NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
at 10.30 am on 3 August 2017
Committee Room 5, Woodhill House, 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
Professor Mike Greaves Non-Executive Board Member
Mrs Christine Lester Non-Executive Board Member/Vice Chair
Dr Lynda Lynch Non-Executive Board Member
Dr Helen Moffat Non-Executive Board Member (attended from item 8)
Mr Jonathan Passmore Non-Executive Board Member
Mr Eric Sinclair Non-Executive Board Member
Mr Malcolm Wright Chief Executive

By invitation
Mr Paul Bachoo Consultant Vascular Surgeon (Item 8)
Ms Christina Cameron Programme Manager, (Planned and Unscheduled Care) (Item 8)
Dr Richard Coleman Associate Medical Director (Deputising for Dr Fluck)
Mrs Susan Coull Head of Human Resources (Deputising for Dr Ingram)
Mrs Kate Danskin Chief Nurse, Surgical Division (Items 8 and 9)
Mrs Jillian Evans Head of Health Intelligence (Items 7 and 8)
Mr John Graham Nurse Manager, Surgical Specialties (Item 9)
Miss Lesley Hall Assistant Board Secretary
Mr Gary Mortimer Director of Acute Services
Ms Anne Ross Head of Performance and Quality Improvement (Item 10)
Mr Alan Sharp Assistant Director of Finance (Deputising for Mr Gray)
Mr Graeme Smith Director of Modernisation
Mr Neil Strachan Divisional General Manager, Acute
Mrs Susan Webb Director of Public Health

Attending
Mrs Alison Wood PA/Minute Taker

Item Subject

1. Apologies

Apologies were received from Dr Nick Fluck, Mr Alan Gray, Mrs Laura Gray, Mrs Luan Grugeon, Dr Annie Ingram 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 provided a summary of some of the meetings and events he had recently attended.

- An annual thank you event for volunteers at Woodend Hospital which showed the wide and diverse range of volunteering activities undertaken. These included nursery children who had come into the hospital and young people who were undertaking their Saltire and Duke of Edinburgh’s awards. Students from Gray’s School of Art, Robert Gordon University (RGU), had provided art sessions in Morningfield House.
- An Educational Partners Collaboration Workshop which had input from Aberdeen University, RGU and NESCOL. It included themes on modern apprenticeships, work placements and access to medicine. With the challenges faced in relation to workforce and recruitment this was an important event to encourage collaboration.
- The launch of the Sue Ryder appeal to raise £3.9 million to extend Dee View Court, Scotland’s only purpose-built specialist neurological care centre, which would care for a further 20 people.
- A meeting with the Chairman, Chief Executive, members of the Senior Leadership Team and Grampian MPs and MSPs was held on 23 June. Discussions had focused on support for adults and children with eating disorders in Grampian, Electronic Patient Records, Workplace Health and the wide range of projects that had been supported by Endowment funds.
- A visit to Marywell Health Centre which provided health service for homeless people in Aberdeen City who were not registered with another practice. Many had complex needs and accessed a wide range of services. He also met staff at Brodie Ward in Cornhill Hospital which was a 26 bed adult acute ward for patients from Aberdeen City, Shetland and Ministry of Defence patients.
- A national Innovation Frontiers workshop event in Edinburgh. The aim was to discuss innovation in health and life sciences and support the ambition for Scotland to be recognised globally as a “come to place” for health science.

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.

Earlier in the week, he had attended the official launch of the Welcome Wards scheme with Ms Lesley McLay, Chief Executive of NHS Tayside. The scheme was ahead of anything else in Scotland and had been commended at a previous Board meeting.

Mr Wright reported on progress with regional working and how this would be implemented with Scottish Government and North of Scotland Board colleagues. He emphasised the importance of working with partners and gave the example of
regular meetings held by the three Local Authority Chief Executives, Police Scotland and NHS Grampian to improve Public Protection.

Other topics highlighted in the report included:

- Multi Storey Car Park at Foresterhill which was on track for hand over in September 2017.
- Woodend Staff Home
- Specialist Orthotic Service at Woodend Hospital
- Launch of Centre of Healthcare Education Research and Innovation
- Dr Gray`s Hospital, Elgin – new senior management team
- Ministerial Visit to Children`s Services in Elgin

5. Minutes of Meetings held on 1 June, 27 June and 6 July 2017

The minutes were approved.

6. Matters Arising

There were no matters arising.

7. Quality Indicators

Mrs Webb outlined the process that had taken place to develop Quality Ambitions and refreshed ways to measure NHS Grampian progress. Quality was at the centre of everything that NHS Grampian did and the Board had received information in the past about national and local programmes of work.

She advised that international literature highlighted the complexity of defining and measuring quality and that all datasets would have their limitations. Most indicators were pointers which should stimulate discussion rather than be absolute measures of quality.

Discussions had taken place with three types of audiences who would be looking for different types of information. Defining the audience was fundamental to informing the choice of indicator.

- Clinical teams – disaggregated, process and outcome information at team or individual level.
- Patients/Public - information without complex statistical formats.
- Planning and Assurance – outcomes, comparisons with other areas, drivers for improvement.

To date discussions had taken place with Board members, the clinical advisory structure and management forums to inform the four quality ambitions which the Board were asked to approve today. Mrs Webb went on to outline the quality ambitions and the rationale behind each one.

Quality Ambition 1. No Preventable Deaths: based on the idea that certain deaths could be ‘avoided’ if there had been more effective public health and medical interventions in place. These indicators did not serve as a definitive source of
effectiveness of health care system but highlighted areas of potential weakness that warranted further investigation.

Quality Ambition 2. Continuously seek out and reduce harm: Mitigated or reduced harm associated with health care was a priority. Harm was defined in many ways but a common understanding was that harm was ‘unintended physical or emotional injury resulting from, or contributed to by clinical care’. The Scottish Patient Safety Programme had identified areas where potential harm was more common and this, coupled with NHS Grampian’s own data would focus on areas for improvement.

Quality Ambition 3. Achieve the highest reliability for clinical care: NHS Grampian needed to deepen its insights into variation within and outwith Grampian for activity and outcomes for patients; to understand if this was truly due to need, access to or supply of services; lack of consistent implementation of evidence or wider determinants of health. This understanding could help point to areas for improvement.

Quality Ambition 4. Deliver what matters most: Evidence suggested that patients who were active participants in managing their health and health care had better outcomes that patients who were passive recipients. Shared decision making could also reduce unwarranted variation. Improving staff health could help to deliver better, safer and higher quality care on a more consistent basis.

Mrs Webb advised that, if approved today, the Board could receive a report at its October meeting which would utilise the proposed measures included in the paper. She stressed that these indicators would be refined as the work evolved.

The paper suggested that the Clinical Governance Committee review the quality report and the Board would receive an executive summary with recommendations for action from that Committee. The full report would be available for Board members to scrutinise.

Mrs Webb answered questions from Board members who welcomed the paper. It was suggested that Quality Ambition 2 should include reference to aggression and verbal abuse. It was also suggested the ambitions be re-prioritised with Quality Ambition 1 being Deliver what matters most.

Mr Wright acknowledged the wide engagement with the clinical community in developing the quality indicators.

The Board:

- Endorsed the quality ambitions for NHS Grampian.
- Achieved a common understanding behind the purpose and rationale for the metrics chosen to measure quality.
- Noted the next stage for Board level quality reporting and process of security.
- Noted the progress in developing a Grampian Quality Plan.

8. Grampian Clinical Strategy: Planned Care

Mr Mortimer introduced colleagues and provided an update on the work which was being taken forward within the planned care theme of the Grampian Clinical Strategy.
He emphasised this was linked to the Quality Indicators discussed in the previous item. The NHS in Scotland was facing unprecedented challenges related to its ability to meet the increasing demand for treatment and care. The need to address the delivery of planned or elective care, i.e. non-emergency treatment and care, had been recognised at national, regional and Board level. A National Elective Care Strategy was being developed as part of the response to increased demand and workforce challenges. In the North of Scotland an Elective Care Programme Board had been established with the aim of formulating a strategy for the North region. This would include the harmonisation of pathways and processes, shared resources to manage waiting times as efficiently as possible and coordination of capital funding to improve the facilities available for elective care delivery.

It was emphasised that the population in Grampian was ageing and the pressures would only continue to increase demand for elective care. However, there were also other reasons which contributed to the system pressures. These included the uncertainty of non-recurrent funding, shortfall in supply of trained professional staff and the heavy reliance on agency and locum staff with inherent vulnerabilities related to stability, safety, affordability and sustainability. These pressures had resulted in waiting times increasing for patients. In March 2017 29% of people waited longer than 12 weeks for a new outpatient appointment and 24% waited over 12 weeks for treatment.

It was important to optimise and transform the elective care services across the whole system in Grampian.

Mrs Danskin, Chief Nurse, Surgical Division, advised that with the significant rising demand and workforce supply issues, existing workforce models were being reviewed together with the establishment of new roles such as Assistant Perioperative Practitioners to ensure skills were used in the right way for patient care. The new roles created a broader pool from which to recruit and this was particularly important for NHS Grampian with the well known historical challenges related to workforce supply. For those roles to be attractive, whole life career pathways would require to be developed. A Supply, Recruitment and Retention Task and Finish Group had been established to identify key opportunities and strategies to build on the existing work for creating a resilient and sustainable workforce. Collaborative working with the local Higher Educational Institutes, other North of Scotland Boards, the Scottish Government and NHS Education Scotland was vital to address the workforce supply challenges.

Mrs Cameron, Programme Manager, Planned and Unscheduled Care, explained the optimisation and transformation work on elective care services across the system. Redesign and optimisation initiatives were a key feature of the strategy.

The Board was reminded that elective care was one strand of the Grampian Clinical Strategy. The approach was:

- Act as a lever for comprehensive change across the system.
- Drive out any hidden capacity to ensure that optimised capacity was available and aim for a target operating model to optimise performance.
- Agree a solid base for capital investment as part of the national approach to establishing elective care capital programme.
The programme was undertaking an intensive engagement process with 21 services involving a broad range of multi-disciplinary and multi-sector staff through focused and facilitated workshops. The workshops would review activity, demand and capacity, to identify opportunities and challenges for the future. The work outputs from these workshops would then support the development of a plan for elective care in the future and would inform an Initial Agreement and a subsequent Business Case for Capital Investment which would be ready by Spring 2018. Cross system workteams would identify the service specific redesign initiatives and the common themes that need to be progressed across patient pathways. The output of this process would be a comprehensive redesign programme. Some areas of improvement had already been identified and were underway.

Mr Strachan, Divisional General Manager, Acute, expanded on the regional work which was ongoing. A North of Scotland Elective Care Programme was being taken forward as part of the elective care portfolio led by Mr Wright on behalf of all North Boards. The initial work had focused on the formulation of a strategic case to be part of the business cases which were being prepared for the elective care centres in Highland, Grampian and Tayside. This would guide change at a regional level to maximise the use of all resources in the region. Further work was aimed at harmonising access policies and pathways to move towards the standardisation of processes in all Board areas, and determine how resources could be shared to contribute to minimising waiting times for each Board.

Mr Bachoo, Consultant Vascular Surgeon, explained the elective surgery categorisation which ensured that patients were prioritised for surgery in a way which addressed clinical need and did not put them at risk. This process was clinically owned and supported by clinical staff. There were significant changes to the service and patients were prioritised in order of risk. A new system of active surveillance was used which allowed clinicians to escalate specific patients when any changes occurred whilst waiting for care.

Discussions had been held with the Scottish Government Access Support Team as to new ways of joint working.

A Surgical Transformation Programme Board (STPB) had been established and performed a governance role, reporting to the Acute Sector Leadership Team and the Performance Governance Committee.

The Board was reassured about the high level of public engagement in the process. Each of the service engagement processes had involved public representatives and this would continue as the programme progressed.

The Elective Surgery Categorisation process had been shaped by the clinical staff in the services. Waiting times information was available on the NHS Grampian website to advise realistic time frames for a clinical procedure or appointment. This followed feedback from patients about availability of information. This information was updated weekly and was based on how long those patients seen in the last six weeks had waited.

The team answered questions from Board members. It was confirmed that the Elective Surgery Categorisation process would be used in all hospitals and changes
had been requested by clinicians who were taking ownership of the processes. The important role that GPs had during initial consultations with patients, to manage expectations and provide opportunities for self management was emphasised.

Mr Wright stated that the journey was underway and that the pace of redesign in the organisation was moving faster. The Board recognised the need to be open and transparent at all times and that public involvement was crucial.

The Board agreed that the wording of the recommendations should be strengthened to emphasise the Board’s support for the work being undertaken.

The Board:

- Noted the population and activity trends which had an impact on the need for planned care.
- Supported and acknowledged the work underway with partners in the North of Scotland to ensure that there was a consistent regional approach.
- Supported and endorsed the work being taken to reshape the approach to planned care in Grampian.
- Supported and noted and endorsed the range of initiatives or planned which would improve efficiency and ensure that priority was given to those with the greatest clinical need.

9. Patient Story: Listening to Patient Experience to Gain A Fresh Perspective

Professor Croft introduced Mrs Danskin and Mr Graham, Nurse Manager, who presented the story of an independently living 70 year old man, who was admitted for an elective surgical procedure which required one overnight stay at Aberdeen Royal Infirmary. His surgery took place on a Friday afternoon. As the ward to which he was admitted closed on a Friday evening, he was “boarded” to another speciality ward for his overnight stay. A registered nurse (RN) with specific skills in his speciality had been rostered to go to the boarding ward for night shift. However, this RN was also on standby for any emergency referrals to the hospital.

Mrs Danskin had received a message through the Datix system that the patient had raised concerns. They had met in person and the patient had shared very positive feedback about his care and treatment from both surgeons and nursing staff until his experience of being boarded. He described feeling unwelcomed in the new ward and he had been unhappy about the attitude of one nurse. He also raised concern about a noisy door overnight. Mrs Danskin agreed to investigate his concerns and meet him again to give feedback.

Mr Graham had investigated issues raised. The door was reported to Estates and dealt with. He had discussions with the Senior Charge Nurses (SCNs) from the wards which closed over the weekend and it was agreed that better communication was required between the wards. As the RN on night shift was often busy with emergency referrals on a Friday night it was agreed to review the rosters and a change was implemented to ensure a smooth transition. The nursing teams discussed the patient’s perception that he was not really their patient. A standard operating procedure was prepared and a short focused huddle of nurses in charge of the relevant wards would take place every Friday to discuss and plan transfers.
Mrs Danskin and Mr Graham had updated the patient on the outcomes. He was pleased to have been taken seriously and action taken.

The Board thanked Mrs Danskin and Mr Graham for the interesting patient story.

**The Board noted the patient story/feedback and how nursing teams used patient feedback as an opportunity to improve how they were working.**

10 **Performance Report**

Ms Ross, Head of Performance and Quality, highlighted the main points in the Performance Report which covered high level performance against which the Board was held to account through the Local Delivery Plan. She confirmed that detailed performance reports were provided monthly to the Senior Leadership Team and bi-monthly to Performance Governance Committee.

- Performance against A & E 4 hour standard and rate of attendance at A & E continued to be good in Scottish terms. Recently there had been a slight deterioration due to increased activity due to summer months and complexity of cases. This was not statistically significant.
- Delayed discharges continued to fluctuate but were much reduced from previous years. The topic remained high on Integration Joint Boards’ agendas and various initiatives such as virtual ward in Aberdeenshire and supported accommodation in Moray were having an effect.
- Elective Care had been covered earlier in the agenda.
- Cancer access standards remained a challenge and a full report had been requested by the Senior Leadership Team this month. Referrals were increasing and overall pathway length reduced but the standard was not yet being met sustainably.
- The Board had received a full report in June 2017 on Mental Health Services and an update would be coming to a future meeting. The issue was generally one of capacity and the service was working cross system and cross agency to prioritise activity.
- Financial Performance – There had been an overspend of approximately £1.995 million in the first quarter. The Senior Leadership Team received a monthly saving tracker. The focus continued to be on reducing locum use, supplementary staff costs in nursing and ensuring optimum efficiency through service productivity.
- Improved performance related to access to chronic pain services.
- Good performance in Scottish terms in relation to access to Musculo Skeletal Services (MSK).
- Overall improvement shown by stroke audit.
- Organ donations and transplant activity showed excellent performance.

Mr Sinclair expressed concern that a comments section had been removed from the report of the recent Stroke Care Audit which was a public document. He felt this was a lost opportunity to raise issues and discuss solutions which had been tried locally. Ms Ross confirmed that the Stroke Managed Clinical Network (MCN) had raised this with Scottish Government and was awaiting a response.
Cllr Brown raised an issue with access times at Dr Gray’s Hospital which Mr Mortimer undertook to investigate.

Mrs Webb referred to significant improvements in teenage pregnancy rates and the requirement to reduce inequalities. It was agreed that additional information would be presented at a future Board meeting.

The Chairman recommended a presentation to the Board members on organ donations and transplant activity at a future meeting or seminar.

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.

11. Infrastructure Investment – Baird Family Hospital and ANCHOR Centre

Mr Smith provided an update on progress with these facilities. The project team that had developed with the Principal Supply Chain Partner (PSCP), Graham Construction, a preferred physical design for each facility to ensure efficient and effective service delivery. These designs were informed by an extensive programme of service redesign led by specialist health planners and involving a wide range of clinical staff.

The process had identified a number of areas of complexity in the required building design. Without further action, to mitigate the impact, there would be higher than anticipated build cost estimates.

The design team had carried out a detailed value engineering and cost review exercise which involved all stakeholders. To undertake the additional design work could potentially increase the level of spend commitment in advance of the Outline Business Case (OBC) approval beyond the maximum previously approved by the Board i.e. £2.7m to £3.7m. The Scottish Government Health Finance Directorate had confirmed agreement to the additional work necessary to refine the project design and cost estimates and had issued the Board with approval to incur the additional fees up to a maximum of £3.7m. The increase in fee costs remained within the agreed funding allocated for the project in 2017/18. The Frameworks Scotland contract model was designed to mitigate construction risk on large capital projects through effective “up front” design planning.

The Board:

- Noted the work ongoing, under the stewardship of the Project Board, to further refine the design of the facilities and to finalise the associated cost plan within affordable limits.
- Authorised the Chief Executive and Board Chairman, on the recommendation of the Project Board, to commit design fee costs up to the revised maximum limit of £3.7m in advance of Outline Business Case (OBC) approval (increased by £1m) from the previously improved project budget of £2.7m.
- Noted that the Scottish Government Health Finance Directorate were in agreement with the proposal to further refine the project design and cost estimates and to the associated increase in fees.
12. **Development of the North of Scotland Regional Delivery Plan**

Mr Smith provided an update on the work being undertaken with the other five NHS Boards in the North of Scotland to prepare a Regional Delivery Plan (RDP). The Scottish Government had requested all three Health regions in Scotland prepare plans to identify the key issues and actions to support the implementation of the National Clinical Strategy and the National Health and Social Care Delivery Plan. NHS Grampian had a long history of joint working with the other NHS Boards and all Boards acknowledged the importance of working together.

Mr Wright, as Regional Implementation Lead for the North Region, was working with the other five Chief Executives in the region to develop a revised structure for collaborative working in the North. A draft RDP was being prepared for submission to the Scottish Government by the end of September and the final RDP was to be completed in March 2018.

The North of Scotland Chief Executives` Group met monthly on a formal basis and informally on a weekly basis. The Group was the main decision making group for the North of Scotland. The Chairs of the NHS Boards met with the Chief Executives quarterly to progress the cross-Board collaboration.

A Regional Delivery Board (RDB) had been established with the task of overseeing the development of the regional plan and to ensure that there was a clear range of cross NHS Board and Health and Social Care Partnerships (HSCPs) actions for greater sustainability and quality improvement for the population of the North.

A communication and engagement plan was being prepared to ensure the aims of regional working were understood and to gain wide participation in the identification of priorities and actions.

The professional groups in the North, e.g. Medical Directors, Nurse Directors, had been requested to identify the key regional issues which required to be considered in the planning process.

Funding had been provided by the Scottish Government to support project workstream executive leadership

There were challenges relating to financial sustainability and workforce availability. The Grampian NHS Board would be involved in the development of the Regional Delivery Plan at Board meetings and seminars up to the end of March 2018 and beyond. The development of improved collaboration between North of Scotland Boards, HSCPs, Local Authorities and other stakeholders would create a sustainable future for health and social care services in the North of Scotland.

Board members raised concerns about governance with approval required by all six NHS Boards and twelve Health and Social Care Partnerships. Mr Smith confirmed that engagement was ongoing and all partners should have ownership of the plan by joint working. The involvement of NHS Non Executive members who were also on IJBs would be useful. There was an opportunity to streamline and improve services. The importance of a wider public engagement to encourage buy-in was emphasised.
The Board endorsed the approach being taken to the preparation of the Regional Delivery Plan within the North of Scotland.

13. Committee and Forum Reports

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

13.1 Endowment Committee

Dame Anne highlighted the funding requests which had been approved.

13.2 Engagement and Participation Committee

Mrs Lester highlighted the Community Empowerment (Scotland) Act 2015 and the importance of learning from feedback. The role and remit of the committee would also be considered with regard to regional working.

13.3 Area Clinical Forum

Dr Moffat highlighted concerns about the ongoing staffing situation in Mental Health and Learning Disability Services which put services and staff under severe pressure.

13.4 Grampian Area Partnership Forum

Mrs Duncan also highlighted the issue with the staffing situation in Mental Health and Learning Disability Services.

14. Approved Minutes

The Board noted the following approved minutes:

14.1 Endowment Committee – 16 February 2017
14.2 Endowment Annual General Meeting – 28 June 2016
14.3 Engagement and Participation Committee – 22 February 2017
14.4 Audit Committee – 21 March 2017
14.5 Grampian Area Partnership Forum – 13 April 2017
14.6 Area Clinical Forum - 10 May 2017

15. Any Other Competent Business

None.

16. Date of Next Meeting

- Board Meeting on Thursday 5 October at CLAN House, Westburn Road, Aberdeen.