

## NHS Board Accounts: 2014-15 questionnaire

### NHS Grampian

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#### Service development

1. Please give THREE examples of services that:

(a) you plan to develop in 2014-15 (territorial boards should list local service developments, rather than national programmes)

#### Response

Service	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000
Service 1 Cancer Investment Plan	302	2,032
Service 2 HMP Grampian	0	700
Service 3 New Theatre Capacity	6,500	8,000

- **Cancer Investment Plan** – increasing medical staffing, nursing and bed capacity in the areas of oncology and haematology in order to meet rising demand for these services.
- **Her Majesty's Prison Grampian** - The investment in additional health services required to support the increased prison population following the opening of the new HMP Grampian. HMP Grampian (which replaces Peterhead Prison and Craiginchies Prison, Aberdeen) will house 550 prisoners consisting of c490 male and c60 female prisoners (indigenous to the Grampian area) and these will be both young offenders and adult prisoners. In addition there will be dependent children theoretically up to the age of 5, but more likely to the age of 2 years.
- **New Theatre Capacity** - £6.5 million has been invested in 2013/14 to meet treatment time guarantee targets. Some of this funding has been used to increase local theatre capacity and some has been used to purchase theatre capacity outwith Grampian. New theatres will come on stream in 2014/15 at Aberdeen Royal Infirmary and Woodend Hospital. £1.5 million of additional funding (in addition to the £6.5 million invested in 2013/14) will be invested to support the running costs of the new theatres, including additional medical staffing, nursing and medical supplies.

- (b) you would like to develop if you had additional funding i.e. what is next on your list of priorities? (territorial boards should list local service developments, rather than national programmes)

**Response**

*Local service developments which are currently at the planning stage and will be taken forward in future if recurring funding streams are identified include :-*

- *Establishment of a Surgical High Dependency Unit.*
- *Investment in replacement and refurbishment for a number of primary care premises.*
- *Investment in a wider range of enhanced services provided by General Practitioners.*
- *Higher levels of investment to reduce backlog maintenance issues in a range of areas.*

- (c) you plan to withdraw, restrict or reform in 2014-15 (please provide reason(s) and anticipated savings in 2014-15) (territorial boards should list local service developments, rather than national programmes)

**Response**

*NHS Grampian currently has no plans to withdraw or restrict services in 2014/15.*

2. During 2014-15, do you plan to consult on the delivery of any specific services i.e. those resulting in significant service change?

**Response**

*During 2014/2015 we will be undertaking a range of consultation and involvement activity, consistent with the updates provided to the Patient Focus and Public Involvement Committee of the Board. This includes:*

- *general ongoing engagement activity as we continue to deliver our Healthfit 2020 vision;*
- *commitment to further dialogue with the Forres community around models of delivery of 24 hour care following the opening of the new health and care centre during 2014/15;*
- *ongoing engagement with the community of Inverurie and surrounding area on development of a health and social care hub including provision of new health centre and community maternity unit; and*

- *commitment to continuing engagement as we deliver our Child Health 2020 plan and gather patient, carer and family experience information in relation to paediatric services in the Grampian area.*

*At this stage it is premature to anticipate whether any of these pieces of work will constitute major service change. They are all being taken forward with full communication and engagement plans and are being discussed with the Scottish Health Council*

## **Preventative spending**

3. What specific preventative health programmes are included in your budget plans for 2014-15? (please give details of planned NHS board expenditure **over and above any ring-fenced allocations** in 2014-15 compared with 2013-14 within the categories shown)

### **Response – specific preventative health programmes for 2014/15**

*We have a number of preventative health programmes which we will commit to investing in to support the outcome for longer and healthier lives. In addition to the funded programmes through the Change Fund; examples of preventative health initiatives which we will invest in during 2014/15 are outlined below: We are also working with communities to identify needs, and then will collaborate effectively to meet these needs. This process will recognise and build on the strengths and resources that communities already have (an ‘asset-based’ approach).*

- *Childhood Obesity - we will continue to embed ‘Grow Well Choices’ our child healthy weight programme in primary schools into routine practice. Working with Education partners we will progress the long term sustainability of this school based intervention.*
- *Adult Obesity - we will continue to implement our integrated care pathway which identifies support for weight management in our communities and within a health care setting for those who need it.*
- *Smoking cessation and prevention – we continue to allocate funding to specific and targeted projects through our formal resource allocation framework which allows us to evaluate each bid and prioritise funding accordingly. Our Tobacco Control Strategy Action Plan guides the targeted implementation of programmes and projects preventing tobacco use, supporting people to stop smoking and controlling environmental tobacco smoke.*
- *Alcohol brief intervention (ABI) – this preventative programme, mainly delivered through general practice, will continue to expand. Increased numbers of ABIs targeting hazardous and harmful drinkers across Grampian will reduce the harm from excessive alcohol consumption. Local implementation of this programme also aims to provide support and clinical management to those identified as dependent drinkers by referring them to the appropriate specialist service when*

*required. This part of the pathway addresses tertiary prevention aspects of alcohol misuse.*

- *Health and Work – we will continue to work with over 170 organisations registered with Healthy Working Lives National Award in Grampian providing support for policy development and practice including health promotion, occupational health and safety and employability. We will also continue our work to embed ‘employability’ into our pathways of care to ensure that patients are supported in their journey towards work.*

### **Response - planned NHS board expenditure over and above any ring-fenced allocations**

*The Board does not plan to invest any additional expenditure on the specific preventative programmes noted below beyond that provided through ring fenced allocations, including change fund with the exception of:*

- *Extension of the flu immunisation programme to all children of primary school age. £500,000 has been identified in our 2014/15 financial plan to fund the extra staffing costs of this project*
- *Pregnancy and newborn screening programme - £180,000 has been identified in our 2014/15 financial plan to provide a recurring funding stream to cover the full costs of this programme.*

*We also embed a preventative approach throughout all our activities ensuring individuals are supported to live healthier lives. This includes a person-centred approach. Our No Delays project is a good example of how we are taking an innovative approach to supporting patients manage their own health. No Delays will transform the relationship that patients have with services and clinicians in planned and preventative care.*

<b>Programme area</b>	<b>Expenditure 2013-14 £000</b>	<b>Additional Planned expenditure 2014-15 £000</b>
Smoking prevention/cessation		
Weight management (child/adult)		
Childsmile		
Keep Well		
Maternal and infant nutrition		
Blood borne virus prevention		
Immunisation programmes		500
Screening programmes		180
Sexual health programmes		
Drug and alcohol programmes		
Other (please specify)		

4. With regard to assessment of preventative spend programmes:

- (a) What savings do you anticipate that these preventative spend programmes will deliver over the next 5-10 years (please provide specific examples)

**Response**

*Decisions regarding investment in new preventative programmes are evidence based and prioritised using agreed criteria. Preventive programmes are subject to regular evaluations including health economic and impact analysis and value for money appraisal. In common with other public health interventions evidencing cost savings is difficult as many of the benefits are secured only in a medium to long term basis.*

*Savings as a result of preventative spending are not built into our financial planning because of the long term nature of when such savings are likely to arise and the level of uncertainty about how such savings would be delivered in practice.*

- (b) Are the results of any such assessments reflected in your financial planning? (Please give any specific examples of how financial plans have been adjusted to reflect potential savings)

**Response**

*Whilst savings are considered when assessing the merits of preventative spending, decisions on whether to proceed with a preventative spending initiative are normally made around the clinical evidence base for the programme rather than on financial considerations.*

**Change Fund / Integration Fund**

5. With regard to the Change Funds:

- (a) Please give examples of THREE services that will be funded using Change Funds in 2014-15? (please include details of Change Fund spending on these services in 2013-14 and 2014-15 and related outcomes)

**Response**

*See appendix 1 to the questionnaire response*

- (b) Have these programmes/services been evaluated? (If so, please provide details)

**Response**

*See details of the outcome measures and progress in the response in Appendix 1.*

- (c) Do you plan to continue to fund these services in 2015-16 through the Integration Fund?

**Response**

*All three partnerships within Grampian are undertaking evaluations of all existing change fund projects. Projects which can demonstrate a sustainable benefit and the release of resource will be considered for funding on a recurring basis by the Board and/or local authority. In terms of the applicability of the Integrated Fund we await guidance from the Scottish Government Health and Social Care Directorate.*

6. Can you give examples of any specific services that you are developing with local authority and/or third sector parties as a result of the planned Integration Fund (please provide details of the service, along with planned investment by each partner)?

**Response**

*In terms of the applicability of the Integrated Fund we await guidance from the Scottish Government Health and Social Care Directorate. On receipt of the guidance we will be working proactively with our three local authority partners and third sector parties to ensure that the resource is effectively deployed to support further integration of adult services.*

**Reducing inequalities**

7. What specific programmes are aimed at reducing inequalities? (please include details of THREE services in the format shown below)

**Response**

*See appendix 2 to the questionnaire response*

**Backlog maintenance**

8. Please provide details of the THREE main actions in 2014-15 that will address backlog maintenance, providing:
- (a) details of the action (investment/disposal etc.);
  - (b) planned expenditure/receipts from this action in 2014-15; and
  - (c) the impact this will have on your overall level of backlog maintenance (high/medium/low risk)

**Response**

*Our backlog maintenance programme in 2014-15 forms part of the Board's three year plan to significantly reduce the level of high and significant backlog maintenance within clinical areas. The three key actions in 2014-15 are:*

- *A backlog reduction programme for Aberdeen Royal Infirmary East End 2 block (target price £5.452m) was approved by the Board in September 2013. The majority of the work is expected to be complete with services operational in their new accommodation by May 2014 with one remaining ward due to be occupied in September 2014.*
  - *The works programme for ARI Phase 2<sup>1</sup> is now agreed with the affected services and detailed design planning underway. The budgetary estimate for this first stage is £10.6m with a contingency of £1m provided within the financial plan to cover risk/optimism bias. It is assessed that the East End 2 and Phase 2 programmes will contribute £14.85m (net of VAT, fees and other on costs) to the target reduction in backlog maintenance in clinical areas.*
  - *The relocation of clinical services from Woolmanhill Hospital will enable estate rationalisation and an overall reduction in our building footprint and corresponding reduction in backlog maintenance on this site of £2.6m. This programme of work will be completed during 2014/15, bringing the total cost of the relocation of services to c£2m. Steps will be taken to jointly market this site with the adjacent Denburn Health Centre<sup>2</sup>. The General Practice currently based at Denburn Health Centre will be re-provided on an alternative site. An anticipated sale receipt of £6.5m from disposal of these sites is planned for 2016/17.*
- (d) what proportion does your planned spending on backlog maintenance in 2014-15 represent of your total capital budget?

## **Response**

*Backlog maintenance represents 65% of the total capital budget for 2014-15*

## **Brokerage**

9. (a) Did you have any brokerage in 2013-14?

**Response** - *Yes – capital brokerage in support of the backlog maintenance programme*

(b) If YES, was this brokerage anticipated at the start of the accounting period or did the requirement emerge during the year?

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<sup>1</sup> The East End Block and Phase 2 buildings at Aberdeen Royal Infirmary will remain as inpatient facilities for the next 10-15 years. Beyond this period the Foresterhill Development Framework has identified an area for the construction of a new inpatient facility to replace both buildings. This requirement has been recognised by the Scottish Government and the major investment required has featured in the Government's long term infrastructure plans.

<sup>2</sup> On disposal of the Denburn Health Centre there will be a reduction in backlog maintenance of £6.4m

## Response

*The backlog maintenance project at Aberdeen Royal Infirmary is being delivered within an operating hospital environment. Consequently the timing of the planned works is influenced significantly by the ability to plan the detailed service moves to ensure the minimum of disruption to the affected services. The requirement to carry forward capital funding of £3.4 million from 2012/13 to 2013/14 for this purpose was agreed, in advance, by the SGHSCD as part of the Boards Local Delivery Plan for 2013/14.*

10. (a) Do you anticipate the need for any brokerage in 2014-15? **Response -**  
No

(b) If YES, how much would you anticipate requiring and for what purpose?

## NRAC formula

11. What are your views on progress towards achieving NRAC parity?

## Response

*We acknowledge the positive and constructive discussions we have had with the SGHSCD Finance Directorate and the commitment to further progression towards NRAC parity over the next 3 years. The proposed NRAC uplift over the next three financial years has been reflected within our local delivery plan. In 2014/15, we will receive an additional £15.485m.*

## Equalities

12. Please provide up to THREE specific examples of how the use of an equality and diversity impact assessment has influenced budget decisions.

## Response

*All **services** within NHS Grampian include specific provision for equalities groups. NHS Grampian has a two pronged approach to equality and diversity. We “**mainstream**” equality and diversity work, making it an integral part of the work of all staff and departments/services. We have **three Groups and one Committee** who are responsible for driving forward specific initiatives in each of the 9 areas of equality and diversity; namely*

- (i)     **The NHS Grampian Racial Equality Working Group**  
Remit: racial equality.*
- (ii)    **The NHS Grampian Disability Discrimination Act Review Group**  
Remit, disability and age*
- (iii)   **The NHS Grampian Diversity Working Group***



*Remit: sexual orientation, sex, gender reassignment, pregnancy and maternity and marriage and civil partnership*

**(iv) The NHS Grampian Spiritual Care Committee**

*Remit: religion or belief*

*All of these Groups/Committee report to the Health Board and have been able to influence spend on priority areas; for example:*

- Increasing the number of “Language Line” access points, increasing the number of trained “face to face” interpreters and increasing the volume of written material available in translation*
- Regular use of the six Disability Access Panels in Grampian to carry out Disability Access Audits and Wayfinding Exercises. NHS Grampian spends over £200,000 each year on physical improvements to help disabled people*
- The location of the Aberdeen Health Village which is entering its first full year of operation from 1 April 2014 was significantly influenced by public representatives on the Project Board and the requirement to maximise patient accessibility to services. The site chosen to deliver integrated primary and secondary care services from the Village is such that it can be reached from most parts of the City and surrounding area on a single bus journey.*

- Sustainable development**

13. Please provide up to THREE specific examples of how the NHSScotland sustainable development strategy has influenced budget decisions.

**Response**

*We have taken forward a number of initiatives which are consistent with our commitment to sustainable development. These dovetail with the importance of meeting carbon reduction targets and taking responsibility for the creation of an environmentally sustainable infrastructure. Investments made have included:*

- An Energy Centre costing £12.5m to meet the heating and electricity needs of the Foresterhill site for the next 20 years. The Centre will reduce NHS Grampian’s carbon output by 800 tonnes per year and provide energy resilience to the Foresterhill site. Confirmation of funding for a new Biomass plant at Cornhill Hospital has also been received from the Scottish Government.*
- Linked to the new arrangements on the Foresterhill site to improve access for patients and visitors, NHS Grampian has worked with commercial partners to introduce additional public bus routes and to increase the frequencies of existing runs. Separately, but related, a project to address inter-site traffic congestion has been introduced - 5 shuttle buses run from external sites to and on the Foresterhill Campus, enabling staff and visitors free and easy access to the*

*Campus. This initiative has reduced the number of staff requiring to bring their own vehicles on site.*

- *NHS Grampian completed a joint working project with Grampian Fire and Rescue Service, Grampian Police and Aberdeenshire Council, which involved the purchase of electric vehicles (through European funding) to transport mail and other items from central drop off points to locations in Stonehaven, Fraserburgh and Peterhead.*
- *The purchase of HGVs all with Euro5 engines, deliver a reduced carbon footprint and provide greater fuel efficiency. Safe and fuel efficient driving is part of a programme which all drivers are undergoing. The programme is aimed at showing how safe and fuel efficient driving can result in average fuel savings of 10%, a reduction in carbon and CO2 emissions, and a reduction in gear changes of 37%.*

**Submitted by:**

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18 March 2014

## Appendix 1: Change Fund - response

Programme	Expenditure	Planned expenditure	Outcome measures	Progress on outcome measures
	2013-14 £000	2014-15 £000		
<b>Falls pathway – Moray CHCP</b>  A falls team was appointed for an 11 month period, using Change Fund monies. The role of the team was to accelerate the change required and also to provide some temporary capacity to carry out falls assessments and onward referrals until a sustainable model could be sought. An improvement methodology approach was adopted, using PDSA cycles of change. Working with the National Falls lead, the team introduced a trigger screening tool into the A&E department initially.	£43,000	£43,000	<p>The benefits have been measured using personal outcomes measures.</p> <p>The majority of patients entered into the pathway describe the interventions as having had a positive effect upon their key outcomes – feeling safer and less isolated, better able to participate socially, no further falls.</p>	<p>A sustainable pathway is in place, for those patients presenting with falls injuries.</p> <p>Once this model was established in A&amp;E is was replicated at other identified sites including sheltered and very sheltered housing complexes, Scottish Ambulance service, day care, community alarm.</p>

Programme	Expenditure	Planned expenditure	Outcome measures	Progress on outcome measures
	2013-14 £000	2014-15 £000		
<p><b>Improving the Quality of Care Home Services – Best Practice in Dementia Care – Aberdeenshire</b></p> <p>Best Practice in Dementia Care is a 6-part self study course accredited by the Dementia Services Development Centre. Change Fund money is being used for the purchase of workbooks and secondment of staff to deliver the course. 284 social care staff have completed the course and 254 are undertaking the course. 16 NHS staff have completed the course with 25 undertaking it. A formal evaluation process is in place to assess impact on provision of care</p>	£184,673 for the two year period to 31 March 2014	£44,000	<p>Aberdeenshire is anticipating the highest rate of increase of the over 85 population in Scotland, with a consequent increase in the numbers of people with dementia.</p> <p>There was a requirement identified to ensure that staff providing care for people with dementia were enabled to provide high quality care, improving outcomes for people with dementia and their carers</p>	<ul style="list-style-type: none"> <li>• 78.4 % of staff undertaking the course report that it has helped them provide better care and support to people with dementia.</li> <li>• 80.3 % reported learning about a person-centred approach;</li> <li>• 76.3% reported gaining new knowledge and understanding;</li> <li>• 74.7% reported development of their existing skills</li> </ul>
<p><b>Aberdeen Golden Games – Aberdeen City</b></p> <p>The Golden Games are a key part of the Aberdeen Partnership's commitment to reshaping care for older people and, in particular, active ageing. In 2013, 23 separate events were held over 3 days and seven venues. Over 350 bookings were made for these events, via our partners Sport Aberdeen. The Golden Games has just won the 2013 UK Award for Health &amp; Wellbeing at the Association of Public Service Excellence</p>	£6,000	£6,000	<p>The Golden Games was designed to tackle attitudes about what older people can still actively participate in, linked participants into ways to continue activities sustainably and at little or no cost.</p> <p>In particular the Games included teams of participants from nursing homes, to underline that, in principle, nobody was too old/too frail to participate.</p>	<ul style="list-style-type: none"> <li>• Many older people are now regularly taking part in Active Ageing opportunities, such as Table Tennis or Ten Pin Bowling.</li> <li>• These sporting activities are wholly sustainable and incur no public sector costs on an ongoing basis</li> </ul>

## Appendix 2: Reducing inequalities - response

Programme	Expenditure 2013/14	Planned expenditure 2014/15	Outcome Measures	Progress on Outcome Measures
<p><b>Mobile Information Bus (MIB) MCHSCP</b></p> <p>Lack of transport and access to services is a key issue for many people in Moray who experience isolation and lack of facilities. The MIB has helped to overcome these barriers to social inclusion by being available to people in rural communities</p> <p>The MIB provide a needs led service that promotes social inclusion in partnership with others and has been operational since 2002. The MIB aims to provide an accessible multi-agency outreach resource throughout Moray, which provides accurate relevant lifestyle information allowing service users to make positive lifestyle choices. The resource will target areas of social disadvantage as identified by The Scottish Index of Multiple Deprivation 2009, and other areas identified through partnership feedback, thus promoting social inclusion</p>	<p>Purchase of the new MIB vehicle £105,588.00 (inc VAT)</p> <p>Service Delivery and maintenance of original MIB vehicle £7,000.00</p> <p><b>Total: £112,588.00</b></p> <p><b>[The original vehicle was decommissioned in June 2013]</b></p>	<p>Service Delivery and general maintenance £12,500.00</p>	<ul style="list-style-type: none"> <li>Improving the resilience, future health and well being and enabling service users/groups/communities to contribute to their full potential in society, through early intervention and prevention.</li> <li>Evidence of reduced prevalence's in smoking, substance misuse, teenage pregnancies, STI's, prescribing of anti-depressants and cardiovascular disease medications i.e. statins. Reduced incidences of crime and disorder.</li> <li>Increased prevalence's in breastfeeding, healthy weight, physical activity. Improved mental health, well being and community spirit and cohesiveness.</li> </ul>	<p>Procurement of new MIB vehicle, expected delivery date week beginning 24/03/2014</p> <p>Progress to be measured as part of LDP process</p>

Programme	Expenditure 2013/14	Planned expenditure 2014/15	Outcome Measures	Progress on Outcome Measures
<p><b>Keep Well Programme</b></p> <p>The national inequalities programme provides a programme of targeted cardiovascular health checks. The programme focuses on those who are at greatest risk of preventable ill health because of their life circumstances. The target populations are:</p> <p><b>Core Group: individuals aged between 40-64 years of age</b> including Carers, who are not already included in practice based stroke, diabetes or coronary heart disease registers and are assessed as deprived and/or at risk.</p> <p><b>Vulnerable Groups: individuals aged between 35-64 years of age</b> who are at risk of increased cardiovascular disease – South Asian ethnic subgroups; Black and Afro Caribbean ethnic subgroups; Those affected by substance misuse; Offenders; Gypsy Travellers; People who are homeless. Supporting patients through referral and sign-posting to a range of health and non health services.</p>	<b>Total £446K</b>	<b>Total £436K</b>	<p><b>National Indicator 1:</b> Number of people who attend appointments expressed as a percentage of the local target</p> <p><b>National Indicator 2:</b> Number of first health checks undertaken for carers, expressed as a percentage of the local target</p> <p><b>National Indicator 3:</b> Number attending for a health check with an ASSIGN risk score <math>\geq 20\%</math>, expressed as a percentage** of first and review health checks</p> <p><b>National Indicator 4:</b> Number who had at least one new chronic disease problem identified within 3 months of their most recent health check, expressed as a percentage of total health checks.</p> <p><b>National Indicator 5:</b> Number of patients who have been referred from Keep Well health check providers to internal and external services and who attend those services on at least one occasion, expressed as a proportion of first and review health checks</p>	NHS Grampian continues to be ahead of its trajectory of Health Checks and has already achieved our target of 1,500 for the year 2013-14

Programme	Expenditure 2013/14	Planned expenditure 2014/15	Outcome Measures	Progress on Outcome Measures
<p><b>Football Fans in Training Weight Management Programme for Men</b></p> <p>Many men are overweight or obese, but men are reluctant to join existing weight loss programmes. Professional football clubs, with their large, mainly male, fan base, have the potential to attract and support men to lose weight and live more healthily. Scottish Premier League (SPL) clubs, supported by the SPL Trust, The Football Pools and Scottish Government, provided the staff and facilities to deliver a gender-sensitive weight loss and healthy living programme for men aged 35-65 years. This programme is called Football Fans in Training (FFIT) and men who take part in it attend 12 weekly group sessions at the SPL club that they support.</p> <p><b>Active for Life</b> Generic exercise for people with long term conditions, (including older people) whilst providing advice on Improved Health and Well Being</p>	£11,000	£30,000	<ul style="list-style-type: none"> <li>Sustained weight loss &gt;5% within this specific group and self reported life style benefits</li> <li>Process evaluation around delivery and method</li> <li>Improved mobility/fitness levels and self reported improved well being</li> </ul>	<p>Courses still to run, but have proved successful in sustained weight loss and improved quality of life in other parts of Scotland and is the subject of a randomised control trial through a consortium of Universities led by Glasgow University</p> <ul style="list-style-type: none"> <li>Two courses currently being delivered.</li> <li>Pre/post questionnaires plus monitoring data.</li> </ul>