

**APPROVED**

**NHS GRAMPIAN**

**Minutes of Meeting of Grampian NHS Board on  
Thursday 3 August 2023 at 10.00am at  
Alexander Graham Bell Centre, University of Highlands and Islands, Elgin  
(and virtually by Microsoft Teams)**

**Present:**

**Board Members**

Mrs Alison Evison	Chair/Non-Executive Board Member
Mr Mark Burrell	Chair of Area Clinical Forum/Non-Executive Board Member
Cllr Tracy Colyer	Non-Executive Board Member
Mr Albert Donald	Non-Executive Board Member/Whistleblowing Champion
Ms Joyce Duncan	Non-Executive Board Member
Professor Nick Fluck	Medical Director
Mr Derick Murray	Non-Executive Board Member
Mr Hussein Patwa	Non-Executive Board Member
Mr Dennis Robertson	Vice-Chair/Non-Executive Board Member
Mr Sandy Riddell	Non-Executive Board Member
Mr Alex Stephen	Director of Finance
Dr John Tomlinson	Non-Executive Board Member
Cllr Ian Yuill	Non-Executive Board Member

**Attendees**

Mr Paul Allen	Director of Infrastructure and Sustainability (Hybrid)
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Dr Deborah Baldie	Lead Nurse for Research and Practice Development (Item 8)
Mrs Louise Ballantyne	Head of Engagement (Item 11 MS Teams)
Ms June Barnard	Chief Nurse (on behalf of June Brown)
Mr Simon Bokor-Ingram	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Ms Sarah Duncan	Board Secretary
Mrs Jane Ewen	Nurse Director, Excellence & Innovation (Item 8)
Mr Preston Gan	System Transformation Programme Manager (Item 6 MS Teams)
Mrs Joanne Grant	Lead Nurse, Magnet Programme Director (Item 8)
Miss Lesley Hall	Assistant Board Secretary
Ms Susan Harrold	Senior Planning Manager (Item 7)
Mr Stuart Humphreys	Director of Marketing and Communication
Mr Garry Kidd	Project Director, Baird and Anchor (Item 9)
Professor Shantini Paranjothy	Deputy Director of Public Health (on behalf of Susan Webb)
Mr Gavin Payne	General Manager, Facilities and Estates
Mr Tom Power	Director of People and Culture
Mrs Alison Wood	PA/Minute Taker
Mrs Jenna Young	Planning Manager (Item 7)

**Apologies**

Mrs Amy Anderson	Non-Executive Board Member
Cllr Ann Bell	Non-Executive Board Member
Professor Siladitya Bhattacharya	Non-Executive Board Member
Dr June Brown	Executive Nurse Director
Mrs Luan Grugeon	Non-Executive Board Member
Professor Caroline Hiscox	Chief Executive
Mr Steven Lindsay	Employee Director/Non-Executive Board Member
Mrs Susan Webb	Director of Public Health/Portfolio Lead Population Health

Mrs Evison, Chair, welcomed everyone to the meeting. It was noted that the meeting was being recorded for publication on the NHS Grampian website and photographs would be taken during the meeting.

## **1 Apologies**

Apologies were noted as above. The meeting was quorate.

## **2 Declarations of Interest**

Mr Patwa issued a transparency statement that he was a member of Involve Grampian, a partnership with University of Aberdeen, which was supported by NHS Grampian endowment funding.

## **3 Chair's Welcome**

Mrs Evison was delighted that the Board was meeting in Elgin. She had been in Elgin for Volunteer Week to meet and thank the people supporting palliative patients at The Oaks and, earlier in the year, had met representatives from the Moray Wellbeing Hub. These events emphasised the power of crucial, community focused work and the value of partnership links across Moray.

NHS Grampian's strategic intent set out priority areas and principles for NHS Grampian including the future of Dr Gray's Hospital. It would continue to be a highly valued part of the health and care system in the North of Scotland providing services for both the Moray and wider population. Investment in Dr Gray's Hospital would carry on and its role as an anchor organisation in the Moray area would continue to grow. The Chair highlighted that Board members would be visiting a number of locations in the area following the formal Board meeting to see the positive work progressing in Moray.

Mrs Evison welcomed new Non-Executive Board members to their first formal meeting of the Board: Mr Patwa and Mr Burrell, Chair of Area Clinical Forum, who had joined the Board from 1 July 2023.

She acknowledged the retirement of Mrs Jackie Bremner, Project Director for Baird and ANCHOR, in July 2023, following more than 44 years' NHS service. The Board extended their thanks and best wishes to her for a long and happy retirement.

## **4 Minute of Meeting on 1 June 2023**

The minute of the meeting held on 1 June 2023 was approved.

### **4.1 Matters arising**

There were no matters arising.

## **5 Chief Executive's Report**

The purpose of the Chief Executive's report was to update on priority issues since the previous Board meeting that were not covered in the main agenda. In Professor Hiscox's absence, Dr Coldwells highlighted key issues from the report. The industrial action by junior doctors had been suspended on Friday 7 July 2023 to allow the British Medical Association (BMA) to ballot their members on a new pay offer. He thanked staff across the system who had been involved in contingency arrangement planning and the acute

services administrative team who had dealt with the rapid and significant task of patient bookings and re-bookings.

The report highlighted some examples of healthcare innovation in NHS Grampian. The Board Seminar in September 2023 would focus on innovation, education and research and show how the system would be transformed as a result.

Dr Coldwells advised that that whole-system planning for winter reflected the system's interconnections.

It was noted that the laundry service would be running fully at capacity as of next week.

The Board had been previously briefed on Reinforced Autoclaved Aerated Concrete (RAAC). More detailed surveys would commence in the coming weeks which would provide clarity on action required. Staff would continue to be provided with information through Daily Briefs and engagement sessions as details became known.

He advised that Scottish Government had announced three specialist intensive care neonatal units for babies born at highest risk in Scotland. These would be based in Aberdeen, Edinburgh and Glasgow.

Board members discussed the following points:

The Intensive Care Neonatal units would be a network model across Scotland. Funding details were awaited.

The importance of partnership working to develop winter planning was stressed eg the link with optometry services to encourage the uptake of free eye tests to identify issues that may impact on slips, trips and falls.

**The Board noted the Chief Executive report.**

## **6 How Are We Doing Performance Report**

Mr Stephen presented the 'How Are We Doing' Board performance report which provided an overview against the deliverables contained in the Annual Delivery Plan for quarter 1 – April to June 2023. He highlighted the consultation work undertaken for the draft Integrated Performance Assurance and Reporting Framework with Board committees, following an initial discussion at the Performance Assurance, Finance and Infrastructure Committee (PAFIC). The organisation continued to learn from what had worked well and not so well in the past year. Three areas had been identified for further improvement work: the need to be clearer setting targets for performance measures and deliverables; how to improve sequencing and frequency of performance reporting arrangements and to shift focus to what the data meant; mitigating or improving performance when the forecast was not achieved. A small working group had been established to consider the improvements. Discussions would take place at board committees and a board workshop as the approach to performance continued to evolve.

Mr Stephen advised that most of the performance measures had improved over the last quarter which was expected as the organisation had come out of the winter period. However, some of the measures were showing a lower level of performance than at the same period in 2022. The deliverables were reported, at least, at the same status as Quarter 4 with the exception of the delivery of the 15 year Infrastructure Plan. This plan had been delayed due to resources which had required to be prioritised to other projects. The following points were discussed:

The amount of work undertaken on performance reporting was acknowledged. The Performance Assurance, Finance and Infrastructure Committee (PAFIC) was focusing on performance issues that required assurance. It was necessary for challenging and difficult conversations to seek the assurance, whilst being supportive and respectful.

Interpretation of what was considered a severe or minor delay would be helpful to manage expectations of the public and colleagues. What was considered acceptable may differ in different services. It was noted that improvements were required in relation to classifications. The intention would be work on the next version of the report for next year as metrics would require to be agreed at the start of the performance year.

Mandatory training had been a long-standing challenge for a number of reasons including workload pressures and availability and functionality of reporting systems. A short life working group was considering how this could be improved. National work was continuing with NHS Education for Scotland (NES) to improve the reporting functionality in Turas. This had caused issues for a number of Boards regarding compliance reporting such as Health and Safety. The figures reported did not mean that training was not taking place. The national Agenda for Change non-pay reforms would provide protected time for training. The Staff Governance Committee would be kept informed of progress. The expectation was that new starts would undertake mandatory training within the first three months of employment.

The Board Seminar in January 2024 would consider patient opinion and feedback. The Population Health Committee was involved in understanding the engagement process. Work was ongoing at executive level to consider the spectrum of engagement including with staff and the public.

Dr Gray's Maternity Services redesign was working towards achieving Model 6, jointly with NHS Highland. Milestones to date had been achieved including the safe transfers between Dr Gray's Hospital and Raigmore Hospital. Considerable work had been undertaken and a report would be present to the Executive Collaborative Oversight Group (ECOG) at the end of August 2023, prior to submission to Scottish Government. The Board was aware of the workforce challenges and it was highlighted that additional funding had been provided for recruitment and marketing.

It was noted that overwhelming demand had impacted on GPs' ability to provide primary care enhanced services. It was necessary to find a solution to free up primary care clinicians for additional services, whilst dealing with the huge caseloads they managed in the community. Work was ongoing across the three Health & Social Care Partnerships (HSCPs) to consider how to develop a primary care vision, strategy and implementation plan for Grampian. The national GP contract had not delivered everything it needed to for the North of Scotland, particularly in remote and rural areas. It was recognised that Grampian had particular challenges, including workforce recruitment, which had been seen during attempts to expand the workforce by using funding from the Primary Care Improvement Plan.

Clarification was given on terminology. Aberdeen Royal Infirmary (ARI) and Dr Grays' Hospital (DGH) provided patient planned surgical capacity. Other sites were part of an integrated network for planned care recovery; these were referred to as peripheral sites and included Stracathro Hospital, Golden Jubilee National Hospital and NHS Fife. There had been a weakness in the modelling of how many patients could be treated as the assumption had been that the vast majority of the identified demand would be delivered in those peripheral sites, based on the ability to deliver safe care appropriate for each

patient. Despite pre-operative assessments, some patients were no longer suitable for treatment in peripheral sites because their condition had been adversely affected by long waits and they now required their procedure in a major hospital. Patients who had waited beyond 12 months had regular contact from the relevant team to understand their level of wellness and actively monitor their state of health.

Many venues used for minor surgery across Grampian faced challenges delivering services in a suitable environment which complies with current regulations. There has also been a change in profile of GPs with special interest due to retirements, and therefore a gap in the provision of minor surgery vacuum. There are plans to appoint someone to lead a process to redefine the service.

It was important for the Board to be clear about the organisation's direction and capacity for transformation and innovation. Examples of increasing capacity included the scheduled opening of a day case theatre later in the summer; this would operate 5 days a week with approximately 8 additional patients each day. Funding had been secured for an additional interventional radiology suite. The ARI Bed Base Review would add an additional 40 beds in a staged approach. This should improve flow, remove corridor care and improve the position with boarding patients to release capacity for planned care.

It was noted that PAFIC and the Population Health Committee reviewed the performance data in great depth.

Work on Artificial Intelligence in cancer treatment and the collaborative work with cross-system psychological therapies were cited as examples of work enabling progress towards meeting targets. An update on the work to transform psychological therapy services would be provided.

#### **The Board:**

- **noted the progress on the development of an Integrated Performance Assurance and Reporting Framework,**
- **reviewed and commented on the performance data and information in each section of the How Are We Doing (HAWD) End of Year Report attached as Appendix 1 to the report, and**
- **confirmed that the HAWD End of Year Report had provided sufficient detail and assurance about performance, progress and lessons learned for financial year.**

## **7. Delivery Plan 2023 – 26**

The draft Delivery Plan had been presented to the Board in a closed Board session. The combined plan had been submitted to Scottish Government on 19 June 2023 and initial written and verbal feedback received on 3 July 2023. Scottish Government was supportive of the narrative document and acknowledged the work to produce a single coherent plan, covering the Annual Delivery Plan (ADP) and Medium Term Plan (MTP) elements. No material amendments were required to the narrative document. The plan was the result of engagement over an extended period of time. The Board welcomed the Equalities Impact Assessment and Fairer Scotland Duty appendices to the Delivery Plan.

The following points were discussed:

The reduction of 877 full time equivalent (FTE) staff was mainly due to Covid related services such as Test and Protect ceasing, and reflected an increase in the proportion of

the workforce working reduced hours. Work on equalities needed to continually consider transport as a potential challenge.

The capacity and resource issue was highlighted. The key area was to strengthen citizen and colleague engagement to improve health.

Future assurance of the progress in relation to individual actions and areas of work would be provided in the Board committees.

#### **The Board:**

- **formally endorsed the priorities set out within the Three Year Delivery Plan (2023-26) for the period up to March 2026.**
- **agreed to receive updates on the Delivery Plan from the end of October 2023 through the agreed performance assurance reporting mechanism for Committees and the Board, which aligned the priorities from the Delivery Plan with the outcomes described in the 'Plan for the Future'.**
- **agreed that there were a number of risks which may negatively impact on the successful implementation of the Delivery Plan and a range of controls were in place to monitor and control/mitigate these as detailed on page 35 of Document 1.**

## **8. Nursing and Midwifery**

Ms Barnard introduced the item and advised that her colleagues would provide an overview of the unique contributions made by nursing and midwifery colleagues to both the provision and advancement of healthcare in NHS Grampian. Dr Baldie, Mrs Ewen and Mrs Grant gave detailed presentations that focused on three main areas of: recruitment for a sustainable workforce; education and development; and creating a culture of improving staff wellbeing.

Examples of initiatives underway to enhance nursing and midwifery workforce attraction and retention from the Nursing, Midwifery and Allied Health Professionals (NMAHP) Framework 2022-2028 were provided. The work was aligned to people, places and pathways and had been developed collaboratively. The Magnet Programme and Pathway to Excellence were described; both programmes were delivered through the American Nurses Credentialing Centre. Royal Aberdeen Children's Hospital (RACH) was on track to achieve Magnet designation by 2025 and Royal Cornhill Hospital (RCH) was in pre-intent for Pathway to Excellence.

Recruitment of internationally educated nurses had commenced in 2017. It was a complex and rigorous process which including theoretical and practical tests of competence. The national average pass rate for a first attempt was 48%. NHS Grampian had a 100% success rate which enabled the nurses to be registered in the UK. An in-house programme had been developed and refined, combining pastoral support and values based reflective practice to ensure candidates had the best opportunity which included support to settle into local communities. Since 2018 the retention figure had been 75%.

Education and professional development opportunities were offered to all nurses and midwives, at all stages in their careers, and the options were described. Collaborative work had been undertaken with NHS Scotland Youth Academy and NHS Education for Scotland with local and regional partners to support widening access to careers in the

NHS. Examples of the collaborative work included the Russell Anderson Foundation which focused on children in socially deprived areas of Aberdeen.

Examples were given of the research and practice development work to support nurses and midwives to engage in research activity and take research evidence into practice.

Following the presentation, Board members discussed the following points:

NHS Grampian was a key recruiter from the local universities. NHS Education for Scotland had data from the Turas system which could be reviewed for specific information on where students went post qualification.

In 2016/18, NHS Grampian had explored the various programmes and pathways available and concluded that Magnet Recognition Programme was the best of these. It contributed to the recruitment and retention of nursing and midwifery staff as it enabled organisations to evidence their positive culture, research, and evidence-based practice, as well as aligning nursing and midwifery strategic goals to improved patient outcomes. NHS Grampian was the only Board in Scotland pursuing the Magnet Programme.

The steps taken to support diversity and future workforce opportunities for local communities were welcomed by the Board, particularly the work with children and young people in schools.

Opportunities were available for graduates to move directly into working in the community. A new graduate would undertake the induction programme as well as Flying Start Programme. This was the national development programme for all newly qualified nurses, midwives and allied health professionals, which required to be undertaken in the first year of practice. It was designed to help support the transition from a pre-registered student to a qualified, confident and capable health professional. The programme supported learning and development for all newly qualified practitioners working in all sectors and settings across Scotland, including in the community.

#### **The Board**

- **noted NHS Grampian's nursing and midwifery contribution to Nursing, Midwifery and Allied Healthcare Professional (NMAHP) Framework and Plan for the Future with specific focus on recruitment, education and development and culture.**
- **acknowledged Nursing and Midwifery's contribution to communities in its role as an anchor organisation, supporting diversity and future workforce opportunities for local communities.**
- **noted the progress made towards its journey to Magnet designation (Royal Aberdeen Children's Hospital - RACH) and Pathway to Excellence (Royal Cornhill Hospital - RCH) and support for continued progression towards designation.**

#### **9. Baird Family Hospital and ANCHOR Centre Project Update**

Mr Kidd provided a progress update on the Baird Family Hospital and ANCHOR Centre project. He highlighted the lack of certainty over the programme due to the ongoing review of the design which was looking at four main aspects: the water system in both buildings; the open plan treatment area within ANCHOR; neonatal unit; and operating theatres within Baird Family Hospital. Progress was being made and there was consensus within the multi-disciplinary teams involved about the scope of the design review. The contractor would be invited to provide a feasibility study of the changes required. This would then create certainty on programme costs. A workshop would take place on 8 August 2023, involving the water engineers, infection prevention control

specialists, micro-biologists from NHS Assure, maintenance team and the project team. The purpose was to review the current design of the water system, understand any remaining risks in the water system and consider what the mitigations would be to resolve those. This should then enable a clear plan of action to progress. A standardised approach for the assessment had been developed to provide a balanced approach. It was noted that the buildings would require to be operated and maintained at a high standard for the life of the buildings. A similar workshop would take place to discuss the Neonatal unit.

The following points were discussed:

The project team had good engagement with NHS Assure. The senior team held fortnightly meetings with NHS Assure and had ongoing dialogue. NHS Assure had provided support with the project and had assisted with technical queries and questions.

The design issues were the greatest risk to the project as it was unclear how far-reaching any required changes would be. It was hoped that any changes would not be invasive for the already constructed aspects of the project. There are ongoing discussions with the contractor about the cost implications of any instructed changes to design, as the construction contract had been agreed prior to Covid and there are other market pressures affecting the costs.

It was anticipated that the project team would have clarity on the requirements for any design changes within two months. These would then be passed to the design engineer to establish if the changes were feasible. The Board was assured that the right people were involved at the right time to progress the project to ensure the best possible facilities.

The Board was assured that the project team was taking all appropriate steps to ensure that when these facilities were opened they would be first-class, fit for the future and able to stay open. PAFIC reviewed the project on a regular basis.

**The Board noted progress with The Baird Family Hospital and ANCHOR Centre project including:**

- **actions to close out the ANCHOR Construction Key Stage Assurance Review (KSAR) action plan,**
- **actions to progress agreement on key healthcare associated infection (HAI) related matters, and**
- **the update on cost and programme.**

## **10. Blueprint for Good Governance and Developing the Culture of the Board**

Mr Power advised that NHS Grampian would be required to undertake a self-assessment against the Scottish Government's Blueprint for Good Governance in October 2023. A key aim of the Blueprint was to improve the effectiveness of governance in the NHS by ensuring a continuous improvement approach was taken. The self-assessment would be useful for taking stock of a range of issues.

Work had been ongoing to develop the culture of the NHS Grampian Board. A Short Life Working Group (SLWG) of Executives and Non-Executives had been maintaining an overview of this work over the past year. The culture of the Board would be discussed at a Board Development Session in September 2023. The SLWG had identified three areas for further development work: to enhance Board visibility throughout the organisation; in-person Board interactions post pandemic; and the roles and responsibilities based on the



kind of Board the members wanted to be. A repeat on the baseline survey on the Board culture from 2022 had been carried out in April 2023. Mr Power highlighted the initial analysis of the survey results.

#### **The Board:**

- **reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that a proportionate approach was being taken to developing the Culture of the Board in light of the expectation that the Blueprint for Good Governance self-assessment would be required in autumn 2023.**
- **endorsed the three priorities for further work on developing the culture of the board arising from the April seminar, and the proposals of the SLWG that work on developing the culture of the Board should be mainstreamed in different forms of Board business.**
- **requested that another report on this subject be brought back to the Board at the October 2023 Board meeting to allow for consideration of the analysis of Board members' views on Board culture from the recent survey results.**

#### **11. Whistleblowing Annual Report 2022-2023**

Mr Donald highlighted that this was the second annual report which was a requirement of the whistleblowing standards. Due to deadlines it was being presented to the Board before formal presentation to the Staff Governance Committee. However, it had been circulated to Committee members. The Whistleblowing Annual Report required to be submitted to the Independent National Whistleblowing Officer (INWBO) and onward to Scottish Government. Following the submission of last year's annual report, guidance was issued from Scottish Government detailing 10 key performance indicators (KPIs) which required to be considered.

The number of concerns raised in the past year to NHS Grampian had reduced from 14 to 8. The low numbers made it difficult to establish trends and reach conclusions. The report highlighted a number of good practices. An external audit had been carried out to provide scrutiny which had provided a small number of recommendations. Mr Donald advised that an action plan was in place, which was being worked through. He emphasised the need to raise staff awareness of the whistleblowing standards and increase knowledge about how to report concerns. Uptake of online Turas training was low as a result of time pressures. It was important that staff in key positions, particularly those carrying out investigations, needed to be aware of the content of the standards.

Mr Donald had undertaken a series of visits across the organisation to promote the standards and was keen to meet more teams of staff to increase awareness of his role as Whistleblowing Champion. Standards had been in place for two years and there may now be an opportunity to pause and reflect.

The following points were discussed:

The iMatter survey 2023 had highlighted awareness of the standards. iMatter reports would be issued later in the year.

Timescales for investigations: 80% of whistleblowing concerns had not been concluded within 20 working days at stage 2. It was acknowledged that it was important to investigate concerns thoroughly and this could take longer than the target timescales. Timescales may be achievable for straightforward concerns. However, more complex

cases or those involving interviews with a number of staff, could take longer. Various factors, such as staff availability because of annual/other leave and shift patterns, could impact on timescales. Where a concern was not completed within the timescale there would be ongoing dialogue with the staff and those who had raised the concern. Support was provided by confidential contacts. It was noted that some staff undertaking investigations did not have other full time roles with the organisation in order to provide additional capacity to complete investigations timeously.

Health & Social Care Partnership colleagues had not raised any whistleblowing concerns. Mr Donald and Dr Coldwells had visited these areas to emphasise the importance of the whistleblowing standards for these groups of staff too.

**The Board confirmed that it was assured that the Whistleblowing Standards, introduced in April 2021, were being implemented effectively.**

## **12 Forum and Integration Joint Board (IJB) Reports**

The following reports were noted:

### **12.1 Area Clinical Forum (ACF)**

Mr Burrell highlighted the themes discussed, including statutory and mandatory training, ARI bed base review concerns, Public Health Annual Report presentation, workforce challenges especially for recruitment and retention, cataract surgery, appointment of a new Director of Psychology, ACF's engagement with portfolios and junior doctors' strike.

It was noted that additional capacity had been provided for cataract surgery once a week for a minimum of 8 cases. The location move and the challenges of navigating from the front door of ARI to the new location was highlighted.

### **12.2 Grampian Area Partnership Forum (GAPF)**

### **12.3 Spiritual Care Committee**

The Board acknowledged the importance of Spiritual Care both within health and care and for the well-being of staff. It noted that governance arrangements would be reviewed in light of the recently published National Framework for Spiritual Care, with a report being provided to the Board on completion of the review.

### **12.4 Integration Joint Boards**

## **13. Approved Committee, Forum and IJB Minutes**

The following approved minutes were noted:

### **Committees**

13.1 Audit and Risk Committee – 16 May 2023

13.2 Endowment Committee – 31 March 2023

13.3 Performance Assurance, Finance & Infrastructure Committee – 26 April 2023

13.4 Population Health Committee – 19 April 2023

13.5 Staff Governance – 18 April 2023

## **Forums**

13.6 Area Clinical Forum – 3 May 2023

13.7 Grampian Area Partnership Forum –18 May and 15 June 2023

## **Integration Joint Boards (IJBs)**

13.8 Aberdeen City IJB – 25 April 2023

13.9 Aberdeenshire IJB –10 May 2023

13.10 Moray IJB – 30 March and 25 May 2023

## **14 Any Other Business**

There was no other business.

## **15 Date of next meeting**

- Thursday 5 October 2023