

NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
on 3 October 2019 from 10.30am
CLAN House, Westburn Road, Aberdeen

Present	Mrs Rhona Atkinson Mrs Amy Anderson Professor Siladitya Bhattacharya Professor Amanda Croft Mrs Kim Cruttenden Professor Nick Fluck Mr Alan Gray Mrs Luan Grugeon Miss Rachael Little Mr Douglas Lumsden Cllr Shona Morrison Mr Jonathan Passmore Mr Dennis Robertson Mr John Tomlinson Mrs Susan Webb	Vice-Chair, Non-Executive Board Member (Chair) Non-Executive Board Member Non-Executive Board Member Chief Executive Non-Executive Board Member Medical Director Director of Finance Non-Executive Board Member Employee Director/Non-Executive Board Member Non-Executive Board Member Non-Executive Board Member Non-Executive Board Member Non-Executive Board Member Non-Executive Board Member Director of Public Health
Attending	Mr Paul Allen Mr Paul Bachoo Dr Adam Coldwells Mrs Caroline Hiscox Miss Tracey Leete Mrs Karen Low Ms Lesley Meldrum Mr Gary Mortimer	Director of Facilities and eHealth Acute Medical Director Chief Officer, Aberdeenshire Executive Nurse Director Business Manager PA Corporate Communications Manager Director of Operational Delivery
Invitees	Miss Catriona Cameron Mrs Gerry Lawrie	Vice Chair, Area Clinical Forum Head of Workforce and Development

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1 Apologies

Apologies were received from Mrs Susan Coull, Cllr Isobel Davidson, Mrs Pam Dudek, Ms Joyce Duncan, Dr Annie Ingram, Mr Sandy Riddell, Ms Sandra Ross and Ms Lorraine Scott.

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2	Declarations of Interest
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There were no declarations of interest.

3	Vice Chair's Welcome and Introduction
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The Vice Chair, Mrs Atkinson, welcomed everyone to the meeting. She advised that she had attended several meetings in the initial few weeks of providing cover during Professor Lynch's period of leave. These meetings included the NHS Board Chairs' Group, NHS Board Chairs and Chief Executives' Group, MP and MSPs meeting, the Grampian Area Partnership Forum and a Board Development Session.

4	Chief Executive's Report
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Professor Croft introduced her report in digital format and highlighted the following items:

- Domestic and Support Services Health and Wellbeing Tour – Professor Croft joined the tour at Peterhead and Fraserburgh Community Hospitals, which offered health and wellbeing advice to domestic teams on health, finances and other welfare issues.
- Unscheduled Care – information was provided on this component of the NHS Grampian Clinical Strategy, its contribution and the progress made across Grampian over recent years, including community settings putting in place effective alternatives to admission to hospital.
- NHS Grampian Website Development – The System Leadership Team (SLT) filmed this item at one of their weekly meetings to provide insight into one of the many subjects discussed each week. The SLT also agreed to share their Team iMatter Action Plan for interest to other teams across the system.
- System Leadership Team Members – A fond farewell was bid to Deputy Chief Executive, Mr Graeme Smith, who retires after 37 years' service on 18 October. Professor Croft also welcomed newly appointed members of the team: Dr Coldwells, Interim Director of Strategy, Ms Angie Wood, Acting Chief Officer for Aberdeenshire Health and Social Care Partnership and Mrs Hiscox, Executive Nurse Director.

Finally, although not in the report, Professor Croft had welcomed a visit by the Cabinet Secretary to officially open the Child and Adolescent Mental Health Service (CAMHS) facility and to mark the first anniversary of the North of Scotland Major Trauma Centre (MTC) that week.

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5 Minute of Meeting held on 1 August 2019

The minute of the meeting on 1 August 2019 was approved subject to amending the wording on page 10, item 15.3 under the Staff Governance Committee to read as follows:

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.

6 Matters Arising

There were no matters arising.

7 Clinical Strategy Review – Unscheduled Care

Dr Coldwells presented the paper and gave a brief overview to explain the progress to date. The Clinical Strategy had four key components, namely unscheduled care, planned care, self-management and prevention. A key aim of the Clinical Strategy was to continue to move activity from each key component respectively to create a prevention agenda.

An update was provided on current activity, highlighting the work on improvements which the System Leadership Team (SLT) had driven forward and applied locally, to support delivery of national requirements. Figure 1 highlighted statistics at Aberdeen Royal Infirmary, against the 4 hour access standard for unscheduled care performance, attendances and admissions. These had remained stable for the past five years and key work had been undertaken on how teams were supported across the system.

Dr Coldwells advised that, despite the positive cross-system work, challenges were still being faced, highlighting the system was still under tension due to demographic changes in the population. One of the key challenges for the Unscheduled Care Programme Board and the Unscheduled Delivery Team was to understand this and, with the support of the SLT, to support a sustainable delivery model. He also explained about the Grampian Winter (Surge) Planning and the proactive approach to test local plans, teams and responses and a cross sector event to test a joint approach to identify any gaps in planning ahead of winter. The Grampian Winter (Surge) Plan 2019/20 will be presented for Board approval in November, prior to submission to the Government. Dr Coldwells also highlighted ongoing campaigns including the 'Know Who to Turn To' winter campaign, 'Get Up Get Dressed Get Moving', 'Fit to Sit' and the integrated partnership approach taken in 2018/19 for patients with exacerbations of Chronic Obstructive Pulmonary Disease (COPD) to

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improve outcomes. Preparations to enhance and repeat this initiative for Winter 2019/20 had begun, to reduce the impact of winter on COPD patients.

Members were encouraged that the demographic changes were recognised in the paper. They queried if there was evidence around the quality improvement approach and testing used for discharge flow and planning within the 4 hour target and the impact this had on the Minor Injuries Unit (MIU) and Accident and Emergency (A&E) departments. Dr Coldwells advised that there was still work to be done across specialties using the '6 Essential Actions' core work to contribute to the improvement. He advised that a briefing on the impact on the MIU and A&E would be provided to members.

There were also concerns raised around the provision of care for patients returning home, causing unnecessary discharge delays and disparity between areas of Grampian. Dr Coldwells advised that he was aware of the cause of delay e.g. in Aberdeenshire the biggest delay was for Care Home placements, which had risen by 100 requirements this year. The second issue was people waiting for care at home and in some areas there had been recruitment challenges. He highlighted the need for developing the market position statement and enablement, with the aim to reduce the dependency of a Care Home. There had been visible improvement in Aberdeen City's data. However, each area shared good practice and a commission had started to work collaboratively to improve care pathways to benefit patients.

The Board:

- **Considered the actions that were being progressed to deliver on the priorities set out within the Clinical Strategy in relation to unscheduled care.**
- **Acknowledged the whole system approach to unscheduled care and its role within the Clinical Strategy.**
- **Noted the status of progress with the development of the 2019/20 Winter (Surge) Plan.**

8 Mental Health and Learning Disability Services

Mr Gray presented the paper to provide an update to the Board since last year and to seek assurance around the proposed arrangements to conclude the strategic commission of all Mental Health and Learning Disabilities Services (MH&LDS) in Grampian. The Hosted MH&LDS and the three Health and Social Care Partnerships (HSCPs) were working very closely to ensure that patient pathways and good governance were maintained with a joint focus on delivering high quality patient centred care. It was highlighted that the introduction of the new arrangements had enabled a more proactive approach to admissions and discharges, managing patients in a better environment, with data reflecting a decrease in 2018/2019 figures.

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The new purpose-built Child and Adolescent Mental Health Services (CAMHS) facility had now officially opened. This will continue to maintain effective delivery of services, allowing for expansion within the teams.

Mr Gray announced the appointment of Dr Lynn Taylor as the Clinical Director of Psychology for NHS Grampian. This was a positive step forward to help broaden the services offered to patients.

In January 2019, the three Integration Joint Boards (IJBs) and the SLT of NHS Grampian jointly made a commitment to carry out a strategic review to make the system-wide MH&LDS more sustainable and robust to meet public need. The work included four staff engagement workshops with between 70 and 80 people attending each event, with engagement around the visions for the future. Independent reviews were commissioned that gained an insight into what was required. Following conclusion of this process, the Grampian-wide strategic plan will be presented to the North East Partnership Forum for review, prior to the final plan being considered by the three Integration Joint Boards and NHS Grampian Board by 31 December 2019.

Thereafter a recommendation would be made by the three IJBs and the Grampian NHS Board by 31 January 2020, for consideration at the Board Meeting in February 2020.

Mr Passmore commended Mr Gray and all staff involved for the work that had been done. However, concerns were raised around accountability, financial and long-term support following delegation of services and the need for formal agreement between Grampian NHS Board and local authorities to ensure clarity. It was suggested that the plan needed to include an impact assessment and clear timelines of when the changes would take place. Following an enquiry from Mrs Cruttenden regarding the decision to establish six acute admission wards at Royal Cornhill Hospital, rather than the five wards at present, Mr Gray confirmed it was a configuration of wards already open and the SLT had reviewed this and were reassured it would be practically implemented. Mr Gray also gave assurance that part of the process was to review the financial plans for the next three years with the IJBs and that the additional requirements could be met with existing staffing.

The Board:

- **Noted the current position regarding the inpatient and specialist mental health services hosted by the Board and the improvement actions that have been implemented.**
- **Reviewed the progress with the development of the strategic plan for mental health and learning disabilities and to seek assurance around the proposed arrangements to conclude the strategic commission.**
- **Reviewed the proposed arrangements to consider the delegation of the**

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inpatient and specialist mental health services hosted by the Board to the Integration Joint Boards.

9 Performance Report

Mr Gray summarised key areas within the report and advised that the Board was due to have its mid-year review with the Scottish Government on 16 October. He reported on current performance against the Board's Annual Operational Plan (AOP) trajectories and progress against the actions in the AOP letter from the Scottish Government. He highlighted that there had already been improvements in the Child and Adolescent Mental Health Services' (CAMHS) performance, following the relocation of the services into a single purpose designed centre of excellence, which was reflected in the figures. He reported that 51.2% of patients had been seen within 18 weeks, up from 43.3% during the previous quarter. This had increased to 60% since the latest publication in June 2019.

Within elective care, it was reported that over the first 9 months of the calendar year there had been a significant improvement for patients waiting for both a first outpatient appointment and treatment. However, Mr Gray advised there had been a slight increase in the number of patients waiting for an outpatient appointment since April due to available capacity both internally and externally being lower than projected. This would be addressed during the remainder of the financial year, with the availability of additional resources in Aberdeen, Elgin and at the Regional Treatment Centre, Stracathro.

The cancer statistics showed evidence of improvement. However, the published performance highlighted the continued challenges faced in meeting the 31 and 62 day access standards, with the focus for 2019/20 being to enhance capacity to improve performance for all cancer pathways.

Mrs Anderson queried why lung cancer statistics diagnosed at stage 1 were lower in Grampian compared to across Scotland, with evidence that rural patients had poorer one-year survival after a cancer diagnosis. Professor Fluck advised there was not a screening process to detect lung cancer and it was often discovered by incidental symptoms and imaging. Evidence to access imaging referrals were lower in rural areas so underpinning reason is less well understood. However there are very active research groups reviewing this. Mrs Webb confirmed the uptake for screening was evidently lower in rural and disadvantaged areas and offered to share the 'Detecting Cancer Early' report to members. She advised the major action was prevention and the draft Tobacco Control Strategy had just been consulted on and would be brought to the Board later in the year for endorsement.

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

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10 Health and Social Care Integration – Progress Under Integration

Dr Coldwells presented the paper and provided an update on progress. There had been ongoing work on action plans with the Scottish Government and COSLA, with all Health Boards, Local Authorities and Integration Joint Boards, so that a report could be prepared for the Management Steering Group, detailing the actions being taken across Scotland. NHS Grampian had provided corporate support for all three IJBs to ensure planned and organised systems were in place, along with public engagement.

Collaborative leadership was ongoing with the involvement of Grampian NHS Board members and all partners, ensuring support for the development of the programme of work.

In accordance with legislation, NHS Grampian had in place an integration scheme with each of the local authorities. These required to be reviewed taking into consideration what can be common to working with the three councils and what requires to be unique. This review will allow some reflection on governance and assurance arrangements.

The members commended the work that had been done and looked forward to partnership working through implementation and engagement. Public engagement was essential and how NHS Grampian reviewed its thoughts, whilst aligning as a Board with national directives. Dr Coldwells advised that the national directives had been challenging but they were striving to work to 'The Public Bodies (Joint Working) (Scotland) Act 2014' which provided the framework for the integration of health and social care services in Scotland. Mrs Webb advised that the Community Empowerment Plan would be brought to the Board and would encourage true participation from the public.

The Board:

- **Acknowledged the work undertaken by all partners within the North East of Scotland in the completion of the templates for “Progress under Integration” and the subsequent action planning designed to further improve our integrated health and social care systems.**
- **Considered the actions (section 5) that are common to NHS Grampian in working with Aberdeen City, Aberdeenshire and Moray Integration Joint Boards (IJBs) and councils.**
- **Committed to supporting the progress of the identified actions in order that the integrated health and social care system continues to grow and to develop in the North East such that the outcomes for the population continue to improve.**
- **Reaffirmed their commitment to engaging in the North East Partnership Forum.**

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

11.1	Audit Committee
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Members were advised that progress had been made with General Data Protection Regulation (GDPR) towards formal governance arrangements although issues with resourcing were noted. Carbon Emission Regulations had been implemented with the assurance it would enable progression of work. The next Committee development session will focus on Cyber Security and will be open to all Board members.

11.2	Clinical Governance Committee
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11.3	Endowment Committee
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The National Review of Endowments report was expected by the end of October. The first meeting of the Short Life Working Group (SLWG) had taken place and will work on strategic relevance and outcomes on funding that had been approved by the committee.

11.4	Engagement and Participation Committee
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Mrs Anderson highlighted the work being done by the Systematic Patient Experience Group and improvements that had been made.

11.5	Performance Governance Committee
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Mrs Atkinson highlighted the assurance framework paper and the progress that had been made following a development session. She also highlighted that the Risk Register had been reviewed and the committee was working on how risks were handled.

11.6	Spiritual Care Committee
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Mrs Anderson advised that Jim Simpson, who had led the Values Based Reflective Practice national initiative in NHS Grampian, was due to retire in 2020. She highlighted the work he had done over the years.

11.7	Staff Governance Committee
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Mr Passmore advised that the committee wanted to be assured there was engagement with staff and working practices.

11.8	Area Clinical Forum (ACF)
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Mrs Cruttenden advised of enhanced engagement and connections with the Board Programme, between the ACF and the SLT. They had agreed to meet every three months, following a successful joint meeting last month.

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She highlighted the ongoing work to review Violence and Aggression data and #Respect Us Campaign. She also advised of continuing workforce issues and possible implications of the new recruitment system creating delays. The Operational Director of Workforce was to be invited to attend a future meeting to explain the process.

Mrs Hiscox advised a steering group had been established to look at data as Violence and Aggression incidents were very broad and that assurance was provided through the Workforce SLT Sub Group. Mr Passmore advised that the Staff Governance Committee will be reviewing the Staff Governance Standard and will invite Mrs Cruttenden to provide assurance and feedback to the ACF.

11.9 Grampian Area Partnership Forum

Miss Little highlighted that a number of agenda items had been discussed at September's meeting. There had been an emphasis on staff, which resulted in support and recognition across the system to improve.

Mrs Atkinson advised that the development day had been well received and the sector reports will be circulated to all to gain a more balanced view.

12 Integration Joint Boards – Update Report and Approved Minutes

Mr Coldwells advised that all annual reports had now been published and were available online.

13 Infrastructure Investment – Cardiac Catheter Laboratory (Cath Lab) Replacement

Mr Gray explained that the replacement of the two existing Cardiac Catheter Laboratories at Aberdeen Royal Infirmary, which were reaching the end of their useful lives, was a service priority to ensure diagnostic and therapeutic procedures were carried out as part of a safe, effective and efficient clinical service. Demand for cath lab facilities had increased significantly in the last 10 years. This demand would continue to increase with the continued development of interventional cardiology procedures and as a result of demographic changes. The paper outlined the status of the current facilities, the procurement and installation process and the preferred option to create capacity in ward 401 next to the existing cath lab facility. The Board was asked to note the work underway to assess the implications of the growing demand for Cath Lab services and to build these requirements into future service plans. Reliable and modern technology and equipment will improve the patient experience and environment, improve access to diagnostic processes, reduce backlog maintenance and enhance statutory compliance. Given the value of the investment was over £1million, it required Board approval.

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The Board:

- **Approved the implementation of the preferred option to create capacity to house one of the replacement Cardiac Catheter Laboratories in ward 401, adjacent to the existing facility; and**
- **Delegated authority to the Board's Director of Finance to allocate funding and to commit the necessary expenditure, not to exceed £2.09 million, in order to procure equipment to replace the two existing permanent Cardiac Catheter Laboratories at Aberdeen Royal Infirmary and carry out the essential enabling and turnkey installation works.**

14 Healthcare Associated Infection (HAI) Report

Mrs Hiscox highlighted the surveillance data that was associated with infection rates as reported in Health Protection Scotland's (HPS) Quarterly Epidemiological data for quarter 1, which was published on 2 July 2019. She explained that NHS Grampian had fallen below the national average for Clostridioides (formerly Clostridium) Difficile Infection (CDI) for the first time, which had been challenging but was welcomed as good news. She advised that since the Incident Management Team (IMT) figures were reported for April – June 2019, three out of the four incidents were now closed.

Mr Robertson asked in relation to access of this data and being able to review. Mrs Hiscox responded that unfortunately this was not possible, however assured Mr Robertson that this work was ongoing. Professor Croft also advised that the Clinical Governance Committee also scrutinised the data reported which provided further assurance.

- **The Board noted the content of the bi-monthly HAI report, as directed by the HAI Policy Unit, Scottish Government Health Directorates.**

15 Approved Minutes

- 15.1 Audit Committee – 25 June 2019
- 15.2 Clinical Governance Committee – 17 May 2019
- 15.3 Endowment Committee – 25 June 2019
- 15.4 Engagement and Participation Committee – 15 May 2019
- 15.5 Performance Governance Committee – 14 May 2019
- 15.6 Spiritual Care Committee – 9 May 2019
- 15.7 Staff Governance Committee – 17 June 2019
- 15.8 Area Clinical Forum – 3 July 2019
- 15.9 Grampian Area Partnership Forum – 18 July and 22 August 2019

16 Any Other Competent Business

No other business was raised.

17 Dates of Next Meetings

Board Seminar – Thursday 7 November 2019, Suttie Centre, Foresterhill Site, Aberdeen
Board Meeting - Thursday 5 December 2019, CLAN House, Westburn Road, Aberdeen

Signed Date
Chair