1 Apologies

Apologies were received from Mrs Rhona Atkinson, Cllr Stewart Cree, Cllr Barney Crockett and Dr Annie Ingram.

2 Declarations of Interest

There were no declarations of interest relating to specific agenda items.
Chairman’s Welcome and Introduction

The Chairman welcomed everyone to the meeting, in particular Cllr Linda Clark, who was the new Aberdeenshire Council representative. He also congratulated Dr Moffat on her re-election as Chair of the Area Clinical Forum and acknowledged her contributions to the Board. He congratulated Mrs Webb on her recent appointment as Director of Public Health on a substantive basis having been in the role on an interim basis.

The Chairman highlighted events since the last Board meeting. He had chaired a number of Consultant appointment committees and advised that he had been most impressed by the enthusiasm and positivity of the candidates. He had also chaired the Pharmacy Practice Committee to consider a new pharmacy application which was a comprehensive process which involved a tour of the area where the pharmacy would be based. He had participated in a walkaround of Ward 2 (paediatric) at Dr Gray’s Hospital in Elgin and acknowledged the contribution of the ARCHIE Foundation to the improved physical environment of the ward. He had visited the Maggie’s Centre at Foresterhill which was an outstanding facility and an example of the third sector complementing the work of the NHS. He referred to the meeting with Grampian MPs and MSPs in September when items discussed included the consultation of dispensing practices, the clinical strategy and an overview of NHS funding.

Chief Executive’s Report

Mr Wright presented his report which highlighted a range of issues including details of important meetings and events attended. He advised that a number of important issues would be discussed at the meeting today including the Grampian Clinical Strategy, the Director of Public Health report and the responsibilities of NHS Grampian as a Corporate Parent. He highlighted a new scheme which would allow patients in Grampian to get antibiotic treatment for one of the most common acute medical conditions without the need to see their doctor, which could free up GP appointments. He advised that a comprehensive action plan was underway following the recent Health and Safety Executive Inspection.

Other topics which were highlighted included:
- Building of Multi Storey car park at Foresterhill starting in October and the significant short term impact on parking during construction
- Appointment of Head of Health and Safety
- Making every Opportunity Count (MeOC)
- Quality Improvement Hub
- Rural Practices
- Multi agency working

Minute of Meeting on 4 August 2016

The minute was approved as an accurate record.

Matters Arising

There were no matters arising.
Mr Smith presented the Grampian Clinical Strategy for approval, following an extensive engagement process with staff, partners and the public. The strategy had been prepared by the Senior Leadership Team and built on the Healthfit 2020 approach to provide renewed clarity of direction for the health system and for the new role for NHS Grampian in a period of significant change in the health and social care environment in the North East and North of Scotland.

The summary of the continuous engagement process was included for review. There were four main themes of Prevention, Self Management, Planned Care and Unscheduled Care to ensure that the health contribution and changes to the health and social care system was focused and organised effectively.

An important part of the implementation approach was to ensure that the Grampian Clinical Strategy was complementary and consistent with the other relevant strategies e.g. the Health and Social Care Partnership (HSCP) strategic plans, the National Clinical Strategy and the emerging regional clinical strategy. It was recognised that enabling the system, including the health and wellbeing of staff, was one of the most critical things to get right. Dr Moffat confirmed that there had been broad support for the Grampian Clinical Strategy from the members of the Area Clinical Forum and the advisory committees.

IT infrastructure was an important area with electronic patient records highlighted as a way to improve information sharing across different areas.

The Improvement Plan, which would guide the implementation of the Strategy, would be reviewed by the NHS Grampian Board on a regular basis.

The Chairman requested that Mr Smith pass on the thanks of the Board to all who participated in the preparation of the plan for all their work.

The Board approved the Grampian Clinical Strategy.

Ms Therese Lebedis, Consultant Occupational Therapist in Stroke, presented a case study of the experiences of a patient who had used the Specialist Stroke Rehabilitation Unit at Fraserburgh Hospital. She explained a trawler skipper’s journey to be fit to return to this role following a stroke and the practical support provided to ensure he was able to carry out his duties. The Board felt this was a particularly powerful story which showed clearly that if a patient knew what he or she was aiming to achieve, appropriate help could be provided by the rehabilitation unit.

The Board noted the patient story on how person centred rehabilitation with strong clinical leadership supported a more effective service and had a positive economic impact on the efficiency of service delivery.
Mrs Webb presented the Director of Public Health Annual Report 2015/2016. She explained that there was a requirement for the Director of Public Health to produce an annual report on the health of the population served by NHS Grampian. She introduced Dr Tara Shivaji, the editor of the report. A new approach to the Report had been taken the previous year, which had been well received and the format was built on for this year. The focus of this year’s report was on giving the best start to children, looking at inequalities from birth. The report highlighted the importance of prevention and the effectiveness of early intervention. It presented a selection of local intelligence and the evidence base to stimulate discussion with partners to inform the priorities within the Children’s Services Plan. An interactive data set was available online. Mrs Webb and Dr Shivaji answered questions on the report in particular relating to teenage pregnancies, one parent families due to partners working away from home and mental health and wellbeing issues.

The Board:

- Noted the Director of Public Health (DPH) Annual Report 2015/16.
- Noted the core message that starting well in life was the first step on the road to good health and wellbeing in adulthood and older age.
- Supported the dissemination and use of the report with NHS Grampian and by Community Planning Partners and Health and Social Care Partners to inform and support early preventive action to reduce health inequality and promote child wellbeing.

Mrs Webb and Ms Currie provided the background on the key aspects affecting NHS Grampian’s responsibilities under The Children and Young People (Scotland) Act 2014. The Board noted that, as the Corporate Parent, it had a collective responsibility to provide the best possible care and safeguards for the children who were looked after by the local authorities. This role included the duty to collaborate with partners in producing an integrated children’s services plan every 3 years, consider children’s rights, provide a named person service, contribute to individual child’s plan and act as a corporate parent for all looked after children. Each of the local authorities had their own Corporate Parent Plan. The Board had previously held a seminar to discuss the topic in more detail.

Concerns were raised regarding the resource required to support employment opportunities in line with the ‘Our Family Firm’ policy. It was important to break down the barriers to access of facilities to ensure proper support from the Integration Joint Boards and NHS Grampian. Access to Child and Adolescent Mental Health Services (CAMHS) was particularly important.

A general discussion was held around the need to provide support as a large employer in the region. It was acknowledged that there was a requirement for a consistent approach across Grampian.
Mrs Webb confirmed that work was ongoing to ensure effective transitions from children’s to adult services. Monitoring mechanisms were currently under development and progress will be reported back to the Board through the Child Health 2020 Programme Board.

The Board

- Approved the Corporate Parent Action Plan.
- Requested the Child Health Programme Board to regularly monitor progress on the plan prior to the three year report required by The Children and Young People (Scotland) Act 2014 which was due in 2018.
- Agreed that an update on the action plan be brought back to Grampian NHS Board, as required.
- Noted the role of NHS Grampian with partners in being a corporate parent.

11 Performance and Quality Report

Mr Gray provided an update on NHS Grampian’s performance. The Performance Governance Committee had considered the performance position in detail.

He highlighted the main points, which included:

- A&E performance was generally maintained against the 95% standard; however, September had been a challenge. Work was ongoing between the Acute Services and the Integration Joint Boards.
- The delayed discharge figure at the July 2016 census showed a 4% decrease from the previous month.
- The number of patients breaching the Treatment Time Guarantee (TTG) at 31 March was 385, against a target of 359. An action plan was in place to address this.
- Outpatients - recovery actions were in place for most specialities with areas of highest risk being orthopaedics, ENT and cardiology. Additional support was being provided by the Scottish Government and other options were being considered to fund further capacity to improve the position.
- Cancer Access Standards. It was anticipated that the 31 day target would be delivered for the quarter to 30 June but there continued to be challenges in delivering the 62 day target. The surgical capacity would improve in the colorectal screening pathway with the appointment of two consultants. There had been a temporary loss of capacity within breast cancer services. However, work was ongoing to try to secure additional capacity from other Boards and the independent sector.
- Access to Child and Adolescent Mental Health Services (CAMHS) remained a challenge with the number of patients starting treatment increasing. The Board would be considering further investment in additional staff capacity as part of the financial plan for 2017/18.

Mr Smith advised that NHS Grampian’s performance against the national Detect Cancer Early (DCE) initiative was one of the lowest in Scotland and steps were being taken to investigate the reasons for this. The Board noted that screening uptake in Grampian was higher than the national average. However, the proportion of cancers included in the DCE programme diagnosed at Stage 1 in Grampian were lower than the figures across Scotland. Dr Fluck explained that this was a complex issue and that work was
being done with Health Intelligence, Public Health, oncology and primary care research colleagues to examine factors which may inhibit early diagnosis.

Mr Wright advised that significant work was being done to improve the DCE position. He stressed that cancer, including DCE, was a topic on which the Board needed to focus. Therefore, a stakeholder seminar on the topic had been arranged and the cancer strategy would be presented at a future Board meeting.

The Board noted the Performance and Quality Report and the actions which were taken to address these areas where the performance was not in line with plan.

12 Infrastructure Investment

Mr Gray reported that the Asset Management Plan had been approved by the Board in June 2016. The paper presented at this meeting related to planned investment in infrastructure, consistent with the Board’s strategic themes, that would deliver improvements to patient experience and environment, negate backlog risks and support the key strategic commitment in relation to delivering the Maternity Services Strategy approved by the Board in 2010.

He highlighted the key matters regarding the development of the Baird Family Hospital and the ANCHOR Centre and the potential development of Diagnostic and Treatment services. He explained the requirement to renew the Laboratory Medicine Managed Service Contract. He confirmed that there was no future financial commitment and the authorisation sought was to provide information which would be used to support a business case as part of the Asset Management Plan.

The NHS Grampian Board:

- Authorised the Chief Executive and Board Chairman to appoint a Principal Supply Chain Partner for the Major Acute Services in NHS Grampian Project (Baird Family Hospital, ANCHOR Centre and Diagnostic and Treatment facilities) and to commit initial design fee costs necessary to progress development of the Outline Business Case up to a maximum of £2.7 million
- Authorised the Laboratories Management Team to proceed to tender the enhanced specification for the renewal of the Managed Service Contract on the understanding that no legal commitment was made to any supplier without Board approval.

13 Committee Reports

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

13.1 Clinical Governance Committee

13.2 Patient Focus and Public Involvement Committee

Following a detailed review of its role and remit the Committee had agreed to adopt a revised role and remit for the next year and review it thereafter. It had changed its name to NHS Grampian Engagement and Participation Committee.
13.3 **Staff Governance Committee**

Mr Sinclair highlighted the successful use of iMatter.

13.4 **Area Clinical Forum (ACF)**

Dr Moffat highlighted the importance of engagement and feedback in the Grampian Clinical Strategy and any future strategic development.

13.5 **Endowment Committee**

13.6 **Performance Governance Committee**

13.7 **Spiritual Care Committee**

13.8 **Grampian Area Partnership Forum (GAPF)**

Mrs Duncan highlighted how the staff side representatives and management across Grampian worked well together.

14 **Approved Minutes**

The Board noted the following approved minutes:

14.1 Performance Governance Committee 12 May
14.2 Spiritual Care Committee 12 May
14.3 Clinical Governance Committee 13 May
14.4 Staff Governance Committee 30 May
14.5 Endowment Committee 9 June
14.6 Area Clinical Forum 29 June
14.7 Patient Focus and Public Involvement Committee 29 June
14.8 Grampian Area Partnership Forum (GAPF) 15 June and 16 August

15 **Any Other Competent Business**

There was no other competent business.

16 **Dates of Next Meetings**

- Board Seminar and single item Board Meeting on Thursday 3 November 2016 at Park Café, Hazlehead Park, Aberdeen.
- Board Meeting on Thursday 1 December 2016 at CLAN House, Westburn Road, Aberdeen.

**Dates of Meetings for 2017/**
Dates of Meetings for 2017

12 January - Board Seminar
2 February - Board Meeting
2 March - Board Seminar
6 April - Board Meeting
4 May - Board Seminar
1 June - Board Meeting
27 June - Board Meeting to approve Annual Accounts
6 July - Board Seminar
3 August - Board Meeting
7 September - Board Seminar
5 October - Board Meeting
2 November - Board Seminar
7 December - Board Meeting

Signed ..............................................

Date ..............................................

Chairman