NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
at 11.00 am on 1 February 2018
CLAN House, 120 Westburn Road, Aberdeen

Present
Professor Stephen Logan   Chairman
Mrs Amy Anderson          Non-Executive Board Member
Mrs Rhona Atkinson        Non-Executive Board Member
Dame Anne Begg            Non-Executive Board Member
Cllr Frank Brown          Non-Executive Board Member
Professor Amanda Croft    Director of Nursing, Midwifery and Allied Health Professions/Deputy Chief Executive
Cllr Isobel Davidson      Non-Executive Board Member
Mrs Sharon Duncan         Employee Director/Non-Executive Board Member
Professor Nick Fluck      Medical Director
Mr Alan Gray              Director of Finance
Mrs Luan Grugeon          Non-Executive Board Member
Professor Steven Heys     Non-Executive Board Member
Mrs Christine Lester      Non-Executive Board Member/Vice-Chair
Dr Lynda Lynch            Non-Executive Board Member
Dr Helen Moffat           Non-Executive Board Member
Mr Eric Sinclair          Non-Executive Board Member
Mrs Susan Webb            Director of Public Health
Mr Malcolm Wright         Chief Executive

By invitation
Mrs Jackie Bremner        Project Director (Item 7.1)
Dr Fiona Campbell         Clinical Psychologist (Item 9)
Miss Claire Donald        Specialist Dietician (Item 9)
Mrs Kay Dunn              Lead Planning Manager, Aberdeen City Health & Social Care Partnership (Item 7.2)
Mrs Pamela Gowans         Chief Officer, Moray Health & Social Care Partnership (Items 11 & 12)
Professor Mike Greaves    Clinical Lead, ANCHOR Project (Item 7.1)
Dr Annie Ingram           Director of Workforce
Mr Stanley Mathieson      Project Director, Property & Asset Development (Item 7.2)
Mr Gary Mortimer          Director of Acute Services
Dr Mike Munro             Clinical Lead, Baird Project (Item 7.1)
Mrs Mary McCallum          Health Psychologist (Item 9)
Mrs Jane Raitt            Interim Chief Midwife and Project Midwife, Baird Project (Item 7.1)
Mr Graeme Smith            Director of Modernisation

Attending
Mrs Alison Wood           PA/Minute Taker

Item  Subject

1   Apologies

Apologies were received from Mrs Laura Gray, Cllr Douglas Lumsden and Mr Jonathan Passmore.
2 Declarations of Interest

There were no declarations of interest relating to specific agenda items.

3 Chairman’s Welcome and Introduction

Professor Logan welcomed everyone to the meeting.

He advised of some of the meetings and events he had recently attended including:

- Regular meeting with Grampian MPs and MSPs to share information. Items discussed included NHS Grampian’s financial position, Winter Pressures, Director of Public Health Report and the Denburn project.
- Shona Robison, Cabinet Secretary for Health and Sport had visited Aberdeen Royal Infirmary and had a walkround at the Emergency Department, intensive care and acute medical areas of the hospital. She thanked staff for their hard work over the winter period.
- The celebration event to mark the end of the first cohort of the “Career Aspirations” programme which was part of NHS Grampian’s Talent Management Framework for staff in bands 4-6. Staff showcased their improvement projects to their line managers, senior leaders and talent forum members.

The Chairman congratulated Mr Gary Mortimer, Director of Acute Services, who had been invited to present on the infrastructure improvement work carried out since 2015 with Ethiopian healthcare colleagues to Bill Gates (The Gates Foundation) and the First Minister. Mr Mortimer explained the ongoing successful partnership with clinicians and non-clinicians supporting learning, development and quality improvement across both organisations and countries.

The Chairman advised that the NHS would celebrate its 70th anniversary on 5 July 2018. NHS Scotland and the Scottish Government would be working with a wide range of partners to look back and celebrate 70 years of achievement in Scotland to reflect on the difference the NHS had made to people’s lives and to reaffirm commitment to the founding principles of the NHS. There would be local discussions on how to mark the anniversary in Grampian.

The Chairman highlighted a new video campaign which featured local schoolchildren and reminded people across the North East that a course of antibiotics was not required to treat common winter illnesses such as viral coughs, colds and flu. He recommended to Board members who had not already seen the video to take the time to view.

4 Chief Executive’s Report

Before presenting his report, Mr Wright advised that the Cabinet Secretary for Health and Sport had formally announced the allocation of funding for the development of the Scottish Trauma Network. This would see four major trauma networks established as part of a wider Scottish network over the next 5 years.
The North Trauma Network, which included Grampian, Highland, Western Isles, Orkney and Shetland, would be allocated £3.3 million annually. The North Major Trauma Centre (MTC) will be on the Foresterhill site in Aberdeen and would be the first centre to go operational in October 2018. This was a major step for Aberdeen Royal Infirmary (ARI), NHS Grampian and the North of Scotland. An MTC would also become operational in Dundee later in 2018 and MTCs in Edinburgh and Glasgow would be scheduled for operation over the next 5 years. A further development secured for the North of Scotland was a new Emergency Medical Retrieval Service (EMRS) hub which would significantly improve the response to major trauma in the North and the service provided to critically ill and injured patients who required retrieval and transport. It was expected that the EMRS hub would be developed over the next 2-3 years. Mr Wright paid tribute to the work of clinicians, staff and local partners for the work to date.

Mr Wright then presented his report which highlighted a range of issues including details of important meetings and events attended.

Topics highlighted in the report included:
- Winter pressure challenges
- Extra-Corporeal Membrane Oxygenation (ECMO) which linked into the announcement made on the North Trauma Network.
- Clinical Nurse Specialist for Motor Neurone Disease
- Multi-Storey Car Park
- Greenspace Strategy and Carbon Energy Fund (CEF) Project
- Flu-Immunisation Update for both staff and public
- Health and Safety ongoing work.
- Making Every Opportunity Count (MeOC)

Mr Wright reported on his work on the Ministerial Strategy Group for Health and Community Care.

Together with the Chairman and Professor Croft, he had met with the Principal and Vice-Principal of Robert Gordon University. There was also close working with North East Scotland College and Aberdeen University.

He also highlighted a visit to the Custody Suite at Kittybrewster, Aberdeen which had given him a better understanding of the challenges faced in providing healthcare in partnership with Aberdeenshire Health and Social Care colleagues and Police Scotland.

**Minute of Meeting held on 7 December 2017**

The minute was approved subject to the following amendments:

List of Board Members Present – Mrs Christine Lester, Non-Executive Board Member/Vice-Chair to be added.

Item 15.4 Spiritual Care Committee - Mrs Anderson advised that the wording be amended to read “Mrs Anderson reported that there had been a very useful presentation by Nicole Bauwens of the Neonatal Unit on a person-centred project with new mothers which had seen very positive outcomes. Dr Lynch advised that a
presentation had been given on the Baird Family Hospital and ANCHOR Centre with revised timescales."

6 Matters Arising

There were no matters arising from the minute.

7 Infrastructure Investment

7.1 Baird Family Hospital and ANCHOR Centre – Outline Business Case

Mr Smith introduced colleagues who provided background and information on the progress of the Baird Family Hospital and ANCHOR Centre. The Outline Business Case (OBC) for the Baird Family Hospital and ANCHOR Centre Project provided the information required to demonstrate that the project would proceed to the detailed design and Full Business Case (FBC) stage of the project. The project plans were consistent with the NHS Grampian Clinical Strategy, Maternity Strategy, emerging Cancer Strategy and other Board, regional and national plans and strategies.

Mrs Bremner, Project Director, presented an overview of the project which emphasised the strategic theme of delivering high quality care in the right place through providing safer, effective and sustainable services, the location of the new facilities, the project scope and details of the £163m capital cost. The engagement process with staff and the public was summarised. This had included 60 service workshops and more than 200 clinical and non-clinical staff who had contributed to the project. It was noted that visits had been undertaken to new facilities elsewhere in the UK to inform the planning process. The public, specific interest groups, partners, Scottish Government and construction partners had also been involved in the planning process.

The ANCHOR Centre would provide accommodation for day-patient and out-patient Oncology and Haematology services. The construction was expected to be completed by April 2021 with a bring into service date of June 2021. Professor Greaves, Clinical Lead for the ANCHOR Centre, outlined the current service provision and provided an overview of the improvements that the new facility would include, for example comprehensive out-patient facilities in a single location and a much improved working environment. The patient experience would also be improved with new, spacious state-of-the-art facilities.

The Baird Family Hospital construction would be completed by October 2021 and brought into service November 2021. The existing Maternity Hospital would then be demolished in January 2022 which would release space for future projects. Mrs Raitt, Interim Chief Midwife and Project Midwife, explained the benefits to patients and their families and also to the staff who worked there of the Maternity Triage & Day Assessment Unit. This tailored services to the individual needs of patients, reduced waiting times, provided timely assessment, treatment and transfer and reduced unnecessary hospital admissions. Dr Munro, Consultant Neonatologist and Clinical Lead for the Baird Family Hospital, explained how a preterm baby’s pathway would improve for both the baby and parents with the new facilities at the Baird Family Hospital. The Intensive Therapy Unit (ITU)/High Dependency Unit (HDU) and Special Care Unit would include flexible, individualised spaces of appropriate size, suitable for both patients and their parents. Parents with a baby in the Neonatal Unit would be able
to stay in the hotel facilities allowing them to remain close to their babies.

Board members thanked the project team for their clear and helpful presentation. The project team members responded to a range of questions from Board members.

**The Board:**

- Approved for submission to the Scottish Government Capital Investment Group (CIG), the Outline Business Case for investment in the Baird Family Hospital and ANCHOR Centre on the Foresterhill Health Campus.
- Noted the additional recurring revenue implications of the new facilities as set out in section 4.2 of the paper.
- Authorised the Chief Executive and Board Chairman to extend the appointment of the Principal Supply Chain Partner for the Major Acute Services in NHS Grampian Project (Baird Family Hospital and ANCHOR Centre) and committed to further design fee costs necessary to progress development of the Full Business Case up to a maximum value of £4.5m.
- Delegated to the Chief Executive and Chairman the authority to approve the commencement of the enabling works up to a maximum value of £6m during 2018 in advance of approval of the Full Business Case.

### 7.2 Modernisation of Primary and Community Care Services in Aberdeen City – Initial Agreement

Mr Gray explained the context of the Initial Agreement which was the first phase in the business planning process for the project to redesign primary and community care services in Aberdeen City.

An Initial Agreement for this project had been approved by the Board and the Scottish Government’s Capital Investment Group (CIG) in December 2014.

This had identified the key drivers for change:

- The poor condition and inadequacies in the current facilities at Denburn Health Centre which severely limited the future opportunities for the development and change needed to ensure modern services could be delivered effectively and efficiently.
- Continued growth of the Aberdeen City population, predominantly in new housing schemes, which would require redistribution of healthcare premises throughout the city to meet NHS Grampian’s ambition to ensure primary care health care services were delivered locally and were an integral part of the community.

There were 3 major factors to be considered.

- Due to succession and service sustainability there had been a full review of the service at the Northfield and Mastrick Medical Practice towards the end of 2016. This concluded with the Denburn Medical Practice being awarded the contract to provide General Medical Services within the Northfield and Mastrick area. The Northfield and Mastrick Medical Practice had been renamed the Aurora Medical Practice which, together with the Denburn Medical Practice, formed a new general practice grouping that co-ordinated its services across the three sites at
With the downturn in the oil industry, the movement of oil and gas workers had impacted on new housing developments. Planning assumptions had been updated in line with revised targets in the Aberdeen City and Aberdeenshire Strategic Development Plans.

Due to changes in the population demographics there was an increased number of people with multiple morbidities and an ageing population with complex and long term conditions. People who lived in the most deprived communities continued to experience greater health inequalities. This included the Northfield and Mastrick areas.

One of the key aims set out in the Aberdeen City Health and Social Care Partnership (HSCP) Strategic Plan (2016-19) was to ensure services were provided at a community or locality level where it was more effective or efficient to do so. To achieve this there was a need to match capacity to the growing demand for services across the city and redistribute service provision away from the city centre.

There had been a revised strategic assessment for the project which considered the drivers for change and these were discussed. The Project Group had engaged in an extensive review and option appraisal process which involved consultation with all key stakeholders. The model recommended was an innovative model of primary care service delivery which built on the triage model which was already in place.

The key aspects of the proposed service model for the Denburn/Aurora Practice included:

- A triage and video consultation Hub to ensure a no appointment backlog service for patients.
- Enhanced use of technology and diagnostic services.
- Co-location of all practice and aligned staff.
- Clinicians and professions would share flexible and adaptive clinical space and bookable multipurpose rooms.

Integrated working between health and community care teams and involvement of third sector partners would be key.

Board members then discussed the paper and noted that it would be important to ensure that there were good public transport links. For patients who may not want to move to the new location away from the city centre there were other existing practices to which they could move. It was also agreed that change had to be managed well especially for vulnerable patients with complex needs. All three existing sites would have investment opportunities. The Board noted that the Denburn Centre site was owned by the City Council.

The Chairman thanked the project team for the work that had been undertaken.

The Board approved for submission to the Scottish Government Capital Investment Group (CIG), the revised Initial Agreement for the Investment in Facilities to Support the Redesign and Modernisation of Primary and Community
Inequalities in Health – Short Life Working

Following the Board meeting in August 2016 it had been agreed that a Short Life Working Group be set up on Inequalities in Health. The group had been tasked with reviewing relevant information on how NHS Grampian tackled health inequalities and to make recommendations for action including how the Grampian NHS Board could strengthen its contribution in the context of Community Planning. The Scottish Government subsequently announced the intention to implement the Equality Act’s Socioeconomic Duty. This would require all public authorities in Scotland to evidence their assessment of the impacts of significant, strategic decisions on poverty and inequality.

Mrs Webb advised that the group had met between February 2017 and November 2017.

The actions which the group recommended were for the Grampian NHS Board to:

- review health inequalities metrics and how these were used to inform strategic decision-making at least annually.
- provide healthcare services which were inequalities-sensitive in design, development and delivery.
- be an inclusive employer and procurer.

The group also recommended that Board members would work in partnership within Grampian’s three Integration Joint Boards and Community Planning Partnerships supported by the three actions above.

During the discussion the importance of ensuring the patient views represented all areas was stressed. It would be important to have a balanced impact assessment screen and to ensure it was not overly complicated.

It was noted that Health Intelligence would be providing the data where it was appropriate to do so.

The work carried out by the Short Life Working Group was highly commended.

The Board approved the ambitions and action for Inequalities in Health and endorsed the proposal that the Short Life Working Group oversee the translation of actions into a detailed project plan.
Patient Story – Supported Self-Management and Prevention

Dr Moffat introduced the story of a patient who had multiple long-term conditions including obesity. Miss Claire Donald, Specialist Dietician, Dr Fiona Campbell, Clinical Psychologist and Mrs Mary McCallum, Psychologist, presented the story from the patient’s own words.

The male patient was in his 30s and had related his experiences over a 2 year period. He had five admissions spending a total of 40 days in hospital. He described how his life was and how he felt isolated due to his size. He felt he was not living, he was just surviving. He felt angry that his GP was not listening to him and was telling him to lose weight.

The patient then started with Weight Management Services in a group programme. Unfortunately, due to his health, he had to drop out of the group. However, he was able to rejoin and felt more positive when he returned. The group environment gave him the chance to talk with others who were going through similar experiences and could relate to him and he was able to open up more. Group members were weighed in a private room and did not have to discuss their weight loss with others. He felt goals were realistic with small changes. He was now a lot fitter and healthier. He lost over 80 kilos and was then able to get bariatric surgery. He felt like a different person and was able to have a normal life such as travelling on buses and going shopping. His GP now phoned him once a month to see how he was doing. He was considering going to college and was proud of what he had achieved.

The story demonstrated:

- Effective self-management for complex long term conditions needed to be holistic and person-centred.
- It took time and perseverance and involved several front-line staff working together to support the patient across different settings.
- There was a significant emotional dimension.
- It was important to ensure that patients felt understood and to support them to identify personal meaningful and achievable goals.
- The barriers that prevented changes in behaviour required to be recognised and addressed.
- Patients valued peer support on the journey.
- Supported self-management could significantly reduce morbidity, medication and prevent unscheduled care.

The Board noted that the cost of direct care of obesity to NHS services in Grampian was estimated to be £36 million per year. It can disproportionately affect those from more socially deprived backgrounds.

The Board acknowledged the importance of Making Every Opportunity Count (MEOC).

The Board noted the patient story and the positive impact of supported self-management on the wellbeing of an individual with multiple long-term conditions and how this facilitated planned surgery and significantly reduced unplanned care and other healthcare costs.
10 Performance Report

Mr Gray provided an update on Performance as set out in the Report, and the actions that had been taken to address those areas not in line with the plan.

He highlighted the main points in the report which included:

- Unscheduled Care for the year ending November 2017, the percentage of people spending 4 hours or less in A&E was 95.9%. This was still well above the Scotland-wide rate of 93.3%. There had been an increase in flu patients and a rise in the number of people suffering trips and slips due to ice.

- A preliminary analysis of the period 21 December 2017 to 4 January 2018 was undertaken and compared with previous years. Average daily A&E attendances increased by 17% at ARI and 12% at Dr Gray’s Hospital.

- Treatment time guarantee breaches continued to be reported. Significant investment was being made to maximise the capacity in theatres and intensive care. Additional funding was also being used to provide additional outpatient appointments.

- Cancer – 83.3% of patients in Grampian had started treatment within the standard of 62 days. 87.2% was recorded across the whole of Scotland. 90.9% of patients in Grampian started treatment within 31 days of diagnosis.

- In Child and Adolescent Mental Health Services (CAMHS) 120 patients were waiting over 18 weeks although 116 had already attended their Choice assessment appointment. Referral rates were increasing. Discussions were ongoing with the Scottish Government.

- Financial position – NHS Grampian was expected to achieve its three statutory financial targets.

During the discussion it was suggested that information on the number of patients waiting would be a useful addition.

The Healthcare Associated Infection Report was also included, in the Performance Report and noted by the Board.

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

11 Integration Joint Boards – Update Report

Mrs Gowans, Chief Officer, Moray, presented the update report from the three Chief Officers for Aberdeen City, Aberdeenshire and Moray. She explained that there was an opportunity for change and redesign for services in the community. The Chief Officers met weekly which provided an opportunity to reflect and share learning and good practice. It was also important to ensure the right level of governance was in place.
Integration Joint Boards – Approved Minutes

The latest approved minutes of the Aberdeen City, Aberdeenshire and Moray Integration Joint Boards were circulated to the Board members to provide a flavour of the activities and breadth of work undertaken.

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

Committee and Forum Reports

The following reports were presented to the Board for noting, with chairs highlighting important specific points by exception.

13.1 Audit Committee

Mrs Atkinson highlighted the Audit Committee Development Session to be held on 20 March 2018 which would focus on the impact of Brexit on the strategic risk profile and would be open to all Board Members and the Senior Leadership Team.

13.2 Endowment Committee

Dame Anne advised that a briefing paper had been provided on the overall market value of investments as at 31 December 2017 from Standard Life Wealth. It was emphasised that funding requests should consider the restricted endowment funds where there were specific restrictions placed on the purpose and use of the funds by the individual donors rather than always applying to the general endowment fund.

13.3 Performance Governance Committee

Professor Logan confirmed that detailed performance presentations and figures had been discussed at the meeting and more detailed information would be provided to the Board as appropriate. There had been presentations from Acute Services and Mental Health and Learning Disability Services. The Choice and Partnership Approach (CAPA) had been explained in detail.

13.4 Staff Governance Committee

Mr Sinclair highlighted the General Medical Council (GMC) visit to NHS Grampian as part of a larger ongoing review assessing the quality of medical education and training across the Scotland Deanery. A formal report was due in March 2018. However, the informal feedback received had been positive.

13.5 Area Clinical Forum

Dr Moffat advised the report was self-explanatory.
13.6 Grampian Area Partnership Forum

Mrs Duncan highlighted the implications of tobacco legislation and the effect on staff of the winter pressures, working long hours to meet the needs of the population. The introduction of additional training places for staff had been discussed at the meeting.

14 Approved Minutes

The Board noted the following approved minutes

14.1 Audit Committee – 26 September 2017
14.2 Endowment Committee – 22 September 2017
14.3 Performance Governance Committee – 14 November 2017
14.4 Staff Governance Committee – 14 August 2017
14.5 Area Clinical Forum – 15 November 2017
14.6 Grampian Area Partnership Forum – 9 November 2017

15 Any Other Competent Business

University of Aberdeen

Professor Heys reported that NHS Grampian and Aberdeen University had both been visited by the General Medical Council (GMC) and that the visits had gone well. The GMC had commented on the excellent close working relationship between the University and NHS Grampian.

A joint initiative for research and teaching was coming to fruition after 18 months of development. These were the Centre for Health Data Science, the Centre for Women’s Health and the Aberdeen Centre for Cardiovascular Disease and Diabetes.

He advised that the University had been successful in recruiting new staff – a Senior Lecturer/Consultant in Forensic Medicine and a Non-Clinical Professor of Molecular Oncology had been appointed. The University was now actively recruiting a Clinical Professor of Oncology and Senior Lecturer in Oncology.

In terms of new teaching programmes, the Masters in Advanced Clinical Practice would commence in September 2018 and NHS Grampian already had 10 places on this course which was designed to support workforce planning and add to the cohort of clinical practitioners in NHS Grampian.

16 Dates of Next Meetings

Thursday 5 April 2018 – CLAN House, Westburn Road, Aberdeen.

Thursday 1 March 2018 - A single item meeting was subsequently arranged at Park Café, Hazlehead, Aberdeen. The venue for this was changed to Summerfield House because of adverse weather.

Signed ..................................................            Date ......................................
Chairman