

APPROVED

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 10 October 2024 at 10:00
virtually by Microsoft Teams

Present:

Board Members

Mrs Alison Evison	Chair/Non-Executive Board Member
Dr Colette Backwell	Non-Executive Board Member
Cllr Ann Bell	Non-Executive Board Member
Professor David Blackburn	Non-Executive Board Member
Dr June Brown	Executive Nurse Director/Deputy Chief Executive
Mr Mark Burrell	Chair of Area Clinical Forum/Non-Executive Board Member
Dr Adam Coldwells	Interim Chief Executive
Mr Albert Donald	Non-Executive Board Member/Whistleblowing Champion
Ms Joyce Duncan	Non-Executive Board Member
Professor Nick Fluck	Medical Director
Mr Ritchie Johnson	Non-Executive Board Member
Mr Steven Lindsay	Employee Director/Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Mr Hussein Patwa	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/Board Secretary
Dr John Tomlinson	Non-Executive Board Member
Mrs Susan Webb	Director of Public Health/Portfolio Lead Population Health
Cllr Ian Yuill	Non-Executive Board Member

Attendee

Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Ms Lyndsey Beckwith	Business Manager, Executive Business Unit
Mr Michael Black	Energy Manager (Item 9)
Mr James Cannon	Director Regional Planning NHS Scotland North (Item 11)
Ms Debjani Sarkar	Sustainability Support Officer (Item 9)
Mrs Jillian Evans	Head of Health Intelligence (Item 9)
Ms Geraldine Fraser	Portfolio Lead Integrated Family Services
Mr Stuart Humphreys	Director of Marketing and Communications
Mr Garry Kidd	Assistant Director of Infrastructure and Sustainability (Item 9)
Ms Pamela Milliken	Chief Officer, Aberdeenshire Integration Joint Board and Portfolio Lead Aberdeenshire
Ms Lucy McLeod	Divisional General Manager (Item 10)
Professor Shantini Paranjothy	Deputy Director of Public Health (Item 8)
Ms Judith Proctor	Interim Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Ms Lorraine Scott	Director for Planning, Innovation & Programmes (Item 11)
Dr Paul Southworth	Consultant in Public Health Medicine (Item 8)
Mrs Alison Wood	PA/Minute Taker

Apologies

Miss Lesley Hall	Assistant Board Secretary
Mr Tom Power	Director of People and Culture
Mr Alan Wilson	Director of Infrastructure, Sustainability and Support Services

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. Transparency statements were made under item 7 by Mrs Alison Evison and Cllr Ann Bell that they were councillors of Aberdeenshire Council and Cllr Ian Yuill as a councillor of Aberdeen City Council.

3 Chair's Welcome

The Chair welcomed everyone to the meeting. She highlighted the NHS Grampian Annual Review would be an in-person event on Monday, 21 October 2024 at the Alexander Graham Bell Centre in Elgin. This would be attended by Maree Todd MSP, Minister for Social Care, Mental Wellbeing and Sport. Anyone interested should register to attend, either in-person or online and questions for the public session should also be submitted.

Following on from Speak Up week, there had been a range of activities undertaken from unconscious bias and active bystander workshops to pledges by the Chief Executive Team (CET) and awareness of Speak Up ambassadors. This demonstrated the open and trusting culture of NHS Grampian. The Chair highlighted that NHS Grampian would be marking black history month in numerous ways with colleagues. The Interim Chief Executive and the Chair had attended a recent event in the canteen at Aberdeen Royal Infirmary (ARI) for authentic Nigerian and Caribbean food, to bring staff together and celebrate the contribution that diversity brought. She had also attended the Durga Puja festival in Aberdeen on 9 October with members of the Staff Equalities team.

She highlighted the Director Public Health's Report and NHS Grampian's Climate Emergency and Sustainability Report from today's agenda. The Director of Public Health's annual report showed that the health of the population in Grampian, Scotland and in the United Kingdom was worsening. People who lived in the most deprived areas were spending a much greater proportion of their life in poor health. Climate change was also one of the wider determinants of population health. NHS Grampian's Climate Emergency and Sustainability Report highlighted some examples of initiatives to reduce the environmental impact as well as foster an environmental stewardship approach.

It was noted that following the recent resignation of a non-executive Board member, a nomination was currently awaited for their replacement.

4 Minute of Meeting on 12 September 2024

The minute of the meeting held on 12 September 2024 was approved.

4.1 Matters arising

Item 7 NHS Grampian Financial Position and Value & Sustainability Programme from September board meeting. The Board would receive a report on the "route map" to transformation at the Board Seminar on 14 November 2024 and at the December Board Meeting.

Item 9.03 Integration Joint Boards (IJBs) Report. It was agreed that IJBs report would be based on themes common to the three IJBs and collaborative work such as community hospitals.

5 Chief Executive's Report

The Chief Executive's report highlighted the Acute Medical Initial Assessment (AMIA)/Scottish Ambulance Service (SAS) Test of Change (ToC) which related to ambulance queuing in Grampian. Work was ongoing with Scottish Ambulance Service to improve the position to optimise inflow of patients conveyed by ambulance into hospital in a timely manner. There had been positive changes, however, these changes had not impacted at the anticipated scale. Work was in a dynamic position of the planning stage. A test of change would commence in October within Acute Medical Initial Assessment (AMIA), whereby SAS staff would identify clinically stable patients and on arrival to the hospital the patients would be taken directly to the unit and handed over to AMIA staff. SAS crews would be able to return to duty. This test of change recognised that a clinician-to-clinician conversation had already occurred. In parallel, NHS Grampian and SAS had developed a process to support the rapid release of ambulances. The shared decision/risk model used in other Boards could also bring benefits. The test of change recognised the enduring challenges may be exacerbated during the winter period. There would be ongoing review with the potential for adjustment or expansion as appropriate.

Discussion followed including:

Extensive work had been undertaken in partnership at the end of 2023, to introduce the safe transfer of patients project. Concerns had been raised to the Employee Director by a trade union on the level of staffing required in AMIA to manage the test of change safely and the impact on the existing team. All planning for the Test of Change had been done in partnership and it was important to ensure all staff and trade unions understood the proposals. Assurance was given that the partnership work was central to the Test of Change.

Dr Coldwells highlighted it was an extremely complex system. Models used by other health boards on comparative systems had been considered. NHS Grampian's low bed base, which had been discussed at the September board meeting, was a contributing factor to the flow of people through the hospital and the scale of ambulance queuing. There had been work with the Scottish Government on how the position could be improved.

The concern of the impact of ambulance stacking and patients waiting in the community had been raised at Area Clinical Forum (ACF) by the Chair of the General Practice (GP) Sub Committee from a primary care viewpoint. ACF would work in partnership and in an advisory role as required. It was noted that the timing of referrals from GPs came in a particular window after lunchtime, often following home visits. There had been an offer by the GP Sub Committee to work with the team to establish if GPs could work differently to support the flow of people into hospital on a slightly amended timeline.

This initiative had not been tried in other health boards. It was important to improve the position of ambulance queuing as early as possible to reduce ambulance waiting times. NHS Grampian had two entry points into the hospital through the Emergency Department (ED) and AMIA. It would continue to be assessed as to whether a single entry point would be more beneficial.

The Board noted the Chief Executive report.

6 Finance Report

The Director of Finance highlighted that the forecasted overspend had been reduced from £82.5 million to £77.9 million, as a result of reduced levels of overspend and additional funding received from the Scottish Government to meet already incurred costs. The operational financial position continued to remain stable. VAT savings would be achieved through the use of direct engagement for agency medical locums, with plans in place to transfer the remaining locums to direct engagement. The exception to this being locums employed in a mental health setting.

The financial risks remained in relation to winter and the Agenda for Change non-pay reforms. There would also be additional costs incurred in the AMIA/Scottish Ambulance Service (SAS) Test of Change and service model discussed under item 5.

The Chief Executive Team (CET) continued to consider additional savings and the decision had been taken to slow down, cancel or defer some non-legally committed planned investments. To support the financial position, the Scottish Government had been provided with options for non-legally committed spend for approval to cancel. These decisions would impact predominately on waiting times. The Scottish Government had advised that NHS Grampian should continue to invest in planned care spend, which had received additional Scottish Government funding.

Phase 1 of the external diagnostic review had identified three areas as opportunities to reduce costs. Further details would be provided in the next stage of the review work.

The Scottish Government's expectation was for NHS Grampian to achieve a maximum level of overspend not in excess of £59 million. The level of funding for the next financial year would not be known until after the Scottish Government budget which would take place on 4 December 2024. Significant savings would be needed to meet this target and all reasonable measures would require to be taken to improve the financial position.

The following points were discussed:

NHS Grampian was at level 2 of the Scottish Government's Support & Intervention Framework due to the financial position. This was a pre-formal escalation stage, which entailed enhanced monitoring of the Board's financial position by the Scottish Government. Formal quarterly meetings and regular informal calls with Scottish Government colleagues were held. The Scottish Government had issued Boards, who were on the escalation framework, with a self-evaluation template, in advance of the formal review.

The timeline for public engagement on saving options was not yet in place with networks being used to stimulate discussion. Meaningful engagement was important and necessary to ensure the public were aware of the critical financial situations faced by NHS Grampian and that difficult decisions would require to be made. Consistent communication and messaging with the public and staff was required on the decisions and the consequences of the decisions that required to be made.

Conversations were taking place at officer level as to where the budgets of the organisations would be targeted, including with the IJBs. The IJBs would also play a critical role in the transformation of NHS Grampian. With the scale of the financial challenges collaborative budgeting discussions with IJBs would be required as the organisations needed to work as a whole system to ensure that there were no unintended consequences to decisions taken to other parts of the system. Risk impact assessments on service users would be carried out, where required.

The finance team and staff across the organisation were thanked for their efforts to find and implement savings.

The Board:

- **Noted that NHS Grampian had a revenue overspend of £30.0 million at the end of August 2024 and a projected revenue overspend for the year of £77.9 million.**
- **Noted the steps that had been taken to defer non-legally committed expenditure for the remainder of the financial year in line with the Scottish Government's instruction to all Boards to review planned expenditure.**
- **Approved the steps being taken by the Director of Finance to agree the scope and fee structure for Phase 2 of the external diagnostic review.**
- **Noted the key dates for developing the revenue budget and financial plan for 2025/26.**

7 Integration Joint Boards (IJBs) and Forum Reports

The following verbal reports were noted:

7.1 Integration Joint Boards (IJBs)

A joint presentation was presented by the Chief Officer, Aberdeenshire Integration Joint Board and Portfolio Lead Aberdeenshire, on behalf of the Chief Officers. It explained the individual budget positions and ongoing development work by the IJBs to identify savings in the challenging financial situation with the IJBs reserves being almost depleted. The workforce was under immense pressure which reflected the wider pressures on the health and social care system which also resulted in difficulties in the recruitment and retention of the skilled workforce. The uncertainty on the direction and plans for the National Care Service (NCS) was a concern.

The Accounts Commission report, published in July 2024, set out the financial position of IJBs, the challenges and key points, including the complex landscape of unprecedented pressures, challenges and uncertainties. The report stated that there was no evidence of a shift of the balance of care between hospitals and the community, which had been the intention when IJBs were created. There had been sharing of information on savings areas across the 3 IJBs. Impact assessments were carried out when considering saving options. There had been collaboration including the prescribing summit held on primary care prescribing which was a significant cost pressure. There was a need to manage public expectation on service reductions and cuts with transformation work required to ensure best use of the available resources.

Discussion followed including:

Staff were fully engaged in discussions on potential solutions at a local level with the 3 IJBs working closely with NHS Grampian and the local authority councils. There was engagement nationally with the Chief Officers Group to share concerns and ideas. The Scottish Government required to consider the whole picture as there was interaction and reporting to different areas of policy direction on individual aspects.

Public engagement would be vital and it was noted that consultation engagement was ongoing in Aberdeenshire. The challenge was to involve the wider public rather than those affected by a specific change. A consistent message was required from all IJBs, on the challenging situation and the requirement to prioritise services and activities.

Shared learning of 'Social prescribing' was taking place through the Population Health Committee and the Portfolio Board with consideration given to issues that could get in the way. There was a national review of community link workers.

There was concern that staff at all levels across the system may be lost due to the significant pressures faced.

Transformation work required to consider the whole system with further discussions to take place at the NHS Grampian November Board Seminar and the December Board meeting. This would be highlighted at the NHS Grampian Annual Review with the Scottish Government on 21 October 2024.

The Chief Officers were thanked for the new style of informative report received.

7.2 Area Clinical Forum (ACF)

The Chair of ACF provided a verbal update. Dr Robert Lockhart had been appointed Vice-Chair of ACF. He was Chair of Area Medical Committee (AMC) and would provide invaluable input.

The Chair of ACF and the co-chair of GAPF had participated in the CET Critical Thinking session on transformation. He would meet with the Minister for Social Care, Mental Wellbeing and Sport as part of the NHS Grampian Annual Review.

He highlighted the Scottish Ambulance Service concerns raised by the GP Sub Committee which had been discussed under Item 5 and Dr Gray's Hospital strategic directions concerns raised by AMC. There had also been good news stories discussed at ACF, including the gold standard pharmacy approach and increased access to dentistry.

7.3 Grampian Area Partnership Forum (GAPF)

The Co-chair of GAPF highlighted that the annual GAPF development day had been held in September, which had considered burnout, psychological safety and included a question and answer session with the Interim Chief Executive and other members of the CET. The outcomes from the development session would be shared with colleagues.

He would also be meeting with the Minister for Social Care, Mental Wellbeing and Sport as part of the NHS Grampian Annual Review.

8 Director of Public Health Annual Report 2023 - Working Together to Help Health Happen

The Director of Public Health introduced Dr Southworth, who led the production of the report and Professor Paranjothy. She explained the background to the report and the decision to taken a longer lens in considering the threats to overall population health. Last year's report had highlighted the four threats to population health: the higher cost of living; increase in need and demand for health, social care and community support services; infectious diseases; and climate change. This year's report focused on the work that had been done collectively across Grampian to protect and improve the population's health and reduce inequalities.

Dr Southworth provided an overview with the key messages that the health was worsening overall across Scotland. A similar pattern was seen in Grampian. Life expectancy, a consistent indicator of population health, had been increasing but stalled soon after 2010.

The greatest deterioration was seen in those groups which already experienced the worst mortality rates and lowest life expectancy. Despite a lower life expectancy rate overall, people who lived in the poorest areas spend more than twice the number of years in poor health as those in affluent areas. It was noted that without action the situation would worsen. The report considered the factors that shaped health and recognised that 40% of the observed inequalities in health attributable to social and economic factors, 30% to health behaviours, 20% to access to health services and 10% to the physical environment. The locally agreed framework – the four pillars of population health, recognised that these factors were interconnected and overlapped. There was a need to look across the whole system to impact on population health.

The importance of vaccinations was emphasised with the increases in measles and whooping cough.

The report also highlighted innovative new models of care through developing equal partnerships with communities by testing Community Appointment Days (CADs). The Elgin CAD had taken place in September 2024 on physiotherapy and podiatry with positive early feedback. Aberdeen City had a CAD planned for December 2024 to focus on chronic pain.

Social prescribing was being provided in different ways across the North East of Scotland with a lot of work ongoing to support a consistent model.

Discussion followed including:

Social prescribing had the potential to be transformational in changing the way health services interacted with communities. This required to be more community led and to include young people. Overall, research showed numerous benefits to physical, mental and social health of young people's connection with nature as well as increasing pro-environmental attitudes. The Royal Society for the Protection of Birds (RSPB) work in Fraserburgh was provided as an example of this work.

There was a requirement to work across the whole system considering the different social determinants of health with the four overlapping "pillars" of population health: the wider determinants of health; health behaviours; the places and communities we live in and with; and an integrated health and care system.

Commercial determinants of health and how to work with local businesses to promote health were discussed. There was a need to recognise that there may be a conflict between products that caused harm and the profits provided. Action was being taken at different levels. The Good Food Nation (Scotland) Act 2022 placed a requirement on health boards to produce Good Food Nation Plans. These plans would set out the main outcomes to be achieved.

There was an emphasis on the need for collaboration to achieve a change in the current concerning trends.

The Board:

- **Endorsed the Director of Public Health report.**

9. Annual Climate Emergency & Sustainability Report 2023/24

Mrs Evans, Chair of the Sustainability Governance Group, introduced the team presenting the report. All Health Boards were required to submit an annual progress report as part of the annual ministerial review and a public bodies climate change duties report to the

Sustainable Scotland Network (SSN) each year. The specified areas of action were aligned with the four themes included in the Board's Climate Emergency & Sustainability Strategy: delivery of net-zero, greening health systems, greening places and communities and developing wider collaborations and contributions across local and national systems.

NHS Grampian had developed the "Anchors Strategic Plan 2024-2029" which articulated the vision to ensure that financial expenditure, land management, and employment practices actively supported the health and wellbeing of the communities.

The report highlighted encouraging progress in addressing the effects of climate change but also the constraints to achieving the net zero target in the required timescale. The main challenge was reducing emissions from heat and power generation and the power usage on the larger sites. Greater building energy efficiency was needed and this in turn required the development and adoption of new technologies. The main barriers to achieving this were the recognised gap in available capital funding to support investment and the uncertainty over availability of new technology solutions.

Board discussed the following:

Despite the current financial and technological constraints to reducing emission on the largest sites, NHS Grampian was still liable for increasing government financial penalties. The level of emissions that NHS Grampian was allowed reduced annually in line with target emission levels set by SEPA, who were responsible for applying government policy. If actual emissions did not reduce at the same level, then this resulted in an increased financial penalty. This had been mitigated to some degree through an initiative to increase efficiency of the existing heat and power plant on the Foresterhill Health Campus which resulted in a significant reduction of climate change levy tax paid on gas bills. The Interim Chief Executive had raised the issue of financial penalties formally with the Scottish Government and was awaiting their response. The majority of emissions were generated on the largest site, Foresterhill, which served 4 hospitals, a dental school and other associated buildings. The focus was therefore to investigate available technologies which could support the efficient generation and distribution of heat and power across all of the buildings served on the site. Progress in this area was constrained by the availability of capital funding to support the development and implementation of technically effective and cost efficient solutions to upgrading the current infrastructure.

Good progress had been achieved over the last few years evidenced by the Annual Climate Emergency and Sustainability Report and the regular progress reporting was now in place.

Theatres were high carbon and energy intensive areas which produced high volumes of waste. The national initiative to establish 'green theatres' intended to make these more environmentally friendly including the recycling and the reduction of anaesthetic gases. This work was also transferable to other clinical areas within the hospital.

The Board:

- **Approved the Annual Climate Emergency and Sustainability Report 2023/24.**

10 Planning for Winter 2024/25

The Portfolio Lead, Integrated Family Services outlined NHS Grampian's approach to winter planning for 2024/2025. A different approach to winter planning had been introduced last winter, which had looked to build upon the winter planning undertaken at a variety of levels within the system. This would be continued and refined for the forthcoming

winter, with the learning from last year's winter planning process incorporated alongside new and emerging drivers. The national Health and Social Care Winter Preparedness plan and how NHS Grampian's plan aligned with the 3 Health and Social Care Partnerships (H&SCPs) was also included. A readiness checklist was being completed which would cover the arrangements for business continuity plans on unscheduled care, planned care, primary care, mental health, social care and NHS Grampian's workforce's well-being.

The Board discussed the following:

The winter plan considered seasonal changes in terms of different types of events experienced. There had been learning from responses used in past winters in challenging situations such as significant weather events and trips and falls.

The co-chair of GAPF requested that Planning for Winter 2024/24 be discussed at GAPF probably at their November meeting.

There was a daily call on the NHS Grampian Operational Pressure Escalation System (G-OPES) to share how the different areas of the system were working. There was a review to streamline how particular escalations took place in different parts of the system to ensure everyone worked together to resolve issues, rather than in silos. This work would be taken through a new whole system tactical group which had been endorsed by the Chief Executive Team.

There had been a national push to try to reduce delayed discharge, which was challenging issue both locally and nationally. Learning had been shared across Scotland to try to improve processes. In Grampian, there were capacity issues with care home bed availability. In previous years, the 3 H&SCPs had been able to fund additional places in care homes, however, due to the financial challenges, no additional funding would be available this winter.

The cost of living crisis work was explained with data from previous years used to highlight issues, particularly in deprived areas. This included actions from the Child Poverty Action plan and how to support people with financial advice and signposting to what other assistance was available locally. Groups of patients had been identified as at greatest risk of admission due to their inability to heat their homes.

The Board:

- **Endorsed the approach outlined in the paper.**
- **Requested that the outcome of this work be brought back to the Board at its meeting on 12 December 2024.**

11 NHS Grampian Working in Collaboration within the North of Scotland

The Interim Chief Executive introduced Mr Cannon and Ms Scott. An update was provided on the work NHS Grampian was undertaking in the context of regional working within the North of Scotland (NoS) on a range of priorities and the drivers. Further detailed papers would be submitted to future board meetings to ensure the Board was sighted and assured on specific regional work programmes.

The Board discussed:

In the current financial climate it was important to work collectively with other NHS Boards to benefit all. The Board required to be sighted on the work to determine that the maximum benefit from working with other Boards across the North of Scotland was achieved.

Revenue funding to support the central NoS Planning team managed by Mr Cannon, mainly, came from central funding specifically for cancer and specialist paediatrics. The remainder was funded by contributions from the NoS NHS Boards through board recharges. It was recognised that a number of teams and services in NHS Grampian and across the north provided capacity and expertise to work on cross boundary initiatives. There was acknowledgement of a requirement for additional capacity to support cross boundary working in areas such as oncology, where a national approach would be required.

There were a number of challenges to cross boundary working, including meeting information governance requirements and different IT systems within Boards.

The regional delivery planning process took place between 2017 and 2019 and further developed thinking took place on how cross boundary initiatives were developed, planned, prioritised and governed. All NoS Boards endorsed the regional plan and priorities prior to Covid. Regional working had continued, with the delivery of regional services and support into regional networks. Governance for this work was undertaken, however, not at board level as carried pre-Covid. There had been a refocusing of the priorities which had been collectively undertaken by the Chief Executives in the North Boards in relation to what would add the greatest value.

It was acknowledged that for some regional and national services, citizens required to travel although the public wanted to receive the services locally rather than receive treatment out with the board area where at all possible. Treatment may be received earlier particularly in specialist areas by receiving treatment out with the board area. In some cases, the clinical teams travelled to other Board areas, depending on the speciality, to provide services locally. It was acknowledged that this was not always possible and was dependent on the nature of the treatment and equipment required.

The Board:

- **Acknowledged the breadth of work being taken forward in relation to regional working in the NoS and how this was aligned to the Grampian NHS Board strategic risks and priorities;**
- **Re-affirmed commitment to regional working and the key priorities endorsed by the North Chief Executive Group;**
- **Noted how these priorities were aligned to the emerging national priorities for greater sustainability and the emerging programme of reform in NHS Scotland;**
- **Noted that a Scottish Government Planning Directors' Letter was due to be published in the near future and that the Board would be briefed on any implications of this; and**
- **Agreed that future papers would be brought to the Grampian NHS Board to provide updates and assurance on specific NoS programmes of work and articulate how these would enable best value, reduce key risks and contribute to the Grampian NHS Board strategic priorities.**

12 Approved Committee, Forum and IJB Minutes

The following approved minutes were noted:

Committees

12.1 Audit and Risk Committee – 25 June 2024.

12.2 Performance Assurance, Finance and Infrastructure Committee – 28 August 2024

12.3 Population Health Committee – 19 July 2024.

Forums

12.4 Area Clinical Forum – 26 June 2024.

Integration Joint Boards (IJBs)

12.5 Aberdeen City IJB – 9 July 2024.

12.6 Moray IJB – 27 June 2024.

13 Any Other Business

There were no other business to discuss.

14 Date of next meeting

- Thursday 12 December 2024