

APPROVED

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 6 April 2023 at 10.00am
(virtually by Microsoft Teams)

Present:

Board Members

Mrs Alison Evison (Chair)	Chair/Non-Executive Board Member
Cllr Ann Bell	Non-Executive Board Member (Joined 10:15)
Professor Siladitya Bhattacharya	Non-Executive Board Member
Dr June Brown	Executive Nurse Director
Cllr Tracy Colyer	Non-Executive Board Member
Mrs Kim Cruttenden	Chair of Area Clinical Forum/Non-Executive Board Member
Mr Albert Donald	Non-Executive Board Member/Whistleblowing Champion
Professor Nick Fluck	Medical Director
Professor Caroline Hiscox	Chief Executive
Mr Steven Lindsay	Employee Director/Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Mr Sandy Riddell	Non-Executive Board Member
Mr Dennis Robertson	Vice-Chair/Non-Executive Board Member
Mr Alex Stephen	Director of Finance
Mrs Susan Webb	Director of Public Health/Portfolio Lead Population Health
Cllr Ian Yuill	Non-Executive Board Member

Attendees

Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Mrs Louise Ballantyne	Head of Engagement (Item 10)
Professor Corri Black	Consultant in Public Health Medicine (Item 7)
Mr Simon Bokor-Ingram	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Professor Corri Black	Consultant in Public Health Medicine (Item 7)
Ms Jackie Bremner	Baird and ANCHOR Project Director (Item 11)
Mr Duff Bruce	Dr Gray's Hospital Clinical Director (Item 10)
Mrs Christina Cameron	Programme Manager (Item 10)
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Ms Sarah Duncan	Board Secretary
Mrs Jillian Evans	Head of Health Intelligence (Item 8)
Mr Stuart Falconer	Staff Nurse/RCN Representative (Item 10)
Miss Lesley Hall	Assistant Board Secretary
Mr Stuart Humphreys	Director of Marketing and Communications
Ms Pamela Milliken	Chief Officer, Aberdeenshire IJB/Portfolio Lead Aberdeenshire
Professor Shantini Paranjothy	Consultant in Public Health Medicine/Deputy Director of Public Health (Item 7)
Mr Alasdair Pattinson	General Manager, Dr Gray's Hospital (Item 10)
Mrs Fiona Robertson	Chief Nurse, Moray (Item 10)
Dr Fiona Strachan	Consultant Physician, Dr Gray's Hospital (Item 10)
Mrs Alison Wood	PA/Minute Taker

Apologies

Mr Paul Allen	Director of Infrastructure and Sustainability
Mrs Amy Anderson	Non-Executive Board Member
Mrs Kate Danskin	Chief of Staff
Ms Joyce Duncan	Non-Executive Board Member

Ms Geraldine Fraser	Portfolio Lead Integrated Family Services
Mrs Luan Grugeon	Non-Executive Board Member
Mrs Sandra MacLeod	Chief Officer, Aberdeen City IJB/Portfolio Lead Medicine and Unscheduled Care and Mental Health Services
Mr Tom Power	Director of People and Culture
Mrs Lorraine Scott	Director of Planning, Innovation and Programmes
Dr John Tomlinson	Non-Executive Board Member

Mrs Evison, Chair, welcomed everyone to the meeting. It was noted that the meeting was being recorded for publication on the NHS Grampian website.

1 Apologies

Apologies were noted as above. The meeting was quorate.

2 Declarations of Interest

There were no declarations of interest.

Mrs Evison made a transparency statement declaring a connection relevant to the consideration of the Aberdeenshire Integration Scheme under item 12, as she was an elected member of Aberdeenshire Council. She did not believe this amounted to an interest and would be remaining and participating in the discussion.

Cllr Yuill made a transparency statement that he was an elected member of Aberdeen City Council and Aberdeen City Integration Joint Board (IJB) and Cllr Colyer made a transparency statement that she was Vice-Chair of Moray IJB and an elected member of Moray Council.

3 Chair's Welcome

Mrs Evison acknowledged the support of the Grampian Empowered Multicultural Staff Group (GEM) for leading NHS Grampian's support of International Day for the elimination of racial discrimination on 21 March 2023. NHS Grampian had published its anti-racism strategy and remained committed to fostering a culture of anti-racism.

She highlighted that papers to be discussed included the Director of Public Health's Annual Report, which reflected on trends in population health in Grampian and proposed a framework for engaging with partners across the North East that was in keeping with NHS Grampian's 'Plan for the Future'.

The Baird & ANCHOR Project Update paper reported that the completion and opening of these facilities would be delayed and highlighted the intention that these state-of-the-art buildings would be able to support the highest standards of care from point of opening.

The strategic intent for Dr Gray's had been endorsed by the Board at its February 2023 meeting. A discussion would take place around the proposed Implementation Plan to create a vibrant future for Dr Gray's.

4 Minute of Meeting on 2 February 2023

The minute of the meeting held on 2 February 2023 was approved as an accurate record.

4.1 Matters arising

There were no matters arising from the minute of 2 February 2023.

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.

Professor Hiscox highlighted the continued pressures in the system and thanked both colleagues for doing their best in challenging circumstances and the public for their patience as they waited for care. The 3 year Delivery Plan until 2026 would take the organisation in the strategic direction of the Plan for the Future and stabilise the system. This included a review of the bed base capacity at Aberdeen Royal Infirmary based on the data analysed.

Scottish Government had approved the Moray Maternity Services Plan on 1 March 2023 and work was well underway to deliver the model of care.

Professor Hiscox highlighted the response to the Annual Audit Scotland review of the NHS in Scotland which set out the work done in Grampian to address concerns raised and work collaboratively to achieve sustainable health and care.

Board members discussed the following points:

Performance Assurance Framework was in development to ensure coherence across all Board committees and to ensure that there were no gaps or overlaps to support the strategic intent. Professor Hiscox advised that a discussion would take place at the Performance Assurance, Finance and Infrastructure Committee (PAFIC) on 26 April 2023 including the process and timeline for the framework. The work on the Delivery Plan had taken account of feedback from colleagues and Board committees. Each committee required to have clarity on which components of the Plan for the Future Strategy it supported and would provide governance.

Transformational partnership working with Primary Care, Health and Social Care Partnerships (HSCPs) and the Scottish Ambulance Service was underway with the strategic intent to create pathways of care moving from the traditional responsive pathways of care to generating community and people owned responses with a focus on prevention. It was acknowledged that the current bed base in Aberdeen Royal Infirmary (ARI) was insufficient to accommodate the demand of unscheduled and scheduled care. In collaboration with other workstreams, the bed base review would ensure the right capacity, in the right places, to cope with changing patterns of demand for acute care in certain specialities and be more resilient, agile and adaptive to manage winter pressures. The three main objectives would be to stabilise the services, reduce harm and improve the performance of delivering health and care. Work was ongoing to understand the pressures being experienced in primary care, how resilience and sustainability could be supported and what the future critical role of primary care would be in the sustainable landscape of health and care. It was noted that referrals from primary care to secondary care in Grampian were among the lowest in Scotland per head of population. Primary care colleagues, particularly GPs, had engaged in developing how primary and secondary care worked together in a whole system approach to find solutions. The length of time for diagnostics in secondary care had resulted in pressure on primary care and the aging population would continue to add pressure across the whole system. General messaging, including national campaigns, was used to highlight that multi-disciplinary

teams in primary care provided alternatives to an appointment with a GP. A handbook would be developed to explain the different roles in the multi-disciplinary teams. The 'Know Who to Turn To' was the local NHS Grampian campaign.

6 How Are We Doing Performance Report

Professor Hiscox presented the 'How are we doing' Board performance report which provided an overview against the deliverables contained in the annual Delivery Plan for quarter 3 - October to December 2022. The report reflected the continuing winter pressure challenges. There had been improvements in places under the headings of communities and environment with seven of the nine reported deliverables on track. This underpinned the strategic vision and would be built upon over the coming years to help to create sustainable health and care.

The spotlights focused on the deliverables which showed adverse performance including reducing supplementary staffing, compliance with statutory training, 62 day cancer target and the two year inpatient treatment time guarantee, delayed discharge targets and minimised reduction in dental access. As a result of system pressures the report did not highlight the trajectories that were excelling to celebrate good work. The report would continue to evolve to ensure NHS Grampian was transparent to the Board and the public.

The following points were discussed:

The reporting style and tiered approach of performance summary including at a glance, scoreboards and spotlights highlighting the background, key risks and challenges, and planned actions were commended.

Transformation work: there was a need to progress programmes of change to transition to where the organisation needed to be for sustainable health care. The 3 year Delivery Plan would be the timeline required for reform up to 2026 together with annual deliverables to be achieved.

Cross system working: the collaboration between the health and social care partnerships and NHS Grampian had improved the delayed discharge position

Engagement with citizens: the importance of good engagement to redesign services with the public was vital to drive work forward. Three programmes of change had been based on Care Opinion data. Work continued on how citizens and current service users could be heard and feedback taken through the complaints and feedback processes. It was a challenge to translate feedback into service redesign. Traditional engagement had evolved from speaking to the community with an agenda in place, to an open agenda with participants to discover what mattered most to them. Plan for the Future engagement work had been used to inform the planning process for the Delivery Plan.

Key deliverables were included in the report. Some national statutory targets were not reported e.g. 4 hour waiting time. Professor Hiscox provided assurance that targets not included in the report, were discussed in detail at PAFIC and there would be an appendix in the next Delivery Plan, to set out the performance matrix.

The sustainability target would be included in the 3 year Delivery Plan to 2026. A report would be presented at the April PAFIC meeting on the sustainability work currently underway with the intention to provide an update to the Board in summer 2023.

Culture: Phase 1 of Best Practice Australia (BPA) would be discussed at the Staff Governance Committee on 18 April 2023. It was noted that feedback was being considered from Facilities and Estates and Nursing and Midwifery at local and organisational level to establish actions required. Phase 2 would involve the remainder of the organisation and was scheduled for early 2024. Phase 1 had been a paper survey and Phase 2 would be an electronic system which required to be risk assessed. An updated brief would be provided to the Board on the culture collaborative. Culture remained a dominant feature of the way in NHS Grampian worked and required continuous attention.

ARI Bed base review: NHS Grampian had the lowest bed base per 100,000 in Scotland. Streams of work were ongoing on transformation work which may reduce the length of stay, with possible reinstatement of short stay beds. Workforce requirements for any additional beds and training programmes had to be considered.

The Board:

- **Noted the performance data and information in each section of the report and confirmed this met the needs of the Board for assurance.**
- **Noted that system pressures had meant that individual Spotlight reports were on the red priorities only. The amber and green priorities were not included in this report, but will be a feature of the next version to be presented at the June Board meeting.**

7. Director of Public Health Annual Report 2022 – Delivering Change, Improving Lives

Mrs Webb advised this was the first Director of Public Health (DPH) Annual Report for a number of years because of Covid pressures. The purpose of the DPH Annual Report was to provide an assessment of the current health status of the population in Grampian. This year's report reflected on the trends in population health and considered the social, economic and environmental factors influencing these and the implications for future health. It highlighted that improvements in health had been stalling for a decade. The data was stark and showed that those in the most deprived neighbourhoods were dying almost a decade earlier than their peers. The report called for greater action in prevention to improve the health of the people of Grampian, building on good practice across the region. The report should be used to engage with partners and communities to guide conversations on working together.

Professor Black, Joint Consultant in Public Health Medicine at NHS Grampian and Aberdeen University, provided further details of the trends in population health. Life expectancy had stalled since 2012/2014 with the amount of time people spent in good health decreasing. Improvements in premature mortality for people under the age of 64 had stalled and worsened, driven by increasing suicide, drugs and alcohol related issues and cardiovascular disease. The pandemic had exposed vulnerabilities in the health and social care system from sustained pressure, inequalities in society, and the impact on health directly and indirectly from Covid and long Covid.

The report used The King's Fund's Four Pillars approach of population health to describe the context within which initiatives to improve population health were implemented. These four pillars were: the wider determinants of health, health behaviours and lifestyles, integrated health and care system, and places and communities we live in.

It was noted that great work was already ongoing with partners and there was a need to ensure that this was developed to support communities, improve prevention and build sustainability to build healthier, fairer and safer places to live for everyone.

The following points were discussed:

Inequalities and the widening gap pre pandemic: The report highlighted 85% of income deprived population did not live in the deprived areas. As part of the person centred approach, there was a need to be inequality sensitive in all work. Children and young people, particularly early years, was an area of priority. An integrated children services plan was being developed and the Population Health Committee would discuss the Child Poverty Action Plan, which set out NHS Grampian`s contribution to partnership plans.

North East Alliance: Enhanced joint working was required across the public sector to drive change to ensure better outcomes.

The Board was assured that work was being done in parallel with Health and Social Care Partnerships on the Health Improvement Delivery Plan across all age groups and areas of social deprivation.

A Board Seminar in May 2023 on the Integrated Families Portfolio would consider NHS Grampian`s responsibilities as a corporate parent.

Learning required to be captured and shared across partnerships to stimulate actions to deliver at the pace and scale of change required.

The Board:

- **Endorsed the Director of Public Health Annual Report 2022.**
- **Agreed that it would be used as the framework for co-producing the priorities for partnership working with partners and communities to**
 - (a) identify areas for joint work in order to improve health and reduce health inequalities and**
 - (b) further develop and strengthen our population health system;**
- **Noted that reports updating on progress of the work detailed in the recommendation above to co-produce priorities for partnership working would be provided to the Population Health Committee during 2023 on dates to be agreed with the Chair of that Committee, with the agreed priorities to be reported to the Board no later than the April 2024 Board meeting.**

8. Patient Data Examination to Inform Inequalities Impact Assessment of Winter Plan/Surge Plan Arrangements

Following the presentation of the unscheduled care winter plan to the Board in December 2022, there had been a request for assurance that an inequalities impact assessment had been carried out, particularly on contingency planning. Professor Fluck explained the proposed approach to inform understanding of the patient groups impacted by the surge planning arrangements for future surge capacity plans. The team had considered the unscheduled pathways of care which had good objective data. The analysis of variation was based on the Scottish Index of Multiple Deprivation (SIMD), with respect to the different points in unscheduled care. The intention would be to build on this work to establish a baseline of data when designing future plans to assess when to change the way the organisation did operational business, when to introduce an implementation plan and when to set up contingency arrangements. This approach would support the Board's commitment to implement a co-ordinated approach to inequalities impact assessments that informed system-wide decision making.

The following points were discussed:

Delayed discharge: The data advised that 54% of patients delayed were from SIMD 1 and 2 which was a disproportionate representation from these two sections of the population. The SIMD 1-5 categories were the quintiles for the population and considered multiple different variables to provide a scoring system. Considering the data over a longer time period would help to provide more information. It was suggested that a Board seminar may be appropriate for a fuller explanation of SIMD.

The Board welcomed the work done to understand the patient population groups impacted by the Contingency Arrangements/Unscheduled Care Contingency Plan approved in December 2022.

The Board:

- **Endorsed the proposed patient data examination to understand the patient population groups impacted by the Contingency Arrangements/Unscheduled Care Contingency Capacity Surge Plan approved by the Board in December 2022.**
- **Noted that the findings of the patient data examination would inform the creation of a joint impact assessment process to be applied to plans produced for capacity surge planning cycles in future years.**

9. Medium Term Financial Framework including 2023/24 Revenue Budget

Mr Stephen presented the Medium Term Financial Framework for 2023/24. In December 2022, the Board had been advised that NHS Grampian had been experiencing high levels of inflation, combined with the operational pressures, resulting in a forecast deficit of £60 million at the end of March 2024. This would be after the identification of £16.5 million of efficiency savings. Over the medium term the financial position was forecast to improve. However, it was not expected to be in balance over the next five years even after the identification of savings in each financial year. Work would continue locally and nationally on value and sustainability programmes to help reduce the financial deficit. The scale of the efficiency savings required and the challenge of delivering these in the current operational context would be extremely difficult to achieve. NHS Grampian had identified efficiency savings in the year to 31 March 2023 by taking a corporate rather than a service led approach. A framework and assurance mechanism had been put in place to help identify and mitigate any of the implications of the savings from staff, patient and clinical perspectives. It was noted that NHS Grampian had a budget of over £1.3 billion to deliver health services to the population of Grampian. The funding would be used to continue the progress towards delivering NHS Grampian's Plan for the Future.

The following points were discussed:

Financial gap: The initial estimate of a £19.9 million deficit was provided to Scottish Government in spring 2022. The value and sustainability plan was developed to recover the financial position and a number of one-off reductions had reduced the deficit to £10 million. The financial pressure had increased over the last few months with monthly overspends increasing from £2 to £3 million. It was agreed that Mr Stephen would circulate a brief to the Board.

Unknowns calculated in the budget: Mr Stephen advised that the pressures in the current financial year were used when forecasting to take a prudent approach. The inflation figure

was difficult to predict, particularly for non-staffing budgets. However, a high level of inflation had been budgeted for future years and may aid the financial position if it reduced.

Efficiency savings: £86.2 million over 5 years. It was noted that this would be challenging to achieve. Processes and mechanisms had been put in place to support savings on a recurring basis.

IJB/Primary Care funding: It was confirmed that all IJB funding had been passed to IJBs following the guidance from Scottish Government.

Pay awards: The assumption in the framework was for 2% annual increases or that costs above this for the national pay policy would be funded by Scottish Government. Mr Stephen confirmed that for 2022/23 funding had been received for the additional cost of the national pay award above 2%. The assumptions had been agreed with Scottish Government.

Board members recognised the considerable financial challenge faced.

The Board:

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that based on the information available:-
- It was not currently possible to return to financial balance within the next three financial years as requested by the Scottish Government, without impacting adversely on operational services and performance.**
- **Agreed the Medium Term Financial Framework, including 2023/24 Revenue Budget.**

Strategic Plan for Dr Gray's Hospital (DGH)

Mr Bokor-Ingram presented the Implementation Plan to set the context for Dr Gray's Hospital (DGH). The principles of people, places and pathways used in the Plan for the Future had been followed and continued to inform the thinking for implementation and provided key markers in terms of becoming a centre for excellence for remote health provision to capitalise on the uniqueness of DGH. The double diamond approach had been used: discover, define, develop and deliver.

The plan involved a wide level of engagement and consultation with groups and communities. It would continue to be an anchor organisation for Elgin and Moray. Networking with Aberdeen and Inverness had been strengthened with work on Maternity Services and other pathways. The key features of the implementation plan were discussed including the project board approach, recognising that DGH was part of a wider system of NHS Grampian and the North of Scotland and new roles and ways of working were needed to achieving the strategic intent.

The importance of recruitment and retention of staff to provide the capacity and skills that were required to develop a Centre for Excellence were highlighted. There was an awareness of the need for future investment, particularly around infrastructure. The challenges of delivering numerous services on the current constrained site was discussed. There was a potential need to consider services which could only be delivered on an acute hospital site. There were opportunities, with the Moray Growth Deal, to consider how to deliver services differently, with a number of strands of work underway or which required to be commissioned.

The following points were discussed:

DGH was part of the assets of NHS Grampian and the North of Scotland. It serviced parts of Aberdeenshire including the Banff area and extended beyond the Moray region for various specialities. Language used in the plan would be considered to highlight this.

Discussion had taken place on the mechanics to progress work at pace with an Implementation Board. Many actions from the engagement process had been carried out. Solutions may involve the wider Moray Portfolio, the rest of Grampian and the North of Scotland. It was necessary to be more inclusive, with consideration of how to be more pan-Grampian and regional.

Strands of work: Focused project groups would consider themed actions and remits. This would result in an organised programme approach that would be overseen by the project board with governance by the portfolio board and NHS Grampian Board. This would optimise the limited capacity and resources in the most efficient way to ensure successful delivery.

Development Framework: The space quality audit had been completed with a draft version feeding into the medium term capital allocation plan.

Staff recruitment and retention: This would be key to the success of the plan. There were significant gaps in some staffing areas, particularly medical staff. Staff at DGH felt they had been fully consulted and there was a positive outlook on the future, with collective ownership.

The impact on patient delivery in the short and medium term with required changes to the infrastructure: A space utilisation quality and functional suitability assessment was being carried out. There was a requirement to consider the local Moray environment as well as the DGH site to support the strategic direction. There would be displacement of patient groups due to construction work such as the MRI scanner. The impact and consequences for patient groups, local population and staff would be taken into account for any decision-making. Programme management arrangements would consider the risk benefit and consequence of any decisions taken.

Centre for Excellency for teaching and training: The unique attributes of DGH were discussed. There would be the opportunity for staff to gain a broad range of experience in a district general hospital setting with close consultant supervision with a blended workforce model of training, compared to the more specialised teaching hospital. It would be necessary to ensure sufficient elective activity on-site, with adequate staff to discharge clinical duties whilst providing capacity to teach and train. Work was ongoing with NHS Education Scotland (NES) for the right resource and infrastructure from a workforce perspective.

Anchor organisation/Military partnership: There was active engagement with RAF Lossiemouth and Kinloss communities. The military access programme with NES worked to ensure armed forces personnel and their families had employment opportunities in the area. Discussions were already underway to identify health care professionals who would be relocating to the area and seeking employment.

Engagement: The focus was initially on the DGH site. Work was ongoing in the community with the Moray wellbeing hub, which linked in with different community groups

and third sector colleagues to establish what mattered most to the people using the networks which already existed in the communities. This had been done by creating a space to listen rather than by predetermined questions. Challenges impacting on recruitment and retention had been highlighted during the engagement process, e.g. access to housing, particularly for renting, and access to child care which was difficult in the Moray area.

It was an ambitious plan and would require coordination and leadership. As with the development of local maternity services in Moray, there was a vital focus on networked models for other services in Dr Gray's Hospital.

The Board:

- **Noted that the Dr Gray's Hospital Strategic Intent had formed the basis for the development of a practical Implementation Plan as requested by the Board in February 2023.**
- **Provided comment on the key issues for the Implementation Plan.**
- **Endorsed the Implementation Plan, and the approach set out therein.**
- **Agreed to the establishment of a Project Board as described in the paper.**
- **Agreed to receive six monthly reports on progress through the established performance reporting mechanisms to the Board.**

11. Baird and ANCHOR Project Update

Dr Brown highlighted that the Baird Family Hospital and ANCHOR centre were the biggest capital construction projects NHS Grampian had undertaken. A crucial element of any capital project was the ongoing review using the most up to date standards, expert advice and refinement of design. She acknowledged the Board's disappointment in relation to the slippage of the timescales. However, it was important to ensure the state of the art buildings were able to provide the highest standard of care for the citizens of Grampian from the point of opening, in a safe and person-centred way.

Mrs Bremner, the Project Director, provided an update including technical aspects of the project. There had been several challenges that were unlikely to have been experienced in earlier construction projects. These included the difficulties associated with construction during the Covid pandemic and the subsequent global market turmoil which had created abnormal market conditions. As a consequence of the learning from major hospital developments in Glasgow and Edinburgh, a new NHS Scotland Assure (NHSS Assure) assurance review process had been implemented nationally. This occurred after the commencement of the construction phase of the project and had been applied to the project mid-contract. This was a different way of working for the delivery of capital projects and would be integral to the whole construction process for future projects starting at the initial agreement stage. The process had impacted on project capacity as approval of the business case and resources required for the project had been obtained prior to NHSS Assure being established. The project had required to adapt mid-project. In parallel, work was ongoing with Infection Prevention Control (IPCT) colleagues on concerns raised in Autumn 2022 to particular elements of the design of the project including water and ventilation systems. IPCT had insufficient capacity during the pandemic to be involved in the earlier stage of the project.

Mrs Bremner provided background on the assurance process from the commencement of the project. As the project was due to start construction whilst the NHSS Assure was being set up, it had been agreed with Health Facilities Scotland (HFS) that they would commission an interim independent design assurance review. The report identified

actions to be progressed and closed out during the construction phase. Whilst most of the actions had been closed out, some outstanding actions could only be closed out once that stage of construction was reached.

There would be a construction key stage review process followed by a commissioning review and, prior to opening of the buildings, a handover key stage review. This would assess different elements of the project. As a consequence, the buildings would be brought into use when any issues identified in these key stage assurance reviews, were satisfactorily closed out. Mrs Bremner advised that the construction assurance review for the ANCHOR centre had been carried out and the report received in March 2023. There were some actions to be worked through to allow the project team to participate in the commissioning case in spring/summer 2023. The follow-up actions from the construction assurance review were included in the board paper including electrical, plumbing and mechanical strategies to provide assurance they were fit for purpose. Derogation schedules were being reviewed to ensure all parties had been appropriately included in any decisions to approve derogations. The project team would continue to report to the Performance Assurance, Finance and Infrastructure Committee (PAFIC) to provide assurance for the remainder of the project.

The most recent budget forecast for the Baird and ANCHOR Project estimated overall project costs of £261.1 million, which was an increase of £16.3 million compared to the previous estimate of £244.8 million. Scottish Government had confirmed the additional funding of £16.3 million and agreed they would look to support NHS Grampian for any IPCT related increased costings.

The estimated current 'Bring into Operation' dates were: Baird Family Hospital - September 2024 and ANCHOR Centre - October 2023. If a number of changes required to be made to the design this may result in further slippage and additional costs. There had also been delays as a consequence of the fatality on the construction site which had resulted in the site being closed for a Health and Safety Executive investigation. Also, different working practices had been adopted until confirmation had been received that it was safe to return to previous working practices. In addition, a contractor for Baird had gone into liquidation which resulted in the work they had completed being lost.

The following points were discussed:

New assurance process: The process was new for both NHS Grampian and the new NHS Scotland Assure. Hospital projects were complicated and lengthy construction projects and planning for this had started 8 years previously. The new assurance process had commenced just prior to the start of the construction phase and the organisations had learned together. The new assurance process had been welcomed by the project team and the Board as it should pick up any anomalies earlier than under the previous process. During the 8 year period of the project there had been changes to working practices, knowledge and understanding. This new assurance process would become part of the normal process for future projects.

Changes to the design at the construction stage: The unusual set of circumstances which would not normally be anticipated were described. IPCT had not been involved as early as would have been planned, due to capacity issues as a result of Covid priorities. Changes to the design were the result of changes of understanding and knowledge and the learning process that had taken place since 2015. The key stage assurance review had changed expectations, both locally and nationally, as to when the

project was ready to begin construction phase. It was noted that when the construction phase commenced the design had been at an advanced stage but not complete. Elements of the design would be completed during the construction phase once appropriate sub-contractors were appointed and took the high level design into a more detailed design. IPCT concerns on elements of the design were being worked through with the designers, contractors, NHS Assure colleagues and other stakeholders. A revalidation process was ongoing for agreement that it was fit for purpose with all parties. Some elements may require to be further enhanced due to the Scottish Technical Memorandum, which was a series of principles, where a degree of judgement was required to interpret the guidance and determine whether the current design complied with the guidance.

It was important to deliver the highest quality buildings which would meet the needs of the population and deliver safe facilities for staff and patients. Having an appropriate governance process in place would ensure this.

The Chair highlighted the requirement to produce the best possible facilities with the changing knowledge and understanding over the period of the project together with changing assurance processes. The lessons learned would be important for future projects in an agile environment to ensure the best possible outcome.

The Board:

- **Noted progress on delivery of this Project and the emergent design issues.**
- **Noted the process described to resolve outstanding design issues.**
- **Noted the revised programme for delivery of both projects, including the potential for further slippage.**
- **Noted the risk to project cost forecast and impact on associated funding arrangements.**
- **Requested a report be submitted to the Audit & Risk Committee after the conclusion of the design resolution process about that process and balance of risk analysis used to make the decision, in order to get assurance on the process and note any lessons learned for future projects.**
- **Requested a report be provided to the Performance Assurance, Finance and Infrastructure Committee at its April 2023 meeting providing information on the action plan to address the ANCHOR Construction Key Stage Assurance Review (KSAR) Report recommendations.**
- **Requested updates on project forecast and actual costs to be provided to each meeting of the Performance Assurance, Finance and Infrastructure Committee up to project close.**
- **Noted that a further report will be brought back to the June 2023 Board meeting; and periodically thereafter through the life of the project.**

12. Integration Joint Board (IJB) Integration Scheme – Aberdeenshire IJB

Mrs Milliken advised that the local authority and the Health Board required to carry out a review of the Integration Scheme by the end of April 2023. The scheme set out the functions under the authority of the IJB, which included adult social work and community health. It provided a context for how health and social care partnerships operated and was an agreement between Aberdeenshire Council and NHS Grampian. The updated version presented demonstrated the integration in practice alongside the continued desire to drive for improvement. The proposed revised integration scheme had been consulted

on and 95% of those who responded agreed that the revised scheme was easy to understand.

The Aberdeenshire Integration Joint Board had considered this report on 1 March 2023, and Aberdeenshire Council had reviewed it on 9 March 2023. Some amendments had been made by Aberdeenshire IJB and were fully incorporated in the document. These amendments were to ensure professional leadership for public health practitioners and ensured that Aberdeenshire was aligned with Aberdeen City and Moray schemes.

NHS staff would be following the NHS staff standards and the Aberdeenshire Council staff would be treated in accordance with the Aberdeenshire principles as their staff equivalent. There was no requirement for further public consultation.

Following agreement by NHS Grampian the scheme would be submitted for review and approval by Scottish Government ministers.

The position regarding the funding of mental health services and child and adolescent mental health services was outlined for noting.

The Board:

- **Endorsed the Aberdeenshire Integration Scheme for submission to Scottish Ministers.**

13. Forum and Integration Joint Boards (IJB) Reports

The following reports were noted:

13.1 Area Clinical Forum (ACF)

13.2 Grampian Area Partnership Forum (GAPF)

13.3 Integration Joint Boards (IJBs)

14. Approved Committee, Forum and IJB Minutes

The following approved minutes were noted:

Committees

14.1 Audit and Risk Committee - 20 December 2022

14.2 Endowment Committee – 25 November 2022

14.3 Performance Assurance, Finance & Infrastructure Committee – 21 December 2022

14.4 Staff Governance – 30 November 2022

14.5 Clinical Governance Committee – 8 November 2022

14.6 Population Health Committee – 16 November 2022

Forums

14.7 Area Clinical Forum – 11 January 2023

14.8 Grampian Area Partnership Forum – 19 January 2023 and 16 February 2023

Integration Joint Boards (IJBs)

14.9 Aberdeen City IJB – 29 November 2022

14.10 Aberdeenshire IJB – 7 December 2022

14.11 Moray IJB – 24 November 2022

15 Any Other Business

There was no other business.

16 Date of next meeting

- Thursday 1 June 2023