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28 OCT 2015
CHIEF EXECUTIVE



LEGACY 2014
XX COMMONWEALTH GAMES
SCOTLAND

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Dear Stephen,

NHS GRAMPIAN: 2014/15 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Summerfield House and the Aberdeen Dental Institute on Monday 10 August 2015.
2. I would like to record my thanks to you and everyone who was involved in the preparations for the day, and also to those who attended the various meetings. I found it particularly useful to have the opportunity to see and hear first hand that the momentum behind the changes that were underway when I visited in January this year has been maintained and the work is still on course. It was a very informative and interactive day and I hope everyone who participated also found it worthwhile.

Visit

3. I was delighted to have the opportunity on the day, to visit the new theatres at Woodend Hospital. Please pass on my thanks to the staff for organising this event. I was particularly impressed with the design of the facilities which has allowed the development of two additional theatres plus scrub and preparation facilities, accommodation for staff changing, offices and storage space, with minimal disruption to existing services. The additional capacity of ten patients a day is very welcome and I look forward to seeing the impact on the Board's waiting times in the relevant surgical specialties.

Meeting with the Area Clinical Forum (ACF)

4. I had a positive and encouraging discussion with the Area Clinical Forum. I was reassured that the ACF has been very active during the year in reviewing its structure, operation and priorities with the intention of promoting wider clinical involvement in the ACF and better reflecting the current context of health care delivery, including the integration agenda.

5. It was made clear to me that there have been significant improvements in relationships with the ACF fully engaged in developing the way forward for NHS Grampian. Members of the Forum highlighted the importance of clinicians having the opportunity to give proper consideration to issues of service design and the time to support and train the next generation. Our discussions also covered the challenges of staff recruitment and retention and the work that the Board has been doing to review and strengthen its approach to Dignity at Work.

Meeting with the Grampian Area Partnership Forum (APF)

6. I had a very informative and interactive discussion with the Area Partnership Forum. I was pleased to be able to get feedback from all sectors of the workforce about their work over the last year. Forum members highlighted the importance of proactive workforce and succession planning, delivery of a fair pay policy and broad staff engagement in the development of the Strategic Commissioning Plans for Health and Social Care Partnerships. We also discussed progress within the Acute sector and the roll-out of safety huddles.
7. At both of these meetings, I was pleased to have the opportunity to recognise the progress I had seen over the last six months and to thank NHS Grampian staff, clinical and non-clinical, frontline and those in a support role, for the significant work they have done to improve the Board's performance.

Meeting with Patients' Group

8. I would like to extend my sincere thanks to the attendees who took the time to come and meet with me. The opportunity to meet with patients and patient groups is a core part of the day for me and I firmly believe that feedback from patients, their families and carers must play a central role in improving health services. I greatly appreciated the openness and willingness of the people present to share their experiences and noted the specific issues raised including the importance role played by the Third Sector and by volunteers; GP recruitment; making best use of digital technology and the various ways in which the NHS can improve communication with people using its services.

Annual Review Meetings

9. Annual Reviews include two sessions which involve the Executive and Non-Executive members of the Board - the first, in public, with the Minister setting the scene and context for the discussion, before the Board Chair delivers a short presentation on the key success and challenges facing the local system. This is then followed by one of the central elements of the day - the opportunity for attendees to ask questions of the Minister and Health Board.
10. The second session is held in private between the Minister and the full Health Board. This is a more detailed discussion of local performance and also offers Ministers the opportunity to reflect on the experience of the day whilst testing how Board Non-Executives are able to hold the Executive Team to account. This letter provides a detailed summary of this discussion and the resulting action points.

Annual Review – Public Session

11. I was pleased to have the opportunity, in my introduction, to repeat in public my acknowledgement of the dedication of NHS staff in Grampian as well as the world class

facilities available to support the provision of healthcare for the people of Grampian. I also reiterated the Scottish Government's intention to continue to support the the Board's efforts to deliver its Improvement Programme over the coming months, as that work continues.

12. In the following section, you and your Chief Executive took the opportunity to provide a comprehensive summary of the key areas of progress in relation to the issues highlighted in the three reports published last December, two by Healthcare Improvement Scotland and the other by the Royal College of Surgeons of England. You highlighted robust evidence of improvements in both structures and processes across the acute sector as well as important progress in recruiting new staff, including additional investment in new posts, and in improving the support available to existing ones. Further detail on these key areas of activity is available to members of the public in the slides accompanying your presentation and in the self-assessment paper which the Board prepared for the Annual Review. I would encourage you to make these available on the Board's website, along with a copy of this letter.

Question and Answer Session

13. We then took a number of questions from members of the public on a wide range of topics, including support for chronic pain services; progress in filling clinical psychology vacancies; opportunities to improve communication with patient representatives and volunteers; and the need to ensure adequate provision of litter receptacles for people smoking outside hospital grounds.
14. A number of people had also submitted written questions or raised issues with officials after the session and these have all received written responses. These covered a variety of topics including levels of treatment outwith NHS Grampian, the cost and implications of suspensions, accountability of the NHS Board and developments in Kincardine.

Annual Review – Private Session

15. Before we moved onto the first item on the Agenda, I took the opportunity to thank the Board for all the hard work they had undertaken on behalf of the people of Grampian during the previous 12 months. I recognise the vital role that Non-Executives play in providing direction and constructive challenge; a role that has been particularly demanding in recent months.

Health Improvement and Reducing Inequalities

16. During 2014/15 NHS Grampian, has delivered 7,523 Alcohol Brief Interventions against its target of 6,054, continuing a pattern of strong performance in challenging alcohol related harm in the North East. Performance in relation to smoking cessation has been less successful. Affected by a number of societal changes, Grampian has delivered only 34% of its annual target for 14/15 in the first three quarters of the year and recorded below average success rates for one month quits (25% against a Scottish average of 30.9%). I would encourage you to review this situation and look forward to hearing how you would intend to improve performance in this area.
17. Over the last ten years, the number of deaths from strokes in Scotland has reduced by 41%. Building on this success, Boards were asked to include in their Local Delivery Plans for 2014/15 their plans for implementing a 'bundle' of four activities to improve stroke

care. Grampian's trajectory was to deliver appropriate aspects of the bundle to 70% of people admitted with stroke – an ambitious local target which you have achieved.

18. The Board has also been active in further developing its response to patients experiencing chronic pain; including the development of a programme for GP practice Pain Lead training, completion of a protocol for an ACT-based online pain intervention module and a Chronic Pain Management conference with excellent GP engagement.
19. NHS Grampian has experienced greater challenge in delivering the Ministerial commitments for insulin pump provision to 25% of under 18s, with a further 8 patients required to meet the paediatric commitment and a further 5 patients to meet the adult commitment. I would appreciate it if you could provide my officials with a update on your progress towards this goal.

Clinical Governance, Patient Safety and Infection Control

20. The Board saw an increase in the rate of *Clostridium Difficile* infections in patients over 65 towards the end of 2014/15, compared to the previous year. Despite this, NHS Grampian achieved its *C. diff* HEAT target delivering a rate of 0.30 cases per 1,000 occupied bed days by March 2015 against its target of 0.32.
21. NHS Grampian's recorded rate of *Staphylococcus Aureas Bacteraemia* (SABs) of 0.29 cases per 1,000 acute bed days by March 2015 was outwith the target of 0.24. The Board is continuing to experience difficulty in securing reductions in cases of MSSA, and this is impacting on the overall SAB performance. We will continue to work with the Board on ways to reduce the incidence of MSSA, particularly those originating in the community.
22. The Healthcare Environment Inspectorate (HEI) has carried out 4 inspections since May 2014, in the Aberdeen Maternity Hospital, Inverurie Hospital, Aberdeen Royal Infirmary (ARI) and Dr Gray's Hospital in Elgin and you have provided confirmation that action has been taken to implement the requirements and recommendations arising from those inspections. In relation to cleaning compliance, while you continue to achieve the 90% standard, the figures for the quarter to June 2015 indicate that NHS Grampian's performance continues to be below the Scottish average and I would urge you to maintain your focus on improvement, given the recognised importance of cleanliness in the healthcare environment.
23. The results of the OPAH inspection (Older People in Acute Care) of ARI and Woodend Hospitals were discussed at the previous Annual Review and you have confirmed that you are continuing the work to implement and embed the improvements highlighted by that inspection.
24. The Vale of Leven Hospital Inquiry resulted in 65 recommendations for action by health boards and the Implementation Group, set up in February 2015 and chaired by the Chief Nursing Officer is in the process of producing a national action plan. Your self assessment indicates that progress is being made in a number of areas, including the development of more robust monitoring of anti-microbial prescribing. It is important that you maintain focus on this aspect of performance and continue to work to deliver the requirements of the national action plan.

Improving Access, including Waiting Times Performance

25. During 2014/15, NHS Grampian's waiting times position has remained challenging, with 93.8% of patients treated within the 12 week Treatment Time Guarantee (TTG). As a result, the Board has received support from an expert team working side by side with NHS Grampian staff to drive the changes necessary to improve the efficiency of service delivery. The Board has invested in additional theatre capacity and improved a range of systems including booking processes, waiting list management and governance. There are now clear recovery plans and specialty trajectories in regard of the the TTG, which will bring you to within the numbers agreed in your Local Delivery Plan by December 2015 and and I have asked my officials to keep me informed of your progress towards delivery. We expect similar good progress to be made by December 2015 in improving your outpatient waiting times .
26. Those areas where reducing waiting times has proved particularly challenging include Oral & Maxillofacial Surgery (OMFS), Plastic Surgery and Dermatology, with staff recruitment and retention in small departments playing a part. Officials in the Access Team will continue to work closely with you as you continue your efforts to identify a sustainable resolution to these issues.
27. NHS Grampian's performance against the 4 hour Emergency Care Access target has been variable both within sites and across the Board area, with weekly performance falling below 95% on a number of occasions. The Board has received £1.4m over two years through the National Unscheduled Care Action Plan along with a further £1.4m to improve discharge from hospital. This has included continuation of funding into in 15/16 to assist with the implementation of the unscheduled care Six Essential Actions. I am pleased to learn that performance has recently improved.
28. The newly appointed national team will work with your local team to help accelerate that process, with the aim of minimising delays in A&E or Assessment Units, by improving patient flow throughout all areas of the hospital and in the community. I noted your Non Executives' commitment towards developing as a major trauma centre and agreed to seek an update.
29. The Board's performance in relation to the 62 day cancer standard remains a matter of concern, with recorded performance significantly below the 95% standard in the five quarters to the end of March 2015. The identification of adequate diagnostic capacity, particularly in relation to endoscopies, is proving a significant challenge. A number of actions have been taken to address the capacity gap, including use of facilities at the Aberdeen Health and Social Care Village. I expect you to maintain close scrutiny of the implementation of the recovery plans and ensure that all appropriate steps are taken to expedite patients where clinically appropriate. You should also continue to deliver detailed weekly reports to the Scottish Government Cancer Delivery Team.
30. NHS Grampian has made progress but has not yet delivered the 18 week HEAT target for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies. At 73.6% and 70.1% respectively, the Board was also below the Scottish average for both measures for the quarter ending March 2015 (78.9% and 82.8%). I acknowledge the efforts made to reduce the number of long waiters and note your on-going efforts to fill the staff vacancies on both a temporary and longer term basis.
31. Work has also continued to maintain the improvements noted at the last review in the Board's responses to patient complaints and is actively promoting real-time feedback

across its services. Information was collected from 993 patients during 2014/15 with 97.8% reporting their care as good, very good or excellent. The Board has introduced a number of measures to identify and record learning and action points from feedback and is to be commended for this open and proactive approach.

The Integration of Health and Social Care

32. You are making good progress with the establishment of Health and Social Care Partnerships. The three Chief Officers are in place and working productively with Board staff. Work is nearing completion on all three Integration Schemes, with support from Scottish Government, and I would encourage you to continue working closely with the IJBs on the other key building blocks of integration including the vital Information Sharing Protocols and Strategic Commissioning Plans. We noted the work that the Partnerships are doing with their populations, as part of developing their strategic plans, to explore the changing roles that individuals and communities will play in the future successful delivery of health and social care.
33. As discussed above, the ability to discharge promptly and appropriately those patients who have been assessed as clinically ready to move on is a key part of maintaining effective whole system flow. This has posed challenges. With long-standing problems recruiting and retaining staff across the Grampian care sector, particularly in Aberdeen and Aberdeenshire. The impact has been felt primarily in the care at home sector but has also affected the quality and safety of care home provision. The Board and its partner local authorities have invested in intermediate care to maintain throughput and is testing some innovative solutions to the staffing situation including a 'centre of excellence'.
34. Aberdeen City has started to make progress over the last few months and officials will continue to work closely with the partners while Aberdeenshire has developed an action plan to invest additional funding in short and longer term improvements.
35. Given the renewed focus on the role of Primary Care, I was pleased to hear more about the five new model initiatives that are being funded through the Primary Care Modernisation Programme in Grampian. These new models are designed to trial and test models of care that are driven by a fully integrated team of health and care professionals, which address locality needs, utilise community assets and engage the wider community. The learning from this work will inform future planning and help the spread of good practice as standard across Scotland as part of the implementation of the 2020 Vision.

The Best Use of Resources, including Workforce Planning and Financial Management, as well as Service Redesign

36. Effective attendance management is critical – not only in terms of efficiency but also to ensure that good support mechanisms are in place for staff. Your proactive approach, which can include occupational health support from the first day of absence as well as access to support while an employee is still at work, have contributed to your 2014/15 rate of 4.64%, well below the Scottish average.
37. Workforce planning, restructuring and development have also been key areas of work in NHS Grampian over the last year, and there are clear indications that this work is beginning to bear fruit. The wide-ranging work on redefining the culture and values of the organisation has done much to support these efforts and the consequent improvements in staff morale and participation were made evident during the Review process. There is

still much to be done to ensure that NHS Grampian is in the best position to recruit and train a workforce fit for the future, but the steps taken so far are very encouraging.

38. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. Despite the challenges facing NHS Grampian, it has achieved all 3 of its financial targets for 2014/15 i.e. to operate within its Revenue Resource Limit, Capital Resource Limit and to meet its Cash Requirement. The Board also successfully delivered the vast majority of its efficiency savings on a recurring basis.
39. Revenue funding for 2015/16 includes a significant uplift to bring the Board closer to NRAC parity, enabling you to continue the workforce developments and performance improvements which are currently underway. Nonetheless, I would urge you not to lose sight of your planned efficiency programmes in order to maximise the resources available for investment in patient-focused services.

Conclusion

40. I would again pass on my thanks to you and your Team for a constructive and informative Annual Review. It is clear that the Board is making significant progress in taking forward a challenging agenda on a number fronts. However, our discussions have assured me that you recognise how much there remains to do and that there is an appetite and commitment across all sectors of the Board to tackle this work positively and collaboratively for the benefit of the people of Grampian. I have included a list of the main action points from the Review in the attached Annex.

Best wishes,
Shona

SHONA ROBISON

ANNEX A

NHS GRAMPIAN: 2014/15 ANNUAL REVIEW

MAIN ACTION POINTS

The Board must:

- Make sustained progress against the smoking cessation target and the Ministerial commitments on insulin pumps.
- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.
- Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including completion of the Improvement Programme arising from the reports by Healthcare Improvement Scotland and the Royal College of Surgeons of England.
- Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, in particular the 4-hour A&E standard, and Treatment Time Guarantees.
- Maintain the good work done to date in progressing towards the staff sickness absence standard.
- Continue to work with planning partners on the integration agenda, and to deliver against the delayed discharge target.
- Continue to achieve financial in-year and recurring financial balance, and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.