NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
at 10.30 am on 7 June 2018
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
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
Mrs Luan Grugeon  Non-Executive Board Member
Cllr Douglas Lumsden  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
Mrs Susan Webb  Director of Public Health
Mr Malcolm Wright  Chief Executive

By invitation

Mr Paul Allen  Director of Facilities and Estates
Dr Roland Armes  Clinical Lead, Initial Major Trauma Centre Care (Agenda Item 7)
Mr Paul Bachoo  Medical Director for Acute Services (Agenda Item 9)
Dr Adam Coldwells  Chief Officer, Aberdeenshire Health and Social Care Partnership
(Agenda Items 8 and 11)
Mrs Susan Coull  Operational Director of Workforce
Mrs Jillian Evens  Head of Health Intelligence (Agenda Item 9)
Mrs Jane Fletcher  Head of Hosted Mental Health & Learning Disability Services
(Agenda Item 8)
Mrs Laura Gray  Director of Corporate Communications/Board Secretary
Miss Lesley Hall  Assistant Board Secretary
Mrs Caroline Hiscox  Acting Director of Nursing, Midwifery and Allied Health Professions
Ms Gerry Lawrie  Head of Workforce and Development
Miss Rachael Little  Employee Director Elect
Dr Iain McLeod  Consultant (Agenda Item 7)
Mr Gary Mortimer  Director of Acute Services
Mrs Lorraine Scott  Programme Manager (Agenda Item 7)
Mr Graeme Smith  Director of Modernisation/Deputy Chief Executive
Ms Julia Wells  Nurse Consultant, Older Adults Mental Health (Agenda Item 8)

Attending

Mrs Alison Wood  PA/Minute Taker
<table>
<thead>
<tr>
<th>Item</th>
<th>Subject</th>
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<tbody>
<tr>
<td>1</td>
<td>Apologies</td>
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<td>Apologies were received from Cllr Frank Brown, Dr Annie Ingram and Mrs Christine Lester.</td>
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<td>Declarations of Interest</td>
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<td>There were no declarations of interest relating to specific agenda items.</td>
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<td>Professor Logan reminded Board members that they required to update the Register of Board Members’ Interests every 6 months and that paper copies had been circulated to them.</td>
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<td>Chairman’s Welcome and Introduction</td>
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<td>Professor Logan welcomed everyone to the meeting and made special reference to a number of changes in roles. Miss Rachael Little will take over from Sharon Duncan as the Employee Director with effect from 1 September and she was congratulated on her election. Mrs Caroline Hiscox was now the Acting Director of Nursing, Midwifery and Allied Health Professions in place of Professor Amanda Croft who was Acting Chief Executive. Mrs Susan Coull was Operational Director of Workforce.</td>
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<td>He advised of some of the meetings and events he had recently attended including:</td>
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<td>• Meetings with Grampian MPs and MSPs in Aberdeen to discuss Regional Workforce Plan, GP recruitment and the Major Trauma Centre. There had also been a presentation on the Day of Surgery Admission Unit which highlighted the key benefits of coming into hospital on day of surgery. There had been an additional meeting in Elgin for Moray MPs and MSPs to discuss paediatric services at Dr Gray’s, innovative approaches to recruitment, waiting times, the pain clinic and ophthalmology.</td>
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<td>• Volunteer thank you event at High Hilton Church. Three Therapet dogs attended who were the stars of the show.</td>
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<td>• Presentation of certificates to the latest graduates of the Career Aspirations programme with participants from across NHS Grampian and the Health and Social Care partnerships.</td>
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<td>• Seventh Quality and Safety Event – From Patient to Board, which was a collaboration with the University of Aberdeen and Robert Gordon University, to share knowledge and good practice across health and social care. Theresa Fyffe, Director of RCN Scotland, one of the key speakers, had presented on culture, empowering and enabling staff.</td>
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<td>• Walkrounds of the Day Case Unit and Out Patient Department in Royal Aberdeen Children’s Hospital with Dame Anne, and Ward 203 at Aberdeen Royal Infirmary which provides in-patient, out-patient and emergency care to ophthalmic patients with Sharon Duncan.</td>
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<td>• Innovate UK and NHS Scotland Event in Tayside with speakers discussing</td>
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4  **Acting Chief Executive’s Report**

Professor Croft highlighted the following:

Exercise Taurus had taken place on 17 May in order to test NHS Grampian’s readiness for dealing with a major incident. The exercise was the biggest for many years, involving approximately 150 staff from across the organisation and a number of external partners responding to a simulated incident. Feedback and evaluation had been good. Lessons learned would influence major incident planning processes in the future.

She had attended and spoken at the Dementia Champions Development Day. The event was to increase appreciation and understanding of the importance of the Dementia Champion role in driving change and improvement within NHS Grampian and beyond. It had been well attended with some excellent speakers sharing their experiences. There had also been an opportunity to meet Therapet Shetland ponies who had visited patients at Royal Cornhill Hospital and a number of care homes across Grampian. They had proved to be beneficial for dementia patients.

Professor Croft had walked round areas in Facilities and Estates with Paul Allen, Director of Facilities and Estates colleagues including the Central Decontamination Unit, the laundry, the warehouse and kitchen at Aberdeen Royal Infirmary.

The opening of the new Stonehaven dialysis unit at Kincardine Community Hospital. There had been a huge community effort to raise funds over a five year period. It would enable local people to receive treatment without visits into Aberdeen.

Professor Croft had been involved in the recruitment process for the new Chief Officer for Aberdeen City Health and Social Care Partnership with an announcement due shortly. Sally Shaw was due to take up the position of Chief Officer for Orkney Health and Social Care Partnership

Other meetings highlighted included attending the Advisory Committees and the North East Chief Executives’ Forum.

5  **Minutes of Meetings held on 5 April 2018**

The minute of the meeting held on 5 April 2018 was approved.

6  **Matters Arising**

There were no matters arising from the minute.

7  **Development of the North of Scotland (NoS) Trauma Network and North Major Trauma Centre**

Mr Smith provided a brief introduction on the positive progress which had been made to date on the Major Trauma Centre and the retrieval Hub. The North of Scotland Trauma Network Plan had been approved by the Scottish Trauma Network (STN) Steering Group in October 2017, which resulted in approximately £3.3m recurrent investment to enhance trauma care across the North of Scotland and good progress
had already been made to implement the plan. The network had created solid foundations with engagement of colleagues across the area. There had recently been an event held in Nairn with 170 colleagues to work on details of clinical implementation and development of plans in preparation of the formal Trauma Centre.

Mrs Lorraine Scott, Programme Manager, explained the background for the North of Scotland Major Trauma Centre and the unique challenges faced in the North with the geography and population spread. The funding received had supported:

- the development of dedicated clinical leadership and management capacity
- the support and development of local emergency hospitals (LEHs)
- progress in the development of the Trauma Unit (TU) within Raigmore Hospital and the NHS Highland Trauma Network
- progress in the development of the NoS Major Trauma Centre (MTC) in Aberdeen
- enhanced education across the network
- collaborative working with the Scottish Ambulance Service (SAS)

The dedicated leadership allowed the team to be in the position they were in now. Learning had been seen from the English phased approach as well as international evidence of the benefits of a Trauma Network and MTC.

There had been collaboration and engagement with staff and partners to ensure a shared vision, model and plan. This had been done by a number of mechanisms such as annual events, workshops, staff surveys and patient experience work. Engagement had also been undertaken with patients and their families to ensure that what mattered to them was included in the shared vision.

The go live date was October 2018 with the North ScotSTAR Hub due to go live in 2019. The process to determine the location of the hub in the North of Scotland was due to commence.

Dr Roland Armes, Clinical Lead, emphasised that major trauma patients were already looked after in the North of Scotland. However, the centre would be a major improvement, especially for the treatment of older patients. A Major Trauma Centre Patient Pathway was in place. There would be a timeline for a patient with an early start for rehabilitation, a single point of contact and to draw patients from the network.

The Pre-MTC achievements included:

- Trauma Call System
- Resident Trauma Team leader 24/7/365 with effect from 24 July
- Trials of Single Point of Contact
- Recruitment to posts
- Standardised documentation

There had been engagement with Integration Joint Boards (IJBs) colleagues on rehabilitation plans for patients. Discussions were held on the requirement for community rehabilitation and connectivity with the families. It was agreed that rehabilitation should commence within the first 24 hours. Key roles were being put in place to support the patients. There had been a great deal learned from the experiences in England.
Mrs Scott advised that data was currently being collected across the network incorporating quality of life for trauma patients including time to transfer patients. It was agreed that in the North of Scotland it could be a challenge for the patient to be transported to the MTC within one hour. There was also work underway to maximise support to rural general hospitals.

The one point of contact who would have an overview of the patient’s journey was considered to be an important point which would assist the patient and their families. It would also help when the patient left hospital to go home. It was considered that there was huge potential to use this for other areas of care within NHS. The Case Managers would be clinical posts with the model currently being piloted.

Board members were assured discussions were ongoing to ensure that patients had timely access to theatres with sufficient staff and specialists available.

The team members were thanked for their significant progress and asked to come back to Board periodically to provide updates.

The Board noted the progress made to date, along with future plans in developing a Major Trauma Network across the North of Scotland (NoS) and specifically the development of the North Major Trauma Centre (MTC) based in Aberdeen.

8 Mental Health and Learning Disability Service (MHLDS)

Mrs Fletcher, Head of Hosted Mental Health and Learning Disability Services thanked the Board for the opportunity to provide an update on the services.

The Board was assured that progress had been maintained and that patients were in mental health beds for the right reasons. While admission rates had increased the length of stay had reduced. There was less boarding of patients. Nurses also had more time to offer therapeutic activities to patients.

There had been a reduction in the overspend figure to £300,000 for 2017/2018.

In the short term there would be no improvement in the nursing figures but there would be more student nurses graduating this year with the registered nursing staff numbers due to improve from September 2018 onwards. It was highlighted, however, that it was expected that there would be a peak in retirements in 2019. There had been an increase in medical locum costs over the last year primarily due to junior and senior trainee fill rates which had resulted in gaps. Work was ongoing to make it more attractive to work in Grampian with the development of new roles and multi-disciplinary teams embedded across services. Teams were being empowered to take decisions regarding redesign and changes.

Mrs Fletcher advised that the Learning and Disability Acute Assessment Ward which had temporarily closed in February 2017, was due to reopen in a phased way in the summer of 2018.

There had been infrastructure improvements including Huntly Ward at £1.5 million
which was due to be completed in August 2018. A further five Acute Admission Wards at Cornhill and Ward 4 at Dr Gray’s Hospital, Elgin were due to have improvement work undertaken.

Mrs Fletcher advised she would be coming back to the Board later in the year with a full progress report on Child and Adolescent Mental Health Services (CAMHS). She advised new staff were in post, there was a commitment for additional funding and plans for co-location of the three Aberdeen based services were ongoing. There had been an improvement in number of CAMHS patients starting treatment and 48.7% had been seen within 18 weeks.

Health Improvement Scotland (HIS) had provided support from the Mental Health Access Improvement Support Team (MHAIST) team to provide an external view.

Dr Coldwells referred to cross-Grampian working. He advised that a Clinical Care and Leadership Group had been set up with representation from all Health and Social Care Partnerships. Adverse events would be discussed at the Adverse Events Group which would meet monthly.

There were key challenges including workforce and maintaining patient flow. It was important to have a system-wide approach with a future joint vision to create an environment where the right people came together in an open space event to discuss system-wide issues and take into account the diversity of the three Integration Joint Board areas and the needs of patients and carers.

Ms Wells, Nurse Consultant, provided a brief overview of patient and carer feedback. The 12 bedded Strathbeg ward provided care for men with progressing dementia and associated stress and distress. It had been chosen to provide feedback following a Mental Welfare Commission for Scotland unannounced visit. The staff had found that the carers had not engaged to the level they would have preferred although one family had been very involved. Stress and distress had been discussed and efforts made to build resilience and improve activities available in the ward. Daily safety briefs were held at the start of shift.

The Board noted the update on the Mental Health and Learning Disability Service.

9 Grampian Elective Care Programme

Mr Smith referred to the paper presented which provided an update to the Board on the development of an Elective Care Programme, the challenges faced in relation to the capacity available for the delivery of the service and the increased need for treatment.

In relation to the improvement of facilities, an Initial Agreement (IA) document would be presented for approval at the 26 June 2018 Board meeting prior to formal submission to the Scottish Government Capital Investment Group.

Mr Mortimer and Mrs Evans explained the need for the elective care programme. Demographics played an important part in the challenges faced. As with the rest of Scotland and the UK, the population was ageing and growing. The increases were biased towards middle age and older adults, where population groups between 65 and
74 and over 75 years of age had grown by 18% and 7% respectively. This would impact on health and social care needs, particularly for conditions which were associated with ageing. Many specialties had seen rises in demand for care in excess of the average population increase and this would magnify over the next decade. An example was that the demand for MRI for diagnostic purposes had increased by 60%. Demand was anticipated to increase by 12% in the next decade.

The current challenges included workforce supply, supplementary staffing models, increased demand for services and non-recurring funding solutions. Some of these challenges and levers could not solely be controlled by the service. This had also resulted in some medical patients requiring to use surgical beds. Decisions were made by clinical prioritisation.

The Day of Surgery Admissions (DoSA) Unit was a tangible example of a decision to improve the way things were currently done. The DoSA Unit would improve patient flow within the main theatre suite and release surgical beds by increasing day of surgery admissions and resultant reduction in length of stay. It would help reduce current delays associated with locating, and preparing patients on the operating list.

NHS Grampian had undertaken a broad process of engagement which involved clinical services, including primary care, patients and public representatives to ensure improvements efforts and funding would be targeted as effectively as possible. The aim would be to improve efficiency, productivity and the delivery of services to best meet anticipated need and demand for treatment in the future. The vision for elective care was to deliver treatment and care as close to home as possible through the application of best practice, innovation and digital technology. Progress would require whole-system responsibility and there would also be a requirement to work in partnership locally, regionally and nationally.

Following the discussion, there was an interactive session which gave Board members and meeting attendees the opportunity to engage with staff from different areas of elective care. The topics and presenters were:

**Target Operational Model**
- Mr Neil Strachan, Divisional General Manager. Acute Services
- Mrs Fiona Francey, Deputy Director of Acute Services

**ESCatS – Elective Surgery Categorisation System**
- Mr Paul Bachoo, Medical Director for Acute Services
- Professor Duff Bruce, Clinical Lead, General Surgery

**Electronic Patient Record**
- John Thomson, Clinical Lead, Accident and Emergency
- Mrs Heather Binns, Programme Manager

**Community Setting**
- Dr Lizzie Finlayson, GP
- Dr Adrian Crofton, GP
- Miss Louise McKessock, Clinical Redesign Manager
The Chairman thanked the participants for a most useful and interesting session.

The Board:

- Noted that an Initial Agreement (IA) document would be submitted to the NHS Grampian Board on 26 June 2018 for approval prior to formal submission to the Scottish Government Capital Investment Group for consideration.

- Endorsed the approach taken to develop the Elective Care Programme

- Noted the specific initiatives underway and planned

- Noted the broader context within which the decision on capital investment will be made.

10 Performance Report

Mr Gray presented the Report which had been discussed in detail at the Performance Governance Committee. He advised that a number of topics had been covered earlier in this Board meeting. He highlighted the following main points:

- Unscheduled Care – There had been slow recovery following the winter pressures. The six essential actions huddles focused on daily discharge and flow improvement streams. The three Health and Social Care Partnerships remained committed to minimising delays in discharge.

- Elective Care – Projected demand capacity of £7.2 million additional this year to improve access. This included additional surgery capacity at Dr Gray’s Hospital, additional Ear, Nose and Throat capacity at Fernbrae Hospital, additional orthopaedic capacity at Woodend Hospital and additional ARI theatre sessions for longest waits across all three categories of elective classification.

- Cancer – remained challenging. Twice weekly meetings were held to discuss all individual patients on a cancer pathway to allow for appropriate escalation.

- Child and Adolescent Mental Health Services (CAMHS) – The plan for colocation was highlighted. Mrs Fletcher would present at a future Board meeting with the action taken to improve the pathways.

- Financial position – NHS Grampian had achieved its three statutory financial targets for 2017-2018.

It was asked if an increase in tier 3 activity in CAMHS had taken place following changes in the community. Mrs Webb advised that a mapping of activities in tiers 1 and 2 showed a range of good practice. However, it was not being done at scale. Discussions with local authority colleagues across Grampian had been productive and a programme of work was underway to agree and put in place appropriate support across tiers 1 to 3. An update would be provided to the Board in the autumn.
With regard to Drug and Alcohol waiting times, Mrs Duncan highlighted the Aberdeenshire drop in the proportion of people treated within three weeks compared with Aberdeen City and Moray. Mr Coldwells stated that this was due to a lack of prescribers in the North of Aberdeen area. Plans were in place to improve this dependant on recruitment and this would be monitored going forward.

In response to a query about the data on child health 27-30 month review (2016/17), the Board noted that 85.3% of all reviews in Grampian actively recorded there were no concerns about any aspects of the child’s development compared to 66.1% across Scotland. This posed a number of questions regarding data collection and data capture. Mrs Hiscox advised that the data had been reviewed. There was a variance in practices and this would be monitored to clarify any discrepancy.

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

11 Integration Joint Boards – Update Report and Approved Minutes

Dr Coldwells, Chief Officer Aberdeenshire, presented the report from the three Chief Officers.

The latest approved minutes of the Aberdeen City, Aberdeenshire and Moray Integration Joint Boards were circulated to the Board members to provide a flavour of the activities and breadth of work undertaken.

The paper emphasised the work done in the three areas and that they were doing the right thing for the North East both together and individually.

Dr Coldwells advised that there had been very positive engagement with the Peterhead community at a Ugie Hospital event which had explored the services currently delivered and options for the future. There had also been extensive engagement from across Aberdeenshire on the review of Minor Injury Units. The process of the reviews had come to the Engagement and Participation Committee and public involvement had been sought.

The Health and Social Care Partnerships were working with Local Authorities and NHS Grampian on a range of challenges. The Board commended the IJ Bs for the work they were doing.

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

12 Committee and Forum Reports

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

12.1 Clinical Governance Committee

Dr Moffat had chaired the meeting in Dr Lynch’s absence and confirmed she had nothing to add to the report.
12.2 Engagement and Participation Committee

Mrs Anderson advised that Sue Swift, Divisional General Manager, and Alasdair Pattinson, General Manager Acute Services Moray, had discussed the changes to Women and Children’s services at Dr Gray’s Hospital. Public engagement across the Moray area was positive.

Dame Anne advised they had received a report on the provision of services for people with a visual impairment. A discussion had been held around British Sign Language (BSL) interpreters in Grampian. Video BSL had been introduced in February 2018 which was useful for short routine appointments and emergency situation. Local “face to face” BSL interpreters were available for longer and more complex appointments. Concern was raised that whilst there was the flexibility of face to face interpreters at ARI this was not the case at Woodend Hospital. The Board was assured that BSL was available where required when advanced notice was provided. There had been local taster sessions to try the service which had received positive feedback.

12.3 Performance Governance Committee

Professor Logan advised that the report was self-explanatory.

12.4 Staff Governance Committee

Mr Sinclair advised that positive feedback had been received on the fourth annual Staff Governance Workshop which had been attended by colleagues across the sectors and partnerships. Dr Richard Coleman, Associate Medical Director, had been congratulated on receiving an award “in recognition of an individual whose behaviours, examples or successes had inspired medical students or postgraduate trainees in Scotland”.

12.5 Area Clinical Forum

Dr Moffat highlighted the forum’s discussion on the NHS Grampian Clinical Strategy. Items relating to patient pathways had appeared on GP Sub-committee agenda and the ACF felt that there should be a management supported, multi-professional structure to facilitate this work.

She reminded the Board that her tenure as Chair of ACF was due to finish on 30 September. The recruitment process for a new Chair had been completed and would be confirmed at the next ACF meeting.

12.6 Grampian Area Partnership Forum

Mrs Duncan highlighted the GAPF Annual Development Day held in May. The theme had been forward looking towards new developments and improvements with an emphasis on staffing.
13 **Approved Minutes**

13.1 Clinical Governance Committee – 9 February 2018  
13.2 Engagement and Participation Committee – 7 February 2018  
13.3 Performance Governance Committee – 13 March 2018  
13.4 Spiritual Care Committee – 27 February 2018  
13.5 Staff Governance Committee – 27 February 2018  
13.6 Area Clinical Forum – 14 March 2018  
13.7 Grampian Area Partnership Forum – 25 January and 21 February 2018

The minutes were noted.

14 **Any Other Competent Business**

Professor Logan reminded Board members that the August Board meeting would be held in Elgin and that there would be opportunities to visit Dr Gray’s Hospital and other services and facilities in Moray to ensure good use of time.

15 **Dates of Next Meetings**

Board Meeting (including Annual Accounts) on Tuesday 26 June 2018 at Summerfield House, 2 Eday Road, Aberdeen.

Board Meeting on Thursday 2 August 2018 at the Alexander Graham Bell Centre, Moray College, UHI, Elgin.

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

Chairman