

UN/APPROVED

NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
on 4 April 2019 from 10.30am
CLAN House, Westburn Road, Aberdeen

Present	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 Douglas Lumsden	Non-Executive Board Member
	Cllr Shona Morrison	Non-Executive Board Member
	Mr Sandy Riddell	Non-Executive Board Member
	Mr Dennis Robertson	Non-Executive Board Member
	Mr John Tomlinson	Non-Executive Board Member
	Mrs Susan Webb	Director of Public Health
 Attending	 Mr Paul Allen	 Director of Facilities and Estates
	Mr Paul Bachoo	Acute Medical Director
	Dr Adam Coldwells	Chief Officer, Aberdeenshire
	Mrs Susan Coull	Operational Director of Workforce
	Ms Pam Gowans	Chief Officer, Moray
	Mrs Laura Gray	Director of Corporate Communications/Board Secretary
	Miss Lesley Hall	Assistant Board Secretary
	Mrs Caroline Hiscox	Acting Director of Nursing, Midwifery and Allied Health Professions
	Mrs Karen Low	PA
 Invitees	 Mrs Jillian Evans	 Head of Health Intelligence
	Mr Stan Mathieson	Project Director, Property and Asset Development
	Mrs Teresa Waugh	Project Manager, Property and Asset Development

Item Subject

1 Apologies

Apologies were received from Mrs Amy Anderson, Dr Annie Ingram, Dr Lynda Lynch, Mr Gary Mortimer, Mr Jonathan Passmore, Ms Sandra Ross and Mr Graeme Smith.

2 Declarations of Interest

Cllr Lumsden noted an interest in item 11 regarding the purchase of land from Aberdeen City Council and advised he would leave the meeting for that item.

3 Chairman's Welcome and Introduction

The Vice Chair, Mrs Rhona Atkinson, welcomed everyone to the meeting as she was chairing the meeting on behalf of Dr Lynch who sent her apologies. She highlighted the main points from the Chair's report and advised that the Chair had attended national and local meetings and a continuing programme of discussions and visits to help her embrace her new role. She thanked everyone who had taken the time to meet and talk with her.

The Chair had attended a number of meetings and events as follows:

- A visit to Ward 106a, Coronary Care Unit (CCU) within the Emergency Care Centre with Ms Joyce Duncan. CCU provides care for clinically unstable high risk cardiology patients. The ward was commended on good staff retention. The Senior Charge Nurse was also commended for her approach to making the ward work well, being proactive and positive in seeking solutions to challenges faced.
- The Joint Chairs and Chief Executives' meeting along with Professor Croft (Interim Chief Executive) where they had heard directly from Mr Malcolm Wright in his new role as Director-General for Health and Social Care and Chief Executive of NHS Scotland about his priorities and those of the Government for the coming year.
- The Area Clinical Forum (ACF) meeting at which overview of the strategic workforce plan had been provided by Workforce colleagues. The chair thanked the ACF for keeping workforce as a standing agenda item for future meetings and welcomed the forum's desire to share examples of good practice to enhance recruitment and retention.
- The Audit Committee meeting and development session which had focused on the Blueprint for Good Governance and assurance processes. She wished to thank those who had taken time to complete the questionnaire which has allowed the work to be done on the action plan. This informed item 9 later on the agenda.
- The Grampian Area Partnership Forum (GAPF) meeting where discussions took place around the forthcoming GAPF Away Day on 15 May 2019. She wished to encourage Board member colleagues to attend this event.
- The Career Aspirations Celebrating Success event. This was an inspiring event giving an opportunity to acknowledge and praise staff and recognise their excellence.

4 Interim Chief Executive's Report

Professor Croft explained that the report continued to be in a digital format and accessible online or by a QR code to access the report by mobile devices. This month's insight into the System Leadership Team (SLT) focused on Professor Fluck

– Medical Director, Mr Gray – Director of Finance and Mr Allen – Director of eHealth and Facilities.

The report highlighted priorities in relation to the clinical strategy, national priorities and drivers. The report also included work being done on the Annual Operational Plan, iMatter and a visit to the Maggie's Centre.

Professor Croft advised that last month she had signed the final authorisation for the sale of the Woolmanhill Hospital site which had closed its doors to patients in 2017. She highlighted that it had been 20 years since the official letter from the Secretary of State giving the initial go-ahead for the phased closure of the hospital.

She reported that NHS Grampian had been identified as the centre for the North for transcatheter aortic valve implantation (TAVI). Previously patients had to travel to Edinburgh for this procedure. She thanked Professor Fluck, Mr Bachoo and Mr Smith who were instrumental in this piece of work.

5 Minute of Meeting held on 7 February 2019

The minute of the meeting on 7 February 2019 was approved.

6 Matters Arising

There were no matters arising.

7 Review of Board Principles on Access Performance

Mr Bachoo advised the purpose of this item was to seek approval to vary the following two principles related to access performance previously agreed by the Board, as detailed in the appendix to the report:

d) Children will not be offered treatment outwith Grampian unless they require specialist care that cannot be provided locally.

f) Waiting list management will ensure best value for the public and fairness for all staff – e.g. wherever possible patients will be offered treatment in NHS facilities rather than in private facilities and NHS Grampian will not utilise waiting list initiative arrangements.

He explained the strategic context in recent years had shifted with the evolving needs of patients. The increasing demand on services had made it essential that action was taken to guarantee a cross system approach within Acute. It will take time to bring NHS Grampian in line with the Government targets as set out in the Waiting Times Improvement Plan. There were annual milestones to be achieved with a quarterly programme update. The Waiting Times Improvement Plan outlined the actions that will be implemented and timescales for these. It set out clear deliverables over 30 months and how these will lead to improvements. This was part of the Annual Operational Plan that will be discussed in more detail at the Board seminar in May and presented to the Board for approval in June 2019.

The paper asked for permission to use a wide range of options to bring down waiting list numbers and to help improve performance. Mr Bachoo advised that NHS Grampian currently had 189 children waiting for routine treatments outwith the Treatment Time Guarantee. Therefore, permission was being asked to have them treated outside NHS Grampian. There were independent sector options and additional capacity available by using waiting list initiatives. He explained the different payment rates for different categories of staff under waiting list initiatives. Additional funding from the Scottish Government Health and Social Care Directorate will be made available.

Cllr Lumsden asked if the private sector had the additional capacity required and if staff would move across to the private sector. Mr Bachoo responded that he felt this was not a major risk and that there was always a risk of losing staff to the private sector.

Mrs Grugeon asked about the long term sustainability of this solution over the next 24 months and ensuring children from lower income families were also able to benefit and did not suffer financially by having to travel out of area. Mr Bachoo advised that there will be an increase in the workforce though the recruitment and retention of theatre staff. He also advised that NHS Grampian will continue to invest in training as well as the reconfiguration of services to use resources to full capacity to ensure sustainability of services. Professor Croft confirmed that each family's case will be assessed on an individual basis, based on a risk assessment and clinical need. Any help that is required will be provided by NHS Grampian on the same basis as adults treated out of area to make sure there was equity of access.

Mr Robertson asked if there were any specific areas of concern around the recruitment generally across the North East. In response, Mrs Hiscox advised about current work to redesign the nursing workforce. NHS Grampian was currently working with local Universities and North East Scotland College (NESCOL) to develop a career pathway for Health Care Support Workers (HCSW) that will allow them to develop their skills to enhance their role. She also advised of challenges in recruitment and retention across all staff groups, not just nursing and explained the work being done to ensure staff have transferable skills to meet service demands.

Professor Fluck echoed Mrs Hiscox's comments and noted there was a need to make NHS Grampian an attractive place to come and work and to build teams people wanted to work with. He explained the challenges nationally and also in a regional context because of areas of low populations and rurality.

In response to a query from Cllr Morrison whether the children currently on the waiting list were in a particular specialty, Mr Bachoo advised that they were across a range of specialities. He also advised that plans have been discussed with the SLT at which the Chief Officers were present to ensure the whole system was involved and aware.

The Board approved a variation to principles d) and f) related to access performance to enable the sourcing of additional capacity during the period to 31 March 2021.

8 Creation of a Learning Health System

Mrs Webb advised that the purpose of this item was to raise awareness of the work being done with a range of partners across the system to develop a 'Learning Health System' and the potential benefits to delivering the ambitions of NHS Grampian's Clinical Strategy. She gave an example of how the system could support new approaches for a greater impact such as combining and using data from health and local authorities to highlight the impact on child development and attainment.

Mrs Webb introduced Mrs Jillian Evans, Head of Health Intelligence, who explained there was a compelling rationale for making better use of available data. Mrs Evans showed a short video to highlight the importance of information. She advised the aim was to develop a 'Learning Health System' that will allow NHS Grampian to provide:

- Clinical and predictive informatics to drive system effectiveness and support service improvement
- Modern public health surveillance
- Research and innovation

Mrs Evans advised that data was core to this work and it was necessary to with so many parts to make use of, with clear sense of purpose. NHS Grampian will continue to drive improvement by using predictive informatics. She advised that NHS Grampian had the support and commitment from North of Scotland Health Boards, the University of Aberdeen and the Information Services Division at National Services Scotland.

She advised that implementation would be done gradually and there were a number of demonstrator projects:

- Integrating data from Ambulance Service with the Emergency Department (ED) to improve the chest pain pathway
- Identifying children at risk early by integrating data from social work, education and paediatrics
- Upper gastrointestinal (GI) cancer across the North of Scotland

Mrs Evans explained that the purpose of the paper was to help raise awareness and that the approach would have practical outputs relating to the Performance, Assurance, Implementation and Risk (PAIR) process. She also suggested the Board consider how it can strengthen networks to attract innovation and investment.

Mr Tomlinson queried who had access to the data, what data was there and how NHS Grampian builds an infrastructure for all services coming together to use it effectively. He also asked if Police Scotland were involved. In response Mrs Evans advised that it was a public sector endeavour involving any interested parties and the Police Scotland had been involved. She also explained that there were governance challenges but gave assurance that these were being addressed. Mr Robertson asked about systems sharing and collating data from different organisations' systems.

Mrs Evans advised that the timescales for data were different for each sector with some already available within the City. It was hoped that more data would be available in the next six months. She advised that barriers to integrated data were often not technical but related to a shared sense of purpose and consent issues which required partners engaging and coproducing work, based on priorities.

Cllr Davidson asked how success would be measured. In response, Mrs Evans advised that lessons had been learned from the Canterbury model and success will be when data is used effectively to inform planning. As the process would be incremental, there would be ongoing learning.

Cllr Lumsden raised the question of learning from any national work and Mrs Evans advised that there were people on the local team with links to national work. However, it was noted that the scale of the information available and capacity for the work were challenging.

Mrs Cruttenden pointed out the benefits of this approach to data and learning from a service perspective.

The members had a lengthy discussion in relation to the risks and benefits and how it was hoped to be a continuous cycle of development. It will be about people using the data, using it well across the sectors and building on the information. Professor Fluck explained that there were complexities around the governance of the work which was being addressed to ensure everyone had appropriate access to information relevant to their role.

Ms Gowans advised that child neglect had been a key piece of work in Moray over the last 2½ years and they were now progressing with the implementation plan. This type of data would have been of use to maximise that work and continual improvement.

Mrs Atkinson asked for this item to come back to the Board to show the progress and links with PAIR (Performance Assurance Improvement Risk) process.

The Board:

- **Noted the developments in creating the Learning Health System, the scale of ambition across public sector organisations and considered the opportunities to strengthen public sector partnerships and attract inward investment**
- **Acknowledged the developments as a key strand of efforts to improve Performance, Assurance, Improvement and Risk (PAIR)**
- **Supported the vision and the incremental approach to implementation.**

9 Blueprint for Good Governance

Mr Gray advised that the Scottish Government published the Blueprint for Good Governance in October 2018 and that the Corporate Governance Steering Group has been established to introduce and develop the Blueprint. As part of the review of governance arrangements, Boards were asked to complete a self-assessment questionnaire which focused on how well they currently delivered the five functions

within the model. He advised that there had been a workshop session on 19 March attended by Board members to inform them of the results. Board members had engaged in a structured discussion about the Board's current governance arrangements and updating the assurance framework.

The process had identified a number of areas where the Board members considered that existing arrangements could be further developed or enhanced. It was noted that there needed to be a clearer understanding of responsibilities and how this impacted on individual accountability. Mr Gray advised there was a need for effective engagement and a clear communication strategy with service users, the general public, staff and other stakeholders and this should be a key aspect of the Board's assurance framework. He advised that there was a need to further develop organisational awareness and identify information requirements of non-executive Board members to enable effective engagement with executive members and senior managers.

Mr Gray advised that, in accepting the agreed actions in the attached plan, the Board was agreeing to significant decisions and responses aimed at ensuring a consistent, effective and transparent governance approach in line with the key principles. He advised that responsibility for particular actions had been allocated to executives in the action plan but non-executives would be invited to participate as part of an inclusive approach.

Mrs Atkinson thanked Mr Gray and noted that there was now a better understanding of non-executives' responsibilities

Professor Croft advised that she will be working closely with the Chair to take ownership of the actions and prepare for the submission to the Scottish Government.

The Board noted the areas for improvement highlighted during the self-assessment process and agreed the action plan set out in Appendix 1 of the paper presented.

10 Health Hazards in Healthcare Environment

Mrs Hiscox briefed the Board on the current situation regarding increased public awareness from the unannounced inspection by Healthcare Improvement Scotland (HIS) between 29 – 31 January 2019 of the Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde. She went over the response from NHS Grampian to the Scottish Parliament and Sport Committee's inquiry on the position and the action NHS Grampian had taken. She wished the Board to have early awareness of this but, because of the timing, she may not have all the answers.

There had been 14 requirements identified in the report to which NHS Grampian had responded in Appendix 2 of the paper presented. She assured the members that the NHS Grampian had responded rapidly to the requests for information and that actions were being progressed and overseen by relevant committees.

Mr Allen advised that his team in Facilities and Estates was ensuring a safe environment around all the estate/sites. He explained that this was part of the

Facilities and Estates Strategic Plan that will be presented to the Board in June 2019. He advised that NHS Grampian was fully compliant with the regulations in the report.

Mr Riddell asked if there would be formal feedback given on our response and Mrs Hiscox assured the Board that feedback would be shared when it was received. Professor Croft advised that it was intended to update the Board on this item and learning from the process in six months. Mrs Hiscox explained the importance of culture to improve and enhance what was there and identify any areas at risk. There should be a balanced view of the risks to the patients and clinicians.

Mrs Grugeon asked if this will be cascaded to localities for awareness. In response, Mr Allen advised that once the national findings were available these will be shared with the partners. Professor Croft also added that the Infection Prevention & Control Committee had members from IJBs and that day to day work was shared with partners.

The Board noted NHS Grampian's position and actions that are to be undertaken relating to performance, assurance, improvement and risk management of health hazards in healthcare environments in response to:

- **Scottish Parliament Health and Sports Committee's Short Inquiry on Health Hazards in the Healthcare Environment (February 2019)**
- **Requirements and recommendations published in the Unannounced Inspection Report – Safety and Cleanliness of Hospitals, Queen Elizabeth University Hospital (including Institute of Neurosciences and Royal Hospital for Children), NHS Greater Glasgow and Clyde, 29 – 31 January 2019 (Healthcare Improvement Scotland 2019).**

11 Infrastructure Investment – Denburn Health Centre and Northfield Surgery Replacement

Cllr Lumsden left the meeting at this point because of a potential conflict of interest to allow the paper to be presented and discussed.

Mr Gray welcomed colleagues involved in the project: Mrs Teresa Waugh, Project Manager for Property and Asset Development and Mr Stan Mathieson, Project Director for Property and Asset Development. Mr Gray advised that partnership working was key and had been instrumental in obtaining the funding for the project. The Initial Agreement had been discussed and approved by the Capital Investment Group (CIG) in March 2018. The Outline Business Case (OBC) was being presented for approval by the Board following which it would be submitted to the CIG for approval. The Full Business Case (FBC) was expected to be available for approval by the Board and CIG in December 2019. He acknowledged the tremendous amount of work by colleagues to get to this stage.

Mrs Atkinson sought assurance that the new model will not increase revenue requirements. In response Mr Mathieson advised that as facilities would be coming out of three old buildings which were beyond their expected lifespan into one new building there would be savings with revenue costs.

Mr Robertson asked if there was growth expected and a timeframe for it. In response Mr Mathieson advised that the planning team had anticipated for growth. He also advised that it would be approximately seven years to rebalance some of the services. Mrs Waugh confirmed that during the process of any new build there was a 50% allowance factored in for expansion.

Mr Tomlinson asked if new technology required for the services had been explicitly provided for in the design. In response, Mrs Waugh confirmed that the model has been developed to allow for the technology required to help people work with the new systems. She explained that they had engaged with staff to ensure they were aware and noted that there will be a “soft landing” to help staff with the use and development of new kit.

Mr Mathieson confirmed that the three buildings to be closed were Denburn, Northfield & Mastrick. He advised that there were ongoing discussions in relation to the dental service within the Mastrick practice as this will not be moving into the new building. Consideration would be given to developing this site or keeping it as it was. If it is developed, it was estimated that this would take about five years. In relation to the hub, this was still in transition but there have been plans built into the model to accommodate this.

In response to queries from Mr Robertson about the effect of a cultural shift on staff and an equality risk assessment patient experiences, Mrs Waugh confirmed that there had been wide communication, involvement and engagement with staff and patients throughout the whole process. She advised that during the final stages there would be further engagement with patients and their representatives and staff were using a range of diagnostic tools to work with the patients advising them of what to expect.

Mrs Cruttenden asked what the purpose of the evening space was. In response, Mrs Waugh advised that the facility would not be limited to healthcare use but can also be used by the community to allow for the maximum benefit of the space.

In response to a query from Mrs Cruttenden in relation to the access to pharmacies for patients, Mrs Waugh advised that there will be a built in space with the triage hub which will have pharmacy facilities.

At the end of the detailed discussion, Mrs Atkinson concluded that this was a positive project to build for the future and asked the members to agree with the recommendations in the paper.

The Board:

- **Approved the Outline Business Case (OBC) for the investment in facilities to support the redesign and modernisation of primary and community care services in Mastrick, Northfield (Aurora) & Denburn Development Project**
- **Authorised the Chair and the Interim Chief Executive, on confirmation of Scottish Government approval of the OBC, to purchase the preferred site at a value not to exceed £0.65m and to commit design fee costs and**

other essential site investigations and enabling works up to a total value not to exceed £0.5m (£0.3m previously approved at Initial Agreement (IA) stage plus an additional £0.2m) in advance of Full Business Care Approval

12 Performance Report

Mr Gray introduced the report and advised that for A&E performance NHS Grampian had remained above the Scottish average since January 2019 with a slight dip in February. He advised that although the front door of the hospital was busy, this had not impacted on the patient care provided, with partners ensuring that patient flow was maintained. He explained that there had been an improvement in the March position. He highlighted key actions that have been taken to sustain the performance and this had steadily improved through April. He advised that the service no longer had to update the Scottish Government three times daily on attendance rates.

With reference to waiting times performance, Mr Gray advised of significant investment from the Scottish Government in the final quarter of the 2018-19 financial year as part of the initial phase of investment in the National Waiting Times Improvement Plan. He explained that the Improvement Plan, which had started in October 2018, was now six months underway and there had been significant improvements in performance during this initial period. The position had begun to stabilise for the first time in three years and an update will be provided to the Board seminar in May 2019.

With regard to the financial position, Mr Gray advised that the Board had achieved its three financial targets, subject to audit.

Mrs Cruttenden highlighted the impact of patients who did not attend (DNAs) on the provision of services. She suggested there should be feedback to the general public on the importance of attending appointments. In response, Mr Gray advised that improvements had been made to the appointments process to reduce the number of DNAs. Mr Bachoo also advised that there had been clerical developments in the last 18 months which had resulted in a significant improvement in inappropriate referrals and unnecessary return appointments.

With regard to A&E attendance rates, Cllr Davidson asked why the minor injuries units for Moray, Aberdeenshire and Aberdeen City were not included in the figures. In response, Dr Coldwells advised that IJBs did monitor these figures and agreed to report back to the Board on these.

With reference to cancer figures, Mr Robertson suggested it would be helpful to have numbers as well as percentages. It was acknowledged that where numbers were small, any change could have a significant impact on the percentage reported.

Mrs Atkinson advised that the Performance Governance Committee was reviewing how and what to report to the Board to build further assurances into the process.

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

13 Integration Joint Boards – Regular Update Report and Approved Minutes

Ms Gowans highlighted the common themes across the three IJBs were the new Strategic Plans and Mental Health Services. She pointed out that the Moray IJB had agreed to the decommissioning and permanent closure of services at Leancoil Community Hospital in Forres. She advised that the Moray Community Planning Partnership had committed its support by providing all Care Leavers from 16 years to under 26 years with free Fit Life? membership to allow them access to various sporting activities and leisure facilities operating the Fit Life? scheme in Moray.

Dr Coldwells advised of the highlights for Aberdeenshire IJB explaining the ongoing work to develop the Strategic Plan, including engagement with both staff and public across the partnership.

Mr Robertson commented on the different styles of reporting from the IJBs. Mrs Atkinson responded that the IJBs were individual bodies and the purpose of the report presented to the NHS Grampian Board was to highlight important issues.

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

14 Committee and Forum Reports

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

14.1 Audit Committee

Mrs Atkinson asked colleagues to read and comment on the Annual Internal Audit Plan for 2019/20 which was now available and summarised in the report. The Committee had considered the internal audit review relating to the paperless clinic project, one of the most challenging projects in the Electronic Patient Record (EPR) programme and noted the good work being done. Management had accepted the findings of the review and committed to an action plan. The Committee had noted progress against agreed actions from the recent internal audit reports relating to Cyber Security and other IT risks, acknowledging the complexities of this and the good work being done to mitigate risks.

14.2 Clinical Governance Committee

14.3 Endowment Committee

Mrs Grugeon reported that the Committee had agreed that, as the balance was close to the reserves policy floor of £3m, no further commitments would be approved from the General Endowment Funds until they had recovered sufficiently. Funding should only be considered against any suitable restricted funds until the position was reviewed at the next meeting in June

2019.

14.4 Engagement and Participation Committee

14.5 Performance Governance Committee

14.6 Spiritual Care Committee

14.7 Staff Governance Committee

14.8 Grampian Area Partnership Forum (GAPF)

Ms Little reminded colleagues of the GAPF annual development day on 15 May and hoped to have good representation from the Board and SLT members.

14.9 Area Clinical Forum (ACF)

Mrs Cruttenden advised that the focus of the recent meeting had been on workforce and the ACF had welcomed the Operational Director of Workforce and the Head of Workforce and Development to provide an overview of the strategic workforce plan, which had been well received. She highlighted the ACF's concerns about capacity and timescales for in-house training for staff for new developments such as the elective care programme. The ACF was keen to be involved with project teams and clinical groups to maximise recruitment and retention opportunities. The ACF would keep workforce on its future agendas.

15 Approved Minutes

15.1 Audit Committee – 18 December 2018

15.2 Clinical Governance – 16 November 2018

15.3 Endowment Committee – 7 December 2018

15.4 Engagement and Participation Committee – 21 November 2018

15.5 Performance Governance Committee – 8 January 2018

15.6 Spiritual Care Committee – 22 November 2018

15.7 Staff Governance – 6 November 2018

15.8 Area Clinical Forum – 16 January 2019

15.9 Grampian Area Partnership Forum – 9 January 2019

15 Any Other Competent Business

There was no other business.

16 Dates of Next Meetings

Board Seminar – Thursday 2 May 2019

Board Meeting – Thursday 6 June 2019 – CLAN House, Westburn Road, Aberdeen

Signed Date

Chairman