

NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
on 6 February 2020 from 10.30am
CLAN House, Westburn Road, Aberdeen

Present	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
	Mr Albert Donald	Non-Executive Whistleblowing Champion
	Professor Nick Fluck	Medical Director
	Mrs Luan Grugeon	Non-Executive Board Member
	Miss Rachael Little	Employee Director/Non-Executive Board Member
	Cllr Douglas Lumsden	Non-Executive Board Member
	Cllr Shona Morrison	Non-Executive Board Member
	Mr Jonathan Passmore	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	
Attending	Mr Paul Allen	Director of Facilities and eHealth
	Mr Paul Bachoo	Acute Medical Director
	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
Invitees	Ms Julie Anderson	Deputy Project Director
	Ms Jillian Evans	Head of Health Intelligence
	Professor Mike Greaves	Clinical Lead, The ANCHOR Centre
	Mr Garry Kidd	Assistant Director of Finance
	Dr Mike Munro	Clinical Lead, The Baird Family Hospital
	Ms Jane Raitt	Chief Midwife

Item	Subject
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1	Apologies
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Apologies were received from Professor Siladitya Bhattacharya, Dr Adam Coldwells, Ms Joyce Duncan, Mr Alan Gray, Dr Caroline Hiscox, Professor Lynda Lynch, Mrs Sandra Macleod, Ms Lorraine Scott and Ms Angie Wood.

2 Declarations of Interest

Mr Sandy Riddell declared an interest, as the Chair of Mental Welfare Commission, in Item 10 – Performance Report for Mental Health and Learning Disability Service.

3 Vice-Chair's Welcome and Introduction

Mrs Atkinson welcomed everyone to the meeting, in particular Mr Albert Donald, the recently appointed Non-Executive Whistleblowing Champion, to his first Board meeting.

Mrs Atkinson advised that this was her last Board meeting in the chair covering Professor Lynch's leave and formally thanked colleagues for their support during this time.

4 Chief Executive's Report

Professor Croft highlighted key points from her digital report including regional work and shifting the balance of care from hospital and health care to social care; creating forward-looking local and regional plans.

Professor Croft thanked Mrs Atkinson on behalf of the Board and System Leadership Team (SLT) for all her work while deputising for the chair.

Mrs Atkinson commented on recent media attention and negative publicity attacking individual colleagues, including the Chief Executive. She pointed out that the Chief Executive had risen above this, with support from SLT colleagues, showing professionalism and commitment to the whole of NHS Grampian including Dr Gray's Hospital.

Mr Passmore added that he had total confidence in the Chief Executive to lead NHS Grampian. As chair of the Staff Governance he stated that it was not acceptable for anyone to be called out in public in that way and was not reflective of NHS values.

5 Minute of Meeting on 5 December 2019

The minute of the meeting on 5 December was approved, subject to the removal of Cllr Isobel Davidson's name from the attendance list.

6 Matters Arising

There were no matters arising.

7 Infrastructure Investment

Mr Kidd, Assistant Director of Finance, was deputising for Mr Gray who was attending the Scottish Government's Capital Investment Group, which would also be considering the Baird Family Hospital and ANCHOR Project Full Business Case that day.

Mr Kidd introduced the item and explained that the paper covered a number of infrastructure projects that would be presented individually with Board members being given an opportunity to discuss and consider the recommendations in turn.

Baird Family Hospital and ANCHOR Project – Full Business Case

The Board welcomed Dr Mike Munro, Clinical Lead for The Baird Family Hospital; Professor Mike Greaves, Clinical Lead for the ANCHOR Centre; Jane Raitt, Chief Midwife and Julie Anderson, Deputy Project Director, to the meeting. He advised that this was the largest and most challenging project in NHS Grampian which will enable redesign and modernisation of services to bring significant improvement and benefits to patients.

Dr Munro presented slides showing the facilities that will be provided by the Baird Family Hospital. The purpose built hospital will provide maternity, gynaecology, breast screening and breast surgery services. It will also include a neonatal unit, centre for reproductive medicine, an operating suite, Community Maternity Unit and research and teaching facilities. He briefed the members on some of the benefits that the patients will see with more birthing pools becoming available, more space within each bay at the neonatal unit that will encourage more family involvement, specialist lighting and sound control to ensure appropriate stimulation for babies. Accommodation will allow families to be kept together and provide privacy and dignity in the care setting. There will be new service models to include additional triage and transitional care beds. There will be link bridges to the Royal Aberdeen Children's Hospital (RACH) and Intensive Therapy Unit (ITU) which will streamline the internal transfer of patients from one facility to another and help share resources. He outlined the benefits for women, patients and families.

Professor Greaves gave a brief on the ANCHOR Centre which will provide care in a modern facility and be well-placed to provide an improved outpatient experience for those attending oncology and haematology appointments. Waiting areas and treatment areas will provide a better environment and more privacy for patients and clinicians will benefit from the ease of flow between service areas. There will be a much needed Aseptic pharmacy co-located in the building which will improve a delivery of treatment. There will be improved opportunities for research and teaching. He stressed the important contribution of Friends of ANCHOR to the current and new facilities.

Ms Anderson explained the design assurance of the project, the delivery programme/timescales, capital investment and recurring revenue costs. Following independent reviews, the revised project cost was £223 million. This reflected complexities with the design and challenges with the construction sector and wider economy. The revenue costs continued to be aligned to those reported at the Outline Business Case (OBC) stage.

Ms Raitt advised that the maternity services at the new hospital were based on models of care in the 5 year forward plan for maternity and neonatal services. These would bring improvements in moving to more community-based hubs with effective transitional care and prevention of return visits for repeat consultations. She advised that the Best Start principles were fully embedded in the project, as well as other maternity facilities in Grampian, to ensure they were person and family-centred. She

referred to the good work done with staff and public consultation. In response to a query about health inequalities impact analysis, she responded that she was confident that the most complex situations would be dealt with dignity and respect and that additional support was already in place for vulnerable families

Professor Greaves advised that with appropriate Information Technology, physical consultations and patient travel could be reduced.

Board members raised concerns about any further potential rise in costs and sought assurance on this. Mr Kidd responded that the rigour around the reviews ensured confidence in the process. He explained that NHS Grampian was working very closely with the Scottish Government (SG) which was very supportive of the project. It was hoped that the SG would provide support to address the increased revenue costs relating to additional depreciation. He also advised that risk contingencies had been built into the budget as part of the process.

Mrs Atkinson thanked the team formally for getting the projects to the current stage, for the wide-ranging consultation and for an extremely helpful paper and presentation. She acknowledged that the national environment had not made this an easy process.

The Board approved the following:

- i. Submission to the Scottish Government Capital Investment Group (CIG), the Full Business Case (FBC) for investment in The Baird Family Hospital and ANCHOR Centre on the Foresterhill Health Campus**
- ii. Allocation of funding within the Board's financial plan to cover the additional recurring revenue consequences of the new facilities as set out in section 3.1.7 (c)**
- iii. The Chief Executive and Board Chairman, subject to confirmation of approval of the FBC by CIG, to extend the appointment of the Principal Supply Chain Partner for the Major Acute Services in NHS Grampian Project (Baird Family Hospital and ANCHOR Centre) by entering into a Stage 4 (Construction) Contract**
- iv. The Board's Director of Finance to incur up to £0.5m in additional fees should further design work become necessary to address findings from the independent design assurance review or to maintain momentum on the programme during the Full Business Case approval process.**

In considering the above, the Board noted the following:

- i. Final approval of the FBC by CIG was dependent upon the outcome of the independent design assurance process commissioned by the Scottish Government**
- ii. The final project cost estimate of £223.6m included the outcome from the various actions agreed to address the recommendations from the independent external review of project process and costs commissioned jointly by the Board and Health Facilities Scotland and prepared by the Royal Institute of Chartered Surveyor (RICS)**
- iii. The target price offer from Graham Construction Ltd, the Board's appointed Principal Supply Chain Partner (PSCP), assumed a programme with start on site in May 2020 leading to practical completion in November 2022. Any delay in the programme may result in further inflationary cost pressures on the project.**

Cyclotron Replacement

The costs had increased by £350k because of additional works to decommission the old cyclotron and install the replacement. The Scottish Government had confirmed funding to cover this additional cost. It was expected that the new cyclotron would be installed in March and be operational by May 2020.

The Board noted the progress to date and the allocation of additional capital funding of £350k from the Scottish Government to cover the increased costs of installation.

Cardiac Catheter Laboratory (Cath Lab) Replacement

The Board had approved the replacement of the two existing Cardiac Catheterisation Laboratories at Aberdeen Royal Infirmary in December 2019. The previous estimate included provisional sums for decommissioning and installation work subject to detailed surveys. It had been necessary to amend the specification following consideration of the likely use of the facilities for more invasive procedures in the future. The increased cost of £450k reflected this amended specification to ensure future-proofing, and an increase to the size of the facility to accommodate ventilation plant.

The Board:

- **noted the progress to date**
- **approved the allocation of additional capital funding of £450k within the Board's infrastructure plan to cover the additional costs of installation.**

Dr Gray's Hospital

Mr Passmore stressed the importance of capital expenditure at Dr Gray's Hospital to show commitment to Moray and Dr Gray's Hospital in particular. He felt it was important for the Board to restate its commitment to the area to counter public perceptions. With particular reference to maternity services at Dr Gray's Hospital, he commended the time, effort and resource to support the service, explaining that there was no immediate solution to address the challenges faced. He stressed it was not possible to achieve bigger solutions without full engagement with the public and suggested it was necessary to reinvigorate public engagement. It would be necessary to provide an overall vision of Dr Gray's Hospital as critical in supporting the NHS in Grampian, the people of Moray and hospital staff. Mrs Atkinson acknowledged the need for the Board to communicate clearly what NHS Grampian was providing for the whole of Grampian.

Mr Kidd explained the infrastructure works at Dr Gray's Hospital resulted from risk assessments and the need for backlog maintenance. Maternity services required to be modernised to provide a birthing pool, ensuite facilities in wards and to improve patient flow.

Improvement works were also being carried out to Ward 7 and the renal unit. The multiple projects on site required to be coordinated and managed. In response to a query about the renal facilities, Professor Fluck explained that there was a renal network service in Grampian which was the best network solution in the country, with

community services being delivered within 20 minutes of people's homes and technical expertise to deliver remote solutions.

Non Executives requested clear communications to the staff and public about the planned investment. Ms Meldrum advised that there were ongoing conversations with staff locally to keep them informed, as well as staff newsletters and other information channels.

Professor Croft acknowledged Mr Passmore's comments and reaffirmed the Board's commitment to Dr Gray's Hospital. She stressed the opportunities for services delegated to the Health and Social Care Partnership and the good relationships with integrated partners. She agreed that the System Leadership would continue to consider how best the vision for Dr Gray's Hospital could be articulated.

The Board noted the recent commitment to progress improvements in Ward 7, the Renal Unit and the Birthing Unit at Dr Gray's Hospital.

8 Acute Sector Strategic Plan 2020 - 2023

Mr Bachoo advised that this was the first ever Acute Sector Strategic Plan which he presented in draft. He explained that it included embedded documents linking to key enabling and supporting strategies, policies and plans. He outlined the context for the plan including the National Clinical Strategy, the Grampian Clinical Strategy and the relationships with partners particularly health and social care colleagues. He described the plan as a dynamic document that would go through change, describing what the acute sector did and what it aspired to do to develop and future-proof complex secondary care and tertiary services across acute hospitals and beyond, in a challenging environment. He advised that the plan was intended to be progressive and would take into account the continuously changing and complex landscape of health and social care, both regionally and nationally. The sector aimed to effectively deliver resilient high quality essential services to patients whilst continuing to reflect, engage and be guided by a range of secondary and tertiary teams. He advised that the plan had been subject to wide consultation with staff.

It was noted that some disciplines had not been included in the list of staff working in the acute sector.

Board members discussed the importance of having this document put together which provided narrative and helped set expectations on the current challenges. They agreed that the plan as presented was a very helpful document pulling together complex issues. In doing so, the Board agreed it would be helpful to include more information about the wider context and to consider how it could be adapted for communicating clear messages for the public.

The Board

- **Noted and Supported the Acute Sector Strategic Plan 2020 – 2023 as a draft.**

The Vice-Chair commended the Acute team on the work that had gone into the first draft which was evidence of significant progress for the sector.

9 Clinical Strategy Review - Prevention

Mrs Webb presented the paper explaining that the aim of work on prevention was to improve health of all those who live and work in Grampian, with a particular focus on those who were more vulnerable or had a higher risk of serious preventable ill-health. She advised that the aim of the Grampian Clinical Strategy was to move activity from unscheduled to planned, from planned to self-managed and to support prevention where possible. The challenge was to integrate prevention in health activity and she cited current examples of House of Care and the diabetes framework.

The focus of the paper was on staff health and wellbeing and outlined a number of activities being taken forward to support this which were pulled together at www.myhealthyworkplace.net including a step challenge and weight loss support. As well as helping staff to be healthier there was a financial benefit of reducing absenteeism. In response to a query about support for physical or musculoskeletal problems, Mrs Webb advised that there was a self-referral process to physiotherapy. It was recognised that a large number of staff were in sedentary roles and it was necessary to create environments to address this.

Non-Executives noted the work outlined in the paper was beneficial to NHS staff but felt it would be helpful to know how this was aligned to staff in Health and Care Partnerships and the wider public. Mrs Webb suggested that it might be helpful to have a Board Seminar on public health efforts on priorities, approach and work in partnership to alleviate any concerns. She emphasised the importance of looking after staff's own health and wellbeing so they were able to support people and communities to look after their health and wellbeing. She advised that it was important to create the right culture to encourage staff and to address negative behaviours relating to wellbeing.

In response to concerns about sufficient capacity in the Occupational Health Service (OHS) and training for managers/supervisors to be effectively trained to support colleagues, Mrs Coull advised that tailored support was available from OHS but capacity was limited.

The Board agreed with the recommendations in the paper subject to a minor amendment as follows:

The Board:

- **endorsed the focus on staff health and wellbeing as a key priority in the prevention strand of the Clinical Strategy**
- **considered the actions that were being progressed to deliver on the six strategic intents set out within the Clinical Strategy in relation to prevention**
- **acknowledged the whole system approach to prevention and its role within the Clinical Strategy.**

In addition to the recommendations in the paper, the Board asked for the prevention element of the Grampian Strategy to be reviewed in terms of the wider population. They also asked the SLT to consider staff and clinical element strands to ensure the correct focus.

It was suggested that public health strategy relating to NHS Grampian and Integration Joint Boards (IJBs) be brought to a board seminar for discussion.

10 Performance Report

Jillian Evans, Head of Health Intelligence, presented to the report which summarised current performance against Annual Operational Plan trajectories.

She highlighted key points and Board members discussed these as follows:

Unscheduled Care – the four hour standard remained challenging but NHS Grampian continued to perform better than the Scottish statistics. Actions were being taken forward with Health and Social Care Partnerships developing performance plans for a number of indicators. NHS Grampian will continue to work with partners to implement appropriate surge plans. She confirmed that actions were being progressed as agreed in the Winter Plan that had been approved by the Board in November 2019.

Mental Health and Learning Disabilities – up to date published information was not available for Child and Adolescent Mental Health Services (CAHMS) but based on management information, compliance was 85% against the national waiting time standard. City and Shire were 90% complaint (national standard) and work was being done with the Moray team to reduce the average patient wait. Waiting times for Psychological Therapies continued to be challenging but a number of actions were being taken forward by the recently appointed Director of Psychology to address areas for improvement including reviewing processes and to understand referral patterns. It was noted that workforce was not an issue for this speciality.

Elective Care – significant progress had been made with the average outpatient wait for first appointment having reduced from 90 days in 2018 to 72 days in 2019 and the waiting list size having reduced by 21% between 2018 and 2019. The Treatment Time Guarantee (TTG) performance had reduced by 7% since the previous year and the average wait had reduced from 156 to 125 days.

Cancer – the targets remained challenging particularly urology and colorectal cancer patients. The paper outlined action being taken to clear the majority of long waiting patients by the end of March 2020. Mr Bachoo explained that the low percentage compliance rate of 37% for melanoma was likely because of the small numbers involved but agreed to look into this further.

Delayed Discharges – in response to a query whether the figures presented an optimistic view Ms Evans explained that the Chief Officers of the IJBs were dealing with strategically with delayed discharges to deal with issues, trends and common characteristics between the three areas. There was a seasonal effect on the figures. She agreed to pull together more in-depth information including strategic themes.

Financial Performance – Mr Kidd advised that the year to date overspend was £3 million. Of an overall budget of £1.26 billion he assured the Board that this would be manageable and that the SLT had agreed short term actions to achieve financial balance. However, the longer term sustainability was challenging. He explained that a key pressure was the extent to which additional agency and locum staffing was required. More complex techniques required additional spend on medical supplies.

Health Safety - Mrs Cruttenden asked about the figures quoted around antimicrobial prescribing, particularly the nurse prescribing rates compared to Scotland. Ms Evans agreed to look into this with her and Dr Hiscox outwith the meeting.

Mrs Atkinson highlighted discussions with the Scottish Government regarding the current funding model which caused peaks and troughs in service delivery; more money can make a big difference.

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

11 Committee and Forum Reports

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

11.1 Audit Committee

The Committee had been encouraged by the progress on the Board's backlog maintenance plan, particularly to reduce high risk maintenance in clinical areas by 2020. This tied into item 7 earlier in the agenda relating to infrastructure investment at Dr Gray's Hospital. Board members were invited to an Audit Committee Development Session on Cyber Security on 17 March 2020. (Please note that this was subsequently cancelled).

11.2 Engagement and Participation Committee

The Committee had not been quorate but had attendees had a useful discussion on the topics in the report. The Committee was holding a workshop on 13 February 2020 on Patient Experience & Equity and the role of the Committee. It was important the Committee ensured feedback to participants in engagement activities. Mrs Anderson agreed to circulate the output of the workshop to Board colleagues.

11.3 Grampian Area Partnership Forum

11.4 Area Clinical Forum

The ACF was looking forward to working more closely with the SLT to commission specific pieces of work.

12 Integration Joint Boards – Update Report and Approved Minutes

The report and minutes were noted.

13 Approved Minutes (all 2019)

The Board noted the following approved minutes:

- 13.1 Audit Committee – 10 September
- 13.2 Engagement and Participation Committee – 21 August
- 13.3 Area Clinical Forum – 23 November
- 13.4 Grampian Area Partnership Forum – 14 November

14 Any Other Competent Business

Board members were reminded of two forthcoming events:

Board Development Session on 24 February 2020.

Endowment Committee Workshop on 18 March 2020 - the aim of this was to help develop strategic outcomes. All Board members, as Trustees of the Endowment Funds, were invited. (Please note this was subsequently cancelled)

15 Dates of Next Meetings

Board Seminar – Thursday 5 March 2020

Board Meeting - Thursday 2 April 2020 (Please note change of arrangements as a result of COVID-19 situation)