

NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
on 1 August 2019 from 10.30am
Alexander Graham Bell Centre, Moray College, UHI, Elgin

Present	Professor Lynda Lynch	Chair
	Mrs Rhona Atkinson	Non-Executive Board Member/Vice Chair
	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
	Mr Alan Gray	Director of Finance
	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
	Mrs Susan Coull	Operational Director of Workforce
	Ms Pam Gowans	Chief Officer, Moray
	Miss Lesley Hall	Assistant Board Secretary
	Mrs Caroline Hiscox	Acting Director of Nursing, Midwifery and Allied Health Professions
	Mrs Karen Low	PA
	Ms Lesley Meldrum	Corporate Communications Manager
	Mr Gary Mortimer	Director of Operational Delivery
	Mr Graeme Smith	Deputy Chief Executive
Invitees	Mr Duff Bruce	Consultant General Surgeon & Elective Care Planning Lead
	Dr John Hiscox	Consultant in Emergency Medicine
	Dr Jamie Hogg	Hospital Clinical Director, Dr Gray's Hospital
	Mr Chris Littlejohn	Deputy Director of Public Health
	Dr Doug McKendrick	Consultant Anaesthetist, Dr Gray's Hospital
	Ms Pauline Rae	Workforce Service Manager
	Mr Neil Strachan	Senior Planner
Ms Sue Swift	Divisional General Manager	

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1	Apologies
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Apologies were received from Mrs Amy Anderson, Professor Siladitya Bhattacharya, Dr Adam Coldwells, Professor Nick Fluck, Luan Grugeon, Dr Annie Ingram, Cllr Douglas Lumsden, Ms Sandra Ross and Ms Lorraine Scott.

2	Declarations of Interest
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There were no declarations of interest.

3	Chair's Welcome and Introduction
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The Chair, Professor Lynch, welcomed everyone to the meeting announcing that this would be her last meeting before a period of leave. She advised this had been another busy month of meetings and events as follows:

- MP/MSPs' briefing at which topics discussed included ECMO, Director of Public Health Report, overview of capital developments, learning health system and projects at Ellon, Banchory and Danestone practices.
- The National NHS Scotland Board Chairs' meeting had discussed recent media coverage of the latest statistics for drug-related deaths, mental health waiting times standards and integration. Jason Leitch, National Clinical Director, reported that Healthcare Improvement Scotland (HIS) held and gathered evidence on best practice and that HIS was looking to develop this area of work.
- Visit to the new Child and Adolescent Mental Health Services (CAMHS) facility at the former Links Unit at the City Hospital, where Aberdeen City and Aberdeenshire teams will work together. This was part of a redesign of the Grampian-wide CAMHS system to develop an innovative and reactive service. This will ensure care is delivered in an efficient, effective and consistent way across Grampian and enable closer links with the CAMHS team in Moray. The aim is to provide more services in a single setting for young people to benefit from easier access to specialists and get access to the right care, from the right professional at the right time.
- An introductory meeting with Council leaders along with Mr Gray, Director of Finance.
- A meeting with colleagues at the Robert Gordon University (RGU) along with the Chief Executive at which shared interests and mutual support had been discussed.

Finally, the Chair highlighted that this was the final Board meeting for Mr Graeme Smith, Deputy Chief Executive who was retiring after spending his entire career in

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the NHS. This had included roles in Moray Health Services NHS Trust and as Director of Planning and Director of Modernisation. On behalf of the Board, the Chair formally thanked Mr Smith for his dedication to NHS Grampian, his leadership and support, and wished him a happy and healthy retirement.

4 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 Gary Mortimer, Director of Operational Delivery and Mrs Susan Webb, Director of Public Health.

She highlighted the following items:

- CAMHS - Jeanne Freeman, Cabinet Secretary for Health, and Malcolm Wright, Director General had visited on separate occasions the newly renovated CAMHS premises to which the Chair referred in her introduction. Professor Croft was delighted to have been given a tour of the new CAMHS Centre of Excellence. The facility had been given a £1million upgrade and had brought together services in a single location. The facility was also closely linked with the Rowan Centre in Elgin which provided a similar service in Moray. During her visit, Professor Croft had spent time with some younger patients learning of their experiences. The children had helped raise £10,000 which was double the initial target of £5,000. In celebration of the amazing achievement, along with the children, Professor Croft and Mr Gray had dyed their hair blue.
- Clinical Strategy - the Systems Leadership Team continued to progress work on the Clinical Strategy which was based on four themes of Prevention, Self-Management, Planned Care and Unscheduled Care.
- Organisational Culture - following publication of the Sturrock Report and the importance of learning from it, Professor Croft highlighted the need to adopt a caring and positive culture throughout NHS Grampian. Mrs Hiscox, Acting Director of Nursing, Midwifery and Allied Health Professions and Professor Fluck, Medical Director, were leading on this piece of work.
- Professor Croft encouraged colleagues to watch an upcoming fly on the wall type documentary TV series filmed at Royal Aberdeen Children's Hospital (RACH), starting on 14 August on the new BBC Scotland channel.

Finally, Professor Croft congratulated the Chair on being appointed as visiting professor by the Robert Gordon University.

5 Minute of Meeting held on 6 June 2019

The minute of the meeting on 6 June 2019 was approved subject to amending the wording of the second paragraph on page 5 under the Annual Operational Plan item to read as follows:

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Mrs Webb advised that there was a detailed action plan under each of the Health Improvement headings and a report had been produced in time for the annual review regarding progress towards the public health priorities which she offered to circulate. Mr Passmore asked where authority for prevention and supported self-management sat between the NHS and IJBs. Mrs Webb acknowledged the complexity but emphasised the importance of a shared ambition and the need for system leadership. She outlined the work with the Local Authority Chief Executives and Professor Croft which would be discussed with the North East Partnership and other stakeholders at an appropriate time.

6 Minute of Meeting held on 25 June 2019

The minute of the meeting on 25 June 2019 was approved.

7 Matters Arising

There were no matters arising.

8 Supported Self-Management / House of Care

Mrs Webb introduced Mr Chris Littlejohn, Deputy Director of Public Health and Chair of the Supported Self-Management Programme Board.

Mr Littlejohn introduced the paper and posed three questions, namely:

- What is Supported Self-Management?
- What is the role of the Programme Board?
- What is the House of Care?

He referred to national policy shifts towards a more social model of health as a response to an ageing population living with multiple chronic diseases. The shift was away from patients as passive recipients of care, towards people with an active role to play in their own health and their own healthcare. This had implications for service design and delivery, and required attention to how people were supported to understand their health, the options open to them, and how they might participate in genuine shared decision-making.

The Programme Board brought together clinical, managerial, third sector and public representatives from the three Health and Social Care Partnerships, Acute Sector and NHS corporate services, who were working on the self-management agenda. By developing a shared understanding of activities which will contribute to the changes required, the Programme Board helped coordinate efforts across Grampian.

Mr Littlejohn highlighted House of Care as a good example of the work being taken forward under the supported self-management programme. House of Care built on two decades of improvements in the primary care management of chronic disease, by developing a system which supported the health professional to work with the person and their long-term conditions, rather than the person having to meet the demands of a system which treated each long-term condition separately through

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different appointments. By sharing information and results in advance of the appointment, and through health professionals trained to support a shared agenda, the approach empowered people to take a more active role in their own health and treatment.

A short video was shown in which a patient and a practice nurse spoke of their positive experiences of the House of Care model. Mr Littlejohn referred to the interim evaluation of the project which revealed high levels of patient and professional satisfaction with the approach, similar to findings from other countries and Health Boards where House of Care had been implemented.

Mr Robertson asked what steps were being taken for patients that required different assistance to ensure that equality was being met. In response, Mr Littlejohn advised that support was put in place where appropriate within each area. Mr Littlejohn also advised that there was no flag system to highlight different requirements for individuals.

Mr Passmore advised that self-management was core to the Grampian Clinical Strategy. He noted there was no representation from Integrated Joint Boards on the Transformation Board although Chief Officers of the Health and Social Care Partnerships were included. He explained that the Transformation Board and the processes it was overseeing required appropriate governance and assurance processes. He suggested discussion of the item at the Engagement and Participation Committee. Mrs Webb advised that prevention and self-management was everyone's business. The House of Care model built on existing practice of holistic person-centred care and had been well received by practices involved. She advised that the North East Partnership Steering Group required to discuss the self-management and prevention agenda in detail to ensure awareness and ownership of the agenda.

Following discussion, it was agreed that action was needed to provide information in accessible formats to service users, as required. It would be helpful to review membership and reporting lines of the Transformation ensuring appropriate support.

The Board:

- **Endorsed the continuing importance of supported self-management for the healthcare and social care system in Grampian as part of the Clinical Strategy Review.**
- **Noted that the Board will receive a report on the supported self-management programme as part of the Clinical Strategy Review.**
- **Noted the initial process evaluation of the House of Care in Grampian.**
- **Endorsed the House of Care project as an important component for the redesign of primary care services in Grampian.**

9 Dr Gray's Hospital

Ms Gowans presented the paper and gave a brief overview explaining that this was a high level plan and will be driven forward by the proposed Transformation Board.

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She explained the complexity of the system and the aim of moving services at Dr Gray's Hospital forward as part of the wider healthcare system. She gave a brief update on the progress so far detailing the developments around Phase 2 of the plan for obstetrics and paediatrics advising of the further work to be done. She explained that Mr Bachoo and Professor Fluck were to take part in discussions for the recruiting a new consultant anaesthetist at the end of August. She also advised of an external review due to take place, also at the end of August.

Ms Gowans proposed that a Transformation Board was established to cover all aspects at Dr Gray's Hospital and advised of the need to ensure the correct representation from across the appropriate networks. Along with Mr Bachoo, she would co-chair the Transformation Board to ensure openness and transparency.

She highlighted the key aims of the Transformation Board were to:

- Define the vision for Dr Gray's Hospital in the context of treatment and care networks in Grampian and the North of Scotland
- Develop sustainable service models for key services consistent with the needs of the population and safe service delivery
- Formulate an integrated work plan which binds together the effort of staff and partners
- Ensure effective engagement, communication and partnership working involving all partners, including NHS Highland and the Scottish Government
- Provide assurance on process and outcomes to the NHS Grampian System Leadership Team and the Moray Health and Social Care Partnership

Mr Bachoo gave a brief explanation of the clinical context for the Transformation Board under the themes of compassion and humility. He explained the special background history of Dr Gray's Hospital and how this had formed its current position. He highlighted significant workforce, performance and technological challenges for this small rural district hospital. He supported the case for review in the context of service continuity and stressed the importance of maintaining links with Raigmore Hospital and the Major Trauma Centre at Aberdeen Royal Infirmary with the overall aim of providing safe, effective care. He advised the need to monitor admissions to Dr Gray's and the acuity of patients attending from within the community.

Following the presentation, there was an interactive session which gave Board members and attendees the chance to engage with staff to discuss in small groups the following specific topics:

- Front Door – Led by Dr Jamie Hogg and Dr John Hiscox
- Acuity – Led by Dr Doug McKendrick and Mr Paul Bachoo
- Elective – Led by Mr Duff Bruce and Ms Pam Gowans

The Chair thanked the participants and those leading the group discussions for an interesting and productive session, feedback from which would inform the Transformation Board's remit.

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The Board:

- **Endorsed the approach being taken to develop the role of Dr Gray’s Hospital and assist in shaping the remit of the Dr Gray’s Hospital Transformation Board.**
- **Noted the position in relation to the assessment of the risks related to the Dr Gray’s Hospital Phase 2 Plan for Obstetrics and Paediatrics.**

10 Keith and East Locality Review

Ms Gowans explained that the purpose of the paper was to highlight the key elements and examples of good practice in the development of a new Health Centre for Keith. There was an opportunity for a different way of working and she advised there had been good engagement in the review. She explained that the approval process was due to be presented to the Scottish Government to be considered for future investment. She highlighted the options that had been worked through and the approach taken to ensure extensive public engagement and interaction with staff. She advised that the first public meeting had taken place where there were some good and relevant questions/points raised.

Ms Gowans also highlighted the different approach of the “Care in Between” project which aimed to provide healthcare for patients not classed as acute but also unable to be at home. She advised that it was critical to get the future position of this right to broaden the platform of attend anywhere. The Health and Social Care Partnership, under the direction of the IJB, will be strategically placed in the Hub. The Hub will also provide a way for low income families to access a range of facilities and information.

The Board:

- **Endorsed the innovative approach being taken to develop the service model for the Keith and East Locality.**
- **Endorsed the scope and structure of the review as it aimed to complete an initial agreement for a new health and social care facility in Keith and East Locality.**

11 Infrastructure Investment

Mr Gray explained that the paper sought approval for:

1. The next phase of work at Royal Cornhill Hospital (RCH) to reduce environmental ligature risks and
2. The Outline Business Case (OBC) for the Elective Care Centre (ECC).

He advised the RCH project was well established and ready to progress to stage 3. He advised that learning from work done during stage 1 with Huntly Ward would be used to ensure minimal disruption to patients during future stages. He confirmed there was an agreed programme of work for the next stage which would take 6 – 9 months to complete. Service capacity at RCH would not be reduced during the

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works.

Mr Gray advised that the OBC for the ECC had been subject to extensive consultation. The proposals aimed to future proof requirements for diagnostic services. Although the focus was on ARI, there would be additional diagnostic facilities at Dr Gray's Hospital. Expanding MRI capacity outwith Aberdeen was welcomed as it would be of significant benefit to patients.

The approval of £55 million investment was for the whole project including the community hub. However the detail for the primary care element was not yet available. The revenue funding of £7.4 million was in addition to the capital. Professor Croft explained that the project formed part of the Scottish Government's Waiting Times Recovery Plan which was why revenue funding had been made available.

Mr Gray also advised on investment objectives that were looking at co-location of wards/specialties that supported a 'one-stop' model for out-patient care, investment in CT and MRI facilities to include MRI facilities at Dr Gray's Hospital and the development of a number of Community Diagnostic and Treatment Hubs. He advised these will extend the existing services that are provided across Grampian.

In response to points raised in relation to funding streams and where these were allocated, Mr Gray advised that this work would not affect revenue on what is being put into the Dr Gray's Hospital plan.

In response to points raised about co-location and staffing, Mr Mortimer confirmed that co-location of services areas would allow for shared recovery. Therefore, there would be no impact on required staffing levels.

Following discussion of the two projects, the Board considered the recommendations and agreed as follows:

Royal Cornhill Hospital

The Board:

- **Approved a budget not to exceed £5.1 million in order to deliver the works programme at Dunnottar and Fyvie Wards in Royal Cornhill Hospital and delegated authority to the Board Chair and Chief Executive to agree a target price with KIER, the appointed Principal Supply Chain Partner (PSCP) or main contractor for this stage of the project.**
- **Authorised the Director of Finance to finalise the project budget up to £1.6m to progress the additional programme of non-invasive ligature reduction measures agreed with the Health and Safety Executive (HSE) in relation to the Intensive Psychiatric Care Unit, Crathes, Drum, Bracken, Muick, Skene, Eden and Forensic Acute Wards.**

In considering the above, the Board noted the following:

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- Progress to date against the programme of works agreed with the Health and Safety Executive (HSE) in relation to the six Mental Health Acute Admission wards at Royal Cornhill Hospital (Huntly, Fraser, Dunnottar, Fyvie, Muick and Davan).
- That the option appraisal process was underway regarding mental health services, currently provided in Ward 4 at Dr Gray's Hospital, and the intention was to submit a separate proposal for approval at a future meeting of the Grampian NHS Board.

Elective Care Facilities

The Board:

- **Approved the Outline Business Case for the development of Elective Care Facilities and onward submission for approval to the Scottish Government Capital Investment Group (CIG).**
- **Authorised the Board Chair and Chief Executive to commit a further £2.6 million in design fees and other enabling expenditure necessary to progress development of the Full Business Case.**

In considering the above, the Board noted the following:

- Delivery will be dependent on the availability of capital funding of £55.7 million from the Scottish Government.
- The additional recurring revenue implications of £7.4 million related to the new facilities.

12 Workforce Plan 2019 – 2022

As the contents of the plan had previously been presented to Board Members, the Chair recommended it for endorsement.

The Board endorsed the NHS Grampian Workforce Plan prior to publication on the internet and intranet, and submission to the Scottish Government by 31 August 2019.

13 Performance Report

Mr Gray summarised key areas within the report and explained that the Performance Governance Committee had discussed data in more detail. He reported that June 2019 had been a challenging month with a higher level of activity than normal. He advised that the in-patient Treatment Time Guarantee (TTG) figures were slightly ahead of trajectory but out-patient TTG was slightly behind. However, there was capacity and support in place to use the independent sector to bring this back on track by September 2019.

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Cancer targets remained a challenge and work was ongoing to achieve a sustainable service.

With regard to the Board's finances, Mr Gray predicted a year-end break-even position.

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

14 Integration Joint Boards – Update Report and Approves Minutes

Ms Gowans briefly highlighted the key matters in the paper.

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

15 Committee and Forum Reports

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

15.1 Audit Committee

15.2 Endowment Committee

15.3 Staff Governance Committee

Mr Passmore advised that the committee was currently working along with the System Leadership Team and Grampian Area Partnership Forum (GAPF) on outcomes of the Sturrock Report. Whilst the responsibility to meet the recommendations lies with the Chief Executive the committee are ensuring the governance and process of this are robust.

15.4 Area Clinical Forum

Mrs Cruttenden highlighted the issues with recruiting into the workforce because of delays with Occupational Health Services (OHS) resulting in delays of up to 8 weeks of staff entering ng the system.

15.5 Grampian Area Partnership Forum

16 Approved Minutes

16.1 Audit Committee – 19 March 2019

16.2 Endowment Trustees – Annual General Meeting – 7 June 2018

16.3 Staff Governance Committee – 27 February 2019

16.4 Area Clinical Forum (ACF) – 15 May 2019

16.5 Grampian Area Partnership Forum (GAPF) – 20 June 2019

17 Any Other Competent Business

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There was none.

18 Date of Next Meeting

Thursday 3 October, CLAN House, Westburn Road, Aberdeen.

The Chair advised that Mrs Atkinson, Vice-chair, would be chairing the meeting.

Signed Date

Chair