

UNAPPROVED

NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
on 6 June 2019 from 10.30am
CLAN House, Westburn Road, Aberdeen

Present	Dr Lynda Lynch	Chair
	Mrs Amy Anderson	Non-Executive Board Member
	Mrs Rhona Atkinson	Non-Executive Board Member/Vice Chair
	Professor Amanda Croft	Interim 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
	Miss Rachael Little	Employee Director/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
	Professor Susan Carr	Director of AHPs & Public Protection
	Dr Adam Coldwells	Chief Officer, Aberdeenshire
	Mrs Susan Coull	Operational Director of Workforce
	Miss Lesley Hall	Assistant Board Secretary
	Mrs Karen Low	PA
	Mr Graeme Smith	Deputy Chief Executive
 Invitees	 Mr Preston Gan	 Head of Business Services & Performance, Estates
	Mr Gavin Payne	General Manager of Facilities & Estates
	Mr Garry Kidd	Assistant Director of Finance

Item Subject

1 Apologies

Apologies were received from Ms Pam Gowans, Mrs Caroline Hiscox, Dr Annie Ingram, Cllr Douglas Lumsden, Mr Gary Mortimer, Ms Sandra Ross and Ms Lorraine Scott.

2 Declarations of Interest

There were no declarations of interest.

3 Chairman's Welcome and Introduction

The Chair, Dr Lynda Lynch, welcomed everyone to the meeting. She highlighted that one of the main priorities as a Board was to provide stability and build on leadership capabilities and was pleased to advise that, after a rigorous competitive process, Professor Amanda Croft had been appointed as the substantive Chief Executive in April 2019. She reported that a process was underway to recruit a Director of Corporate Communications following the retirement of Laura Gray after 30 years' service comprising 16 years as the Director of Corporate Communications and 9 years as Board Secretary. The Chair wished to formally thank Laura on behalf of the Board for her commitment to NHS Grampian, her extensive patient engagement and fundraising work and wished her well for the future.

The Chair advised of some of the meetings and events of note:

- The North East Partnership Group had been reinvigorated. Its purpose was for senior leaders from the NHS, IJBs, and local authorities jointly to ensure efficient system-wide planning and use of resources.
- NHS Grampian's 8th Annual Quality and Safety in Healthcare Event. This was a hugely successful and uplifting day that focused on both organisational and personal resilience in pressured times. Over 200 staff attended with around 50 posters submitted highlighting Quality Improvement projects.
- Walkround at the Women's Day Clinic with the Employee Director where they had been advised of the benefits of increased outpatient procedures as well as training opportunities for nursing staff to expand nurse-led care.
- Meeting with the Chair and Chief Executive of Opportunity North East to discuss progression of the planned BioHub building at Foresterhill - a joint investment project to accelerate growth and build on the strengths of the Life Sciences cluster in the North East of Scotland.
- Grampian Area Partnership Forum (GAPF) Away Day, at which 21 years of joint working within NHS Grampian had been celebrated.
- Presentation of Healthy Working Lives awards to a huge range of local companies and sectors within the local health and care system, recognising the positive steps taken to support employees to maintain and improve both their mental and physical health.
- The National NHS Chairs meeting in Edinburgh with the Cabinet Secretary at which discussion included Waiting Times Improvement Plans and the Sturrock Report.
- Meeting with the Principal of Aberdeen University, along with Professor Croft, to identify further opportunities for joint working.

- As a guest of Friends of Dr Gray's, welcomed the Princess Royal to celebrate the 200th Anniversary of Dr Gray's Hospital. The Friends of Dr Gray's have improved and enriched the experiences of both patients and staff, the hospital environment and in particular the original building as well as encouraging the wider community. As well as taking time to speak with staff, supporters and patients, the Princess Royal unveiled a plaque marking the anniversary by local artist Jo Adam, commissioned by staff member Kenny McKenna.
- Joined staff at the Neonatal Unit at Aberdeen Maternity Hospital to receive an award from UNICEF in recognition of being the fourth unit in Scotland to achieve Baby Friendly accreditation. The initiative supports breastfeeding and patient infant relationships with particular recognition given to the Neonatal Unit's progress with families.
- Thank you event for volunteers at Woodend Hospital which recognised the contributions of befrienders, patient escorts, gardeners, librarians, RVS volunteers, artists and therapists. Length of service acknowledgement spread from 1 year to 38 years. The Chair formally thanked all of the volunteers that support NHS Grampian and its patients.

4 Interim Chief Executive's Report

Professor Croft introduced her report in digital format. This month's insight into the System Leadership Team (SLT) focused on Mr Paul Bachoo, Consultant Vascular Surgeon and Medical Director Acute.

She highlighted the following items:

- Sturrock Report – the link to the report was provided. NHS Grampian would be responding and ensuring work was done to learn lessons from this.
- iMatter – the annual survey was underway and she strongly encouraged everyone to complete the survey as it was a crucial tool for the organisation to measure how it was performing, to identify potential issues, drive change and to put in place any additional support for staff.
- Staff Health & Wellbeing – NHS Grampian was encouraging and supporting the improvement of staff health and wellbeing across all sectors. A series of staff events had already been held with further events being discussed.
- Clinical Strategy – this was being refreshed for both new members of staff and as a reminder.
- She congratulated Susan Carr, who was in attendance at the meeting, on her appointment as a visiting professor at the Robert Gordon University. This appointment was the first Allied Health Professions (AHP) professor in Scotland and recognised her work with the University to support the training and development of AHPs.
- NHS Scotland Event – Adam Coldwells, Chief Officer Aberdeenshire IJB, Jim Savege, Chief Executive, Aberdeenshire Council and she had presented on integration at the opening session of the NHS Scotland National Event. They had showcased work in Aberdeenshire where integrating health and social care had been successful in improving the quality and sustainability of care.

5 Minute of Meeting held on 4 April 2019

The minute of the meeting on 4 April 2019 was approved.

6 Matters Arising

There were no matters arising.

7 Annual Operational Plan 2019 / 20

Mr Gray explained that the Annual Operational Plan (AOP) was the Board's agreement with the Scottish Government against which progress would be monitored through the year and at the mid and end of year Annual Review meetings. It had been prepared in consultation with Scottish Government colleagues and focused on national strategic priorities (Planned Care, Mental Health, Integration and Unscheduled Care, and Prevention and Self-Management) set in the context of the Grampian Clinical Strategy. He reminded the Board that the AOP had been presented in draft to the Board seminar in May 2019 since when further changes had been made, particularly to the sections on planned/elective care.

With regard to Integration and Unscheduled Care, it was noted that the IJBs' strategic plans provided an important contribution. For Planned Care, additional funding had been agreed with the Scottish Government to increase capacity to reduce the number of patients waiting for a first outpatient appointment or treatment. This included agreement from a number of surgical services to use additional capacity at Stracathro through the establishment of a mobile theatre. Discussion on cancer and diagnostics funding and performance trajectories had not yet been concluded.

A detailed plan to undertake a strategic review of Mental Health and Learning Disability Services (MHLDS) had been submitted to the Government during 2018/19. This set out changes to operational arrangements at Royal Cornhill Hospital to maintain access to inpatient services and options for a pan-Grampian MHLDS. Separately a plan had been developed to improve access to Child and Adolescent Mental Health Services (CAMHS) including establishing the new centre due to open at the end of June. These changes involved working with partners to ensure adequate support for young people.

Professor Croft advised that IJBs had an important leadership role in planning and commissioning of acute services and the NHS and IJBs worked closely regarding hosted services. She added that there were workplans in place for the "Six Essential Actions" and these would help improve patient flow. Mr Gray explained that there had been a move away from "Winter Planning" towards better integrated planning to deal with surges in demand. Capacity was adjusted on a daily basis to deal with demands for unscheduled care.

Executive colleagues explained that there had been a long history of regional working. This continued through networks such as the Major Trauma Network. This way of working meant there was minimal physical movement of staff throughout the region.

As chair of the Performance Governance Committee, Mrs Atkinson advised that she had been assured by the discussion which had provided clarity and context to the paper presented. Comments were made about the wording of the section on self-care and a request made for it to be more specific and to identify timescales and measurable outcomes. Mrs Webb agreed to feed these comments back to the network.

Mrs Webb advised that there was a detailed action plan under each of the Health Improvement headings. She agreed to send the report against public health priorities to Board members. She acknowledged that it was unclear where authority for prevention and self-management sat between NHS and IJBs but emphasised the importance of shared ambition for the next few years to create an equal partnership for public health issues.

It was suggested that it would be helpful for clarity on the differences between hosted services delegated to IJBs and those services for which IJBs had strategic responsibility.

It was pointed out that considerable information was provided in the documents embedded in the Annual Operational Plan.

With regard to the Waiting Times Improvement Plan, the Director of Finance and Medical Director Acute met monthly to look at indicators of priority. They explained that it was important not to focus only on numbers but on ensuring high quality of care in the right place.

As chair of the Engagement and Participation Committee, Mrs Anderson sought assurance on how information about services would be communicated and feedback provided on patients' experiences of changes to services obtained. Mr Bachoo advised that the Waiting Times Improvement Plan was a significant piece of work. The current system was being used to obtain patient feedback and there would be close working with Stracathro Hospital and the National Waiting Times Hospital at Golden Jubilee to learn from any of their feedback. It was agreed to report on patient engagement around the Waiting Times Improvement Plan to the Engagement and Participation Committee.

The Chair sought timeframes for progress reports on cancer waiting times and the use of Stracathro Hospital and a dashboard to be developed to define and measure outcomes to be aligned with PGC.

Professor Croft advised that work would begin soon on the next year's Annual Operational Plan to allow more time for preparation and consultation and to make it a useful working document for NHS Grampian.

Mrs Atkinson asked how the actions will be evaluated. In response, Professor Croft advised of the cross system approach that has 6 essential actions being delivered through the work plan. This will have measurable targets highlighting if they were making a difference to patients. She also advised that the work being done on the Clinical Strategy refresh will also support this.

With regard to CAHMS, Mr Gray advised that there was a national review of waiting times definitions. It was hoped that changes to definitions would evidence improvements in access to CAMHS under the Choice and Partnership Approach (CAPA) model.

The Board approved the Annual Operational Plan for 2019/20, including the three year financial plan and agreed performance trajectories for elective care against the national outpatients and treatment time guarantee standards.

The Board also noted the five year capital plan presented for consideration as a separate paper and summarised within the Annual Operational Plan as required by Scottish Government.

8 Five Year Infrastructure Investment Plan

Mr Gray advised that publication of the national infrastructure plan for Scotland was awaited. The aim was to present the Asset Management Plan to the Board in December 2019.

He advised that the infrastructure investment plan focused on actions across four main areas:

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

Mr Gray explained the funding in place and assumptions about capital allocation over the five year period. The paper highlighted expenditure of approximately £314 million over the next five years including investment in the Baird Family Hospital and ANCHOR Centre, diagnostic and treatment facilities, new health centres, Royal Cornhill Hospital for health and safety compliance, replacement equipment and backlog maintenance. As outgoing chair of the Audit Committee, Mrs Atkinson commended the work on the allocation and proper use of funds for infrastructure investment. Mr Gray highlighted the significant work done by the Asset Management and Development Team and the Facilities and Estates Directorate to support this.

Board members discussed the importance of digital and IT support to enable transformation of services. Mr Allen assured the Board that the organisation would be developing a Digital Health and Care Strategy which was on the Board Forward Plan.

Mr Gray advised the Board of good relationships and joint working with other statutory organisations in Grampian and that the national strategy was looking at ways to invest across bodies for example investment in community based hubs.

The Board:

- **endorsed the Infrastructure Investment Plan covering the period to 31 March 2024 based on assessment of current priorities;**
- **noted that the Asset Management Strategy will be presented to the Board at a future date. The Asset Management Strategy will support the delivery of high quality care in the right place through providing safer, effective and sustainable services.**

9 Facilities and Estates Strategic Delivery Plan 2018 - 2021

Mr Allen introduced colleagues Preston Gan, Head of Business Services & Performance and Gavin Payne, General Manager of Facilities & Estates. Mr Allen gave a brief overview of the Facilities & Estates (F&E) Strategic Delivery Plan and advised how the directorate was key to the effective maintenance of buildings and infrastructure for current and future organisational performance. He explained the key priorities in the plan were continually evolving and being updated. He also advised that this was periodically represented through the Performance Governance Committee (PGC), Audit Committee and new PAIR (Performance Assurance Information and Risk) process to provide more enriched information and provide ownership.

Mr Gan gave a short presentation highlighting some of the work that had been done to create an environment for change and influence how people behaved, which has enabled the directorate to provide and support core actions. He advised this has enabled the establishment of a '5 themed' operating model to drive maximum value and benefit to support and align with NHS Grampian's key strategies to deliver a range of healthcare activities.

Mr Payne reported some of the key challenges faced working on the strategic priorities within the live plan:

- Challenging timescales.
- Extension of property and infrastructure equipment.
- Being adaptive to emerging priorities coming from the Clinical Strategy and national work.
- Diversity and equality around huge team with large and varied roles.
- Succession plan around ageing workforce

Mr Payne then highlighted the 7 key priorities:

- Cross sector collaboration with stakeholders to enhance co-operation and overall funding.
- Structured approach to performance and development of contracted services within NHS Grampian, clinical and non-clinical.
- Integrated approach to data management to include reduced administration through a robust challenges and ongoing application of ESSA (Eliminate, Simplify, Standardise and Automate) principles.
- Competence and Risk – introduced quarterly reviews at director level to look

- at and enhance development to provide effective risk management.
- Contracts – simple management methods have been used to support procurement planning.
- Fully comprehensive planning, monitoring and reporting on the key activities that demonstrate compliance with all relevant regulations and standards.
- Regular quarterly analysis of key performance indicators and benchmarks for each service area to measure progress and improvement to support improvement for sustainable additional value to NHS Grampian.

Mr Robertson asked about barriers to sharing information and data between partner organisations and the challenges of compatible systems that would allow central intelligence and improve services. In response, Mr Allen advised that there were ongoing discussions to address challenges of data sharing and work with Health & Social Care Partnerships (HSCP) to improve equipment and its management. Professor Fluck assured the Board that NHS Grampian was actively engaged with partners to improve infrastructure and processes. There was a Grampian Data Sharing Board to ensure effective governance.

Mr Payne advised that there were a number of routes being used to engage with patients and staff regarding domestic services and catering. Mr Allen assured the Board that work was being done to meet Government targets around climate change and carbon emissions. Professor Fluck explained about engagement with the PAIR process which had shown how critical the services provided by the directorate were for patient care.

The Chair asked about the relationships and engagement with appropriate and relevant colleagues. In response, Mr Allen advised that each of the Senior Managers were aligned to a sector for efficient and effective engagement to allow work to progress.

The Board:

- **Endorsed the objectives and strategic priorities of the Facilities and Estates Strategic Delivery Plan 2018-2021.**
- **Noted the progress to date of ongoing focus within the paper in taking forward a number of key actions to support the Strategic Delivery Plan.**

10 Performance Report

Mr Gray highlighted the main items in the Performance Report. With regard to Unscheduled Care, there had been an improvement in performance for admissions of patients to the Stroke Unit within one day of a stroke. In terms of planned care, he advised that there was a lower number of patients on inpatient and outpatient waiting lists at the end of the year. There had been a substantial improvement in the waiting list position during the first six months of the Waiting List Improvement Plan, with patients benefitting from the additional capacity that had been made available by the Scottish Government. He stressed that improving performance in cancer remained a priority for the Board and welcomed the additional support to assist with planning to help improve compliance with access standards. He reported that, subject to audit, NHS Grampian would achieve its three financial targets.

The Chair acknowledged the efforts of executive colleagues to agree achievable trajectories with the Scottish Government.

In response to comments about medical locum expenditure, Mr Gray explained the challenges of sourcing and recruiting staff in certain specialties. It was necessary to employ these staff to ensure quality and safety of services.

The Board reviewed and noted the report and actions being taken to address the areas where performance is not in line with the plan.

11 Healthcare Associated Infection (HAI) Report

Professor Fluck briefed the members on this report in the absence of Mrs Hiscox, Director of Nursing, Midwifery and Allied Health Professions. He explained that the report had to follow a nationally agreed template and required to be presented to the Board every 2 months. He explained the process in NHS Grampian for producing the report which included an overview by the HAI Executive Oversight Group and scrutiny by the Clinical Governance Committee. He explained the content of the report so that Board members had a better understanding of the data reported. He advised that there would soon be measures put in place for antimicrobial prescribing which had been agreed by the Scottish Antimicrobial Prescribing Group (SAPG) and the Scottish Government. Professor Fluck offered to explain the data in more depth with individual Board members, if required.

As previous Chair of the Clinical Governance Committee, Dr Lynch advised that HAI figures did fluctuate. That Committee discussed longer term trends and was assured by the work done by the Infection Control Team and the processes which had led to improvements.

Professor Fluck and Mr Allen gave a brief update on the work being done in response to the Queen Elizabeth University Hospital Report. A more detailed report on NHS Grampian's action plan would be presented to the Board at a future meeting.

The Board noted the content of the summary bimonthly Healthcare Associated Infection (HAI) report, as directed by the HAI Policy Unit, Scottish Government Health Directorates.

12 Integration Joint Boards – Regular Update Report and Approved Minutes

Dr Coldwells advised the Board of the key highlights in the report:

- Progress under Integration – the three IJBs had submitted returns to the Ministerial Steering Group which set out objectively the progress that had been made to date and identified further areas for development.
- Leadership role – As noted by the Chair earlier in the meeting, the North East Partnership Forum, which comprised Chairs, Vice Chairs and some NHS Grampian Board Members, had a pan-Grampian role and had met recently to explore how to bring together all parts of the system.

Board members discussed varying levels of engagement and knowledge about integration of health and social care across the Grampian. Dr Coldwells advised that there were challenges with engagement but work was being done with councils, local community groups and political groups to raise awareness of issues and heighten knowledge.

Professor Croft confirmed that there would be a paper commissioned by the North East Partnership Steering Group to explain hosted services.

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

13 Committee and Forum Reports

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

13.1 Clinical Governance

Ms Duncan reported that the Committee had been informed of the developing programme to improve NHS Grampian's process for Performance, Assurance, Improvement and Risk (PAIR) and had been assured this was the most appropriate way to provide assurance around risks. She also advised that the Committee had received a copy of a Level 1 review and the output from a Scottish Public Services Ombudsman (SPSO) investigation and its associated action plans. The purpose was to increase the Committee's understanding of how such events were managed and the learning from these. Finally, she referred to the Pharmacy quarterly report and highlighted the work on the formal review of guidelines.

13.2 Engagement and Participation

Mrs Anderson reported that this Committee had also had a presentation on the PAIR process which had been followed by good discussions. She highlighted the work that Nigel Firth, Equality and Diversity Manager, had presented on the NHS Grampian Equality Outcomes 2017-2021 Report which had been updated in March 2019.

13.3 Performance Governance Committee

Mrs Atkinson advised that the Committee had received a comprehensive Media Monitoring and Social Media report for which she thanked the Director of Corporate Communications and her team. The other key points had been covered during the earlier discussion on Board performance.

13.4 Spiritual Care Committee

Mrs Anderson explained that the Committee had received an informative talk from Professor Carr, Director of Public Protection and Allied Health Professions, about public protection accountability and people at risk.

13.5 Area Clinical Forum

Mrs Cruttenden reported that the Committee had welcomed Mrs Coull, Interim Operational Director of Workforce, to discuss the workforce strategy which had included innovative ways to source new staff and to support and develop staff already in place.

13.6 Grampian Area Partnership Forum

Miss Little referred to the successful Grampian Area Partnership Forum (GAPF) Away Day on 15 May attended by Board and SLT members, GAPF members and staff representing all sectors of NHS Grampian. She thanked everyone who had contributed and those who attended. She advised the feedback had been very positive and will be taken forward in an action plan.

14 Approved Minutes

- 14.1 Clinical Governance Committee – 15 February 2019
- 14.2 Engagement and Participation – 27 February 2019
- 14.3 Performance Governance Committee – 12 March 2019
- 14.4 Spiritual Care Committee – 14 February 2019
- 14.5 Area Clinical Forum – 13 March 2019
- 14.6 Grampian Area Partnership Forum – 21 March 2019

15 Any Other Competent Business

Board members agreed with the Chair’s suggestion that an Action Log from Board meetings would be beneficial.

16 Dates of Next Meetings

Board Meeting – Tuesday 25 June – Summerfield House, Eday Road, Aberdeen
Board Seminar – Thursday 4 July, Suttie Centre, Foresterhill Site, Aberdeen
Board Meeting – Thursday 1 August, Alexander Graham Bell Centre, Elgin

Signed Date

Chair