

UN/APPROVED

NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
on 7 February 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
	Professor Nick Fluck	Medical Director
	Mr Alan Gray	Director of Finance
	Mrs Luan Grugeon	Non-Executive Board Member
	Cllr Douglas Lumsden	Non-Executive Board Member
	Cllr Shona Morrison	Non-Executive Board Member
	Mr Jonathan Passmore	Non-Executive Board Member
	Mr Sandy Riddell	Non-Executive Board Member
Cllr Dennis Robertson	Non-Executive Board Member	
Mr John Tomlinson	Non-Executive Board Member	
Attending	Mr Paul Allen	Director of Facilities and Estates
	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 Karen Low	PA
	Miss Jenny McNicol	Acute Director of Nursing
	Mr Gary Mortimer	Director of Operational Delivery
	Mr Graeme Smith	Director of Modernisation/Deputy Chief Executive
	Invitees	Ms Julie Anderson
Professor Corri Black		Co-Director of The Aberdeen Centre for Health Data Science University of Aberdeen
Ms Kerry Chalmers		National Programme Manager, Scottish Government
Professor Kay Cooper		Clinical Professor Allied Health Professions, Robert Gordon University
Dr Andy Keen		Consultant Health Psychologist, Clinical Lead for Innovation
Dr Lynne Taylor		Lead Consultant Clinical Psychologist, Child and Adolescent Mental Health Service
Dr Sam Tweed		Foundation Year 2 Doctor

Item	Subject
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1	Apologies
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Apologies were received from Mr Paul Bachoo, Dr Adam Coldwells, Ms Joyce Duncan, Professor Steve Heys, Mrs Caroline Hiscox, Dr Annie Ingram, Miss Rachael Little, Ms Sandra Ross and Mrs Susan Webb.

2	Declarations of Interest
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No declarations were noted.

3	Chairman's Welcome and Introduction
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Dr Lynch welcomed everyone to the meeting, particularly the recently appointed members, Mr Robertson and Mr Tomlinson. She thanked everyone for the good wishes and congratulations that she had received on her appointment as Chair of the Grampian NHS Board.

Dr Lynch wished public acknowledgement of Dame Anne Begg's significant contribution to NHS Grampian during her time on the Board. Dame Anne had stood down from her role in December 2018 due to ill health and the Chair wished her well for the future.

Dr Lynch advised that since her appointment she had met Professor Croft and the Senior Leadership Team to discuss priorities for the coming months. She also advised of other key visits and meetings:

- 23 January - visit to Dr Gray's Hospital with Professor Croft to meet staff and to see the service that they provided for the Moray area.
- 25 January – attended meeting with Patient Action Co-ordination Team with Professor Croft and Mrs Gray and Mr Gray.
- 28 January – attended the NHS Scotland Boards Chairs' Meeting at which Best Practice and Innovation had been discussed.

4	Interim Chief Executive's Report
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Professor Croft welcomed Dr Lynch to her first formal meeting as Chair and also welcomed the new Non-Executive members. She stated that she looked forward to working with them over the coming years. She advised that her first digital report of 2019 highlighted one of the Senior Leadership Team's priorities for the year ahead, to be more visible and engaged with staff. The first of these insights was focused on Mrs Hiscox, Acting Director of Nursing, Midwifery and Allied Health Professionals and Dr Coldwells, Chief Officer, Aberdeenshire.

Professor Croft thanked staff across the organisation for their efforts over the recent busy winter months, particularly those who had worked over the festive period.

She advised that on 18 December 2018 the turf cutting ceremony for the Baird Family Hospital and ANCHOR Centre had been hosted by the previous Board Chair,

Professor Stephen Logan. The Lord Provost of Aberdeen had also been in attendance along with many staff who had been involved with the project and members of the public.

On 11 January 2019 the new Inverurie Health and Care Hub, which opened in August 2018, had welcomed its first baby born in the Community Maternity Unit.

5 Minute of Meeting held on 6 December 2018

The minute of the meeting was approved subject to amending 'Dr Webb' to 'Mrs Webb' on page 10.

6 Matters Arising

There were no matters arising.

7 Dr Gray's Hospital

Ms Gowans explained the strategic context of Dr Gray's Hospital in the provision of care in the North of Scotland was to achieve the best outcomes for patients. She reported that a different approach to planning and redesign was being taken in Moray. She explained the governance arrangements for the Moray Alliance which was the mechanism to drive and oversee service redesign. It would be necessary to determine clear pathways of care in a North of Scotland context balancing the critical mass of activity needed to sustain a service, travel times and distances and workforce supply. The alliance approach had an emphasis on working together with a range of public bodies to achieve a common aim. It was expected that the framework for setting out the interactions between the Moray Integration Joint Board (MIJB) Strategic Planning and Commissioning Group and the Moray Alliance Group will be completed by March 2019.

She advised that a number of workstreams were already underway and prioritised including:

- Women and Children's services at Dr Gray's Hospital
- Unscheduled Care (front door of Dr Gray's Hospital)
- Mental Health and Learning Disabilities
- Elective Care
- Diabetes

Successful workshops had been held for Paediatric/Child Health services. These had been clinically led with management support and involved key partners and stakeholders. Child and Adolescent Mental Health Services (CAMHS) had been an essential part of this work.

The work will continue over the next 6 months with the outcome being articulated within the ambitions of the MIJB Strategic Plan 2019. The Moray Alliance will drive and oversee the planning and ensure that there is appropriate representation involved when required. The Alliance will report regularly to NHS Grampian to ensure a successful collaboration.

With regard to recent issues in the Women and Children's and Obstetric services, work was being done to develop phase 2 of the plan for submission to the Scottish Government with three locally led sub-groups, each of which included public representation.

Ms Gowans highlighted that a recent public meeting regarding these services had gone well and there had been a general understanding of the challenges faced.

Board members raised concerns about communication of the plan and of the Board's commitment to Dr Gray's Hospital. Having commended the commitment of staff involved, there were two specific challenges outlined by Non Executive Board Members: Firstly, the Board's communication around the plan. In response, Mrs Gray advised that a dedicated communications officer was being appointed to Moray which would create capacity. It was important to work with wider groups and local communities to make sure patient groups remained involved whilst acknowledging and finding ways to engage with those who were more difficult to reach. Secondly, sharing a clearer outline of the Board's vision for the future of Dr Gray's Hospital as part of the NHS Grampian system. Professor Croft assured the Board that work continued to be done on this to make progress. Ms Gowans agreed that an initial version could be available within three months.

Mrs Anderson advised that the Engagement and Participation Committee and the Public Involvement Manager were working on public involvement aspects to ensure feedback was received and to find out how the public wanted to be involved.

The Board noted the commitment and effort of all staff involved in the work to date relating to changes in the service and preparation of the improvement plan.

Professor Croft acknowledged the Non Executive Board Members' concerns and frustrations regarding timeframes for progress. She confirmed the Senior Leadership Team members' continued efforts to take forward the work which was a priority for them.

The Board:

- **Endorsed the actions being taken forward to address current challenges and set out the future shape of Dr Gray's Hospital.**
- **Noted that a further report will be presented at a future Board meeting setting out the detail of the planning framework being applied to support the process.**

8 Performance Report

With regard to unscheduled care, Mr Gray highlighted the significant efforts of the staff over the winter months and the challenge of delivering the 4 hour A&E standard. NHS Grampian remained above the Scottish average for performance, dipping slightly in January 2019. He acknowledged efforts of staff in acute, community and primary care settings to maintain patient flow in the system. The performance has been sustained through the "Know Who To Turn To" campaign, the

six essential actions workstream focusing on delayed discharges and the daily safety brief and huddles. Mr Gray also highlighted actions that had been taken to improve patient flow including daily cross system patient safety huddles and enhanced discharge planning supported by the links between acute, primary and community care, social care and the third sector.

With regards to elective care, Mr Gray advised that treatment time guarantee breaches continued to be reported. Performance was in line with previous modelling and predicted trajectories. He reported on progress with the initial phase of the Improvement Plan and advised that NHS Grampian had secured additional capacity in the final quarter of 2018/19 as part of the initial phase of investment in the Waiting Times Improvement Plan. This investment supported additional capacity to reduce the number of people experiencing long waiting times, reshaping delivery to ensure sustainable performance against targets in the future and achieving the necessary shift in the balance of care to support this. He gave an update on the local, regional and national contracts outlined in more detail on pages 6 and 7 of the Performance Report. He advised that a more detailed paper on the Child and Adolescent Mental Health Service (CAHMS) would be discussed later on the agenda. He referred to the explanation of the Choice and Partnership Approach (CAPA) model implemented by CAHMS which provided clear and accurate data enabling the service to be responsive to clinical demand and waiting times.

During discussion, questions were raised about recruitment, redesign of roles and the use of agency staff/locums. Mrs Coull advised that the locum policy was under review. Dr Fluck explained the professional governance around locums and advised that the situation was reviewed regularly both to ensure safety and from a financial point of view.

With regard to the IJBs' financial position, Mr Gray advised that NHS Grampian was working closely with IJB colleagues to achieve the best possible financial position. He agreed to provide more details at the next Board meeting.

The Board members discussed the delayed discharge position and noted the importance of multi-disciplinary teams as part of home care packages. The input from geriatricians and the virtual ward in Aberdeenshire had achieved improvements. It was acknowledged there were numerous challenges to improving delayed discharges including availability of home care packages and Grampian having one of the lowest bed bases in Scotland.

Dr Fluck responded to a query about Grampian's position in relation to the Scottish Atlas of Variation on page 11 of the report. He advised that work was being done with Health Intelligence colleagues to understand the variations to inform what action was required.

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

9 International Development – NHS Grampian's Commitment to Global Citizenship

Mr Mortimer reminded the Board that this topic had been discussed informally at the

Seminar in November 2018. He advised that this paper covered key points raised then and explained what was currently being done in Grampian. He explained that staff were already volunteering in their own time, using annual leave and self-funding. In doing so, the staff had made a positive contribution and made connections across the globe. Mr Mortimer had participated in presenting the work of NHS staff involved in international development to the Gates Foundation. The proposals presented in the paper linked to the developing workforce strategy for NHS Grampian, to maximise benefits to be gained in terms of staff development, attracting staff to work in Grampian and to retain them as employees.

Ms Kerry Chalmers, National Programme Manager for the Scottish Government, gave a presentation on the Scottish Government's International Strategy and an outline of its approach to embed Global Citizenship in NHS Scotland. She explained that staff were already contributing with over 2000 days of volunteering in total in their own time. She suggested a more cohesive approach was required to support the work and to share best practice.

The Board was introduced to members of staff who shared their experiences of international volunteering.

Ms Julie Anderson, Finance Manager had most recently travelled to Uganda to develop financial skills for local staff in an organisation for disabled children. She explained that she had managed to fund her volunteering assignments by fundraising activities and that she had received full support from colleagues and line management to provide cover in her absence. She had achieved a sense of fulfilment and developed personally and professionally by taking part in these experiences. By her contributions she was a better employee and global citizen.

Dr Sam Tweed, Foundation Year 2 Doctor in Cardiology, had volunteered in Ethiopia and had helped deliver quality improvement projects on hand hygiene, bed occupancy and patient flow. He explained that it was a two way learning process of exchanging ideas and knowledge. As well as benefiting the hospital in Bahir Dar and building relationships with other organisations, his experiences had given him a different perspective, helped him to better understand team dynamics and improve problem solving.

The Chair thanked Ms Anderson and Dr Tweed for sharing their personal and motivating stories and for highlighting the wider benefits of their volunteering.

Mr Passmore stressed the distinction between organisational and personal benefits and asked colleagues to consider any organisational liability for its employees participating in volunteering opportunities. Dr Lynch agreed it was necessary to consider risks against benefits and that NHS Grampian would need to ensure appropriate expertise and advice on this and legal liability. Mr Mortimer confirmed that legal advice would be sought but the risk was more limited as the staff were not there as care providers but more in an educational capacity. Ms Chalmers advised that the national approach would be to support people and guide them on best practice about volunteering.

Board members noted that the staff stories were inspiring and the mutual learning opportunities provided huge benefit to the workforce, patients and the population of

Grampian. Mr Smith expressed his support for the work being done by colleagues like Dr Tweed and non-clinical staff like Mr Mortimer and Ms Anderson.

Mrs Cruttenden reported that there had been discussion at the Area Clinical Forum to raise awareness and that the proposals had been well-received.

Board Members:

- **Considered and noted the benefits to be achieved from supporting staff to participate in international work.**
- **Endorsed the continuation of the International Development Partnerships Group with the aim of developing support arrangements for staff who wished to participate in international development work with the caveat that legal advice would be sought on legal liability.**
- **Requested the Director of Finance to develop arrangements for the custodianship and administration of charitable donations through the NHS Scotland Innovation Fund hosted by National Waiting Times Centre (Golden Jubilee) Endowment Fund. This Fund had been established to support international development in line with the NHS Scotland Global citizenship programme and had expertise to advise staff undertaking international assignments.**
- **Requested the Director of Operational Delivery to liaise with the NHS Scotland Innovation Fund to determine how support could be established for NHS Grampian staff in conjunction with the capacity and expertise.**

The Chair asked for the Board to be updated on legal advice regarding organisational liability.

10 Our Commitment to Research: 2019 – 2023

Professor Fluck introduced Dr Andy Keen, Professor Corri Black and Professor Kay Cooper. He thanked Dr Keen for his hard work producing the document presented to the Board, as research was fundamental to improving care. He explained that the document demonstrated the joint commitment of NHS Grampian and the two local Universities to create the infrastructure, cross organisation processes and staff culture that will promote a vibrant research environment and enable a high quality of healthcare to be delivered.

Professor Black explained that as Professor Steve Heys was unable to attend this meeting, he had asked her to emphasise his support on behalf of Aberdeen University to the document. The University's Medical School was rated fourth in the UK and was committed to developing research facilities. There were a number of centres of excellence and cutting-edge research recognised UK-wide and globally. She stressed the multi-disciplinary nature of research and advised that NHS Grampian staff worked in partnership with health researchers, data scientists and digital technology companies to create a vibrant research system. It was noted that NHS Grampian's co-located facilities with the Universities provided flexibility in learning opportunities through joint initiatives. There was a need to work with industrial partners for knowledge transfer and to support service change. She explained that it was crucial to make time and space for people to be involved in

research and proper knowledge exchange.

Professor Cooper explained that she and Professor Angela Kydd hold the two Clinical Professor posts co-funded by the Robert Gordon University (RGU) and NHS Grampian. She reported on some of the current collaborative work and developments to help staff with research. She explained that more evidence was required to underpin best practice to provide the best quality of patient care. She advised that she and Professor Kydd were leading with the work being done by the North of Scotland Centre for Applied Nursing (NoSCAR) and advised they were working with all grades of staff to drive forward the Nursing, Midwifery and Allied Health Professions' agenda. She confirmed that barriers to research were protected time and embedding research into clinical/academic roles.

In response to queries about research, Professor Fluck replied that within NHS Grampian's healthcare system there were world leaders in research. Research was multi-disciplinary and any strategy required to be flexible to address competing demands. He explained that there was no list of research priorities but there was a commitment for joined up working and to bring partners in at the start of any research planning. Professor Black explained that research was often driven by a service need and it was necessary to be clear about the big challenges and to be flexible regarding demands.

Professor Croft acknowledged the roles of the North East Scotland College (NESCOL) and the University of Highlands and Islands' Centre for Digital Health in research. The Board was advised that the paper presented had been positioned as a commitment to research and would form the basis for further work with partners.

In response to a query about digital healthcare, artificial intelligence and embracing technology in research, Professor Black explained that this had to be useful, safe, transparent and an enabler rather than creating inequalities. It was necessary to gain more insight by using data as well as possible and to make technology available to patients so they can look after their own health.

The Board approved the report "Our Commitment to Research: 2019 – 2023", a collaboration with the University of Aberdeen (UoA) and the Robert Gordon University (RGU).

11 Child and Adolescent Mental Health Services (CAHMS)

Mr Gray introduced the item and welcomed Dr Lynn Taylor, Lead Consultant Clinical Psychologist for Child and Adolescent Mental Health Services (CAMHS), to present on progress with the redesign of the service.

The Board was advised that there was evidence of improvement in CAMHS which would continue in the coming financial year. The paper highlighted key areas of work relating to the redesign of service to improve access and quality and to improve performance. It also detailed the investment in additional capacity.

The Board was advised of the work being taken forward by the Scottish Government's CAHMS Taskforce to reshape and improve services to ensure the mental health needs of children and young people received the attention and priority

that has been agreed by Government and the Convention of Scottish Local Authorities (COSLA). NHS Grampian's Interim Chief Executive was a member of the taskforce focusing on four key areas: crisis and unscheduled care, neurodevelopmental conditions (e.g. ADHD and Autism), early intervention and core CAMHS capacity. The taskforce published its delivery plan in December 2018 and over the next six months will identify what is required to deliver an effective high quality service.

The Board noted the progress in Grampian with the Choice and Partnership Approach (CAPA) model of service delivery which has provided job planning to ensure efficiency and also equitable delivery of capacity by all members of staff. There had been much positive feedback about the CAPA model. The Public Involvement Team had been working with the service and involving families in events.

The Board had prioritised the improvement work to CAMHS services over the last two years and invested an additional £1m to increase capacity alongside the Scottish Government funding to enable co-location of the services for Aberdeen and Aberdeenshire. It was anticipated that the building works will be completed by Spring 2019 and the facility will have benefits for staff and patients including additional clinical space and being open 7 days a week.

The redesign was coming to a conclusion with extensive organisational change and engagement having been provided to CAMHS.

NHS Grampian had been successful in bidding for £400,000 to develop a nurse-led unscheduled care service. This will allow early intervention and will be available for referrals from schools e.g. school nurses, guidance/head teachers and health visitors.

It was noted that the three local authorities had discontinued the funding streams which has had an impact on improving the access to the core services.

Concerns were raised that the reduction of funding by the local authorities might have an impact on service provision. Mr Gray responded capacity had not been reduced and discussions were ongoing with local authorities.

The Board was advised that there were close links between the service and Police Scotland. The issue of missed appointments was discussed and it was noted that a clinician had discretion whether to discharge the patient. Dr Taylor explained there were no issues with recruitment.

Dr Taylor advised of progress made with waiting times. Teams have been working to reduce waits by increasing clinics (e.g. evening and weekend clinics) and the "attend anywhere" facility had been helpful. The service had been working closely with the Mental Health Access Improvement Support Team (MHAIST) to identify opportunities to improve access and reduce waiting times and an action plan had been developed. The report set out the waiting times position under the CAPA model and it was anticipated that the service could potentially meet the 18 week waiting time target by Autumn 2019.

The Chair recognised and thanked staff for their contribution in progressing improvements. The Board thanked Mr Gray, as Executive Lead for the service, and his colleagues in CAMHS for the progress made to improve the service.

The Board

- **Reviewed the progress made with the redesign of the Child and Adolescent Mental Health Services (CAHMS) to improve access.**
- **Reviewed the performance position and the actions to improve access to services.**
- **Noted the position regarding commitment of the investment in additional capacity within the CAHMS service.**

12 Integration Joint Boards (IJBs) – Regular Update Report and Approved Minutes

Ms Gowans presented the report and approved minutes. Mr Passmore referred to the IJBs' strategic plans which made commitments and set out the strategic direction. He asked his colleagues to read these and give feedback.

13 Committee and Forum Reports

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

13.1 Audit Committee

The Committee had been encouraged by progress to reduce high risk backlog maintenance in clinical areas.

13.2 Endowment Committee

It was noted that guidance was awaited on potential changes to Endowment Trustees.

13.3 Engagement and Participation Committee

The report was noted.

13.4 Performance Governance Committee

The report was noted.

13.5 Spiritual Care Committee

The draft Spiritual Care Policy was out for consultation and was expected to be approved at the next Committee meeting.

13.6 Grampian Area Partnership Forum (GAPF)

Representatives from Grampian were on the Programme Board considering 'Once for Scotland' policies. Board members were invited to the GAPF development day on 15 May 2019.

13.7 Area Clinical Forum (AFC)

Mrs Cruttenden advised that the Orthoptic Clinical Screening programme

issue had been resolved. The ACF had welcomed the Acute Sector General Manager to discuss the national waiting times improvement plan and noted the challenges to achieve these targets.

With regard to the Gosport Report, Professor Fluck advised that as part of clinical governance processes all external reports were considered. He assured the Board that Grampian patients had access to TAVI. Mr Gray advised there were longer term plans to get to a sustainable position regarding waiting times.

The Chair acknowledged the challenges of meeting the waiting times programme and agreed that clinical input from ACF was a useful part of the process.

14 Approved Minutes

- 14.1 Audit Committee – 2 October 2018
- 14.2 Endowment Committee – 7 September 2018
- 14.3 Performance Governance Committee – 20 November 2018
- 14.4 Spiritual Care Committee – 27 September 2018
- 14.5 Area Clinical Forum – 14 November 2018
- 14.6 Grampian Area Partnership Forum – 20 November and 13 December 2018

15 Any Other Competent Business

Board Members' induction was raised and the Chair gave a commitment to make progress with this.

16 Dates of Next Meetings

Board Seminar – Thursday 7 March 2019
Board Meeting – Thursday 4 April 2019 – CLAN House, Westburn Road, Aberdeen

Signed Dated
Chairman