

NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
 on 6 December 2018 from 10.30am
 CLAN House, Westburn Road, Aberdeen

Present	Professor Stephen Logan	Chairman
	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
	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
	Professor Steve Heys	Non-Executive Board Member
	Miss Rachael Little	Employee Director
	Dr Lynda Lynch	Non-Executive Board Member
	Mr Jonathan Passmore	Non-Executive Board Member
	Mr Sandy Riddell	Non-Executive Board Member
Mr Eric Sinclair	Non-Executive Board Member	
Mrs Susan Webb	Director of Public Health	
Attending	Mr Paul Allen	Director of Facilities and Estates
	Mr Paul Bachoo	Clinical Lead, Acute
	Dr Adam Coldwells	Chief Officer, Aberdeenshire
	Mrs Susan Coull	Operational Director of Workforce
	Mrs Laura Gray	Director of Corporate Communications/Board Secretary
	Miss Lesley Hall	Assistant Board Secretary
	Mrs Caroline Hiscox	Acting Director of Nursing, Midwifery and AHPs
	Mrs Karen Low	PA (Minute taker)
	Mr Graeme Smith	Director of Modernisation/Acting Deputy Chief Executive
	Invitees	Miss Alison Chapman
Mr Gerry Donald		Director of Property and Asset Development
Mrs Kay Dunn		Lead Planning Manager
Mr Gareth Evans		Property Transaction Manager
Mrs Grace McKerron		Infection Control Manager
Mr Stan Mathieson		Project Director, Property and Asset Development
Mrs Jane Raitt		Interim Chief Midwife
Dr Tara Shivaji	Consultant in Public Health	

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1 Apologies

Apologies were received from Dame Anne Begg, Ms Pam Gowans, Dr Annie Ingram, Cllr Douglas Lumsden, Cllr Shona Morrison, Mr Gary Mortimer and Ms Sandra Ross.

2 Declarations of Interest

Cllr Davidson indicated a potential conflict of interest in item 8, Infrastructure Investment – Woodhill House, as she was an Aberdeenshire Councillor.

3 Chairman's Welcome and Introduction

The Chairman welcomed everyone, particularly Ms Joyce Duncan to her first formal meeting as a member.

As this was Mr Eric Sinclair's last meeting, the Chairman expressed the Board's sincere thanks and appreciation for his contribution to NHS Grampian during his term of office. He noted that Mr Sinclair had brought a wealth of knowledge and experience to the Board from his career in education and involvement in the third sector. He thanked Mr Sinclair for his input to Board Committees and Aberdeenshire Integration Joint Board, the support he had provided to colleagues and the senior team and also to patients. He wished Mr Sinclair well for the future.

The Chairman advised of the walkrounds at Aberdeen Maternity Hospital, Ward 104 at Aberdeen Royal Infirmary and Ward 6 at Dr Gray's Hospital in Elgin. He explained the importance of learning about what was happening within the organisation and listening to the staff. The visits had highlighted the various staffing challenges and pressures on beds as well as the outstanding dedication of staff who were proud of their teams.

On 23 October the Chairman had represented NHS Grampian at the launch of the online resource 'Cancer Support North Scotland' which will provide information and links to cancer support services and organisations across the North of Scotland to patients, families and carers.

On 7 November he had joined Professor Croft, Professor Fluck, Ms Gowans and the local management team at Dr Gray's Hospital where they had met the Cabinet Secretary to discuss the maternity action plan in detail, and met staff and the Maternity Services Liaison Committee. The feedback from this has been positive although more work was required. He paid tribute to everyone in Elgin and Aberdeen who had worked on these issues over the recent months.

He had also attended a number of local events and meetings including an Innovation event and senior medical staff inductions. The recent Grampian MPs and MSPs meeting had discussed Hepatitis C, flu vaccinations, the Denburn/Aurora project in Aberdeen City and GP recruitment in Aberdeenshire. He had chaired a meeting of the Organ Donation Committee and commended the staff involved for the support

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provided by them to donors and recipients.

The Chairman concluded his introduction by thanking the Board members for all their support during his term as chair. Mrs Atkinson, as Vice Chair and on behalf of the Board, expressed her appreciation and thanks to Professor Logan. She highlighted the significant challenges faced by NHS Grampian and acknowledged that the Chairman had created stability and provided support during his chairmanship. She noted that the Chairman has been highly visible and his enthusiastic support for staff development had been greatly appreciated. He had been a great leader for NHS Grampian and was highly regarded by his colleagues. She wished him well for the future.

4 Interim Chief Executive's Report

Professor Croft added her thanks to the Chairman for his support and leadership. She explained that her report continued to evolve and welcomed feedback on the format and content. The report included awards that had been given to staff and she highlighted that Mrs Jane Raitt, who was attending later in the meeting, had received the Midwifery Manager of the Year Award for her work in both Aberdeen Maternity Hospital and Dr Gray's Hospital. The report also highlighted the work that Mr Colin McNulty, Senior Nurse Manager, had done with "mini nursing" uniforms for children, to modernise the image of the profession and encourage them towards a career in nursing. She had also visited HMP Grampian with the Chief Executive of Aberdeenshire Council to see the work being done with vulnerable adults, and the custody suites, being examples of integration working well.

5 Minutes of Meetings held on 4 October and 1 November 2018

The minutes of the meetings on 4 October and 1 November were approved.

6 Matters Arising

There were no matters arising.

7 Performance Report

Mr Gray highlighted the significant items in the report. He advised that winter plans had been agreed. With regard to elective care, treatment time breaches continued to be reported and performance was generally in line with previous modelling. Additional capacity at Stracathro and Dr Gray's would strengthen resilience.

He advised of action being taken to improve performance regarding cancer access standards. The September data was incomplete but would be available for the next Board seminar. He advised that there have been significant areas of improvement and progress in Child and Adolescent Mental Health Services (CAMHS). The extensive redesign of CAMHS services would support a number of key changes identified in the report. Mr Gray advised that the Choice and Partnership Approach (CAPA) model for CAMHS had been a major contributor to the improvements in CAMHS.

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In terms of the financial position, Mr Gray forecast that the Board would achieve its three financial targets. However, he advised that Aberdeenshire and Moray IJBs were forecasting they would not be able to achieve revenue balance this year and recovery plans were being prepared.

The Healthcare Associated Infection Report showed that Clostridium Difficile rates were above the national average, with quarter 2 results expected to show NHS Grampian as an outlier. There was a substantial action plan in place and Dr Lynch, chair of the Clinical Governance Committee, advised that the Clinical Governance Committee continued to seek assurance on the issue. With reference to Staphylococcus Aureus Bacteraemia, Dr Fluck advised that there was an issue with the audit methodology for surveillance data and this was being reviewed.

It was highlighted that 80% of the target had been reached for smoking cessation. Mrs Webb explained that the target was based on a percentage improvement and Grampian had a higher target to achieve than other Boards, which was a challenge. She advised that there was very close working with health and social care partnerships particularly relating to the pharmacy service. Coaching services would be embedded in pathways.

The Board noted the Performance Report.

8 Infrastructure Investment

Mr Gray introduced Mr Gerry Donald, Director of Property and Asset Development and Mrs Kay Dunn, Lead Planning Manager, who were available to answer any questions on the various infrastructure investments detailed in the report.

Mr Gray provided background to the following planned infrastructure investments and these were discussed in turn:

- North Corridor Primary and Community Care Services
- Denburn Health Centre Replacement
- Royal Cornhill Hospital
- Woodhill House

North Corridor Primary and Community Care Services

Mr Gray explained that the Initial Agreement set out a change to the model of primary and community care services in the North of Aberdeen City and Central Aberdeenshire, using different models with supporting infrastructure. It was intended to establish the case for change and strategic fit, identify the desired outcomes from the project and provide stakeholders with an early indication of the preferred option.

Assurance was sought that service users would not be disadvantaged and the location and accessibility of new premises would not create inequality of access. Mrs Dunn and Mr Donald advised that NHS Grampian worked closely with public transport companies and voluntary organisations to ensure access links were

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improved.

Mrs Duncan explained the rationale for the option of a single site for a facility to provide services across two IJB areas and advised that stakeholders had been involved in the process. At the next stage of Outline Business Case (OBC), a full appraisal will be taken of available sites, including accessibility and transport links and there will be further engagement with local communities.

Denburn Health Centre Replacement

Mr Gray reminded Board members that the Initial Agreement for this had been approved in February 2018. He advised that the procurement route had changed so that the National Framework Scotland 2 approach was now being used rather than the Hub process. He advised that the new approach required the appointment of a Principal Supply Chain Partner (PSCP), the first task for which would be to develop the building designs and produce robust project cost estimates for the Outline Business Case (OBC) to be presented to the Board early in 2019.

Royal Cornhill Hospital

Mr Gray explained the background to the upgrading works at Royal Cornhill Hospital and briefed the Board on progress. Mr Donald advised that, like other construction projects, there were potential risks with any contractor's ability to complete. He advised that the Framework Scotland had extensive experience regarding procurement and liability and he was as confident as he could be that such risks would be minimised. It was suggested that the refurbishment of the final two wards should be delayed until the completion of the strategic review in September 2019 to ensure current staffing issues were addressed. Mr Gray advised that there would be an opportunity for a final check of the costed programme at a future Board meeting.

Woodhill House

Mr Donald advised that there had been recent discussions with Aberdeenshire Council to utilise surplus space at Woodhill House. NHS Grampian and the University of Aberdeen were formalising the existing right of pre-emption on the site. Co-locating NHS administrative services with Aberdeenshire Council could provide the opportunity to create a public sector hub with Aberdeenshire Council and facilitate modern ways of working.

In response to a query about car parking and transport links for Woodhill House, Mr Allen advised that detailed work was being done to ensure there were options for staff including possibilities of introducing Park & Ride and shuttle buses. Mr Allen also advised it would be necessary for a change in culture to address travel options and different ways of working such as remote working. He advised that staff would be encouraged to walk, cycle or take public transport, with the final choice being to travel by car.

Mr Donald addressed concerns raised about implications for staff from rural areas and those with caring implications who may need to leave work urgently. He advised that there were different ways of working and the focus should not be on the

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physical location of workplaces. It was acknowledged that options for travel and technology must be compatible for all. As meeting rooms were at a premium it was important to ensure office space and meeting rooms were used appropriately.

Mrs Gray highlighted the importance of communicating proposals with staff and providing assistance where needed. Mr Donald advised the Board that there had been extensive engagement with staff side to date and this would continue.

Following the discussion, the Board accepted the recommendations as follows relating to the individual infrastructure investment projects:

- **North Corridor Primary and Community Care services**

The Board approved, for submission to the Scottish Government Capital Investment Group (CIG), the Initial Agreement for the investment in Facilities to Support the Redesign and Modernisation of Primary and Community Care Services to serve the populations of the North of Aberdeen City and Central Aberdeenshire (North Corridor Project).

- **Denburn Health Centre Replacement**

The Board authorised the Board Chairman and Interim Chief Executive, on the recommendation of the Programme Board, to appoint a Principal Supply Chain Partner and independent cost advisors for the project and to commit fees for site investigations and initial design planning to a maximum of £300,000 pending approval of the Outline Business Case.

The Board noted the change in the recommended procurement route to utilise the National Framework Scotland 2 approach rather than the Hub process.

- **Royal Cornhill Hospital**

The Board approved a revised budget of £2.45 million in order to deliver the works programme at Fraser Ward in Royal Cornhill Hospital and delegated authority to the Board Chairman and Interim Chief Executive to agree a target price with Kier, the appointed Principal Supply Chain Partner (PSCP) or main contractor for this stage of the project.

The Board noted the final outcome of the project to reduce self-harm risks in Huntly Ward, that favourable feedback had been received from staff and service users and the impact of incorporating the revised scope in to the plans for the remaining five Acute Mental Health assessment wards at Royal Cornhill Hospital.

The Board noted the option appraisal process underway within Moray to determine the most effective model for the future delivery of mental health services, currently provided in Ward 4 at Dr Gray's Hospital, and the intention to submit a separate proposal for approval at a future meeting of the Grampian NHS Board.

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- **Woodhill House**

The Board authorised officers to prepare, in liaison with Aberdeenshire Council, a detailed case, in line with the process laid out in the Scottish Government’s Capital Investment Manual for the re-location of the main administrative offices in Aberdeen to Woodhill House.

The Board noted the findings and conclusions from the recent space utilisation study covering the main administrative offices in Aberdeen and the decision by the Senior Leadership Team to establish formal governance arrangements, including a dedicated Programme Board, to oversee implementation of smarter working principles.

The Board noted the work ongoing with the Aberdeenshire Council to formalise the existing right of pre-emption on the Woodhill House site that has been granted to the Board in order to secure the site for health use in the longer term.

9 Preparing for European Union (EU) Withdrawal

Mr Gray advised the Board that the aim was to be as prepared as possible for EU withdrawal. He advised that the Audit Committee had facilitated a development session with PricewaterhouseCoopers (internal auditors), following which the Senior Leadership Team (SLT) had established a Brexit Co-ordination Group. He advised that the initial statement of preparedness had been submitted to the Scottish Government and group members had been liaising with their professional colleagues to collate any additional information required for planning purposes.

In response to a query about pharmacy supplies, Mr Gray pointed out that all supply chains could be affected and that the Department of Health and national procurement were addressing this. Plans were in place to ensure that professional groups were involved to enable rapid and responsive decision-making. Professor Fluck advised that the Chief Medical Officer had also been in discussions with professions regarding the supply of medicines and equipment.

The importance of communicating to the public not to stockpile medicines was highlighted.

The Board noted:

- **The issues that health organisations will be required to consider in developing plans for the withdrawal of the UK from the European Union (EU)**
- **That the Audit Committee has reviewed the initial assessment of preparedness submitted to Scottish Government in September 2018**
- **That the Senior Leadership Team has established a co-ordination group**

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comprising the Director of Finance, Director of Facilities and Estates, Interim Operational Director of Workforce and Director of Pharmacy to support the development of the Board's contingency plans.

10 The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland

The Chairman welcomed Mrs Jane Raitt, Interim Chief Midwife, to present and congratulated her on her Midwifery Manager of the Year Award.

Mrs Hiscox gave the Board a brief overview of this piece of work and advised that this was a five year forward plan for the provision of maternity and neonatal care in Scotland. This was the result of an extensive 18 month review of maternity and neonatal services and the plan set out 76 recommendations for the future delivery of the services.

Mrs Raitt presented the plan and advised the aim was to allow better continuity of care across Scotland and also provide emotional support and bereavement services. NHS Grampian had representation on sub groups that had been established to implement 33 of the recommendations which required a national approach. She advised that there would be a significant transformation in the whole service to improve outcomes for the women. She advised that studies had shown that women who had relationship based/personalised care with a specific named midwife were less likely to require intervention and go on to have a spontaneous vaginal delivery. They were also more likely to breastfeed, less likely to have pre term birth and there was less chance of them having foetal loss. Women had advised that this was what they would like to see offered. Mrs Raitt advised of the need to improve the support around vulnerable women within perinatal mental health, to ensure fewer babies were admitted to neonatal units and to provide more family-related care. She advised that NHS Grampian was one of the first Boards in Scotland to implement electronic maternity records for all women.

NHS Grampian was not one of the early adopters and had the opportunity to learn from the five early adopter boards. There was a huge shift from hospital-led care to community care that would require midwives to have more training and education and to adapt their skills. There would be cost implications with the Royal College of Midwives estimating investment of £2000 per midwife, to deliver safe staffing for sustainable and effective continuity in care.

Mrs Raitt advised that NHS Grampian had been progressing towards achieving the 23 local recommendations, by the revised deadline of March 2019. NHS Grampian was well placed to provide this by 2021, when the Baird Family Hospital will be open as well as the new Community Midwives Unit at Peterhead and the services provided from Dr Gray's.

In response to questions, Mrs Raitt answered that NHS Grampian was currently working closely with the Robert Gordon University (RGU) and was receiving funding support from the Scottish Government to provide appropriate training and skills. Work was ongoing with partners and services across Grampian to ensure a consistent service was provided.

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It was noted that that the relevant committees had representation from mothers and it was suggested that representation from fathers might be helpful too.

Following comments from Board members that the evidence for change was compelling, the Chairman suggested the recommendation required to be strengthened from noting the paper to agreeing with the strategic intention.

The Board noted the progress that had been achieved towards implementation of the 23 Best Start local recommendations to date.

The Board agreed with the strategic intention for Maternity and Neonatal Services.

12 Director of Public Health (DPH) Report 2017/18: Changing the Record – Improving the Health and Wellbeing of People in Contact with the Justice System

Mrs Webb explained that recently the DPH report had changed to a single topic approach using data from across a variety of diseases and sources. This year's subject was chosen in light of the requirements of Community Justice (Scotland) Act 2016. She explained that the NHS and the IJBs were partners in the Criminal Justice Partnership responsible for the Criminal Justice Improvement Plan. This year, she was keen that those with a lived experience were given the opportunity to be heard.

Board members were advised that that people in contact with the justice system had disproportionately poorer outcomes. This was because they had disproportionately poorer access and benefit from the assets, environments and supports which create and sustain wellbeing, and treatment, care and support services.

Dr Shivaji, Consultant in Public Health, had been working for the last two years with colleagues in HMP Grampian and the custody suite to improve and redesign services. She gave a presentation explaining that a number of reports - Black (1980), Acheson (1998) and Marmot (2010) had all identified inequalities in health for people in contact with justice system and settings. Although they may receive bad press, police custody and prison were actually protective environments for people in crisis as some people can be more at risk when in the community. Inequalities are due to different lifetime exposures to the social determinants of health. These issues should not be the responsibility of the Community Planning Partnership to address but by the NHS and its partners planning, designing and delivering services. Dr Shivaji shared a very powerful personal story highlighting the importance of agencies dealing appropriately with a health crisis situation rather than resorting to the criminal justice system.

As part of the presentation, Dr Shivaji showed a video, prepared in association with SHMU radio, in which prisoners shared their personal experiences and perspectives. This gave people who had experience of the system a chance to explain what mattered to them. An important message which came across and required to be communicated was that there was "no wrong door" into the system and appropriate support services should be available.

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Dr Shivaji stressed the importance of NHS Grampian being clear about the values it would like to guide the actions of its staff and to link to the Board's strategic priorities. Breaking the information silo was important - information was needed to improve individual outcomes as well as information sharing with partners to get a comprehensive understanding of the impact of inequalities on services, to improve service planning and design. She gave examples of small scale improvements to help with issues of exclusion and isolation such as peer mentors.

The Chairman thanked Dr Shivaji for the presentation and video and for sharing her personal story – these provided powerful statements from real experiences.

Mrs Webb advised that Board colleagues needed to take the DPH report to partners and deliver the important messages included in it. The complexity of drugs and alcohol issues that required to be addressed by a multi-agency partnership approach was highlighted.

Ms Duncan noted that, from the third sector's perspective, more input was required from health to the Criminal Justice Partnership meetings. Mrs Webb agreed to discuss this further with Ms Duncan outwith the meeting.

Professor Croft advised that there had been significant investment over the last few years on early intervention work as people came through the custody system. Dr Coldwells advised that Aberdeenshire hosted the prison service and custody suite. He welcomed the report and highlighted the importance of breaking the recidivist cycle and behaviours from generation to generation.

Dr Webb offered to present her report at IJBs, Community Planning Partnerships and other groups and welcomed Board members' support and leadership to disseminate the report.

Board members agreed that it was necessary to take action and provide clear leadership around the inequalities agenda, including prevention and the criminal justice system. It was agreed that the Inequalities Group, chaired by Mrs Grugeon, would be an appropriate forum to progress this.

Following consideration of the Report, the Board noted:

- **The message of the Director of Public Health (DPH) Annual Report 2017/18: Changing the Record – Improving the Health and Wellbeing of People in Contact with the Justice System**
- **The existence and extent of health inequalities within this population group.**
- **The links between priorities of reducing health inequality and the prevention of offending and reoffending.**

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13 Integration Joint Boards – Regular Update Report and Approved Minutes

The Board noted the approved minutes of the IJB meetings and the issues highlighted in the report. The Board noted that Audit Scotland had published its Report: Health and social care integration: update on progress. This concluded that while some improvements have been made to the delivery of health and social care services, Integration Authorities, councils and NHS boards needed to show a stronger commitment to collaborative working to achieve the real long term benefits of an integrated system. Recommendations from the report required to be addressed at Board level.

The Board noted the IJB Update Report and approved minutes.

14 Committee and Forum Reports

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

14.1 Clinical Governance Committee

Dr Lynch advised that the Healthcare Improvement Scotland (HIS) Quality of Care Organisational Review – Adverse Events Baseline Exercise required a self-evaluation tool to be completed. NHS Grampian’s position had improved since this time last year but further work was needed.

14.2 Staff Governance Committee

Mr Sinclair highlighted the items on the Health and Care (Staffing) (Scotland) Bill 2019, which will have significant implications, and the ongoing preparation for Brexit. He thanked Dr Ingram, Mrs Coull and Mrs Annand for all their support during his time as chair.

14.3 Performance Governance Committee

The Chairman advised that action plans were in place to deliver improvements for Treatment Time Guarantee breaches but it was unlikely that a material improvement would be seen for another 3 – 6 months because of staffing challenges.

14.4 Audit Committee

Mrs Atkinson advised that work was ongoing to ensure the review of risks and these have been assigned to members of the SLT for further discussion by the Board.

14.5 Grampian Area Partnership Forum

Miss Little highlighted the recent away day for Mental Health and Learning Disabilities Services which showcased all the fantastic work being undertaken. The Director of Allied Health Professionals (AHPs) had presented on the opportunities and challenges faced by AHPs and GAPF had been asked to support AHPs in three specific areas.

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14.6 Area Clinical Forum

Mrs Cruttenden advised the Board that the ACF was pleased with the changes to the way SLT was engaging with the ACF. She highlighted that the Gosport Report would be discussed further with SLT colleagues. The Chairman asked for the outcome of any further discussions to be brought back to the Board.

15 Approved Minutes

- 15.1 Clinical Governance Committee – 17 August 2018
- 15.2 Staff Governance Committee – 9 August 2018
- 15.3 Engagement and Participation Committee – 22 August 2018
- 15.4 Audit Committee – 26 June 2018
- 15.5 Performance Governance Committee – 23 August 2018
- 15.6 Area Clinical Forum – 12 September 2018
- 15.7 Grampian Area Partnership Forum – 20 September and 18 October 2018

16 Any Other Competent Business

There was no other business.

17 Dates of Next Meetings

Board Seminar – Thursday 17 January 2019
Board Meeting – Thursday 7 February 2019 – CLAN House, Westburn Road, Aberdeen

Signed Dated
Chairman