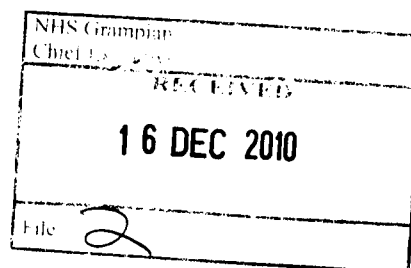


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12 December 2010

NHS GRAMPIAN ANNUAL REVIEW: 8 NOVEMBER 2010

1. I am writing to summarise the main points arising from our discussion at the Annual Review and associated meetings in Aberdeen on 8 November. As ever, I am very grateful to you and all those in the NHS Grampian team who worked so hard to make arrangements for the day and to make sure that they ran smoothly.

Meeting with Area Clinical Forum

2. The Forum is clearly well connected to the decision-making process and to key tasks around implementing the Quality Strategy. We covered several topics, including issues around Datix recording and the importance of ensuring patient safety in primary and community care settings as well as in hospitals. We looked at workforce planning and recruitment challenges that NHS Grampian faces. And we discussed the importance of linking efficiency, value for money and quality enhancement in service redesign. The reshaping of the eyecare service which the Forum told me about is an excellent example of how this is being put into practice.

Meeting with Area Partnership Forum

3. The efficiency and quality links also featured in this discussion, with the emphasis here on workforce aspects. I got the impression of a group that is engaging closely with the Board and contributing effectively to the key tasks. We touched on matters such as pay and conditions and dignity and diversity in the workplace. We also looked at how the Forum has been supporting the Board to make progress against targets such as implementing the Knowledge and Skills framework and reducing sickness absence.

Meeting with Patients' Group

4. This is an important element of the Annual Reviews – the views of people who use NHS services need to be central to how we plan and deliver these services. I heard about the importance of good communications between clinicians and patients, including effective information on prescribing. The group told me about the high value they place on the quality of nursing care and about the increasing role of e-health in patient care. They also emphasised the part that patients and their representatives can play in helping NHS Boards to prioritise investment in services on the basis of what the patients need and want. All of this was of course highly relevant and I am very grateful to all those who made the time to meet me.

Visits

5. I was made very welcome by patients and staff at the Young Peoples' Department at Royal Cornhill Hospital. The commitment and enthusiasm of everyone involved for supporting and improving the lives of often very vulnerable young people was evident. The environment in which care and support is provided is of course very important. The Art project which I had the opportunity to see is an impressive step in the right direction in this respect. I want to record my thanks to the ARCHIE Foundation for their work on this. I know how much they have already contributed to enhancing the facilities and equipment at the Royal Aberdeen Children's Hospital through their organisation of the public appeal. Their work at Royal Cornhill is another fine example of what they have helped to achieve.

6. My involvement in the "Singing for the Brain" project at Woodhull House was a first for me. The benefits that those who participated in the singing got from it were immediately apparent - although my own contribution to that was perhaps considerably less so! I would be grateful if you would pass on my thanks to all those who came along and if you would wish them every success for the future of the project on my behalf.

Annual Review Meeting

7. Your opening presentation looked back at some of the key tasks and actions over the last year, touching on some of the action points arising from the 2009 Annual Review. You highlighted the part that effective partnership working has been playing in the health improvement agenda and the efforts the Board has made to ensure that it delivered its main access and financial targets in 2009-10. On specific services, you covered the new Managed Clinical Network for cancer services that has been developed in the light of your work with Professor Alan Rodger. You told us about the strategic review of maternity services – something I would be interested in learning more about in due course. And you mentioned the lessons learned from the Health Environment Inspectorate visits to Grampian hospitals. Looking forward, you emphasised that the principles of patient safety, efficiency and quality will underpin all service planning and redesign.

Improving the Quality of Care and Treatment for Patients

8. We discussed how the Board is implementing the **Quality Strategy**, how it is involving staff at all levels in the implementation process and what arrangements it has in place to monitor the impact. It was encouraging to hear that you see the principles set out in the Strategy as being integral to the Grampian Health and Care Framework at a strategic and operational level. Six quality criteria are used to test every proposal and decision that might impact on services and a Quality Steering Group is in place to drive the Strategy forward. Staff engagement takes place via the intranet and staff newspapers and through

direct contact between senior management and various staff groups. Management “walk rounds” have been extended from acute hospital services into primary and community care. The Board has also developed a quality dashboard to facilitate close monitoring in a range of key service areas.

9. Robust **governance arrangements** are also essential to ensuring quality and patient safety. You told us that the Board has in place various measures to ensure that it receives high quality information. The Datix system is important here and the key to its success is its ownership by clinical staff. You also confirmed that the Board has reviewed all clinical practices in the light of reports such as that on events in mid-Staffordshire. You are confident that governance arrangements in NHS Grampian preclude the likelihood of similar issues arising there - but you emphasised that there is always scope to learn from and improve through others’ experience.

10. You confirmed that the Board uses **patient complaints** and **Scottish Public Services Ombudsman (SPSO) reports** to identify and act on areas for improvement. The Board Chief Executive (or in his absence, the Deputy Chief Executive) signs off all complaints personally. The Board has systems in place to consider all SPSO findings and to act on them where necessary.

11. Tackling **Healthcare Associated Infection** remains a high priority for NHSScotland. NHS Grampian has faced some challenging situations in this respect in recent years. You told us that the main lesson emerging from the C.difficile outbreak at Dr Gray’s Hospital was the need for effective surveillance. You are confident that the necessary systems are now in place and, together with other initiatives such as those aimed at better control of antibiotic prescribing, the impact has been a significant reduction in the rate of C.diff infections. MRSA and MSSA infections present more difficulties and NHS Grampian, along with many other Boards, has fallen short of its target for reducing infections. The Board is, however, investing considerable time and effort on this, with a strong emphasis on increasing awareness and improving techniques in relation to intravenous and catheterisation procedures.

12. One of the **Healthcare Environment Inspectorate’s** first visits was to Aberdeen Royal Infirmary and one of its most recent was to the Royal Aberdeen Children’s Hospital. Between the two there has clearly been a great deal of learning and action taken to put it into practice to positive effect. You told us that the report on ARI provided an incentive to take a fundamental look at basic systems affecting cleaning and hygiene. Through the action plan agreed with the Inspectorate, you feel you have addressed all the issues and have been able to apply them more widely in all Grampian hospitals. Subsequent work with NHS QIS to look at tailored approaches to tackling issues in different parts of the organisation and responses to patient feedback have also contributed to raising awareness. This is all very important and I look to the Board to continue its efforts.

13. The Board has done very well in meeting all the main **access targets**. You told us that the emphasis in moving towards the 18-week referral to treatment waiting time target is on building NHS capacity and reducing reliance on the independent sector. Drawing on work with our Improvement and Support Team, the Board has continued to perform well against the 4-hour accident & emergency waiting time standard – sustaining that will of course be vital. Urology has been the only real problem area in terms of cancer waits. Actions the Board is taking to address this include an analysis of the reasons for delays and redesign work around theatre use.

14. We looked at **Mental Health** issues with particular reference to developing access to psychological therapies to help reduce antidepressant prescribing. The Board has been taking a proactive approach to this and has been discussing with the Scottish Government Health Directorates its wish to become part of a pathfinder project. You emphasised the collaborative approach and the Board will continue to work closely with partners, including the voluntary sector.

Improving Health and Reducing Inequalities

15. The Board had a slow start against the HEAT targets for **inequalities health checks**, but you told us about progress in areas such as engagement with GPs and pharmacies. We will stay in touch with you about further progress here and in how you are developing a systematic approach to universal health checks. Recruitment to the **Child Healthy Weight** programme has been challenging for all Boards. You have moved from individual targeting to a wider “whole class” approach and believe that the results this is producing will enable the Board to meet the HEAT target.

16. It is important to embed **Alcohol Brief Interventions** in all patient care sectors. You outlined the work that the Board has been doing to engage with front line staff. At the time we met, 90% of GP practices had signed up for interventions and the Board is providing additional support and training. The Alcohol and Drugs Partnerships are playing a central role and we also covered the impact they have had in reducing waiting times for drug treatment in Aberdeen. Aberdeenshire still presents some problems in this respect, but you hope to roll out some of the lessons learned from the Aberdeen experience to Peterhead and Fraserburgh.

17. Meeting the target for **breastfeeding** has been difficult for many NHS Boards. Initiatives in Grampian draw on WHO guidance and include funding for midwife support in areas of deprivation and encouragement of peer support. A mobile information unit also operates in Moray. Performance against the HEAT target for **smoking cessation** has picked up recently after a slow start.

18. We also covered **dental services**. NHS Grampian has been particularly successful in improving children’s oral health – well done on that. The Board has, however, had a bigger problem to tackle than many others in increasing registration with NHS dentists. While the number of registrations is now on an upward trend, waiting lists for registration are still long. You expect the new Aberdeen Dental School to have a major impact in due course, with more dentists likely to remain in the areas following their training. Meantime, six new NHS practitioners have been providing services over the last year and you expect three more to take up practice by next March.

19. I attach a great deal of importance to all of the HEAT targets for improving health and tackling inequalities. As NHS Grampian still has some distance to travel to reach the targets in several areas, we will want to stay in close touch with you about progress in the coming months. Good partnership working will clearly be essential to success. The Board has a sound basis from which to move forward in this respect - for example reducing inequalities is now embedded in all three Single Outcome Agreements.

Primary and Community Care

20. The Board and its partners have done well to secure the zero standard for **delayed discharges**. Sustaining the standard – particularly between censuses – is important and it

was encouraging to hear about the measures the partnerships have taken to do this. You told us that the Single Outcome Agreements have been instrumental here.

21. There have been some variations between the three local authority areas in the number of **older people with complex care needs** receiving their care at home. Overall, admissions to care homes have increased and the Board is working with its partners to monitor and plan placements with a view to shifting the emphasis to providing more care in people's own homes. There are three pilot sites, each focussing on a specific service in Grampian, for **Productive Community Services**. These are helping to shift more services and resources to community settings. The Board has done very well in reducing **emergency bed days** for older people. We also looked at how you are seeking to ensure quality in **out of hours** primary care services. NHS QIS standards form the benchmark here and a key aspect of service development is the integration of Ambulance, NHS 24 and GP services within a Managed Clinical Network.

Finance, Efficiency and Workforce

22. These areas are closely interlinked in the drive to deliver efficiency savings programmes while at the same time improving quality. The Board achieved all of its main **financial and efficiency savings targets** in 2009-10 and, although substantial efficiency savings will need to be realised in the current financial year, you are confident that the Board will achieve financial balance by the end of March 2011. You indicated that a large proportion of this year's efficiency savings will be recurrent. Although some non-recurrent measures will be necessary, the overall aim is to ensure the sustainability of savings programmes. Since we met, the Cabinet Secretary for Finance and Sustainable Growth has announced details of the Scottish budget. It will clearly be important for the Board to stay in close touch with the Health Finance Directorate about revenue and capital expenditure planning for 2011-12 and beyond.

23. We discussed some of the ways in which the Board is linking efficiency to quality improvement. Strengthened admission and discharge arrangements, reduced lengths of stay in hospital and more same day surgery are all good examples of measures that deliver real benefits for patients and budgets alike. LEAN principles are underpinning all efficiency planning. We also covered the introduction of the **Integrated Resource Framework**, where the Community Healthcare Partnerships have been given a leading role in identifying spending priorities and the desired outcomes of that spending.

24. Workforce savings - and very importantly staff input into how to achieve them - are central to the efficiency drive. You outlined some of the measures already in place. These include reducing the costs of overtime working, bank and agency staff and locum cover. The introduction of new shift patterns has been discussed and agreed with nurses. I wholly agree with what you said about the importance of working in partnership with staff and their representatives to plan and deliver services. Their input to service redesign will be crucial and I look to the Board to do all it can to facilitate engagement through the Area Partnership Forum and by whatever other means might be necessary. That engagement has already produced positive results in areas such as implementing the Knowledge and Skills Framework and in reducing sickness absence.

Public Question and Answer Session

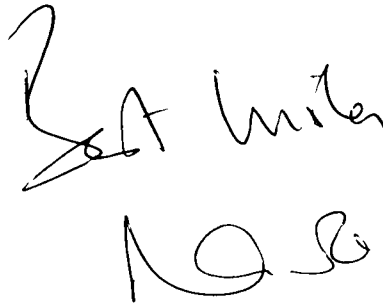
25. This was an extremely useful session, with all of the questions pertinent to wider plans and policies for the NHS in Scotland. We covered patients' right to refuse administration of medication; standards for rehabilitation services; tackling health inequalities

in rural areas; responsibilities for decisions about care; the impact of demographic change on service needs; finding ways of reducing “did not attend” rates; and last but not least dementia services, with particular reference to the use of drugs in care and treatment. I undertook to write to two of the questioners with further information in relation to the points they raised.

Conclusion

26. Thank you once again for your team’s contribution to what was a very constructive day and to the members of the public who attended. My thanks also to all those who deliver patient services on a daily basis. Since we met, winter has again made its presence felt and the Grampian area rarely escapes the worst of the severe weather. As ever, I know that staff throughout NHS Grampian have “gone the extra mile” to ensure the minimum of disruption to patient services. It is that above all that makes me confident that your organisation is well-placed to tackle the undoubtedly difficult challenges that lie ahead.

27. I am listing the main action points that emerged from our discussions in the Annex to this letter.

A handwritten signature in black ink, appearing to read 'Nicola Sturgeon', written in a cursive style.

NICOLA STURGEON

NHS GRAMPIAN ANNUAL REVIEW 2010: ACTION POINTS

- **Facilitate involvement of Area Clinical and Partnership Forums in implementing the Quality Strategy and associated efficiency savings programmes, workforce planning and service redesign.**
- **Ensure that principles outlined in the Quality Strategy are embedded throughout the NHS Grampian organisation.**
- **Ensure robust governance arrangements at Board level to oversee and monitor quality and patient safety.**
- **Achieve infection control targets and continue to apply learning from Healthcare Environment Inspectorate reports in all Grampian hospitals.**
- **Review measures for achieving HEAT targets for health improvement and tackling inequalities and put in place further plans to address areas where challenges are greatest.**
- **Achieve all financial and efficiency savings targets on a recurrent basis while sustaining and improving quality of services.**