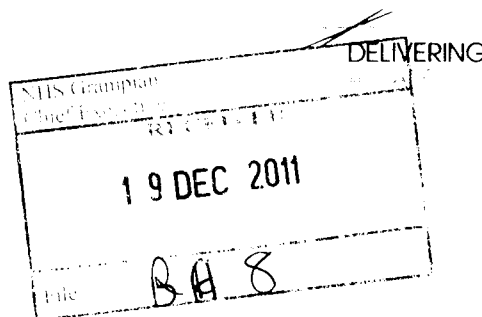


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14 December 2011

*Dear Bill*

### **NHS GRAMPIAN ANNUAL REVIEW: TUESDAY 1 NOVEMBER 2011**

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Aberdeen on 1 November.
2. I would like to record my thanks to you and everyone who was involved in the preparations for the day, and also those who attended the various meetings. As you know, I think it is important that the delivery of healthcare services in Grampian, and across all of Scotland, are discussed in a public forum. I had a very enjoyable and informative day and hope everyone who participated also found it worthwhile.

### **Meeting with Staff**

3. This is the first year that we have had a joint meeting with the Area Clinical Forum (ACF) and Area Partnership Forum (APF). Ministers recognise that the NHS faces great challenges in the years ahead, but there are also great opportunities and these will only be realised if all the staff who work so hard in the NHS share a common understanding and purpose. That is why it is important that these are joint meetings going forward. Nonetheless, the meetings are arranged to ensure that each professional grouping has a protected opportunity to appropriately represent its interests. It was very encouraging to hear that both the ACF and APF felt that they are centrally involved in the Board's work; not least the clear engagement of both fora in agreeing the local approach to the implementation of the Quality Strategy. In terms of the APF it is clear that partnership arrangements are robust and that shared objectives have been established in key areas such as workforce planning, service redesign and local efficiency programmes. Similarly, it was reassuring to hear that the ACF has a determined focus on contributing to the Board's clinical governance and patient safety responsibilities. I undertook to note the local challenges raised by the Fora which included: pay and pensions policy within the overall challenging financial environment, staff mileage rates, car parking at Foresterhill, the importance of IT to improve

communications and facilitate change and the challenges associated with copyright law. I was grateful to local staff for taking time out of their busy schedules to share their views with me.

## **Patients' Meeting**

4. I would like to extend my sincere thanks to all the patients who took the time to come and meet with me. I very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. I was encouraged that public involvement was seen as a strength, with members of the public involved at early stages in service redesign. I greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised including: a discussion on integrated health and social care in the context of demographic change; support for carers; scope for further involvement with third sector partners in service provision and the role of specialist nursing. I passed areas of specific concern as appropriate to the Board at the formal Review meeting. That said, I also heard about some very positive experiences of patient care in Grampian, and patients clearly value the commitment of staff right across the system. I was particularly pleased to hear about the Birthing Partner Volunteer programme at Aberdeen Maternity Hospital, which is aimed at supporting vulnerable women. This is an excellent initiative and I'd be delighted to hear more about this work once you have had a chance to embed and review the programme.

## **Visit to Department of Neurosurgery, Aberdeen Royal Infirmary**

5. I was pleased to have been invited to visit the Department of Neurosurgery at Aberdeen Royal Infirmary (ARI) where I met with staff and patients. The Department is one of four such units in Scotland which form a single service for Scotland as component parts of a Managed Service Network. The Department at Aberdeen has the largest geographic catchment in the UK, serving a population of 800,000 from across Grampian, the Highlands and Islands, Orkney and Shetland. In 2010, world standard surgery was brought to the North East of Scotland when the Aberdeen team carried out its first awake surgery for brain tumours. The video I was shown gave me an insight into the innovative work involved in a brain awake craniotomy. It was clear from the visit to this first class facility that patients and their families value this service greatly, not least due to the commitment of the staff, who took the time to describe their roles to me, and who are who are rightly proud of the facility and service they provide for this group of patients. I was also pleased to hear about the local social enterprise, Community Food Initiative North East (Cfine), which provides ARI and Royal Cornhill Hospital with fresh fruit and vegetables every week. Cfine also actively encourage and support local volunteering which brings a range of personal, family and community benefits to the area. I would like to extend my thanks to all the staff and patients involved in a most enjoyable and informative visit.

## **Annual Review Meeting**

6. After I reported back on the morning meetings, you presented a helpful summary of the progress that NHS Grampian has made in a number of areas over the last year. You also reiterated the Board's clear focus on patient safety, effective governance and performance management; and on the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable healthcare services. A detailed account of the specific progress the Board has made in a number of areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review.

## Improving the Quality of Care and Treatment for Patients

7. This year's Annual Reviews continue the clear focus on the Quality agenda, which is underpinned by the national **Quality Strategy**. The Quality Strategy sets out NHS Scotland's vision to be a world leader in healthcare quality, described through 3 Quality Ambitions: effective, person centred and safe. The Strategy seeks to improve the quality of care patients receive from the NHS, recognising that the patient's experience of the NHS is about more than speedy treatment – it is the quality of care they get that matters most. As such, I wanted to hear how the Board of NHS Grampian is continuing to demonstrate leadership on the local implementation of the Strategy. You assured me that the Board and its committees are fully committed to robust clinical and financial governance, clinical effectiveness, risk management and patient safety, in line with the national Quality Ambitions and Outcomes. NHS Grampian's Health Plan is entirely consistent with the Quality Strategy, which is seen as a key driver for the Board's emerging Health and Care Framework. The Board has formed Quality Strategy and virtual Quality Improvement Groups, and a programme of Consultant and GP Café events to engage the clinical community in service improvement issues.

8. NHS Grampian are to be commended for the considerable local work undertaken to strengthen the quality of care and **patient safety**, as confirmed in a recent report from Healthcare Improvement Scotland on the Board's work with the Scottish Patient Safety Programme (SPSP). The report indicates there has been a positive cultural change around the use of Scottish Early Warning System (SEWS) scores, which are now being used as an anticipatory tool to identify deteriorating patients. This process is supported by the involvement of senior clinicians. NHS Grampian has demonstrated commitment to involving the public within the SPSP, through the capture of compelling patient stories which are being tested at various levels within the organisation and form part of the corporate induction programme. At the time of my visit NHS Grampian was holding a Medicine Safety Week to help raise public and staff awareness about medicine reconciliation and safety issues. The work is coordinated by a dedicated Medicine Safety Officer who works closely with the SPSP.

9. In the priority area of **infection control**, the Board is to be congratulated on the achievement of the Clostridium Difficile Infections (CDI) target for the period ending March 2011. Between April 2010 and March 2011 there were 173 cases of CDI recorded in patients aged 65 and over in NHS Grampian, representing a fall of 63% compared to the previous year. In the same period, there were 64 cases of CDI in patients aged 15 to 64, representing a fall of 61%. Between April 2010 and March 2011 there were 186 cases of Staphylococcus Aureus Bacteraemia (SAB) recorded in NHS Grampian, representing an increase of four cases compared to the previous year, and in the same period, there were 17 cases of MRSA bacteraemia compared to 41 cases in the previous year: a fall of 59%; and 169 cases of MSSA bacteraemia, an increase of 28 compared to the previous year when there were 141 cases: an increase of 17%. It is important that the Board ensures the necessary reduction in SABs to meet the new HEAT target. I am pleased, therefore that a variety of improvement methods are being developed and used to improve performance, including improving involvement in Patient Safety walkrounds for non executive Board Members and public representatives and, the development and use of Quality dashboard used to highlight Quality issues in meetings with clinical leaders and management.

10. The Healthcare Environment Inspectorate (HEI) made an announced visit to Dr Gray's Hospital, as well as both announced and unannounced visits to the Royal Aberdeen Children's Hospital during the period covered by this Annual Review. Overall, the inspection teams found evidence that NHS Grampian is complying with the majority of HAI standards to

protect patients, staff and visitors from the risk of acquiring an infection. However, the inspections have identified a number of areas for improvement and I expect to see continued improvement in this area over the coming year. It remains vitally important to continue to ensure that all infection prevention and control policies and procedures are in place and all protocols and procedures are followed. We noted that the most recent report (the unannounced inspection of Aberdeen Royal Infirmary) has shown a marked improvement on earlier inspections and you assured me that effective infection control remains a top priority for NHS Grampian, and that considerable efforts continue to be made to deliver significant improvements.

11. NHS Grampian met the main key **waiting time and other access targets** in 2010/11 including meeting the 9-week inpatient and day case target, and the 12-week outpatient target, as at 31 March 2010 and the Board successfully sustained these standards throughout 2010/11. The Board has experienced challenges in meeting the 31-day and 62-day cancer targets. An Action Plan is in place to improve performance and address capacity issues and I am pleased with the Board's assurance that these targets will be met by the end of the year. The 98% 4-hour A&E Standard has been challenging for a number of Boards across Scotland, particularly during the winter period. NHS Grampian is to be commended for achieving and sustaining the standard following the period of inclement weather. I am grateful to all local staff for their efforts in improved performance against this and the other key access targets. Looking to the future, we asked how the Board is continuing to build on this progress as it moves towards the 18-week referral to treatment target. The Board has made steady progress through a number of service improvements that have helped streamline pathways and are confident that the target will be delivered in full by the end of the year.

### **Improving Health and Reducing Inequalities**

12. I congratulated NHS Grampian for performing strongly against the **Health Improvement targets**. The Board significantly exceeded the target for delivering Inequality Targeted Health Checks. I asked how you would build on this good progress in future years. And you explained that you are taking individual approaches through the delivery of *Well North*, and targeting the areas of greatest deprivation. A number of actions have contributed to the Board's success, such as working in partnership with more GP practices and increasing the number of health checks delivered in complementary locations such as Aberdeen Sports Village and in community pharmacies. I further acknowledged the significant achievement by the Board in 2010/11 in delivering 853 Child Healthy Weight Interventions against a target of 607; as well as 15,656 Alcohol Brief Interventions against a target of 15,496; and what looks like an equally strong performance against the local target for smoking cessation. You assured me that such strong performance could be sustained and I was pleased to hear and record that the effective partnership working between the Board and its partners has been critical in delivering these interventions, for the benefit of local people. Progress against the exclusively breastfed target has been a challenge for most NHS Boards. I am reassured that a lot of good work has been undertaken locally in relation to the Breastfeeding HEAT target; with NHS Grampian focussing on peer support and increasing breastfeeding rates in disadvantaged and vulnerable communities. You assured me that this continues to be a priority area for NHS Grampian, and that you will continue in your concerted efforts to meet this target.

13. We discussed NHS Grampian's performance on Child Dental Registrations, with the Board failing to meet the HEAT target for 2010/11. To help deliver improved performance for both child and adult registrations, 10 new dental practices have opened in Grampian in the last five years, including the new Dental Hospital at Foresterhill. The Board continues to

recruit new NHS dentists and is advertising for a further 10-12 new practices across the region to help address capacity challenges. There has been no waiting list for children (under 16 years) or those over 80 years old since 2009/10. I look forward to seeing sustained progress and similar reductions in the waiting list for adult registration with a general dental practitioner.

14. I congratulated NHS Grampian on the excellent performance in reducing premature mortality from heart disease and stroke. Since 1998, Grampian has seen a 47% drop in premature deaths from heart disease and since 2000, a 35% drop in premature deaths from stroke. You assured me that the Board will continue to build on this record of achievement in the context of the new HEAT target for accessing stroke units.

### **Shifting the Balance of Care**

15. The Scottish Government has been working in partnership with COSLA, NHS Scotland, and the Third and Independent sectors for the last 18 months on our Reshaping Care for Older People programme. Our policy goal is to help older people to stay safe and well and as independent as possible in their own homes or another homely setting. The **Change Fund** of £70m for 2011-12 has been introduced to enable health and social care partners to implement local plans for making better use of their combined resources for older people's services. The Fund will provide bridging finance to facilitate shifts in the balance of care from institutional to primary and community settings, and should also influence decisions taken with respect to the totality of partnership spend on older people's care. The Joint Improvement Team (JIT) is working with all 32 Partnerships on the practical application of the Change Plans they submitted in order to access funds. JIT is advising Partnerships on the planning and systems they will need to have in place to create the right care services in the right settings, and is helping Partnerships to implement a series of Core Measures to ensure Change Plans are aligned with, and will support the delivery of the Quality Strategy Ambitions. NHS Grampian, in conjunction with its three local Partnerships has set out plans on how it intends to use its allocation of the Change Fund.

16. The Aberdeen City Plan has 31 active proposals, many of which focus on the avoidance of unscheduled hospital admission and accelerating the *Releasing Time to Care* work. The Aberdeenshire Partnership is taking forward projects looking at intervention and prevention; improving local access to diagnostic and treatment services and the further development of rehabilitation and enablement. The Moray Partnership is focussing on the creation of a multi-disciplinary intermediate care team as well as support and capacity building in the third sector. I was grateful to the Board and its planning partners for this update and look forward to seeing tangible progress made in this critical area in the months and years ahead.

17. I recognised that NHS Grampian is performing well against most of the **mental health** HEAT targets. The Board is continuing to develop ways of rebalancing care away from hospitals to community based services, including some very successful partnership work with local authorities. The Board met the target for Dementia Diagnoses, delivering 4,076 against a target of 4,011. The Scottish Government launched the *Standards of Care for Dementia* in June 2011. These standards relate to everyone with a diagnosis of dementia in Scotland and apply to people living in their own homes, care homes and hospitals. I was pleased to hear that in NHS Grampian, the primary care and acute sectors are working closely together to address any gaps in provision. The Board has earmarked funding from its Change Fund allocation for a dementia training programme to improve the treatment of vulnerable adults. The Psychiatric Readmissions HEAT target is designed to improve both community mental health services and inpatient services to improve patient experience and

better outcomes for service users and their carers. I was therefore disappointed that NHS Grampian did not meet this target. I note that the readmissions decreased by 7% from January to December 2009 and expect to see continual progress in this area. I reiterated that the Scottish Government expects children and young people who need inpatient mental health care to be looked after in an age appropriate specialist facility. I was therefore disappointed that there has been a significant increase in children and young people being admitted to adult beds. I was reassured though that, despite capacity challenges, considerable efforts have been made by local services to provide age appropriate services within the adult wards. NHS Grampian has designated a specific ward for admissions of young people, and has established a dedicated nursing team within that ward to provide care to the young people who have been admitted. A Child and Adolescent Mental Health Services (CAMHS) psychiatrist and other CAMHS professionals provide a significant input into the adult ward. The Board is working towards delivery of the March 2013 HEAT 26-week access target for CAMHS and I am pleased that a continuous service improvement approach is being taken to address service design and capacity issues. In 2010/11 the Board recruited an additional specialist CAMHS specialist and two consultant psychiatrists. An Integrated Care pathway is also being piloted with partners in the North of Scotland Planning Group for the most severe and complex patients. I look forward to seeing how these measures contribute to the successful delivery of the 2013 target.

## **Finance and Efficiency**

18. Clearly it is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. We were therefore pleased to note that the Board met all three financial targets for 2010-11 alongside the 2% Efficient Government target for the year. We asked for an update on the Board's progress on the financial plan for the current financial year, including the achievement of the 3% 2011/12 efficiency savings target. You informed us that you were actively monitoring the achievement of all local efficiency programmes and, whilst the position is challenging, the Board is currently on course to achieve the planned end-year financial position. It was also reassuring to hear that the Board's quality and efficiency programme is fully informed by the Quality Strategy, and that NHS Grampian is ensuring that, together with other NHS Boards, you are sharing and learning from examples of best practice in this area. We concluded the section by paying tribute to the excellent work of the Board's previous Director of Finance, Alan Gall.

## **Workforce**

19. NHS Grampian has progressed the Safe and Affordable Workforce (SAW) project during 2010/11m, and a Voluntary Severance Scheme, in line with the Board's workforce strategy to ensure that quality of care is paramount whilst efficiencies continue to be delivered. I congratulate the Board on achieving this through strong partnership working with staff, which was clearly evident on the day of the Annual Review. The Board will need to continue to build on this strong relationship to further reduce sickness absence levels.

## **Capital Finance**

20. NHS Grampian has invested significant resources in the successful delivery of its capital programme. The construction of the new Emergency Care Centre, which will replace 40% of the inpatient beds at Aberdeen Royal Infirmary, is progressing well and the project is line with timetable and cost estimates. The Board has also invested in the innovative new Energy Centre at Foresterhill which will provide a more environmentally friendly and cost efficient means of supplying energy to the site and is planned to be ready for use before the

end of the year. Chalmers Hospital in Banff has been upgraded with an investment of £5 million. This investment will be of great benefit to patients. Moving forward, the challenge for NHS Grampian will be to continue to deliver improvements to the estate in the context of the resources and funding mechanisms available to the Board.

## **Clinical Strategy**

21. NHS Grampian has carried out considerable work over the last year on its emerging Health and Care Framework and 2020 vision. The Board is now nearing the implementation stage and my officials will stay in close touch with you as this work progresses.

## **Public Question and Answer Session**

22. At the conclusion of the main Review discussion I chaired a public question and answer session, taking a number of questions from audience members. I am pleased with how this proceeded and I am grateful to the audience members for their patience, enthusiasm and considered questions. We discussed a wide range of topics including; the role of Pharmacists in prescribing; linkages with primary care in driving improvements to the dementia and CAMHS services; the importance of core values such as dignity and respect in treating older people; and local insulin pump provision, in the context of the Scottish Government target to make pumps available to 25 per cent of children and teens with type 1 diabetes by 2013. I am grateful to you and your team for putting the arrangements in place for this session, and for answering the majority of the questions which were understandably focused on local service provision.

## **Conclusion**

23. I would again like to thank you and your team for a constructive and informative day. It is clear that the Board is making significant progress in taking forward a challenging agenda on a number of fronts including improving access, maintaining tight financial control and driving forward the Quality agenda. However, you are not complacent and you recognise that there remains much to do. The Board must maintain a clear focus on its financial position and ensure that progress on your health improvement and healthcare provision commitments is maintained. I have included a list of the main action points from the Review in the attached annex.

  
**MICHAEL MATHESON**

## ANNEX

### NHS GRAMPIAN ANNUAL REVIEW: TUESDAY 1 NOVEMBER 2011

#### ACTION POINTS

The Board must:

- **Keep the Health Directorates informed of progress with the local implementation of the Quality Strategy and Change Fund.**
- **Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.**
- **Ensure there is sustainable progress made in relation to identified requirements and recommendations in Healthcare Environment Inspectorate reports.**
- **Keep the Health Directorates informed on actions taken and progress towards achieving all access targets and standards, in particular the cancer waiting times targets.**
- **Keep the Health Directorates informed of progress with the breast feeding target and reductions in the waiting list for adult registration with a general dental practitioner.**
- **Put plans in place to ensure the delivery of the Psychiatric Readmissions standard and reduce the number of children and young people being admitted to adult inpatient mental health wards.**
- **Continue to achieve in-year and recurring financial balance; and keep the Health Directorates informed of progress in implementing the local efficiency savings programme.**