NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
at 11.00 am on 7 December 2017
CLAN House, 120 Westburn Road, Aberdeen

Present

Professor Stephen Logan Chairman
Mrs Amy Anderson 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/Deputy 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
Professor Steven Heys Non-Executive Board Member
Mrs Christine Lester Non-Executive Board Member
Dr Lynda Lynch Non-Executive Board Member
Dr Helen Moffat 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 Sean Coady Head of Service, Moray Health & Social Care Partnership (Agenda Item 7)
Mrs Susan Coull Head of HR (Agenda Item 11)
Mrs Jane Fletcher Head of Hosted Mental Health & Learning Disability Services (Agenda Item 8)
Ms Helen Fowler Audit Scotland
Ms Jenny Gibb Associate Nurse Director (Item 8)
Mrs Laura Gray Director of Corporate Communications/Board Secretary
Miss Lesley Hall Assistant Board Secretary
Mr Gary Mortimer Director of Acute Services
Dr Alastair Palin Associate Medical Director (Item 8)
Mr David Pfleger Director of Pharmacy & Medicines Management (Item 7)
Mrs Judith Proctor Chief Officer, Aberdeen City Health & Social Care Partnership
Miss Fiona Russell Nurse Consultant Tissue Viability (Item 10)
Mr Graeme Smith Director of Modernisation
Ms Sandra Stringfellow Nurse Consultant Tissue Viability (Item 10)
Ms Cecilia Thomson CAMHS Service Manager/Interim Clinical Director (Item 8)
Mrs Angie Wood Partnership Manager (Central) Aberdeenshire Health & Social Care Partnership (Item 7)

Attending

Mrs Alison Wood PA/Minute Taker
Item  Subject

1 Apologies

Apologies were received from Mrs Rhona Atkinson, Dr Annie Ingram, Cllr Douglas Lumsden and Mr Jonathan Passmore.

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 including Dr Lamberton and Mr McNeil from Scotstown Medical Group and Ms Helen Fowler from Audit Scotland.

The Chairman advised of some of the meetings and events he had recently attended including:

- A meeting of the North of Scotland Research Ethics Committee that ensured the excellence in research and clinical activity was undertaken in a safe and appropriate environment.

- Senior Medical Staff Induction Session which brought together senior doctors who had joined the organisation within the last six months. It was an excellent opportunity to meet the doctors, discover their backgrounds and discuss their early experiences with NHS Grampian.

- An interview panel he had chaired which had appointed a Consultant in Restorative Dentistry.

- A visit to Deeview Court run by Sue Ryder charity with Pamela McKenzie, Director for Neurological Care and Valerie Maxwell, Director of Deeview Court. Deeview Court provides 24 hour care and supports the people who live there with complex needs and a range of neurological conditions. He recommended that Board members visit the facility if they get an opportunity.

The Chairman congratulated Dr Nick Fluck, Medical Director on his appointment as an Honorary Professor in the Institute of Medical Sciences, within the School of Medicine, Medical Sciences and Nutrition at University of Aberdeen. This highlighted the link between senior leadership of NHS Grampian and its academic partners.

4 Chief Executive’s Report

Mr Wright presented his Report which highlighted a range of issues including details of important meetings and events attended.

He echoed his congratulations to Professor Fluck.
Topics highlighted in the report included:
- Major Trauma Centre
- Greenspace Strategy
- Environmental Health
- Smoking Cessation
- Talk by representatives of the Canterbury District Health Board, New Zealand
- Opening of The Robertson Family Roof Garden by Her Majesty, The Queen
- NHS Grampian Annual Review
- Dr Gray’s Hospital, Elgin
- Improving Outcomes for Children Transformation Board

Dame Anne asked for clarification on the delay with the Lady Helen Parking Centre. Mr Wright advised this was due to an electrical issue which the external contractor was fully aware of. A specialist was then required to approve the work to ensure the car park was completely safe for the public. He confirmed there was no other reason for the delay in opening the new long-awaited facility.

5 Minutes of Meetings held on 5 October and 2 November 2017

The minutes were approved subject to the following amendment to the Minute of 5 October 2017:

Item 12.6 Staff Governance Committee in line 3 the word “Board” should be replaced with “Committee”.

6 Matters Arising

There were no matters arising from the minutes.

7 Delivering Sustainable Primary Care Access to Dispensed Medicines in Grampian – Udny Station Branch Surgery

Professor Fluck provided a brief background to the review of dispensing practices. A Review Group had been set up to consider the continued provision of dispensing from six GP practices in Grampian. Its recommendations had been presented to and agreed by the Board on 6 July 2017. At that meeting, the Board had requested that Aberdeen City Health and Social Care Partnership consider whether there were people who resided in the AB23 8 postcode area who would experience serious difficulty in obtaining medicines if dispensing from the Udny Station Branch Surgery were not available to them. The original Review Group was requested to meet again to review the area AB23 8.

The Chairman welcomed Dr Robert Lamberton, GP Principal and Mr Ian McNeil, Business Manager of Scotstown Medical Group and invited them to present their views regarding the practice’s Udny Station Branch Surgery. Dr Lamberton advised that the practice had completed its own postal consultation which patients had completed after they were aware they may lose the service. The consultation included patients at Potterton, Belhelvie and Whitecairns. He tabled a paper analysing the active dispensing patients in post code areas. The Chairman thanked Dr Lamberton and Mr
McNeil for presenting at the meeting.

Mr Coady, who had chaired the Steering Group, advised that the Aberdeen City Health and Social Care Partnership had agreed to re-establish the original Review Group to look at patients in the AB23 8 post code area to ensure they would not experience “serious difficulties”.

Mrs Angie Wood had chaired the Review Group. She emphasised the scope of work was to review the recommendations as to whether patients in AB23 8 had a serious difficulty as defined in the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004, Part 3 Prescribing and Dispensing – paragraph 44 Provision of Dispensing Services. She stressed that it had been important to ensure consistency with the other practices previously reviewed. The original information had been broken down further into the AB23 8 area. The Review Group had reconsidered all written and verbal submissions.

There was a community pharmacy in Balmedie in the AB23 8 postcode area with another pharmacy at Newmachar which was in the adjacent postcode area. The Review Group had considered that the residents of AB23 8 would not have serious difficulty in obtaining drugs, medicines or appliances as there were a number of community pharmacies nearby. There had been no exceptional circumstances elicited by the Review Group. Community pharmacy collection and delivery schemes were currently available within the Udny Station/Scotstown Medical Group practice boundary area.

The Board acknowledged the work of the Review Group which required to work within the legislation and only consider the serious difficulty of obtaining from a pharmacist any drugs, medicines or appliances, other than scheduled drugs, required for that person’s treatment.

The Review Group concluded that, as there was community pharmacy provision both in and surrounding the AB23 8 postcode area, there were no individual patients or a qualifying class of patients who would have serious difficulty in obtaining from a pharmacist any drugs, medicines or appliances other than scheduled drugs required for treatment. It did however acknowledge that should the requirement to dispense to this population cease, it may lead to the removal or reduction of the delivery service to Potterton. This would cause significant inconvenience for some of the population and would require a change for these patients. However, this did not evidence serious difficulty in terms of the legislation.

The Review Group recommended that Udny Station Surgery was no longer to dispense to the AB23 8 area from the practice.

The Board accepted the further findings and recommendation of the Dispensing GP Review Group that Udny Station Surgery was no longer required to dispense to the AB23 8 area from the practice.

### Mental Health and Learning Disability Services

Mrs Fletcher introduced colleagues from Mental Health and Learning Disability Services to the Board. She reminded the Board that it had received a presentation at
the June 2017 meeting and the service had been requested to return to provide an
update in six months.

She reported that progress had been made with staffing, inpatient capacity and Child
and Adolescent Mental Health Services CAMHS. However, there were still
challenges. Recruitment of staff remained an issue with a high dependency on the
use of bank nurse staff and high medical locum costs.

The Hosted Mental Health and Learning Disability Services (MH&LDS) and the three
Health and Social Care Partnerships (HSCPs) worked very closely to deliver high
quality patient-centred care.

Work was ongoing to recruit to vacant medical and nursing posts and an improvement
plan had been implemented for a series of measures to improve patient flow and
manage demand and activity within the resources available. The plan was reviewed
on a weekly basis by senior management, nurse managers and clinicians to ensure
any shared learning and issues were discussed.

Improvements included:

- A Delayed Transfer of Care Group had been established which focused on
  patients in adult mental health wards who had experienced delays in discharge
  or transfer to another clinical area. The improved position had made a
  significant impact on patient flow within the adult mental health wards.
- Enhanced arrangements for daily site and capacity assessment with a patient
  flow coordinator appointed. This had resulted in improved patient flow.
- Review of patient observation policy and practice.

These improvements had resulted in improved patient flow, a reduction in the number
of delayed transfers and reduction in the number of patients who required clinical
observation. Nursing staff had more time available to improve the range of therapeutic
support and activities.

Support had also been received from the Mental Health Access Improvement Support
Team (MHAIST) around improvements and targets. Very helpful feedback had been
provided.

Colleagues from NHS Lothian had been invited to undertake a peer review of the adult
mental health inpatient redesign process and a report had been received which would
be used to inform the next stage of the improvement plan.

An update was also provided on CAMHS. A comprehensive redesign had been
undertaken which involved the key stakeholders, children, families and staff.

The objectives were aimed at:

- Meeting the increased number of referrals.
- Reducing waiting times
- Meeting the expectations of partner agencies.

Work was ongoing to reduce the waiting times with the focus on those waiting longest.
The Board was advised that NHS Grampian was one of only two health boards fully implementing the Choice and Partnership Approach (CAPA). The Mental Health Access Improvement Support Team (MHAIST) had encouraged NHS Grampian to continue to use this capacity and flow model as it was an evidence-based approach which was collaborative and patient-centred.

Using CAPA, patients were offered a first assessment appointment called a Choice Appointment. This was usually 1-2 hours in length. A second one hour appointment may be required if there was considerably complexity to what the patient and family may need to support the recovery journey.

At a Choice Appointment the patient and family participated in an assessment to identify what difficulties were being experienced, and what would be helpful to the child and family. It was decided and agreed together whether further clinical treatment was required. Further interventions may also take place including:

- Providing leaflets or information on self help websites to explore before next appointment.
- Talking within the family about how to handle situations, providing advice and guidance.
- Asking patient and family to undertake tasks prior to the next appointment i.e. filling in questionnaires, undertaking behaviour experiments (i.e. self awareness, monitoring moods or anxiety etc).
- Prioritisation according to risk.

A second appointment was offered to the patient and family called a Partnership Appointment. In NHS Grampian this second appointment was usually 12 or more weeks after the first Choice appointment. This was considered to be the treatment start date and it was at this point that the waiting time clock was stopped. This data was used by ISD.

Importantly, the majority of patients on the waiting list for treatment at CAMHS had been fully assessed, the families offered a psychological formulation of their difficulties and provided with information on next steps, appropriately signposted to other resources which would be helpful during the intervening period, and their case prioritised accordingly.

CAMHS was a priority for NHS Grampian and additional resource was required to reduce the waiting times and thereby improve the waiting time to the current ISD start of treatment. NHS Grampian was actively working towards realising solutions.

CAMHS was actively working with schools for early inventions. There was a pilot for Aberdeenshire schools regarding self harm and suicide prevention.

The importance of involving family carers whilst a patient was in hospital was discussed.

The current CAMHS accommodation was spread across several sites. The option appraisal for the service redesign had highlighted co-location of staff would optimise use of resources, improve accommodation and enhance facilities for staff and patients.
Regional working together and planning was considered important in the North of Scotland, especially for small specialist services. Engagement with Local Authorities was especially important for Tier 1 & 2 work in schools.

Staff advised that they felt empowered and that it was now a better environment in which to work.

A poster outlining the changes in Adult Mental Health was displayed.

It was acknowledged by the Board that progress had been made although there were still significant issues to be dealt with. A further update would come to the Board in another six months. Dr Palin commended Mrs Fletcher and her team for the improvements and thanked Mr Alan Gray for his support.

The Board

- Noted the establishment of a senior review group to develop a Board response to the NHS Scotland Mental Health in Scotland – 10 year vision.
- Reviewed the actions taken since the Board meeting in June 2017 in relation to Adult Mental Health services at Royal Cornhill Hospital; and
- Reviewed the position regarding Child and Adolescent Mental Health Services and noted progress made to increase capacity and improve access.

Director of Public Health (DPH) Report 2016-17

Mrs Webb presented the Director of Public Health (DPH) Report which was produced annually. In the past it had included a range of data on the health of the population of Grampian. In the recent years it had been decided to concentrate on a particular subject to stimulate discussion and interest. This year the focus was on cancer prevention.

NHS Grampian was currently developing its response to the national cancer strategy – Beating Cancer: Ambition and Action. The DPH report complemented the work by identifying cancer risk factors and the actions which reduced people’s risk of developing and dying of cancer. Two in five people developed cancer in their lifetime in Grampian, with the risk increasing with age.

The numbers of cancers diagnosed had risen since 1991 and was set to increase by 20% over the next 10 years which would result in an increased demand for cancer services and care. However, more people were surviving and living with cancer. It was important to have the right balance between prevention and diagnosis and treatment in a financially challenging environment.

Effective dissemination of the report and the resulting discussions with internal and external groups would minimise the risk that prevention ambitions were not prioritised or realised.

The importance of the population being informed and supported to make personal changes to their lifestyle was acknowledged. Sometimes people did not see the connection between obesity or drink levels with increased risks of cancer. Professor Heys pointed out that if people drank at the recommended levels of weekly
alcohol consumption they had a 40% increased risk of developing breast cancer.

Board members felt it was a simple, powerful document and commended the report. Mrs Webb acknowledged the work of Dr Tara Shivaji, Consultant in Public Health Medicine and Public Health colleagues in producing the report.

The Board
- Considered and noted the Director of Public Health (DPH) Annual Report 2016-17.
- Agreed to provide leadership to its use in NHS Grampian, Integration Joint Boards (IJBs) and by Community Planning Partners to support policy, planning and action to support the people of Grampian to live healthier, more fulfilling lives.

10 Patient Story – Person-centred Post Surgical Care within NHS Grampian

Professor Croft introduced this item, explaining its context in the strategic vision. Ms Fiona Russell and Ms Sandra Stringfellow, Nurse Consultants Tissue Viability, presented the case of an elderly gentleman who had required a number of surgical operations following squamous cell carcinoma. The patient had stayed in hospital for 40 days. He had 4 weeks of negative pressure wound therapy which was changed to conventional dressings which required to be changed 3 times a week. In total 29 dressing visits were made to his home. The total care delivery at home was 98% cheaper than the hospital cost. The patient also preferred to be treated in his own home rather than hospital. Future list admissions for head and neck surgery would have post operative Negative Pressure Wound Therapy (NPWT) and training was currently being delivered.

The Board noted the patient story and how person centred rehabilitation with strong clinical leadership supported a more effective service and had a positive economic impact on the efficiency of service delivery.

11 Workforce Report

Mrs Coull provided an update on the NHS Grampian Workforce Report to 30 June 2017 which provided information on current workforce matters and risks. She highlighted that the overall headcount of staff in NHS Grampian was 14,554 compared with 14,644 in the previous quarter. Approximately 53% of the NHS Grampian budget was spent on workforce.

Mrs Coull advised Board members that a new induction process ensured that new recruits undertook any mandatory training prior to taking up their posts on the wards to ensure they were “job ready” when they started work.

In response to a query about the recent Australian recruitment trip she advised that this had been successful on a number of fronts. The staff who had undertaken this visit had attended three recruitment fairs in Melbourne, Brisbane and Sydney and had an additional event in Perth. Contacts made were being followed up; some people were keen to move to Scotland now whilst dialogue was continuing with others who had expressed an interest to work in Scotland in the future.
Mrs Coull advised that Physiotherapy had the highest number of vacancies within the Allied Health Professions at 24.5 wte. She acknowledged there were challenges in recruitment to this type of post.

**The Board noted the Workforce Report.**

### Performance Report

Mr Gray provided an update on Performance as set out in the 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 for the year ending September 2017, A&E attendances were 2% fewer than the year previously and the percentage of people spending 4 hours or less in A&E was 95.7%. This was still well below the Scotland-wide rate of 93.8%.

- In September 2017, 3,408 days in hospital were due to delays in discharge in Grampian which was 8.2% of the total across Scotland. The Board had approved the Winter Plan which confirmed a comprehensive range of measures which included additional capacity to address surges in demand. There was also a wide range of actions within the three Integration Joint Boards.

- It was recognised that transformational change was required to deliver improvements against access targets. Additional funding was being used with outpatient appointments.

- Cancer – 82.3% of patients in Grampian started treatment within the target of 62 days. 86.9% was recorded across the whole of Scotland. 91.7% of patients in Grampian started treatment within the 31 days target. Only three cancer types failed to achieve the 95% standard: Ovarian (94.1%), Lymphoma (92%) and Urological (80.6%)

- The introduction of the new NHS Scotland Complaints Handling Procedure (CHP) in April 2017 changed the way complaints information was reviewed and reported. In order to meet the new requirement it was proposed that a review of the quarterly complaints report will be undertaken by the Feedback Manager before submission to the Clinical Governance Committee (CGC). It was important to ensure that any learning actions were fed back to other areas.

- Financial position – There was an overspend of £1.58 million. NHS Grampian was expected to achieve its three statutory financial targets.

It was requested that waiting times be shown in future Performance Reports.

**The Board noted the Performance Report and the actions being taken to address those areas where performance was not in line with plan.**
13 Engagement and Participation Committee – Future Arrangements

Mrs Gray explained that the paper presented outlined options for the future structure and operation of the Engagement and Participation Committee to ensure that effective governance and accountability can be delivered in the current and future health care systems. It was important in the changing landscape of Health and Social Care Integration that NHS Grampian continued to fulfil governance and assurance roles in a range of areas and that its Public Involvement (PI) Team work with a range of stakeholders. Locality Plans focused on how engagement had changed and the work done by Integration Joint Boards (IJBs).

The paper set out three options for consideration i) Status quo ii) The Sub-committee becomes a Sub-committee of another committee or iii) A reconfigured committee. Following discussion and consideration of the options:

The Board accepted option iii) A re-configured Committee.

The Committee would have an updated role and remit, revised membership and would continue to report the NHS Grampian Board.

14 Integration Joint Boards – Update Report and Minutes

Mrs Judith Proctor, Chief Officer for Aberdeen City Health and Social Care Partnership attended this meeting to present the report from the three Integration Joint Boards Chief Officers. She confirmed that the Chief Officers would take turns to attend and present this joint report. This was welcomed by Board members.

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 Board noted the latest approved minutes of the meetings of the Aberdeen City, 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 Audit Committee

Mr Gray referred to the self-explanatory report.

15.2 Clinical Governance Committee

Dr Lynch highlighted that the Aseptic Unit had been replaced and was now fully operational. A comprehensive action plan was in place to ensure medicine safety was prioritised in all sectors of NHS Grampian. The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland recommendations had been noted and supported by the Committee.
15.3 Performance Governance Committee

Professor Logan confirmed that detailed performance presentations and figures had been discussed at the meeting and more detailed information would be provided to the Board as appropriate.

15.4 Spiritual Care Committee

Mrs Anderson reported that there had been a very useful presentation by Nicole Bauwens of the Neo Nata Unit on a person-centred project with new mothers which had seen very positive outcomes. Dr Lynch also commented that a presentation had been given on the Baird Hospital and ANCHOR Centre with revised timescales. Concern had been expressed that it had not been clear that the changes to the redesign work would mean a delay in the commencement of work. It was agreed that capital infrastructure report should come to the Board meeting on a regular basis.

15.5 Area Clinical Forum

Dr Moffat advised that it had been a positive meeting involving key stakeholders from across the Grampian healthcare system including the Chief Officers of the three Integration Joint Boards (IJBs). There had been frank and wide-ranging discussions about the changing landscape. The Staff Wellbeing Report had stimulated discussion.

15.6 Grampian Area Partnership Forum

Mrs Duncan highlighted the Terms and Conditions Sub-group had been made aware of financial hardship suffered because of the way bank workers were paid when first appointed. Action on the way forward had been agreed.

16 Approved Minutes

The Board noted the following approved minutes:

16.1 Clinical Governance Committee – 18 August 2017
16.2 Performance Governance Committee – 19 September 2017
16.3 Spiritual Care Committee – 14 September 2017
16.4 Area Clinical Forum – 13 September 2017
16.5 Grampian Area Partnership Forum – 14 September 2017

17 Any Other Competent Business

There was no other business.

18 Date of Next Meeting

Thursday 1 February 2018 – CLAN House, Westburn Road, Aberdeen.