

**UNAPPROVED**

**NHS GRAMPIAN**

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session  
on 5 December 2019 from 10.30am  
CLAN House, Westburn Road, Aberdeen

<b>Present</b>	Mrs Rhona Atkinson	Vice-Chair, Non-Executive Board Member (Chair)
	Mrs Amy Anderson	Non-Executive Board Member
	Professor Amanda Croft	Chief Executive
	Mrs Kim Cruttenden	Non-Executive Board Member
	Cllr Isobel Davidson	Non-Executive Board Member
	Ms Joyce Duncan	Non-Executive Board Member
	Professor Nick Fluck	Medical Director
	Mr Alan Gray	Director of Finance
	Mrs Luan Grugeon	Non-Executive Board Member
	Dr Caroline Hiscox	Executive Nurse Director
	Miss Rachael Little	Employee Director/Non-Executive Board Member
	Cllr Shona Morrison	Non-Executive Board Member
	Mr Sandy Riddell	Non-Executive Board Member
	Mr Dennis Robertson	Non-Executive Board Member
Mr John Tomlinson	Non-Executive Board Member	
Mrs Susan Webb	Director of Public Health	
<b>Attending</b>	Mr Paul Allen	Director of Facilities and eHealth
	Mr Paul Bachoo	Acute Medical Director
	Dr Adam Coldwells	Interim Director of Strategy/Deputy Chief Executive
	Mrs Susan Coull	Operational Director of Workforce
	Mrs Pam Dudek	Chief Officer, Moray
	Miss Lesley Hall	Assistant Board Secretary
	Mrs Karen Low	PA
	Ms Lesley Meldrum	Corporate Communications Manager
	Mr Gary Mortimer	Director of Operational Delivery
Ms Angie Wood	Interim Chief Officer, Aberdeenshire	
<b>Invitees</b>	Mr Gerry Donald	Head of Property and Asset Development
	Ms Jillian Evans	Head of Health Intelligence

**Item Subject**

**1 Apologies**

Apologies were received from Professor Siladitya Bhattacharya, Cllr Isobel Davidson, Ms Joyce Duncan, Cllr Douglas Lumsden, Professor Lynda Lynch, Mr Jonathan Passmore, Ms Sandra Ross and Ms Lorraine Scott.

## **2 Declarations of Interest**

Cllr Shona Morrison declared an interest, as a member of Moray Council, in Item 11 – Delegation of Services in Moray Council.

## **3 Vice-Chair's Welcome and Introduction**

Mrs Atkinson welcomed everyone to the meeting and advised that she had attended many meetings from which there had been positive reports.

## **4 Chief Executive's Report**

Professor Croft introduced her report in digital format. She highlighted the festive message from the System Leadership Team to all staff thanking them for their work. This month she had been pleased to attend the opening of the new Department of Scheduled Admissions at Woodend Hospital which was already providing multiple benefits to patients and also the running of the hospital.

She formally congratulated Dr Caroline Hiscox on achieving her doctorate and being appointed as a visiting chair at Robert Gordon University.

## **5 Minutes of Meetings on 3 October and 7 November 2019**

The minutes of the meetings on 3 October and 7 November were approved, subject to the removal of Rachael Little's name from the attendance list in the 7 November minute.

## **6 Matters Arising**

There were no matters arising.

The Vice-Chair agreed to take item 8 next as it provided a wider context for item 7.

## **7 Public Health**

- **Director of Public Health Annual Report 2018/19 – Obesity It's Time to Talk**
- **A healthier and more active future for the North East of Scotland – 2019-22 strategy**

Mrs Webb presented her annual Director of Public Health report, accompanied by a video animation with key messages. She advised that the report would be available online with video clips. The focus of this year's report was on reducing obesity. With two-thirds of the population overweight or obese, it was necessary to find ways to talk about the topic. The report set out case for change for individuals, communities and organisations to address the challenges of obesity.

She pointed out the key messages that:

- Obesity and poor diet was the single largest cause of disease and premature death across Scotland and the North East of Scotland.

- Being overweight or obese had become the norm and was getting worse.
- People should be able to talk about body weight openly, without blaming, shaming or guilt.
- Everyone had a part to play in finding a solution to poor diet, inactivity and overweight and obesity.

Mrs Webb explained it was important to create a culture that supported eating well, staying active and being healthy. If overweight and obesity were reduced, this would reverse the negative impact on health. She acknowledged the challenges faced to help make the healthy choice the easier choice. There were numerous factors impacting on weight such as environment, family context, culture, social, economic, physical activity and psychological factors. The health consequences of obesity included increased risk for a number of physical and mental health problems including cancer and type 2 diabetes.

One in four children were estimated to be overweight and one in ten at risk of obesity on the future. The prevalence of obesity in children increased alongside deprivation proving that it was time to take action to address poverty through income maximisation as set out in the Child Poverty Action Plan.

Mrs Webb advised that the NHS was working closely with a range of partners through community planning to reduce underlying causes of obesity.

In response to a query about linking top level data shifts to strategic objectives and mapped with IJBs and Community Planning Partnerships, Mrs Evans advised that future Board items about the Outcomes Framework would link high level system outcomes that matter to the health of the population.

To support the delivery of national strategies relating to the diet, activity and healthy weight, colleagues from NHS Grampian and the Health and Social Care Partnerships had created an evidence-based vision in “A healthier and more active future for the North East of Scotland”. This document had taken account feedback from a widespread consultation and further engagement would take place to support partners make the vision a reality.

### **The Board**

- **Noted the message of the Director of Public Health (DPH) Annual Report 2018/19 and videos from relevant stakeholders/people with lived experience.**
- **Noted the extent and complex nature of obesity and the key messages of the report.**
- **Noted and supported the launch of ‘A healthier and more active future for the North East of Scotland strategic plan 2019-2022’.**

## **8 Demography and Population Need**

Mrs Webb introduced the item and Mrs Evans, Head of Health Intelligence, presented the report, advising of challenges for healthcare services because of the ageing population. She provided an overview on the context of wider demographic change and how the trends would impact the population in terms of health, wellbeing and sustainability. She presented the 10 key facts about the populations’ health

across Grampian to help Board members with decision-making:

- Grampian's population has been increasing and ageing
- Life expectancy has been rising, but the rate of increase has stalled and inequalities have worsened for some
- Main causes of death were changing, and improvements to avoid mortality through prevention and treatment have slowed. Premature death in middle age, particularly amongst people living in disadvantaged circumstances affected the fall in average life expectancy
- The population was healthier now in many respects but for some the burden of long term conditions continues to rise
- Common mental health problems were increasing
- Fewer people were smoking but obesity continued to rise
- There had been improvements in child health but inequalities remain
- Variations in social and economic factors were important drivers of health inequalities and they were dispersed throughout the population
- The physical environment was affecting our health and wellbeing
- It is getting harder to protect our population from some infectious diseases

She stressed it was important to improve the quality of planning, prioritisation and strategic decision-making using the intelligence provided in the health trends.

Board members agreed there was a wealth of knowledge that would be helpful for improvement action plans and to provide strategic coherence across the three health and care partnerships to make a difference at a local level.

Mrs Webb advised that the intelligence gathered was used to inform discussions with Community Planning Partners and Integration Joint Boards. She cited the example of child poverty which had featured in a previous Director of Public Health Annual Report. Following discussion of the report with Community Planning Partnerships each of them had developed an action plan to address child poverty.

#### **The Board**

- **Noted the report on demography and changing health needs. In particular, they considered it in context of strategic investment and delivery decisions associated with medium term planning and the Annual Operational Plan.**

### **9 Infrastructure Investment – North East Scotland and Northern Isles Mortuary**

Mr Gray introduced the item and welcomed Mr Donald to answer any questions. Mr Gray explained the background to the multi-partner proposal to develop a new facility to provide modern mortuary services. He advised that under the Public Health (Scotland) Act 2008, NHS Boards and Local Authorities had a duty to provide mortuary facilities. The design and functionality of the existing facilities were in a poor condition with a range of issues regarding compliance with statutory standards.

A preferred location on the Foresterhill site had been identified. This had been reviewed and endorsed by the Asset Management Group and the University of Aberdeen, as joint owner of the site. The land on which the facility will be built will be NHS Grampian's capital commitment.

Mr Gray advised that a business case was being presented to Aberdeen City Council's Growth and Resources Committee that day and that a more detailed business case to incorporate firm proposals on the finance, design and operational management of the new facility would be submitted to a future Board meeting.

Mrs Atkinson advised that this was a much needed facility and was grateful for the multi-agency approach which would allow the project to be delivered sooner than by NHS Grampian alone.

#### **The Board**

- **Approved NHS Grampian's agreement, in principle, to the development of the new build multi partner integrated mortuary facility for the population of the North East of Scotland and the Northern Isles;**
- **Approved the allocation of land on the Foresterhill Health Campus to develop the proposed facility in line with the preferred site option;**
- **Approved delegated authority to the Board's Director of Finance to lead negotiations with all partners on behalf of the Board with regard to the proposed arrangements for financing, design, construction and operational management of the new facility in order to inform a detailed business case to be presented for consideration at a future Board Meeting.**

**The Board also noted the proposal complemented and did not replace the established requirement to maintain a mortuary facility at Dr Gray's Hospital in Elgin.**

#### **10 North Regional Asset Management Plan 2019 – 2029**

Mr Gray thanked all those involved in preparing the plan. He advised the overall aim of the Asset Management Strategy was to ensure that the Board's asset base was suitable for purpose, positively supported service delivery and enhanced service users' experience.

The plan focused on four main areas:

- Investment in infrastructure consistent with strategic health priorities
- Reduction in high and significant risk backlog maintenance and compliance with statutory requirements
- Replacement of essential equipment
- Disposal of assets declared surplus to requirements.

The Regional Asset Management Plan consolidated individual Boards' plans and enabled shared resources where appropriate. In terms of allocation of resources, the plan recognised the complexity of decisions and choices regarding the prioritisation of the available funding. The 5 year investment plan and Regional Asset Management Plan ensured that NHS Grampian will be able to improve, disinvest where needed and deliver service redesign.

Mr Gray reported that some of the projects that would benefit from the funding:

- The Baird Family Hospital and ANCHOR Centre
- New Diagnostic and treatment facilities to support sustainable delivery of elective care
- New health centre facilities at Denburn and North of Aberdeen City to support innovative service redesign in these areas
- Royal Cornhill Hospital meeting compliance requirements in relation to health and safety
- Significant continued investment in equipment replacement and backlog maintenance.

The Vice-Chair advised that a very detailed report had been presented to the Audit Committee and the Board could be assured that NHS Grampian was well-placed regarding its asset management planning.

The plans will be progressed over the coming months and further information will be presented to the Board.

In response to a question, Mr Gray advised that Boards were working on a regional basis to join up asset management but individual Boards remained accountable for their own estate and were not responsible for other Boards' risks.

#### **The Board**

- **Reviewed and endorsed the North Regional Asset Management Plan;**
- **Noted the North Regional Asset Management had been endorsed by the North of Scotland Board Chief Executives on 12 November 2019 and that the key priorities for NHS Grampian were in line with the NHS Grampian Infrastructure Investment Plan – 2019-2024 approved by the Board in June 2019.**

### **11 Delegation of Services Moray Council**

Mrs Dudek explained that the paper set out the first steps in the process of delegating children's social work services and criminal justice services to the Moray Integration Joint Board. The integration scheme had been reviewed and progressed through due process in early 2019. Further functions had been delegated as a result of legislative changes and, as such the scheme was now relatively up to date. The minimum delegation of services as set out in legislation related to adult health and social care services. Moray Council were putting in place a revised management structure to align services and strengthen the multi-agency approach across a range of services. A key driver had been improving the outcomes for children in Moray. Funding requirements were still to be determined and implications for staff to be considered should the delegation of services proceed.

The Vice-Chair highlighted points that Mr Passmore wished noted in his absence: due diligence was required in the process across all aspects of the service and a shadow period of 12 months was suggested. Members acknowledged that a shadow period would support a smooth transition in finalising the plan to include full participation, ownership and commitment from the Integration Joint Board (IJB).

Mr Gray reported that work would be done to ensure clarity on how services would be planned and funded.

During the discussion, Mrs Dudek explained the timing of the proposed change now, rather than at the time of the original integration scheme related to the concerns about professional resilience because of the size of teams. It was important to make clinical pathways seamless and improve outcomes for those using the services.

### **The Board**

- **Noted the proposal by Moray Council that was heard at its meeting on 25 September 2019 to proceed with the next steps to implementation in the potential delegation of Children and Families Social Work Services and Criminal Justice Social Work Services to the Moray Integration Joint Board (MIJB).**
- **Agreed to proceed to the next steps of assessing the potential of delegating services.**

## **12 Performance Report**

Mr Gray introduced the report and highlighted key issues:

- **Unscheduled Care** – The Performance Governance Committee had considered an in-depth analysis of data and trends in unscheduled care over the last 5 years. It had been noted that there had been an increase in complexity of presentations and a high intensity of use associated with proximity to A&E. The increase in admissions for over 65s was higher than expected in Aberdeenshire and Moray but lower in Aberdeen City. Emergency day beds used have decreased with a shorter average length of stay, equivalent to approximately 72 fewer beds required. This was as a result of patients being assessed and more effectively looked after in the community to avoid hospital admissions and shorter lengths of stay because of quicker appropriate discharges. All three Health and Social Care Partnerships were working with the Acute Sector and a success of the daily huddles was around discharge planning. Work was ongoing to keep the 'Know who to turn to' message up to date to ensure it had an impact.
- **Mental Health Services** – Child and Adolescent Mental Health Service (CAMHS) for Aberdeenshire and Aberdeen City were now located in a single purpose designed centre of excellence. A local Project Board had been set up to oversee the application of the updated advice on new waiting times standards for CAHMS and psychological therapies and establishment of systems for data capture and performance monitoring. Progress was being made as a result of implementing the CAPA (Choice and Partnership) model. Board members who had visited the new CAMHS facility reported positive feedback from the service on the improvements that had been made for staff and patients.
- **Elective Care** – The number of patients waiting for first outpatient appointments and treatment had improved since the start of 2019. Since April the number of patients waiting for an outpatient appointment had reduced as a result of increased internal and external capacity. The combined effort of the Acute Sector, Health and Social Care Partnerships and primary care had led to the improvements. Additional capacity will be

maintained for the rest of the financial year, including additional resources in Aberdeen, Elgin and the Regional Treatment Centre in Stracathro.

- Cancer – It continued to be a challenge to meet standards. Both the 31 and 62 days measures had improved in the quarter ended 30 June 2019. NHS Grampian was committed to ensuring that all those who required treatment for cancer received this as soon as clinically appropriate. A robust cancer improvement action plan had been established and will continue to deliver on recommendations from the Scottish Government’s Effective Cancer Management Framework.
- Finance – There was a reported overspend of £2.79 million at the end of October 2019. There had been a spike in spend during October and by the end of November it would be clearer if this was a one-off surge or a trend. The two main factors impacting on the financial position were an operational overspend of £1.7million on non-pay budgets, including £1.1 million on medical supplies, and an operational overspend of £1 million on pay costs including continued very high medical locum costs and agency nurse spend. A short life working group had been established to consider options and to address these issues of supplementary staffing. The Board will be advised of progress over the coming months with the January 2020 Board Seminar being dedicated to Workforce.

Mr Gray expected that, despite being off trajectory at this time, it would be possible to manage to achieve financial balance, with significant work by the finance team. He reminded colleagues that the position had to be considered in the context of an overall budget of £1.2 billion.

Professor Croft advised that a system approach was being taken to the issue of supplementary staffing. The group she was chairing included operational and professional leads and Chief Officers. Mrs Coull advised that there were issues of supply and demand relating to medical and nursing staff, with a very limited pool of resource. The reason for each locum post was considered and the decision-making process considered whether a post was critical and whether there was an alternative to employing a locum.

Mr Gray agreed to keep the Board updated on financial performance.

Mrs Webb pointed out the improvement in P7 children with no obvious tooth decay and commended the hard work of the Child Smile team.

**The Board:**

- **Reviewed the Performance Report and the actions being taken to address those areas where performance was not in line with the plan.**

**13 Committee and Forum Reports (all 2019)**

The Board noted the following reports and the Committee chairs highlighted points by exception:

**13.1 Clinical Governance Committee – 22 November**



**13.2 Endowment Committee – 8 November**

Mrs Grugeon advised that the Trustees' short life working group had been set up and had met twice. A series of recommendations will be developed when the outcome of the national review is available. All Trustees will be invited to a meeting in January 2020 to consider and comment on the proposed direction for the charity. They will also be invited to an evaluation workshop. The Committee report set out funding that the Committee had agreed and allocated. This included funding to support a training initiative designed to create a new role of Wellbeing and Enablement Practitioner.

**13.3 Performance Governance Committee – 19 November**

Mrs Atkinson gave an update from the Committee highlighting ongoing work with the Asset Management Plan. She also advised that the Annual Resilience Report had been presented which set out what the organisation was doing to achieve resilience standards.

**13.4 Spiritual Care Committee – 14 November**

Mrs Anderson highlighted the work of the Community Chaplaincy Listening Service in nine GP practices in Aberdeen City and Aberdeenshire. She also highlighted the work presented to the Committee on bereavement care to enhance staff's knowledge of good palliative care. She advised that thanks had been given to the Chaplaincy Team in Moray during the 200th Anniversary of Dr Gray's Hospital thanksgiving service for their continued support.

**13.5 Staff Governance Committee – 28 November**

In the committee chair's absence, Mrs Atkinson highlighted the ongoing work from the Sturrock Group, progressing the framework to support improved workplace cultures, relationships, confidence, trust and behaviours. With reference to the 'Involved in Decisions' element of the Staff Governance standard, the Committee had heard about the work being done by the System Leadership Team (SLT) to explore what decisions staff felt they were not involved in and ideas about how they could be better involved.

Ms Little reported on the new format of the Staff Governance Committee which would provide the opportunity for Grampian Area Partnership Forum (GAPF) to support sector partnership forums and to create stronger links between GAPF and the committee.

**13.6 Grampian Area Partnership Forum – 17 October and 14 November**

Ms Little highlighted the work with the Staff Governance Committee and joint relationships, the success of the peer flu vaccine programme and the work being taken forward by the GAPF Staff Rewards & Recognition Sub Group.

### **13.7 Area Clinical Forum (ACF)– 13 November**

Mrs Cruttenden reported that the ACF had noted improvement work and raised awareness around the issue of violence and aggression but remained concerned about this issue. Workforce was a regular topic at ACF meetings. There were ongoing concerns relating to recruitment delays. The Acute Pharmacy Service and community pharmacies were under pressure because of the lack of availability of trained staff and the increased number of new roles. She also advised that the Area Clinical Forum was keen for NHS Grampian to establish and enhance links with research partners.

Professor Fluck agreed that working in partnership with the two local Universities was important for research. Dr Hiscox emphasised the importance of links with the Robert Gordon University regarding Nursing, Midwifery and Allied Health Professions research. Professor Croft advised there was an opportunity to discuss topics raised by the ACF at joint meetings with the System Leadership Team

### **14 Integration Joint Boards – Update Report and Approved Minutes**

Ms Angie Wood introduced herself as she was attending the Board meeting for the first time in her role as Interim Chief Officer, Aberdeenshire. She advised that the report highlighted key recent issues from each of the three IJBs. Mrs Webb observed that Moray had reported considerable work ongoing in response to the publication of Drug Related Deaths in Scotland figures. She advised that similar work was going on across the whole of Grampian.

### **15 Approved Minutes (all 2019)**

The Board noted the following approved minutes:

- 15.1 Clinical Governance Committee – 16 August
- 15.2 Endowment Committee – 15 August
- 15.3 Performance Governance Committee – 17 September
- 15.4 Spiritual Care Committee – 12 September
- 15.5 Staff Governance Committee – 12 August
- 15.6 Area Clinical Forum – 11 September
- 15.7 Grampian Area Partnership Forum – 19 September and 17 October

### **16 Any Other Competent Business**

No other business was raised.

**17 Dates of Next Meetings**

Board Seminar – Thursday 18 January 2020, CAMHS, Links Unit, City Hospital,  
Aberdeen  
Board Meeting - Thursday 6 February 2020, CLAN House, Westburn Road,  
Aberdeen

Signed ..... Date .....  
Vice-Chair