Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session on 6 February 2015 from 10am in Rosemount/Caroline Rooms, CLAN House, Westburn Road, Aberdeen

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
Cllr Barney Crockett  Non-Executive Board Member
Mrs Sharon Duncan  Employee Director
Dr Nick Fluck  Medical Director
Mr Alan Gray  Director of Finance
Professor Mike Greaves  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
Dr Helen Moffat  Chair, Area Clinical Forum
Mr Jonathan Passmore  Non-Executive Board Member
Mr Eric Sinclair  Non-Executive Board Member
Mrs Elinor Smith  Director of Nursing and Quality
Mr Malcolm Wright  Interim Chief Executive

By invitation
Mrs Laura Gray  Director of Corporate Communications/Board Secretary
Dr Annie Ingram  Director of Workforce
Mr Graeme Smith  Director of Modernisation
Dr Pauline Strachan  Deputy Chief Executive
Mrs Susan Webb  Acting Director of Public Health
Mrs Linda Oldroyd  Consultant Nurse Patient Safety and Experience

Attending
Miss Lesley Hall  Assistant Board Secretary
Mrs Alison Wood  PA/Senior Administrator

Item  Subject

1  Welcome and Apologies

The Chairman welcomed everyone to the meeting. Apologies were received from Cllr Anne Robertson and Dr Izhar Khan.

2  Verbal Updates

Chairman

The Chairman wished to record his thanks for the warm welcome he had received during his first month in the role. He had enjoyed the opportunity to meet staff across the organisation and it will be a priority for him to meet as many staff and colleagues as
On 12 January 2015, the Annual Review was held with the Cabinet Secretary, Shona Robison. The Chairman acknowledged the excellent turnout from the public at the meeting which showed that people were genuinely interested in their local health system. The format of the meeting included an opportunity for members of the public to ask questions which had covered a diverse range of topics.

The Cabinet Secretary had visited a number of care of the elderly wards at Woodend Hospital, where she had seen examples of excellent care with strong multidisciplinary team working, person-centred care and the use of techniques to support people with dementia.

The Cabinet Secretary had made a commitment to return in February for a meeting with the Grampian Area Partnership Forum and some further visits to clinical areas.

The Chairman was pleased that the Board Seminar in January had been used to continue discussions with Area Clinical Forum members, Area Partnership Forum representatives and senior managers. He thought the discussion on the values and culture of the organisation had been positive and useful and he looked forward to continuing this model of working in coming months.

The Chairman advised of changes to the format of future Board agendas and papers to ensure Board meetings were more effective and efficient.

**Interim Chief Executive**

Mr Wright acknowledged the tremendous effort of all staff over the festive period and into the New Year dealing with the pressures on health services and the acute sector in particular which had experienced an increased number of admissions. He advised that discussions were being held with the three Local Authorities to address delayed discharges.

Mr Wright confirmed that changes to the format of Board meeting agendas from April 2015 would include a declaration of conflicts of interest, a written Chief Executive’s report, strategic issues, items for decision, items of governance and Committee reports. A forward plan will provide more robust arrangements.

Mr Wright advised that he had recently visited a number of hospitals outwith Aberdeen including Dr Gray’s in Elgin and some of the community hospitals across Aberdeenshire. He had been particularly impressed by the energy and motivation of staff and he had felt a real sense of a health system working together for the benefit of patients. He planned to visit non-clinical services and had already visited the decontamination unit and linen services department. He had been impressed by the combined heat, light and power energy centre at Foresterhill which was essential for everyday service delivery.

Mr Wright had attended the official opening of the new £2m scanning facilities at Aberdeen Royal Infirmary that will provide state-of-the-art imaging and scanning. This was a crucial addition to NHS Grampian’s cancer services and was a major
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collaboration with Aberdeen University.

He advised that from 1 April 2015, the Chief Officers of the new integrated partnerships would report directly to him, as Chief Executive. This is in line with the reporting arrangements in the three local authorities.

Mr Wright advised that Dr Pauline Strachan, Deputy Chief Executive had decided to take early retirement from 31 March 2015 and that Mrs Elinor Smith, Director of Nursing and Quality, was also retiring at the end of March. He paid tribute to them both for the considerable contributions they had made to the NHS in Grampian and Board members acknowledged thanks to both of them.

Mr Wright advised of progress with the recruitment processes for a permanent Chief Executive, Director of Public Health and Director of Nursing and Quality.

3 Appointment of Vice Chair

The Chairman advised that discussions were ongoing with Non-Executives regarding the appointment of a Vice Chair. The Board will be advised of the outcome in due course.

5 Matters Arising

There were no matters arising.

6 Healthcare Improvement Scotland (HIS) and Royal College of Surgeons England Reviews

Mr Gray referred to his paper that provided an update on the following three reports published by Health Improvement Scotland (HIS) and the Royal College of Surgeons of England:

- HIS review of quality and safety at Aberdeen Royal Infirmary (ARI)
- Unannounced inspection of the care of older people in ARI and Woodend Hospital
- Review of ARI general surgery department using the Royal College of Surgeons of England invited review mechanism.

The Board had published an Immediate Action Plan on 2 December 2014 and Mr Gray advised that progress against this had been reported at the Board Seminar on 16 January 2015. The paper highlighted actions that had been taken since 2 December regarding winter planning, patient feedback, leadership, staff engagement, culture and values, and workforce. It was noted that a General Manager for the Acute Sector had been appointed on a permanent basis and the Board`s Medical Directorate structure had been approved and was in the process of being implemented.

Mr Gray advised that consultation on the proposed Comprehensive Improvement Programme was progressing and that it would form part of the Local Delivery Plan which would be presented to the Board in April. Regular twice-monthly meetings were
to be held from February 2015 with Scottish Government colleagues to discuss progress. HIS had received a copy of the Action Plan and a meeting will be held with them at the end of February 2015. The Board recognised the challenge of the large of amount of work required to be undertaken covering a range of actions.

Mrs Smith advised of the progress with the Older People in Acute Hospitals (OPAH) plan and of tools being used for more robust processes. Dr Fluck stated there was positive ongoing dialogue with the General Medical Council (GMC) with work focusing on education and training, and appraisal and revalidation. Mr Wright advised that structural arrangements within the Medical Directorate would help, with the appointment of an Associate Medical Director for Education, Training and Research. The Medical and Dental Education Committee would provide assurance reporting to the Staff Governance Committee.

Mrs Smith stressed the importance of consistency of care and advised that senior nurses were going in to the ward areas on a weekly basis to ensure this was happening.

Workforce issues were a major concern for the Board. Dr Ingram assured the Board that work was being done to engage with staff. The nursing workforce had regular meetings with Dr Ingram and Mrs Smith to discuss values and culture. Ms June Brown, Associate Nursing Director, was working closely with the Robert Gordon University to improve nursing recruitment. From April 2015 the national iMatter staff experience tool will be rolled out to identify issues at team level. Also, a new staff survey will be launched in August 2015.

Pressures on general practice were highlighted. The Board was advised that a workshop had been held in November 2014 and that the Primary Care Integration Management Group (PCIMG) was engaged in this agenda. A survey had been sent to all GP practices which achieved a 100% response rate. This had provided helpful information and an understanding of the challenges faced and highlighted the need to take urgent mitigating action. Board members had been involved in the recent positive meeting with GP representatives and colleagues from the Scottish Government and Scottish College of General Practice to discuss primary care pressures and priorities in NHS Grampian, and the future of the GP contract.

Mr Gray advised that the tracker report would be the formal mechanism for monitoring the Improvement Programme and the Board would have the overall responsibility for it. The Performance Governance Committee would be used for any detailed discussion rather than setting up a separate scrutiny group and the Executive Team would provide an update at each Board meeting.

The Board agreed that Final Draft Improvement Plan will be discussed at the Board Seminar in March 2015 and then be presented for approval at the Board meeting in April 2015.

The Chairman stressed the importance of the Board having sight of the detailed tracker report and Improvement Programme. He concluded that this was very important work and the Board would maintain an overview of the progress.
The Board noted:

1. The progress with the implementation of the Immediate Action Plan agreed and published by the Board on 2 December 2014.
2. The progress with consultation with staff on the proposed Improvement Programme.
3. The position regarding discussions with the Scottish Government and Healthcare Improvement Scotland on progress with the implementation of review recommendations.

7 The Vale of Leven Inquiry

The Chairman introduced the item by explaining the importance the Cabinet Secretary had placed on the recommendations made in the Vale of Leven Inquiry Report. She had sought personal assurances from NHS Board chairs at their national meeting about effective healthcare associated infection control practices and systems.

Mrs Smith referred to her paper explaining that the Vale of Leven Inquiry report had been published in November 2014. Copies of the full report and executive summary had been made available to Board members. Mrs Smith explained the background to the report and explained that its recommendations could be grouped into 11 areas including Policies and Guidance, Structural Reorganisation, Clinical Governance, Experience of Patients and Relatives, Nursing Care, Prescribing, Medical Care, Infection Prevention and Control, Death Certification, Investigation and Experiences of Clostridium Difficile Infection within and beyond Scotland.

Health Boards had been asked to complete a self assessment against the 65 recommendations under 4 categories to describe the delivery status of each recommendation – fully implemented, mostly implemented, partially implemented and not started. These were summarised in the table attached to the paper presented to the Board. Mrs Smith highlighted that the key areas for NHS Grampian were Nursing Care which had 21 recommendations and Infection Control with 25. Mrs Smith advised that NHS Grampian had submitted its response to the Scottish Government in January 2015 and was awaiting feedback which would enable a comparison with the rest of Scotland. She estimated that the work would be completed between June and September 2015. Mr Wright advised that he had been invited to be part of the Vale of Leven Implementation Group set up by the Scottish Government.

Dr Fluck advised that the Vale of Leven report would be used as an organisational focus for further improvement regarding infection prevention and control and confirmed that many of the recommendations had already been implemented.

The Board:

2. Noted the improvements already made by NHS Grampian and recorded in the self assessment.
3. Agreed the monitoring of recommendations not yet fully implemented.
Dr Fluck provided the bimonthly report which followed the required template for reporting to the Government. He pointed out that a great deal of information sat behind the report as presented and he felt it was important to emphasise how NHS Grampian was progressing towards the targets and what it was doing to ensure continued improvements.

The two main targets related to the reduction of staphylococcus aureus bacteraemia (SAB) cases, including MRSA, and the rate of Clostridium difficile infections (CDI).

Dr Fluck reported an increase of SABs reflecting a small change in the number of cases. What was important was how these cases were handled. He advised that the Infection Prevention and Control Committee met monthly and that issues were escalated to a Problem Assessment Group (PAG) if necessary. A new training package and a new antiseptic to clean skin had been introduced to address issues.

With regard to CDI, the numbers had increased slightly from Quarter 3 to Quarter 4. An analysis had shown that an area for improvement was recurrent CDI. A new antibiotic treatment was being offered, protocols were being reviewed and training enhanced.

The Chairman advised that he had met Dr Fluck and his infection control colleagues and had been impressed with their diligence in this important aspect of clinical care.

Dr Fluck responded to queries raised by Board members and provided assurance that results were under review, support was provided where necessary and that the organisation continually sought ways to make improvements relating to infection prevention and control.

The Board noted the report.

Mr Smith’s update on progress with the integration of health and social care focused on the process of preparing, reviewing and approving the Integration Schemes. He explained that the Integration Schemes were a legal requirement and had been subject to wide consultation. He outlined the timetable for decision-making and also the approval process by NHS Grampian which concluded with the submission to the Scottish Government for approval by 1 April 2015. He advised that the draft Integration Schemes had been prepared under the leadership of the Transitional Leadership Groups (TLGs) in Aberdeen City, Aberdeenshire and Moray on behalf of NHS Grampian and the relevant local authority. NHS Grampian was represented on the TLGs by non executive and executive Board members.

The draft Integration Schemes described at a high level how the Integrated Joint Boards (IJBs) would operate based on a model integration scheme provided by Scottish Government in October 2014. The detail of issues to be addressed locally would be included in Memoranda of Understanding. The Board had considered the draft schemes at its seminar on 16 January and provided views and comments that
had been incorporated into the formal response by the Executive Team on behalf of the Board. The process of review had continued, with issues identified by the NHS being included in the final draft documents in discussion with the three Chief Officers of the partnerships.

The final drafts will be presented to the local authorities and the Grampian NHS Board for approval prior to submission to the Scottish Government. The Board would be asked to formally approve the three schemes at its meeting on 5 March 2015. Following submission, the schemes will be scrutinised nationally and changes may be required.

There was a wide range of services currently provided in Grampian and the North of Scotland by NHS Grampian for it would continue to have responsibility. Hosting arrangements for some services would have to be agreed. It was noted that NHS Grampian would continue to be responsible for clinical and professional governance. It was noted that Community Health Partnerships (CHPs) will be abolished on 31 March 2015 and it was proposed that the IJBs will commence operation in shadow form from 1 April 2015 at the latest to ensure continuity of approach.

There had been considerable staff involvement in the three IJB areas. Integration had been considered by the advisory structure, Grampian Area Partnership Forum and also the acute services partnership forum.

NHS Grampian had a duty of care to its employees and clear communication was required to ensure staff were aware about how integration would impact on them. Dr Ingram advised that a letter would be sent out to individual members of staff affected during March 2015.

Concerns were expressed that some members of IJBs would be focused predominantly on their geographical area whilst NHS Grampian had to consider the whole of the Grampian covered by the three Local Authorities. Fragmentation of services was a potential risk and it was necessary for appropriate governance arrangements to be in place to ensure this did not happen. Having executive Board members on IJBs would ensure a consistent approach across Grampian and that any local decisions did not have wider unintended consequences. The NHS and Local Authorities had to comply with the duty of best value.

There was a need to ensure appropriate arrangements were in place for Grampian-wide services such as the GMED out of hours service.

The Scottish Government will require NHS Grampian to continue to adhere to policies and to meet targets. IJBs will have to ensure appropriate consideration is given to these matters.

The Chief Officers will be part of the Board’s Executive Team. Mr Wright stressed the importance of having them reporting directly to the Chief Executives of both NHS Grampian and their respective Local Authorities.

The considerable bureaucracy around the integration of health and social care was acknowledged, but it was recognised that it provided an opportunity to develop a real
partnership approach to improve outcomes for patients.

The strategic plans for each of the IJBs were being prepared, the approval of which would permit the formal establishment of IJBs. The formal establishment and delegation of budgets must be in place by April 2016. Until then, the statutory accountability would remain with the Board.

The Board approved the process for bringing the Integration Schemes to a conclusion for formal approval within the required timeframe of 1 April 2015.

10 Implementation of Smoke-free Sites

Mrs Webb reminded the Board that smoking remained the main cause of preventable ill health and premature death in both Scotland and Grampian. Tobacco use was associated with over 1000 deaths in Grampian each year and nearly 5000 hospital admissions. She stressed the importance of protecting the population from second hand smoke and of stopping young people in particular from smoking. The paper presented highlighted improvements that had been made but more work had to be done on prevention, protection, cessation and tackling the variations in levels of smoking in different parts of society.

CEL 01 (2012) required the NHS to become smoke-free by 31 March 2015. In line with the national tobacco control strategy, NHS Grampian Tobacco Control 2020 and action plan, approved by the Board in 2013, aimed to create a smoke-free NHS Grampian. Mrs Webb explained that a commitment had been made to update the Tobacco Control Policy of 2006 and to move from sites with limited smoking facilities to completely smoke-free sites.

She highlighted three key matters relevant to the recommendation:
- Consultation and Engagement – with staff, partners and patients.
- Support for those affected by the Policy, for example “Stop Before Your Op” – a pre-operative smoking cessation programme. 52% of smokers will experience wound complications following an operation compared to 18% of those who quit smoking prior to their operation. The average length of stay in hospital was also reduced.
- Communicating the Change - External signage, amendments to inpatient and outpatient booklets and patient letters and staff briefings

The local policy will come into force on 1 April 2015 across all NHS Grampian sites. It was noted that a successful pilot had been carried out at Turriff Hospital in 2014.

It was acknowledged that although implementing the policy was the right thing to do from a health perspective, it was not without its challenges. Support would be required for staff, patients and the public to become smoke-free. Mrs Duncan commended the partnership working that had included consultation with staff and staff-side involvement on the policy from the start. She suggested that it would be helpful to have a map of the Foresterhill site clearly showing NHS property boundaries to avoid any confusion about smoke-free boundaries. Professor Logan advised that the University and NHS jointly owned the Foresterhill site and that the University was committed to the smoke-free
The policy included measures that could be taken if people did not want to comply and it was noted that any member of staff found smoking on site would be subject to disciplinary action. Concerns had been expressed that staff would be expected to challenge anyone seen smoking on NHS Grampian sites and that some staff would be uncomfortable doing so. Dr Ingram advised that all security guards would be trained on how to challenge smokers.

The Board:

1. **Noted progress towards the national and local policy of becoming a smoke-free NHS.**
2. **Supported the implementation of the Tobacco Policy.**

### Financial Planning 2015/16

Mr Gray provided a briefing in relation to the projected financial position for 2015/16 following the announcement on 12 January 2015 about additional funding being made available to NHS Boards. NHS Grampian was to receive additional funding of £15.2 million in advance of the new financial year. In terms of the NRAC funding position, an additional £11.5 million of funding allocation in 2015-16 was welcomed to accelerate movement towards NRAC parity.

However, based on the funding being made available to NHS Grampian and the planning assumptions, the projected financial position was an efficiency challenge of £14.8 million in 2015/16 and £18.7 million in 2016/17.

There were continued pressures in relation to new drugs which would require significant additional investment. Investment in internal capacity to meet the Treatment Time Guarantee would continue to be a recurring requirement. Locum costs were also a high expenditure. Unscheduled care activity and workforce costs continued to put pressure on finances. NHS Grampian faced a number of challenging planning decisions which will be presented to the Board in March for approval in April 2015.

Difficult choices would have to be made by the Board and Integrated Joint Boards (IJBs). Choices would have to be made in a planned way for the additional £11.5 million to be used to implement changes and to create stability in the system.

The Board noted that the proposed strategy for achieving financial balance would require the following actions:

- Targeting approach to reductions in a number of key areas.
- Focusing on areas where productivity and efficiency gains can be achieved.
- Agreement of cost saving plans with each sector and corporate sector. Savings plans for sectors will also require to address brought forward unachieved cost saving targets from 2014/15.
Mr Wright cautioned that these efficiency requirements were a major challenge across all sectors.

The Board members noted the updated briefing in relation to the projected financial position for 2015/16 following the announcement on 12 January 2015 regarding additional funding being made available to NHS Boards.

12 Health and Transport Action Plan (HTAP)

The refreshed Health & Transport Action Plan (HTAP) was presented to the Board with a review of options for patient access to health facilities. The plan had been developed in partnership with Nestrans (the Regional Transport Partnership for City and Shire) in 2008. The new plan considered the delivery of Health and Social Care Services as a consequence of the Public Bodies (Joint Working) (Scotland) Act 2014.

The aim of the refreshed HTAP was to enable providers of transport, health and social care services to work together in a more co-ordinated manner to improve outcomes and efficiency of service delivery, both in reducing the adverse impacts of transport choices on public health and by improving access to health and social care.

The Foresterhill campus was a large site jointly owned by NHS Grampian and the University of Aberdeen which continues to grow and develop, with, for example, the planning of the new Cancer Centre and Women's Hospital.

The refreshed HTAP document has been approved by the HTAP Steering Group and endorsed by the three Community Planning Partnerships in Grampian.

Board members discussed various aspects such as the relative high cost of transportation in Grampian and the importance of ensuring sufficient blue badge spaces available for people with disabilities. It was noted that parking permits for staff on the ARI site were to be reviewed.

The 2020 vision aimed to minimise transport issues for patients, carers and staff in accessing health facilities. It was important that steps were taken to avoid patients travelling unnecessarily to hospital.

Feedback from patients was important and one method was the use of patient postcards. The Chairman pointed out it was important to give the public a clear message about transport choices.

Mrs Webb suggested that key points to consider were promoting physical activity, planning access to services and protection of the environment and finding sustainable growth.

It was acknowledged that the Community Planning Partnerships had a key role in develop of the HTAP. The governance arrangements for Community Planning would be set out in the local Delivery Plan.

The Board noted the current position and endorsed the refreshed HTAP document.
13 Patient Story

Mrs Linda Oldroyd, Consultant Nurse Patient Safety and Experience provided background on the Patient Experience tool and how it was being used to improve services. The particular story that she told was collected as part of work to inform the design of major trauma services for the North of Scotland. Participants were recruited via global email, Up Front and by word of mouth. They were offered the opportunity to be part of a focus group or to have a one to one interview but preferred one to one interviews. The story related to a patient’s experience after a serious car accident involving the patient and her family members. It demonstrated that patients told you what was important to them, and this could help inform service delivery. Mrs Oldroyd advised that staff experiences have also been collected and further work was required to capture the experiences of other staff groups.

14 Committee and Forum Reports

14.1 Performance Governance Committee (PGC)

The report raised key points including the financial position and access times. It was noted that the format of the Committee Report was to change to provide more clarity and understanding of what had been discussed.

The Board noted the report.

14.2 Patient Focus and Public Involvement Committee

Public Involvement team staffing issues had been identified. The next meeting will have a substantive item on patient experience.

The Board noted the report.

14.3 Area Clinical Forum

Dr Moffat advised that good progress was being made with review of the ACF constitution. The clinical engagement plan was progressing. Work was being undertaken to address workforce challenges around recruitment and retention. Professional groups such as physiotherapists, psychologists and health care scientists had raised concerns around recruitment difficulties. The ACF was aware of ongoing challenges for staffing of the out of hours service provided by GMED.

The Board noted the report.

15 Items for Noting

Approved Minutes

15.1 Area Clinical Forum – 12 November 2014
15.2 Grampian Area Partnership Forum – 19 November 2014
16 Any Other Competent Business

16.1 Audit Committee Meeting

Mr Anderson advised the Board that key issues discussed at the meeting had included Health and Social Care Integration, Delayed Discharges, Business Continuity and Operational Performance Management. He referred to the initial draft of the operational audit plan for 2015/16 and sought comments from the Board members.

The Board noted the report.

16.2 Clinical Governance Committee meeting 30 January 2015

Mr Mackie had chaired the meeting in Professor Greaves’ absence. He drew the Board’s attention to concerns that had been raised around staffing pressures in general practice, referred to earlier in this meeting, and in Mental Health. The Committee had noted that the dental paediatric list for anaesthetic was long compared to other Boards. The Board was advised that the Interim Medical Lead – Acute Sector was addressing the issue.

16.3 Inverurie Hospital/Health Care Centre

Mr Gray agreed to provide a schedule of business cases that were to be considered during the year.

16.4 Female Genital Mutilation Education

In response to a query about a recent national court case, Mrs Smith, Executive Lead for Child Protection, confirmed that the learning from the case would be taken into account locally by colleagues in Child Protection.

17 Dates of Next Meetings

Thursday 5 March 2015 (Meeting/Seminar), Main Hall, Curl Aberdeen
Thursday 2 April 2015 (Meeting), Main Hall, Curl Aberdeen

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