NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session on 7 April 2016 from 11.00 am
CLAN House, Westburn Road, Aberdeen

Present
Professor Stephen Logan   Chairman
Mrs Rhona Atkinson      Non-Executive Board Member
Mr Raymond Bisset       Non-Executive Board Member
Ms Amanda Croft         Director of Nursing, Midwifery and Allied Health Professions
Mrs Sharon Duncan       Employee Director/Non-Executive Board Member
Mr Alan Gray            Director of Finance/Deputy Chief Executive
Professor Mike Greaves  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
Mr Jonathan Passmore    Non-Executive Board Member
Mr Eric Sinclair        Non-Executive Board Member
Mr Malcolm Wright       Chief Executive

By invitation
Mrs Fiona Francey       Divisional General Manager, Acute (Item 7)
Mrs Laura Gray          Director of Corporate Communications/Board Secretary
Ms Alison Hardy         Head of Operations, Acute (Item 7)
Dr Annie Ingram         Director of Workforce
Mr Chris Llewellyn      Vice Chair, Area Clinical Forum
Miss Jenny McNicol      Head of Midwifery (Items 9.1 and 9.2)
Mr Graeme Smith         Director of Modernisation
Mrs Susan Webb          Acting Director of Public Health

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

Item   Subject

1   Apologies

Apologies were noted from Mr David Anderson, Cllr Stewart Cree, Cllr Barney Crockett, Dr Nick Fluck, Cllr Martin Kitts-Hayes and Dr Helen Moffat.

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 Mr Chris Llewellyn, Vice-
Chair Area Clinical Forum, who was attending on behalf of Dr Helen Moffat.

The Chairman acknowledged that this was the first Board meeting since the three Integration Joint Boards had assumed responsibility for health and social care services in their areas and for certain delegated services and formally thanked everyone for their hard work in setting up the new arrangements.

He also drew attention to the NHS Grampian midyear review with the Scottish Government which provided an opportunity to discuss performance to date and review trajectories for the coming year.

Other highlights included the stakeholder seminar with the Area Clinical Forum and representatives of Grampian Area Partnership Forum (GAPF) which had focused on innovation and research and development in Grampian, and a visit from representatives of Felege Hiwot Hospital in Ethiopia. The Chairman had represented NHS Grampian at the official opening of the new ambulance station at Ashgrove Road West by the Cabinet Secretary. He advised of a useful meeting with Grampian MPs and MSPs on 18 March at which there had been discussions regarding Major Trauma, the national consultation on the Cleft Lip and Palate service, and equality and diversity in the workforce.

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 also formally acknowledged the tremendous work done by everyone involved in the setting up of the three Integration Joint Boards.

Mr Wright reported that NHS Grampian would be part of a Multi-Agency Independent Review set up following the conclusion of the trial into the tragic death at Cults Academy in November 2015. The terms of reference of the review would be announced shortly.

Mr Wright advised that the Area Clinical Forum had produced a very helpful report on Major Trauma Centres (MTCs) and the potential risks associated with a two centre Edinburgh/Glasgow approach. He advised that Professor Greaves had been asked to chair a group to review the Scottish Government approach and the potential implications for services in Grampian. This group would report in April 2016. He welcomed the Cabinet Secretary’s letter dated 23 March 2016 to Chief Executives and members of the National Planning Forum advising that there was no preferred Scottish Government option for the configuration of MTCs and that all options were under consideration. This was a vital issue for NHS Grampian and Aberdeen Royal Infirmary (ARI) and would be discussed in more detail later in the meeting.

Mr Wright advised that engagement continued with the development of the Grampian Clinical Services Strategy. This consultation stage was due to be completed in early May with a view to the strategy being submitted to the Board in June 2016.

Other topics which were highlighted included:

- Payroll with changes to National Insurance contributions which would affect the majority of staff.
- iMatter
- System-wide joint working for winter planning
A general discussion followed on items from the report including the need to raise awareness of Community Planning Partnerships to ensure priorities were linked between partners.

The Board was reassured that work was ongoing to have more health visitors available to support the challenges of the Children and Young People (Scotland) Act 2014.

5 Minutes of Meetings

5.1 Minute of 4 February 2016

The minute was approved.

5.2 Minute of 3 March 2016

The minute was approved subject to correcting the spelling of Cllr Martin Kitts-Hayes in the apologies section.

6 Matters Arising

There were no matters arising.

7 Local Delivery – Winter Plan

Mr Gray gave an update on the work undertaken to ensure NHS Grampian had been fully prepared for winter to minimise any potential disruption to NHS services, patients and carers. The full debrief for Winter 2015/16 would be discussed at the June 2016 Board meeting. It was noted that the dates in Exhibit 1 on page 2 should read consecutive months in 2015-16.

Mr Gray introduced Mrs Fiona Francey, Divisional General Manager, Acute and Ms Alison Hardy, Head of Operations, Acute who provided examples of the key aspects of the winter plan and the summary of actions that had already been implemented since November 2015.

Mrs Francey confirmed improvements in patient flow across the acute sector. Examples of work undertaken included:

- Management overview and leadership with daily safety reports and weekly performance summaries.
- Cross system partnership working. Key partners included the three local authorities, Scottish Ambulance Service (SAS), NHS 24, primary care, independent practitioners and third sector organisations.
- Daily safety huddles where 50/60 people attended. It was mandatory for the Senior Charge Nurse or their deputy to attend.
- Discharge hubs where there was collaboration with Health and Social Care partners.
- Provision of specialist services.

Mrs Francey advised that SAS provided an excellent service to NHS Grampian and had provided additional units which had reduced delayed discharge with the movement of
patients. Patients who had experienced delays in their discharge all had managed plans in place to ensure the achievement of good outcomes. It was highlighted that of the 5,000 patients who attended A&E in March 2016, 330 were redirected to other services. It was important to ensure that patients were being seen at the most appropriate place for their care needs. It was acknowledged that the targeted Know Who To Turn To mail drop to 142,000 households across NHS Grampian and media releases had assisted with this. Attendances at A&E had not increased over the winter period and had been lower than in the previous six months.

Mrs Francey and Ms Hardy answered further questions from Board members on how these improvements were viewed by staff and they confirmed that there had been a positive response to the changes. They confirmed that the huddles were also being held at Dr Gray’s Hospital and there were discussions with Community Hospitals. The Board members were invited to attend a daily safety huddle to see how they worked.

Mr Smith reported that NHS Grampian’s approach to unscheduled care and evidence of transformation leading to these improvements had been shared at a recent national event.

Mr Wright concluded the discussion by emphasising the achievements which had resulted from a more resilient system including a reduction in delayed discharges and a decrease in emergency admission rates. He acknowledged that ARI had an effective and well led system but there was more work to be done to ensure cross system resilience.

The Board

- Noted the status of the implementation of actions agreed as part of the winter plan and assessed the impact in terms of improved patient flow and performance against national standards.
- Agreed to a debrief of the winter plan and performance against the six essential actions with the national unscheduled care programme to be considered at the June 2016 Board meeting.

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:

- Medical Workforce Plan where there had been positioning of professional leads.
- The process to develop the Clinical Services Strategy was ongoing to reflect the health needs of the population of the North East of Scotland.
- Priority given to the Winter Plan and the focus on achieving better outcomes for patients.

Professor Greaves highlighted the improvement in the Emergency Department (ED) with the percentage of patients who spent 4 hours or less up to 96% from 94.5% the previous year. This was a positive change and well above the Scotland-wide rate of 93.7%. He also commended the improvement of up-to-date job plans for Consultants and specialty doctors which was important in a teaching hospital.

The Board reviewed the outcomes reported in respect of the implementation of
the recommendations highlighted in the three reports issued on 2 December 2014. The Board also 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.

8b Review of Major Trauma Centres

At this point in the meeting, the Chairman proposed the discussion on the Major Trauma Centres item, to which reference had been made in the Chief Executive’s report at item 4 and in the ACF Report at 11.5 on the agenda. He invited Mr Llewellyn, on behalf of the ACF, to present the paper – Review of Major Trauma Centres in Scotland – Area Clinical Forum Summary of Clinicians’ Perspectives on Risks of Two Centre Model.

Major Trauma

Mr Llewellyn was invited to present the ACF’s Report on the review of Major Trauma Centres (MTCs) in Scotland. He advised that the ACF and its constituent committees had welcomed the opportunity to discuss the risks of a two centre model in Edinburgh and Glasgow. He explained the direct risks if there was no local MTC including risk to patient outcomes, experiences of patients and families involved, the impact on trauma related services, transport issues, and risks for recruitment, retention and reputation if certain specialties were lost. The clinicians stressed that NHS Grampian currently had the services for major trauma and had worked hard to establish networks across the North of Scotland to ensure a cohesive and effective approach to trauma. Wider concerns included the risk that a decision to have a two centre model would have a negative impact on the reputation and future of NHS Grampian as a major teaching hospital and centre of tertiary care.

Mr Wright explained that the current position was that Grampian had been designated as an MTC. The Board noted that ARI already acted as an MTC with relevant specialties and facilities. De-designation would cause significant concern. The National Planning Forum was looking at the outcomes of the Geospatial Evaluation of Systems of Trauma Care in Scotland (GEOS) study and NHS Grampian was contributing strongly to that process and the ACF advice was very helpful.

Board members were advised of the involvement with representatives from the Oil and Gas industry who had expressed high levels of concern about the risks of Aberdeen not being an MTC.

Professor Greaves advised that the concerns raised in the ACF report had been repeated by stakeholders who were being interviewed as part of the review process.

Mrs Duncan advised that staff-side welcomed the Cabinet Secretary’s letter that there was no preferred option. Staff wanted to be listened to and a common sense approach to be taken to ensure a suitable service for the people of Grampian and the North of Scotland.

Mr Wright concluded that the current Scottish Government position was that Aberdeen would be an MTC and work was progressing on that basis. The reality was that ARI acted as an MTC with a critical mass of interdependent specialist services working to serve the people in the North East of Scotland. If de-designated as an MTC this would
have serious implications. Representations would continue to be made to the National Planning Forum and the Scottish Government. He thanked the ACF for the significant thought and continued participation in the MTC discussions and Professor Greaves for the work done by the review group.

The Board acknowledged the concerns raised and supported the approach being taken to ensure NHS Grampian was designated as a Major Trauma Centre.

Following a comfort break, the meeting resumed following the order of the agenda.

9 Strategic Items

9.1 NHS Grampian Maternity Services Strategy

Ms Croft introduced the item and Miss Jenny McNicol, Head of Midwifery, presented the paper which set out the key themes proposed for the forthcoming period in 2016-2020 in relation to maternity services. The themes included Choice eg Community Maternity Unit, Safety, Quality and Improving Child Health. They supported the direction set out within the NHS Grampian Maternity Strategy 2010-2015 and were aligned to those being considered by the National Maternity Service Review. It was important that the strategy was updated due to a number of new circumstances which would affect maternity services. These included:

- The new Baird Family Hospital and Community Maternity Unit at Inverurie.
- Refurbishment of Peterhead Community Maternity Unit
- The Kirkup Report on the failings at Morecambe Bay
- National (Scottish) review of maternity and neonatal services
- The Perinatal Mortality Surveillance Report

There would be greater emphasis on communication, engagement and intelligence. Staff and patients had been consulted on the priorities and the findings had been presented to the Maternity Programme Board. Engagement would be ongoing. It was important that patients could make their own decisions around place of birth with facilities being available in their local communities.

It was helpful to have members of NHS Grampian staff involved in subgroups of the national review process.

The Board approved:

- The key themes proposed for the forthcoming period 2016-2020 in relation to maternity services. These themes supported the direction set out within the NHS Grampian Maternity Strategy 2010-2015 and were aligned to those being taken into consideration by the National Maternity Service Review.
- Delegated authority to the Maternity Service Programme Board to develop the supporting actions and outcome measures against which progress would be monitored and reported.

9.2 Patient Experience – Midwives’ Unit, Aberdeen Maternity Hospital

Miss McNicol introduced a short film on patient experiences at the Midwives’ Unit at Aberdeen Maternity Hospital which included contributions from both patients and
midwives. It demonstrated the importance of including women`s voices and experiences in enhancing the person-centred approach to care. There were between 800-1000 births a year in the Midwives` Unit which provided a relaxed and homely environment. The film was available to view on the NHS Grampian website, Facebook and Twitter.

The Board noted the short film presented and supported the use of patient experiences as a means of giving a voice to the users of NHS Grampian services that then informed service delivery.

9.3 Supporting Self-Management for Health

Mrs Webb provided an update to the Board on supporting self-management for health. She explained that the main focus would be supporting self-management for those with long-term conditions to develop their knowledge, confidence and skills to make optimal decisions and take actions for their health.

Four key areas were identified:

- Ensure that the human relationship was at the core of health and social care. It was important to know what mattered to the patient and what support they required to allow them to have a more active role. The professional was required to be supportive to the patient.
- Local communities were part of the health and social care system. Support for self-management at an individual and community level was also a requirement of the Community Empowerment (Scotland) Act 2015. Community support complemented clinical support.
- Creating and strengthening broader systems that supported people to self-manage. These included coaching, group education and social prescribing. NHS Grampian worked with third sector partners in developing peer-led support, education programmes and buddying schemes.
- Resources and Tools.

The ambition for self-management was out for consultation with a wider range or stakeholders as part of the Clinical Services Strategy consultation. The importance of Allied Health Professions in taking forward the self-management agenda was acknowledged.

Mr Smith reported on progress with the “No Delays” concept which could support self-management.

It was agreed that the Senior Leadership Team required to consider how self-management could be supported.

The Board

- Noted the extensive engagement work with a range of stakeholders to further refine action to implement the Board approved self-management framework.
- Endorsed the four key recommendations to progress the agenda set out.
- Actively supported the further development and implementation of the self-management programme through leadership of and advocacy for the transition.
10  Operational Business

10.1  Performance Report

Mr Gray provided an update on performance for March 2016. He confirmed that the Performance Governance Committee had considered the performance position in detail. The highlighted Cancer Access Standard was below the 95% target. The 62 day standard was sitting at 87.3% which was an improvement. However, this was still below the 95% standard. Performance in relation to the 31 day standard remained close to or at the required level of 95%. He advised that work was ongoing to improve the situation. Regular meetings were held to review actions and performance with service design/improvements to the patient pathways in 2016/17.

The Committee had discussed the Child and Adolescent Mental Health Services (CAMHS) which had been a challenge for NHS Grampian for some time due to staffing levels and recruitment to vacant posts. The service had taken forward design options and developed actions with key partners including the three Local Authorities. Recruitment was also a national issue. Additional resources had been identified by the Scottish Government and a support team was being established to work with Boards to direct the use of the funding. Mr Gray advised that CAMHS was a priority for the Senior Leadership Team.

The Bowel Screening Programme showed Grampian with a 62.8% uptake compared to 57.7% across Scotland. However, the uptake was lower in areas of higher deprivation. Uptake in the most deprived groups was 45% compared to 68.2% in the least deprived group which was a wider gap than across Scotland as a whole.

The percentage of cancelled operations due to capacity or non-clinical reasons was 4.5% compared to 2.8% in Scotland. A major issue was availability of theatre nursing staff.

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

10.2  Workforce Update – 31 December 2015

Dr Ingram presented the Workforce Update to December 2015 to the Board. She highlighted that the overall increase in headcount and whole time equivalent (WTE) since the previous quarter. Compared to the same point last year, the headcount and WTE had increased by 443 people and 422 WTE respectively across all staff groups.

The year to date (April 2015 to December 2015) nursing agency spend was £1.4 million. The year to date bank spend on nursing and midwifery had increased to £12.5 million compared to £11.4 million at the same point the previous year. The Nursing Resource Group was taking forward recommendations to reduce these costs.

Medical agency locum was an area of concern with a spend of £12.4 million. This was a significant increase on the total spend in 2014-15 of approximately £9 million.
The total sickness absence for October to December 2015 was 4.68%, remaining above the 4% Local Delivery Plan standard. NHS Grampian’s performance in managing long-term absence continued to be better than other comparable Boards.

Over the past year there had been 1492 starters and 1282 leavers. Turnover had decreased to 10.75%. The overall number of vacancies had decreased although the Nursing and Midwifery vacancy numbers had increased. These were being given high priority with work ongoing led by a senior nurse.

Dr Ingram advised that in some specialties all NHS Boards in Scotland were having difficulty with recruitment.

Dr Ingram advised of challenges defining “a vacancy”. There were plans to revise the process for counting vacancies to ensure greater consistency and accuracy.

There were a number of eLearning courses under development which included iMatter, Getting It Right for Every Child (GIRFEC) and Management Development courses.

The Chairman concluded that the report provided a positive message that, overall, recruitment was improving and that NHS Grampian had more staff than in the previous year.

The Board noted the content of the Workforce Summary Report.

10.3 Healthcare Associated Infection (HAI) Report

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

She explained that Clostridium difficile infection (CDI) rates had increased and action was being taken to find out the reasons for this. She advised that an improvement plan was in place in surgical wards to address issues around the documentation for antimicrobial prescribing.

Board members welcomed the new style of report.

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 Clinical Governance Committee

Professor Greaves advised that Interventional Radiology capacity had been reported as a very high risk due to Consultant vacancies, which was also a national issue. The Committee had discussed staffing levels due to inability to recruit in some sectors and the impact this had on the level of care provided. Ms Croft was to provide a report to the Clinical Governance Committee on vacancies in Nursing and Midwifery and the consequences to patients if posts
11.2 Endowment Committee

Mr Bisset advised that the Committee had discussed investment performance and it had been agreed that any funding requests agreed must be found from specific Endowment funds, to safeguard the value of the general Endowment Fund. The legal process to purchase key worker housing was expected to be completed by spring/early summer.

11.3 Performance Governance Committee

Professor Logan advised that the Committee had discussed the financial position and performance update. The Local Delivery Plan had been considered and a Media Report update had been received.

11.4 Staff Governance

Mr Mackie began his report on the recent Staff Governance Committee when the building was evacuated for a fire alarm. When the meeting resumed, he advised that there had been a significant improvement in engagement with iMatter rather than the Staff Survey. It was acknowledged that the small team had completed a huge amount of work. There had been a review of Agenda for Change band 1 posts as requested by Scottish Government. By March 2016 only 33 employees remained in a Band 1 post in Grampian. This had been championed by staff side colleagues.

11.5 Area Clinical Forum (ACF)

Mr Llewellyn presented the report in Dr Moffat’s absence. As reported earlier in the meeting, the ACF had provided a summary of discussions by the advisory structure on the risks to Grampian of a two centre model for Major Trauma in Scotland.

He reported that the ACF had been involved in extensive discussion on the Clinical Services Strategy. The proposal for the future development of the Clinical Guidance Intranet had been welcomed. It was noted that both these developments were dependent on improved ehealth and that investment in IT was required to provide clinical care more effectively and efficiently.

11.6 Patient Focus & Public Involvement

Mrs Lester reported on the Digital Passport presentation by the Grampian Director of PAMIS (Promoting a More Inclusive Society) for families caring for people with profound and multiple learning disabilities. She also advised that a national consultation was underway on the future disposition of cleft lip and palate services in Scotland. Work was ongoing to review the Committee’s role, remit and strategic direction in the context of health and social care integration.

11.7 Spiritual Care Committee
Mrs Atkinson presented the report and emphasised that work carried out behind the scenes to help and support patients staff was not always acknowledged. She emphasised the important role of chaplains in the daily safety huddles discussed earlier in the agenda.

11.8 Grampian Area Partnership Forum (GAPF)

Mrs Duncan explained that membership of GAPF was constantly reviewed to ensure that there was representation for all staff working for NHS Grampian both within and outwith the three Health and Social Care Partnerships. This was to continue with the new structures.

11.9 Audit Committee

In Mr Anderson’s absence, it was noted that a Committee report would be presented at the next Board meeting.

12 Approved Minutes

The Board noted the following approved minutes:

12.1 Audit Committee – 8 December 2015
12.2 Area Clinical Forum – 13 January 2016
12.3 Clinical Governance Committee – 13 November 2015
12.4 Endowment Committee – 10 November 2015
12.5 Patient Focus & Public Involvement – 25 November 2015
12.6 Performance Governance Committee – 19 January 2016
12.7 Spiritual Care Committee – 19 November 2015
12.8 Grampian Area Partnership Forum – 17 February 2016
12.9 Staff Governance – 3 November 2015

13 Any Other Competent Business

None.

14 Dates of Next Meetings

Board Seminar – Thursday 5 May 2016, Hazlehead Park Conference Centre, Aberdeen
Board Meeting – Thursday 2 June 2016, CLAN House, Westburn Road, Aberdeen

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