NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
at 10.30 am on 1 June 2017
CLAN House, 120 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
Cllr Frank Brown  Non-Executive Board Member
Professor Amanda Croft  Director of Nursing, Midwifery and Allied Health Professions
Cllr Isobel Davidson  Non-Executive Board Member
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
Mrs Luan Grugeon  Non-Executive Board Member
Dr Lynda Lynch  Non-Executive Board Member
Dr Helen Moffat  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

Mr Paul Allen  General Manager, Facilities and Estates (Item 10)
Miss Helen Cronin  Specialist Occupational Therapist (Item 7)
Mr Gerry Donald  Head of Property and Asset Development (Item 10)
Mrs Jane Fletcher  Head of Hosted Mental Health and Learning Disabilities Service (Item 8)

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

Attending

Mrs Alison Wood  PA/Minute Taker

Item  Subject

1  Apologies

Apologies were received from Mrs Christine Lester and Cllr Douglas Lumsden.

2  Declarations of Interest

There were no declarations of interest relating to specific agenda items.
3 Chairman’s Welcome and Introduction

Professor Logan welcomed everyone to the meeting and introduced the new Non-Executive Board Members. Mrs Grugeon had worked in the third sector for 22 years and was Chief Executive of Alcohol and Drug Action. Following the recent elections, Councillor Isobel Davidson was to represent Aberdeenshire Council, Councillor Frank Brown, Moray Council and Councillor Douglas Lumsden, who was unable to attend today, to represent Aberdeen City Council. The Chairman welcomed Miss Louise Aitken, Senior Communications Officer who had joined the Corporate Communications team from a role in journalism.

The Chairman advised of some of the meetings and events he had recently attended. These included the Professional Leadership Forum on 11 April which had been attended by senior nursing, midwifery and allied health professional colleagues. The event had stimulated debate on how roles and ways of working could be adapted to meet population change, the changing public expectation and workforce pressures.

On 12 May the Chairman, Chief Executive and members of the Senior Leadership Team had met with Grampian MSPs. Discussions had focused on Mr Wright’s role as Regional Implementation Lead, the Welcome Ward initiative and the Surgical Transformation programme.

Professor Logan had hosted a thank you event for around 80 volunteers at Hilton High Church. The volunteers who attended had been involved in a diverse range of functions including hospital radio, book trolley, “meeters and greeters” and therapy dogs. He acknowledged the immense contribution that volunteers made to NHS Grampian.

The Chairman had also spoken at the Aberdeen Health and Social Care Partnership event with Shelter entitled “Building collaborative work for homelessness, health and social care integration” on his thoughts on health and social care integration. He had visited Moray Coast Medical Practice, Lossiemouth, together with Mr Gray, to meet with members of the practice team and discuss issues including Primary Care and the interface of inpatient and outpatient services at Dr Gray’s Hospital, Elgin.

Professor Logan took the opportunity to highlight that Royal College of Nursing (RCN) Steward, Alistair Grant, had been awarded RCN Steward of the Year at the RCN congress last week. The Board offered their congratulations to him.

4 Chief Executive’s Report

Mr Wright presented the Chief Executive’s Report which highlighted a range of issues including details of important meetings and events attended.

Board members noted his appointment by the Scottish Government as the North of Scotland Chief Executive Implementation Lead for the Health and Social Care Delivery Plan and membership of the Health and Social Care Programme Board. This was a substantive commitment involving taking a lead role in the design, planning and delivery of services across the North of Scotland reporting to the Director General for Health and Social Care.
Other items highlighted included the global ransomware cyber attack. He paid tribute to the Head of eHealth and his team for their hard work to protect NHS Grampian.

Other topics highlighted in the report included:

- Extra Corporeal Life Support Organisation (ELSO) Award for Excellence in Life Support Centres
- Multi Storey Car Park progress
- Green Space Strategy
- Awards won by colleagues
- North of Scotland Major Trauma Event on 3 May 2017
- Dr Jamie Hogg’s appointment as Interim Medical Director for NHS Shetland.
- General Medical Council planned visit October 2017.

Mr Wright commended the work carried out by Mrs Webb who had led the Moray Chief Officers’ Group, following the Care Inspectorate Report on Services for Children and Young People in Moray.

5 Minute of Meeting held on 6 April 2017

The minute was approved.

6 Matters Arising

There were no matters arising.

7 Patient Story: Occupational Therapy – Treatment in Groups

Professor Croft introduced Miss Cronin who presented the story of Lily, a patient from Orkney, on how occupational therapy treatment was delivered in groups within Older Adult Wards at Royal Cornwall Hospital. As recognised in Recovering Ordinary Lives (ROL) (2012-17), patients needed to be active and continue with the occupations that formed daily lives. Without this patients could become institutionalised and lose their confidence in their ability to carry out normal daily tasks. The treatment groups gave patients the opportunity to engage in productive occupations which helped to prevent de-skilling, enhanced mood and eased the transition from hospital to home.

Lily valued the group activities which included art and a breakfast club. The groups provided tasks such as setting the breakfast table. They discussed what they had achieved and planned future tasks they could undertake. It encouraged them to work well together and included patients from different age groups. Lily found the groups gave her confidence and when she went back to the ward she interacted more with other patients, setting up a knitting group, which she would not have considered before attending the treatment group. She said the group gave a purpose and helped to avoid spending too much time to think about yourself.

The Board thanked Miss Cronin for the interesting patient story. It was felt it was also important that when patients went home community support was in place.

The Board

- Noted the patient story/feedback and brief description of how occupational
therapy treatment, particularly delivered in groups within Older Adult Wards at Royal Cornhill Hospital, enabled patients to maintain everyday skills which supported and eased the transition from hospital into the community.

8 Local Delivery Plan Chapter: Mental Health & Learning Disability Services

Mr Gray introduced Mrs Fletcher and her colleagues from Mental Health and Learning Disability Services (MHLDS) who provided the Board with an overview of the services to aid with the understanding of mental health and NHS Grampian’s position on the Mental Health Strategy.

Mrs Fletcher gave a short presentation. She explained the services which had been integrated and carried out in the community setting. These were Adult Community Mental Health Teams, Older Adult Community Mental Health Teams, Community Learning Disability Teams, Substance Misuse Services and Inpatient Mental Health Services in Moray at Seafield Hospital. The remaining services were hosted by MHLDS and these included Specialist Services e.g. Forensic and Eating Disorders. Mrs Fletcher advised that new Mental Health and Learning Disability managers were in post in Aberdeen City, Aberdeenshire and Moray. Community Services had begun to be transferred across to Health and Social Care Partnerships. New staffing structures were being developed with the involvement of HR and Staff Partnership. A new MHLDS Advisor for Transitions and Performance Improvement had taken up post and would work closely with colleagues in the Health and Social Care Partnerships.

Mrs Fletcher discussed the pressures and challenges for the service. These included an overspend across MHLDS of approximately £1.5 million in 2016/17. There were significant staffing challenges with recruitment and retention, despite significant recruitment efforts. This had resulted in high usage of bank nurses and medical locums. There were currently 80 nursing vacancies for both trained and untrained staff. Trainee places across Scotland were limited.

Work had been ongoing with Health and Social Care Partnership colleagues to look at the short term solution to difficulties with patient flow and a Short Life Working Group had been set up to look at how patients came in and out of hospital and the blocks in the system when a patient no longer required to be in a Mental Health Service ward. 25% of mental health beds were being utilised by patients who no longer required these services. A lot of work was ongoing to improve Older Adult Mental Health. Lack of beds in the community had also been caused by care providers who had pulled out of Aberdeen recently.

There were extensive redesign processes for longer term service improvements to review resource capacity and seek other sources of assistance such as from third sector colleagues.

The Scottish Government’s Mental Health Access Improvement Support Team (MHAIST) had met with colleagues at NHS Grampian to discuss potential improvements and had offered their assistance.

A national group had been set up to look at options to improve female forensic services which was a national problem.
The annual Mental Health and Learning Disability Services Quality Event had been held at Royal Cornhill Hospital. This had showcased the great work being done and demonstrated best practices, as well as providing networking opportunities.

The Board discussed the paper which had been distributed prior to the meeting. There were stark challenges set out and there was recognition of the amount of work required to move the service forward. The Board commended and supported the work of the existing, professional staff.

Professor Greaves confirmed that the Board and the Clinical Governance Committee were fully aware of staffing issues. It was confirmed that sometimes therapeutic services, as discussed in the Patient Story, could not take place if there were insufficient permanent staff who knew the patients rather than being reliant on bank staff. It was important to consider work with third sector colleagues.

Dr Ingram stated that following discussions with the University they had agreed to increase the training places. It was important that more people were encouraged to enter the service.

Mr Gray confirmed that in the short-term work was ongoing to consider the bed situation, there was a Child and Adolescent Mental Health Services (CAMHS) redesign and the Scottish Government Access Team was looking at redesign options. Regional working was important and discussions would be held with colleagues in the North of Scotland.

Mrs Fletcher advised that she felt listened to and supported by the Board. The challenges faced were well documented. Her colleagues here today to present at the interactive session welcomed the opportunity to show ongoing work and to receive feedback. Mr Wright assured the Board that Mental Health was a high priority for NHS Grampian’s Senior Leadership Team.

Following the Board discussion, there was an interactive session which gave Board members and meeting attendees the opportunity to engage with staff from different parts of the Mental Health and Learning Disability Services.

The presenters were:

- Mrs Caroline Anderson, Support Manager
- Ms Colette Cowie, Clinical Nurse Coordinator
- Mrs Elizabeth Dixon, Head Occupational Therapist
- Dr Carol Gilmour, Consultant Child Psychiatrist
- Dr Selena Gleadow-Ware, Consultant Psychiatrist, General Adult & Perinatal Psychiatry
- Dr Louise Johnston, Specialist Registrar
- Dr Kate Morton, Consultant Clinical Psychologist
- Dr Thomas MacEwan, Consultant Psychiatrist/Clinical Director
- Ms Shona McCann, Specialist Midwife in Perinatal Mental Health
- Dr Carol Robertson, Consultant Psychiatrist
- Ms Julia Wells, Older Adult Mental Health Nurse Consultant
The Chairman thanked the participants for a most useful and interesting session which had highlighted changes and innovative practices which had been implemented within Perinatal Mental Health, Older Persons, Adult Mental Health and Children and Adolescent Mental Health Services.

The Board:
- Noted the context regarding the development of a national Mental Health Strategy;
- Reviewed the actions taken to redesign the Child and Adolescent Mental Health Services to improve access (Appendix A);
- Requested that a update on the redesign be brought back to the Board in six months to hear where progress was being made and a substantial update in 12 months;
- Considered the changes and innovative practices being implemented within the four teams presenting on behalf of Mental Health and Learning Disability Services – Perinatal Mental Health, Older Persons, Adult Mental Health and Child and Adolescent Mental Health Services.

9 Performance and Quality Report

Mr Gray provided an update on the Performance and Quality Report and the actions that had been taken to address those areas not in line with the plan.

He highlighted the main points in the report which included:

- Unscheduled Care target of 95% of patients discharged, admitted or transferred within 4 hours of arrival for A&E treatment had been achieved last year which was a great credit to the team. The number of delayed discharges had remained lower than previous years which reflected the commitment of the three Health and Social Care Partnerships to improving patient flow.
- Elective Care had been impacted by a number of factors including critical care capacity, medical boarding in surgical beds and theatre nurse availability. This had resulted in a number of breaches of the Treatment Time Guarantee (TTG). A Surgical Transformation Programme Board (STPB) had been established, led by Caroline Hiscox, Deputy Director of Nursing and Midwifery. Details of the STPB would come to a future Board meeting. NHS Grampian had started to publish, on its website, detailed information about waiting times. This was updated weekly and based on how long patients that had been seen in the last six weeks had waited.
- Cancer Access Standards – There had been improvement in the clinical pathways following redesign which had reduced the longer waiting times.
- Financial Performance – Subject to audit, the three financial targets had been achieved for the year end. Savings of £27.7 million were required in the 2017/18 financial plan.
- The Smoking Cessation standard was unlikely to be achieved. Priorities would be on prisoners at HMP Grampian, patients at Royal Cornhill Hospital and pregnant smokers. Community Pharmacists were supporting individuals who were looking to stop smoking.
With reference to the Healthcare Associated Infection (HAI) Report, Professor Croft advised that Clostridium difficile infection (CDI) rates were discussed in detail by the Infection Control Committee. She confirmed the Clinical Governance Committee had been monitoring the position.

Mrs Gray advised the Public Engagement Team would be monitoring feedback received on the waiting times information published online.

The number of cancer referrals against those diagnosed was queried. Dr Fluck advised that profiles were varied for the different types of cancer and it was a complex situation.

The annual review of stroke services by the Scottish Government had taken place in April, with an overall positive review. Mr Gray confirmed that there had been improvements in the service but there was always the opportunity to improve further.

The Board
- Noted the Performance and Quality Report and the actions being taken to address those areas where our performance was not in line with plan.

10 Asset Management Plan

Mr Gray provided an update on the Asset Management Plan which required to be reviewed and approved annually by the Board. It was also intended to demonstrate that the Board would be able to deliver Scotland’s health policies. The five year Asset Management Plan set out the Board’s priorities for the management of the infrastructure that supported the delivery of patient care across Grampian.

The plan focused on:
- Investment in infrastructure consistent with NHS Grampian’s strategic health priorities including initiatives to reduce carbon emissions;
- Reduction in high and significant risk backlog maintenance in clinical areas and compliance with statutory requirements;
- Replacement of essential equipment; and
- Disposal of assets declared surplus to requirements.

Details were provided in Appendix 1: Summary of the 5 year capital plan. Items highlighted were primary and community care investment, major hospital development investment, reduction in backlog maintenance and statutory compliance, replacement of essential equipment and disposal of surplus assets.

Mr Gray introduced Mr Donald, Head of Property and Asset Development and Mr Allen, General Manager, Facilities and Estates, to answer any questions from Board members. Mr Donald explained that the Asset Management Plan, once approved by the Board, would be sent to Scottish Government for consideration. The plans took time to develop and assisted with the management of risk such as backlog maintenance. Mr Donald stated that the Scottish Government had confidence in NHS Grampian’s ability to deliver on the plans.
NHS Grampian had a comprehensive primary care premises strategy which set out the priorities across Grampian. The strategy took into account functional suitability and capacity of existing premises together with emerging new settlements.

There was a discussion regarding the lack of storage space in older properties. It was confirmed that newer properties had larger storage facilities to accommodate the size of equipment now required.

There was to be a further update to the Board in 6 months on a detailed list of critical assets including medical equipment.

The Board:
- Considered and approved the Asset Management Plan

11 Committee and Forum Reports

The following reports were presented to the Board for noting, with chairs highlighting important specific points by exception.

11.1 Area Clinical Forum

11.2 Grampian Area Partnership Forum

Mrs Duncan stressed the importance of working in partnership from the earliest opportunity in any service change or redesign.

11.3 Performance Governance Committee

Professor Logan highlighted the Surgical Transformation Programme Board (STPB).

11.4 Spiritual Care Committee

11.5 Clinical Governance Committee

Professor Greaves highlighted the importance of compliance with Blood Transfusion training. Dr Metcalfe, Associate Medical Director for Acute Services, was to raise this with the Senior Medical Team to ensure good clinical engagement.

11.6 Staff Governance Committee

Mr Sinclair highlighted the creation of the NHS Grampian Nursing and Midwifery Workforce Governance Council. It is the aim to build and sustain a high quality professional workforce.
12 **Approved Minutes**

The Board noted the following approved minutes:

12.1 Clinical Governance Committee – 3 February 2017  
12.2 Performance Governance Committee – 14 March 2017  
12.3 Spiritual Care Committee – 23 February 2017  
12.4 Staff Governance Committee – 6 March 2017  
12.5 Area Clinical Forum – 15 March 2017  
12.6 Grampian Area Partnership Forum – 16 March 2017

13 **Any Other Competent Business**

Dame Anne highlighted the Endowment Committee’s new website [www.nhsgcharities.com](http://www.nhsgcharities.com). This provided information on the NHS Grampian Endowment Fund with explanations of how it worked and examples of what the funding had been used for. There was also the opportunity for the public to make donations online and it was emphasised that donations did not need to come solely from a bequest in a will.

14 **Dates of Next Meetings**

- Board Meeting (including Annual Accounts) – Tuesday 27 June 2017 – Summerfield House, Eday Road, Aberdeen

- Board Meeting – Thursday 6 July – Woodhill House, Aberdeen

Signed .......................................................... Dated

Chairman