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Alison Evison
Chair
NHS Grampian

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05 November 2024

Dear Alison,

NHS GRAMPIAN ANNUAL REVIEW: 21 OCTOBER 2024

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Elgin on 21 October. I was supported by Caroline Lamb, Director General of Health & Social Care and Chief Executive of NHS Scotland.
2. With this round of Annual Reviews we have continued, wherever possible, to include digital access elements. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, such as those with care or treatment commitments; or those with vulnerabilities who are anxious about attending potentially large public events.
3. We would like to record our thanks to everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and virtually. We found it a highly informative day and hope everyone who participated also found it worthwhile.

Meeting with the Area Clinical Forum

4. We had an interesting and constructive discussion with the Area Clinical Forum. It was clear that the Forum continues to make a meaningful contribution to the Board's work. It was reassuring to hear that the Forum felt it had been fully involved in the Board's focus on effective clinical governance and patient safety. In addition, the Forum has played a significant role in terms of informing the Board's approach to other key areas, including workforce recruitment and retention, alongside staff wellbeing, performance management and improvement, service transformation and reform, and financial sustainability; not least through the effective pursuit of the *Realistic Medicine* programme, whilst specifically noting the impressive local examples described in relation to pharmacy efficiencies.

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5. We had very interesting discussions with the representatives from the various professional committees, hearing about a range of work including: how new technology and the advent of reliable video-conferencing is helping to facilitate professions' meetings within busy clinical schedules, as well as improving accessibility by offering other routes to engaging with patients, where appropriate; the importance of new roles and a truly multi-disciplinary healthcare team in addressing the prevalent demand and sustainability challenges facing the NHS; the need to retain as many 'home grown', trained staff as possible, not least through effective partnerships with local educational providers, third sector organisations and others (noting the high quality rating attributed to the medical school at the University of Aberdeen); the need for more focused IT development and integration; whilst investing appropriately in early intervention, health improvement and in primary/community care settings, alongside acute services; and the need for consistent public messaging around accessing the right services, in the right place and at the right time.

6. Whilst the general wellbeing benefits of the Agenda for Change non-pay award were welcomed, we noted some concerns (elicited by both the Area Clinical and Partnership Fora) around certain initial practical impacts, in terms of the overall availability of working time and potential, associated pressures and anxiety for staff. We also heard about: the Committee's involvement in the Board's wider bed-base and capacity review; the significant work being undertaken by local GPs in pursuit of their improvement and sustainability programme; the fascinating, innovate local work around maxillofacial prosthetics; and how the Committee has worked together with the Area Partnership Forum to promote staff wellbeing, including the local rest and recovery (*Best with Rest*) programme. We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

Meeting With the Area Partnership Forum

7. We were pleased to meet with the Area Partnership Forum and it was clear that there are strong local relationships. Indeed, the on-going commitment of local staff in the face of unprecedented pressures will have been fundamental to a number of developments and improvements that have been delivered locally. We also acknowledged that very many pressures remain on staff throughout the NHS and with planning partners; and are very conscious of the cumulative impact on the health and social care workforce.

8. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local system strategies and associated workforce plans, alongside key work on staff wellbeing and dignity at work agenda. We were assured that the staff side had continued to be actively involved and engaged in a wide range of this work, including: informing policy development and workforce redesign; actions to support attendance management and safe staffing; alongside important health and safety responsibilities; and playing a key role in supporting NHS Grampian's activities to promote equality, diversity and inclusion, including the Board's *Celebrating Diversity* festival, as well as involving members of the Grampian Empowered Minorities Staff (GEMS) in Executive recruitment activity.

9. In terms of local support for staff wellbeing, as noted above, we were pleased to hear how the Forum had been involved with the Area Clinical Forum to address longstanding behaviours where some staff had not taken breaks during their working day, which has the potential to lead to fatigue and burnout. Finally, we were pleased to note that staff-side and management have a strong relationship and that you felt comfortable in expressing concerns frankly, whilst respectfully; which is a positive sign of a mature and successful working partnership.

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Patients/Carers' Meeting

10. We would like to extend our sincere thanks to the patients and carers who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services.

11. The patients and carers in attendance spoke about a wide range of experiences in relation to local services and the standard of care and support received, with the majority keen to emphasise the general high quality of care and treatment provided. We greatly appreciated the openness and willingness of those present in sharing their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities (noting the support for the re-introduction of a minor injuries facility in Stonehaven), staff and systems to support patient care and access that are effectively joined up, including continuity of care; the need to ensure that communications with patients and carers take place in a way which is appropriate to their needs; the importance of embracing new technologies and ways of working to ensure the NHS is sustainable; the need for services to be appropriately triaged, to ensure waiting times for the most clinically urgent cases are minimised; alongside the importance of an effective, accessible and responsive NHS complaints procedure; and ensuring that patients and other key stakeholders are meaningfully involved in the review and development of services, as we were pleased to note had happened locally with chronic pain.

12. We are also grateful for the attendance of a local Healthcare Improvement Scotland: Community Engagement representative, alongside patient focused officials from the NHS Board: to provide support during the meeting and to follow-up any individual local treatment and care concern. We also undertook to respond directly to an attendee with some further information around national guidance for receiving follow-up GP care to treatment that had been undertaken privately.

Annual Review: Public Session

13. The full public session was streamed live online and began with the Chair's presentation on the Board's key achievements and challenges, looking both back and forward; moving through the key themes of resilience, recovery and renewal, in line with national and local priorities. We then took questions from members of the public: both those that had been submitted in advance and a number from the floor. We are grateful to the Board and local Partnership teams for their efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

Annual Review: Private Session

14. We then moved into private session with the Board Interim Chief Executive and Chair to discuss local performance in more detail.

Finance

15. It was confirmed that, in 2022-23, NHS Grampian had required £24.8 million of Scottish Government brokerage to deliver a balanced financial outturn; informing the Board's escalation to Stage 2 of the NHS Support and Intervention Framework. For 2024-25, the Board had initially anticipated a gross deficit of £95.4 million, reducing to £15.3 million after £80.2 million of targeted savings. At month 5, the Board presented a year-to-date deficit position of £30 million, with a revised, year-end forecast deficit of £77.9 million.

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16. We noted that key pressures include: NHS Grampian's share of the local Integrated Joint Board budget deficits in Aberdeenshire and Moray, alongside patient flow challenges, medical supplies overspends, maintenance and contract costs. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges, whilst recognising that NHS Grampian has had to absorb a range of inflationary and demand-related pressures.

17. The effective development of the Board's strategic *Plan for the Future* will also be key in securing high quality, safe and sustainable services for the benefit of local people; as meaningfully informed by best practice, national policies, frameworks and stakeholder engagement; alongside evidence from the Board's bed base review and other associated work. The Government will continue to work with NHS Grampian to monitor the position and assist with longer term financial planning and improvement; with the Board's status and support under the NHS Support and Intervention Framework kept under close review.

18. The Scottish Government shares the Board's desire to invest in local infrastructure. It is notable that that, in recent years, no Health Board has received more capital funding than NHS Grampian: with the Government providing over £260 million to complete the construction of the Baird Family Hospital and ANCHOR cancer centre. These facilities, which should both be operational during 2025, will significantly improve a range of services for the benefit of local people, including maternity, cancer and imaging.

19. Nonetheless, looking forward we were clear that the national capital funding position remains extremely challenging. The main factors have been consistently high inflation, which has significantly impacted construction costs, and an expected real terms cut to our relevant budget of around £1.3 billion by the UK Government. That has necessitated the pausing of projects whilst a national capital review is undertaken. The Scottish Government is focused on trying to find solutions to these challenging issues, and we will give very careful consideration to which projects can be included in the revised capital plan; but we must ultimately ensure they are affordable and deliverable. As such, we emphasised that all viable service redesign options should be carefully considered from within the existing Board estate, in the first instance. You confirmed that the Board is carefully considering how to best invest and improve your existing facilities, as far as possible.

Workforce

20. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

21. The Board has continued to experience challenges across both planned and unplanned activity, with staffing issues across the system impacting on admission and discharge. Nonetheless, the Board's turnover rate for 2023/24 was 9.9%, with a local sickness absence rate was 5.5%; both below the NHS Scotland averages. You confirmed that NHS Grampian's aim is to ensure that this is the case consistently across operational directorates; and this work is being supported by the development of self-service workforce intelligence dashboards. It was also encouraging to note that the local work towards the internationally recognised Magnet Award designation for excellence within the Royal Aberdeen Children's Hospital has demonstrated positive results, in terms of nursing workforce attraction and staff retention.

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22. As with a number of Boards, there has been a significant increase in agency costs over recent years and we were assured that it remains a priority in the development of NHS Grampian's workforce plan to progress towards the creation of a single staff bank (including medical), whilst achieving a reduction of locum and agency spend. As recognised in our earlier meetings with the local Area Clinical and Partnership Fora, we remain very conscious of the cumulative pressures on the health and social care workforce; recognising the range of actions NHS Grampian is taking in terms of the wellbeing and resilience of local staff: in order to promote personal resilience, help prevent mental health issues developing and to promote overall wellbeing in the workplace. Such measures will also be material in terms of the local staff recruitment and retention efforts.

Resilience

23. Given the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be highly challenging for the NHS. We also remain conscious that most NHS Boards, including NHS Grampian, have already been confronted with a sustained period of unprecedented pressures on local services.

24. It was therefore reassuring to hear about the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. I understand that good practice and lessons learned from previous winters have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning, whilst protecting elective capacity, as far as possible.

Unscheduled Care & Delayed Discharge

25. Given the sustained pressures experienced across services, bed capacity at the main acute sites remains a key issue, with recent occupancy averaging above 90%, and this had informed the Board's review of its bed base. Pressure on services includes: workforce constraints, wait for first assessment, delayed discharges and increased patient acuity. The latest published 4-hour A&E standard monthly performance was 68.3% for August 2024 (all sites); a decrease when compared to same period last year (69.9%) and lower than 93.8% recorded in same period 2019 (pre-Covid). Performance in the year to August 2024 was 67.5%.

26. As we had heard earlier during the Q&A session at the public event, ambulance handover times continues to be a significant issue locally; with data showing that NHS Grampian is an outlier for median turnaround time: regularly above 50 minutes, with waits of over 8 hours also reported. You assured us that considerable work has been undertaken with the Ambulance Service, Centre for Sustainability and the Government's Unscheduled Care Collaborative to develop and refine activities to help deliver sustainable improvement; focusing, in the first instance, on ensuring efficiency in the operation of the hospital front doors. The Scottish Government will continue to work closely with the Board and Ambulance Service to ensure that all possible actions are put in place to support the safe and effective transfer of patients.

27. Whilst we recognise the significant combined efforts on the part of the Board and its planning partners, challenges also persist with delayed discharges: particularly in relation to Aberdeenshire and Moray. We were assured that the Board has robust governance and scrutiny arrangements in place to monitor and mitigate delays alongside its planning partners, as far as possible; and that making sustained progress with the longest waits and avoidable delays remain key priorities.

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28. As noted above, the Government will continue to work with all Boards, including NHS Grampian, to reduce pressure on hospitals and improve performance; not least via the national Urgent and Unscheduled Care Collaborative programme; offering alternatives to hospital, such as *Hospital at Home*; directing people to the most appropriate urgent care settings. We will keep local progress against the key priority area under close review.

Planned Care Waiting Times

29. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. In Grampian, the new outpatient waiting list rose by 17% throughout 2023/24. The Scottish Government is investing £30 million nationally this year to deliver around 12,000 new outpatient appointments, a similar number of new inpatient and day-case procedures, and over 40,000 diagnostic procedures; with a local focus on delivering additional diagnostic, orthopaedic, ENT and gynaecology treatments.

30. In terms of National Treatment Centre (NTC) support for NHS Grampian patients: from April 2024, the Board's theatre session share at NTC Stracathro increased from 10 out of 40 sessions to a 50/50 split with NHS Tayside; additional activity is being provided at NTC Highland with 1,750 cataract procedures for 2024-25, alongside 476 orthopaedic procedures; additional capacity has been provided for local breast and urology patients at NHS Forth Valley; and additional provision made at the Golden Jubilee National Hospital for endoscopy, colorectal surgery, general surgery, ophthalmology and orthopaedics.

31. Whilst we have seen a significant improvement in radiology waiting times from August due to the provision of additional, mobile MRI and CT support, there are continuing concerns in relation to local endoscopy performance. In 2023, the National Endoscopy Lead reviewed services and produced a detailed report with recommendations across a number of areas; you confirmed that progress against this remains a Board priority, with a follow-up visit by the National Endoscopy Lead to be carried out in the coming months.

32. The Board is prioritising improvement activity on the specialties with the biggest pressures. Whilst acknowledging the clinical need to prioritise the urgent and cancer caseload, we agreed that the Board needs to target the longest waits. To this end, NHS Grampian is working with the National Elective Co-ordination Unit to support sustained improvement. At the strategic level, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients; building on the success of initiatives, such as the *Near Me* programme. We were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly as relates to the longest waits, which we will keep under close review.

Cancer Waiting Times

33. Whilst the management of cancer patients and vital cancer services remains a clinical priority, local performance against the national waiting standards has been challenged; not least as a result of surging demand, with local Urgent Suspicion of Cancer referrals around 52% higher than pre-Covid. In the second quarter of 2024, 89.2% of cancer patients in NHS Grampian started treatment within the 31-day standard from the date of decision to treat; below the overall NHS Scotland performance of 95.5%.

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34. In the same quarter, 60.6% of patients in NHS Grampian started treatment within 62 days of being urgently referred with a suspicion of cancer; also below the overall NHS Scotland performance of 73.2%. The Board is focusing its improvement activity on the most impacted pathways, with the Government releasing £1,070,000 in recurring funding to support cancer waiting times performance in 2024/25. You confirmed that NHS Grampian continues to work towards full implementation of optimal pathways as part of a redesign of local diagnostic services.

35. Another significant local pressure is the dermatology pathway, though waits have reduced with support from external suppliers and the Board has successfully recruited two substantive consultants from the trainee cohort. The local breast pathway waits have reduced as a result of mutual aid received from NHS Forth Valley, with shared learning also leading to the introduction of nurse-led urgent suspicion of cancer clinics commencing in October. You confirmed that the Board remains committed to sustainably improving local performance against the national waiting standards, including maximising capacity for outpatients and diagnostics. We will keep progress under close review.

Mental Health

36. As in other Board areas, NHS Grampian is experiencing significantly increased overall demand for mental health services, as well as often higher acuity in cases. In terms of the Board's performance against the CAMHS waiting standard, we were pleased to note that 96.6% of patients started treatment within 18 weeks of referral in the quarter ending June 2024; a slight improvement from 96.1% in same quarter in the previous year. 479 patients were waiting to start treatment at the end of June 2024: a decrease from 630 in March 2024, though a 24% increase from 386 at the same time last year. Of the children and young people waiting to start treatment as at the end of June 2024, none had been waiting longer than one year for treatment.

37. For Psychological Therapies patients, where the Board has received enhanced support from the Government's Mental Health Performance Team, 81.7% started treatment within 18 weeks of referral in the quarter ending June 2024: an improvement from 75.5% in the previous quarter, and an improvement from 63.8% in same quarter in the previous year. 3,363 patients were waiting to start treatment as at the end of June 2024: a 2.2% decrease from 3,440 in March 2024, though a 58.6% increase from the same time last year. Of the patients waiting to start treatment as at the end of June 2024, nine (0.3%) had been waiting longer than one year. You confirmed that the Board has a focus on addressing the most urgent cases whilst reducing the longest waits; assuring us that NHS Grampian remains committed to achieving and sustaining the 90% national standards. The Government's Mental Health Performance Team will continue to keep in close contact with the Board to monitor progress and provide support.

National Drugs Mission

38. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment over five years. The harms caused by use of illicit drugs and excessive consumption of alcohol remain significant public health issues for NHS Grampian and its planning partners.

39. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment. As such, we were pleased to note an improving position with the local commitments for the MAT standards, and in relation to the targets for waiting times for access to alcohol and drug treatment services.

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Local Strategies

40. All Boards will need to learn from the experience of recent years and adapt; ensuring that the remarkable innovation and new ways of working which have been demonstrated underpin the local strategy for a sustainable future. I note that the Board remains committed its *Plan for the Future* and am pleased to note the progress being made. Clearly, the scale of the challenge faced in effectively planning and delivering healthcare services to meet ever-increasing need is very significant. This makes it all the more important that the Board and its planning partners innovate and adapt; whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

Conclusion

41. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible.

Yours sincerely,



MAREE TODD

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