Present

Professor Stephen Logan  Chairman
Mr David Anderson  Non-Executive Board Member
Mrs Rhona Atkinson  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
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
Mr Terry Mackie  Non-Executive Board Member
Dr Helen Moffat  Chair, Area Clinical Forum /Non-Executive Board Member
Mr Jonathan Passmore  Non-Executive Board Member
Mr Eric Sinclair  Non-Executive Board Member

By invitation

Mrs Laura Gray  Director of Corporate Communications/Board Secretary
Dr Annie Ingram  Director of Workforce
Mr Graeme Smith  Director of Modernisation
Mrs Susan Webb  Acting Director of Public Health

Attending

Mr Adam Coldwell  Chief Officer, Aberdeenshire
Miss Lesley Hall  Assistant Board Secretary
Mrs Pamela Harrison  Infection Prevention and Control Manager
Mr Garry Kidd  Assistant Director of Finance
Ms Fiona Mitchelhill  Patient Safety Programme Manager
Mrs Linda Oldroyd  Divisional Lead Nurse/Person Centred Manager
Mrs Alison Wood  PA/Minute Taker

Item  Subject

1  Apologies

Apologies were received from Cllr Barney Crockett, Non-Executive Board Member and Mr Malcolm Wright, Chief Executive.
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.

The Chairman reported that he had spoken at the Aberdeen Medico Chirurgical Society (Med Chi) about NHS Grampian – a vision for the future, which had provided an opportunity to discuss the organisation’s vision and values and the importance of education, training and learning for NHS Grampian’s future.

The Clinical Services Strategy Stakeholders’ event was held on 9 December with 147 colleagues attending the event, representing clinicians and managers from across the Grampian health and social care system, the public forum, Scottish Ambulance Service, the third sector, the Scottish Government and the North of Scotland Planning Group. The purpose was to increase the level of engagement to develop the Clinical Services Strategy and to inform the emerging strategy document and the one year Grampian Delivery Plan. The event also facilitated the generation of ideas and considered different approaches to delivering future services.

The Chairman reported that he had taken over as the Chair of the Organ Donation Committee. He emphasised the importance of organ donation and acknowledged the contribution of staff who supported donors and recipients.

He advised that recent meeting with MPs and MSPs had included discussion on recruitment of social care staff and the response by services to recent flooding. A meeting of the North East Partnership Steering Group (NEPSG) had focused on delegated budgets and hosting of services. It was noted that an important meeting was planned for 1 March when Grampian NHS Board members and Integration Joint Board (IJB) members would review issues of joint interest.

The Chairman advised that the process had commenced to recruit two new Non-Executive Board Members to replace Mr David Anderson and Mr Terry Mackie with interviews scheduled to take place in June 2016.

4 Chief Executive’s Report

In the absence of the Chief Executive, Mr Alan Gray, his deputy, presented this Report to the Board. He provided details of important meetings and events attended and highlighted the following points:

- He formally acknowledged the work of staff, partners and local communities across Grampian who worked closely together to provide support and maintained critical services throughout the flooding and adverse weather during the early part of January. The response had been overwhelming and demonstrated the quality and resilience of the public services and communities.

- He reasserted the Board’s commitment to partnership working and adherence to the national staff governance standards. The national staff survey had highlighted the improvements in staffing levels, with emphasis given to learning and skill development and communication and engagement
5 Minutes of Meetings

5.1 Minutes of 3 December 2015

The minute was approved.

5.2 Minute of 14 January 2016

The minute was approved.

6 Matters Arising

There were no matters arising.

7 Local Delivery Plan Updates

7.1 Safe Care – update report

Dr Fluck emphasised to the Board the importance of quality and safety. He stressed the importance of senior clinical leadership and advised that Dr Steve Stott had been appointed to the role of Associate Medical Director for Quality.

Ms Fiona Mitchelhill, Patient Safety Programme Manager, presented highlights of the Safe Care report to the Board. NHS Grampian continued to work with pilot areas on new tests of change and supported clinical teams to implement projects that had demonstrated improvement to patient outcomes. This work included:

- Hospital or directorate huddle/safety brief on a daily basis across Grampian. This provided an opportunity to raise any safety concerns.
- All adult inpatient wards moved to using the National Early Warning Score (NEWS).
- Fall prevention work.
- Collaborative work with Maternity and the Neonatal Unit.
- The Mental Health and Learning Disability services completed a staff safety climate survey.
- Pharmacy in Primary Care review.
- The Senior Staff Nurse who led the introduction of sepsis 6 management in paediatric service was to present his work at an international conference in South Africa in March.

The discussion that followed emphasised how important it was to make sure these activities formed part of everyday business once the pilots ended.

The Board acknowledged the activity and progress which had been made in relation to safe care in Grampian.

7.2 Person Centred Care – update report

Ms Croft advised that considerable activity and progress was being made in relation
to person centred care in Grampian. She introduced Mrs Linda Oldroyd, currently Divisional Lead Nurse at Dr Gray’s, whose substantive post was Person Centred Manager.

Mrs Oldroyd explained the importance of the “Hello my name is” programme started by a doctor who had also been a terminally ill patient. Whilst in hospital, the patient had observed that many staff did not introduce themselves. She believed that a friendly introduction was much more than common courtesy; it was about making a human connection, beginning a therapeutic relationship and building trust.

NHS Scotland had launched a Person Centred Health and Care Collaborative in November 2012. NHS Grampian had participated fully in the work of the collaborative which promoted an approach to care consistent with NHS Grampian’s Healthfit 2020 vision and its aim to be a “caring, listening, improving” organisation. The next national event would be “Celebrating Success” on 25 February 2016

The aim of the Person Centred Team was to support all NHS Grampian staff with the tools and knowledge to adopt a person-centred approach throughout the organisation.

The update on key achievements included:
- Real-time patient/carer experience
- Real-time staff experience
- Improvement trees - to capture real-time feedback
- Patient Opinion
- Patient stories - to inform service improvement
- Customer Research and Technology (CRT) Meters
- National inpatient survey
- Datix Lite
- NHS Grampian Feedback Service – improvement in response times
- Caring Behaviours Assurance System (CBAS)

The Board noted the considerable activity and progress being made in relation to person centred care in Grampian. Board members agreed to support the ongoing embedding of a person centred approach.

7.3 Patient Story

Mrs Oldroyd presented the story of a member of NHS Grampian staff who became ill with breast cancer and her personal experience. This had been an opportunistic occurrence of story-telling and the story had not been collected with any particular purpose in mind. However, it had been shared with the service concerned and would feature on the agenda of their next Clinical Governance and Quality Review meeting with a view to identifying potential areas for improvement. As an educational tool for staff, it highlighted what mattered to patients and the value of the person-centred approach to care. The patient explained that by standing her ground and making her voice heard, she saved NHS Grampian resources by staying well and out of hospital.

The Board noted the patient story presented and the sharing of the experience
with the relevant service to enable improvements in patient care. The Board agreed to support the use of patient stories as a means of giving a voice to the users of NHS Grampian services.

8 Improvement Programme Report

Mr Gray summarised the key milestones NHS Grampian had achieved over the last 12 months in relation to the Improvement Programme, including:

- Priority given to the Winter Plan and the focus on achieving better outcomes for patients.
- The process to develop the Clinical Services Strategy had commenced reflecting the health needs of the population of the North East of Scotland.
- Positive feedback from patients with 96% of patients reporting their experiences as being good, very good or excellent.
- The significant progress in recruiting additional workforce, introduced the Return to Practice Nursing course in partnership with Robert Gordon University and improving the graduate conversion rate.
- Significant progress had been made in relation to the recommendations in the Royal College of Surgeons and Older People in Acute Hospitals reports.

Following review of the outcomes reported in respect of the implementation of the recommendations highlighted in the three reports issued on 2 December 2014, the Board agreed to the development of the Improvement Programme for 2016/17 based on the actions agreed within the Clinical Services Strategy and Local Delivery Plan.

9 Strategic Items

9.1 ARI Reconfiguration Project/Backlog Maintenance

Mr Kidd presented the paper which set out the ARI Reconfiguration Project/Backlog Maintenance Programme to the Board. It was noted that a more detailed session would take place at the Board Seminar in March 2016. Mr Kidd explained that the programme was progressed as resources from donations, capital expenditure and disposal of assets allowed. Details were provided on the relocation of the Eye Outpatient Department which would significantly benefit patient flow and was the preferred location for the new ANCHOR Centre because of its proximity to key cancer services. The paper detailed the requirement for the replacement of the Aseptic Pharmacy Suite at Aberdeen Royal in the next 12 months. This facility would be used by NHS Grampian, NHS Orkney and NHS Shetland.

The Board approved the following projects in line with the Board’s five year capital plan:

- Third stage of the Aberdeen Royal Infirmary - Phase 2 backlog maintenance project, not to exceed the identified budget of £10m including all risk and contingency allowances.
- First stage of the Aberdeen Royal Infirmary - Phase 1 ARI backlog maintenance project (including relocation of the Eye Outpatient Department and upgrading of the lifts) not to exceed the identified budget of £6m including all risk and contingency allowances.
- Replacement of the Aseptic Pharmacy Suite, not to exceed the identified
budget of £2m including all risk and contingency allowances.

The Board authorised the Chief Executive and Chairman to agree a final target price and sign the contract agreement with the appointed Principal Supply Chain Partners for the above Projects.

The Board formally noted the signing of the contract for the Carbon Energy Fund (CEF) project for which approval and delegated authority had been granted previously.

9.2 Integration of Health and Social Care Readiness

A summary of the actions which had been taken to support the implementation of the integration arrangements were submitted to the Board. The purpose of the summary was to provide assurance to the Board that appropriate arrangements would be in place in advance of the formal establishment date. It was noted that integration had been on the agenda at Board Meetings and Seminars over the last 18 months in recognition of the significant changes taking place.

Mr Smith summarised the key issues relevant to the recommendation and their current status. These included:

- Professional Governance
- Clinical Governance
- Medical and Nursing Advice to IJBs
- Budgets
- Workforce and Staff Governance
- Risk Management
- Hosting of Services
- Integration Schemes
- Civil Contingencies
- Complaints Procedures
- Organisational Accountability
- Information Sharing
- Strategic Planning
- Developing the Organisation

Mr Coldwells summarised the position for each of the IJBs on behalf of the Chief Officers. It was confirmed that all necessary actions would be complete to support the formal establishment of the new organisations in April.

The Board noted the considerable amount of work that had been done to move the integration agenda forward. The progress of other Board areas was noted and it was agreed that, whilst there was more to do to ensure that integration was a success, the IJBs and the Board locally were in a very good position in the lead up to formal establishment.

Whilst the Board was satisfied with the readiness for formal establishment, it was agreed that a range of issues related to governance and accountability needed to be developed further to ensure that maximum benefit could be gained from integration
for the people of the North East of Scotland. It was agreed that a further report should be provided to the Board Seminar in March 2016.

A constructive discussion was held with Mr Coldwells and Mr Smith responding to questions from the Board. Mr Coldwells advised that the IJBs would be formally established from 6 February 2016 although the operational date was 1 April 2016. Ms Croft confirmed that a Professional Governance Framework was being developed. She explained the importance of ensuring staff were regulated by their professional bodies and, when this was not the case, to put in place other lines of regulation. Synergies around professional and clinical governance were discussed.

It was confirmed that the 6000 staff affected by the changes had been communicated with and that a further letter would be issued to the relevant staff once the hosted services were confirmed. A workshop had been held on 18 January 2016 to bring together colleagues from all three Councils and NHS Grampian to discuss and develop a way forward through a shared model of employee relations that would allow consistency across the Integration Joint Boards.

The NHS Grampian Clinical Strategy would be developed as part of the strategic plans for the North East of Scotland which shared strategic intent on health and social care.

Further discussions were held on the importance of links between the organisations. For example NHS Grampian’s Audit Committee and the IJBs’ Audit Committees. It was also important that there was clarity on what had been delegated.

NHS Grampian continued to work closely with key partners to support integration and to take forward issues on a North East Scotland basis.

The Board noted the summary provided, the state of readiness and the actions that will be taken to provide support for the new Health and Social Care Partnerships (HSCPs)

10 Operational Business

10.1 Performance Report

Mr Gray provided an update on performance at January 2016. This included a year end forecast position against the Local Delivery Plan commitments. Highlights included the sustained delivery of performance against the 4 hour A & E standard. In each of the months from March to December 2015, 95% or more patients had been discharged or treated within 4 hours of arrival within the Emergency Department. The delayed discharge position had remained steady throughout the pre and post festive period despite the operational challenges faced during the severe weather. There had been a 15% reduction improvement since November to the end of December 2015 in relation to the treatment time guarantee and a 42% reduction in the number of patients waiting for an outpatient appointment. Performance in relation to post dementia support was significantly better than the Scottish average. Since April 2013 NHS Grampian had achieved 98.9% compared to 81.1% across Scotland. Mr Gray advised that NHS Grampian continued to forecast achievement of the three statutory financial targets.
The Board reviewed and noted the performance report for January 2016 and the actions being taken to address those areas where performance was not in line with agreed trajectories.


Mrs Croft introduced the item and welcomed Mrs Pamela Harrison, Infection Prevention and Control Manager, who presented the new style summary bimonthly Healthcare Associated Infection (HAI) Report. This report provided the NHS Board with a visual summary of NHS Grampian’s position compared to the rest of Scotland included a Red, Amber, Green (RAG). The new style of report highlighted any areas of concern and provided assurance around good strategic context.

Items highlighted to the Board included Clostridium difficile infections (CDIs) where there had been changes around testing in labs. There had been 35.8 cases per 100,000 in NHS Grampian compared to 38.4 cases per 100,000 in NHS Scotland. All Boards had seen an increase in cases.

Antimicrobial prescribing had been revised by the Scottish Antimicrobial Prescribing Group (SAPG). NHS Grampian was currently coded red with 80%. New MRSA screening was currently coded amber at 79%. Feedback was to be provided from Health Protection Scotland, with no Board achieving 90%.

Board members commended the changes to the style of the report which presented information more clearly.

The Board noted the content of the summary bi-monthly HAI Report.

11 Committee/Forum Reports

The Board noted the following reports and the relevant committee chairs highlighted points by exception:

11.1 Area Clinical Forum

Dr Moffat emphasised the crucial importance of education and links to Universities. A group had been set up to work together with NHS Grampian and the local Universities. Professor Logan confirmed that he and the Chief Executive were to meet with the Universities. An Information Sharing and Electronic Patient Record Development Group had been set up to look at the range of issues relating to the delivery of care across agencies. Grampian Pharmacy colleagues were again congratulated for winning five out of ten Scottish Pharmacy Awards for 2015, spanning the work of pharmacists across hospital, community and Health Board settings and the Robert Gordon University.
11.2 Performance Governance Committee

11.3 Audit Committee

Mr Anderson advised that the Committee had received an update from the Associate Nurse Director, on progress against the key recommendations arising from the recent internal audit report on tasks performed by Senior Charge Nurse (SCNs) and Nurse Managers (NMs).

11.4 Patient Focus and Public Involvement Committee

Mrs Lester reported on the End of Life Care presentation by Dr David Carroll. She also advised that a national consultation was underway on the future disposition of cleft lip and palate services in Scotland.

12 Approved Minutes

The Board noted the following approved minutes:

12.1 Area Clinical Forum – 11 November 2015
12.2 Grampian Area Partnership Forum – 15 December 2015
12.3 Performance Governance Committee – 11 November 2015
12.4 Audit Committee – 22 September 2015
12.5 Operational Management Board – 27 October 2015

13 Any Other Competent Business

It was confirmed that Integration of Health and Social Care would be discussed at a Board Meeting to be held on the same date as the Board Seminar on 3 March.

14 Dates of Next Meetings

Board Seminar and Meeting – Thursday 3 March 2016, Hazlehead Park Conference Centre, Aberdeen
Board Meeting – Thursday 7 April 2016, CLAN House, Westburn Road, Aberdeen

Signed ......................................................................................... Date .........................................................

Chairman