS Grampian Maternity Strategy
- NHS Grampian Carers Strategy
- NHS Grampian Keep Well Programme Delivery Plan
- Community Hospitals Strategy (Draft)
- Health Protection
- Acute Plans (individual service plans, acute workforce plan, acute contingencies plan etc)
- Contingency Plan

Partnership/NHS Grampian Plans
- Single Outcome Agreements (Aberdeen City (AC), Aberdeenshire (A) & Moray (M))
- Delayed Discharge Joint Action Plan.
- Joint Commissioning Plans for Older People (AC, A & M)
- CHP Pharmaceutical Care Service Plans (AC, A & M)
- Palliative Care and End-Of-Life Care Plans (AC, A & M).
- ADP Strategy & Plans (AC, A & M)
- Health, Community Care and Criminal Justice Plans.
- MCNs (cancer, cardiac, diabetes, dental, respiratory, eye health, stroke, sexual health & BBV)
- Grampian GIRFEC Implementation Plan
- Grampian Child Health Strategy & Action Plan
- Health and Transport Action Plan
- Dental Action Plan (AC, A & M)
- Grampian Winter Plan 2014/15
- Adult Learning & Disability Plans (AC, A & M)
- Contingency Plans (AC, A & M)
- Joint Mental Health & Wellbeing Strategy/Plans

Further information on specific speciality/disease and geographical plans are available upon request.