NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
at 10.30 am on 2 June 2016
CLAN House, Westburn Road, Aberdeen

Present
Professor Stephen Logan  Chairman
Mr David Anderson  Non-Executive Board Member
Mr Raymond Bisset  Non-Executive Board Member
Cllr Stewart Cree  Non-Executive Board Member
Ms Amanda Croft  Director of Nursing, Midwifery and Allied Health Professions
Dr Nick Fluck  Medical Director
Mr Alan Gray  Director of Finance/Deputy Chief Executive
Professor Mike Greaves  Non-Executive Board Member
Cllr Martin Kitts-Hayes  Non-Executive Board Member
Dr Lynda Lynch  Non-Executive Board Member
Mr Terry Mackie  Non-Executive Board Member
Dr Helen Moffat  Non-Executive Board Member
Mr Jonathan Passmore  Non-Executive Board Member
Mr Malcolm Wright  Chief Executive

By invitation
Mr Sean Coady  Interim Head of Primary Care, Child Health and Prevention (Item 9.4)
Mrs Laura Gray  Director of Corporate Communications/Board Secretary
Dr Annie Ingram  Director of Workforce (from Item 8)
Miss Jenny McNicol  Head of Midwifery (Item 9.3)
Mr Stan Mathieson  Project Director, Property & Asset Development (Item 9.2)
Dr Emma Metcalfe  Speciality Doctor, Gastroenterology
Mr Gary Mortimer  Director of Acute Services
Mr David Pfleger  Director of Pharmacy and Medicines Management (Item 9.4)
Mr Graeme Smith  Director of Modernisation
Mrs Susan Webb  Interim Director of Public Health

Attending
Mrs Alison Wood  PA/Minute Taker

Item  Subject

1  Apologies

Apologies were noted from Mrs Rhona Atkinson, Cllr Barney Crockett, Mrs Sharon Duncan, Mrs Christine Lester and Mr Eric Sinclair.
2 Declarations of Interest

Mr David Anderson advised that Item 9.4 Delivering Sustainable Primary Care Access to Dispensed Medicines in NHS Grampian included his local medical practice.

3 Chairman’s Welcome and Introduction

The Chairman welcomed everyone to the meeting, in particular Dr Emma Metcalfe, Speciality Doctor, Gastroenterology, who was shadowing Dr Fluck. The Chairman provided highlights of the period since the last Board meeting. These included a volunteer thank you event at High Hilton Church when over 100 volunteers attended. He acknowledged the support NHS Grampian had received from volunteers, some of whom had been involved for over 35 years.

The Chairman had attended the official opening of the original MRI scanner which had been relocated to the Suttie Space at Aberdeen Royal Infirmary (ARI). The Lord Provost had visited the Robertson Family Therapeutic Roof Garden and Sandpiper Sanctuary at ARI and he had acknowledged the contribution these facilities made to patient care. The Chairman acknowledged that hard work of Rev James Falconer, Healthcare Chaplain and Mrs Laura Gray who had done a lot of the gardening work and also had provided tours for colleagues.

Other highlights included the first meeting with the new MSPs and existing MPs where there had been discussions on the clinical services strategy, the cleft lip and palate consultation and GP recruitment in Aberdeenshire. The Chairman had opened the 5th annual Quality and Safety in Healthcare Event on 23 May. Over 200 people had attended the event and heard from the main speaker, Dr Ed Coats, who explained how human behaviour impacted on teams and their performances.

The Chairman and senior management had met over 20 new Consultants and senior medical staff at a senior medical staff induction event on 31 May.

4 Chief Executive’s Report

Mr Wright presented his report which highlighted a range of issues including details of important meetings and events attended.

He congratulated Mr Gary Mortimer on his recent appointment as Director of Acute Services, a role he had previously undertaken on an interim basis.

Mr Wright welcomed the announcement from Shona Robison, Cabinet Secretary for Health and Sport, that Aberdeen would be one of the sites for a Major Trauma Centre (MTC).

Other topics which were highlighted included:-
- Band 1 Review
- Healthy Working Lives Awards
- Nursing, Midwifery and Allied Health Professions (NMAHP) Leaders Forum
- Scotland’s first NHS shop on the Foresterhill Campus
5 Minute of Meeting on 7 April 2016

The minute was approved.

6 Matters Arising

Item 7 Winter Plan – It was advised that a debrief would be presented to the Board meeting to be held on 28 June.

7 Local Delivery Plan 2016/17 including Finance Plan, Asset Management Plan and Health Transport Action Plan

Mr Gray advised that the Local Delivery Plan (LDP) set out the responses to key priority areas towards the delivery of the national 2020 vision for health and social care and NHS Grampian’s Healthfit 2020.

The strategic priorities were:
- Health Inequalities and Prevention
- Antenatal and Early Years
- Person Centred Care
- Safe Care
- Primary Care
- Integration
- Mental Health
- Community Planning

The work of the Integration Joint Boards (IJBs) was acknowledged.

NHS Grampian’s core revenue allocation uplift for 2016/17 had been confirmed at 1.7% of the Revenue Resource Limit (RRL). A base funding uplift of £14.1m, plus the additional move to NHS Scotland Resource Allocation Committee (NRAC) funding formula, meant £29.1 million of increased funding. Significant new investment was to be provided by the Scottish Government to support better social care outcomes. It was assumed this funding would be transferred in its entirety to the three Integration Joint Boards.

The Asset Management Plan confirmed that NHS Grampian would spend £300 million over the next 5 years on capital projects. The main areas would be:
- Investment in infrastructure consistent with the strategic health priorities.
- Reduction in high and significant risk backlog maintenance in clinical areas and compliance with statutory requirements.
- Replacement of essential equipment.
- Disposal of assets declared surplus to requirements.

The aim of the Grampian Health Transport Action Plan was to enable providers of transport, health and social care services to work together in a more co-ordinated manner in order to improve outcomes and efficiency of service delivery. The plan demonstrated where partners would work across boundaries and sectors towards
common aims.

Discussions were heard around the challenges. The Board was assured that progress was being made with recruitment and new investment eg to Major Trauma Centre would impact positively on recruitment.

The Board confirmed commitment to achieving full financial balance. It was important to demonstrate that resources were being used in the best manner to meet changing priorities. It was confirmed that reports would come to the Board on Mental Health, Detecting Cancer Early and Antenatal services to provide more details on these topics. The importance of considering rural inequalities was emphasised. The Board noted this was considered as part of Community Planning.

Following consideration, the Board approved the:
- Local Delivery Plan
- Asset Management Plan
- Grampian Health Transport Action Plan

Local Delivery Plan 2015/16 Chapter – Antenatal and Early Years

Mrs Webb presented the update on Antenatal and Early Years.

She advised that the most effective time to intervene to reduce inequalities in health was in early life with an emphasis on the under 4s. An update was provided on the following six programmes.

- Early Antenatal Access – The booking appointment enabled the midwife to assess the needs of the pregnant women and put in place high quality antenatal care with a focus on prevention, promotion of health and early intervention. The maternity service in Grampian achieved a consistently high rate of women booking before 12 weeks gestation and met the target across all deprivation categories.
- Breastfeeding – The evidence suggested that the best health benefits came from breastfeeding being maintained for the first six months of the baby’s life. While there was no longer a national target, NHS Grampian had retained a performance measure which featured in the range of quality measures for the Maternity Strategy. There had been an increase of around 4% in Grampian.
- Healthy Start – In Grampian the current focus was to increase the uptake of the Healthy Start vitamins. It had just been announced that from next year this would be available to all mothers.
- Early Years Collaborative (EYC) – This is a multi-agency quality improvement programme to transform early years by testing and scaling up successful new ways of working to improve outcomes for children and families. A local North of Scotland Learning Session was to take place in September 2016. NHS Grampian would then be able to refresh its approach and revisit priorities.
- Family Nurse Partnership (FNP) was a voluntary home visiting programme for first time young mums aged 19 years and under. Regular visits were undertaken by a specially trained family nurse until the child was two. A team of 7 nurses covered the whole NHS Grampian area with 125 young mothers supported in the first 12 months of the programme. The midyear review with the national unit went well, with the first annual review due in the near future.
• Children & Young People (Scotland) Act 2014 Implementation – There was to be an update on the range of work that had been undertaken at the NHS Grampian Board Seminar in September 2016. The Child Health 2020 Programme Board would identify successes and challenges at operational level.

The Board:
• Endorsed the NHS Grampian contribution to the key Government priority of early years to achieve the vision of making ‘Scotland the Best Place to Grow Up’.
• Noted the focus of a future Board Seminar on Child Health.

9 Strategic Items

9.1 Clinical Strategy

The clinical strategy was to provide renewed clarity of direction for the health system and for NHS Grampian` role in the North of Scotland. The strategy would be used to guide future development and change together with the Moray, Aberdeenshire and Aberdeen City Integration Joint Boards` (IJBs`) strategic plans, the North of Scotland clinical strategy and the national clinical strategy.

There had been wide engagement with staff, partners and the public which had also included discussions with the clinical advisory committees, Grampian Area Partnership Forum (GAPF), regular Board seminars and senior clinicians and managers. The consultation draft strategy would be shared widely to ensure feedback was received. The strategy had been developed in a changing environment with a shared strategic intent across the North of Scotland.

It was important to ensure that the health contribution to the health and social care system was focused and organised effectively for the key strategic priorities of:
• Prevention
• Self Management
• Planned Care
• Unscheduled Care

The engagement process had identified the need for a balanced approach to change across all of the priorities, noting that they were highly connected and to progress in one would significantly influence the others.

It was important to share information about treatment and care across the system with a number of different agencies.

The value of involving staff in the preparation of the strategy was demonstrated by the level of support for the themes and enabling actions. The Board was assured that further conversations would be held with staff to ensure the feedback was properly reflected in the strategy. The views and ideas obtained during the engagement process had stimulated a renewed approach to the way change was supported by coordinating quality improvement, innovation and research. A Quality Hub had been established to support, facilitate and contribute to the health and social care system in the North East of Scotland. An Innovation Hub had also been established to support and develop innovation, working with the Universities and the business community to create a
network aimed at creating wider support for innovation in health.

Concern was raised around the sharing of information between the various agencies as there were IT issues to be overcome.

A draft clinical strategy based on the feedback from the engagement process, was being prepared. This would be shared with the advisory committees, management structures and GAPF to ensure that if reflected the advice received and to ensure wide support for the implementation of the strategy. The final draft was to come back to the Board in October 2016. An Improvement Programme, which outlined the key actions for implementation, was being formulated by the Senior Leadership Team.

There was broad agreement for the future direction of NHS Grampian and the need to make transformational change in the delivery of health care.

The Board:

- Noted the progress with the engagement process for the development of the clinical strategy and the key emerging themes.
- Endorsed the development of a clinical strategy consultation draft based on the emerging local themes, feedback gathered during the engagement process, the National Clinical Strategy and the three strategic plans approved by the Integration Joint Boards.

9.2 Inverurie Health and Care Hub and Foresterhill Health Centre Full Business Case

The Outline Business Case (OBC) for the Inverurie Health and Care Hub and the relocation of Foresterhill Health Centre had been approved by the Grampian NHS Board in August 2015 and the Scottish Government Health and Social Care Directorate in September 2015. The Full Business Case (FBC) was now presented to the Board. Key considerations included revenue finance, affordability/value for money and stakeholder involvement. Local communities and public and patient representatives had been involved in shaping the services to be provided at a number of key stages through the project lifecycle. Councillor Kitts-Hayes advised he was delighted to support the business case which would be welcomed in his local community.

The Board approved:

- The Full Business Case for Inverurie Health and Care Hub and the relocation of Foresterhill Health Centre.
- Delegated authority to the Chief Executive and the Director of Finance to finalise all outstanding matters and sign the contract documentation at financial close.

9.3 Patient Stories – Aberdeen Maternity Hospital

Ms Croft and Miss McNicol, Head of Midwifery, presented a paper on how complaints about care in Aberdeen Maternity Hospital (AMH) had been used to support staff to deliver care in a more person-centred and compassionate way. AMH had received a lengthy complaint from a new mother who had given birth in December 2014. Staff invited the mother to come and talk about her experiences. As a result other mothers who had similar distressing experiences came forward to have their voices heard.
agreed to be recorded telling stories about their experiences. This was then shared with staff at learning events. These had a significant impact and made staff think differently about how they act and behave. It was considered an opportunity to learn and improve care.

The Board noted how complaints about care in Aberdeen Maternity Hospital (AMH) prompted the collection of patient stories and how these stories were then used to support staff to deliver care in a more person-centred and compassionate way.

9.4 Delivering Sustainable Primary Care Access to Dispensed Medicines in NHS Grampian

The Board considered the position where in some parts of rural Scotland general practitioners (GPs) dispensed medicines to their own patients who were unable to secure the services of a community pharmacy. In 2015 the Board had agreed to conduct a review of general practice dispensing across Grampian, to ensure that, where a practice had been asked to dispense, this was in line with existing regulations. NHS Grampian had nine dispensing practices.

A comprehensive communication and involvement plan had been developed. It was important to ensure that all stakeholders had the opportunity to express their views and that those would be considered by the Review Group before any recommendations were developed.

The Board made suggestions about the consultation process and the format of the Review Group. It was proposed that the Review Group responded to all requests for groups and individuals to make representations or presentations. Clear guidelines would be produced to ensure that the process was fair and transparent to all. The time required for the Review Group to meet and the administration required to support its function could be affected by the number of representations, which could affect the overall timeline. The recommendations of the Review Group would be provided to those who provided submissions and made representations or presentations.

There would be a 90 day consultation period which would commence in July with information on social media. Surveys and information would be shared with the local communities and stakeholder groups. It was agreed that a supplementary paper on the consultation process would be taken back to the Board meeting on 28 June 2016.

1. The Board accepted the recommendation of the Primary Care Integrated Management Group (PCIMG), having taken advice from the Area Pharmaceutical Committee (APC) and the GP Sub Committee, that the practices of Strathdon, Glenlivet and Rinnes at Tomintoul should continue to be required by NHS Grampian to dispense for all of their registered patients living within their agreed practice boundary.

2. The Board agreed to the proposed review for the six remaining dispensing practices in Grampian i.e. Portlethen, Skene, Rhynie, Gardenstown, Udny Station and Auchenblae, to determine which patients of each of these practices, continue to have a serious difficulty in accessing prescribed medicines and appliances from a pharmacy as defined in the National Health
Service (General Medical Services Contracts) (Scotland) Regulations 2004
Paragraph 44 of Part 3.

3. The Board agreed that a supplementary paper was to be brought to the Board meeting on 28 June in relation to the consultation process to be undertaken, prior to confirming the official launch of the consultation on 4 July 2016.

10 Operational Business

10.1 Performance Report

Mr Gray provided an update on NHS Grampian`s performance for April 2016. The Performance Governance Committee had considered the performance position in detail.

The backlog of patients who had waited more than 12 weeks for an outpatient appointment was 4,474 which was below the target of 4,819. This represented a significant reduction from the number of patients who had been waiting at the end of October 2015. A redesign of outpatient pathways was ongoing due to the gap between capacity available and demand. The Board members were advised that the percentage of “Did Not Attend” patients (DNA) was 7%. Consideration should be given to ensure that patients who had to travel a distance did not receive early morning appointments.

Progress continued to be made in improving performance against the national cancer access standards. The 31 day standard was now being delivered. However, the 62 day standard remained a challenge.

The delayed discharge position had been maintained but now that winter was past there was an expectation that numbers would reduce. Patient flow within acute hospitals had also been maintained, with performance against the 4 hour A & E standard around 95% in most weeks.

Delivery of the access standard for Child and Adolescent Mental Health Services (CAMHS) therapies remained a challenge because of staffing levels due to vacant posts. The service had looked at redesign options and had developed actions with key partners. A national task force was to look at the issue. NHS Grampian was also investigating the work undertaken by other Boards.

The Board reviewed and noted the performance report for April 2016 and the actions being taken to address those areas where performance was not in line with agreed trajectories.

10.2 Healthcare Associated Infection (HAI) Report

Mrs Croft presented the report which provided a visual summary of NHS Grampian`s position compared to the rest of Scotland shown as Red, Amber and Green (RAG).

She had presented an Improvement Plan to the Clinical Governance Committee for Clostridium difficile infection (CDI). There was a slight rise in Staphylococcus aureus bacteraemia (SAB) which was being discussed at the Infection Control Committee.

The Board noted the content of the summary bi-monthly HAI Report.
10.3 Workforce Update – 31 March 2016

Dr Ingram presented the Workforce Update to March 2016. She highlighted that the overall headcount of staff in NHS Grampian had remained the same as the previous quarter at 14,442. Two thirds of the NHS Grampian budget was spent on workforce. There had been an increase in stability which highlighted that staff were remaining in NHS Grampian and moving internally. This had been assisted by collaboration between the Universities and NHS Grampian, together with the downturn in the local economy. In 2015/16 there had been a 15% increase in applications with 50,237 received. Recruitment of Nurses and Midwives, especially Bands 5 and above, remained a challenge. The number of Band 5 to 9 Nursing and Midwifery vacancies had increased to 324.9 whole time equivalents (wte) compared to 288.3 wte the previous quarter. The Board was advised that work was ongoing between Dr Ingram and Mrs Croft to address these challenges. The number of Consultant vacancies had decreased from 39.3 wte last quarter to 34.3 wte. The vacancies within the Allied Health Professionals job family had increased to 71.2 wte from 54.1 wte in the previous quarter. Spending on both medical locum, nursing and midwifery bank and agency spend had increased. Nursing agency spend was £1.98m which was up from £0.9m the previous year. A review had been commissioned on bank staff. Medical agency locum spend was approximately £16m which was £6.7m greater than the previous year.

The Board noted the content of the Workforce Update.

10.4 Standing Financial Instructions (SFIs), Schedule of Reserved Decisions (SORD) and Standing Orders

The revised changes to the Schedule of Reserved Decisions, Standing Financial Instructions and Standing Orders had been considered in full by the Audit Committee at the March 2016 meeting and had been recommended for approval by NHS Grampian Board. It was noted that references to the Legal Advisor required to be amended.

The Board approved the revised Standing Financial Instructions, Schedule of Reserved Decisions and Standing orders.

11 Committee/Forum Reports

The Board noted the following reports and the relevant Committee Chairs highlighted points by exception:

11.1 Audit Committee

Mr Anderson advised that the Committee had discussed the annual internal audit report on the Board’s governance arrangements prepared by PwC, internal auditors. The report identified one medium risk which related to outstanding policy updates. It was important to ensure that the policies were updated. An assurance had been given from management that this would be taken forward this year. The findings from the High Level Review of Clinical Governance Arrangements prepared by Deloitte LLP, external auditors, had been considered. The Committee had been supportive of the key recommendations. It was agreed that the report be passed to the Clinical Governance Committee.
for effective oversight. An annual development session had been held which focused on cyber security and risk governance.

11.2 Performance Governance Committee

Professor Logan advised the Committee had noted that the financial targets had been achieved. Discussions had been held on aspects of performance, community planning and the increased use of social media.

11.3 Area Clinical Forum (ACF)

Dr Moffat advised that the Forum had discussed the Clinical Engagement in Elective Care Centre, Professional Assurance Framework, Clinical Research and the Forum`s constitution. The Board noted the change to the constitution.

11.4 Spiritual Care Committee

The Committee had heard from Myra Kinnaird, Specialist Midwife, on pregnancy loss and the support provided to families, and noted the work of the chaplaincy team. They had received a presentation on the Clinical Services Strategy and an update on Values Based Reflective Practice. The Committee had noted that the Robertson Family Roof Garden was now open to patients, as mentioned in the Chairman`s welcome.

11.5 Clinical Governance

Professor Greaves asked the Board to note the Areas of Achievement and Good Practice. The Committee had the management plan to address areas for improvement identified by the Neonatal Unit. Concerns had been expressed regarding the nursing vacancies in the Acute Sector and Mental Health and Learning Disabilities Service.

11.6 Grampian Area Partnership Forum (GAPF)

The GAPF Away Day in May which, had focused on the Clinical Strategy and Health and Social Care Integration, had been attended by all sectors across NHS Grampian. Over 60 delegates had attended a successful Health and Safety Development Day at which the importance of Health and Safety had been emphasised.

12 Approved Minutes

The Board noted the following approved minutes:

12.1 Area Clinical Forum – 16 March 2016
12.2 Clinical Governance Committee – 19 February 2016
12.3 Performance Governance Committee – 8 March 2016
12.4 Spiritual Care Committee – 25 February 2016
13 Any Other Competent Business

Professor Logan took the opportunity to thank Mr Anderson and Mr Mackie who would be standing down as Non Executive Board members at the end of July. Mr Mackie would not be attending the next Board Meeting and Professor Logan thanked him for his considerable contribution to the work of the Board over the past 8 years.

14 Dates of Next Meetings

Board Meeting (Annual Accounts) – Tuesday 28 June 2016, Summerfield House, Eday Road, Aberdeen
Board Meeting – Thursday 4 August 2016, Woodhill House, Westburn Road, Aberdeen

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