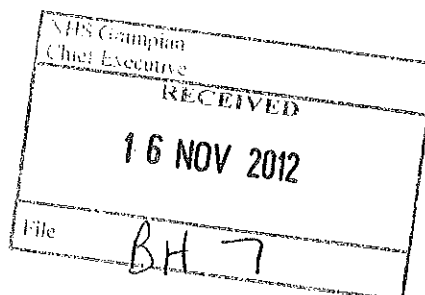


Cabinet Secretary for Health and Wellbeing
Alex Neil MSP

T: 0845 774 1741
E: scottish.ministers@scotland.gsi.gov.uk



Bill Howatson
Chair
NHS Grampian
Summerfield House
2 Eday Road
ABERDEEN
AB15 6RE



14 November 2012

Dear Bill

NHS GRAMPIAN ANNUAL REVIEW: TUESDAY 4 SEPTEMBER 2012

1. This letter summarises the main points discussed and actions arising from the Annual Review held at Curl Aberdeen on 4 September.
2. As you know, the Scottish Government is keen to ensure the rigorous scrutiny of NHS Boards' performance whilst encouraging as much direct dialogue and accountability between local communities and their Health Boards as possible. As one of the Boards that did not have a Review chaired by a Minister this year, you conducted the Review meeting in public on 4 September. You clearly outlined progress and challenges in key areas and gave local people the opportunity to question Board representatives. Nicola Sturgeon MSP, then Cabinet Secretary for Health, Wellbeing and Cities Strategy asked a Government official to attend the Annual Review in an observing role and this letter summarises the main points and actions arising from this meeting.

APF/ACF Engagement

3. As in previous years, all Boards are expected to submit a written report to Ministers on their performance over the previous year and plans for the forthcoming year. This self-assessment paper gave a detailed account of the specific progress the Board has made in a number of areas and was made available to members of the public to inform the discussion at the Annual Review. Within this material you included reports from both the Area Partnership Forum (APF) and Area Clinical Forum (ACF). The reports outlined key activities undertaken in 2011/12. It is clear that NHS Grampian has continued to support both fora over the past year and is committed to partnership working.

Visit

4. NHS Grampian continued the practice of undertaking a visit as part of the Board's Annual Review, with Board Chief Executive Richard Carey and yourself visiting the Orthotics

Department at Woodend Hospital and the new geriatric assessment area of Ward 15 and rehabilitation services for older people at Ward 17.

5. The Orthotics Department takes referrals from medical and AHP staff to assess patients for orthotics devices which correct deformities caused by a variety of medical conditions. I was impressed to hear about the new Paromed scanning technology being trialled in the Department which has the potential to both shorten the patient journey and decrease costs. These are the types of initiatives which have the potential to improve patient experience whilst also reducing costs and is an excellent example of partnership working with R Healthcare.

6. NHS Grampian is in the process of redesigning geriatric assessment and rehabilitation arrangements to further strengthen acute services for older people in Aberdeen City. The triage/assessment arrangements being tested out in Ward 15 will transfer to the new Emergency Care Centre at Foresterhill later this year while Ward 17 will focus on rehabilitation. To facilitate the change, Ward 17 was given an upgrade in June 2011 and many patient centred features were established including; photographs of local landmarks and the use of blocks of colour on doors to aid orientation for patients with dementia and improve patient safety. This is important work which will provide a greatly enhanced service to older patients, provide improved access to acute treatment and a strengthened rehabilitation facility which will enable patients to regain their optimum independence. I know that both yourself and Richard got a lot out of the visit and enjoyed speaking to the staff and patients who are passionate about their new facilities.

Public Session

7. To help illustrate progress and challenges you displayed thematic picture boards and patient quotes which helped set the context for the main review meeting. You opened the meeting by summarising progress made against last year's Annual Review action points.

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

8. Your Director of Public Health, Sir Lewis Ritchie OBE gave an overview of progress in this area.

9. NHS Grampian has performed well in 2011/12 against the HEAT targets for inequalities targeted cardiovascular health checks (delivering 1,560, exceeding a target of 1,340); Alcohol Brief Interventions (delivering 8,682, against a target of 6,054); and the Child Health Weight programme (delivering 853 - exceeding a target of 607). NHS Grampian is also making steady progress towards the 2012/13 target for Alcohol and Drug Treatment with 84.5% of clients waiting three weeks or less for treatment following their referral. However data shows that current performance is better for access to drug treatment than for alcohol treatment and this continues to be an area for improvement for the Board.

10. We were pleased to note that NHS Grampian has performed well in 2011/12 on smoking cessation, with the Board delivering 3,028 one-month quits, providing a performance of 150% against a target of 40% for the most deprived quintiles, which is an encouraging indicator of your progress against the inequalities aspect of the new 2013/14 target. NHS Grampian has continued to develop strong commitments to reducing health inequalities in tobacco use, performing well in targeting the two most deprived quintiles in Grampian and achieving a high percentage of both quit attempts and successful one-month quits in deprived areas.

11. Waiting times for IVF treatment in NHS Grampian have increased from two years in January 2011, to three and a half years for new patients in September 2012, and the Board now has the longest waiting times for IVF in Scotland, although I accept that this is partly due to eligibility criteria being more generous for Grampian patients than many other areas. This is a clear priority for the Scottish Government and we are committed to achieving a maximum 12 months waiting time by March 2015. The tertiary centre in Aberdeen provides treatment for patients from NHS Grampian, Highland, Orkney and Shetland. You have faced the challenge of increasing numbers of referrals and with finding capacity solutions to meet increased demand. Despite the challenges it is important NHS Grampian develops a robust action plan detailing how the Board will reduce the length of waits in order to achieve a maximum 12 months waiting time by March 2015. Confirmation that funding for NHS IVF for NHS Grampian patients has not reduced in the past year would be helpful.

12. As you know, the Scottish Government has announced substantial funding over the next 3 years of £12 million to help meet the 12 month maximum waiting time for IVF treatment. Discussions are taking place with the four NHS tertiary centres that provide IVF (Aberdeen, Dundee, Edinburgh and Glasgow), to understand the available capacity in this financial year and funding will be made available to the centres shortly.

13. NHS Grampian is making good progress in terms of increasing access to insulin pumps for adults. However, only 7.74% of people under the age of 18 have access to insulin pump therapy. The Board needs to carry out further work to ensure it is well-placed to meet the target to increase insulin pump provision to 25% of people under 18 by March 2013.

14. NHS Grampian has seen a reduction of 63.8% in premature mortality from coronary heart disease between 1995 and 2010. This is above the target reduction and the Scottish average of 60%. You have also seen a reduction in premature mortality from stroke with the mortality rate falling from 31.8 to 11 per 100,000 between 1995 and 2010, a reduction of 65.4%. This significantly exceeds your target and is higher than the Scottish average of 59.1%. Congratulations on this achievement.

15. NHS Grampian has struggled to sustain the 62 and 31 day cancer access standards over 2011/12. You have produced an action plan to address these performance issues and the latest monthly management reports for May and June 2012 show an improved position, above 95% for both targets. It is imperative that recent progress is sustained in this important area and that the Board continues to drive improvement. The Detect Cancer Early Programme is at an early stage but you have engaged with the national programme, and submitted a local implementation plan alongside a trajectory and risk narrative, which were developed by your local transitional steering group. You have now established the NHS Grampian Cancer Managed Care Network, which will oversee implementation of this priority area.

Healthcare is safe for every person, every time

16. NHS Grampian's Medical Director, Roelf Dijkhuizen and Director of Nursing and Quality, Elinor Smith introduced this session.

17. Quality of care and patient safety are of paramount concern across NHS Scotland. The Annual Reviews continue to 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, summarised through three 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 was pleased to hear that the Board of NHS Grampian is continuing to demonstrate leadership on the local implementation of the Strategy.

18. NHS Grampian is making good progress in reducing Hospital Standardised Mortality Ratios demonstrating a 4% reduction since January 2008 in Aberdeen Royal Infirmary. You are working with the support of Healthcare Improvement Scotland to target similar performance improvements at Dr Gray's Hospital. A key priority of the Scottish Patient Safety Programme (SPSP) is to reduce the incidence of adverse events and ensure that robust systems are in place to record and learn from these events when they do occur. NHS Grampian has a number of improvements in place to reduce adverse events. These include strong participation and commitment to the national collaborative for Venous Thromboembolism and Sepsis; and the roll out of LanQuip; an NHS Lanarkshire initiative which helps with the collection and management of data on all of the SPSP workstream measures, as well as hand hygiene and clinical quality indicators bringing them together into a single system to facilitate better internal and external reporting. I was pleased to hear that you have developed a Board Quality Action Plan for the coming year with clear actions and responsibilities to promote better patient safety.

19. Overall *Staphylococcus aureus* bacteraemia (SABs) have decreased in 2011/12. In 2011/12, there were a total of 167 cases of SABs (13 of which were MRSA). This is a fall in the number of cases compared to 2010 when there were 186 cases (17 of which were MRSA).

20. These figures indicate that NHS Grampian is on track to meet the new SABs HEAT target and I would encourage you to continue your momentum in this area. You have provided an assurance that Healthcare Associated Infections continue to be given top priority and that the robust monitoring arrangements are in place and oversight is provided through regular reporting to the NHS Board and the Clinical Governance Committee.

21. In 2011/12 you had a total of 95 cases of *C. difficile* infection in patients aged 65 and over, down from 173 in 2010/11 (45.1%). If performance against trajectory continues as anticipated, you expect to achieve the *C.difficile* HEAT target.

22. In 2011/12, NHS Grampian had unannounced inspections from the Healthcare Environment Inspectorate (HEI) to the Royal Aberdeen Children's Hospital, Aberdeen Royal Infirmary, Aberdeen Maternity Hospital and Dr Gray's Hospital. These inspections have identified areas of strength and areas where improvements need to be made. The Board's Infection Control Committee continues to monitor progress against actions identified in the Board's improvement plans by including them in the Healthcare Associated Infection Work Plan, which is reviewed regularly. Some recent improvements in this area include; a new dress code which has been developed for all staff; and a new standard operating procedure and monitoring tool which has been developed for the decontamination of patient equipment. It will be important to continually improve and sustain performance in this area.

Everyone has a positive experience of healthcare

23. NHS Grampian's Chief Operating Officer, Pauline Strachan and Director of Nursing and Quality, Elinor Smith gave an overview of progress made under this topic heading.

24. NHS Grampian successfully delivered the 18 weeks referral to treatment target at December 2011, with a combined performance of 90.3% and you have sustained this performance. You have successfully achieved the maximum wait of 12 weeks for new

outpatients and 9 weeks for inpatient/day cases as at 31 March 2011. However, the Board has experienced capacity pressures in some specialities, such as Plastic Surgery, and has undertaken focused capacity/demand planning to alleviate challenges on an ongoing basis. NHS Grampian has developed proposals to invest in core capacity on a sustainable basis to deliver the new 12 week Treatment Time Guarantee for inpatients and day cases. This is a high priority area and the Board should continue to work with the Scottish Government Access Support Team in the development of a long-term sustainable solution.

25. NHS Grampian has faced challenges in consistently delivering the 4 hour Accident & Emergency Standard over 2011/12. Work is currently underway to develop care pathways associated with the new Emergency Care Centre in Aberdeen and this work will support appropriate fast tracking of patients. The Board is also working to improve performance by minimising unnecessary attendance in the Accident & Emergency Department and subsequent hospital admission through the *Know Who To Turn To* campaign.

26. The August 2011 Inpatient Survey results were positive overall, with the majority of patients in Grampian reporting good or excellent experiences of care and services. However, the results in May 2012 for GP and local NHS Services showed that there was significant variation of patient responses in terms of advanced booking access to GP Services and the Board is continuing to work to improve performance in this area.

27. Over 2011/12 NHS Grampian has continued work to improve the person-centeredness of the services it provides. Specific initiatives include – the development of a Person-Centered Strategy, the introduction of a patient experience walk round, customer care training for staff induction and the increased use of patient and staff stories as a learning tool.

Staff feel supported and engaged

28. NHS Grampian Director of Workforce, Annie Ingram and Employee Director, Sharon Duncan introduced this item.

29. For the year to 31 March 2012, performance against the sickness absence standard was 4.27% - slightly above the 4% standard. The absence rate has improved slightly since 2011 (4.45%). You have provided an assurance that NHS Grampian is committed to supporting staff and minimising sickness absence. The Board has recently completed a successful pilot of an Intelligent Attendance Management (IAM) System. IAM provides employees with occupational health contact on the first day of their absence to offer advice and support as appropriate. The pilot areas have demonstrated significant reductions in absence rates and you are now rolling out the system throughout NHS Grampian. Staff sickness absence is a challenge for a number of Health Boards across NHS Scotland and once you have had the chance to fully review outcomes, this may be an opportunity to share good practice with other Health Boards.

30. As at 31 March 2012, only 39% of relevant staff within NHS Grampian had a Knowledge Skills Framework review completed and signed off on eKSF. By June 2012, this had increased to 46%, but this is still a significant reduction from your excellent 100% performance at 31 March 2011. Your self assessment report highlights the work you are carrying out to improve staff engagement. During 2011/12, the Board has continued to work in partnership with staff through the local APF, and you have continued to look at ways to continue to support staff, such as through Face2Face events. To continue to facilitate staff engagement you have extended the secondment of your five whole time equivalent staff who are supporting this work.

31. The Board will be aware of the national work on the 20:20 Workforce Vision which is currently being developed - with staff engagement a major part of the process. Boards are asked to ensure that staff have an opportunity to engage at local level to inform this.

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

32. NHS Grampian's Director of Modernisation, Graeme Smith and Medical Director, Roelf Dijkhuizen gave an overview of developments under this agenda heading.

33. The Scottish Government's 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 Scottish Government and its partners are committed to putting in place a system of health and social care that is robust, effective and efficient, and which reliably and sustainably ensures the high quality of support and care that is the right of the people of Scotland. You emphasised your good relationships with your local authorities which will be vital in delivering Health and Social Care Integration through a strong partnership approach. During 2011/12 NHS Grampian continued to progress two pathfinder projects in Inverurie and Forres. These projects seek to work with local populations to determine how best their health and care needs can be met. Both pathfinder projects have had extensive community and partner engagement and have resulted in options for change being explored and priorities for development identified. This work is continuing but it is anticipated that the implementation will contribute significantly to enabling people to live well at home or in the community and the successful integration of health and social care.

34. The Change Fund was 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. You provided a useful update on how these resources are being used in NHS Grampian to transform the nature of service delivery. Each local partnership area has established a range of Change Fund Projects focused on reducing dependency on institutional models of care and treatment through the provision of a range of services in line with the Reshaping Care for Older People Pathway. A key development for all three partnerships has been to establish targeted anticipatory care planning for older people. This work has involved GP practices, allied health professionals, community nurses, and social care staff. You have indicated that the early results of this work are promising and you will carry out a full evaluation of outcomes over the next year.

35. NHS Grampian continues to perform well against the Delayed Discharges standard - for which the Board should be commended - and as a result, the Board is in a good position to achieve the new four week HEAT target by April 2013.

36. All Boards should be preparing for inspection by Health Improvement Scotland to assess how older people are being treated while they are in an acute hospital. Aberdeen Royal Infirmary was a test site in January 2012 and a pre-inspection self assessment was submitted. You indicated that this feedback has been used to guide improvement activity. More than 50 members of staff have since participated in a learning set. The main focus on your preparatory work has been on improving assessment of older people who are admitted to an acute hospital and improving communication with patients and their families.

37. A key priority for the inspection programme by Health Improvement Scotland is to inspect against the *Standards of Care for Dementia*. You explained that NHS Grampian has taken forward a number of improvements relating to the care of people with dementia when in hospital. The Board appointed a nurse consultant for dementia care in collaboration with

Alzheimer Scotland and NHS Grampian's first nine Dementia Champions qualified in March 2012 with a further 10 currently in training.

38. NHS Grampian has previously experienced difficulty in providing the required data to track progress against the 26 weeks referral to treatment target for Child and Adolescent Mental Health Services. A standalone data collection system has now been developed and the first submission was made to ISD in June 2012. The Scottish Government is providing advice and support to help the Board to improve performance for patients waiting over 26 weeks. You have provided an assurance that waiting times are now reducing and that NHS Grampian expects to deliver the target by March 2013.

39. NHS Grampian has not yet been able to submit monthly data to Information Services Division to fully track performance against the Psychological Therapies target. An interim reporting system has been developed to meet the reporting requirements of the target, and is currently being piloted. The Board is awaiting a new Patient Management System which should deliver the required functionality and enable timely and consistent reporting. In the meantime work has focussed on tackling the longest waits and in planning specific actions. This continues to be an area for improvement for the Board.

Best use is made of available resources

40. The Board's Director of Finance, Alan Gray, and Chief Operating Officer, Pauline Strachan gave an overview of this session.

41. Clearly it is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that the Board achieved all three financial targets for 2011/12, alongside the 3% Efficient Government target for the year. You provided an update on the Board's progress against the financial plan for the current financial year, including your efficiency savings target. Last year you achieved savings of £20.7m delivering your local target. You advised that you were actively monitoring the achievement of all local efficiency programmes for the coming year and, whilst the position is challenging, the Board is currently on course to achieve the planned end-year financial position for 2012/13. It was also reassuring to hear that NHS Grampian's quality, efficiency and productivity programmes are fully informed by the Quality Strategy and that the Board is ensuring that, together with other NHS Boards, you are sharing and learning from examples of best practice in this area.

42. NHS Grampian is in regular dialogue with officials over the delivery of its capital plan and the Board has identified three projects that we expect to be delivered through the hub initiative – the Aberdeen Health Village, Woodside Health Centre and Forres Health Centre. The Full Business Case for the Aberdeen Health Village was approved by the Scottish Government's Capital Investment Group (CIG) in March 2012. I am very pleased to note that the new Emergency Care Centre has been delivered on time and within budget with handover taking place 12 October 2012. I would like to put on my record my recognition and thanks for all of the hard work that has gone into the successful delivery of a project which will provide an opportunity to further improve patient flow and result in improved services for the local population and beyond.

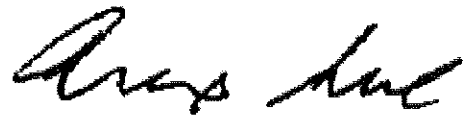
43. The longer term challenge for NHS Grampian will be to continue to reduce the level of backlog maintenance required by the NHS estate, and I understand that CIG is currently considering an Initial Agreement from the Board with the intention of addressing some of the backlog maintenance issues at on the Foresterhill site.

Public Questions and Answers

44. I understand that in what was an interactive afternoon session you took questions from members of the public at the end of each section of the agenda, some of which had been submitted in advance. A wide range of topics was discussed including: canteen facilities at Dr Gray's Hospital; healthcare associated infections; local ophthalmology services and NHS budget allocation. I am grateful to you and your team for putting the arrangements in place for this session, and for providing the necessary responses to the questions raised.

Conclusion

45. I would again pass on my thanks to you and your team for a constructive and informative Annual Review. My officials inform me that NHS Grampian used the opportunity of the Non-Ministerial Review to hold an engaging and meaningful discussion with its local population. 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, I have been assured that 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.



ALEX NEIL

ANNEX

NHS GRAMPIAN ANNUAL REVIEW: TUESDAY 4 SEPTEMBER 2012

ACTION POINTS

The Board must:

- Keep the Health and Social Care Directorates informed of progress with the local implementation of the Quality Strategy and Health and Social Care Integration.
- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection and ensure sustainable progress is made against requirements and recommendations in Healthcare Environment Inspectorate and OPAC inspection reports.
- Sustain performance against all HEAT targets and standards.
- Ensure there are robust plans in place to reduce the wait for IVF treatment.
- Ensure that there are robust plans in place to meet the March 2013 insulin pump provision target for under 18s.
- Maintain an appropriate focus on delivery of the 12 week Treatment Time Guarantee and ensure any emerging problems are highlighted at an early stage.
- Ensure there are robust plans in place to sustain the 62 and 31 days cancer access standards and continue to plan local implementation of the Detect Cancer Early programme.
- Maintain focus on the achievement of in-year and recurring financial balance; and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.