NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
at 10.30 am on 2 August 2018
Alexander Graham Bell Centre, Moray College, UHI, Elgin

Present
Professor Stephen Logan  Chairman
Mrs Amy Anderson       Non-Executive Board Member
Mrs Rhona Atkinson     Non-Executive Board Member
Professor Amanda Croft Acting Chief Executive
Cllr Isobel Davidson   Non-Executive Board Member
Mrs Sharon Duncan      Employee Director/Non-Executive Board Member
Professor Nick Fluck   Medical Director
Mr Alan Gray           Director of Finance
Professor Steven Heys  Non-Executive Board Member
Mrs Christine Lester   Non-Executive Board Member
Cllr Douglas Lumsden   Non-Executive Board Member
Dr Lynda Lynch         Non-Executive Board Member
Mr Jonathan Passmore   Non-Executive Board Member
Mr Eric Sinclair       Non-Executive Board Member
Mrs Susan Webb         Director of Public Health
Mr Malcolm Wright      Chief Executive

By invitation
Mr Paul Allen          Director of Facilities and Estates
Dr Adam Coldwells     Chief Officer, Aberdeenshire Health and Social Care Partnership
                      (Agenda Item 14)
Mrs Laura Gray        Director of Corporate Communications/Board Secretary
Mrs Caroline Hiscox   Acting Director of Nursing, Midwifery and Allied Health Professions
Dr Annie Ingram       Director of Workforce
Miss Rachael Little   Employee Director Elect
Mr Gary Mortimer      Director of Acute Services
Mr Graeme Smith       Director of Modernisation/Deputy Chief Executive

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

Item  Subject

1  Apologies

Apologies were received from Dame Anne Begg, Cllr Frank Brown, Mrs Susan Coull, Mrs Luan Grugeon and Dr Helen Moffat.

2  Declarations of Interest

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

Professor Logan welcomed everyone to the meeting. He reminded members of the public that it was a Board meeting held in public rather than a public meeting.

He advised that this would have been Dr Helen Moffat’s last Board meeting as Chair of the Area Clinical Forum (ACF). He thanked Helen for her contribution to the Board and the clinical advisory structure. The new chair of the ACF, with effect from 1 October 2018, would be Kim Cruttenden, Chair of the Area Pharmaceutical Committee.

It was also Mrs Sharon Duncan’s last Board meeting as she was to retire on 31 August after more than 40 years in NHS Grampian. Sharon had held a variety of roles in mental health and corporate communications and became Employee Director in March 2012. The Chairman thanked her for the wealth of experience and knowledge she had brought to the Board.

Finally, Mr Malcolm Wright was to retire as Chief Executive of NHS Grampian on 31 August. He joined the Board as Interim Chief Executive in December 2014 and was appointed as Chief Executive in July 2015. In 2017 he took on the role of Regional Implementation Lead for the North. Mr Wright had previously been Chief Executive of NHS Education for Scotland for 11 years. The Chairman explained that Malcolm’s contribution to the Board had been immense, and NHS Grampian had benefitted from his drive, energy, enthusiasm and experience. The Board wished him well for his retirement following his remaining months with NHS Tayside.

Professor Logan advised of some of the meetings and events he had recently attended including:

- A visit to the theatres at Aberdeen Royal Infirmary (ARI) with Gary Mortimer, Director of Acute Services. They had spent time discussing staffing challenges and the reliance on agency staff.
- Meetings with Grampian MPs and MSPs in Aberdeen to discuss Child and Adolescent Mental Health Services, the North Corridor project and the use of social media in relation to patient feedback.
- A visit to Kincardine Community Hospital with Professor Amanda Croft to see the new Stonehaven Dialysis Unit where an open day for staff and the public had been held. The unit will be of major benefit to local patients. It was a fantastic achievement by local fundraisers and assisted by the Endowment Committee.
- A walkround at Seafield Hospital in Buckie with Mrs Laura Gray. It had been an excellent visit to a very valuable community hospital which had a real person centred care approach. The staff had adapted to the increased needs of a predominantly elderly population.

Acting Chief Executive’s Report

Professor Croft advised that the Chief Executive’s Report was going digital with the assistance of Mike McKenzie, Senior Communications Officer at Corporate Communication. Flyers were circulated at the meeting which gave access to the report by a QR Code reader.
Items highlighted included the following:

- Dr Gray`s Hospital – Women & Children`s Services
- Visit to the new Foresterhill Health Centre
- 70th Anniversary of the National Health Service
- Let`s Talk about Mouth Cancer campaign
- North of Scotland Training Event for trainee doctors
- Trauma Risk Management (TRiM) programme
- Awards for NHS Grampian staff
- Retirement of Malcolm Wright

5 Minute of Meeting held on 7 June 2018

The minute of the meeting held on 7 June 2018 was approved.

6 Minute of Meeting held on 26 June 2018

The minute was approved subject to the following amendment to Item 7 paragraph 2 – replace “Mrs Duncan sought clarity on the principle set out in the document regarding future contracts of employment in relation to regional working” to “Board members sought clarity on the principle set out in the document regarding future contracts of employment in relation to regional working.”

7 Matters Arising

There were no matters arising from the minute.

8 Dr Gray`s Hospital – Obstetrics and Paediatrics

Mr Mortimer provided a verbal update. The NHS Grampian Maternity Services Review (2012) had confirmed the retention of a consultant led obstetric service at Dr Gray`s Hospital. The model had critical dependence on obstetricians, paediatricians, trainee doctors and other consultant led emergency services. In common with other specialities where there had been a reliance on trainees to support service delivery, the model had been supported and sustained over many years by the use of supplementary staffing. The projected trainee intake in February and August 2018 had triggered interim changes to the model. This was exacerbated by the relatively small numbers of consultants in Elgin.

There had been a reduction in the availability of trainee doctors to support obstetrics and paediatrics service and a reduction in the number of paediatric consultants. This had resulted in the removal of local on-site paediatric on-call support (1:2) which was replaced by first on call support from Royal Aberdeen Children`s Hospital (RACH) via telephone. The Business Continuity Plan (BCP) was developed based on clinical advice around patient safety with a limited workforce. There was an interim introduction of the Community Midwifery Unit and the Paediatric Ambulatory model. There was also the development of a range of clinical accords between clinical specialists in Elgin and Aberdeen and this was also agreed with Raigmore Hospital and the Scottish Ambulance Services (SAS). Key stakeholder engagement, including staff, had been undertaken at Elgin and Aberdeen, NHS Highland, SAS and ScotSTAR.
The Moray Clinical Alliance had been established which was to be clinically led with multi-disciplinary input including Aberdeen, Elgin, Inverness, GPs, Nursing and Allied Health Professions (AHPs). The first meeting was scheduled to take place on 18 August. The Alliance would re-align day to day management of Dr Gray’s Hospital through Pam Gowans, giving local ownership to all hospital based services. The Alliance would report to both the existing IJB structures (Moray Strategic Planning and Change Group) and the NHS Grampian Senior Leadership Team through the IJB Chief Officer and NHS Grampian’s Director of Acute Services. There would be sub-speciality ‘task and finish groups’ for all Dr Gray’s Hospital specialities. These would not be limited to obstetrics and paediatrics. The key objective would be to identify sustainable service models, across entire pathways for both hospitals and the community on the basis of one-system, one budget, population need. The Alliance and the sub-speciality groups would have representation from members of the public and service users eg the Maternity Liaison committee. Any changes would involve wide consultation with the community and key stakeholders.

NHS Grampian had provided a number of briefings to the Scottish Government over the last year. The Cabinet Secretary for Health and Sport was due to visit Dr Gray’s Hospital and the Elgin area on Friday 3 August. There had been a number of open drop-in sessions held during May, June and July to answer questions. An open town hall meeting had been held on 27 July 2018 to directly answer questions and had been attended by colleagues from both Elgin and Aberdeen. This meeting had raised a number of themes and concerns including communication and engagement, staff accommodation and local ownership.

It was acknowledged that it was an anxious time for woman and their families so a dedicated helpline, which would be staffed by the local midwifery team, had been set up to answer questions about the temporary safety changes to the Women and Children’s Service at Dr Gray’s Hospital. The Community Midwifery Team have been in contact will every mum-to-be with a due date in the next six weeks. The first point of contact would continue to be the community midwife.

A press announcement was about to be released about a new 12 month programme for Advanced Nurse Practitioners (ANPs) to be run by Robert Gordon University and expected to commence in November 2018. This would provide one of a number of key components of sustained support for Dr Gray’s reducing reliance on trainee doctors. The nurses would be able to build on their current experiences and skills to achieve advanced level academic and clinical practice by combining their studies with high quality clinical placements and supervision. It was a key step in the development of the multi-disciplinary workforce.

Clarity on the current position was provided to Board members. The use of social media as a means of ensuring information was emphasised. A Facebook page for Dr Gray’s Women and Children had proved popular as an interactive forum. This was an ongoing situation and it was important to continue dialogue and ensure accurate information was being provided.

Suggestions were made regarding remote learning opportunities. Concern was expressed at the impact this would have on other areas such as Aberdeen Maternity Hospital and Raigmore Hospital. It was confirmed that colleagues had been working
closely with those who may be impacted in other areas.

Board members discussed the challenges of trainee doctor places and also the national position on workforce recruitment, the age profile of the workforce and the impact on small units when a resignation occurred. Work was ongoing to make Dr Gray`s Hospital an attractive place to work. It was confirmed that NHS Grampian colleagues were involved in national groups to discuss increased numbers of trainee places and the new roles in the workforce. Discussions had also been held with all academic partners.

It was emphasised that the decision to change the model of care had been made on the grounds of patient safety and the underlying challenge of workforce supply. The service required to be able to provide safe care for every category of pregnancy which was not possible under the consultant-led model. The measures were temporary and maternity and paediatric services were to be retained at Dr Gray`s Hospital.

Non-Executives expressed concern that senior management required to deal with all aspects of NHS Grampian and could not solely concentrate on Dr Gray`s Hospital.

The Board was assured that Acute Services were doing everything possible at this time to maintain safe services for women, children and babies. The Chairman thanked everyone for their efforts to ensure a safe service continued to be provided. The Board would continue to receive updates as the situation developed.

9 Workforce Plan 2018-2021

Dr Ingram presented the Workforce Plan 2018-2021. It was a comprehensive document which had a slightly different layout with electronic click buttons to move to the appropriate sections which included workforce supply, ageing workforce, supplementary staff, transformational roles, employability and role development and risks and challenges. It was noted that there were major changes ongoing with transformation of services through the review of the structure and regulation of NHS Boards. There was also an emphasis on regional working to deliver services on behalf of the North of Scotland with shared services taking place in a number of areas. There was collaboration with Health and Social Care partners to change the shape of services and the workforce, to ensure sustainable, high quality health care for an ageing population, closer to their home.

It was important to ensure that NHS Grampian had the appropriate workforce in terms of numbers, behaviours and values, roles and professions, and skills and competencies to deal with the changing environment.

Dr Ingram highlighted some key workforce facts including:

- Annual workforce turnover was 10.3%.
- The average age of the workforce was 43.
- Transformation roles. There were 29 Physician Associates, 20 Clinical Development Fellows and 71 Advanced Nurse Practitioners.
- Nursing and Allied Health Professions (AHP) vacancies had decreased whilst Consultant vacancies had increased in the last year.
There was also a requirement for financial savings in the organisation. Work had been ongoing to reduce medical locum costs. Agency nursing costs had increased to support Acute Services.

Dr Ingram explained some of the Scotland-wide recruitment issues including recruitment outwith the UK and transformation of roles. She reported concern regarding the implications of the UK withdrawal from Europe although this might bring opportunities for employment from Commonwealth countries.

The Board noted the issues around recruitment and Dr Ingram was asked what was being done to influence decisions being made regarding training numbers. It was important that NHS Grampian retained those who received their training in Grampian once they were qualified. Mrs Hiscox advised that there was close contact with newly qualified staff to ensure that any issues were picked up quickly. There were also forums and opportunities to meet senior colleagues. The new transformation roles were discussed including the importance of the roles for the future healthcare. NHS Grampian and the local Universities were involved in joint working and training opportunities for the development of different groups of staff.

In response to a query about why the Consultant group was not highlighted in the plan, Dr Ingram advised that the Workforce Plan was part of a suite of documents and should be read together with the Regional Workforce Plan to avoid information being reproduced in all plans. Formal feedback was awaited from Scottish Government on the Regional Plan which had been submitted in March 2018.

The Board acknowledged that sickness absence rates were good and showed the culture of the organisation assisted with return to work for staff.

Whilst this was a 3 year Plan the Board acknowledged that there was a requirement to bring a report to the August Board meeting annually.

**The Board approved the NHS Grampian Workforce Plan 2018-2021 prior to publication on the internet and intranet and submission to the Scottish Government.**

10 North of Scotland Framework – Memorandum of Understanding (MoU)

Dr Ingram apologised that she had been unable to attend the 26 June Board meeting when the item had been discussed at which clarity had been sought by Board members on the principle set out in the document regarding future contracts of employment in relation to regional working. She explained that the MoU was an enabling measure to ensure that staff had access to the systems and information that they required to do their job as appropriate.

Dr Ingram emphasised that the intention was to allow staff who required to work regionally or in support of other Boards, the ability to do so without unnecessary bureaucracy and the frustration they currently faced and to have access to clinical and other systems. All Executives and Senior Managers had a provision in their contracts regarding national and regional working. However, this was not currently in place for other staff. In each circumstance the service covered would be described and agreed, both with the employees and by the participating organisations. Once this was in an
agreed service, this would require to be reflected in the contracts of new staff who were subsequently appointed to such a service model. This would be key to delivering the shared services agenda and other major aspects of the transformation agenda.

The proposal had been discussed with Employee Directors across the North and supported in principle.

The Board:

- Considered the initial Memorandum of Understanding (MoU) document in relation to staff working across the North of Scotland (NoS) Health Boards.
- Delegated authority to the Chief Executive/Acting Chief Executive to sign off the MoU.

11 Joint Health Protection Plan 2018-2020

Mrs Webb presented the paper prepared by Dr Emmanuel Okpo, Consultant in Public Health Medicine, who was unable to attend the meeting. She invited members of the Board the opportunity to meet the Health Protection team to find out more about its work. This was the fourth publication of the plan and provided an overview of Health Protection (communicable disease and environmental health) priorities, provision and preparedness for NHS Grampian, Aberdeen City, Aberdeenshire and Moray Councils as required by the Public Health etc (Scotland) Act 2008. It looked at local and national priorities and what actions were planned for the period of the plan. She explained that the local teams actively contributed to regional working by supporting on-call rotas and daytime cover in times of need across North of Scotland Boards, including, the Western Isles, Orkney and Shetland.

Changes to the GP contract required transformation of some services including immunisation across Scotland.

The Board was assured that there were robust arrangements in place and that the three Local Authorities had signed off the plan.

The Board endorsed the Joint Health Protection Plan and the objectives/actions contained within it.

12 Inequalities in Health – Progress Report from Short Life Working Group

Mrs Webb gave examples of progress being made to tackle health inequalities as reported by the Short Life Working Group in the paper prepared by Dr Linda Leighton-Beck, Head of Social Inclusion. This included work with Health Intelligence Department to produce an inequalities dashboard and support the Board’s monitoring role, the Modernisation Directorate reviewing its service design template, and inclusion of health inequalities in future agendas of the Engagement and Participation Committee.

To ensure NHS Grampian was an inclusive employer and procurer it had been agreed to establish a new group to drive the development of a staff health and wellbeing plan and a package for the Senior Leadership Team (SLT) to include current action, evidence, and improvement priorities. All policy documents presented to NHS
Grampian Board would include a health inequalities impact screening summary sheet.

The Board noted substantial progress on the ambition and actions to address Inequalities in Health, endorsed by the Board at its meeting on 1 February 2018.

13 Performance Report

Mr Gray presented the Report and highlighted the following main points:

- Unscheduled Care – The 4 hour A & E standard had settled and was being sustained. The Major Trauma Centre was scheduled to go live in the autumn 2018. Delayed discharges continued to be monitored. There had been positive engagement with the local minor injury units. Planning was ongoing for the critical winter period with reorganisation taking place.

- Elective Care – The additional capacity approved at the start of the financial year had assisted but not removed the gap between demand and supply. This would be discussed at the Board seminar in September. Extensive modelling of demand and capacity at speciality level and a range of options and costs had been identified.

- Cancer – Twice weekly meetings were being held to discuss all individual patients on a cancer pathway to allow for appropriate escalation. Service specific performance improvement plans were in place to address particular bottleneck areas identified. Cancer performance was to be discussed at the November Board seminar.

- Child and Adolescent Mental Health Services (CAMHS) – Funding for colocation was in place with a completion date of 1 April 2019. This would improve conditions for staff and patients and improve performance.

- Financial position – Results for the first quarter April – June 2018 showed a small overspend for NHS Grampian. Recovery plans were being prepared for two of the IJBs.

It was noted that the contract for additional Ear, Nose and Throat capacity at Fernbrae Hospital had been underperforming which was disappointing. This had been partly due to patients being unwilling to travel to Dundee for treatment.

It was requested that numbers of patients awaiting treatment for elective care should be included rather a percentage figure.

There had been positive feedback from the Inspectors at HMP Grampian on substance misuse treatment. Third sector services provided support for former inmates on their release from prison.

There was high level engagement with Local Authorities and NHS Grampian for IJBs. It was important that financial and service plans involved engagement with all parties.

The Board noted the Performance Report and the actions being taken to address those areas where performance was not in line with plan.
14 Integration Joint Boards – Update Report and Approved Minutes

Dr Coldwells, Chief Officer Aberdeenshire, presented the report from the three Chief Officers highlighting key matters from recent IJB meetings.

The latest approved minutes of the Aberdeenshire and Moray Integration Joint Boards were circulated to the Board members to provide information on the activities and breadth of work undertaken.

Dr Coldwells advised that if there was particular information the Board would like to be aware of to highlight this to the Chief Officers.

The Board commended the IJBs for the work they were doing.

The Board noted the report and the latest approved minutes of the meetings of the Aberdeenshire and Moray Integration Joint Boards.

15 Committee and Forum Reports

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

15.1 Spiritual Care Committee

15.2 Area Clinical Forum

15.3 Grampian Area Partnership Forum

Since it was her last Board meeting, Mrs Duncan took the opportunity to advise that she had been honoured to represent NHS Grampian staff on the Board. The Chairman wished to formally acknowledge her efforts and successes as co-chair and her work for staff.

15.4 Endowment Committee

16 Approved Minutes

16.1 Audit Committee – 20 March 2018
16.2 Endowment Committee – 16 February 2018
16.3 Area Clinical Forum – 16 May 2018
16.4 Grampian Area Partnership Forum – 21 June 2018

The minutes were noted.

17 Any Other Competent Business

None.
18 **Date of Next Meeting**

Board Meeting on Thursday 4 October 2018 at CLAN House, Westburn Road, Aberdeen.

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

Chairman