NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
at 10.30 am on 6 April 2017
CLAN House, 120 Westburn Road, Aberdeen

Present

Professor Stephen Logan
Mrs Amy Anderson
Mrs Rhona Atkinson
Dame Anne Begg
Cllr Linda Clark
Cllr Stewart Cree
Professor Amanda Croft
Mrs Sharon Duncan
Dr Nick Fluck
Mr Alan Gray
Professor Mike Greaves
Mrs Christine Lester
Mr Jonathan Passmore
Mr Eric Sinclair

Chairman
Non-Executive Board Member
Non-Executive Board Member
Non-Executive Board Member
Non-Executive Board Member
Non-Executive Board Member
Director of Nursing, Midwifery and Allied Health Professions
Employee Director/Non-Executive Board Member
Medical Director
Director of Finance/Deputy Chief Executive
Non-Executive Board Member
Non-Executive Board Member/Vice Chair
Non-Executive Board Member
Non-Executive Board Member

By invitation

Ms Pam Gowans
Mrs Laura Gray
Dr Annie Ingram
Mrs Lyn Irvine-Brinklow
Mr Chris Llewellyn
Mr Graeme Smith
Miss Heather Tennant
Mrs Julie Wattie

Chief Officer, Moray Health & Social Care Partnership
Director of Corporate Communications/Board Secretary
Director of Workforce
Alzheimer Scotland Dementia Nurse Consultant
Vice Chair, Area Clinical Forum
Director of Modernisation
Programme Manager, Carer Information Strategy
Nurse Manager Emergency and Unscheduled Care

Attending

Miss Lesley Hall
Mrs Alison Wood

Assistant Board Secretary
PA/Minute Taker

Item  Subject

1  Apologies

Apologies were received from Cllr Barney Crockett, Dr Lynda Lynch, Dr Helen Moffat, Mrs Susan Webb and Mr Malcolm Wright.

2  Declarations of Interest

There were no declarations of interest relating to specific agenda items. It was confirmed that there was no requirement for Integration Joint Board members to declare this membership at Grampian NHS Board meetings.
3 Chairman’s Welcome and Introduction

Professor Logan welcomed everyone to the meeting. He advised that this was the last Board meeting for the local authority representatives on the Board. He highlighted the considerable contribution by Councillor Cree since he joined the Board in 2013. He thanked Councillor Clark who had joined the Board last summer and also acknowledged Councillor Crockett’s input.

The Chairman had undertaken a number of walkrounds including a visit to Domestic Services where he had met domestic staff and their supervisors who displayed pride in their roles and a strong sense of teamwork. At Central Stores, which housed logistics, site services, procurement, transport and corporate graphics, he had seen a highly professional and well run part of the organisation. He recommended Board members visit these departments.

On 27 February the Chairman, Chief Executive and members of the Senior Leadership Team had met Moray MPs and MSPs in Elgin. Discussions focused on Dr Gray’s Hospital and the collaboration between Inverness, Elgin and Aberdeen.

On 23 March Professor Logan was involved in turf cutting events at the new Foresterhill Health Centre and Inverurie Health and Care Hub. The Foresterhill Health Centre would serve more than 15,000 patients and provide 1,000 appointments a week. The Inverurie facility would serve more than 21,000 patients and would be the largest single health centre of its kind in Scotland. He acknowledged the work of Mr Smith and the Modernisation Team in the long-term strategic planning of these and similar projects.

4 Chief Executive’s Report

In Mr Wright’s absence, Mr Gray presented the Chief Executive’s report which highlighted a range of issues including details of important meetings and events attended.

Mr Gray highlighted the positive feedback from the Scottish Government and NHS Health Scotland on NHS Grampian’s progress as a Health Promoting Health Service, particularly in joining up various health improvement components, developing new pilots and supporting efforts on health inequalities, clinical strategy, self management and health and social care integration.

He highlighted the work being done by the Health and Work Team to engage with employees and promote health and wellbeing in the agriculture sector.

Other topics highlighted in the report included:

- Reducing Falls in A Care Home – British Medical Journal (BMJ) Article
- The General Dental Council had granted sufficiency to the Bachelor of Dental Surgery (BDS) Programme at Aberdeen Dental School
- Staff Health Fayre

In response to a question on changes to PAYE legislation known as IR35, Dr Ingram assured the Board that care would be taken to ensure that the costs of
personal tax were not passed on to NHS Grampian.

**5 Minutes of Meetings held on 2 February and 2 March 2017**

The minutes were approved.

**6 Matters Arising**

It was noted that the Strategic Risk Register was circulated to Board members. Some of the review dates appeared out of date because of technical issues populating the register and this was being investigated. The Strategic Risk Register was continually reviewed and would be the topic of a future Board Seminar. It was suggested that Risk 959 - Sustaining access to professional clinical staff in Grampian, which was coded yellow should be re-categorised as red. Dr Fluck advised that the risks should not be looked at in isolation. For example, regional working assisted with sustainability of services and the risk should be considered together with Risk 1134 - Sustainable workforce (skills and numbers).

**7 Local Delivery Plan 2017/18**

Mr Gray presented the draft Local Delivery Plan (LDP) 2017/18. He advised that previously the LDP was submitted to the Board for approval annually in April but for 2017/18 the Scottish Government Health and Social Care Directorate had required a draft LDP to be submitted in March with a final plan by September 2017. The amended timescale was to provide Boards with the opportunity to consider the emerging regional planning arrangements and the outcome of the national review of targets and indicators. However, the Board was required to approve the financial plan at this time.

Mr Gray reminded Board members that the three year financial plan had been discussed by the Board at various meetings including the Board Seminar in January 2017. He referred to the three appendices to the paper which provided details of the Summary Financial Plan 2017/18, the Deployment of NHS Grampian finance reserves and a Summary of the 5 year Capital Plan.

NHS Grampian had an annual budget of £1.046bn. In order to achieve financial balance the Board was to achieve net cash savings of £27.7m through implementation of the Workforce, Effective Prescribing, Efficiency and Productivity, and Procurement work streams.

The draft Grampian Local Delivery Plan outlined the actions contained in the national Health and Social Care Delivery Plan, the four key themes within the NHS Grampian Clinical Strategy (prevention, self care, planned care and unscheduled care) and the strategic plans of the three Health and Social Care Partnerships.

Mr Gray confirmed that further work was required in the context of regional working and this would be addressed in the final plan. There required to be a connection between the Local Delivery Plan and the emergent Regional Delivery Plan. Strategic decisions would be required on the way services would be delivered and the support of partners, both locally and regionally would be necessary.
Mrs Duncan expressed concern about the focus on quantitative measures. She asked the Board to commend the work by staff in Child and Adolescent Mental Health Services (CAMHS) in challenging circumstances because of recruitment difficulties. The staff were committed to working with the Board and Senior Leadership Team to redesign services to ensure they were appropriate for the future.

Mr Gray advised that there would be an opportunity to discuss Child and Adolescent Mental Health Services (CAMHS) at the June Board meeting.

In response to queries from Board members about reducing expenditure on prescribing and locums, assurance was given that work was ongoing to address these challenging areas and detailed plans were to come back to the Board at a later date.

Mr Gray advised that Executive Directors and sectors were engaged in the financial planning process and had taken ownership of implementing financial savings plans. The Integration Joint Boards had their own strategic plans with regular review meetings with NHS Grampian colleagues.

The Board noted that reporting on quality metrics would be included in Board reports from August 2017.

**The Board**

- Approved the finance plan (revenue and capital) for the year ending 31 March 2018 as set out within Appendices 1 to 3 of the paper.
- Noted that a draft Local Delivery Plan was submitted to Scottish Government at the end of March 2017 and that a final plan was due for approval by 30 September 2017.

8  Local Delivery Plan 2016/17 Chapter – Progress Report on Primary Care

Ms Gowan provided an update on the Primary Care chapter of the 2016/17 Local Delivery Plan (LDP). She emphasised that Primary Care services included GP practices and also dental, pharmacy and optometric services. The report provided examples of the progress that had been made in a number of different areas. The redesign of Primary Care Services had seen the management of General Medical Services, salaried Dental services, Optometric services and Pharmacy services wholly or in part transferred to the three health and social care partnerships (HSCPs). NHS Grampian’s Primary Care Contracts Team (PCCT) provided contract administrative support for the partnerships and a centralised function which reduced diseconomy of scale.

Ms Gowan explained that the demand for Primary Care services had increased, particularly for people with multiple complex problems which required a collaborative approach between primary and secondary care, and between health and social care services. She highlighted challenges around sustainability of services, including out of hours services, and referred to the possibility of a practice sustainability tool to be used across Grampian. She emphasised that transformation of services was essential to ensure sustainability.

A pan-Grampian session had been held by the North East Partnership Forum which
focussed on the GMED out of hours service. Sir Lewis Ritchie had undertaken a National Engagement Programme and visited the three HSCPs to discuss their bids for funding from the Urgent Care Transformation Fund.

Investment had been made in a GP Recruitment and Retention Fund and the three Integration Joint Boards were engaged in a range of initiatives to address the challenges of recruitment and retention, which was a particular issue in rural areas. In common with the rest of Scotland, this was a high risk area for Grampian.

There was a requirement to ensure services engaged in a number of different ways with patients.

Board members welcomed the multidisciplinary aspects of primary care reflected in the paper and agreed it was important to develop roles and skills within the wider primary care and community care teams. It was noted that engagement between primary care and voluntary/third sector partners was variable. It was vital that primary care was aware of the services available and for them to work jointly with the third sector for the benefit of patients. Professor Croft advised that work was ongoing with education and training to support advanced nursing practice in both primary care and the acute sector.

The Board

- Noted and endorsed the progress made in relation to Primary Care transformation.
- Noted the challenge of sustainability of services, including out of hours services and GP recruitment and retention.

9 Patient Story – Welcoming Ward – Adopting Person-Centred Visiting in Grampian

Professor Croft introduced Mrs Lyn Irvine-Brinklow, Alzheimer Scotland Dementia Nurse Consultant, Miss Heather Tennant, Programme Manager, Carer Information Strategy and Mrs Julie Wattie, Nurse Manager Emergency and Unscheduled Care. These colleagues presented on the Welcoming Ward initiative which was a person-centred approach to hospital visiting. Currently there were a number of variations to visiting times which included open visiting, extended visiting, flexible visiting and set times over an afternoon and evening session. In 2016 NHS Grampian commenced a review of visiting practices in collaboration with patients, relatives, carers and health and social care staff including third sector colleagues.

The aims of the initiative were:

- To adopt a consistent approach that identified and recognised the vital role of carers, families and friends to person-centred, safe and effective care.
- To promote person-centred conversations based on the “What matters, who matters to you?”
- To welcome families, carers and friends to visit as often as the patient would like and participate in planning and delivery of their care.

A short life working group was set up to develop promotional and information resources
to support the implementation of person-centred visiting, including a short video shown to the Board at this meeting.

The presenters responded to questions on the initiative from Board members. The initiative was to ensure that patient wishes were paramount and conversations would be held with the patient, family members and carers to ensure appropriate involvement in decisions and care. It was acknowledged that although family/carers would have more flexibility for visiting, if the patient required quiet time that would be recognised.

The presenters were thanked for the work they had done to promote a consistent approach to hospital visiting and enhance person-centred care.

The Board
- Noted the project work to date and supported the embedding of person-centred visiting throughout NHS Grampian’s inpatient settings.

10 Infrastructure Investment

Mr Gray referred to the Asset Management Plan approved by the Board in June 2016 which had set out the programme for infrastructure investment. He specifically referred to the Full Business Case (FBC) for the Inverurie Health and Care Hub and the relocation of Foresterhill Health Centre which had been approved by the Board in June 2016 and thereafter by the Scottish Government. He reported that the FBC addendum updated the key financial and programme data reported in the FBC to reflect the Board’s position at financial close which was reached on 5 December 2016.

He also advised that Woolmanhill Hospital would be formally closed and all services transferred by the time of the next Board meeting.

The Board
- Noted the Full Business Case addendum which detailed the final costs of the Inverurie Health and Care Hub and the relocation of Foresterhill Health Centre following financial close.

11 Performance Report

Mr Gray provided an update on NHS Grampian’s performance and advised that the Performance Governance Committee had considered the performance position in detail. Some data was not yet published but would be shared with Board members when available.

He highlighted the main points in the report which included:
- Treatment Time Guarantee (TTG). There were challenges around care which were being addressed by Acute Services working closely with the Scottish Government to ensure all possible actions were being taken within available resources. There had been improvement in productivity in March 2017. Clinical staff were fully engaged in the process to review the prioritising of patients requiring emergency and elective procedures. Steps were ongoing to improve staffing levels in the theatres.

Mr Llewellyn advised that the Area Clinical Forum was keen for the Board to have open and honest dialogue with the public to explain any delays in
treatment.
• Financial Performance – Subject to audit, the three financial targets had been achieved.
• Cancer Access Standards – The published data was for the quarter to September 2016 and there had been an improvement in the subsequent quarter as a result of redesign of clinical pathways.

With reference to the Healthcare Associated Infection (HAI) Report, Professor Croft advised that Clostridium difficile infection (CDI) rates were a challenge. She assured the Board that the results were discussed in detail by the Infection Control Committee and confirmed the Clinical Governance Committee`s role in monitoring the position. Dr Fluck advised that out of hospital cases could distort figures and were not easily controlled.

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

12 Workforce Report

Dr Ingram provided an update on current workforce matters and risks. She reported that the headcount of staff had increased to 14,622 in the quarter October-December 2016. The whole time equivalent (wte) had also increased from 12,045 in the previous quarter to12,121. The key highlights were that staff numbers had risen which may indicate that more staff were working full time or had increased part time working hours. Vacancies remained a challenge although the number of vacancies for Nursing and Midwifery, Consultants and Allied Health Professions had reduced. Work was ongoing to reduce the overall spend on agency medical locums and to develop roles such as Physician Associates and Clinical Development Fellows. A new committee had been established to review and improve rotas for doctors in training. NHS Grampian had moved 60 rotas to the new doctors` rostering system DRS Realtime. This system had been piloted in NHS Grampian and was now rolled out across most other Scottish Boards.

The Board
• Noted the information on current workforce matters and risks.

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 Audit Committee

Mrs Atkinson provided a verbal report to the Board from the committee`s recent meeting. The tendering process to appoint internal auditors was progressing. Several internal audit reports were considered that highlighted the role of internal audit as an independent and objective source for support and enquiry. There had also been progress with the co-ordination of internal audit activity across NHS Grampian, Integration Joint Boards and Aberdeenshire and Aberdeen City Councils to ensure effective use of the internal audit resource. A development session had been held on
the reporting required and how to secure positive challenge of that reporting. The aim was to ensure that Non-Executives had the assurance they required from their reading, interpretation and questioning of report authors.

13.2 Clinical Governance Committee

Professor Greaves highlighted the item on risks from a reduction in funding from the Chief Scientist Office in relation to non-commercial research funded by Scottish Government.

13.3 Endowment Committee

Dame Anne confirmed she had taken on the role of Committee chair from 1 April 2017.

13.4 Engagement and Participation Committee

Mrs Lester advised that representatives from the Patient Action Co-ordinating Team (PACT) had been welcomed to the recent meeting. Mr Gray’s presentation on key financial facts had been well received.

13.5 Performance Governance Committee

Professor Logan highlighted the financial challenges and the performance update.

13.6 Spiritual Care Committee

Mrs Atkinson referred to the self-explanatory report.

13.7 Staff Governance Committee

Mr Sinclair highlighted the successful Staff Governance Workshop which had received positive feedback from staff. Tribute had been paid to staff for the considerable work undertaken to improve Health and Safety.

13.8 Area Clinical Committee

Mr Llewellyn referred to the self-explanatory report in Dr Moffat’s absence.

13.9 Grampian Area Partnership Forum

Mrs Duncan highlighted the work done on Health and Safety throughout the organisation. She commended the work of the Expert Group chaired by Dr Ingram, which had driven the improvements.

14 Standing Financial Instructions, Schedule of Reserved Decisions and Standing Orders

Mr Gray explained that there was an annual requirement to review the documentation which formed a key part of the organisation’s governance arrangements. The revised changes to the Schedule of Reserved Decisions, Standing Financial Instructions and Standing Orders highlighted in the paper had been considered in full by the Audit
Committee at its meeting on 21 March 2017 and were recommended for approval.

The Board

- Approved the revised Standing Financial Instructions, Schedule of Reserved Decisions and Standing Orders.

15 Approved Minutes

The Board noted the following approved minutes:

15.1 Audit Committee 12 December 2016
15.2 Clinical Governance Committee 18 November 2016
15.3 Endowment Committee 17 November 2016
15.4 Engagement and Participation Committee 23 November 2016
15.5 Spiritual Care Committee 24 November 2016
15.6 Staff Governance Committee 7 November 2016
15.7 Performance Governance Committee 24 January 2017
15.8 Area Clinical Forum 18 January 2017
15.9 Grampian Area Partnership Forum 18 January and 9 February 2017

16 Any Other Competent Business

None.

17 Dates of Next Meetings

- Board Seminar on Thursday 4 May 2017 at Park Café, Hazlehead Park, Aberdeen.
- Board Meeting on Thursday 1 June 2017 at CLAN House, Westburn Road, Aberdeen.