



ANNUAL REVIEW

5th October 2017

SELF ASSESSMENT REPORT

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(Polish)

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(Mandarin)

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Chapter 1: Progress against 2015/16 Annual Review Action Points

NHS Grampian's 2015/16 Annual Review took place on 6th October 2016. Following the meeting the Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison, 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.

Agreed Action	Update
<ul style="list-style-type: none"> Make sustained progress in achieving smoking cessation targets 	<p>Data for 2016/17 is not yet available. We have focused activity this year on HMP Grampian and pregnant women</p>
<ul style="list-style-type: none"> Deliver key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including delivery of all action plans arising from HEI and OPAH inspections 	<p>We have a rigorous system to ensure action plans are developed and implementation is closely monitored following external inspections and reviews.</p>
<ul style="list-style-type: none"> Continue to review, update and maintain robust arrangements for preventing and controlling Healthcare Associated Infection, with particular emphasis on Cdiff and SABs and ensure sustainable board wide progress is made against requirements and recommendations in HEI reports and the recommendations of the Vale of Leven Inquiry Report 	<p>We continue to implement strategies for preventing recurrent healthcare associated infections. All cases are reviewed on an individual basis. There is regular reporting on performance to the NHS Board.</p>
<ul style="list-style-type: none"> Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, in particular for outpatient appointments, inpatient/day case treatments, cancer, child and adolescent mental health services and psychological therapies. 	<p>The Board worked closely with Health and Social Care Directorates throughout the year to demonstrate best endeavours in delivery of access time standards. More detail is provided later in his report, including the introduction of clinical prioritisation within elective care.</p>
<ul style="list-style-type: none"> Continue to make progress against the staff sickness absence standard 	<p>The sickness absence rate for the year was 4.78%. Whilst this is above the national standard it continues to compare favourably to the Scottish average of 5.2%</p>
<ul style="list-style-type: none"> 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 	<p>NHS Grampian successfully achieved its three financial targets in 2016/17</p> <ul style="list-style-type: none"> Revenue resource limit Capital resource limit Cash requirement <p>Throughout the year there was regular dialogue with the Health and Social Care Directorates.</p>

Chapter 2: Person Centred

Everyone has a positive experience of care

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

This section of the self assessment considers NHS Grampian's patient feedback and the actions that we are taking to ensure patients have a positive experience. It also contains information on performance against access targets which are a key aspect of overall patient experience. It also covers how NHS Grampian is taking forward its modernisation agenda to deliver the transformational change required, which includes supporting people to live well at home or in the community.

Summary of performance

Target/Standard	Performance
12 weeks Treatment Time Guarantee (100%) 18 Weeks Referral to treatment (90%) 12 Weeks for first outpatient appointment (95%)	We continued to report breaches to these standards throughout 2016/17 but worked closely with the Scottish Government Access Team to ensure maximum delivery within resource availability
Cancer 31 days from decision to treat (95%) Cancer 62 days referral to treatment (95%)	In the quarter January to March 2017 we achieved 86.2% against the 62 day standard and 92.2% against the 31 day standard. All cancer pathways have been reviewed and improvements made to minimise delays in access to diagnosis and treatment. Further work will be progressed during 2017/18 including options around regional planning and delivery.
18 weeks referral to treatment for Child and Adolescent Mental Health Services and Psychological Therapies	In the quarter to March 2017 45.2% CAMHS and 73.7% psychological therapy patients were seen within 18 weeks. Delivering the CAMHS standard remains a considerable challenge due to recruitment difficulties. We welcomed the additional funding that has been made available and the Board maintains a focus on improving performance in this area.
4 hours from arrival to admission, discharge or transfer for A&E treatment (95%)	In the year to March 2017 performance was 96%, well above the Scotland wide rate of 94.1%.

Further details are noted below in relation to each standard.

Patient Experience

Responding to patient and carer feedback

- Our use of patient/carers stories to inform adverse event investigation was published by Healthcare Improvement Scotland as an example of good practice in the May 2016 document, “Learning from Adverse events – learning and improvement summary.
- Patient stories are being widely used across the organisation, including helping with learning and development, inspiration and improvement.
- NHS Grampian has moved to 2nd level registration with Care Opinion. The Acute sector has fully embraced this with the majority of posts being responded to within 2 working days by a nominated person within each division. Further roll out will continue outwith the Acute sector this year.

Person-centred care

- Person-centred visiting for in-patient areas has been introduced across NHS Grampian. Welcome ward banners and booklets have been developed explaining the ethos of person-centred care. Booklets are given to all patients on admission.
- The five ‘Must Do With Me’ components of person-centred care are increasingly being used to co-produce care.
- The person-centred agenda has been adopted by the three Integration Joint Boards.
- Nurses and patients have co-created a new admission document to reflect the person centred approach taken in NHS Grampian. This is currently at early test phase across a number of sites.

Using patient experience to implement change

- Patient, relative and staff experience has been used to inform planning events for the co-production of the major trauma service for the North-East of Scotland, as well as helping to inform service redesign and improvement in various services throughout NHS Grampian.
- Improvement trees can now be seen across all NHS Grampian sites along with displays of the outputs from the trees in the form of “You said, we did....” posters.
- The branding of our patient and staff experience work is increasingly being recognised.
- Organisation wide participation in What Matters To You day 2017 encouraged services to engage in What Matters To You conversations with the patients they care for - on the day and moving forward.
- To complement the national roll out of Excellence in Care a local Care Assurance Tool (CAT) based on observation and conversation with patients, families, carers and practitioners has been developed and tested in inpatient areas across Grampian.

Encouraging Feedback and Handling Complaints

NHS Grampian encourages and values all feedback and is committed to ensuring that the information and learning gathered from all our feedback systems informs the aspiration of continuous improvement and the further development of a person-centred approach to service planning. A variety of means are available for people to give us feedback including feedback cards and letters as well as social media. In 2016/17 we received 1,474 complaints, 732 compliments, 38 concerns and 28 suggestions.

We strive to ensure communication is facilitated for hard to reach groups and those who require support, either with language or disability. We have an active Multicultural Health and Wellbeing Forum.

Care Opinion (previously patient Opinion) is a valuable source of feedback and is growing in popularity. 261 stories were posted on Care Opinion during 2016/17 and these have been viewed over 300,000 times. A recent review showed that over 69% of stories posted were positive.

Local processes and procedures have been developed to ensure that feedback processes are efficient and fully comply with the principles and policy intentions of the Patients Rights (Scotland) Act 2011. Working practices, processes and procedures are regularly reviewed to ensure they are efficient, effective and person centred. We aim to involve complainants to the level they wish and aim for early resolution at a local level.

Over the past two years NHS Grampian has maintained its acknowledgement rate of an average of 100% of complaints within 3 days. Average performance in 2016/17 for full response within 20 days was 62%, with key actions being put in place to improve performance in 2017/18.

A full Feedback annual report is available and is embedded below



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Delivery of performance against Access Times

Treatment Time Guarantee (TTG) and Outpatient Standard

Throughout 2016/17 NHS Grampian reported breaches of the 12 week treatment time guarantee. However we worked closely with the Scottish Government Access Support Team to maximise delivery of improved access times within the resource available.

During the period since December 2016, elective care capacity has been impacted by a number of factors, including critical care capacity, medical boarding in surgical beds and theatre nurse availability, resulting in increases to the number of breaches.

Key to future improvement is ensuring capacity, both in terms of staff and facilities are maximised. A Surgical Transformation Programme Board (STPB) has been established. The purpose of the Board is to:

- Bring together in one place all work streams, programmes and projects which will implement improvements in the delivery of Surgical services across the acute sector;
- Provide the overarching governance mechanism for the Surgical Transformation Programme;
- Ensure that the Surgical Transformation Programme is aligned with the strategic priorities and values of NHS Grampian;
- Ensure that programme and work stream leads are adequately supported; and
- Ensure linkage to other key programmes of transformation, most specifically the Elective Care Programme.

The STPB is responsible for overseeing the following areas of improvement activity:

Elective Care Programme

The Elective Care Programme in Grampian was originally stimulated by the Scottish Government's elective care centres programme. Key elements of the Grampian programme include:

- A comprehensive awareness raising effort has been undertaken to include professional advisory committees, Grampian Area Partnership Forum, Health and Social Care Partnerships, Acute Services, individual clinical services and the public.
- Intensive engagement process with 21 services involving a broad range of acute and primary care staff – this commenced in March 2017 and will be complete in September.
- Cross system workstreams to identify not only the service specific redesign initiatives but also the common themes that need to be progressed across patient pathways.

The output of this process will be a comprehensive redesign programme and a specification for the use for the capital funding available for elective care centre development over the next five years.

Planning of elective care in the future will also include regional working with partner Boards. A Regional Programme Board has been established, overseeing the joint working between the northern Boards and the preparation of regional strategic assessment to explore population and demographic changes, drawing conclusions about future demand for certain high volume specialties

Clinical prioritisation

In order to mitigate the clinical risk associated with the recurring demand and capacity gap, a clinical elective surgery categorisation system has been developed and deployed to ensure that those patients who require surgical intervention within a clinically defined time period receive it. In essence this process introduces prioritisation across three categories, with priorities assessed by clinicians on the basis of clinical need.

In addition, a process of clinical escalation has been developed and implemented. This process allows clinicians to escalate specific patients where compliance with the revised classification is challenging. This then allows resolution at three levels (a) within the speciality, (b) across surgical specialities, and (c) at sector / external capacity level. To date, all escalations have been resolved at individual speciality level.

From a research perspective we will robustly evaluate the impacts across the healthcare system and patient experience. This is being taken forwards with Public Health colleagues in terms of scope and commission

Optimisation of use of resources

Redesign and optimisation initiatives are a key feature of the overall strategy that will result from (a) the Elective Care Programme, and (b) the various improvement strands progressing within the Acute Sector. Examples include:

- Institute for Healthcare Optimisation (IHO) Option 1 – The ‘right-sizing’ of emergency theatres based on demand, reducing variation through standardised emergency surgical urgency classification and booking processes. NHS Grampian is part of the ‘wave 2’ cohort and despite joining more than 1 year later than other Boards has been first to ‘go live’ (20th March) with testing the classification system.
- Establishment of a Day of Surgery Admissions (DOSA) unit – This project is underway to establish a DOSA unit adjacent to the main theatre suite in ARI in order to improve experience, and optimise available time and resource for patients prior to surgery. This will reduce cancellations, delays and reliance on ward based staff capacity to prepare patients.

- 6-4-2 booking process – Significant progress has been made in implementing more robust theatre booking processes, marrying leave planning and substantive staff availability to ensure published theatre lists are planned at least 6 weeks ahead. Booking of cases is monitored at key points thereafter, with automated reports generated to support the process.
- Theatre dashboard metrics – Development of a performance dashboard for all theatres with key metrics and KPIs against eg: utilisation, cancellations, booking performance, etc.
- Managing demand - For some specialties, conversion rates post new outpatient appointment is as low as 50% of patients requiring any further input from that specialty. A range of actions require to be taken to drive up the appropriateness of referrals including making primary into secondary care referral pathways clear through the revised Clinical Guidance Intranet (CGI), and with systems in place that facilitate prompt and easy decision support.

Recruitment and retention

As with all NHS Boards in Scotland, and indeed as seen across the UK as a whole, there is a significant and increasing gap in the supply of trained professional health care staff. This has a clear impact on our ability to deliver operational and strategic success.

There is continuing exploration of the development of new workforce models, including growth of existing and new roles, such as Advanced Nurse Practitioners, Clinical Development Fellows, Physicians' Associates and Assistant Perioperative Practitioners. New roles create the advantage of utilising a broader spectrum of the population to recruit from. This is particularly important in NHS Grampian to address the historical challenges relating to workforce supply. For these roles to be attractive, whole life career pathways (incorporating accredited education) will require to be further developed and offer real opportunities which will place NHS Grampian at the centre of ground breaking initiatives for the rest of NHS Scotland. Development of these new roles will go some way to reducing the impacts of continuing vacancies, but these roles take considerable time to train, and have inherent vulnerability in themselves.

A 'Supply, Recruitment and Retention' task and finish group to identify key opportunities and strategies has been established to build on the existing work in relation to creating a resilient and sustainable workforce.

Collaborative working with the local Higher Educational Institute's, North of Scotland Boards, Scottish Government Directorates and NES is continually being strengthened to address the workforce supply challenges in the North

The strategic approach being taken to address workforce supply, recruitment and retention in NHS Grampian recognises the importance of organisational context and culture to deliver an empowered and engaged workforce who are skilled, competent and enabled to deliver high quality care is fundamental to the sustainability of services

Cancer Access Times

There was a 21% increase in cancer referrals in 2016 and cancer incidence is expected to increase by 11% every 5 years. In the quarter January to March 2017 we achieved 86.2% against the 62 day standard and 92.2% against the 31 day standard.

We are committed to improvement and are working closely with the Scottish Government Cancer Access Team focusing on implementing redesigned pathways for those tumour types where we continue to have challenges.

In terms of improvement activity there are ongoing tumour group specific action plans including colorectal, urology, lung, breast and oncology, which are regularly monitored and challenged to help improve any bottlenecks identified with the patient pathways. Improvements that have been achieved to date include:

- GP direct access to CT for patients with suspected cancer,
- Reduction in wait to outpatient appointment,
- Implementation of order-comms,
- Rollout of standard MDT proformas, which are automatically generated to the GP system within Grampian.

A full pathway review project has been initiated, following the success that resulted from the focus on Lung. This will ensure that all pathways reflect current clinical practice, and that appropriate timescales are set for each step in the pathway with monitoring steps embedded to identify any divergence from the plan.

With regard to our governance arrangements we would highlight the following:

- Twice weekly meetings to discuss all individual patients on a cancer pathway, allowing appropriate escalations to be taken forward by the relevant service, and any indications of performance issues which may impact any of the tumour specific pathways.
- Service specific performance improvement plans in place, addressing particular bottleneck areas identified within the given pathway, with a meeting in place on a regular basis to monitor these and work collaboratively with services, MCN and primary care colleagues to address any performance / process issues.
- Breach patients are circulated to services on a weekly basis, with discussion at divisional level, helping promote shared learning across services.
- Regular meetings with the Scottish Government to discuss all aspects of cancer waiting time performance, and thus any potential support they may be in a position to offer in this regard.
- Whilst the standards are not yet being met on a sustainable basis, overall the length of pathways have reduced and NHS Grampian performs well in terms of cancer outcomes.

Mental Health Access Times

90% of patients referred for Child and Adolescent Mental Health Services (CAMHS) and psychological therapies should start treatment within 18 weeks. In the quarter to March 2017 45.2% CAMHS and 73.7% psychological therapy patients were seen within 18 weeks. Delivering the CAMHS standard remains a considerable challenge due to workforce challenges.

CAMHS has undertaken a significant redesign in response to continuing challenges. The redesign has been undertaken with stakeholders, children, families and staff. Service delivery options were explored and these were judged against ranked and weighted benefits criteria for example: safe and effective, person centred, accessible. Following the consultation the final redesign was agreed and has been taken forward.

Whilst the redesign will not result in an immediate improvement in the access performance, it will enable the Tier 3 and 4 services to provide evidence based treatment/interventions with a staffing complement which will over time (with additional investment) match demand to need. This includes both the provision of direct intervention where appropriate for those referred, and importantly being an available and accessible partnership agency for consultation, supervision and practice sharing for those staff of universal services who are supporting and working with children and young people suspected of having a mental disorder, experiencing complex neuro-developmental difficulties or have co-morbid Learning Disability.

The specialist CAMH service requires to be a full partner in a multi-agency response to children and young people with mental health needs and we welcome the ongoing work which continues with our three local authority partners in terms of supporting the development of the Tier 1 and Tier 2 services.

To support progress through the redesign and onward, a detailed Action plan has been developed by the service with actions focused on the following areas: service and operational management, waiting times, workforce and staff development and partnership working.

We are in the process of recruiting 8 additional clinical staff funded from our Scottish Government "Access Fund" allocation and National Education Scotland (NES) for psychology early intervention. These new staff and existing staff returning from training courses will help to improve the situation over the next 4 months. The implementation of the CAMHS re-design and service development plan is now nearing completion.

4 hour A&E Waiting Times Standard

In the year to March 2017 performance was 96%, well above the Scotland wide rate of 94.1%. Performance does fluctuate on a daily basis due to patient numbers and patient acuity. Overall Grampian's attendance rate at A&E is one of the lowest in Scotland. We continue to promote our 'Know Who to Turn To' campaign to encourage people to access the service provider most appropriate to their needs

Unscheduled Care

The NHS Grampian Local Delivery Plan 2016/17 stated that our ambition was to seek to provide clinical treatment or advice in the right setting, at the right time, delivered by the right clinician. This aim is reinforced within the Clinical Strategy, approved by the NHS Board in October 2016.

Over the last few years NHS Grampian has demonstrated resilience in unscheduled care, including over the winter period when services can be particularly under pressure. Much of the resilience is due to the efforts and hard work of committed and conscientious staff in our hospitals and communities. Additionally there are key leaders across the system that inspire enthusiasm and willingness to continuously improve the care we provide, as well as the framework to make improvement happen.

Since the early stages of integration with health and social care, working relationships have developed positively; we now have genuinely integrated working practices with multi-skilled staff working closely in teams focused around people's needs. In hospitals we have seen the development of safety brief models that are held up as exemplars to other Boards, we model integrated working for planning and implementing discharge pathways that cross sectors, we have developed roles in partnership with other agencies to streamline processes and colleagues continue to develop more new ideas. We have been particularly successful at reducing the number of bed days spent in hospital by those awaiting discharge.

A new Board has recently been established to lead and support the efforts undertaken across the area to improve how unscheduled care is delivered, provided and accessed. The aim of the Integrated Planning Board for Unscheduled Care is to improve people's experience through improving access and quality. Four priority areas have been identified.

- Anticipatory care planning
- Discharge planning
- Out of Hours
- Living and dying well

Chapter 3: Safe

Healthcare is safe for every person, every time Best use is made of available resources

This section of the self assessment report provides information on what we are doing to ensure patient safety and the quality of our care. It also covers how effectively we are using our resources.

Target/Standard	Performance
<i>Staphylococcus aureus</i> bacteraemia (including MRSA) cases per 1000 acute occupied bed days – target 0.24	In the quarter to March 2017 there were 0.31 cases per 1000 acute bed days. This performance is below the Scottish average rate.
<i>Clostridium difficile</i> infections per month per 1000 occupied bed days (patients aged 65 plus) – target 0.32	In the quarter to March 2017 there were 0.34 cases per 1000 acute bed days. This performance is above the Scottish average rate.
Deliver Financial targets	Delivered in full

Safety and Quality Improvement

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. This aims to improve the safety and reliability of healthcare and reduce harm, whenever care is delivered.

Patient safety is a key priority for NHS Grampian, working in partnership with staff, patients and the public. Improving patient experience and safety requires us all to work together in partnership, clinical staff, support staff, managers and, crucially, patients and their relatives and carers. In NHS Grampian patient safety is everyone's business.

Building on our experience during 2016/17 we have worked to embed safety in all aspects of care delivery. A key component of this has been the widening of the remit to the development of an overall approach to quality which encompasses safety. Over the last year we have worked with stakeholders and the NHS Board to agree our approach and how we will develop metrics of quality that will aid assurance at Board level by providing specific focus on quality and safety in healthcare delivery.

We have agreed four quality ambitions:

- No preventable deaths
- Continuously seek out and reduce harm
- Achieve the highest reliability for clinical care
- Deliver what matters most

A suite of metrics has been developed to support these aims, including hospital standardised mortality ratio, patient falls, hospital acquired pressure ulcers and readmission rates. It has been agreed that regular reports on performance against the suite of metrics will be provided to the NHS Board. Our ultimate aim is to enable the Board to fulfil its assurance role by providing data reflecting the delivery and the risks affecting quality healthcare from patient to Board.

During 2016/17 we developed a Professional Practice model for nursing, midwifery and allied health professionals. This provides the foundations for quality nursing practice, depicts values and defines the structures and processes that support staff to control their own practice and to deliver quality care.

NHS Grampian is also a co-production Board for Excellence in Care. The programme is still in its infancy and our approach includes:

- Measure and assure the quality of nursing and midwifery care.
- Demonstrate the contribution nurses and midwives make to the Quality Strategy ambitions of person-centred, safe and effective care.
- Embed staff and care experience/engagement at its core.
- Recognise the culture and conditions required to enable good-quality care

Infection Control

We continue to implement strategies for preventing recurrent *Clostridium difficile* infections e.g. the treatment of recurrent CDI in line with national guidance. We also ensure the maintenance of care bundles and plans to contribute to ongoing reductions in *Staphylococcus aureus* bacteraemias.

Enhanced SAB surveillance is carried out using standardised data definitions with each new case discussed at weekly multidisciplinary meetings. Each new Cdiff case is similarly reviewed. In January-March 2017 both targets were missed. It should be noted that identified infections are predominantly from 'out of hospital sources'.

Ongoing initiatives to minimise infection include:

- hand hygiene monitoring
- compliance with national housekeeping specifications
- environmental audits
- participation in national enhanced SAB surveillance
- MRSA screening at pre-assessment clinics and on admission

External Reviews

During 2016/17 a number of external reviews were undertaken by a range of bodies including Healthcare Environment Inspectorate, Healthcare Improvement Scotland and the Health and Safety Executive. The Board has a rigorous procedure in place to respond to inspections with action plans developed and progress tracked through the Senior Leadership Team and the Clinical Governance Committee.

Of particular note in July 2016, the Health and Safety Executive (HSE) conducted workplace inspections in relation to three specific areas: skin, safer sharps and falls. As a result of the inspections, the Board was issued with 6 Improvement Notices and 6 contraventions. In October 2016, a further contravention was issued.

The notices issued were in relation in the use and safe systems of work for safer sharps; falls, including preventative and protective measures to deal with the risks to patients, manual handling training for staff; skin health, including a system for skin health surveillance; and immunisation, mainly for Hepatitis B. The October contravention was also in relation to skin health surveillance provided by NHS Grampian's occupational health service to NHS Orkney.

In August 2016, an action plan was developed and an HSE Expert Group was established, which has been the driver to develop systems, protocols, policies, procedures and safe systems of work to enable the Board to work towards complying with the improvement notices and contraventions, as identified by the HSE.

In support of delivery of a safe system across NHS Grampian, Operational Health and Safety Groups have also been established in each sector and health and social care partnership, including the Acute Sector, Aberdeen City HSCP, Aberdeenshire HSCP, Moray HSCP, MHLD and Estates and Facilities. These Operational Groups have been required to develop time bound action plans.

Financial Performance

During 2016/17 the Board was allocated c£1.1bn to provide the full range of health services to the population of Grampian, as well as providing healthcare support and some specialist clinical services to other NHS Boards within the North of Scotland. Within this overall resource envelope the Board achieved efficiency savings, totalling £26.5m.

In 2016/17 we met the three financial targets set for us:

- Operated successfully within revenue resource limit
- Operated successfully within capital resource limit
- Operated successfully within cash requirement

An in-year surplus of £0.888 million was recorded for the year against a target of breakeven. The small underspend was planned and resulted from additional funding received from the Scottish Government in February to meet the cost of high cost drugs and for a lower than expected contribution for the year towards the national clinical negligence and other risks indemnity scheme. It was agreed that this benefit could be carried forward to support our financial position in 2017/18.

The planned capital programme for the year of £41.2 million was invested in full. Major investments during the year included:

- Backlog maintenance work at ARI Phase 2
- Completion of the new Aseptic Suite at ARI
- Hub projects at Inverurie Hospital and Foresterhill Health Centre
- Expenditure on medical equipment replacement
- New multi storey car park at ARI
- Replacement boilers at Woodend
- New MRI Centre at Woodend
- The relocation of ENT/audiology services from Woolmanhill to Woodend

The efficiency savings target of £26.470 million for the year was achieved in full through a range of initiatives including reduced energy costs from investment in more efficient infrastructure, property rationalisation, focused procurement activity to reduce the unit costs of consumables, introduction of biosimilar drugs as alternative treatment regimes and productivity improvements through investment in technology and redesign of services to enable reduced staffing levels in back office functions and redeployment of clinical staff to areas of greatest need. Recurring savings amounted to £15.1 million and non-recurring of £11.370 million.

Workforce (Statistics at 30 June 2017)

- The total number of NHS Grampian staff in post was 12,036 whole time equivalent (wte) and 14,546 headcount as of 30th June 2017. This is an increase of 0.2% wte since 30th June 2016.
- The number of consultants in post in NHS Grampian has seen an annual increase of 0.6% (3.2wte) to 519.9 wte (NHS Grampian paid Honorary Consultants included).
- The largest group in the workforce continues to be nursing and midwifery. This group accounts for 43.4% of all staff in NHS Grampian with 5,224.8 wte at 30th June 2017. The number of nursing and midwifery staff in post has increased by 0.35% (18.2 wte).
- There were 59.4 wte consultant vacancies in NHS Grampian at 30th June 2017, this is an increase of 42.4% from the, 41.7 wte at 30th June 2016. Consultant vacancies in NHS Grampian that have been vacant for six months or more have increased by 53.9% (9.0 wte) since 30th June 2016.
- NHS Grampian has 66.6 wte vacancies in Allied Health Professionals at 30th June 2017, which is an 15.6%% decrease since 30th June 2016 with a corresponding decrease of 12.3 wte.

Chapter 4: Effective

Everyone has the best start in life and is able to live longer healthier lives Staff Feel Supported and Engaged

This section covers NHS Grampian as a health improving organisation, which includes a focus on reducing health inequalities and strengthening prevention efforts. In accordance with our clinical strategy we are also focused on ensuring the health and wellbeing of staff is a priority of the organisation.

Target/Standard	Performance
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation so as to ensure improvements in breast feeding rates and other important health behaviours	We continue to meet this target
Sustain and embed Alcohol Brief Interventions (ABI) in the three priority settings (primary care, A&E, antenatal) and broaden interventions in wider settings	5,082 interventions were delivered in priority settings and 2,122 in wider settings. We fell 4.5% short of target
Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% most deprived within-board SIMD areas	2016/17 performance for the national target is not yet available. A local target set has been delivered
90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	This target continues to be delivered in full on a sustainable basis
Sickness Absence 4% Standard	Whilst not delivering the 4% standard, NHS Grampian continues to report one of the lowest rates in Scotland although this does fluctuate on a monthly basis.

Context

It is recognised that there is a need to strengthen prevention efforts if we are to maintain increases seen in healthy life expectancy, stop the widening of health inequalities and reduce spend on preventable ill health which would help to fund new treatments and meet increasing demands on the health service.

Health is improving for everyone. But while life expectancy rates are increasing overall, they are rising faster for the affluent than the most deprived so the gap is getting wider – for men in Grampian this is almost ten years. Over 10,000 children in Grampian are estimated to be growing up in poverty.

What we have achieved

Tobacco

- We have implemented a smoke free policy across our hospital sites, backed by smoking cessation and nicotine replacement therapy support for staff.
- We have agreed additional delivery of smoking cessation support services within HM Prison Grampian. Waiting times have reduced to zero.
- We continue to target groups such as pregnant women
- We have signed ASH Scotland's Charter for a tobacco free generation

Alcohol

- Alcohol Brief Intervention (ABI) reporting from wider settings continues to improve and we are broadening primary care settings to the wider health and social care team (a number of these do not contribute to the data).
- We input to Alcohol Licensing Boards to support the refusal of alcohol license applications in breach of licensing conditions
- ABI training has been reviewed and refreshed

Obesity

- We have continued to deliver tier Grow Well Choices interventions for older primary school children
- There is collaboration with Community Planning Partnerships on physical activity recommendations

Health Promoting Health Service

- We continue to implementation Making Every Opportunity Count
- A pilot to increase health improvement support to surgical patients in ARI is being implemented
- We are continuing to work towards achieving the Healthcare Retail Standards ensuring a healthy retail food environment in healthcare buildings for staff, patients and visitors

Children

- We are progressing well with implementing the Children and Young People (Scotland) Act 2014
- We have developed Children's services plans with partners in Aberdeen, Aberdeenshire and Moray
- We have established a Children's Transformation Board and cross system operational group
- We have a Corporate Parent Action Plan

Staff Health and Wellbeing

NHS Grampian recognises that staff are its most valuable asset. Our clinical strategy recognises that good staff wellbeing, both physical and mental, is crucial to delivering organisational goals.

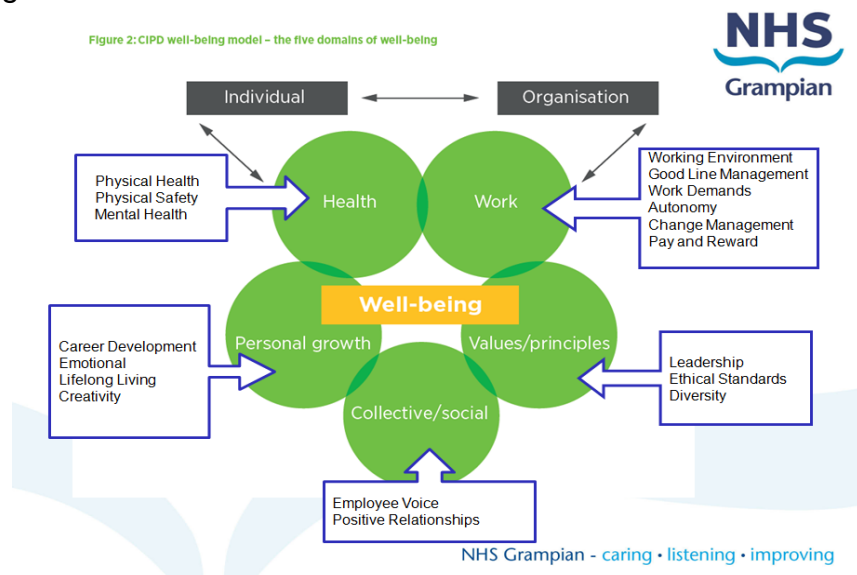
Absence levels are one of a number of indicators which can be used to understand staff wellbeing, however it should not be considered in isolation, as absence figures only represent a percentage of staff who are not able to attend their workplace. Over the last year NHS Grampian has consistently reported sickness absence rates between 4.61% and 4.91%. This compares with a Scottish average of approximately 5.25%.

NHS Grampian is now in its third year of utilising the iMatter staff engagement tool, rolling out the process to all staff. In 2016 there was a 63% response rate and the employee engagement index was 75%. 70% of teams received a team report.

The iMatter questionnaire asks two direct questions about staff health and wellbeing. *I feel my direct line manager cares about my health and wellbeing and I feel my organisation cares about my health and wellbeing.*

Whilst both of these questions have average scores comfortably within the green 'Strive and Celebrate' range there is still some room for improvement.

A range of activity is ongoing to support staff wellbeing. These are documented in a Staff Wellbeing Report. Activities have been mapped to the five domains of wellbeing model.



Some examples include

- Smoke free NHS sites
- Cycle to work scheme
- Healthy Working Lives activities
- Health and Safety audits
- Lone working policies and practices
- Mindfulness training
- Occupational Health Services support
- Bullying and Harassment policy
- People Management policies
- Attendance management policy
- 6 step workforce planning tool
- Flexible working
- Partnership working

Chapter 5: Developing our Clinical Strategy

Our population is growing and ageing. Even the most conservative projections of future healthcare needs in the next 20 years highlight the importance of strategic and systematic change to meet these needs. It is important that we have a clear strategy to support the changes required to continue to deliver improved health and clinical outcomes for the population of the North East and North of Scotland.

In late 2015 NHS Grampian began a comprehensive process to develop a Grampian Clinical Strategy. A comprehensive consultation process was undertaken to complete the strategy which received Board approval in October 2016. The Grampian Clinical Strategy was developed with staff, partners and patients through a wide ranging programme of meetings and events. Its purpose is to confirm the collective goals and endeavours we share with partners across all of our services. Consequently, the strategy does not focus on specific clinical services but is structured into four overarching themes

- prevention
- self-management
- planned care and
- unscheduled care

These four themes are underpinned by a number of enablers to support the necessary changes.

Clarifying the vision for health care and setting a clear direction for implementation is important, but creating the right environment for change is crucial. Our philosophy is that having a motivated and well supported workforce is essential if we are to achieve our shared ambitions for health, survival and well-being.

The advice received from staff and partners highlighted the need to create the conditions for change by:

- Developing the workforce to meet the future health, treatment and care needs of the population and supporting staff health and wellbeing
- Sharing information about treatment and care appropriately across the system;
- Supporting staff to continuously improve, innovate and research
- Working collaboratively in care networks, across acute services, Health and Social Care Partnerships and with North of Scotland partners
- Improving the clinical and digital infrastructure to provide a better environment for the delivery of clinical services and a better experience of care for patients

There was considerable input and feedback from stakeholders during the initial consultation stage and the common themes from these are reflected in the Strategy. Work is now ongoing to develop implementation plans. The full strategy and supporting information can be found at the following link.

[NHS Grampian Clinical Strategy](#)

Chapter 6: Integration Joint Boards (IJBs) – summary from annual reports

Three Integration Joint Boards (Aberdeen City, Aberdeenshire and Moray) were established on 6 February 2016 under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 with full delegation of functions and resources to enable integration of primary and community health and social care services effective from 1 April 2016. Each IJB is a separate legal organisation and acts as principal in its own right.

The principal ambitions of health and social care integration are to:

- Support the improvement of the quality and consistency of services for patients, carers, service-users and their families.
- Provide seamless, joined-up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so.
- Ensure resources are used effectively and efficiently to deliver services.

Much has been achieved in each of the IJBs during 2016/17 with systems and processes put in place and strategic plans produced. There is a history of good, effective joint working in Grampian between agencies and the IJBs have consolidated and build on this foundation.

Each IJB was asked to produce an annual performance report for 2016/17. These are included below and provide greater detail than is included in this self assessment.

Moray [Moray Annual Report](#)

- Approval of construction of a £2.5million housing development in Lhanbryde which will support people to live as independently as possible
- In partnership with Hanover Scotland and Moray Council, the development of Varis Court to provide tenanted flats and 'close to nursing home care' for older people, including those with dementia
- Opening of Jubilee Cottages in Elgin as halfway homes for people ready to leave hospital so they can work on regaining independence in a homely setting
- Continuation of roll out of self directed support as one of two test pilots in Scotland
- An increase in the delivery and flexibility of respite provision based on local demand
- A range of improvement programmes including modernisation of primary care, a focus on dementia and older people in acute care
- The appointment of 6 mental health GP link workers to signpost to alternative community and non medical resources, services and opportunities
- Following wide scale consultation and engagement the publication of a new carers strategy – Carry on Caring 2016-2019
- Maintenance of the Gold Healthy Working Lives award



(3) Annual Rport
(1).pdf

Aberdeenshire

- The reduction in the number of people delayed in hospital once ready for discharge
- Implementation of the Virtual Community Ward bringing greater collaborative working locally and supporting over 600 people to stay at home
- The roll out of participatory budgeting which encourages communities to put forward proposals for change with funding made available to ones providing most benefit
- Over 500 home care staff have been trained in using rehabilitation and enablement approaches
- As part of wider work on falls prevention, participation in a national project to provide alternative support options for people who fall at home and sustain an injury but do not require hospital admission
- The development of an information pack for carers and working with Quarriers to provide carers support
- Focus on smoking cessation within Her Majesty's Prison Grampian
- Development of Aberdeenshire Responder Care at Home Service which provides access to care responders 24 hours a day
- Continued reduction in emergency admission rates for those aged 65+



ijb-annual-report-20
16-17.pdf

Aberdeen City

- Opened Len Ironside Centre to cater for some of Aberdeen's most vulnerable adults
- The reduction in the number of people delayed in hospital once ready for discharge and the length of time people are delayed
- Piloting of the Buurtzorg care at home model in emerging localities
- Developed a Carers Strategy
- Maintained downward trend in emergency admissions to hospital
- Delivered first partnership conference and held first staff and partnership award event
- Made good progress in developing a specification for acute care at home
- Facilitated the Silver City project – a self management approach to tackling social isolation for the older population at risk of hospital admission.

Additional information

Appendix 1: Report from Grampian Area Partnership Forum (GAPF) Achievements in 2016/17

caring.listening.improving

A great deal of time has been spent this year in listening, supporting and empowering our staff on issues which matter to them and on the changing environments of healthcare. Significant effort has been made to follow through on these discussions and remedying where possible the issues raised. GAPF has been particularly active around integration issues of terms and conditions for our staff, the review and development of staff policies and also dealing with the many issues around the integration agenda that affect our staff working in health and social care.

GAPF Awaydays

GAPF has held successful away days, aligned to different sectors, including in Moray, in Aberdeenshire and in Mental Health and Learning Disabilities. Each away day concentrates on themes relevant to that area and the GAPF has been supportive in making these ideas reality, whether through policy development, dealing with cross Grampian issues or facilitating cross Grampian solutions. In addition to the sector away days, GAPF hosts an away day, involving representatives from all sectors. The theme for 2016-17 was health and safety, building on the importance of health and safety representatives in securing safe systems.

It was disappointing therefore when we received 6 improvement notices and further areas for improvement by the Health and Safety Executive (HSE). We have continued to work closely in partnership to overcome our deficits and engage all staff in the changes required to meet the necessary requirements.

Integrating Health & Social Care

NHS Grampian, together with partners in Aberdeenshire, Moray and Aberdeen City, has continued to host a variety of information, communication and strategic leadership meetings within the Integration Joint Boards. The development in all IJBs of staff forums, which encourage and engage with local staff, whilst maintaining the strong established partnership structures within the employers' structures is a most welcome addition. There is much work to be done and we do not underestimate that there will be difficult decisions to be taken, but partnership in Grampian remains strong and processes to further engage partnership and staff representatives are emerging.

Priority Actions 2017-18

Partnership working with all our staff is of key importance in NHS Grampian. Without the excellent relationships that exist between the managers and staff side representatives in Grampian, we would not have been able to achieve the significant changes that we have delivered over the last 12 months.

We aim to continue to build on our successful foundation and have developed our priorities, in partnership, in line with the Staff Governance Standards.

Well Informed

- Improve staff experience, including full roll-out of iMatter across NHS Grampian and to those local authority staff that work within the health and social care partnerships. The response rates remain consistent and improvements are noted across all areas.
- Continue to promote partnership through an engagement programme by Grampian Area Partnership Forum with local areas to listen and promote increased local involvement of staff in the partnership processes.
- Extend and embed partnership working further across Grampian, ensuring involvement in all areas of the change agenda, developing staff participation and improving staff experience.
- Actively and continuously working to improve staff awareness and understanding of staff governance, rights and responsibilities.
- Continue to promote visibility and accessibility of NHS Grampian leaders and partnership colleagues through face to face sessions, Director-led Patient Safety Walkabouts with all members of the clinical teams, Team Brief and our global communications system.

Appropriately trained and developed

- Continue to extend accessible, blended approach to learning, including extending an e-learning approach. Review of learning opportunities to improve accessibility, mindful of the difficulties of releasing staff from the workplace.
- Improve induction to NHS Grampian and ensure full roll-out of our new statutory and mandatory training policy.
- Continue to roll-out the doctors real time rostering system (DRS) and introduce e-rostering across the wider organisation. Nursing and midwifery will be the priority staff for early implementation, starting with the nurse bank.
- Establish a central bank to maximise nursing and midwifery resources and address staffing shortfalls.
- Extend the use of bank working for medical staff.
- Work with GAPF, managers and staff to improve eKSF review rate.

Involved in decisions

2017/18 will continue to be a period of significant change in NHS Grampian, NHS staff working within the 3 HSCPs; and for NHS staff across the North region. Progression of the shared services agenda for corporate services and for estates and facilities will see changes to working arrangements for some staff. The regional agenda is also likely to extend to some clinical services and staff involvement in how these changes will be progressed continues to be a key priority. Some of the major initiatives will be:

- Establishment, in partnership, of a North of Scotland Workforce services involving all six Boards in the North..
- Progression of the national shared services agenda in recruitment, doctors and dentists in training, employee services and payroll services across the region.
- Workforce Planning and Redesign. Staff are and will continue to be involved in these discussions, including:
 - Health and Social Care Delivery Plan;
 - Regional Delivery Plan;
 - Integration between health and social care in redesign of service;
 - NHS Grampian Clinical Strategy.

Treated fairly, consistently, with dignity and respect in an environment where diversity is valued.

- Continue the review and implementation of NHS Grampian’s policies to ensure consistency with the new PIN policies and to highlight potential conflict with our local authority partners. NHS Grampian has been particularly active in this area over the past 12 months with over 15 policies/protocols reviewed and or refreshed.
- We have commenced a rollout of process to assess risk, including the HSE management standards and a review of our Health and Safety Strategy and policy.
- Continue Patient Safety walkabouts, taking account of staff issues, developing greater involvement with medical colleagues in these walkabouts
- Continue to promote local partnership structures to resolve issues at the most relevant level in the organisation.

Provided with a safe and continuously improving and safe working environment, promoting health & well being of staff, patients and the wider community.

- Develop and embed a model that supports health and wellbeing of staff.
- We have continued the process to embed health and safety as a key component of safe patient care as part of the normal business of NHS Grampian.
- We continue to seek to improve recruitment of health and safety representatives and nurture the partnership approach to health and safety including the involvement of staff side colleagues in development of policies relating to health and safety and in the inspection regimes.
- Increase understanding of the importance of health and safety in everyone’s working lives.
- Promote the use of the Datix recording system and utilise staff experience module.
- Individual sectors also continue to work towards their Healthy Working Lives Awards.

Appendix 2: Report from Area Clinical Forum (ACF)

The Role of the Clinical Advisory Committees in relation to Integration Joint Boards and Increased Regional Working

The impact of the changing landscape of healthcare delivery in Grampian with the formation of the Integration Joint Boards has been a focus for discussion at every ACF meeting over the past year. As these new organisations have evolved, ACF members have shared a wide range of questions, observations and concerns about this process. Members have been most concerned with ensuring professional assurance and governance, shared understanding and effective communication and the best possible patient journey across the whole health and social care system. A robust, formal link between the ACF and the 3 Integration Joint Boards is not yet established and we are working to address this through liaison with the Chief Officers. Members feel strongly that widespread clinical engagement from both primary and secondary care clinicians is key to the success of integrated health and social care and it is hoped that a workshop will take place this autumn with this specific focus.

With the appointment of Malcolm Wright as Regional Implementation Lead for the North of Scotland, the committee has discussed the opportunities that more collaborative regional working may bring to build strong clinical services for the north of Scotland and good training opportunities across specialities throughout the region. The ACF will also seek to strengthen links with the advisory committees across the north of Scotland, building on existing links established through the national ACF chair's group.

Staff Well-being, Recruitment and Retention

Staff health and well-being has become a standing item on the ACF agenda and the ACF Chair now attends the NHS Grampian Staff Experience Steering Group. Professional committees have identified a number of pressure points within NHS Grampian with marked recruitment and workload challenges, where staff well being has been a particular concern. The interconnectedness of staff well being and staff retention and recruitment is regularly highlighted. Many relevant factors have been discussed and fed back to the Board including the impact of financial pressures, the importance of encouraging innovation and research, and ensuring close working relationships with training providers such as our two local universities. Members have highlighted concerns as well as innovative and helpful approaches, and barriers which get in the way of improving staff well being. The committee is in the process of collating this information from a wide range of colleagues across the professional advisory committees for a brief report for the NHS Grampian Board.

Input to Ongoing NHS Grampian Service Reviews and Developments

The ACF and its constituent advisory committees have actively reviewed and discussed a number of major NHS Grampian projects and service developments, bringing together feedback from across the clinical professions. These have included the NHS Grampian Clinical Strategy, the Elective Care Review, the Winter Plan for 2016-17, the Theatre Transformation Programme, the new Baird Hospital and the ANCHOR Centre, the Professional Assurance Framework and the development of clinically relevant quality metrics for NHS Grampian Board.

Development of Electronic Patient Records

The need for progress on the development of Electronic Patient Records (EPR) to facilitate effective communication, best clinical practice and the integration of health and social care has been discussed on numerous occasions by the ACF. The progress made to date on the in Grampian has been welcomed, however, there was also acknowledgment that there remains a great deal to do, including significant change to current working practices for many staff, requiring a shift in culture as well as IT software and infrastructure. The ACF is committed to facilitating and supporting the development of the EPR through close working with professional advisory committees and the Grampian Clinical Director for E-health. The ACF will take an active part in the forthcoming digital health strategy consultation.

Ensuring Ongoing Clinical Engagement with Advisory Structure

ACF members recognise the importance of ensuring there is broad awareness and engagement with the advisory structure amongst junior and recently qualified clinical staff, and of succession planning for future membership of committees. ACF members have taken a number of pro-active steps to engage new and junior staff in clinical advisory committees and a short life working group has been formed to address this issue and to develop an induction pack for new members.

Appendix 3: Staff Achievements 2016/17

April 2016

- Eight members of NHS Grampian staff graduated as Dementia Champions at an event in Edinburgh. There are now over 50 Dementia Champions within NHS Grampian who join a growing group of over 600 health and social care staff who have successfully completed these intensive training programmes.
- Consultant Child and Adolescent Psychiatrist Dr Tharaka Gunarathne was one of only five professionals selected to give a talk at the event and the first NHS Grampian employee to give a TEDx talk. TED – which stands for Technology Entertainment and Design - is all about "Ideas worth spreading" and is one of the most prestigious public speaking stages in the world.

May 2016

- Yvonne Wright -Divisional Lead Nurse for Clinical Support Services and a volunteer trustee at Home-Start Aberdeen won the Outstanding Trustee Award in the charity's national awards.
- NHS Grampian staff featured in this year's Advancing Healthcare Awards programme for allied health professionals and healthcare scientists across the UK. Chris Llewellyn, chief cardiac physiologist at ARI, and Foundation Year doctor Vui Yung Chieng won the Scottish Government's 'Driving improvement delivering results award for healthcare scientists in Scotland' and Mary Duguid, highly specialist occupational therapist, and Karen Duncan, highly specialist physiotherapist, were finalists in the Scottish Government's award for improving quality: measuring and demonstrating impact.
- Eight Domestic/Support Services Supervisors were presented with following completion of the NHSScotland Domestic Supervisor Development Programme

June 2016

- Craig Court neuro-rehabilitation unit received an unannounced visit by the Care Inspectorate and received scores of six across all areas. This is the highest score that can be achieved and is the second year running that the unit has received top marks.
- Ian Stones, an enthusiastic member of the NHS Grampian Disability Advisory Group for more than 12 years, received a "Lifetime Fellowship Award" from the Scottish Commission for Learning Disability. The award has been made in recognition of Ian's campaigning work in the North East.

July 2016

- A report from Healthcare Improvement Scotland praised the wide range of "innovative approaches" that teams in NHS Grampian and other boards have been developing to improve the care and experience of people with dementia, their families and carers in acute hospitals.

Aug 2016

- Staff from Ward 4 at Dr Gray's hospital took part in the charity event 'It's a Knockout' in Buckie. They took part in a fun but exhausting bouncy castle obstacle course and a raffle. In total, they raised the remarkable amount of £1,740, to be split between the charity Logan's Fund and Ward 4 patients' fund.
- Dr Jamie Hogg, Elgin based Associate Medical Director featured in a fascinating BBC radio 4 two-part series on the history of general practice, called 'Farewell Dr Finlay'. The second programme highlighted the development of G-Docs, the original out of hours' service, and its transformation into G-Med.
- Marie Stirling, a Diabetic Podiatrist at Dr Gray's Hospital, won this year's Cosyfeet Podiatry Award. The award assists podiatrists and podiatry students to develop their professional knowledge and skills while benefitting others.

Sept 2016

- A review of services at Aberdeen Royal Infirmary praised the significant dedication of staff at the Intensive Care Unit. NHS England carried out a peer review and inspected the service for patients with severe respiratory failure requiring ECMO support. The review team found that ARI met or exceeded every standard required to continue as one of six nationally designated ECMO centres in the UK. Aberdeen provides extra surge capacity for the network in times of greatest need. They praised specialist staff for their flexible approach particularly during "surges" in demand and also said new accommodation; waiting areas and the therapeutic roof garden were having a "positive impact" on patients and relatives.
- Professor Irfan Ahmed of NHS Grampian and Professor Craig Ramsay of the University of Aberdeen are directing a new study into the treatment of gallbladder stones. They have been awarded £1.4 million from the National Institute for Health Research Health Technology Assessment Programme funds to investigate whether pain relief and dietary advice may be as effective for patients with symptomatic gallstones, rather than surgery to remove them.
- The ground-breaking UCAN Care Centre at ARI has again been awarded the prestigious Macmillan Quality Environment Mark (MQEM), first received in 2013.
- The quality framework assesses whether cancer care environments meet the standards required by people living with cancer and was the first assessment tool of its kind in the UK.

Oct 2016

- Drew McDonald, Senior Staff Nurse at RACH's Emergency Department, was shortlisted for the title of Link Practitioner of the Year in the Infection Prevention Society 2016 Awards. Drew, the only Scot in the awards, was one of two finalists and was selected for his impressive work on integrating Sepsis 6 awareness into the paediatric emergency department (ED)

Nov 2016

- Weigh Forward, the Specialist Adult Weight Management Service was recognised by the UK Association for the Study of Obesity for their work with the 2016 "Best in Practice" award.
- NHS Grampian had four finalists in the keenly contested Scottish Health Awards, the most prestigious awards for healthcare professionals in Scotland. Congratulations to:
 - Chris Driver, Consultant Paediatric Surgeon/Urologist – ‘Care for Long-Term Illness’ category
 - Rev. James Falconer, Healthcare Chaplain – ‘Unsung Hero’ category
 - Jenny Mundie, Support Worker, Older Adult Mental Health – ‘Support Worker’ category
 - Alasdair Walker, Moray Health and Social Care Partnership Head of Mental Health and Integrated Service Manager and Clinical Lead for Dementia – ‘Leader of the Year’ category
 - Dr Alan MacDonald, Consultant Rheumatologist in, was appointed as the next chair of the Scottish Medicines Consortium (SMC), the body which reviews newly licensed medicines for routine use by NHS Scotland.
 - The Play Service at RACH has been awarded top place in the annual Nancy Ovens Trust awards.

Dec 2016

- Our catering team scooped two prizes at this year’s Scottish Health and Social Care Facilities Conference. The team won 'Outstanding contribution to facilities innovation excellence' for their recent transformation of the RACH meal service and 'Facilities service improvement project of the year' for a series of awareness sessions for ARI staff involved patient care or food provision.
- NHS Grampian was part of a group which won the Chartered Institute of Housing Excellence in Innovation Award against substantial competition. The Chartered Institute of Housing judges chose Aberdeenshire’s Resettlement Team from hundreds of entries for the coveted trophy

The 2016 Grampian Recognition Awards For Teams And Staff Winners

- Innovation: Stage C Snacks Development Team
- Volunteering: Molly Stuchbury.
- Communications: General Surgery Vision Team.
- Partnership in Practice: Return to Practice Scheme
- Improving the Patient or Carer Experience: Children’s Hospital Catering Quality Group.
- Supervising - Supporting – Educating: Consultant Paediatric Surgeon Melanie Clarke
- Service Redesign or Development: ‘Allied Health Professional Musculoskeletal Redesign’.
- Unsung Hero: Robert Cockburn Senior Charge Nurse in Cath Labs
- Team of the Year: Davan Ward, Royal Cornhill Hospital
- Chairman’s award for Staff Member of the Year: Irene McCallum and Janet Stinson based at Aboyne Medical Practice

Appendix 4: Public Involvement Activities in NHS Grampian

In order for NHS Grampian to be compliant with CEL 4 and to achieve our commitment to provide the best possible care and patient experience, we must continue to engage meaningfully with patients, families, carers and the general public. Below are some examples of how we have been doing this in 2016/17.

NHS News

NHS Grampian is about to produce the fourth edition of NHS News, a public facing digital newspaper which is also distributed by hard copy across Grampian twice each year. The paper is dedicated to encouraging and promoting engagement opportunities and promoting good health and wellbeing. Our latest publication can be accessed here - www.nhsgrampian.org/NHSNews.

The Baird Family Hospital and ANCHOR Projects

The Baird Family Hospital and ANCHOR Project Team remain busy, having recently undertaken a large consultation with the public and staff around food and beverages they would like to see at these new facilities; 716 views were collected through electronic survey alone. The Team is currently engaging with staff and Third Sector Colleagues to inform the development of the final design details. A project newsletter continues to be produced quarterly and is available on the dedicated public facing website www.bairdanchor.org, and regular updates are communicated through dedicated social media pages; www.facebook.com/bairdanchor and @bairdANCHOR.

Multicultural Health and Wellbeing Forum

NHS Grampian's Multicultural Forum has been hard at work again this year engaging directly with local communities. The Forum has achieved a great deal since it began in 2015. A 2016/17 highlight report has been produced to capture this great work and can be accessed through the Public Involvement Team; nhsg.involve@nhs.net.

Review of dispensing GP practices

NHS Grampian continues to provide support to colleagues and projects in Primary Care, including communication around changes to GP Practices. A large focus for last year was on the review of Dispensing GP Practices Consultation which took place; and is the largest consultation undertaken by NHS Grampian to date, with 1,348 members of the public taking part.

Foresterhill Site Green Space Project

An engagement event took place in 2016 to introduce the Foresterhill Site Green Space Project. An electronic consultation survey was used to gather views with 193 members of the public and staff completing the survey, demonstrating a great interest in this project by all. The project has also been promoted through social media with a very positive response.

Adult Mental Health Service Re-design

The Public Involvement Team continues to provide support to the ongoing Adult Mental Health Service Redesign which began in August 2015. A consultation process was undertaken in 2016 with Adult Mental Health service users to inform the option appraisal discussions. Preferred options have now been identified and further service user and key stakeholder engagement is being planned to inform the finer details of this.

Elective Care Project

A total of 21 clinical specialties are currently engaged in a comprehensive review of existing capacity and future challenges for delivering planned care. This is an ambitious and unique undertaking to ensure improvement and change happens across disciplines and not in isolation. It is also enabling different clinical services to come together to establish new and more effective ways of working.