NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
at 10.30 am on 4 August 2016
Committee Room 5, Woodhill House, Westburn Road, Aberdeen

Present

Professor Stephen Logan  Chairman
Mrs Amy Anderson  Non-Executive Board Member
Mrs Rhona Atkinson  Non-Executive Board Member
Dame Anne Begg  Non-Executive Board Member
Mr Raymond Bisset  Non-Executive Board Member
Cllr Stewart Cree  Non-Executive Board Member
Cllr Barney Crockett  Non-Executive Board Member
Ms Amanda Croft  Director of Nursing, Midwifery and Allied Health Professions
Mrs Sharon Duncan  Employee Director/Non-Executive Board Member
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
Mrs Christine Lester  Non-Executive Board Member/Vice Chair
Dr Lynda Lynch  Non-Executive Board Member
Dr Helen Moffat  Non-Executive Board Member (from approx 12.30)
Mr Jonathan Passmore  Non-Executive Board Member
Mr Eric Sinclair  Non-Executive Board Member
Mr Malcolm Wright  Chief Executive

By invitation

Dr Mike Bisset  Regional Medical Director, North of Scotland Planning Group (Item 7.1)
Mrs Laura Gray  Director of Corporate Communications/Board Secretary
Dr Annie Ingram  Director of Workforce
Mrs Gerry Lawrie  Head of Workforce and Development (Item 9.3)
Mr Gary Mortimer  Director of Acute Services
Mr Graeme Smith  Director of Modernisation
Mrs Susan Webb  Interim Director of Public Health
Dr Hamish Wilson  Vice Chairman, Healthcare Improvement Scotland

Attending

Miss Lesley Hall  Assistant Board Secretary
Mrs Alison Wood  PA/Minute Taker

Item  Subject

1  Apologies

No apologies were given but however it was noted that Dr Helen Moffat would be attending later.
2 Declarations of Interest

There were no declarations of interest relating to specific agenda items.

3 Chairman’s Welcome and Introduction

The Chairman welcomed everyone to the meeting, in particular new Non-Executive Board members, Mrs Amy Anderson and Dame Anne Begg, who had been appointed to the Board for a term of four years. Their biographies had been widely circulated and they would both bring wide-ranging experience to the Board.

Professor Logan welcomed Dr Mike Bissett, Regional Medical Director, North of Scotland Planning Group (NoSPG) for Item 7.1 and Dr Hamish Wilson, Vice Chairman of Healthcare Improvement Scotland who was shadowing the Board for the day. He also welcomed 2 medical students from Aberdeen and Canada who were observing the meeting.

The Chairman highlighted events since the last Board meeting. These included a volunteers’ “Thank you” event at Woodend Hospital. The volunteers’ service ranged from one year to over 30 years and he acknowledged their input for the benefit of patients. He had also participated in the appointment process for the General Manager of Facilities and Estates and congratulated Mr Paul Allen on his successful appointment.

Professor Logan had participated in a walkround of Ward 204, acute stroke, which included discussions on the challenges faced when patients were located throughout the hospital and the innovative work to prevent falls. He recommended walkrounds as an excellent way for Board members to meet staff and gain an insight into a wide range of clinical and non-clinical areas.

There had also been a number of national conversations in relation to the EU Referendum with other Chairs, Chief Executives and the Scottish Government. A message had been issued to all staff to assure them how much they were valued and appreciated, whatever their country of origin or ethnicity.

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 advised that the NHS Grampian Local Delivery Plan 2016-17 had been signed off by the Scottish Government and the letter was attached to his report. The actions highlighted would be led and monitored by the Senior Leadership Team.

Mr Wright advised that NHS Grampian was progressing with the requirements for the Elective Care Centre.

Other topics which were highlighted included:
- Person Centred Care
- Senior Medical Staff Induction
- Quality Hub
- Consultation of NHS Grampian Dental Plan
• Partnership working
• Professional Performance – Duty of Candour. Dr Fluck responded to a query about this by advising that work was being taken forward with professional bodies.

5 Minutes of Meetings on 2 and 28 June 2016

The minutes were approved.

6 Matters Arising

There were no matters arising.

7 Strategic Items

7.1 Development of North of Scotland Working and Planning

Mr Smith submitted a paper which summarised the range of North of Scotland planning and service delivery issues. The Board noted that there was a requirement for Boards to engage in joint planning with partner Boards in the North, South East and West regions of Scotland. The paper highlighted the importance of regional planning and service delivery in relation to services which extended beyond individual Board boundaries given the critical mass of activity that was required to sustain some tertiary and specialist services. Regional planning was also important for the development of innovative approaches to service delivery which were sensitive to the geography and population spread in the north. Examples of current joint working and planning were discussed, including:

• Major Trauma
• Elective Care
• Retrieval and Transfer
• Oncology
• Upper Gastro-intestinal Surgery
• Joint Working with NHS Highland

In relation to the development of a regional clinical strategy, it was agreed that this should be formulated in the context of the National Clinical Strategy, NHS Grampian’s clinical strategy and the strategic plans of the Health and Social Care Partnerships (HSCPs). NHS Grampian and its partners required to work together to ensure a consistent and coordinated approach and to create clarity of direction for both staff and the public.

Dr Bisset, Regional Medical Director, North of Scotland Planning Group, provided advice on some of the key service and infrastructure issues that a regional clinical strategy should take into account. The advice from the NHS Grampian Board was that a regional strategy should have a clear regional focus and concentrate on issues that would support the development and sustainability of tertiary services.

The NHS Grampian Board
• Supported the development of a regional clinical strategy subject to there being clariety of approach
• Noted the range of joint working undertaken at a regional level.

7.2 Reducing Inequalities – The Role of the NHS

Mrs Webb advised that the paper had been taken to the Board to stimulate debate around reducing inequalities in Grampian. The paper provided the strategic context and highlighted the complexity of the inequalities agenda which was a priority for the Board. It was suggested that a short-life working group (SLWG) involving Non-Executive Board Members should be set up to review the health system’s contribution and make recommendations, if appropriate, to strengthen actions. The paper suggested a framework to guide this work. The Board welcomed the paper and made suggestions to enhance the proposal.

The Board:
• Noted the strategic context for NHS Grampian’s role in Tackling Health Inequalities.
• Approved the proposal to set up a short-life working group to review and make recommendations on how NHS Grampian can maximise its contribution to tackling health inequalities within the context of Community Planning.
• It was agreed that Mr Wright, Mrs Webb and Mr Passmore would meet outwith the meeting to agree next steps and to bring a proposal to the Board.

8 Regulatory

8.1 Workforce Plan 2016-2019

Dr Ingram and Mrs Gerry Lawrie, Head of Workforce and Development, presented the Workforce Plan 2016-2019 to the Board. CEL32 (2011), required all Boards’ Workforce Plans to be published and submitted annually by 31 August 2016. The plan described the future workforce requirement to ensure delivery of quality services within the agreed values of Caring, Listening and Improving.

It was recognised that there was a period of significant change ongoing. The Scottish Government had signalled a review of the structure and regulation of NHS Boards and there would be changes in the future workforce due to the establishment of the Health and Social Care Partnerships. The Board required to support the level of significant change and address workforce challenges to ensure appropriate staff numbers, behaviours and values, roles and professions, skills and competencies and flexibility.

The Workforce Plan described the following:

• Overall direction of travel for the workforce.
• Context and drivers for change.
• Type and level of change required.
• New roles and skills required investment.
• New ways of working with colleagues.
• Workforce risks
The Plan was developed with the use of the 6 Steps to Integrated Workforce Planning methodology and was built up from the locally developed Workforce Plans from within services and sectors.

The Action Plan included:

- The need for services to continue to develop their own Workforce 2020 and create clear workforce plans to inform service planning and redesign.
- Development of specific workforce plans for medical staff in primary and secondary care to understand risks and potential impact on the wider workforce.
- Promoting NHS Grampian as an exemplar employer.
- Using Nursing and Midwifery Workload Workforce Tools to support safe and effective staffing and appropriate skills mix.
- Reducing vacancies by supporting recruitment initiatives.
- Reviewing the nurse bank.
- Developing and introducing of new or enhanced roles eg Physician Associates, Clinician Development Fellows, Healthcare Scientists and Advanced Practitioners.
- Talent Management programme to promote succession planning
- Working collaboratively with partners.

The Board noted the increasing importance of the development and introduction of new or enhanced roles such as Physician Associates, Healthcare Scientists and Advanced Practitioners to the workforce. Work was being taken forward in connection with virtual community wards which improved patient care. Mr Wright highlighted the range of solutions to address workforce challenges. He made reference to a recent visit to Macduff Medical Practice where he had met GPs and members of the Primary Care Team and had the opportunity to observe how they operated.

Virtual community wards were being utilised by practices, particularly for patients with palliative care needs and the use of Community Nursing teams was increasing. This would result in behaviour change in the workforce as roles evolved. It was emphasised that existing good practices would require to be continued eg job plans and governance.

Mr Smith pointed out the link between the Workforce Plan and the Clinical Strategy, emphasising the changes in staff roles and enabling of staff.

It was acknowledged that there were challenges around recruitment in NHS Grampian and initiatives were being taken forward eg Key Worker accommodation for Public Sector staff was at an advanced planning stage, Return to Practice and focused Recruitment drives.

The Board approved the NHS Grampian Workforce Plan 2016-10 and agreed to its publication and submission in the required timescales.
9 Operational Business

9.1 Improvement Programme

Mr Gray provided an update on the Improvement Programme. Due to the nature of the future challenges to Health Boards individually and collectively there was a need to continue to identify opportunities to improve the way that healthcare was delivered. The Senior Leadership Team (SLT) had updated the Improvement Programme to reflect the actions required to:

- Support the Local Delivery Plan (LDP).
- Respond to findings and recommendations from external reviews.

The SLT met on a weekly basis to review progress against the detailed recommendations. Mr Gray would continue to have monthly meetings with colleagues from the Scottish Government to report on progress with the implementation of the agreed actions set out in the improvement programme.

The leads for matters discussed at the Performance Governance Committee should be involved in discussions as required.

The Board:
- Approved the approach to the NHS Grampian Improvement Programme for the period to 31 March 2017.
- Delegated responsibility for the detailed monitoring of progress to the Performance Governance Committee, with exception reporting to the Board via the regular performance and quality report.

9.2 Performance Report

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

He highlighted the main points which included:

- A&E performance was generally maintained against the 95% standard.
- The delayed discharge figure remained constant.
- Winter Planning was now underway and a report on this would be presented to the Board in October.
- The number of patients breaching the Treatment Time Guarantee (TTG) was still at the upper end of the range. This was due to issues including increased demand and staffing vacancies in particular specialities.
- Work was ongoing to co-ordinate, develop and improve linkages across pathways and between multiple services for Cancer Access Standards and support received from the Scottish Government Access Team.
- Access to Child and Adolescent Mental Health Services (CAMHS) remained a challenge although there had been a slight improvement in staffing levels and locums were covering vacancies.
- Mr Gray confirmed that NHS Grampian was expected to meet the three financial targets for the coming year.
The Board discussed legal issues which could have an impact of delayed discharge such as Power of Attorney.

Mrs Croft presented the HAI report which was now included in the performance report. This provided a visual summary of NHS Grampian’s position compared to the rest of Scotland shown as Red, Amber and Green (RAG). It was noted that the Clostridium difficile infection (CDI) rate was high but the detailed action plan should reduce the figures in the next published report.

The Board reviewed and noted the Performance Report which included the HAI report and the actions being taken to address those areas where performance was not in line with agreed trajectories.

9.3 Local Delivery Plan (LDP) Section 2 – Health Inequalities and Prevention

Mrs Webb presented an update on this section of the Local Delivery Plan (LDP). Tackling inequalities and prevention were key improvement priorities for the Scottish Government and formed part of NHS Grampian’s LDP. The paper presented highlighted the strategic context and progress during 2015/16 and proposed action for 2016/17 to meet the prescribed national programmes.

Tobacco remained a significant public health challenge. The LDP focused on support to help people stop smoking. In response to questions, Mrs Webb highlighted that NHS Grampian was not changing its policy on e-cigarettes at this time but would consider the issue as part of the policy review.

Alcohol remained a common cause of injury, avoidable mental and physical morbidity and premature mortality in Grampian. The consumption of alcohol had increased due to the affordability of alcohol. An Alcohol Brief Intervention (ABI) was an intervention which allowed individuals to look at their drinking pattern and supported them to look at ways of making that pattern less risky to their health. ABI delivery was one contribution to the work of the Alcohol and Drug Partnerships. The target was achieved in 2015/16.

Weight and obesity had significant implications for health, social care and the economy. NHS Grampian had a range of activities to tackle obesity which remained a priority for public health efforts. Nationally required activities such as Child Healthy Weight and Adult Weight Management programmes were in place.

- Tier 1 interventions included walking groups, community kitchens and cooking classes.
- Tier 2 weight management interventions for adults included Football Fans in Training and Healthy Helpings.

Discussions were held around community partnership working and the need for behaviour change.

Employment was an important determinant of health. It provided structured time, social contacts and satisfaction from personal and team achievements. Within the context of the LDP, NHS Grampian participated in the national Healthy Working
Lives programme which helped employers create a safer, healthier and more motivated workforce.

It was important to work in partnership to improve health and to deliver the national programmes. It was noted that a national review of NHS earmarked funding had resulted in the prevention budget being cut by 7.5% in 2016/17. Mrs Webb advised that NHS Grampian spend on prevention had been calculated, after some assumptions were made, at 4.2% of the total budget.

The Board:
- Noted and endorsed the progress made in the implementation of defined prevention activities required by Government as set out in the Local Delivery Plan (LDP).
- Noted the challenge of maintaining levels of activity within a reduced financial allocation for prevention.
- Considered the further support/actions the Board could take to increase the impact of prevention.

9.4 Patient Story

Mrs Gray provided background on the full service review which had been undertaken by the Child and Adolescent Mental Health Service (CAMHS) team to ensure they provided consistent, efficient, high quality care across Grampian. Service users were asked to be involved and given the opportunity to contribute their views and opinions to the service review. The video story shown was a teenager who had used CAMHS since she was 11 who explained in her own words her experiences. The Board felt this was a particularly powerful story which showed clearly what the patient felt had and had not worked over the years she had used the services.

The Board noted the patient story and supported the use of patient stories as a means of giving a voice to the users of NHS Grampian services.

10 Committee Reports

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

10.1 Endowment Committee

10.2 Patient Focus and Public Involvement Committee

10.3 Staff Governance Committee

Mr Sinclair highlighted that Mrs Rhona Atkinson had been appointed as the Non-Executive Whistleblowing Champion from 1 August 2016.

10.4 Area Clinical Forum (ACF)

10.5 Grampian Area Partnership Forum (GAPF)
Approved Minutes

The Board noted the following approved minutes:

11.1 Area Clinical Forum – 18 May 2016
11.2 Audit Committee – 29 March 2016
11.3 Endowment Committee – Annual General Meeting 29 June 2015 and Endowment Committee meeting 2 March 2016
11.4 Patient Focus and Public Involvement Committee – 23 February 2016
11.5 Staff Governance Committee – 9 March 2016

Any Other Competent Business

Mrs Duncan requested Non-Executives' input for the short-listing for the Grampian Recognition Awards for Teams and Staff (GRAFTAS) on 13 September. The awards would be presented on the evening of 10 November and Board members were asked to note the date in their diaries.

Dates of Next Meetings

- Board Seminar on Thursday 1 September 2016 at Park Café, Hazlehead Park, Aberdeen.
- Board Meeting on Thursday 6 October 2016 at Curl Aberdeen, Eday Walk, Aberdeen.
  The Chairman advised that this meeting would be followed by NHS Grampian`s Annual Review.

Dates of Meetings for 2017

Board Seminar, 12 January
Board Meeting, 2 February
Board Seminar, 2 March
Board Meeting, 6 April
Board Seminar, 4 May
Board Meeting, 1 June
Board Meeting to approve Annual Accounts, 27 June
Board Seminar, 6 July
Board Meeting, 3 August
Board Seminar, 7 September
Board Meeting, 5 October
Board Seminar, 2 November
Board Meeting, 7 December