



NHS GRAMPIAN

ANNUAL REVIEW

MONDAY 8th NOVEMBER 2010

SELF ASSESSMENT REPORT

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(Mandarin)

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**ANNUAL REVIEW
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Appendix 1 North of Scotland Planning Group Report

Chapter 1

Introductory Comments

This self assessment report follows the format of the agenda for the Annual Review meeting to be held on Monday 8th November 2010 in Committee Room 5, Aberdeenshire Council, Woodhill House, Aberdeen.

The Annual Review will be conducted by the Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon MSP, and her Scottish Government Team. NHS Grampian's response will be led by Board Chairman, Dr David Cameron, accompanied by Chief Executive, Richard Carey, and representatives of the senior management team.

This self assessment does not aim to be a comprehensive picture of activity in NHS Grampian in 2009/10 and into 2010/11. It can provide only a snapshot of the continuing work delivered by the staff of NHS Grampian and colleagues in partner organisations to deliver high quality health and healthcare.

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

Chapter 2

Progress Against 2008/09 Annual Review Action Points

NHS Grampian's 2008/09 Annual Review took place on 2nd November 2009. Following the meeting, the Cabinet Secretary for Health and Wellbeing wrote to the Board Chairman setting out the actions agreed at the review. A mid year review was held in January 2010 when progress was discussed. Information on the current position with these actions is detailed below and throughout the report.

2008/09 Agreed Action	Position at September 2010
Implement changes to cancer services emerging from work with Professor Alan Rodger	<p>A Unit Clinical Director was appointed and continues to develop into the leadership role. Further staffing enhancements have been made to all aspects of the service.</p> <p>Interim improvements to the physical accommodation and infrastructure continue to be made. The new High Dose Rate Brachytherapy Unit has opened. The Haematology Day Unit has opened and is working successfully in its new and extended location.</p> <p>The Oncology Clinic has been relocated to refurbished accommodation in the Rotunda outpatient building. High level operational policies have been developed for the relocation of inpatient beds to the Emergency Care Centre in 2012.</p> <p>The Radiotherapy Business case is continuing through approval processes, with close involvement of Scottish Government Health Directorates and the national replacement programme.</p> <p>The Cancer Centre Project Board has become a Managed Clinical Network (MCN) within the Grampian MCN framework. A Network Manager has been identified and initial meetings have been held. Dr Alan Rodger remains in close contact with the service and regularly attends the Project Board/MCN meetings as an external advisor.</p>
On finalisation of report, consider and act on findings of neonatal services review	<p>An implementation plan was produced following finalisation of the report and implementation has been closely monitored with regular reporting to Scottish Government Health Directorates. All actions have identified leads and timescales for completion. By December 2010 all actions will be completed.</p>
Review performance against key targets for improving health (childhood obesity; Counterweight; alcohol brief interventions; smoking cessation) and report to Health Directorates by January 2010 on plans for improvement	<p>A full report on current performance along with plans for improvement was submitted as requested.</p> <p>Progress with the action plan was reviewed in August 2010. Regular reports on key measures are submitted to Scottish Government. Full information is provided in Chapter 4.</p>
Continue progress against targets, including HEAT targets, which	<p>Shifting the balance of care continues to be a key priority within our 2010-2013 Health Plan and delivery</p>

2008/09 Agreed Action	Position at September 2010
support shifts in the balance of care (reducing hospital readmission rates; increasing number of older people with complex care needs receiving care at home; reducing number of emergency bed days for people over 65)	of these HEAT and other targets are embedded within our day to day work. Our change programme known as 'Continuous Service Improvement (CSI) Grampian' is supporting this change and our long term conditions programme is particularly focused on the listed targets. Further detail is given in chapter 5.
Continue progress against existing HEAT targets for mental health and ensure Board is ready to address new Child and Adolescent Mental Health Services (CAMHS) target effectively	Chapter 3 provides further information on the good performance within mental health services. We are currently integrating specialist CAMHS services into overall service provision and whilst there are recruitment difficulties we expect to be well placed to plan and deliver the required improvement.
Agree capacity requirements at Scottish Regional Treatment Centre and utilise them when service returns to NHS in January 2010	Full use of the facility is planned and work is underway to embed this within care pathways. The delay in commencing the handover from Netcare to NHS Tayside meant we had no operating capacity in January and February with orthopaedics starting in March and general surgery, urology and gastroenterology commencing in April. Quarterly reports are to be produced to monitor activity against the financial value of the agreed contract.
Meet all waiting times targets	At the end of March 2010 NHS Grampian met all inpatient, outpatient and cancer waiting time targets. There were 2 patients who exceeded the 4 week diagnostic test target but from April onwards this has also been delivered in full. The 4 hour A&E target continued to prove a challenge throughout the year but from May 2010 onwards this has been met throughout the area. Further information is in Chapter 3.
Address staffing issues with a view to reinstating maternity service in Fraserburgh Hospital by January 2010	The maternity service at Fraserburgh has been fully operational once more since early February 2010.
Take on board lessons learned from Clostridium Difficile (Cdiff) outbreak at Dr Gray's and Healthcare Environmental Inspection (HEI) report on Aberdeen Royal Infirmary and ensure implementation of Healthcare Associated Infection (HAI) Action Plan	Addressing all aspects of HAI remains a top patient safety priority across the organisation. Bi monthly Healthcare Associated Infection reports are presented to the NHS Board. These include the up to date position against the key HAI measures and associated initiatives. Action plans produced following the HEI visits to ARI and Dr Gray's have been integrated into work plans and progress is reviewed regularly. More information is given in Chapter 3.
Maintain dialogue with Health Finance Directorate on financial planning with particular reference to efficiency targets, reducing reliance on non-recurring expenditure and capital investment programme	There has been regular ongoing dialogue throughout the year. Further information on performance is included in Chapter 6.

Chapter 3 Improving the Quality of Care and Treatment for Patients

This chapter of the self assessment report covers NHS Grampian's performance against a range of 'Treatment' and 'Access' targets within our Local Delivery Plan. Chapter 5 contains information relating to those 'Treatment' measures which are associated with Shifting the Balance of Care. This chapter also provides more detailed information on what we are doing to tackle Healthcare Associated Infection, implement the Quality Strategy and to improve public involvement and the patient experience.

Summary Performance against 'Treatment' and 'Access' Targets

Measure	Performance		Plan
Number per year of MRSA/MSSA Bacterium infections	182 at March 10	R	159
Rate of C.Diff infections per month per 1000 occupied bed days (patients aged 65 plus)	0.99 at March 2010	G	1.19
QIS Clinical Governance & Risk Management Standards	10 out of max 12	G	9
Number of Antidepressant Daily Defined Doses per capita (aged 15 and over)	31.81 at March 2010	R	26.80
Psychiatric Readmissions within one year (annual figure to date)	322 at June 2009	A	307
Number of People with Dementia on QOF dementia register	4035 at August 2010	G	3805
(new) 62 day urgent referral to treatment for Cancer	93.8% at June 2010	A	95%
(new) 31day cancer target - Max wait from decision to treat to treatment	97.6% at June 2010	G	95%
Referral To Treatment Admitted Completeness	71.7% at July 2010	A	74%
Referral To Treatment Admitted Performance	57.1% at July 2010	G	44%
Referral To Treatment Non Admitted Completeness	82.1% at July 2010	G	78%
Referral To Treatment Non Admitted Performance	57.9% at July 2010	A	57.9%
Number of New Outpatients waiting more than 12 Weeks from Referral (GP/GDP)	0 since March 2010	G	0
Number of Inpatients waiting more than 9 weeks	0 since March 2010	G	0
Number of patients waiting over 4 weeks for Key Diagnostic Tests	0 since April 2010	G	0
% A&E discharge or transfer within 4 hours	Above 98% since May 2010	G	98%
% Patients receiving 48 Hour Access to GP Practice Team	93.3% 2009/10	G	90%
% Patients able to book GP appointment more than 2 working days in advance	85.7% 2009/10	A	90%

Healthcare Associated Infection

Prevention of Healthcare Associated Infection (HAI) is a major priority for NHS Grampian. Over the last year we have seen a large improvement with levels of infections such as Clostridium difficile and MRSA reducing. This has been achieved by changes in antibiotic prescribing and the upgrade of facilities available to patients, combined with strict infection control measures by staff and visitors to our premises. Since January 2009 bi-monthly reports on all aspects of HAI have been submitted to the NHS Board. Key points include:

- Staphylococcus Bacteraemia: the HEAT target required Grampian to deliver a 35% reduction in MRSA/MSSA bacteraemia between March 2006 and March 2010. Whilst there was a steady fall in the number, the rate of decrease at 25.4%, was insufficient to deliver the March 2010 target in full. Boards have been asked to deliver a further 15% reduction by March 2011. We remain above trajectory but a number of initiatives are being implemented to address this, focusing on patients with central venous and peripheral venous catheters.
- Clostridium Difficile (Cdiff): the HEAT target requires a 30% reduction in Cdiff infection rates in those aged 65 and over by March 2011. Rates have fallen substantially since a high in the quarter to December 2008 and performance has been better than trajectory in the quarters to December 2009, March 2010 and June 2010. A fall of 22.1% has been delivered in the period to March 2010. Antibiotic prescribing guidelines for primary care were reviewed and relaunched in April 2010 and those in acute care are currently under review. Recent antibiotic prescribing data suggest that there has been a significant reduction in the prescription of those antibiotics most associated with Cdiff infection (see below).
- Hand Hygiene: Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. NHS Grampian has set a local target of 95% compliance and has delivered this in the last 3 bi-monthly audits. Where individual wards do not achieve 95% they are required to develop an action plan to deliver improvement. All results are displayed at ward level.
- Hospital cleanliness: hospital cleanliness is assessed in accordance with a national framework and involves NHS Grampian staff and members of the public visiting areas to assess performance. The national target is 90% compliance and the most recent report for April-June 2010 shows Grampian's performance to be 94.2%.

Antibiotic Management

The antibiotics with highest risk of causing Cdiff infection are known as the 4Cs (co-amoxiclav, cephalosporins, clindamycin, ciprofloxacin and other quinolones) and have been restricted across NHS Grampian acute sector since the update of the antimicrobial guidelines in April 2009. Between April 2009 and March 2010 the use of the 4C antibiotics as a percentage of all antibiotic use has fallen from 45% to 20% in the acute sector and 30% to 5% in community hospitals. Primary care prescribing of 4Cs has seen a similar average fall from 17% to 10%. Expenditure on inpatient antibiotics in the acute sector in 2009/10 was £287k less than 2008/09, showing a 24% reduction.

An audit of empirical antimicrobial prescribing is ongoing in the ARI and Woodend Acute Medical Admission Units. In the Scottish Medicines Consortium/Scottish Antimicrobial Prescribing Group hospital-based empirical antibiotic prescribing report published in May 2010, we achieved a 92% compliance rate with the empirical guidelines in the audited wards, which was above the national average of 76%, and was highest compared to all other Boards.

Healthcare Environmental Inspections

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

Over the last year NHS Grampian has had five visits by the HEI Inspection Team.

An inspection of ARI was undertaken in October 2009. The findings from the visit covered nine requirements plus six recommendations for improvement. A comprehensive action plan was produced. There were two unannounced inspections of ARI - one in November 2009 and one in February 2010. These visits confirmed good progress had been made. The action plan developed following the ARI inspections has been completed. Further work to improve the Health Care Environment is taken forward as part of the NHS Grampian annual HAI Workplan.

A Dr Gray's visit took place in April 2010. The inspection team noted that the hospital was clean and in a good state of repair, and that staff understood their responsibilities for infection control. The report made a number of recommendations for further improvement in clarifying the audit process and lines of accountability, improving storage, developing documentation and ensuring staff have access to the latest policies. All these matters have been taken forward.

The NHS Grampian Infection Control Committee monitors any outstanding actions from the HEI visits. All actions are now incorporated into the NHS Grampian Infection Control Work Plan which is reviewed at each bi-monthly meeting. Some recent actions include:

- The introduction of a bi-annual organisation wide mattress audit system.
- The updating and intranet availability of the NHS Grampian Decontamination of General Purpose Equipment and Reusable Medical Devices Protocols / Guidance. This provides clarity on all decontamination issues and equipment cleaning schedules.
- The implementation of standard domestic schedule templates based on National Domestic Specification requirements.
- A clean equipment tagging method is currently being rolled out throughout NHS Grampian.
- Work continues to develop a cleaning specification and manual for the more commonly used pieces of patient equipment, for example commodes and hoists.

- Senior charge nurses report physical environment issues to the Estates helpdesk. Reinforcement of this is included in the Patient Safety Walkround process by members of the Board Executive Team.
- Routine monitoring of maintenance logs now takes place with larger projects being escalated to a Healthcare Associated Infection master list. This list is considered by the Asset Investment Group.
- All senior charge nurses have been reminded how to access on line Infection Control Policies and to ensure no out of date paper copies are retained on the ward.

Implementing the Quality Strategy

The NHS Scotland Quality Strategy was launched in May 2010. The strategy is entirely consistent with NHS Grampian's Health Plan and we are in the process of aligning it with existing strategies to ensure it is embedded and integrated with all we do. We have recently begun work on the development of a NHS Grampian Health and Care Framework and the Quality Strategy will be a key driver for this work. In particular we will be ensuring that decision making and priority setting is consistent with the Quality Strategy.

In order to promote Board-wide engagement and to ensure that the key Quality Strategy messages are shared widely we have set up a Quality Strategy intranet page, included information on the strategy in our staff newspaper *Upfront* and discussed it in the most recent round of Face2Face sessions with staff. Following consultation with staff we submitted to Scottish Government 20 existing exemplars of high quality healthcare and quality improvement approaches in Grampian. These included:

- Protecting patient mealtimes.
- Hospital at Night and Health Care support workers.
- Advanced Nurse Practitioners in acute medicine.
- Informal Healthcare Environmental Inspections of community hospitals in Aberdeenshire.
- A liaison nurse providing support for people with learning difficulties within acute healthcare setting.
- Patient safety walkrounds in mental health services.
- Venous cannulae insertion, access and re-insertion within the surgical unit.
- Ward housekeeper role linked to Healthcare Associated Infection / C Difficile.
- Patient satisfaction audit and dignity and compassion in care.
- Civil contingencies arrangements.
- A Grampian-wide audit of nurse record keeping.

We are developing a NHS Grampian Corporate Quality and Safety dashboard using measures of quality currently used locally to support and report on quality improvement. This will be aligned with the Quality Measurement Framework being developed nationally. We have developed tools to assist with the implementation of the Quality Strategy. One is a Quality Framework which sets out our standards for the public and patients, staff and the organisation in terms of safe, effective and person-centred care. This is being used within clinical and educational systems. Also

we have developed a tool to prompt staff to ask if their care is safe, effective and person-centred. The tool is being used in conjunction with Senior Charge Nurses

Patient Safety Programme (PSP)

Embedding quality improvement in all we do builds on the considerable work already delivered in Grampian as part of the Patient Safety Programme. From research evidence we know that patient safety in NHS Grampian is good by international standards, but we continue to work to make it even better.

Over the last year we have :

- Extended the Walkround process by senior members of staff and the public, to identify areas affecting patient and staff safety, to include child health, primary care and mental health.
- Raised patient safety awareness through the education of staff and students by developing a framework for safety and quality education. This is being tested at undergraduate and postgraduate levels as well as induction and specialist training modules for medics, nurses, allied health professions, pharmacists and GP trainees.
- Supported charge nurses to lead on patient safety in their ward and department areas.
- Used tools to improve communication between staff at change of shifts and when patients are transferred to a different ward.
- Implemented all areas of the programme in critical care with improvement noted in both process and outcome measures in ITU.
- Developed the role of a Medication Safety Officer to support work on e.g. Warfarin prescription charts, introduction of a new drug Kardex and a patient information leaflet that has been shared with other Boards.
- Introduced “releasing time to care”, to allow nursing staff to meet individual care needs, such as protecting mealtimes to assist patients with eating and drinking.
- Displayed information on wards to show patients and the public the work that is being done to improve the safety and quality of care provided in that area.
- Continued to carry out work to improve healthcare premises.
- Extended the awareness of the Datix incident reporting system to the medical staff and we have set up email alerts for high and catastrophic incidents with senior managers and clinicians.

Governance Systems

Quality Improvement Scotland reviewed NHS Grampian’s performance against the national Clinical Governance and Risk Management Standards in July 2009. Good progress was assessed across all strands since the first review in 2006 with an overall allocated score of 10 out of a possible 12.

Business Area	Performance Level
Risk Management	4 Reviewing
Emergency Planning	3 Monitoring
Clinical Effectiveness and Quality Improvement	4 Reviewing

Business Area	Performance Level
Access Referral Treatment and Discharge	3 Monitoring
Internal Communications	3 Monitoring
Equality and Diversity	2 Implementing
Clinical Governance & Quality Assurance	4 Reviewing
Fitness to Practise	2 Implementing
External Communications	3 Monitoring
Performance Management	4 Reviewing

NHS Grampian strengths were identified as:

- Robust joint working arrangements with partner agencies.
- Comprehensive risk management structures embedded well at both a strategic and operational level.
- Effective emergency planning arrangements which had been tested and evaluated by a range of real life emergencies.
- An extensive range of clinical effectiveness and quality improvement and access, referral, treatment and discharge activity taking place across the organisation.
- Mature arrangements for clinical governance including strong clinical engagement from community health partnerships and sectors.
- Mature arrangements for performance management including cross-system performance review.
- Continuing annual visits to sector governance groups by the Director of Nursing, Head of Clinical Governance and Risk Management and Chair of the Clinical Governance Committee. This is part of our clinical governance evaluation plan.

Independent Inquiry into care provided by Mid Staffordshire NHS Trust

NHS Grampian has also given full consideration to the findings of the Independent Inquiry into care provided by Mid Staffordshire NHS Trust. This has included discussions and workshops involving the Clinical Governance Committee, the Area Partnership Forum, the Area Clinical Forum, the Board Executive Team, the Feedback Team and senior nurses in the acute sector. At its August 2010 meeting the Grampian NHS Board discussed the outcome of these events and approved the actions identified for implementation across the system.

Patient Focus and Public Involvement (PFPI)

NHS Grampian has a strong commitment to all aspects of Patient Focus and Public Involvement. PFPI has become progressively embedded in the day to day work of the organisation, at an operational and strategic level. This commitment has been further endorsed by having *involving patients, carers, the public, staff and partners towards mutuality* as one of our five organisational strategic themes. The Board has a PFPI Committee which provides strategic direction, quality assurance and monitoring of progress on all aspects of PFPI. Last year the PFPI Committee approved the NHS Grampian three year PFPI Framework (2009-2012) which sets out the PFPI strategic direction and the activities which will deliver this.

The evaluation of the processes, tools and techniques applied to PFPI is paramount, with evidenced learning being applied to future activity. However, PFPI is about people and how the NHS interacts with patients, carers, the public and local communities and how the organisation works with its staff. It involves real actions, practical applications of tools and techniques, pragmatic advice on complying with legislation, implementing national guidance and learning from examples of best practice from Grampian and elsewhere.

Various external organisations play a role in external scrutiny of our PFPI work. The Scottish Health Council has a major role in assessing and verifying PFPI activity. As part of this assessment process a full self assessment report was produced for the Scottish Health Council and includes information on the range of PFPI activity in Grampian over the last year as well as a number of more detailed case studies. The report was endorsed by the Scottish Health Council as an accurate account of progress in the last year. Some examples of progress and activity in the last year include:

- The successful continuation of the NHS Grampian Community Forum which is open to members of the public with an interest in health and meets to discuss Grampian-wide issues. Plans are being developed to re-launch the Forum in 2010. This will include agreeing a revised role and remit, increased marketing, and formalising links with Community Health Partnership (CHP) local Public Partnership Forums (PPF).
- Public Partnership Forums operating within each CHP aligned to individual CHP needs. These had a pivotal role in the NHS Grampian Health Plan 2010-13 consultation in autumn 2009. Within individual CHPs examples of PPF activity include:
 - Aberdeen City – a PFPI officer has been appointed and the public have been actively involved in the 3 major projects of Primary Care Redesign, Intermediate Care and the Health and Care Village development.
 - Aberdeenshire – locality based PPFs have been involved in the reconfiguration of beds in the north, service change at Inch and as lay reviewers for hand hygiene audits in community hospitals.
 - Moray – there is a well-established, active group who meet monthly to discuss local issues and how to ensure patient/public involvement. Members are involved in and represent the Forum in projects including the Dr Gray's Hospital development, Eye Redesign Services, local Healthcare Associated Infection audits and the development of a Spiritual Area in Dr Gray's.
- Grampian is part of a national pilot with dedicated PFPI staff gathering patient experiences of cancer services and ensuring improvements to services. Patient experience is also informing many of the organisation's priority programmes such as Intermediate Care and Better Care Without Delay. Results for the national Better Together survey demonstrated a good response rate by the Grampian population.
- Two consultation events were held in different languages; facilitated by bi-lingual interpreters and written material. Both events were well attended with a minority of participants able to speak English. One outcome was the development of six booklets on specific services in different languages.

- The NHS Grampian Disability Equality Scheme 2010-2013, cited as a “Model of Excellence”, was produced by the NHS Grampian Disability Discrimination Act Review Group following consultation with disabled people. Subsequent developments include a Guide for Services for Disabled People and Carers; pictorial/accessible material for people with aphasia or learning disabilities and disabled toilets with adult changing facilities.
- Building on the success of the existing Healthpoints for patient, public and carer Information at ARI and Aberdeen Indoor Market, a new facility opened in Peterhead. Information screens have been secured in Aberdeen and throughout Aberdeenshire to display NHS and health information.
- A wide range of activities has taken place under the umbrella of spiritual care and include the updating of the Spiritual Care Policy and a successful bid by the chaplaincy team for a grant from NHS Education for Scotland to promote “Spiritual Care Matters”. Following a successful promotional campaign of this resource for all NHS Scotland staff, chaplains are responding to requests from across NHS Grampian to talk about how spiritual care matters.

Patient Experience

NHS Grampian has a Nurse Consultant post, which is dedicated to patient safety and patient experience. The post-holder is engaged in supporting staff to collect and use patient experience information for improvement. Patient experience activity in NHS Grampian includes the following:

- A toolkit has been developed to support senior charge nurses in enhancing the patient experience. The toolkit is available to download from a Patient Experience intranet page and includes advice and techniques for a variety of methodologies, which can be used to elicit patient experience information. The toolkit also advises on how to use patient experience information for service improvement.
- We have developed a Patient Experience web page on the NHS Grampian intranet with information for staff on what is meant by patient experience and how we can learn from patient experience. It also includes links to the Better Together web site and to the NHS Quality Strategy for Health Care.
- Feedback reports are regularly and increasingly being used by service providers to identify trends and guide patient experience improvement work.
- Compliments are being reviewed to identify and share good practice.
- Observations of care, patient questionnaires, staff stories, patient stories, workshops and knowledge trees have been used to identify what dignified and compassionate care means to staff, patients, families and visitors to NHS Grampian wards. From this information we have identified a set of pledges which make explicit how we expect our staff to behave with the people they come into contact with. We are now considering how to publicise the pledges and ensure they become embedded in the ways in which we work.
- We have participated in the Better Together Inpatient survey achieving an overall response rate of 54%. We have a plan of how we will support improvement work more effectively in the areas in which we know we have not done as well as expected.

Mental Health

NHS Grampian continues to perform well against the national measures related to mental health. We are particularly proud of our community based approach to mental health service provision. Over the past 30 years we have reduced significantly the number of beds for mental illness and learning disabilities, which at one point exceeded 3000 in number. Over the last 10 years bed numbers have continued to reduce from around 950 beds to the current 470 beds. Over this period, a comprehensive community-based mental health and learning disability service has been developed, with a continuum of care from primary care aligned community teams to day patient and inpatient services.

The Grampian Mental Health Collaborative is presently focusing on continuing to improve access to services and the quality of care for people with mental health needs. The collaborative is Grampian-wide and is made up of service users, carers, volunteers and local authority representatives as well as NHS staff. The national mental health targets are the focus of the collaborative's work. Scottish Government representatives undertake separate performance review visits to mental health services, the most recent visit to Grampian taking place in May 2010 with another planned for November. The May visit noted good local working relationships and a strong commitment from all partners to the delivery of the mental health agenda. Performance against the targets and key initiatives are summarised below.

- **Antidepressant Prescribing:** In common with other areas the rate of antidepressant prescribing has continued to increase so the national target of reducing this rate has not been delivered. NHS Grampian does however have a low rate of prescribing (31.81 Daily Defined Doses per capita at March 2010) when compared with other Scottish Boards (38.17 per capita at March 2010) and at the May visit was commended by the national team for the work we are doing around depression and antidepressant prescribing. The prescribing target is being replaced by one relating to access to psychological therapies. We have recently developed guidance for both prescribing and non-pharmacological interventions. Our GP Toolkit for Non Pharmacological Interventions is complete and has been incorporated in the GP IT system (VISION) and has been successfully tested. One cohort of clinicians has now successfully completed a locally delivered course in Interpersonal Psychotherapy. We believe we are well placed to respond to the new target when it is agreed.
- **Psychiatric Readmissions:** the number of readmissions in Grampian in the quarter to June 2009 was just above plan. Grampian's readmission rate is around the Scottish average. An action plan has been produced to explore a number of areas around unscheduled care including places of safety, reasons for admission to inpatient care, length of stay and discharge processes. A 'service user experience' hospital questionnaire has also been developed.
- **Dementia:** Each Board is required to deliver improvements in the early diagnosis and management of patients with dementia by March 2011. This is measured by the number of people with a diagnosis of dementia on the Quality and Outcomes framework (QOF) dementia register. Grampian has

been ahead of plan on this measure in recent months and in August 2010 achieved the target set for March 2011. We will however continue to work with GPs to encourage them to diagnose patients with dementia and facilitate access to post diagnostic support. We are targeting the practices that we need to work further with to deliver improvement.

- Child and Adolescent Mental Health Services (CAMHS): We continue to implement our CAMHS framework and during 2009/10 we progressed the integration of specialist child and adolescent mental health services into a single delivery unit within mental health services. We expect this integration to be complete by the end of 2010. Our main challenge is the continued difficulties associated with recruitment of specialist CAMHS staff. A new access target is being introduced and by March 2013 no one will wait longer than 26 weeks from referral to treatment for specialist CAMHS Services. We are working towards delivery of this target and have adopted a Continuous Service Improvement approach using Lean methodology to inform our thinking regarding service redesign and capacity issues.

Substance Misuse

Two developmental substance misuse measures have been introduced. Initially these relate to specialist drugs services but will be extended to alcohol services in 2011. The new targets are that by December 2010 90% of referrals for assessment should be offered an appointment within 28 days and 90% of treatments should commence within 28 days of an assessment being completed. At June 2010 Grampian was 63% compliant with the referral measure and 94% compliant with the treatment measure.

At the present time Aberdeen City and Moray are on track to achieve both the targets. Aberdeenshire has commenced a service redesign to deliver the required improvement.

The service in Aberdeen City has been redesigned and huge improvements have already been delivered with partners. The redesigned services are more effective and cost efficient and offer a better mix of clinical and non clinical support. Appointments of team leader staff and investment in the infrastructure has supported the redesign. The structure of services was redesigned along a process based model and into smaller cluster-based teams. This resulted in reduced routes into treatment from 27 to one central point and reduced the process time by 50%. The number of people on the waiting list in Aberdeen City has reduced from 799 to circa 30. The new purpose built Timmer Market rehabilitation centre in Aberdeen City centre is due to open in February 2011.

Improving Access

In December 2007, Grampian established its Better Care Without Delay (BCWD) Programme to provide leadership of the Grampian-wide project to deliver improved access targets including the commitment to a maximum of 18 weeks from referral to treatment by December 2011. Since that time considerable progress has and continues to be made. Targets are being delivered consistently and with a greatly

reduced reliance on the independent sector and without short term waiting list initiatives. A number of our specialties are already achieving the 18 week referral to treatment target.

Improving access times is not however restricted to the BCWD programme. The commitment to improve the patient experience is embedded throughout the organisation. The development of patient pathways enables us to identify those elements of the pathway that can be delivered in primary and intermediate care settings, shifting the balance of care towards locally accessible services wherever possible (see Chapter 5). Work is also ongoing throughout the system to ensure maximum efficiency and capacity, to streamline processes and to improve patient flows (see Chapter 6).

Performance against specific access targets and some key achievements are:

- Inpatients: At the end of March 2010 no patient available for admission at that time had waited more than 9 weeks. This position has been sustained despite considerable challenges within some specialties relating to theatre capacity and specialist staff availability.
- Outpatients: At the end of March 2010 the maximum 12 week waiting time for available patients was met and has also been sustained.
- Cancer: 95.8% of urgent referrals with a suspicion of cancer were treated within the 62 day target in the January to March 2010 period. Unfortunately performance fell to 93.1% in the April to June 2010 quarter but monthly local monitoring suggests the position has improved again. Very small numbers of patients can have a big impact on the assessed performance against this target. The second cancer target relates to decision to treat to treatment within 31 days and this was met in both January-March and April-June quarters.
- Diagnostic Tests: At the end of March 2010 two patients had waited longer than 4 weeks for one of the 8 key tests covered by this target (Colonoscopy, Flexible Sigmoidoscopy, Upper GI Endoscopy, Cystoscopy, Barium Studies, CT scan, MRI, Non-Obstetric Ultrasound). However by the end of April the target was being met in full and this position has been sustained.
- Referral to Treatment: the overall aim is to deliver a maximum referral to treatment time of 18 weeks by December 2011. There are four interim measures in place which track progress with the recording of the data associated with this target and performance against the target itself. Performance against two of these measures is currently assessed as amber but we are confident that this position will improve, especially when our new Patient Management System becomes operational in February 2011.
- Clinical Guidance Intranet: We have developed a Clinical Guidance Intranet, a web-based tool to support referral practice. This will provide a comprehensive directory of services in primary and secondary care, succinct and current guidance to support referral decisions and a pathway development forum to

allow primary and secondary care clinicians to work collaboratively to build and review pathways of care.

- Pre-Assessment: We have rolled out pre-admission assessment to ensure patients are fit and ready for surgery and have had the opportunity to raise questions or discuss concerns about their operation. The redesign of the orthopaedic pre-assessment clinic resulted in an increase in the number of appointments available, a reduction in the amount of time patients spend in the clinic and the release of physiotherapy, occupational therapy and nursing time through improving how the clinics are scheduled. The release of physiotherapy time has allowed more time to support post-operative patients on the ward.
- Accident & Emergency (A&E): We have had difficulty in delivering the maximum 4 hour time from admission to discharge/transfer in A&E departments on a sustainable basis. However since May 2010 the 98% compliance has been met in full at all sites.
- Primary care access: Data from the 2009/10 GP Patient Experience Survey was published in July 2010 and showed that Grampian's performance against both measures had improved since the 2008/09 survey. 93.3% (weighted) of Grampian patients reported that they could obtain access to an appropriate member of their GP practice team within 48 hours, up from 88.2% in 2008/09. 85.7% (weighted) reported that they could make an advance booking more than two days in advance, up from 76.2%. The target for both these measures is 90% and we continue to work with GP practices to deliver improvement as feedback from our Health Plan consultation highlighted that this was an important issue for patients.
- Dental access: NHS Grampian signed up to a very ambitious four year Dental Action Plan in 2008. This included setting clear targets to increase the number of dentists working in Grampian. At March 2010 there had been an increase of 45 general dental service dentists (independent and salaried) since 2007, which exceeds our local target but also exceeds the national target of a 20% increase in the dental workforce between 2005-10. Dental service facilities continue to expand with five new independent practices in 2009/10 (over twelve surgeries) and a further five additional practices planned. The dental school has clearly had a huge impact with sixty three surgeries available there alone. Information on oral health is included in Chapter 4.

Chapter 4 Improving Health and Reducing Inequalities

This chapter of the self assessment considers Grampian's performance against the key health improvement and health inequality targets as well as providing information on how we are working with partners to deliver shared local outcomes.

Summary performance against Health Improvement targets

Measure	Performance		Plan
Number of Inequalities Targeted Cardiovascular Health Checks	1018 at March 2010	R	1387
Number of completed Child Healthy Weight Interventions	110 at June 2010	R	196
Number of Alcohol Brief Interventions	6819 at June 2010	R	9124
% of key staff trained in Suicide Prevention	42% at June 2010	G	42%
Number of Successful Smoking Cessation Quit attempts	5016 at June 2010	G	5015
% Exclusive Breastfeeding at 6-8 weeks	37.9% 2009	A	38.6%
3-5 year olds registered with a dentist	75% at June 2010	A	80%

Towards a Health Improving and Inequalities Sensitive Organisation

The expectation of life expectancy at birth continues to improve in Grampian, with men living 2.5 years longer and women 1.4 years longer than ten years ago. This rate of improvement is less than the Scottish average, however the Grampian position overall remains second highest of all NHS Boards. Life expectancy at birth is useful in investigating health inequalities and there are differences within Grampian, especially between Aberdeen City and Aberdeenshire. Life expectancy across all local council areas remains higher consistently than the Scottish average and considerably higher than the lowest in Scotland, where men in Greater Glasgow & Clyde are expected to live 4.9 years less than in Aberdeenshire. Healthy Life expectancy is also higher in Grampian compared to Scotland overall.

One of NHS Grampian's five strategic themes is to improve health and reduce health inequalities with the aim of enabling a health improving and inequalities sensitive organisation within 10-15 years. We aim to ensure we have the capacity and capability, as part of a wider partnership approach, to deliver long-term solutions to:-

- Sustain and improve health outcomes
- Identify and reduce inequalities in access and use of services
- Identify and reduce the gap in health outcomes between the advantaged and disadvantaged.

During 2009/10 an Improving Health and Reducing Inequalities short-life group was led by the Director of Public Health and Planning. Milestones for the short, medium and long-term were set. Short term milestones were to build capacity and to equip NHS Grampian to lead and support this agenda. Progress has been made in

embedding delivery of these aims throughout the organisation. The following examples highlight work to date:

Acute Sector: The acute sector has established a public health group with four working groups on inequalities, tobacco, alcohol and Healthy Working Lives.

Programmes of work have included:

- involvement of local ethnic communities resulting in translation of key patient information in local ethnic community languages
- Cash in Your Pocket, a financial inclusion scheme now operated within Woodend Hospital and Aberdeen Royal Infirmary (ARI)
- The development of a service level agreement with Community Food Initiatives North East (Social Enterprise), for Dr Grays, Cornhill and ARI to provide retail outlets for fruit and vegetables.

Community Health Partnerships (CHPs): In line with NHS Grampian strategic approach the three Grampian CHPs are working with their Community Planning Partners to develop and deliver a range of projects tackling factors which contribute to inequalities in health. Progress is monitored through the Single Outcome Agreements for each partnership and internal NHS Grampian performance arrangements. Examples include:

- In Moray, the partnership has established the Mobile Information Bus to provide information, advice and support on health and lifestyle, financial inclusion, housing and carer support to population groups living in areas of social disadvantage and deprivation in Moray, supporting positive lifestyle choices.
- In Aberdeenshire, Fraserburgh is a test site for a complementary programme of work addressing life stages within the community to reduce health inequalities. This programme has been made possible through partnership funding.
- In Aberdeen City, the CHP is planning to use capital investment in the Community Health and Care Village building as a contribution to regeneration of the city centre. The Health Village will focus on 'health' not 'illness', encouraging and supporting self care.

Grampian-wide: A number of pan-Grampian programmes exist to support the Community Planning Partnerships. In recognition that good health is an important currency in developing and sustaining a productive and thriving economic and business environment, the three CHPs support the Health and Work Programme. The programme exists to help support people with health issues into work, promote health and wellbeing at work and to enable people with health issues to remain within the workplace:

- Supporting People with Health Issues into Work: The Condition Management Programme in Grampian undertook 702 initial assessments between April 2009 and March 2010. 62% of those starting the programme had issues regarding mental health, ranging from lack of self esteem, anxiety, mild depression through to issues of anger and loss. The uniqueness of the CMP is that vulnerable people can access health related support without clinical diagnosis and access to healthcare and treatment. Working upstream in this way helps de-stigmatise issues relating to mental health and maintains support in the community rather than within specialist mental health services.

- **Healthy Working Lives:** The Healthy Working Lives (HWL) National Award Programme provides a logical framework for organisations of any size and business sector to improve the health of its workforce. Currently 194 organisations in Grampian have registered for the award. NHS Grampian is actively involved in HWL. Moray CHSCP, which includes Dr Gray's, Leancoil, Seafield, Turner Memorial, Fleming and Stephen hospitals, achieved a Gold award in September 2010. Initiatives within the CHSCP include: Achievement of Healthy Living award; Health Walks across all six sites, Health Visitors using specially adapted bikes to use when visiting patients in the community and renovation of the Rose Garden and the provision of a Sensory garden within the grounds of the Dr Gray's Hospital for the use of patients, staff and visiting relatives.
- **Keeping People in Work:** Working Health Services Grampian offers free advice and treatment to employees of Small and Medium Sized Enterprises in Grampian to support people with health issues to stay in or return to work. Within NHS Grampian an Integrated Attendance Management programme has supported NHS Grampian to achieve a reduction in sickness absence.

External partnership ensures a more coordinated approach to key target groups, minimising duplication and pooling of resources. NHS Grampian has two representatives on each of the three Employability Forums in Grampian: The Chair of the NHS Grampian Forum maintains a pan-Grampian overview and a public health representative from each of the local CHPs ensures added value at a local level.

Coronary Heart Disease/Inequalities Targeted Cardiovascular Health Checks

Coronary heart disease (CHD) is preventable and the main risk factors are behavioural – smoking, obesity, lack of physical exercise. Socioeconomic deprivation is also a well recognised risk factor for CHD. Mortality rates from CHD in the most deprived areas in Scotland are almost double those of the least deprived areas. For premature deaths the inequality gap is even greater with standardised mortality ratios for the most deprived groups around four times those of the least deprived (SIMD deciles, 2003-2007), similar trends are seen in Grampian. The CHD mortality rate for men and women remains substantially lower than the Scottish average.

By 31st March 2010, NHS Grampian had delivered 1018 targeted cardiovascular health checks against a target of 1387. These health checks were being delivered by ten Keep Well GP practices, including the homelessness practice. Whilst the target was not delivered in full, the rate of delivery of health checks increased by 10% in the last quarter of 2009/10.

We have committed to delivering a further 1495 health checks in the period to March 2011. By July 2010, 289 completed checks had been delivered which was below the planned number of 497 by this time. Monthly performance management arrangements are now in place and discussions include the potential to increase health check delivery capacity through to March 2011. Those currently delivering the checks are Keep Well practices in Aberdeen City (including Community Pharmacy), the Well North Dufftown/Moray Programme and the Community Pharmacy pilots in Moray and Aberdeenshire. Improvement will be delivered through:

- Securing new practices – we aim to recruit at least fourteen Keep Well practices. A further three GP practices in Aberdeen City have signed up to participate with a view to commencing health checks in September 2010.
- A revised Local Enhanced Service Contract for practices (April 2010).
- Work being undertaken to increase the number of health checks in Aberdeen City for patients of non-participating practices and existing Keep Well practices through existing complementary delivery models such as the Healthy Hoose and GMED/Out of Hours. New complementary delivery models are being initiated including:
 - Aberdeen Sports Village - delivery of health checks commenced at the end of June 2010 for an identified cohort of patients from a neighbouring GP practice.
 - Community Nurse Model – three part time Community Bank Nurse staff have been recruited to deliver health checks.
 - Community Pharmacy (Aberdeen City) – two pharmacy ‘test’ sites are linking with a neighbouring GP practice to deliver health checks for an identified cohort of patients commencing delivery late August and early September 2010.
 - Community Pharmacy (Aberdeenshire) – A Project Co-ordinator has been recruited to progress a pilot with four community pharmacies in Fraserburgh to deliver health checks linked to two GP practices.
 - Community Pharmacy (Moray) – work is in progress to commence health check delivery via three community pharmacies.

Healthy Weight

There is limited data available on the prevalence of obesity in the population. Estimates suggest that around 24.2% of the Scottish population are obese and this is reflected in estimates in the Grampian population. Obesity has a severe impact on the health of individuals increasing the risk of Type 2 diabetes, some cancers and heart and liver disease. Obesity is one of the biggest health challenges we face.

The Grampian NHS Board approved the strategic framework for Healthy Eating and Active Living in April 2009 providing the strategic context directing action on maternal and infant nutrition (CEL 36). Actions have included:

- The continued development of an integrated care pathway for adult weight management (ICP) encompassing planning across the North of Scotland.
- Completion of a Health Inequalities Impact Assessment on the pathway as part of the Keep Well programme contributing to the development of an action plan.
- Working closely with Counterweight colleagues to promote counterweight and Healthy Helpings as part of the ICP. While all practices have shown interest in Counterweight, by January 2010 fifteen practices expressed a specific interest with four individuals from four practices being trained. Eighteen patients have been seen through counterweight as part of Keep Well II practices. Between August 2009 and March 2010, 274 people were referred or self-referred to Healthy Helpings with 208 people being in a programme or having completed a programme by March 2010.

- Development and implementation of the CEL 36 action plan which directs activity to support the implementation of the Maternal and Infant Nutrition Strategy for Scotland in Grampian.
- Development of an Integrated Care Pathway for child healthy weight, to ensure the sustainability of work to deliver the H3 target.

Progress towards H3 Child Healthy Weight Target

NHS Grampian has cumulatively delivered 110 of the 196 interventions required by June 2010. Despite falling short of the target we are now improving at significant pace in order to be confident of meeting the target by March 2011. The challenge of identifying, recruiting and providing an intervention which meets the criteria specified in the initial target guidance has consumed considerable developmental time including the negotiation with partners, communication with children, parents/guardians and professionals and testing new programmes, culminating in the development of the Eat, Play and Grow Well (EPGW) programme delivered in a full and mini version. Ongoing liaison with Scottish Government Policy Officers has been helpful to ensure we can meet the challenge of this target, gaining clarity on the interpretation of the guidance, specifically in relation to non-targeted interventions and to maximise the learning from the experience of other Boards. Progress to date includes:

- Referrals to our core intervention, 'Eat Play and Grow Well' (EPGW) are increasing steadily.
- To complement EPGW we have developed non-targeted interventions based on common core elements with delivery varying based on local need, incorporation into existing programmes and involvement of partners. We have developed a 'Simple Steps' booklet, which forms the core of all our non-targeted interventions Grampian-wide. This has been well received by partners and is being used by other Boards. Examples of interventions include 'Mini EPGW' which is a school based programme being delivered in Aberdeenshire and Aberdeen City by a range of staff and offers the opportunity to reach larger numbers of children, in a non-targeted, non-stigmatising way, with key messages that support healthy weight and possible onward referral to EPGW. The Moray Council's Travel Smart Card is a long term travel smart awareness and reward programme targeted at all primary school aged pupils and their parents and provides the basis for our whole school approach in Moray.
- Systems are in place to gather monthly performance data on both targeted and non-targeted intervention.
- Client identification procedures for the targeted intervention are being reviewed due to resistance from parents, low uptake and the resource intensive nature of the current approach. Qualitative research is being commissioned to inform ways to maximise engagement with and effectiveness of our targeted programme.
- The implementation of the NHS Grampian child healthy weight care pathway will support the mainstreaming of referrals to targeted interventions.

Alcohol

It is estimated that around 22% of the adult population drink alcohol at hazardous or harmful levels, with little variation in these figures seen across Scotland. Regular drinking above recommended daily limits risks damaging health. Liver problems, reduced fertility, high blood pressure, increased risk of various cancers and heart disease are some of the harmful effects. In common with other areas of Scotland, alcohol related hospital admissions are increasing in Grampian, although remain lower than the Scottish average. The brief interventions programme is part of our overall effort to tackle harmful drinking before it causes lasting damage to health.

Alcohol Brief Interventions (ABIs)

At June 2010 Grampian had delivered 6819 screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention in line with SIGN 74 guidelines. This was below the plan of 9124. The ABIs were undertaken by general practice (73.4%), by sexual health services (19.6%), in A&E (6.9%) and in an antenatal setting (0.2%). Considerable focus is being placed throughout NHS Grampian to improve on this position and local intelligence suggests that the number of ABIs has increased substantially in the July-September 2010 quarter. An ABI programme facilitator has been appointed and this has resulted in a more coordinated effort on training and implementation and the opportunity to implement relevant strategies such as intensive practice support and performance monitoring.

Primary care remains the setting expected to deliver most of the ABIs. 90% of Grampian practices have now signed up to the Locally Enhanced Service (LES) covering 95% of the population aged over 16. Actions to support practices have been undertaken and are still ongoing including practice visits, telephone/email support, provision of educational resources and practice based training. The number of nurses trained has increased and this has translated into an increase of alcohol screening and ABI delivery.

There has been a significant increase in the number of ABIs being delivered within an A&E setting. An alcohol liaison nurse has been appointed at Dr Gray's Hospital in Elgin. ABIs are also being delivered there by mental health nurse practitioners when they see patients via A&E. Training of staff at minor injury units in Aberdeenshire has commenced and will be rolled out by the end of October.

In common with elsewhere in Scotland, ABIs delivered in antenatal settings remain very low. Between April-July 2010 1020 screenings have been carried out, resulting in fifteen brief interventions.

Suicide Prevention Training

The national target is to reduce suicide rates by 20% between 2002 and 2013 supported by 50% of key frontline staff in mental health and substance misuse services, primary care and A&E being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010. Within Grampian the target reduction in suicide rates has already been achieved with a decrease from 16.1 per 100,000 population in 2002 to 12 in 2007. We are also on track to deliver the training target. At June 2010 42% of the target staff had been

trained. We are on schedule to meet the target for psychiatrists and clinical psychologists and exceed the target for primary care nurses, mental health nurses and mental health officers.

Tobacco/Smoking Cessation

Delivery of the national smoking cessation target is set within the context of overall tobacco control, which is being implemented through action plans developed/being developed by Local Tobacco Alliances (LTA). LTAs are cross-sector groups that feed into community planning and provide a forum for partnership working on Tobacco issues. Activities to date have included the Smoke Free Homes initiative and Smoking in Young People prevention projects.

The NHS Grampian Tobacco Policy (2006) has been under review, which has included a public consultation and the development of a revised Policy presented to the NHS Board in June 2009 and August 2010. The Board, while focused on delivering a smoke free environment has requested further action to secure compliance with the existing 2006 policy in addition to considering revisions to the draft (2009) Policy. This has included the completion of a compliance survey by site managers and ongoing monitoring of patient, public and staff views on the Tobacco Policy.

Progress towards the 4 week quit/smoking cessation target

The adult smoking rate in Grampian continues to be lower than the Scottish average and continues to fall. A key intervention to deliver further improvement is the range of support offered to people to quit smoking. NHS Grampian is expected to deliver 8120 successful quits (at one month post quit) cumulatively over the three years 2008/09 – 2010/11, equivalent to 8% of the area's smoking population stopping smoking. Until very recently NHS Grampian has been below trajectory for this target however as at June 2010 the number of successful quits was 5016 against a target of 5015. 83% of all NHS Grampian quits come through the Community Pharmacy scheme where the cessation rate is 39%. Cessation rates for the Smoking Advice Service (SAS) is higher at 68%. The nature of this target means that there is a time delay in obtaining full data so the position may improve further. We are however aware that to meet the final target the rate of improvement needs to increase. This means more smokers must be encouraged to use the services available.

To help increase referrals:

- A pharmacy incentive scheme was introduced during 2009 with a further enhanced programme launched in August 2010 to increase quit numbers.
- A range of methods is being used to increase public and professional awareness of the services, which include the provision of training for professionals; participating in the national social marketing pilot enhanced by activity aimed at increasing registrations in areas of deprivation.
- A "Just Five Minutes" website has now been launched to provide access to self help support in a format that enables us to measure activity relating to the target. This is also encouraged through ScriptSwitch which will be activated when either patches (all brands and strengths) or Varenicline are prescribed.

- Aberdeen University is undertaking the evaluation of inequalities focused smoking cessation projects. The evaluation will inform further work, in particular in relation to smoking in pregnancy.

Breastfeeding

Breastfeeding has important health benefits for both mother and baby. Action to improve breastfeeding rates in Grampian is part of our programme to improve maternal and infant nutrition. Our programme includes initiatives to improve the nutrition of mums during pregnancy and improving weaning advice in addition to improving breastfeeding rates in areas of greatest need.

NHS Grampian currently assesses the rate of exclusive breastfeeding using a local Infant Feeding Audit reviewed annually. Plans are in place to secure the introduction of the Pre School Child Health Surveillance Programme during 2010. NHS Grampian's exclusive breastfeeding rates at six weeks were 37.9% in 2009, which is slightly below trajectory by 0.7% (38.6%). Focused action is required to accelerate the rate of improvement which has been experienced in recent years to meet the target of 41.2% by March 2011. There is considerable variation across Grampian in line with deprivation, e.g. 32.4% in Aberdeenshire North, and 41.2% in Aberdeenshire Central. Future action is therefore targeted, taking account of good practice from across Scotland.

Progress toward achieving the exclusive breastfeeding target:

- Significant progress has been made across Grampian with the UNICEF Baby Friendly 7 Point Plan for Sustaining Breastfeeding in the Community. This will be implemented initially in Moray and in the Aberdeenshire birthing units.
- The UNICEF Baby Friendly 10 Steps to Successful Breastfeeding is currently being implemented in Aberdeen Maternity Hospital and at Dr Gray's. This is nearing the end of Stage 2, with assessment scheduled for January 2011.
- We continue to participate in national breastfeeding campaigns. In January and February 2010 we took part in the FeedGoodFactor roadshows with locations chosen to target populations where rates are known to be low.

Oral Health/Dental

The national target for dental health is to have 80% of 3-5 year olds registered with a dentist. At June 2010 Grampian fell short of this target with 75% of 3-5 year olds registered. Whilst it is disappointing that the target was not met in full, the registration rate has improved significantly over a short period, the June 2007 rate being 59%. Furthermore we ensure that all children who are placed on our waiting list are allocated an NHS dentist within 2 weeks. The outcome measure which this target supports i.e. primary one children with no dental decay, has been exceeded with the National Dental Inspection Programme reporting performance in Grampian to be 69.2% in 2010 against a national target of 60%. This position reflects significant continuing oral health promotion work further enhanced through the implementation of the Grampian tooth brushing programme since 2005. The trend of

oral health improvement seen in five year olds is also mirrored in older children and adults. An adult dental health survey was completed earlier this year with 3353 people participating in a postal questionnaire. The results show 9.1% of adults with no natural teeth, which is in line with the Scottish target of less than 10% with no natural teeth.

A new dental health measure is being introduced across Scotland and aims for at least 60% of 3-5 year old children in each SIMD quintile to receive at least two applications of fluoride varnish per year by March 2014. Grampian is working to deliver this through the implementation of two major programmes, Childsmile Nursery, which is underway, and Childsmile Practice which commences in September 2010. Through the continued implementation of our Dental Action Plan we are confident that improvements to service availability and oral health will continue.

Other Good News Stories

NHS Grampian continues to develop and implement a range of public health programmes to meet the health needs of its population. Achievements include:

- NHS Grampian accredited the Sexual Health Managed Clinical Network (MCN) which was the first local MCN accreditation to be undertaken. Areas of good practice have been shared with other local MCNs.
- Childhood immunisation uptake rates across Grampian continue to be exceptionally high compared to the Scottish average. Most recent data suggest that in Grampian uptake of primary immunisation by twelve months is higher in the most deprived area (SIMD1) compared to the least deprived area (SIMD 5).
- A Joint Health Protection Plan has been developed in partnership with the three local authorities and has been well received.
- Continual review of our screening programmes highlighted inequalities in uptake of bowel screening with men having a lower uptake than women. Promotional work was undertaken targeting men to increase uptake and we are now awaiting results.
- The 'Know Who To Turn To' campaign provides a very simple method of advising the public on how to use care services in the most appropriate way. We have built on the successful evaluation to provide more information on self-management, what it is and how the public can get support locally.
- Implementation of the Hepatitis C Action Plan, with phase two proceeding well in Grampian.

Chapter 5 Primary Care

This chapter of the self assessment report covers NHS Grampian's continued progress with shifting the balance of care from hospital to home and community settings. To deliver this we continue to develop both staff and facilities throughout the area and work with partners and individuals to support good health and anticipate care needs.

Measure	Performance		Plan
Reduction in emergency bed-days for patients (65+). Rate per 1,000 of population	3288 at March 2010	G	3380
Bed-days for long term conditions (rate per 100,000 population)	7539 at April 2010	G	7232 March 2011
% Older people with complex care needs receiving care at home	23.3% at March 2009	R	30% March 2010
Delayed discharges of longer than 6 weeks	3 at August 2010	A	0
A&E Attendances per 100,000 population	1551 at July 2010	A	1529

Shifting the Balance of Care/Developing Primary and Intermediate Care

Since its first 'Healthfit' approach to strategy development in 2002, NHS Grampian has been working towards the aim of providing services as locally as possible to people's homes and reserving acute hospital admissions for those complex interventions that need specialist care in a hospital setting. We have made good progress and eight years on our plans for delivering the best possible services for a healthier Grampian continue to focus on 'shifting the balance of care'. In other words, moving care to where it is more appropriate and putting more emphasis on what happens outside hospitals. To deliver this agenda requires the continuing development of primary and intermediate care.

There are three main components to shifting the balance of care:

- Helping people to maintain good health, and to protect against and prevent ill-health
- Providing care in people's homes and in community settings
- Delivering more care using trained and experienced staff from across a range of professions

The NHS Scotland Shifting the Balance of Care Improvement Framework (2009) identified eight shifting the balance of care improvement areas. In late 2009 we undertook a mapping exercise of work underway in Grampian against these eight areas and the three main components mentioned above. Over 90 initiatives were identified at that time and the mapping of these showed:-

Type of Shift	Number of initiatives contributing	%
Helping people to maintain good health and to protect against and prevent ill-health	45	48.9
Providing care in people's homes and in community settings	70	76.1
Delivering more care using trained and experienced staff from across a range of professions	57	62.0
Improvement Area		
Maximise flexible and responsive care at home with support for carers	22	23.9
Integrate health and social care and support for people in need and at risk	31	33.7
Reduce avoidable unscheduled attendances and admissions to hospital	58	63.0
Improve capacity and flow management for scheduled care	44	47.8
Extend the range of services provided by non medical practitioners outside acute hospital	34	37.0
Improve access to care for remote and rural populations	24	26.1
Improve palliative and end of life care	19	20.7
Improve joint use of resources (revenue and capital)	19	20.7

Quantifying the impact of initiatives on shifting the balance of care is particularly complex given the dynamic nature of the environment in which we are working. Demographic changes over time, clinical advances and changes in referral and activity levels can all impact on the overall position. We do continue to measure impact where possible and will be setting some revised targets within our Health and Care Framework. At present we know that between 2006 and 2009, referrals to acute increased by 9.1% and to community based services by 11.4%. Also hospital bed numbers have reduced by 15% since 2005 across both acute and community hospitals.

Demonstrating the development of primary and intermediate care to support shifting the balance is more easily done by giving examples of such activity. The following can give only a flavour of what is happening across the three Community Health Partnership areas in Grampian.

Moray CHSCP

- Following the redesign of the medical service at Dr Gray's Hospital, an Acute Medical Assessment Unit (AMAU) was developed to ensure patients receive care in the correct place and avoid unnecessary admissions. In addition, nine beds have been dedicated to form a rehabilitation unit which concentrates the rehabilitation resource and nursing skills in one area reducing length of stay and facilitating patient return home or to another community setting.

- A decision support service has been developed in AMAU to allow GPs access to medical consultant advice to avoid admission or provide a next day consultant appointment.
- Training has been provided to the Home Care Service of Moray Council by the Allied Health Professions training team to up-skill homecare staff on enablement.
- At Seafield Hospital, Buckie a resource room has been developed to allow patients, families and carers to learn about the equipment they may require in their home following discharge. This helps improve the quality of discharge, whilst discharge is being planned. It also provides a local resource for families and carers when the needs of a patient who is at home changes, with the aim of supporting that patient to remain in their home for longer. The equipment includes occupational therapy aids, physiotherapy equipment, continence, walking aids etc and is supported by a nursing auxiliary from the hospital. Staff, patients and relatives identified that there was a gap in knowledge about what was available to help.
- Community Hospital beds in Moray have been reduced by 14% in the last year, reducing the length of stay of patients and increasing the numbers of people being cared for at home.
- General Surgery and General Medicine beds have been reduced at Dr Gray's hospital by 19%, supporting a reduced length of stay and increased day case rate.

Aberdeenshire CHP

- A Stroke unit was developed in Fraserburgh as part of the implementation of the Stroke strategy prepared by the Stroke Managed Clinical Network.
- Continuing development at six sites of community endoscopy with five GP with Special Interest (GPwSI) clinics seeing around 1120 appointments in 2009 as well as a nurse endoscopist clinic. Additional GPs are in training.
- Ultrasound sessions for twelve GPwSIs are in place with full accreditation and audit in place. 69% of the Aberdeenshire population now has access to a local GPwSI ultrasound service. 2377 scans were undertaken in 2009.
- A two tier minor surgery service with 36 general practices undertaking 6735 procedures/injections at practice level, as part of a Local Enhanced Service (LES). More complex procedures are passed to GPs with Special Interest who operate referral level minor surgery clinics at seven locations, with 1861 attended appointments in 2009.
- Since 2007 two cohorts of primary care staff have completed a twelve session training programme to develop their skills in orthopaedics. A total of seventeen Aberdeenshire GPs and five physios have carried out this additional training. From 08/09 a Local Enhanced Service contract has been in place for practices with a trained GP. During 2009 within Aberdeenshire fifteen practices undertook the Orthopaedic Medicine LES and provided local access and expertise for their patients. A total of 57% of the Aberdeenshire population is covered by a LES contract.

- A LES dermatology contract is now in place for ten GP practices and in addition five GPwSI clinics are operational in liaison with Consultant Dermatologists at four locations.
- Four GP non-acute chest pain centres are operating within Aberdeenshire, with GPwSI and Consultant clinics in place. The Consultants and GPs start off running simultaneous clinics, with the GP able to gain access to the Consultant for joint assessment/discussion. The aim is that ECHO and direct access Holter clinics will be established in these locations.
- Four nurse-led oncology review clinics (colorectal and prostate) are well established and saw 166 attendances in 2009. Patient travel distances have dropped substantially. There are GP shared care oncology clinics in three locations.
- 82% of Aberdeenshire diabetic patients are in practice-only care
- There are three satellite renal dialysis units undertaking just under 8000 dialysis sessions per year.

Aberdeen City CHP

- A major redesign of primary care services is underway in Aberdeen City in recognition that over the next 10-15 years there will be a significant increase in the proportion of the elderly requiring care as well as our intention to maximise care in the community and at home. This is being delivered through collaborative working and ensuring efficient patient pathways. Two practice merger opportunities are already being taken forward.
- A triage unit opened at Woodend Hospital in July 2009 to allow doctors, nurses, physiotherapists and occupational therapists to see, assess and treat patients referred urgently to the Department of Medicine for the Elderly there. Around 2000 patients were triaged in the first year of operation and then moved to either acute wards, rehabilitation wards or discharged home with appropriate care. Around 10% of patients were discharged home without requiring admission. For those patients admitted the length of stay has dropped from an average of 21 days to between 9-14 days.
- A multidisciplinary supported discharge team was established in October 2009 to provide rehabilitation to individuals in their own home as an alternative to remaining in hospital. In the first nine months of operation the service received 145 referrals. On average 287 stroke bed days and 220 orthopaedic bed days have been saved.
- Craig Court, a purpose built rehabilitation and residential care facility for adults aged between 16 and 65, opened in October 2009 providing much improved, community based care for this client group.
- Planning of an Aberdeen City Health and Care Village is progressing. This will provide a purpose-built, non-hospital setting for a range of diagnostic and treatment services and self care opportunities in the centre of Aberdeen.

Long Term Conditions Programme

A key element of shifting the balance of care is the prevention of avoidable hospital attendances and admissions and increased delivery of care in the community and at home. These are the key aims of the long term conditions programme being taken forward in Grampian. A number of the national HEAT targets are used to measure progress with this important agenda. Grampian's performance is generally good in Scottish terms and is shown at the beginning of this chapter and summarised below:

- We are on track to deliver the required reduction in hospital bed days for long term conditions by March 2011 (rate per 100,000 population).
- Emergency bed-days for patients (65+) have been falling steadily and the end March 2010 was met and we are already close to delivering the March 2011 target.
- The percentage of people in Grampian aged 65 and over receiving 10 hours or more of homecare has increased steadily from 15% in 2003 to 25.5% in 2008. Unfortunately in 2009 the rate fell to 23.3%. This target is very much dependent on local authority action and the fall relates in part to changes in practice relating to homecare allocation within Aberdeen City. Whilst this particular target was not met we continue to be positive about the overall service provision for this client group. We have consistently had very few delayed discharges in hospital.

One of the main priorities for the long term conditions programme over the next three years is to transform the community nursing function to free up time to focus on long term condition patient management. We have undertaken a comprehensive review of community nursing in Grampian to identify priorities and how increasing demands can be met.

We have adopted the Productive Community approach and this is already delivering benefits, initially within the three pilot nursing teams but with planned roll-out elsewhere. This methodology is also being adopted by other disciplines within the NHS and discussions are underway with partners in the Local Authority regarding the merits of joint implementation. The approach is enabling increased patient facing time, reducing inefficient practices, increasing quality and safety whilst revitalising the nursing workforce to lead change in their own working environment. In the coming months NHS Grampian, in collaboration with the Scottish Government Efficiency and Productivity department, will adopt the full productive community methodology "Releasing Time To Care".

The long term conditions programme is also working to refresh pathways of care for frail people to ensure they are supported clinically. There are health and care maintenance programmes in place for Chronic Obstructive Pulmonary Disease (COPD) and heart failure. We are working with other Boards to implement a real time algorithm to find people at risk of emergency GP, hospital and care home services.

Accident and Emergency (A&E) Attendance Rates

Attendance rates at A&E are expected by Scottish Government to reduce, but in common with other Boards in Scotland this is proving to be a particularly challenging target to deliver in Grampian. Attendance rates are currently marginally above plan, however the Grampian rate is currently the second lowest of Scottish mainland Boards. The “Know Who To Turn To” campaign was run on a pilot basis in Grampian in the early part of 2009/10. The aim of the campaign was to ensure that the public were aware of, and used, the full range of unscheduled care services appropriately rather than default to attendance at A&E. NHS Grampian took the initiative on this and the pilot was fully funded by the Scottish Government Health Directorates. It is likely that the campaign will be refined and built into our plans for reorganising unscheduled care over the next 2-3 years.

Developing Community Health Partnerships (CHPs)

NHS Grampian formed three shadow CHPs in 2004 relating to the three local authority areas. These progressed to full CHPs in 2005. We adopted a single operating division structure to enable pathway development across the organisation. All three CHPs are full participants in the community planning partnership for their respective areas. Over time functions have been devolved to CHPs including in 2009 the Primary Care Organisation function. The CHPs have also taken responsibility for the provision of cross system services such as mental health (Aberdeenshire) and child health (Aberdeen City).

The May 2010 national study of CHPs was considered by the NHS Grampian Board at a seminar in July 2010 and a working group has now been established with non executive involvement to determine what further action is required. The group includes the three CHP Chairs, Clinical Leads and General Managers in addition to the Deputy Chief Executive and Chief Operating Officer and has had an initial meeting to discuss the findings of the Study of CHPs and the shared learning from the Association of CHPs Conference at Dunblane. Specific areas addressed include:

- The role of CHPs and from that the role of the CHP Committee.
- Governance and structures.
- The key contribution that CHPs could and should make to delivering the outcomes identified within the Health Plan
- The relationship between the CHPs and other parts of the NHS
- The relationship between the CHPs and the Community Planning Partnership including the third sector.

The group will produce a draft plan to underpin the next stage of CHP development and will share this with the NHS Board. The Chair of the Aberdeen City CHP is visiting CHP Committees in other parts of Scotland to observe how these function and to have direct discussions with other Chairs, Clinical Leads and General Managers to inform our local CHP development plan.

Chapter 6 Finance and Efficiency, including Workforce Planning and Service Change

This chapter of the self assessment focuses on NHS Grampian's performance according to a range of financial, efficiency and workforce measures. It also provides further information on the three strands of priority activity to ensure optimum and safe service delivery within the resource available to us in the years ahead:

- Efficiency and Productivity Programme Management Office (EPPMO)
- Safe and Affordable Workforce (SAW)
- Continuous Service Improvement (CSI) Grampian

Summary Performance against Targets

Measure	Performance		Plan
2009/10 financial performance	3 key targets met	G	
Cash efficiencies	£26.3M delivered	G	£26.3m
Same day surgery (BADS)	74.3% at Jan 2010	A	76.8%
Emergency inpatients average length of stay	4.29 at March 2010	G	5.4
Review to new outpatient ratio	2.23 at March 2010	A	2.00
New outpatients did not attend rate (DNAs)	7.2% at June 2010	G	7.4%
Pre-operative length of stay	0.77 at March 2010	G	0.77 by March 2011
Electronic management of new outpatient referrals	62% at June 2010	A	60%
Energy Consumption	595424 GJ year to March 2009	R	
Community Health Index (CHI) utilisation in radiology	98.4% in March 2010	G	98%
Knowledge and Skills Framework (KSF) personal development plan review	58.9% at August 2010	G	45%
Sickness absence	4.3% at June 2010	A	4%

2009/10 Financial Performance

NHS Grampian remained in financial balance in 2009/10. The Scottish Government Health Directorate sets three main financial targets for Boards to deliver on an annual basis. These are:-

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

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

	Limit as set by SGHD £000	Actual Out-turn £000	Variance (over)/under £000
Revenue Resource Limit	784,030	783,989	41
Capital Resource Limit	55,793	55,793	-
Cash Requirement	849,000	848,770	230
Memorandum for In Year Out-turn			
			£000
Brought forward surplus from previous financial year			(6,486)
Saving against in year Revenue Resource Limit			41

We spent £927 million in 2009/10 on improving health and providing health services to the Grampian population, equivalent to £2.5 million every day. The revenue breakeven position was achieved despite increasing and challenging financial pressures. Rigorous budget management and prudent financial and workforce planning were key to this position and provided a strong basis for the greater challenges faced in 2010/11 and beyond. Total efficiency savings of £26.3 million were delivered in 2009/10 of which £24.4 million were recurring and £1.9 million non-recurring.

We invested £56.2 million during 2009/10 the year on capital programmes. The major areas of spend included:

- £8.1m on medical equipment such as a new CT scanner and a wide range of medical equipment.
- £18.8m on acute specialist services such as improvements to cancer facilities and starting the construction of the Emergency Care Centre.
- £6.5m on intermediate care, including community hospitals such as creating a stroke unit at Fraserburgh Hospital, starting work on Banff's Chalmers Hospital upgrading and the development of rehabilitation facilities at Woodend.
- £7.1m on primary care modernisation such as improving community pharmacy facilities.
- £4.8m on dental modernisation such as a new dental unit at Huntly
- £2.8m on eHealth capital projects such as initial implementation of the new Patient Management System.
- £6.4m on other infrastructure investment such as the new Energy Centre at Foresterhill and Picture Archiving and Communication System (PACS).

The revenue position for 2010/11 and beyond is particularly challenging. The greatest challenge is being able to implement in good time the various cost reduction initiatives that will allow us to continue to provide safe services of acceptable quality. We started 2010/11 with a budget over commitment of £34 million, however through a combination of initiatives including very tough

recruitment controls and targeted activities, we project that the over commitment will be avoided.

Efficiency

NHS Grampian strives to be an organisation which operates at maximum efficiency whilst delivering effective and high quality care. We regularly review our performance against other similar organisations and take opportunities to learn from elsewhere where improvements can be made. We have used the output from national benchmarking projects and the Efficiency and Productivity Group to guide where action might lead to further efficiency gain. We are currently using the Better Quality Better Value toolkits to identify areas for further improvement to reduce clinical variation and where possible release productive opportunity savings. Significant improvements are being made at specialty level.

There are a number of national measures of efficiency:

- **Day Case Rates:** We continued to make good progress in 2009/10 in progressing to deliver national and local targets for same day surgery. Our overall day case rate rose to 75.8% in May 2010, a 5.9% increase on the May 2009 position. Improvements are being delivered through focusing at specialty level on issues such as zero length of stay inpatients, patients admitted the night before a day case and the roll out of pre-assessment. The national target for day cases covers a selection of procedures known as the British Association of Day Surgery (BADs) procedures. This covers around 50% of surgical procedures. NHS Grampian has a target of delivering 79.3% of BADs procedures as a day case by March 2011. At January 2010 we were delivering 74.3% of BADs procedures as a day case which was a fall on the previous two months and under target. We expect the position to recover with the actions in place. Grampian's performance against this target is comparable with other teaching Boards in Scotland.
- **Non-Routine Average Length of Stay:** The average length of hospital stay for non elective acute inpatients has fallen considerably over the past three years from 5.71 days at March 2007 to 4.29 days at March 2010. This is well within the target reduction to 5.4 days by March 2010 and reflects the considerable work that has been in place to minimise hospital admission and facilitate discharge.
- **Return to New Outpatients ratio:** NHS Grampian generally performs well in Scottish terms against this national measure of efficiency and has consistently delivered a rate within target. However in March 2010 the rate rose above plan for the first time to 2.23. A full recovery of the position is expected.
- **New outpatient Did Not Attend (DNAs):** the percentage of new outpatients who did not attend their appointments was 7.2% in June 2010 which was in line with our planned reduction. NHS Grampian has

given considerable focus to minimising DNAs through adoption of Patient Focused Booking and rates are low in Scottish terms.

- Online Management of Referrals: Approaching 100% of referrals from GPs in Grampian are now made electronically. The expectation is that these referrals continue to be managed on an electronic basis when they reach secondary care. At June 2010 62% were being managed this way which is in line with plan.
- Energy efficiency: a 3% year on year fossil fuel CO₂ emission reduction and a 1% year on year energy efficiency target for the whole asset base is expected of NHS Boards. Whilst Grampian's seasonal performance is generally to target, additions to our asset base mean we are at present above the target overall. Five years ago we developed and put in place a ten year Carbon Management Implementation Programme (CMIP) which sets out our strategy in response to carbon reduction. We have progressed considerably over this period and construction of a replacement Foresterhill Campus energy centre is underway. This is a gas turbine combined heat and power plant with a biomass renewable boiler and three dual fuel boiler solution. The Board will generate a significant proportion of its own electricity and use the waste heat for heating and hot water. The carbon savings from the energy centre will be significant. It is scheduled to come on line late Autumn 2011. The approved scheme will contribute by reducing CO₂ by 4,525 tonnes per annum – an estimated 17% reduction in CMIP by 2012.
- Universal Utilisation of CHI number: The proportion of radiology requests which included a CHI number was 98.4% in March 2010, above the 96% national target.

Better Buying for Better Services

As part of NHS Grampian's continuous service improvement (CSI) programme we have been working to achieve 'Better Buying for Better Services'. This involves improved contracting and buying arrangements resulting in reduced supply costs from both national and local contracts across a wide range of general and specialist supplies. One key element of the project relates to a comprehensive review of local ward and pharmacy stock holdings to reduce waste, by rationalising the range and quantity of items held. Excellent progress has already been made and the overall project is on track to deliver savings of £4 million for the two years to March 2011

Collaborative Working with NHS Orkney and NHS Shetland

In July 2008, Scottish Government Health Directorate asked NHS Grampian, NHS Orkney and NHS Shetland to build on their experience of collaborative working in the provision of clinical services to extend such arrangements to non clinical services. Additional resource was provided to the Island Boards to enter into arrangements with partners to strengthen capability and capacity

in areas such as human resources, finance, governance and planning. Dedicated time of a senior Grampian manager was identified from November 2008 onwards to facilitate and support the development of partnership arrangements for non clinical services.

The agreements continued to develop successfully throughout 2009/10 across a number of service areas. Generally, these can be categorised as:

- Continuing partnership input over an extended period of time: An example is the specialist support from Grampian to the Facilities and Estates functions in Shetland. A key outcome has been the appointment of a Head of Estates for NHS Shetland and improved compliance with key standards. Similarly, there have been a number of senior secondments from NHS Grampian to NHS Orkney covering senior management posts. From November 2009 the Grampian Corporate Communications Team entered into a two year agreement to provide NHS Orkney's external communication service. At the same time NHS Shetland began to receive its Optometric Advisory Service from Grampian.
- Time limited/one off agreements: Examples include training courses on Equality and Diversity, Board development and assistance with Agenda for Change assimilation and arrears as well as work associated with the Staff Survey.
- Peer support/Information/systems sharing: The partnership agreement process has been instrumental in facilitating the development of peer relationships between the Boards. A number of informal links are now in place and there has been considerable sharing of processes, systems and documentation for mutual benefit. Examples are widespread but include Health Intelligence and Human Resources.

Since the inception of the non clinical partnerships considerable progress has been made and this has been acknowledged by Scottish Government.

Efficiency and Productivity Programme Management Office (EPPMO)

In late 2009 NHS Grampian established an Efficiency and Productivity Programme Management Office (EPPMO) to support budget managers to identify and implement efficiency and productivity measures that could be delivered in a relatively short time. The EPPMO is led by an Assistant Chief Executive, supported by a Programme Manager and dedicated staff from human resources, finance and clinical practice. It operates on an organisation-wide basis, providing independent challenge, support and guidance to executive directors and general managers who are accountable for delivering savings. EPPMO is required to provide evidence of potential new areas for investigation with particular focus on cost reduction, preferably on a recurring basis.

EPPMO is proving to be a successful initiative. Some examples of cost saving initiatives being researched and implemented include:

- Harmonisation of nurse shift patterns, standardising on 12 hour shifts
- Wound care and catheter care standardisation

- ScriptSwitch, a decision aide for GPs which identifies cost effective drug options at the point of prescribing, installed in 90% of GP practices
- Resetting of ward, theatre and pharmacy stock levels to reduce product wastage
- Standardisation of leased and pooled vehicles to a lower base specification

Workforce

We invest more than 68% of our annual budget (excluding Family Health Services) on the employment of around 15,000 people. There is clear awareness that excellence in patient care depends on ensuring that every individual employee is given the opportunity, and is empowered, to contribute as much as they possibly can.

During 2009/10 Grampian Area Partnership Forum and its supporting sector based forums continued to work together to ensure that the staff governance standards are fully embedded in all we do. A separate Annual Review Workforce Report will be produced by Scottish Government Health Directorates to evidence this but the significant input by staff side to the Safe and Affordable Workforce and CSI Grampian initiatives (see below) are particularly worthy of note.

Supporting staff through challenging times over the next few years is a key priority and our strong partnership approach will be an essential part of our strategic delivery. We believe that it is vital to ensure that all staff are fully aware of the challenges that face us, the initiatives being taken forward in connection with these and how they can become involved, find out more or raise questions or concerns. We have a well established system of monthly team briefs in place and during 2009/10 we commenced regular Face2Face meetings where members of the Board Executive Team meet with staff across Grampian at their workplaces. To date there have been 58 Face2Face meetings, with approximately 1400 staff attending. Another round of meetings focusing on Safe and Affordable Workforce is planned for November/December 2010.

We have a comprehensive Workforce Plan which builds on plans produced in preceding years. This plan provides a picture of the numbers, groups and profiles of staff to help us plan for the types of staff and skills we will need in the future to deliver future services. The plan is consistent with the commitments given in our Local Delivery Plan and the delivery of our major service redesign projects. The main focus is the measures being utilised in order to achieve a sustainable workforce and financial balance. Availability, affordability and adaptability are key.

During 2009/10 we have:

- Commenced a series of workshops using the 6 step approach to Integrated Workforce Planning in order to embed workforce planning as a management tool across the organisation.

- Implemented the national reshaping the medical workforce workstream which has a vision of a trained doctor service across NHS Scotland.
- Supported the Senior Charge Nurse (SCN) training (Leading Better Care) initiative to raise awareness of the SCN role in workforce planning, rostering management and effective utilisation of staff leave.
- Worked with managers and Information Services Division to improve the data quality held within systems and promote “Better Data = Better Information = Better Decisions”.
- Surveyed all General Practices across Grampian and developed key workforce information regarding the Primary Care Workforce.
- Produced management guidance and a framework to support the development of band 3 and 4 support workers.
- Met the requirements of the European Working Time Directive for the junior medical workforce and ensuring sustainable service provision.
- Developed links with our regional partners and are identifying processes and objectives to enhance working across the North of Scotland.

There are two national standards/targets relating to workforce:

- Knowledge and Skills Framework Personal Development Plan (PDP) Reviews: The 2008/09 target of all staff covered by Agenda for Change having a PDP by March 2009 was delivered in full. For 2009/10 and beyond the performance measure changed to staff having a PDP review with the aim of 80% delivered by March 2011. At June 2010 52.1% was delivered against a target of 40%, which was well above the Scottish average.
- Sickness Absence: There is a national standard across NHS Scotland that sickness absence rates should not exceed 4%. This is an extremely challenging standard but one to which considerable effort is being applied. There is a strong seasonal trend in sickness absence but through strong absence management initiatives a fall has been demonstrated year on year. We are consistently below the Scottish average and reported 4.3% absence in June 2010.

Safe and Affordable Workforce

Achieving financial balance whilst ensuring there is a competent workforce available to provide a sustainable service is a key challenge. NHS Grampian’s current financial position does not allow for additional workforce resources, therefore we need to ensure that we are working effectively and efficiently, whilst ensuring we have a safe and affordable workforce. In 2009 an initial project to address the issue of a safe, affordable and effective workforce was implemented across the nursing workforce (SANE project), with a key aim of creating consistency throughout the organisation. A Voluntary Severance Scheme was also offered to NHS Grampian staff in 2009. This resulted in sixty one staff leaving the organisation with an annual recurring saving of approximately £2 million. It was hoped to offer a similar scheme in 2010, however this proved not to be possible as the non-recurring financial resource to support it could not be identified.

In early 2010 a project across all workforce groups was started to look at redesigning the workforce so that it was affordable and sustainable as well as safe. This considerable piece of work, known as Safe and Affordable Workforce (SAW), has been taken forward in partnership with staff and is still in progress. The initial pilot involved a review of all Senior Staff and Management posts across the organisation (all posts Band 8A and above). This identified potential savings of approximately £4 million recurringly per annum.

The subsequent stages of scrutinising all other staffing structures across the entire organisation is now complete and implementation of revised, less costly but safe, structures is about to commence. Initial indications suggest considerable savings could be made (potentially over £10 million) without compromising patient safety. Implementation will be achieved through a combination of natural staff turnover and organisational change.

Service Change/Continuous Service Improvement (CSI) Grampian

Whilst EPPMO is designed to realise efficiencies in the short term, the NHS Grampian approach to service improvement known as Continuous Service Improvement (CSI) has been developed to ensure mid to long term sustainable efficiencies. NHS Grampian has a history of effective service redesign and our 2002 *Healthfit* strategy set a direction of travel which is still relevant today. In 2008/09 in line with the national initiative introducing strategic Lean across NHS Scotland, we undertook a whole system analysis of service pressures and health system inefficiencies. The aims of CSI were to ensure that:

- NHS Grampian has knowledgeable and confident staff prepared to lead and engage in CSI activities
- Pan Grampian service delivery is led, managed, prioritised and improved using Lean techniques

We established our own improvement tools and techniques, integrating other initiatives such as Scottish Patient Safety Programme (SPSP), Released To Care and the Productive series. The approach realised significant benefits, focusing on cash releasing, cost avoidance and releasing productive time

Considerable progress on CSI was made during 2009/10. In June 2009, the Board signed off a portfolio of programmes and projects where the introduction of Lean methodology would either enhance existing work or embed the approach at the very start of work. These programmes and projects and their impact on access times, shifting the balance of care and efficiency are referred to throughout this self assessment. They include projects to:

- reduce the length of stay within acute hospitals and in community hospitals
- ensure best value in procurement
- improve unscheduled care

- deliver the 18 weeks referral to treatment targets (Better Care Without Delay)
- redesign primary care in Aberdeen City
- improve mental health services
- improve anticipatory care and reduce avoidable hospital admissions
- plan for the future of the Health Campus at Aberdeen Royal Infirmary
- review maternity services

To date, benefits have been realised in an efficiency saving of approximately £5m (recurring full year saving to March 2011); improvements have been made in achieving the A&E 4 hour standard; the pilot in Turriff community hospital has achieved approximately 4.5 days reduction in the average length of stay in GP beds.

In June 2010 the CSI portfolio was refocused to prioritise activity which will deliver shifts in the balance of care and improved efficiency/cost savings. Considerable learning has resulted from the deployment of Lean methodology enabling the overall delivery process of CSI to be described in a 5 step engagement model and large numbers of staff have been involved in improvement activity or undertaken awareness training. Integration with SPSP is now progressing rapidly, with particular success being achieved in engaging clinical leaders in driving service improvement. We have successfully tested the Productive Community model in three test sites with a plan now being developed to roll out across Grampian and significant CSI work is being implemented across theatres, supported by the Productive Operating Theatre model. CSI is also viewed as an essential tool in supporting the implementation of the Quality Strategy, helping staff focus on eliminating waste, reducing inappropriate variation and avoiding harm.

NHS Grampian
4th October 2010

**North of Scotland Planning Group Report
for NHS Board Annual Reviews
2009-10**

Overview

A regional approach to provision of services for the population is now well embedded in the structures of NHS Boards as another way of ensuring that particular services are available for the benefit of the population. In the North, six NHS Boards, including NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland and NHS Western Isles, have worked together over a number of years and across a number of initiatives, under the auspices of the North of Scotland Planning Group (NoSPG). Boards may also link with other regional planning groups in the delivery of Board business.

During 2009/10, NoSPG has continued to support a regional approach building on the successes reported in previous years, delivering effective care that is efficient not only in the means of delivery but also for the public purse. This year has seen the first full year of operation of the Eden Unit, a facility of the treatment of eating disorders for adults, with admissions from each of the collaborating Boards, an improved journey of care and reduced costs for Boards; the approval of the Initial Agreement to develop a regional specialist network for Child and Adolescent Mental Health, including an increase in the number of specialist inpatient places and the approval of the Final Business case for secure care. In addition, the overall capacity of specialist cardiology has increased, including the appointment of a regional consultant for electrophysiology and there has been significant additional investment in specialist children's services across the region.

Regional leadership has changed, with Mr Ian Kinniburgh, Chair, NHS Shetland taking over as the Chair of the NoS Chairs and Chief Executives Group and Mr Richard Carey, Chief Executive, assuming the role of Chair of the NoSPG Executive Group. The regional approach has also been strengthened through the establishment of a NoS Workforce Planning & Development, co-chaired by the HR Directors of Grampian and Highland.

Regional Workplan

The NoSPG workplan continues with 17 high level objectives, each led by an Executive Lead from across the North. The main areas of work continue to emphasise Mental Health (Eating Disorders, Forensic Services and CAMHS); Child Health (particularly specialist services and links with secondary care and child protection); and Acute Services, including Oral Health & Dentistry, Cardiac Services, Cancer Services and a new workstream scoping the regional obesity management requirements, including the need for bariatric surgery across the region. The work continues to be supported by an

extremely successful Public Health network and other functional specialist planning groups. Inter-regional objectives continue to include performance management of the Scottish Neonatal Transport Service (SNNTS) and delivering the National Remote and Rural workstream. Additional workstreams this year includes leading the development of the national managed service network for children's cancer services, which will continue through out 2010/11 and the Nursing workload measurement and management project.

Benefits to Patients of a Regional Approach

Regional working should only be adopted where there is an added benefit to patients by adopting such an approach. In our Annual Report for 2009/10 the significant benefits to patients through achievement of our workplan were recognised. The following table highlights what benefits patients have seen or will see as a result of current workplan.

- The recently expanded infrastructure for delivery of cardiac services across the North provides a regional approach to cardiac services that will ensure consistency of care and enhanced access to specialist services, closer to patient's homes.
- Investment in specialist children's services will sustain services in the North and improve access, through increased service provision, more staff, better links between services and education.
- A regional Network for Child and Adolescent Mental Health will provide specialist care as close to home as possible and provide access to specialist services for those living in the most remote communities. The regional inpatient unit will be provided within the context of the network and will ensure that pathways of care are optimised, including transitional support between different tiers of service.
- The regional element of the Secure Care development will allow patients, defined as requiring medium secure care, to be cared for within the North, within an appropriate level of security and ensure that North medium secure and NHS Tayside low secure patients are cared for in modern, fit for purpose accommodation.
- Obesity is a significant and recognised challenge to good health and obese people are at greater risk of disease and ill health than those who are not. Access to bariatric surgery, as part of an overall Weight Management Strategy, is appropriate for some patients. This initiative would provide access for people of the North, within the North.
- The NoS Eating Disorders Network has already improved pathways of care across the North. The commissioning of the Eden Unit, the first NHS inpatient facility in Scotland for adults with an eating disorder will ensure that patients can access care within the North, through improved pathways of care, with better transition between local services and the regional unit.
- The Oral Health and Dentistry Project aims to improve access to specialist oral and dental care and to develop a network approach that will provide care locally by suitably trained practitioners.

- A regional approach to cancer services allows better integration of care, between local areas and more specialist services, where Boards will work together. A networked approach to care means that patients across the North have access to the same standard of care no matter where they live.
- Safe and sustainable services are available for both emergency and elective care in remote and rural communities and there are agreed pathways to care in larger centres.
- National planning and regional delivery of the Scottish Neonatal Transport Service ensures that trained and experienced dedicated teams are available 24/7 to transfer sick babies to the specialist services that they need, no matter where this is in Scotland.
- The NoS Public Health Network ensures that regional initiatives are informed by the best available evidence and identified population need, ensuring that decisions made are the best possible, within the resources available for the people of the North of Scotland.
- The improvement in workload and workforce planning for the nursing and midwifery workforce will ensure that the workforce capacity and capability is maximised in response to changing patient need.

Annual Event

Guidance on Regional Planning requires that regional planning groups host an event each year to ‘...agree the regional agenda for the year ahead and longer term priorities for action’.¹ NoSPG have hosted five such events since 2004, however during 2009/10, given the number of project specific events that were required, the limited changes to the overall NoSPG workplan and mindful of the financial climate, the NoS Chairs and Chief Executives Group approved a proposal from the NoSPG Executive not to host a separate event. It was also agreed that a summary report of the variety of events hosted under the NoSPG banner be prepared and submitted to Boards, together with the annual report. This report, together with the Annual Report for 2009/10, is available on the NoSPG website www.nospg.nhsscotland.com.

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¹ HDL (2004) 46 “Regional Planning” 13th December 2004, Annex 1, para 2.2, Scottish Executive, Edinburgh

