



ANNUAL REVIEW

17<sup>TH</sup> NOVEMBER 2014

SELF ASSESSMENT REPORT

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## Chapter 1: Progress against 2012/13 Annual Review Action Points

NHS Grampian's 2012/13 Annual Review took place on 7 October 2013. Following the meeting the Minister for Public Health, Michael Matheson, wrote to the Board Chairman setting out the outcome from the review.

Information on the current position with the matters discussed at the last Annual Review is detailed below and throughout the report.

<b>Agreed Action</b>	<b>Position at October 2014</b>
Sustain performance against HEAT measures	Information on performance against HEAT measures is given throughout this self assessment. Delivery is closely performance managed with action taken when progress is less than expected.
Implementation of the cancer action plan and delivery of actions to meet the 62 day access standard and sustain performance against the 31day standard	Full delivery of the 62 day cancer standard has continued to be a challenge and there have been a small number of instances where the 31 day has been breached. Additional staffing and theatre capacity is now in place and improvements are being delivered in line with plan as these come on stream.
Delivery of investment in additional theatre capacity and focus on the delivery of the 12 week Treatment Time Guarantee	Additional theatres and staffing capacity are now in place and performance against all access targets is closely performance managed locally and in association with Scottish Government. Further detail is provided in Chapter 5.
Maintain performance against the Clostridium difficile standard and delivery of the Clostridium difficile standard	The Clostridium difficile rate in Grampian remains the lowest of the Scottish Teaching Boards. The rate is already below the target set.
Ensure actions plans arising from HEI inspections are fully implemented within agreed timescales	We have a robust process in place to ensure actions are taken forward as agreed. Further information is given in Chapter 4.
Continued improvement in progress against the 90% target for patients to be admitted to a stroke unit within 24 hours of admission.	The target was not met over the winter months as a consequence of delayed discharges impacting on the ability to admit new patients quickly to the units. By May 2014 the target was being delivered once more.
Continue to focus on minimising staff absences	We continue to roll out the intelligent absence management system which has proven effective in supporting staff at times of illness. Further information is given in Chapter 7.
Implementation of further actions to minimise delays in discharging patients who no longer require medical care.	Minimising delayed discharges is a significant challenge for Grampian and its partners and we have experienced rising numbers throughout 2013/14. Addressing this is a key priority but is hampered by low unemployment in Grampian making alternatives to hospital difficult to deliver

Agreed Action	Position at October 2014
	due to a shortage of carers in social care and nursing homes. More information is provided in Chapter 3.
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.	Full information is provided in Chapter 5. Grampian delivered its key financial targets in 2013/14.

## Chapter 2: Everyone has a positive experience of care

This chapter of the self assessment considers NHS Grampian's patient and staff feedback and the actions that we are taking to ensure patients and staff responsible for their care have a positive experience. It also contains information on performance against access targets which are a key aspect of overall patient experience.

### **Patient and Staff Experience**

The table below represents the outcome of our patient and staff experience surveys for the period July 2013 to August 2014.

	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor or Very Poor</b>
Patient Experience	37%	42%	17%	3%	1%
Staff Experience	9%	26%	37%	20%	8%

### **What we have achieved**

NHS Grampian has started a programme of real-time staff and patient experience work. This involves the collection of real-time patient and staff experience information using a survey tool. The purpose of the survey tool is to encourage a caring conversation between the interviewer and the patient, carer or staff member.

Patients are asked to rate their overall experience and staff are asked to rate their experience of work on the day of the interview. Patients, carers and staff may also complete the survey tool independently if they wish. The use of information technology is increasingly allowing us to turn around the information gathered in a timely manner and in a manner which is meaningful for staff.

Staff use the information to develop improvement plans where indicated.

### **Positive patient feedback**

Since July 2013, 1060 patients have provided feedback in real time with 96% reporting a positive experience of care. This means they described their care as good, very good or excellent.

### **Positive staff experience**

Since July 2013 434 staff members have provided feedback in real-time with 72% reporting a positive experience of work. This means that they described the shift they worked as good, very good or excellent.

### **Other person-centred achievements include:**

- There is a patient story presented at every NHS Board meeting
- Patient experience is a feature of redesign projects, e.g. Major Trauma Centre, Decision Support Unit, Criteria Led Discharge

- Five Must Do With Me components of person-centred care are embedded in nursing documentation
- Sector leads have been identified for person-centred work
- Six accredited Caring Behaviours Assurance System (CBAS) facilitators have taken 6 cohorts of teams through the process
- Caring, Listening, Improving eLearning module has been developed for use on induction
- Coproduced person-centred content in Robert Gordon University undergraduate and post graduate education
- Improvement trees increasingly being used to collect real-time feedback

### **Key challenges**

- Spread and sustainability of real-time patient, carer and staff experience work within current resource
- Meeting the aim of 5 patient experience surveys completed per ward per week
- Managing the staff experience information gathered
- Evidencing person-centred care planning
- Evidencing shared decision making

### **Our future plans**

- Embed real-time feedback as part of how we do business in NHS Grampian
- Spread real-time feedback to out-patient areas
- Plan to capture experiences of harder to reach groups
- Involve non-clinical staff in the collection of real-time feedback
- Link real-time feedback to clinicians as well as to wards
- Patient stories as part of adverse events investigations
- Adding elements of person-centredness to Morbidity and Mortality meetings
- Test ways of implementing and evidencing person-centred care planning
- Test ways of ensuring and evidencing patient and family involvement in decisions about care
- Continue to deliver CBAS to clinical teams

## **Delivering Improved Access Times**

### **Treatment Time Guarantee (TTG)**

We regret that targets have not been delivered in full and remain committed to doing so on a sustainable basis in line with the Board's access waiting times plan. This plan is in the process of being jointly agreed with the Scottish Government Access Team and has been informed by a detailed analysis of demand and capacity data for those clinical specialties where we have not yet achieved a sustainable TTG position.

During the last 18 months we invested £10.5m in additional theatres at Woodend Hospital and Aberdeen Royal Infirmary which were commissioned and brought into operation in July and April respectively. This investment was supported by a corresponding increase in theatre and staffing capacity to ensure that more Grampian patients could be treated, with the aim of reducing over time our spend on additional capacity within the independent sector.



In terms of our overall performance we would highlight the following:

- Whilst our levels of completeness have remained consistently high, above 98%, our combined performance was marginally below the 90% referral to treatment target during the period November 2013 to March 2014.
- Inpatient unavailability levels reached a peak in November 2011 with just over 50% of patients coded unavailable. From July 2012 there was a steady decrease in the level of inpatient unavailability, from 49.1% to 24.5% for June 2014.
- With the implementation of the TTG in October 2012, new unavailability codes were introduced. These codes continue to be monitored locally and there has been a sizeable reduction in the number of patients with these codes, with 12.6% of patients at the June 2014 census unavailable for these reasons.
- We have continued to have patient breaches during 2013/14 and acknowledge that our plans to achieve a zero new patient breach position have not been able to be delivered. The main reasons being attributable to challenges in securing sufficient clinical capacity in a number of specialties, primarily plastic surgery and ophthalmology, where there are also national shortages of staff.

We have worked closely with Scottish Government Health Directorate throughout the last year and in June 2014 agreed a comprehensive Improvement Programme. We are progressing implementation of the agreed actions, progress against which will be monitored by the Board's Performance Governance Committee.

### **Mental Health Access Times**

Until very recently, NHS Grampian was expecting to deliver the targets for Child and Adolescent Mental Health Services (CAMHS) and psychological therapies in full and on time and improvements in access times were being delivered. However unexpected staff vacancies and high maternity leave levels have significantly reduced capacity in a small clinical workforce. Efforts to recruit have had mixed success. Some appointments have now been made but as these staff will not be in post until later in the year we believe the targets will not be delivered in full until later in 2015. Our clinical teams continue to take all appropriate action to ensure patient care is provided in line with clinical priority.

### **4 hour A&E Waiting Times Standard**

Since April 2013 the 95% target has been met in 8 out of 12 months. Further information on the extensive actions being taken to improve patient flow are given in Chapter 3 and reflect the Board's commitment to the implementation of a sustainable solution for managing unscheduled patient activity. The actions taken recognise the longer term challenges resulting from the national shortage of Emergency Department consultants because of falling numbers of doctors in training. There is also a need to increase multi-disciplinary consultant capacity as we begin to develop the major trauma service whilst also responding to the increasing number of frail elderly patients presenting at Aberdeen Royal Infirmary.

## **Cancer Waiting Times**

The Board has an agreed plan of action to strengthen the overall arrangements in place to support the delivery of the cancer access targets on a sustainable basis. Progress against the action plan is monitored at the weekly executive review meetings and by the Scottish Government cancer support team.

In terms of increasing capacity to treat, the Board has approved additional investment of £1.5m within the cancer and endoscopy services and is reviewing on an ongoing basis the future requirements for diagnostic capacity and interventional radiology. The interventional radiology service is proactively taking forward service improvement work which will assist in informing the planning of the service to meet patient demand.

Whilst the Board met the 31 day target in three quarters during 2013, we did not meet the 62 day target. The actions taken above, combined with the additional capacity, is having a positive impact on our 31 and 62 day target performance and we will be reporting an improved position during the final quarter of 2014.

### Chapter 3: People are able to live well at home or in the community

This chapter of the self assessment report covers how NHS Grampian is taking forward its modernisation agenda to deliver the transformational change required to deliver our Healthfit 2020 which includes supporting people to live well at home or in the community. It describes how we are working closely with partners towards integration.

Target/Standard	Performance
Reduction in emergency bed-days for patients (75+). Rate per 1,000 of population	Emergency bed days for over 75s have levelled off after decreasing between October 2012 and December 2013. The latest figure, for the year ending August 2014, was 4662 bed days per 100,000 population. This was the fifth successive month to record a small increase.
Reduction in attendance rate at A&E	NHS Grampian's attendance rate at A&E has fallen substantially in recent years and is low in Scottish terms. The position at March 2014 was only 3.9% higher than the Government target
Delayed discharges of longer than 4 weeks	There were no delayed discharges of over 4 weeks in April 2013. However the numbers increased steadily over the winter period to 55 in January 2014 and have remained only slightly below this through July 2014. Most delayed discharges are in Aberdeen City where there is a significant challenge in recruiting appropriate carers.

#### Towards Healthfit 2020

Healthfit 2020 is our description of how health and social care will be different in Grampian by 2020. This vision takes account of trends, aspirations and current good practice applied consistently and comprehensively across the whole system. Grampian's population is projected to increase by 7.2% by 2020. The 65+ age group is projected to increase from 16.8% to 19% in the same time period. If admission rates and average length of stay remain at current levels, taking into account the population predictions, it is estimated that overall length of stay would increase from 8.39 days to 8.72 days, emergency admission bed days would increase by 15.9% and emergency department attendances would increase by 7.4% by 2020. It follows that transformational change is required.

A wide range of activities were undertaken in 2013/14 to modernise NHS Grampian and move towards Healthfit 2020. The work has been done across a number of workstreams including:

## Unscheduled Care

The focus has been on the further development of the Local Unscheduled Care Action Plan (LUCAP) which aims to take a broad approach to the improvement of services for people requiring emergency and urgent care. NHS Grampian has continued to develop the innovative approach to clinical decision support which has reduced the need for admission by providing real time senior clinical advice to practitioners at the first point of contact.

A range of other activities has included the *Know Who to Turn To* social marketing campaign, working towards the redesign of the primary care out of hours service and focusing on the pressing issues related to the Emergency Department medical workforce.

## Patient Flow

Linked to unscheduled care the Board gave priority to the improvement in the flow of patients throughout the health and care system. Whilst a symptom of flow is the pressure on the Emergency Department and the four hour standard much of the solution lies elsewhere in the system. Improvement work has therefore been focused on bringing forward discharge decision making, exploring criteria led discharge and extending the estimated date of discharge (EDD) planning. Improving flow will be one of the highest priorities for 2014/15 to ensure that patient care is provided in the right place at the right time and by the right clinician.

The work undertaken during 2013/14 on planned care has mainly been in support of the unscheduled care agenda. A major focus in the system as a whole is the conversion of unscheduled care to planned care, and avoiding the need for unscheduled care by developing good anticipatory care and access to services as a matter of routine. Specific initiatives have been taken forward in respiratory care and GI services with the aim of supporting patients in the community and avoiding admission. Specific initiatives have included:

- No Delays – the development of a NHS Grampian digital initiative which aims to provide tailored information to patients to help in the management of their own care. No Delays has been further developed and applied to respiratory medicine. No Delays is also used by NHS Lothian and a wide range of interest in the initiative has developed in other NHS Boards. Work was done in 2013/14 to commercialise No Delays consistent with the Scottish Government's health, wealth and innovation policy and it is expected that this will be complete during 2014/15 which will support its roll out across the NHS in Scotland
- Orthopaedic Quality Drive – this very successful initiative started in Grampian in early 2014 and has been the focus for wide clinical engagement. Whilst further work remains to be done in 2014/15 the quality drive has transformed many aspects of the service and included the establishment of a Musculoskeletal (MSK) hub.

## **Primary Care Modernisation**

In conjunction with the Scottish Government a primary care modernisation programme was developed and implemented within the NHS Grampian area. This has involved the exploration of radically different approaches to primary care to deal with current and anticipated pressures. Six practices have participated in the programme (two from each of the CHP areas) which will continue to develop proposals taking advice from a range of sources.

## **Service Improvement**

The process for service improvement has been refined and standardised to ensure consistency of approach across all services. The Institute for Healthcare Improvement (IHI) methodology is consistently applied and integrated with the approach to quality improvement and patient safety.

## **Organisational Development**

A major feature of organisational development in 2013/14 was the improvement of clinical engagement. Significant work was done with the clinical advisory structure to ensure that relationships between the Board and the advisory committees are further developed. This work continues and has extended to the re-organisation of the clinical management structure to apply the triumvirate approach to service management.

## **Modernisation of Facilities**

The ongoing programme of investment in facilities in 2013/14 was and continues to be linked to the redesign of services. This has included a range of new primary care premises and the continued reshaping of the Foresterhill Campus in Aberdeen. See Chapter 5 for information on the Property and Asset Management Plan.

## **Integration of health and social care services**

NHS Grampian developed its approach to integration during 2013/14 and it will continue to be a force for modernisation and transformation across the system. NHS Grampian very much embraced the opportunities provided by the integration legislation and in early 2014 developed new arrangements for planning and working in jointly with the new partnerships. The detailed preparations for integration continue and a good spirit of cooperation and person centeredness has been developed by all of the health and social care partners in the north east of Scotland which provides a good foundation for future working.

We have set out below a summary of the actions being taken within each of our Community Health Partnerships to enable people to live well at home or in the community. This work will inform the strategic plans that will be developed for the new Integrated Joint Boards.

## **Aberdeenshire Community Health Partnership**

### **What we have achieved**

Local hospitals allow for short lengths of stay which are managed by the local medical team. This resource ensures that admissions to ARI are kept to the lowest possible level. The 75+ population in Aberdeenshire has grown by 4.3% whilst the use of emergency bed days has dropped by 7.7% over the past two years. Work with social work colleagues is well co-ordinated allowing admissions to be avoided frequently and supporting people to continue to live in their home even during periods of illness. This has been enhanced, on a demonstration basis, with use of the Change Fund developing a comprehensive team approach to enablement and rehabilitation. We are now in the process of rolling out the learning from these demonstration projects so that the approach can be adopted by all staff.

### **Key challenges**

Within Aberdeenshire we are very aware of our significant geography and so continue to develop services on a local basis wherever possible. This approach continues to be successful to support people to remain in their communities. Our new Partnership vision has this sentiment (of remaining in your own community) as an explicit aim in everything we do. As we build our capacity for the newly required Strategic Plan we are seeking to have our communities and their input as one of the fundamental building blocks for our future success.

Despite the very good news for our hospital occupied bed days the challenge for some of our citizen's facing delayed discharge continues to be a real challenge. The ongoing very positive North East Scotland employment climate continues to offer real challenge for the recruitment of carers in both the public and private sector.

### **Our future plans**

The development of the Health and Social Care Partnership, ensuring an integrated approach to working with our population, is at the very heart of our Aberdeenshire ambition. We are building from a very strong base where we have low levels of hospital occupied bed days (3<sup>rd</sup> lowest in Scotland for 75+ population); this is achieved, in part, by having a comprehensive network of locally accessible community hospitals.

Our local authority colleagues, who will be joining with the NHS in the new Partnership, are working extremely well with our local commercial providers hosting joint recruitment fairs; this ensures that we genuinely recruit new people to the system rather than circulate the same people from one employer to another. The challenge of creating enough capacity continues but with all team members contributing hard to find innovative methods to move forward. The target set for April 2015 will be very challenging.

## **Aberdeen City Community Health Partnership**

### **What we have achieved**

In the last year we have opened the Aberdeen Community Health and Care Village . This is an urban community hospital without beds, delivering diagnostic and treatment services for the people of Aberdeen and the rest of Grampian. The Health Village also supports self-care with the wider Community Planning Aberdeen team, to help people remain well, independent and in their own communities.

The Aberdeen Partnership continues to lead the promotion of active ageing at a national level and in the last year won a UK Award for its Golden Games (over 65s Sports and Activity Festival).

### **Key challenges**

The recruitment and retention of staff is still the main challenge facing Aberdeen City and we are working hard with all partners to make health and care more attractive career options across our developing integrated partnership and to identify potential housing opportunities for new staff with partner social housing agencies.

### **Future plans**

Within our Older People Services we have, through redesign, increased our community based geriatric multi-disciplinary capacity to embed a community based approach. In practice, this has meant an additional two consultant geriatricians and four community geriatric nurses. This has enabled a more consolidated link between consultant geriatricians and GP practices.

We have piloted a questionnaire of all practice registered patients over the age of 75. With an over 90% response rate this has identified members of the community who are at risk of falls, require a review of complex medications and are socially isolated. Following interventions to address these areas the initial practice pilot has seen a 17% reduction in emergency admissions over a one year period and a 25% reduction in patients with 2+ admissions within the year. Currently, this pilot is being spread to find out if these results are repeatable in order to inform future redesign.

## **Moray Community and Social Care Partnership**

### **What have we achieved**

The Moray Community Health and Care Partnership made significant progress across 2013/14 against this ambition in terms of both our work under the *Reshaping Care for Older People* 10 year strategic agenda, and in relation to our ambitions under Adult Health and Social Care Integration.

- 100% Anticipatory Care Plans for over 75s
- Development of community development approaches
- Falls assessment and care planning established in local care homes demonstrating a reductions in falls.

- Falls bundle approach established across Moray
- Testing step-up, step-down beds in community settings
- Shared lives
- Dementia work – Post discharge support and an increase in diagnosis rate
- Carer support – additionality of such initiatives as short break bureau, health and well being, training, SVQ Training
- Reduction evident in multiple admissions
- 2 practices engaged in early exploration of modernising general practice which is focused around a personal outcomes approach to care, deep community engagement and case management approach.
- Increase in the number of people receiving more than 10 hours care in the community

### **Key challenges**

- Maintaining achievements and building on same through the Health and Social Care integration arrangements.
- Linking existing work to national outcomes
- Ensuring children and young people’s services are appropriately linked in and that the person centred approach continues to be reflected
- Capacity building, increasing demographic and ongoing challenges with recruitment
- Delayed discharge: challenge to ensure that this is achieved and that people are not kept in hospital inappropriately and independence and return to their community is not compromised
- Build on the work of introducing anticipatory care plans to people’s care and ensuring that the quality and effectiveness of this mechanism is maximised to achieve good outcomes
- Working with communities to plan, build resilience and engage in appropriate use of health and social care services
- Seek to develop further improved access to services by improving the ability to navigate the system e.g. Single point of access
- Continue to support staff to adopt and enabling approach to care and apply a personal outcomes approach

### **Future Plans**

- To review and consolidate the work of the change fund and reshaping care for older people activity
- To ensure that the Strategic Plan for Health and Social Care builds on the achievements to date and seeks to challenge the system further towards building community resilience and community engagement that has the community and services working together to maximise the opportunities for all.
- To consider further recruitment and retention of staff in Moray, looking at alternative ways to attract people to the area.



## Chapter 4: Healthcare is safe for every person, every time

This chapter of the self assessment report covers our governance arrangements including risk management and how we deal with adverse events. It provides information on what we are doing to improve patient safety, reduce healthcare associated Infections and our performance as assessed by external review.

Target/Standard	Performance
<i>Staphylococcus aureus</i> bacteraemia (including MRSA) cases per 1000 acute occupied bed days	0.27 to March 2014, slightly above target of 0.24
<i>Clostridium difficile</i> infections per month per 1000 occupied bed days (patients aged 65 plus)	0.20 to March 2014, below plan of 0.32

### What we have achieved

#### Healthcare Associated Infection

During the year 2013/14, NHS Grampian continued to perform well in relation to the national targets and national average for *Clostridium difficile* and *Staphylococcus aureus* bacteraemia infection rates.

#### Healthcare Environment Inspections

Several inspections took place in hospitals across NHS Grampian, both in acute and community settings.

- Aberdeen Maternity Hospital – Four inspections occurred during 2013/14 with two further inspections so far in 2014/15. Whilst several requirements resulted from the first of these, NHS Grampian has worked hard to address the issues raised. During the last inspection visit it was confirmed that we had met all but one of the original requirements. This related to storage of supplies and has now been addressed.
- Aberdeen Royal Infirmary – An inspection in June 2013 resulted in three requirements and four recommendations, all of which have now been actioned
- Woodend Hospital – This inspection was the first one to occur in a community hospital in NHS Grampian. It was generally considered to be a good inspection, resulting in four requirements and two recommendations, all of which were addressed within weeks
- Inverurie Hospital – This inspection took place in June 2014 and no recommendations for improvement were made which demonstrates that systems and processes resulting from inspections in acute settings have been equally applied and implemented in community hospitals

## Scottish Patient Safety Programme

From an initial focus in 2008 on acute hospitals, the Scottish Patient Safety Programme (SPSP) is now an integral part for all healthcare services across NHS Grampian. As some programmes have been introduced only within the last 2 years, these services require a greater degree of ongoing support and development. The SPSP aims to improve the safety and reliability of healthcare and reduce harm, whenever care is delivered.

Evidence can be found of the patient safety essentials in acute, community, paediatric and maternity hospitals. The following essentials are recognised as fundamental for safe care.

- Hand Hygiene compliance
- Executive team walkrounds
- Surgical Brief and Pause
- Intensive Care Unit Daily Goals
- Ventilator Associated Pneumonia Bundle
- Early Warning Scoring
- Central Venous Catheter Insertion Bundle
- Central Venous Catheter Maintenance Bundle
- Peripheral Venous Cannulae

Staff are supported to deliver these measures reliably and consistently to all patients who could benefit from them. Universal implementation is evident across the acute sector with the measures embedded into everyday care, as appropriate. The exemplar ward project supports the reliable measurement of the patient safety essentials.

Emergency care summaries are now available on Trakcare, allowing easy access to anticipatory planning from primary care.

There is ongoing work with the Emergency Department (ED) and Acute Medical Initial Assessment (AMIA) with the implementation and measurement of the sepsis 6 bundle. The clinical lead for SPSP has identified a reduction in length of time to first antibiotic, of those patients admitted to the Intensive Care Unit with sepsis. There is a deteriorating patient group that meets monthly, with attendance from the Scottish Ambulance Service, G-Med, palliative care, professional development and acute service staff.

A pro-forma has been tested and implemented to review cardiac arrests and give constructive feedback to clinical teams. A new tool for case note reviews is being tested, based on the NHS Ayrshire and Arran tool, with inclusion of admitting and discharging consultant reviewing notes and identifying learning to share.

We have hospital wide, safety huddles happening in our maternity and paediatric hospitals. A number of General Practices have implemented regular safety huddles as well as specific services in mental health and acute hospitals.

The MCQIC support team from Healthcare Improvement Scotland (HIS) has recently visited NHS Grampian and *'were encouraged by the tremendous amount of work*

*being carried out by NHS Grampian across all three programme strands and the level of increased staff engagement.'*

The Primary Care team from HIS has also visited and the verbal feedback was positive. We are a test site for result handling and are working with the clinical lead for the Primary Care programme to progress this piece of work.

Progress continues in Mental Health services with SPSP, the leadership group has just merged with the Person Centred Programme, to drive forward these national programmes.

NHS Grampian was successful in a bid to be a pilot for the SPSP Pharmacy in Primary Care Collaborative, with work commenced in July 2014 for 2 years. The senior charge nurse in cardiology has secured a place on Cohort 7 of the Patient Safety Fellowship. Six previous Fellows are still actively engaged in supporting SPSP.

## **Key challenges**

### **Patient Safety programme**

Although the programmes are at different stages of development, the key challenges remain similar.

- Frontline teams are vital to the spread and sustainability of the SPSP across healthcare and with competing priorities it can be a challenge to get ongoing engagement, especially with medical staff.
- NHS Grampian has a co-ordinator in each programme, supported by QuEST funding. Although we are building capacity and capability within clinical teams, to try to move away from person dependency, this remains a significant challenge and without this protected time the spread and sustainability for each programme could potentially fail.

### **Infection control**

- Recruitment and retention issues within nursing and domestic services makes maintaining high standards of cleanliness a challenge.
- Continuation of the development of new strategies for preventing recurrent *Clostridium difficile* infections and the maintenance of care bundles and plans to contribute to ongoing reductions in *Staphylococcus aureus* bacteraemias.

## **Future plans**

### **Patient Safety programme**

- NHS Grampian plans to continue to spread and sustain the SPSP across our healthcare systems. Using improvement methodology to embed the programmes and ensure reliability, every person, every time.
- The Acute Adult Programme will continue to test the nine points of care identified as safety priorities, and with the support of the SPSP manager, clinical lead and the senior team will spread these across the service. The

priority areas for NHS Grampian are deteriorating patients, sepsis, heart failure, venous thromboembolism, falls with harm and pressure ulcers, with a plan to spread to surgical site infections, safer medicines and catheter associated urinary tract infections as reliability increases, with the aforementioned.

- The Paediatric Leadership Group has agreed three key areas to focus on for the coming year. This includes the introduction of Sepsis 6 to the paediatric service, early recognition of deteriorating patients and timely escalation of care and treatment and implementing structured ward rounds to improve communication within the multi- professional team and improve patient flow.
- The Maternity Leadership Group is focusing attention on the management of sepsis, VTE and SBAR handovers. The neonatal team is testing SBAR handover between post-natal wards and other units.
- The mental health programme is continuing to advocate the use of executive visits across the service and focusing on aspects of the workstreams. The use of huddles has been initiated in some areas and these are being developed across the service so all areas receive clear communication and support

### **Infection control**

- NHS Grampian will continue to implement and monitor care bundles designed to reduce catheter associated urinary tract infections.
- We are building closer links between the Antimicrobial Team and the Scottish Patient Safety Programme
- We are piloting the introduction of bed space cleaning teams and implementing a service for the management of grossly contaminated beds. We are also reviewing the training requirements for those responsible for cleaning and decontamination in all settings where healthcare is delivered
- The HAI Education Group is considering the best framework for delivering education and support for aseptic technique.
- We are identifying appropriate surveillance and epidemiology education resources to improve capabilities within the Infection Prevention and Control Team.

## Chapter 5: Best use is made of available resources

This chapter of the self assessment focuses on NHS Grampian's performance according to finance and efficiency measures. It provides greater detail on the work we are doing to redesign to deliver improvement within a challenging financial climate.

Target/Standard	Performance
Deliver Financial targets	Delivered in full (see below)

### What we have achieved

NHS Grampian achieved all three financial targets in 2013/14 set by Scottish Government:

- Revenue Resource limit (a resource budget for ongoing activity) - a small under spend was recorded against the Revenue Resource Limit of £836 million.
- Capital resource limit (a resource budget for net capital investment) - the capital resource limit of £54 million was invested in full.
- Cash requirement (a financing requirement to fund the cash consequences of the ongoing activity and net capital investment) - the cash requirement was achieved.

NHS Grampian continues to effectively and efficiently deploy its financial resources for the benefit of patients across the North East of Scotland as follows:

#### Core revenue funding

NHS Grampian spent just over £1 billion in 2013/14 on improving health and providing health services to the Grampian population, equivalent to £2.8 million every day. The revenue breakeven position was achieved despite increasing and challenging financial pressures, such as investment in acute capacity to deal with treatment time guarantee requirements and Healthcare Associated Infection compliance.

NHS Grampian remains the lowest funded Board per capita under the National Resource Allocation Committee (NRAC) formula and our funding level remains below the parity level suggested by the formula. Our performance as an NHS Board has been significant in the context of our funding position relative to all other Boards. We very much welcome the plan we have agreed with the Scottish Government to move towards a parity level. The resources that this will provide will enable us to invest in key clinical services in order to bring service provision up to comparable levels with other parts of Scotland and will help us to provide healthcare for the ever expanding population of Grampian.

### Delivery of efficiency savings

Total efficiency savings of £22.3 million were delivered in 2013/14 in line with the target requirement. The bulk of efficiency savings were recurring and were generated from improved procurement, savings on drug costs and more efficient and effective use of the workforce.

### Capital investment

We invested £54 million during 2013/14 on capital. The major areas of spend included:

- The opening of the Aberdeen Health Village – the first project in Grampian and in Scotland to be financed under the “hub” funding initiative.
- £12 million on backlog maintenance in clinical areas at Aberdeen Royal Infirmary as part of a five year programme targeted at significantly reducing high and critical backlog risk.
- £7 million on the provision on new theatre capacity at ARI and Woodend Hospital to support delivery of the Treatment Time Guarantee.

The first two health centres at Forres and Woodside (Aberdeen) delivered nationally in a bundled project (with another health board) using the “hub” revenue model opened shortly after the year end. The delivery of these projects demonstrates the Board’s commitment to maximising the benefits of new funding streams to support improvements in the infrastructure supporting patient care in our hospitals and communities. We also welcome the announcement of the funding for a new Women’s Hospital and Cancer Centre for the Foresterhill site and are in the process of establishing the project team required to deliver this exciting development for the people of Grampian.

Within our Property and Asset Management Plan we set out our priorities for the next ten years and the focus that we will give to reducing backlog maintenance, invest in new and replacement medical equipment and address challenges across primary care premises linked to the overall growth in our population and the emergence of new communities in the Grampian area.

### **Key challenges**

Pressure on resources is projected from 2015/16 onwards.

Specifically these relate to:-

- The impact of employer pension and national insurance increases in 2015/16 and 2016/17 respectively.
- Continued cost pressures arising from secondary care drugs
- The impact of several non-recurring funding streams ending or reducing with an expectation that the services supported by them will continue
- The continued growth of the population in Grampian as well as higher numbers of frail elderly people.

## Future plans

Using the funding provided to us, including movement towards NRAC parity:-

- There will be continued investment in clinical capacity in key areas. This will involve recruitment of additional medical, nursing and other professional staff to support service developments and address known activity pressures.
- We will support the introduction of Health and Social Care Integration by making sure that the three Integrated Joint Boards for Grampian are established and have the tools to use resources in a flexible way to improve patient pathways and outcomes.
- We will reconfigure services to best fit the needs of the population of Grampian including taking forward the aspirations of Healthfit 2020 and the Quality Strategy. This will include redesigning services to focus on prevention, an increased emphasis on community based care and continuing investment to reduce health inequalities across Grampian.

## Chapter 6: Everyone has the best start in life and is able to live longer healthier lives

This section of the self assessment considers Grampian's performance against health improvement measures as well as the wider health inequalities agenda.

Target/Standard	Performance
Number of completed Child Healthy Weight Interventions	540 were undertaken in 2013/14-taking the total over 3 years to 1706 which is above target of 1556
Number of Alcohol Brief Interventions (ABI)	7301 were delivered by March 2014 which was above the target of 6054
Number of Successful Smoking Cessation Quit attempts	13,591 were delivered in 3 years to March 2014. 7831 were in 40% most deprived data zones Both well above target
Number of Inequalities Targeted Cardiovascular Health Checks	1795 were delivered to March 2014, 12 % above the target of 1600
Percentage of 3&4 year olds in each SIMD quintile receiving 2 fluoride varnishing applications per year	Performance was 13.21% which was well below the target of 60%
90% referral to treatment within 3 weeks for alcohol	97% at March 2014
90% referral to treatment within 3 weeks for drugs	91% at March 2014
Exclusive breastfeeding at 6-8 weeks	35.4% - final quarter of 2013/14 against local target of 35%
Early access to antenatal care – booked at 12 weeks	86.6% quarter ending March 2013 against 76% target
Proportion of breast, colorectal and lung cancer detected and treated at stage 1	21.2% was delivered against a target of 25%

### What we have achieved

- Child Healthy Weight: a small but statistically significant decrease in Body Mass Index is evident, especially in boys. Discussions have been ongoing with educational colleagues to mainstream our local Grow Well Choices Programme.
- Alcohol Brief Interventions: Overall, the Grampian target has been met, exceeding trajectory by 20%. During 2013/14, particular attention was paid to increasing the number of interventions delivered in sexual health services and A&E.



- Smoking Cessation/ Tobacco Control: Continued good performance within this area will see us moving forward into 2014 and a significantly greater challenge around 12 week quits. We are making significant progress with our Tobacco Policy which was developed and agreed through the Grampian Area Partnership Forum during 2013 and its implementation which has seen Turriff Community becoming the first Smoke Free Hospital in Grampian with more to follow.
- Keep Well: The Keep Well programme remains ahead of trajectory in terms of the annual target. Over 8000 of our most deprived patients have now benefited from a health check and signposting to other support if required. GP practices now have a postcode checker to identify patients living in deprived areas and a means to capture their activity to address inequalities at practice, cluster and NHS Grampian levels.
- Fluoride Varnishing: Performance in our most deprived quintiles continues to improve - 57% of 4 year olds and 41.8% of 3 year old in Quintile 1 (mainly through nursery and schools). Despite ongoing engagement and audit support for practices, we perform poorly in our most affluent quintiles with 13.2% and 16.3% respectively. Parental and GDP preferences have played a large part in our performance in these quintiles where there seems to be a reluctance within practices to apply fluoride varnishing.

### Early Years Collaborative

There are three Early Years Collaboratives (EYC) within Grampian. In Aberdeen City, the focus has been on bonding and attachment, with particular focus on the Health Plan Indicator allocation. Aberdeenshire EYC has taken a total place approach to the rollout of activity, and has focused on the Peterhead area.

Training on the methodology has been delivered to a variety of health and local authority staff. Aberdeenshire EYC is now focusing activity on the Portlethen area. In Moray, focus has been on early communication, particularly the B4 Words programme. Grampian-wide, a NHS EYC Leadership group oversees priorities for which NHS has a lead responsibility, which are HPI Allocation, Smoking in Pregnancy, B4 Words and Healthy Start. Early assessment of the health plan indicators demonstrate good roll out in Grampian. Our challenge for the future will be implementing this at scale

### **Key challenges**

- An Ageing population: The Scottish population is ageing and Grampian will, over the next two decades see an ongoing and substantial increase in the proportion of the population that is aged 75 years and over. The demand for and associated costs of all health and social care services increase with age. This demand coincides with an expected population increase in Grampian over the next 15 years. By 2037, this will have increased to 20% in comparison to 6% increase for Scotland.
- Persistent Health Inequalities: The substantial geographical and socioeconomic variations we have in Grampian mean that the opportunities are not the same for all of us. Measures of the key wider determinants of

health and surveys assessing our sense of wellbeing demonstrate that there are national improvements but that inequalities are enduring

- Growth in Numbers with Long Term Conditions: There is a continuing shift in the pattern of disease towards long term conditions where people often have multiple conditions with complex needs. In Grampian, 39% of the population has at least one long term condition. There were almost 20,000 emergency admissions to hospitals for residents aged 65 or over representing 41% of all hospital admissions. An increase focus on prevention will help to achieve long term sustainable improvements in health for all

## **Future Plans**

- We will continue identifying the health needs of the Grampian population, monitoring and measuring the impacts of service change
- We will work with communities to ensure responsive service delivery
- We will support NHS Grampian and partners to be inequalities sensitive
- We will continue to provide population health input to strategic health and care service planning through the Healthfit 2020, Joint Strategic Commissioning Plans, the Improving Health and Wellbeing Framework and Single Outcome Agreements
- We will provide intelligence in a manner that is readily available for those planning and delivering services, ensuring that community views are part of the intelligence considered.;
- We will continue to plan, deliver and evaluate Public Health programmes, including screening and immunisation;
- We will progress the planning for, and delivery of, a Health Protection service

## Chapter 7: Staff Feel Supported And Engaged

This chapter of the self assessment covers progress in terms of staff engagement and development, staff governance and workforce planning.

Target/Standard	Performance
4% Sickness Absence	4.4% August 2014

NHS Grampian recognises that staff are its most valuable asset as they strive to deliver outstanding care to the population of Grampian. Currently more than 50% of our annual budget is invested on staff (excluding Family Health Services). Pay costs for 2012/13 were £509m.

### What have we achieved

- In order to invest further in staff engagement NHS Grampian has appointed a Staff Experience Manager whose role also covers Dignified Workplaces. This has been further supported by the purchase of the PALs/Staff Experience Module from Datix to gather staff and patient experience feedback in real time. This has been very well received by staff through identifying what is working well and areas for improvement and action.
- During 2013/14 the feedback from the Annual Staff Survey was used locally by the Sector Partnership Forums who agreed 2 or 3 specific areas for action from the information received about their area.
- There has been a focus on dignified workplaces and the application of the HSE Management Standards which were used to develop a survey for all Obstetrics and Gynaecology staff. Feedback has been through the Grampian Area Partnership Forum (GAPF) and an overarching risk assessment has been completed with actions identified and managers locally leading on implementation.
- Integration Open Sessions for staff have been held throughout Grampian for Health and Social Care staff by the NHS and one of the Local Authorities. These sessions were used to share the vision and through a workshop encouraged questions and discussion.
- There has been a focus on staff involvement and engagement, including a specific programme where the Director of Nursing and Director of Workforce met with all Senior Charge Nurses to elicit feedback and discuss the challenges and opportunities. During 2013/14 a new approach was piloted. Listening into Action involved teams, partnership representatives and senior managers who worked together to identify areas for improvement and committed to act upon these.
- Work continues on leadership and management development both internally and with the wider public sector and third sector in Grampian. Development opportunities include Collaborating for Outcomes, (Leadership) and a range of management development courses offered at different organisational levels. A new addition to this portfolio has been a North region leadership programme for medical staff. These courses not only focus on skill development, they

create positive working relationships with partners supporting improved collaboration and service provision for patients and clients.

- Workforce Planning continues to be embedded within NHS Grampian with managers locally developing their plans with their teams and in partnership, to inform the Board Workforce Plan. From previous plans specific actions such as the introduction of the Physician Associates and the implementation of new FY1 doctors have been implemented. The latter has included the development of an eLearning package that supports the organisations values of Listening, Caring, Improving- “Safe and effective is what we do, person centred is how we do it”
- Other specific actions include the development of more Advanced Clinical Practitioners to support new workforce models, provide services closer to patients’ homes and improve patient care.
- In the latter part of 2013/14 work commenced in relation to recruitment and staff sourcing. This was required due to the ongoing challenges for NHS Grampian in recruiting staff due to the high cost of living and lack of available housing. A more proactive approach has been implemented which has included the development of resources, attendance at careers fairs, local Jobs and Career promotion events and the creation of a video clip promoting the valuable role and contribution of Health Care Support Workers.
- Additional monies have been made available from the government have been immediately utilised to address the staffing issues we have in NHS Grampian. These additions, whilst welcome, are only part of the staffing solution. Our staff, when engaged, feel strongly that their ability to be involved in the wider engagement process is hampered by a lack of time, resource and facilities time to enable them to fully participate as they would wish as they always prioritise clinical care

## **Key challenges**

The key challenges for NHS Grampian include the workforce supply and recruitment. This is not solely in relation to doctors and nurses but for many other clinical and non clinical roles. The buoyant local economy, competitive salaries, the high cost of living and year on year sub NRAC funding levels have all contributed to a reduced workforce supply. This impacts on the ability to safely staff key areas of the organisation. Areas of concern for recruitment include Emergency Medicine, Psychiatry, Radiology, Anaesthetics and General Practice for medical staff. A general shortage of Registered Nurses and a shortage of applicants to fill support roles such as HCSW, Health Care Scientists, Admin and Clerical and Maintenance are also a recruitment challenge. There are certain rural locations where recruitment is challenging for all types of staff.

The age of our workforce and the implications for roles in the future is also an issue. It is recognised that individuals will work longer and the benefits this will bring in terms of experience, however there will also be challenges in relation to potential health and adjustment issues and the need to ensure that roles offered are suitable for this group of the workforce. In addition there is a need to increase the younger workforce, specifically those under 25, to provide a greater degree of medium to long term sustainability. Encouraging under 25s to make a positive clinical or supporting career choice is required to ensure a better balanced workforce.

The changes in the workforce following Health and Social Care Integration and the exact implications remain unknown. It is likely there will be additional roles required for generic workers who will have a broad range of skills. There will be a need to develop new career pathways and educational opportunities. This will require collaboration with Higher and Further Education partners and there are likely to be issues relating to differing terms and conditions.

## **Our future plans**

- We will continue to develop and embed work that has already commenced, for example leadership and management development. The next step for this is the creation of eLearning modules for managers on core skills. This will be developed in partnership and focus on the core skills that all managers require to manage and support their teams effectively.
- We will support the new Health and Social Care Partnerships to create and develop the workforce in terms of the new and emerging roles, staff engagement and involvement, skills development, workforce planning and information, behavioural and cultural change and organisational development.
- We will continue to further develop a proactive approach to recruitment. Plans are in place to increase participation at relevant careers and recruitment events. There will be a greater focus on using work experience opportunities to enable individuals to better understand the breadth of career options and consequently make a positive career choice to work in NHS Grampian. A further video will be created which will focus on the broad spectrum of jobs available and why NHS Grampian is a good place to work.
- NHS Grampian is a Phase 1 Board for the roll out and implementation of the iMatters programme. This programme is seen as a helpful tool to engage staff and involve them in decisions that affect them. It will provide a mechanism for teams to work together to agree action and make improvements.
- We will continue to utilise and further develop the PALs module and engage staff. We are looking to expand the use of this system and are currently in the initial stages of identifying and developing how this system would support gathering staff opinions, recognising positive work, spreading learning and addressing areas of concern. This system is very flexible and has the advantage of being embedded within a larger system with which staff are familiar.
- Caring Behaviours Assurance System (CBAS) is an evidence-based system for enabling and assuring the delivery of person-centred health. It addresses caring for patients and caring for staff in equal measure; it engages with individuals, teams, the Executive Team and the national agenda in assuring the quality of the care experience for patients, their families and for staff. This initiative is being implemented and has a high demand from services due to its positive outcomes.
- The Grampian Recognition Awards For Teams And Staff (GRAFTAS) celebrate people who work for NHS Grampian. GRAFTAs celebrate inspiring staff and volunteers and the excellent projects and continuing impressive work being done for the benefit of patients, families, carers, staff and partner organisations. Each year, finalists are invited to our awards ceremony. Guests

often remark that the range of work in NHS Grampian is astonishing and that they really appreciate learning about activities and meeting the people who make them possible. Winner's stories are further celebrated through global communication to all staff, recognising their achievements. Through providing nominations for colleagues and volunteers, staff have an opportunity to share their opinions on what is going well.

- The Bullying and Harassment Policy and Mediation is currently under review. This has been identified as required to reinvigorate the workplace mediation service and increase the numbers of mediators and overall awareness. NHS Grampian has identified a need to link the promotion of a new policy, awareness of mediation alongside developing work on behaviours. These behaviours have been developed from person centred work and previously identified behaviours which underpin the organisational values of Caring, Listening and Improving