NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session on Tuesday 3 December 2013 at 10.00am in Committee Room 5, Woodhill House, Westburn Road, Aberdeen

Present

Cllr Bill Howatson  Chairman
Mr David Anderson  Non-Executive Board Member
Mr Raymond Bisset  Non-Executive Board Member
Mr Richard Carey  Chief Executive
Cllr Barney Crockett  Non-Executive Board Member
Dr Roelf Dijkhuizen  Medical Director
Mrs Sharon Duncan  Non-Executive Board Member
Mr Alan Gray  Director of Finance
Professor Mike Greaves  Non-Executive Board Member
Mrs Jenny Greener  Non-Executive Board Member
Mrs Linda Juroszek  Non-Executive Board Member
Mrs Christine Lester  Non-Executive Board Member
Dr Lynda Lynch  Non-Executive Board Member
Mr Terry Mackie  Non-Executive Board Member
Mr Charles Muir  Non-Executive Board Member
Mr Jonathan Passmore  Non-Executive Board Member
Sir Lewis Ritchie  Director of Public Health
Cllr Anne Robertson  Non-Executive Board Member
Mr Mike Scott  Non-Executive Board Member
Mrs Elinor Smith  Director of Nursing and Quality

By

Ms Lorraine Currie  Strategic Co-ordinator of Child Health (item 6.1 only)
Invitation

Mrs Laura Dodds  Public Involvement Manager (item 6.1 only)
Dr Jim Ferguson  A&E Consultant (item 7.1 only)
Mrs Laura Gray  Director of Corporate Communications/Board Secretary
Dr Simon Hilton  Consultant in Public Health Medicine (item 6.1 only)
Dr Annie Ingram  Director of Workforce
Ms Kate Livock  Project Manager, Unscheduled Care (item 7.1 only)
Mr Graeme Smith  Director of Modernisation
Dr Susan Webb  Deputy Director of Public Health (item 6.1 only)

Attending

Miss Lesley Hall  Assistant Board Secretary
Mrs Glenys Wells  PA, Board Secretariat

Item  Subject

1  Apologies

Apologies were received from Councillor Stewart Cree and Dr Pauline Strachan.
2 Verbal Updates

- Chairman
  The Chairman advised that the Queen’s visit to the opening of the Emergency Care Centre on 1 October 2013 had gone very well. The response from the Scottish Government to the Annual Review on 7 October 2013 had been positive. He was pleased to report that Jim Morrison, a volunteer with NHS Grampian, had won Volunteer of the Year at the Scottish Health Awards. He advised that the second NHS Grampian GRAFTAS Award Ceremony had been an excellent evening, with winners from all parts of the service. The recent Public Forum meeting had focused on Infection Control. He had participated in a Scottish Government meeting on governance and accountability relating to Health and Social Care Integration. He advised that there had been a ceremony to hand over the keys to the Aberdeen Health and Social Care Village the previous day. This was the first building in Grampian built under the Hub initiative and would see the first patients being treated on 10 December 2013. The facility would reduce backlog maintenance by the vacation of clinics at Denburn and Woolmanhill. He advised that the official opening would be during 2014 and Mrs Gray reminded Board members of opportunities for staff and public to visit the new facility on 6 and 7 December 2013.

- Chief Executive
  Mr Carey advised of considerable interest from other Boards in the NHS Grampian work around unscheduled care, which would feature later in the agenda. He advised of a recent well-received presentation at a national conference. He had attended an event on SHARE which was a new NHS Research Scotland initiative created to establish a register of people interested in participating in health research. He encouraged Board members to become involved. He advised that Prof Michael Bliss had opened the new JJR Macleod Centre for Diabetes, Endocrinology and Metabolism at the David Anderson Building, in memory of the Nobel Prize-winning scientist who had helped discover insulin. Mr Carey cited this as an example of Grampian’s track record in innovation. He had also attended an excellent annual substance misuse conference hosted by NHS Grampian.

3 Minutes of Meetings held on 30 September and 5 November 2013

The minutes were approved as an accurate record.

4 Matters Arising

There were no matters arising.

5 Patient Story

Mrs Smith and Sir Lewis introduced a DVD presentation that linked to the Child Health 2020 item next on the agenda. The messages from service users and families emphasised the importance of team working, compassion and clinical care. The use of different media to present patients’ views was welcomed and Mrs Laura Dodds was commended for her work to produce the DVD.
Improving Health, Wellbeing and Reducing Inequalities

6.1 Child Health 2020 (Risks 610, 851, 853, 1134, 1262)

Dr Hilton provided an overview, recapping on the local and national context. He explained the public consultation process and stakeholder involvement in developing the Strategic Framework and Action Plan. He advised of a workshop on 17 September 2013 that had brought together a wide group of staff and partners who had affirmed the following six themes:

- Putting children, young people and their families at the heart of what we do
- Acting early and intervening at the right time
- Safe and sustainable services
- Integration and partnership
- Workforce, education and training
- Knowledge and evidence

The Action Plan aimed to turn the goals into nine high level actions with more detailed requirements and outcomes.

Dr Hilton advised that the Action Plan was already being progressed and that it was necessary to continue to make improvements.

Workforce had been identified as a risk. Ms Webb explained that national recommendations about health visitors and school nurses were expected in 2014 and these would be taken forward locally to ensure that the right number of staff was focused on the right issues. Dr Ingram stressed the need to work with partners to build the workforce capacity required for the future, although these requirements were not clear. In response to a concern raised, Mrs Webb advised that the integration of health and social care was very important and that NHS Grampian worked with Community Planning Partnerships regarding the Early Years Collaborative. She acknowledged that further work was required to ensure staff were supported particularly when working in partnership with other agencies.

Mr Bisset stressed the importance of a stable family structure which appeared to be a missing theme. Mrs Smith advised that NHS Grampian would be in the third wave of the national Family Nurse partnership model, which included supporting teenage mothers. Dr Hilton advised that parenting featured in the Early Years Collaborative and was a key part of the action plan.

Dr Hilton advised that it was necessary to obtain ongoing feedback from patients and families for example relating to isolation particularly when having to travel outwith Grampian for treatment. There was provision in the action plan to balance the need for travelling against the best place for the provision of treatment.

The Board was advised that there would be links to other programmes, for example substance misuse, to ensure joined up working.
Mr Passmore felt that child protection, which was at the heart of the design of services, needed to be highlighted. Sir Lewis acknowledged the requirement for a more explicit statement on child protection.

Sir Lewis explained that an early task for the Programme Board that was being set up was to define its remit. He advised that resources were of paramount importance and it was necessary to ensure resource was coordinated and wisely spent.

Mrs Duncan commended the team on a robust consultation and stressed the need to ensure that staff and management of child health services had plans that were workable. She urged the continuation of multi-agency working to make progress.

Cllr Crockett reported on the demographic changes affecting Aberdeen City and the challenges faced by the Board as a result. Cllr Robertson suggested it was necessary to challenge partners to take some responsibility to deliver this important strategy.

Sir Lewis thanked the Non Executive Board members in particular for their contribution to the discussion at the meeting and sought their continuing involvement. He stressed that the Programme Board would be important for identifying timescales, priorities and refining the Action Plan for this hugely ambitious programme. Dr Lynch emphasised the critical role of the Programme Board and requested that it ensured the actions in the Action Plan were specific, measurable and had timescales identified. Sir Lewis agreed with this. He advised that the Programme Board would be accountable to the Board and therefore the revised Action Plan would be brought back to the Board at an appropriate time.

The Chairman asked for expressions of interest from Non Executives to act as a champion to promote Child Health 2020 and to be a member of the Programme Board.

The Board:

1. Approved the Child Health 2020 strategic framework
2. Approved the outline Action Plan as part of the framework
3. Supported the initiation of a Programme Board under the chairmanship of the Director of Public Health

7 Delivering High Quality Care in the Right Place

7.1 Unscheduled Care Update (Risk 851)

Mr Smith welcomed Dr James Ferguson, A&E Consultant and National Clinical Lead for Telehealth and Telecare, and Ms Kate Livock, Project Manager, to the meeting. He introduced the item which provided an update on the implementation of NHS Grampian’s Unscheduled Care Programme and aimed to assure the Board of progress.
Annex 1 of the paper set out the approach to unscheduled care and identified
the five elements of the approach: self care/management, unscheduled care
advanced clinical practitioners, real time decision support, action/follow through,
and re-enablement/discharge.

Mr Smith advised that NHS Grampian, along with other Boards, had submitted a
Local Unscheduled Care Action Plan to the Scottish Government at the end of
June 2013. The submission had included a bid for additional funding to
implement the plan. The allocations for the current and subsequent two years
would support a range of improvements and developments, including the Winter
Plan for 2013/14 approved by the Performance Governance Committee on 15
November 2013, a summary of which was given in Appendix 3.

Mr Smith advised that NHS Grampian's approach to unscheduled care was
going well and attracting interest nationally and internationally. A significant
change, already proving successful, was the new clinical decision support
service which had started on 2 September 2013. There was a focus for
innovation including the development of an electronic clinical assistant in
partnership with Samsung to provide information and video links via a mobile
tablet. The approach to unscheduled care has a strong impact on the whole
system, including the conversion of many cases to planned care, with links to the
No Delays concept and whole service redesign in respiratory medicine and
gastro-intestinal services. Links were also being made to transformation in
primary care and the integration of health and social care.

Ms Livock advised that a full progress review of all the actions in the
unscheduled care action plan was being developed and would be presented to
the Cross System Performance Review later in December 2013. She
summarised the various aspects of the programme including the Urinary Tract
Infection (UTI) Pilot, where 10 community pharmacies were managing the care
of self presenting patients with non complex UTI. She explained the increased
focus around a multi-disciplinary team approach to the development of
anticipatory care plans. Progress was being made with developing advanced
clinical practitioners, including physician assistants and advanced nurse
practitioners, to enhance sustainability of services. She advised of progress with
e-booking in the Banff and Buchan area and the Aberdeen City Minor Injury Unit
in the Emergency Department at ARI. The Intelligent Bed Placement Model,
which ensured that access to inpatient beds was based on clinical need, had
been introduced in ARI in December 2012 and then rolled out across Dr Gray's
Hospital and community hospitals. She pointed out the importance of health and
care staff having re-enablement skills to ensure patients were supported into
self-care and self-management where possible. She also stressed that the three
local partnership areas and the third sector were working to support the large
cohort of unpaid carers in Grampian.

Dr Ferguson advised of progress with the clinical decision support service
situated above the Emergency Department in the Emergency Care Centre. The
aims were to measure in a clinical way how resources were being used and to
prevent patients being sent to hospital "just in case". He advised that admission
was often the default and around 25 – 33% of patient admissions in Scotland did
not benefit from being in hospital. At present there was a limited service and
most contacts were from GPs and paramedics. It was hoped to expand the current system with the potential to include the prison service and the oil industry.

Dr Dijkhuizen emphasised the next step for unscheduled care was to organise NHS, local authority and community resources to provide a person-centred service. Training and educating the wide-ranging clinical workforce was very important, as was teambuilding across different organisations. He stressed the importance of the clinical decision support service and the need to develop the quality of the service before addressing quantity, to ensure it was an exemplary service.

In response to queries from Board members, Dr Dijkhuizen advised that GPs were using decision support on an individual basis and a number of practices were interested in a training programme. He stressed that new technology was useful but changes to anticipatory care were helped by real-time contact which could be facilitated by using telephones. Replacing face to face contact with technology would not work as healthcare was a service provided by people to people. He advised that the aim was not to keep patients out of hospital but to ensure that admissions were appropriate. Sir Lewis advised that anticipatory care planning had demonstrated a reduction in acute hospital admissions.

The chairman asked for regular updates on progress to be provided to the Board.

The Board noted the update on the implementation of the approach to unscheduled care contained in the paper and appendices presented.

7.2 Healthcare Associated Infection Report

Dr Dijkhuizen presented the report and advised of reduced infections contracted in hospital settings, with patients admitted with septicaemia rather than contracting it in hospital. He advised that there were seven requirements and seven recommendations being taken forward following the four recent Healthcare Environment Inspections at Aberdeen Maternity Hospital (AMH). The Chief Executive was chairing regular meetings to ensure that actions were followed up.

The Board noted the report.

8 Reports

8.1 Clinical Governance Committee

Mr Muir advised that the Committee had received reports on the Grampian Nutritional Care Group and the Learning Disability Service and had been reassured by the work being done and were keen for the services to keep up the momentum. The Committee was also assured that NHS Grampian was prepared to meet all the requirements around medical revalidation. He advised that the Committee was well sighted on the HIS Healthcare Environment Inspections at AMH and would monitor progress of the action plan.
The General Manager, Acute, had described the Exemplar programme. Mr Carey advised that he was chairing a group that was working through the action plan and would provide the necessary assurances to the Committee that actions were being implemented and issues being addressed. The Committee had recommended items for wider discussion at Board Seminars.

**The Board noted the report.**

### 8.2 Grampian Area Partnership Forum

Mrs Duncan advised that the results of the national staff survey were due on 9 December 2013 and that she was recording her disappointment at the limited time being given by the Government for responding to the results. She expressed concern at the ongoing underfunding for Grampian under the NRAC resource allocation which she felt was detrimental to staff, the organisation and patients. She felt that continued underfunding would destabilise the system in Grampian. The Board noted that Mr Carey and Mr Gray were in dialogue with Government colleagues pressing to move towards NRAC parity.

**The Board noted the report.**

### 8.3 Performance Governance Committee

The Chairman advised that Delayed Discharges had been a major topic of discussion by the Committee on 15 November. Cllr Robertson said that that she would be happy to discuss specific issues with Social Work colleagues in Aberdeenshire Council. Cllr Crockett advised of staffing pressures and difficulties getting staff because of the high cost of living in Aberdeen.

**The Board noted the report.**

### 8.4 eHealth Committee

Mr Carey highlighted the main points from the report, advising of progress with the Patient Management System (PMS) and of the forthcoming major piece of work to replace Windows XP and migrate existing PCs to a new operating system.

**The Board noted the report.**

### 8.5 Staff Governance Committee

The Committee report covered a number of issues similar to those in the GAPF report. Work was ongoing to improve performance relating to eKSF objective-setting and personal development plan (PDP) completion. The results of the Dignified Workplace management standards audit had been fed back to staff and would be developed into an action plan to be developed in partnership.

**The Board noted the report.**
8.6 Area Clinical Forum

Mrs Juroszek explained that the advisory structure had been involved in the consultation on Child Health 2020 and was supportive of the strategic document. There was recognition of the need to focus on the wider contractor groups within primary care. She drew the Board’s attention to two national strategic documents for developing services using pharmacy and optometry contractors in primary care: A Prescription for Excellence and The Scottish Vision Strategy 2013 – 2018.

With regard to concerns raised by the ACF about the ability of the organisation to attract senior clinical medical staff, GPs and nurses, Professor Greaves asked about the possibility of proleptic appointments and market supplements. Dr Ingram assured the Board that work to address recruitment issues was in progress and a report would be taken to the next Remuneration Committee in March 2014.

The Board noted the report.

8.7 Endowment Committee

Mr Bisset invited all Board members, as Trustees of the Endowment Funds, to any meeting of the Committee and particularly the Annual General Meeting. He advised that the investment portfolio was performing well. The Committee had noted the issues and risks associated with consolidating the financial statements for the NHS Grampian Endowment Funds with those of NHS Grampian Board, which Mr Bisset highlighted in the Committee report.

The Board noted the report.

8.8 Patient Focus and Public Involvement Committee

Mrs Lester was pleased to present the first PFPI Committee report to the Board, advising that the Committee was considering changing its name to more accurately reflect the current agenda. The Committee had welcomed the establishment of the NHS Grampian Youth Forum which had a successful pilot meeting in September 2013. The next Committee meeting would spend more time discussing patient involvement and feedback. Representatives from the Board and senior staff had attended useful national masterclasses on feedback.

The Board noted the report.

9 Items for Noting

9.1 Clinical Governance Committee – 2 August
9.2 Aberdeenshire CHP – 10 June
9.3 Grampian Area Partnership Forum – 21 August, 18 September and 29 October
9.4 eHealth Committee – 9 August
9.5 Spiritual Care Committee – 13 September
9.6 Performance Governance Committee – 17 September
9.7 Area Clinical Forum – 18 September
9.8 Aberdeen City CHP – 30 August and 27 September
9.9 North of Scotland Planning Group – 16 October
9.10 Patient Focus and Public Involvement – 21 August
9.11 Staff Governance Committee – 20 August
9.12 Endowment Committee – 24 September
9.13 Chief Executive Letters received since 19 September 2013

10 AOCB
There was none.

11 Date of Next Meeting
Friday 17 January 2014 (Seminar)

Signed ............................ Date ............................
Chairman ............................ 7.11.2013