

APPROVED

**NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 13 June 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 Siladitya Bhattacharya	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

Attendees

Mr Colin Adam	Project Director, Baird Family Hospital and ANCHOR Project (Item 8)
Ms Julie Anderson	Assistant Director of Finance (Items 7 and 8)
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Mrs Louise Ballantyne	Head of Engagement (Item 11)
Ms June Barnard	Nurse Director Secondary & Tertiary Care
Mr Sean Coady	Interim Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Ms Lorraine Finn	Planning Coordinator (Item 7)
Ms Geraldine Fraser	Portfolio Lead Integrated Family Services
Mr Preston Gan	System Transformation Programme Manager (Item 6)
Mrs Luan Grugeon	Strategic Development Manager, Colleagues & Citizens Engagement (Item 11)
Miss Lesley Hall	Assistant Board Secretary
Ms Susan Harrold	Senior Planning Manager (Item 7)
Mr Stuart Humphreys	Director of Marketing and Communications
Ms Pamela Milliken	Chief Officer, Aberdeenshire Integration Joint Board and Portfolio Lead Aberdeenshire
Ms Elaine McConnachie	Public Health Manager (Item 10)
Professor Shantini Paranjothy	Deputy Director of Public Health (Item 10)
Mr Tom Power	Director of People and Culture
Professor Seshadri Vason	Director of Research and Development (Item 9)
Mr Alan Wilson	Director of Infrastructure, Sustainability and Support Services
Mrs Alison Wood	PA/Minute Taker
Mrs Jenna Young	Planning Manager (Item 7)

Apologies

Dr June Brown
Mr Mark Burrell
Cllr Tracy Colyer

Executive Nurse Director/Deputy Chief Executive
Chair of Area Clinical Forum/Non-Executive Board Member
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. Mr Patwa made a transparency statement in relation to item 9 that he was a member of the Involve Grampian project, which looked to determine and eliminate the barriers to public involvement in research.

3 Chair's Welcome

The Chair welcomed Dr Colette Backwell and Mr Ritchie Johnson, who had joined the Board as Non-Executive Board members.

She highlighted specific items on the agenda on health equity and putting people first.

The Chair extended her thanks to everyone who had supported the successful Grampian Pride on 25 May 2024. The event had grown year on year and sent a message of reassurance to staff and prospective employees that NHS Grampian treated its staff fairly and equitably.

4 Minute of Meeting on 11 April 2024

The minute of the meeting held on 11 April 2024 was approved subject to amending spelling under Item 2 Declaration of Interests.

4.1 Matters arising

There were no matters arising.

5 Chief Executive's Report

The Chief Executive's report focused on the commitment to the environment and sustainability on the route to net zero. NHS Grampian's building portfolio would be reviewed to provide an understanding on the condition of the buildings and to support the development of a phased approach to decarbonising the estate in the long and short term. This would create a cohesive plan following the approval of the Climate Emergency and Sustainability Strategy by the Board in 2023.

The ongoing work with the Unscheduled Care Programme Board to increase capacity and support flow in the whole pathway including Aberdeen Royal Infirmary (ARI), Dr Gray's Hospital (DGH) and in community settings was emphasised. There was a newly established joint escalation framework with the Scottish Ambulance Service (SAS) to ensure a rapid release of ambulances to respond to calls in the community, as well as to expedite the care and treatment to any patient who showed signs of deterioration whilst

waiting in an ambulance. This collaborative aimed to improve ambulance queuing. The Centre for Sustainable Delivery (CfSD), which supported Health Boards in best practices, concluded that NHS Grampian had one of the most efficient unscheduled care systems in mainland Scotland, whilst operating within a significantly smaller bed base. They had highlighted several areas to increase focus including a reduction in the total number of people spending more than 14 days in hospital. NHS Grampian already had one of the lowest total number of +14 day patients in hospital across acute and community sites per head of total population of any mainland Health Board resulting in the scope for improvement being lower than in other boards. The Unscheduled Care Programme Board would review the recommendations highlighted by the CfSD.

The following points were discussed:

The Clinical Governance Committee (CGC) had considered ambulance turn-around time was standard to other areas in Scotland. The issue in Grampian was ambulances queuing for a much longer time. This related to the whole system flow of patients through the unscheduled care system. There was a very high occupancy against a lower bed base. Policies were in place to improve this with a cohesive plan, which would take a period of time to improve the flow through the system at multiple points to ultimately reduce ambulance queuing. NHS Grampian was working closely with colleagues in the SAS to improve the situation. Dr Coldwells would discuss with the Chief Executive of SAS about useful joint messaging to the public. The huge amount of work being carried out across the teams, in partnership, to address this issue was acknowledged.

The Board noted the Chief Executive report.

6 How Are We Doing Performance Report

The Director of Finance introduced the How Are We Doing Performance Report for Quarter 4.

The following points were discussed:

The Chair of the Performance, Assurance, Finance and Infrastructure Committee (PAFIC) advised that an in-depth discussion had taken place at their meeting on 5 June 2024 with an overview of performance, progress and how risks were being mitigated. The committee was assured on the detail of what had been progressed in challenging and difficult circumstances. There were significant pressures in certain parts of the system in terms of staff recruitment which affected services. Due to the financial challenges the vacancy control process had been set up. There was a concern that this would have unintended consequences of delaying recruitment in areas where staff were under enormous pressures and patients were waiting to access services. It was noted that recruitment in NHS Grampian remained within the national level of vacancy control. It was anticipated there a maximum of 5 additional days might be added to the process due to the vacancy control process. A balance was required between finance, clinical and staff governance. This would be a key performance indicator (KPI) for 2024/25 and would be regularly monitored.

There was a detailed discussion on the best use of Care Opinion data with responses to the satisfaction of the individuals submitting feedback to close the loop. Additional information would be circulated to board members. Other feedback routes were also available. The majority of data collected came from the hospital setting at ward level. It was noted that all doctors required to seek multi-source feedback, as part of revalidation process. Corporate Communication scanned social posts on behalf of NHS Grampian. There was still a requirement to shift the balance to be more proactive with feedback. Putting People First would discuss the real time feedback loop. It was important that

people, particularly the vulnerable and those from diverse communities, were able to access feedback routes. The response rate to Care Opinion was currently at 94%. However, there was always room for improvement.

There was a focus on the delayed discharge figure across Grampian. NHS Grampian had invited Scottish Government experts to work with colleagues across Grampian on delayed discharge. All parts of the system were under financial challenges with sustainable change required. There was a whole-system Optimising Patient Flow Group, involving community and acute colleagues, to understand processes and how data was used to utilise the capacity, to ensure patients were in the right place whether in the community, hospital setting or at home.

The organisation was aware of the significant pressure staff were under. It was important to support staff to work well as a team and on their cultural journey. Improvements in culture and attitudes would be linked to experiences and performance. A focus on embedding values was including in the Annual Delivery Plan and resources would be developed in collaboration with staff to ensure tools were available for teams. There had been long standing values in the organisation of caring, listening and improving. Work would be undertaken to ensure values were embedded and the wellbeing of staff was looked after with shared learning encouraged.

The Board noted the How Are We Doing Performance Report.

7. Three-Year Delivery Plan (2024-27), Medium-Term Financial Framework (2024-29) & Workforce Plan Annual Update

The Three Year Delivery Plan (2024-27), the Medium Term Financial Framework (2024-29) and the Workforce Plan Annual Update were considered together. Ms Harrold, Senior Planning Manager, highlighted points from the suite of documents presented. She provided the background on the process to develop the Three-Year Delivery Plan, which commenced in December 2023, in the context of the extremely challenging fiscal situation and requirement for NHS Grampian to deliver significant financial savings in 2024/25. The Delivery Plan required to reflect the realities of the financial position. The plan had been informed by engagement with key stakeholders across the system and developed collaboratively with the aim of providing a balanced and realistic plan, which reflected the scale of the financial situation and possible impacts, but also what could be delivered within available resources. It set out the focus on financial recovery and how the organisation would prioritise people, clinical and staff governance and the prevention of illness as NHS Grampian continued to work towards the strategic intent set out in the Plan for the Future. The three key high-level objectives set out in the plan were to strengthen colleague and citizen engagement to improve health (People), create the conditions for sustainable change (Places) and to improve preventative and timely access to care (Places).

The draft Delivery, Finance and Workforce Plans had been submitted to a closed Board session for consideration and support prior to submission to the Scottish Government in March 2024. The Scottish Government had confirmed that the Three-Year Delivery Plan would be considered as the authorising environment, setting out what would be delivered during 2024/25 and what could not be delivered within the available financial envelope.

The Delivery Plan would continue to deliver on the Plan for the Future with the focus on people, places and places and would set the priorities for the next 12 months in detail, in line with the Finance Plan and the Scottish Government's 10 drivers of recovery. This would include the reduction of waits for Planned Care. The 10 recovery drivers included areas of work that Integration Joint Boards (IJBs) and Health and Social Care

Partnerships were responsible for delivering. Enhanced collaboration with partners was essential.

The Scottish Government had approved the Three Year Delivery Plan on the basis that the plan remained dynamic and responsive in the context of ongoing discussions with the Scottish Government on the delivery, implementation and risks to the delivery over the coming year.

The Director of Finance had highlighted the challenging financial position and risks to the Performance, Assurance, Finance and Infrastructure Committee (PAFIC). Overspend had been £24.7 million prior to brokerage. This overspend was within the financial brokerage limits set by the Scottish Government. At the start of the financial year 2023/24, the forecast was an overspend of £60 million and £35 million of additional funding was received from the Scottish Government in order to deliver the overspend of £24.7 million. Financial recovery plans were implemented during the year which provided a number of one off savings. The underlying deficit moved largely due to operational and inflationary pressures during the year. The forecast for 2024/25 was an overspend of between £70 to £80 million. There had been substantial engagement with staff and the Board as financial savings required to be identified to provide a balance between the three key strands of governance of finance, staff and clinical whilst also considering prevention. It was acknowledged this would impact on future demands for services. The finding balance programme had identified £35 million of savings against a forecast overspend of £94 million. Other themes were identified to help deliver further savings during the current and future financial years and these had been included within the Value and Sustainability programme. The Chief Executive Team had identified further savings which would help to reach the new Scottish Government brokerage limit of £50 million. The financial risk to the organisation was high and was under review each month. Discussions on the budget continued with the Scottish Government to refine the Financial Plan, over the next few months, to provide more details of a route map to financial balance.

The Director of People and Culture highlighted the progress to date on the three year Workforce Plan, which was a refresh on the Workforce Plan agreed in 2022/23 for an initial 3 year period. It reflected the current risks and set the course for the period ahead. The workforce planning was service led and this was a key driver for the integrated planning of services required for the reform of the NHS in Scotland. The plan had been reviewed and endorsed at the Staff Governance Committee in February 2024. There had been no significant changes to the plan, other than to address feedback received on the prominence of the equality and diversity work within the plan. The Scottish Government had noted the Workforce Plan and had provided feedback that the plan was realistic and in line with the guidance provided. Discussions with Scottish Government would continue.

The following points were discussed:

The importance of considering the plans together was noted.

NHS Grampian continued to work with the Scottish Government on the approval of the Financial Plan, including the route map to financial balance. There was no anticipated timescale for approval of the plan.

The current pressures across the system were acknowledged and the challenging landscape made it important that the Delivery Plan was realistic and deliverable. The vision set out in the Plan for the Future remained important. However, the current situation would mean a longer period of phasing would be required to progress the work with future changes for greater sustainability. Organisations required to work together to

address issues more directly to avoid a disconnect and to have a much closer health and care provision. The Delivery Plan had identified a number of pathways to review and it provided a clear message of what future health care would look like. It was acknowledged that there was more work to be carried out across the system. It was important to have clear messaging for staff and the public of what could be achieved within the available resources.

The Director of Finance advised that regular meetings were held with the Chief Finance Officers of the Health and Social Care Partnerships to understand what was happening in the system. NHS Grampian continued to work with the IJBs and to support where possible. The Interim Chief Executive met with the 3 Chief Officers, along with the Chief Executives of each council respectively. There was active engagement and performance management associated with a shared risk profile. It was in the interests of both the local councils and NHS Grampian to support the IJBs to work well. It was recognised that the IJBs, the 3 Local Councils and NHS Grampian were under huge financial pressure as well. The Chief Officers also held weekly meetings which included sharing best practice.

It was recognised that Dr Gray's Hospital (DGH) was a major part of the system. However, it had specific challenges that the organisation was trying to address with the DGH Strategy. It had been categorised separately in the Delivery Plan due to these challenges.

Initial modelling had been carried out on the costs to implement the Agenda for Change (AfC) non-pay award, on the reduction of the working week and the Band 5 nursing review. The review would provide the opportunity for eligible colleagues currently at Band 5 to be considered for a Band 6 role based on their experience and responsibilities. The range of outcomes highlighted the risk that the allocation of funding from Scottish Government would not be sufficient. More clarity was required on the proportion of colleagues who would be eligible and apply for a Band 5 review. The Scottish Government Directors' letter which outlined the process had been received from Scottish Government. A programme manager would support the work over a 2 to 3 year period. The need to achieve financial balance, reduce supplementary staffing and implement the Health and Care Staffing Act was also noted. The biggest risk of the AfC related to the Band 5 nursing review as this would be also be backdated. Directors of Finance nationally would be monitoring this in relation to discussions with Scottish Government. The implementation process would be reported through Performance, Assurance, Finance and Infrastructure Committee (PAFIC) and Staff Governance Committee (SGC). Progress on the implementation of the reforms would be reported to the Board in September 2024.

Various Board Committees would provide oversight of the actions from the plans to be allocated by the Board Secretary. This would ensure each Committee had a forward work plan on when actions would be reviewed.

The draft Impact Assessment would be used to support future work to consider the potential impact across the service and in the community.

The Board:

- **Endorsed the Three-Year Delivery Plan (2024-27).**
- **Endorsed the Medium-Term Financial Framework (2024-29) and noted that further work would be undertaken to refine the Framework over the next six months in conjunction with the Scottish Government.**
- **Endorsed the Workforce Plan Annual Update as part of the Workforce Plan 2022-25.**

- **Endorsed the commitment from the Executive Team to ensure a thorough impact assessment was undertaken once there was sufficient detail to support robust analysis of the deliverables within the Medium-Term Financial Framework and Three-Year Delivery Plan. A new draft integrated impact assessment tool had been developed to support this process.**
- **Agreed to receive updates on the Delivery Plan from the end of June 2024 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 these plans and a range of controls were in place to monitor and control/mitigate these.**

8. Baird and ANCHOR Update

A brief update was provided on the overall programme progress on the Baird and ANCHOR Project on key quality matters, project cost and risk management. The ANCHOR centre was near to completion in terms of construction and was due to start the commissioning stage. Work on the Baird Family Hospital was progressing well. The provisional programme dates for functional occupation of the buildings had been set as winter 2024 for the ANCHOR Centre and summer 2025 for the Baird Family Hospital.

Following the comprehensive Healthcare Associated Infections (HAI) review, it was noted that the project had benefited from the additional dedicated Infection Prevention and Control (IPC) doctor and nursing time. The actions from the review included instructing the contractor to undertake technical feasibility studies to establish the impact of physical changes to the existing internal configuration and servicing of the buildings. The feasibility studies were progressing well. The outcome of the studies would be provided in a formal report from the contractor confirming outline cost and programme implications for consideration by the Project Board in July 2024. The commissioning of the water system in the ANCHOR Centre remained on hold pending agreement on any further design changes. The project team which including IPC, technical experts and relevant clinicians responsible for the affected services, continued to jointly work through any arising HAI issues to confirm the existing design or to instruct a changed design, if considered appropriate.

During April 2024, the Baird Family Hospital Construction Key Stage Assurance Review (KSAR) was carried out by NHS Scotland Assure (NHSSA) following a site visit and series of workshops with the Project Team and contractor. An action plan was presented by NHSSA for the Board to implement. The Baird Family Hospital had been through the Key Stage Assurance Review for construction. There had been a series of meetings and workshops to consider the design and construction situations identified on site. An action plan was due to be presented within the next few weeks. The project team had been developing the responses to the action plan for the ANCHOR centre and the Baird Family Hospital. The aim was to reach a position whereby the NHSSA could consider moving to a supported status for both the Baird Family Hospital and The ANCHOR Centre before progression of the commissioning stage KSAR in the coming months.

The most recent budget forecast of £261.1m was under pressure as challenges in relation to market forces i.e. material shortages, price increases and labour shortages, as well as anticipated costs associated with known design changes, were addressed. The concerns highlighted by the IPC experts and the findings of the Construction KSAR report were likely to require further investment. A number of areas of cost pressure remained under negotiation with the contractor who continued to highlight significant pressures on project

costs associated with increasing labour costs and supply chain availability. There had been ongoing dialogue with the Scottish Government who were supportive of the situation and had confirmed funding for any unexpected work.

The functional occupation dates were based on best estimates at the moment given the key risks and the outcomes of the feasibility studies and did not include the migration of the service to the buildings. This was being planned to a high level of detail and would be agreed in conjunction with the services to avoid any unexpected pressure, particularly during winter 2024.

Risks continued to be managed with weekly risk management meetings and monthly risk register reviews. Project performance was reported regularly within the Project Board, PAFIC and the NHS Grampian Board. The Chair of PAFIC confirmed that there had been a full update at the recent meeting.

The project had an active communication and engagement strategy with a targeted approach to reflect the stage of the project. The project team continued to meet with the key stakeholders on a regular basis.

The Board:

- **Noted progress with the Baird & ANCHOR project comprising an update on key quality matters including the recent Baird Family Hospital Construction Key Stage Assurance Review (KSAR), and update on the development of instructed Healthcare Associated Infection (HAI) mitigation feasibility studies.**
- **Noted the current project cost, programme and risk management.**

9. Research and Development (R&D) Strategy 2024-29

Professor Seshadri Vasan, Research and Development (R&D) Director, presented the Research and Development Strategy 2024-29. The 1 page strategy document was to be seen as part of the overarching NHS Grampian Strategy, which contextualised and implemented the Plan for the Future for R&D. A delivery plan would be developed with stakeholders which would feed into the Annual Delivery Plan.

The R&D Strategy emphasised the need to embed R&D in health service delivery and track key performance metrics and outcomes. There had been a two-month period of stakeholder consultation exercises, largely through the Clinical Board, the senior management team including the Medical Director and internal staff consultations. The feedback indicated a desire for a shorter strategy document with key performance metrics and clearer outcomes. There was a request for more engagement at a physical or virtual collaborative space to discuss an idea early in the process. There were close ties with the regional boards in Shetland, Orkney, Western Isles and the Highlands as well as the 3 Health and Social Care Partnerships in Grampian.

A workshop had been planned with an external facilitator for 25 June 2024. Short Life Working Groups would be formed to populate the Delivery Plan with a final workshop to be held on 17 December 2024 at Robert Gordon University (RGU).

Discussion followed including:

How to ensure involvement, particularly from those vulnerable groups in the community who may not have ready access to mainstream social media channels and may not be aware of opportunities for involvement. There was an intention to work collaboratively with colleagues in other teams such as Corporate Communications and Public

Involvement and Engagement with learning shared between teams. There was some funding for patient and public involvement. There was direct engagement with Public Health colleagues in 'making every opportunity count' which had contact with around 300,000 patients in secondary care. There was a requirement to raise the profile and promote the work being undertaken. This was important to improve patient care, staff experience and staff recruitment and retention. There were also opportunities through the Equity Plan and Putting People First.

Celebration of success in the organisation was important with the NHS Grampian Charity's Annual Report due to be discussed at the next meeting, outlining good work in Grampian.

The Board:

- **Endorsed the NHSG Research and Development (R&D) strategy 2024-29 and delivery plan approach and timescale.**

10 Health Inequities: Progress during 2023/24 and Five Year Health Equity Plan 2024 – 2029

Professor Shantini Paranjothy, the Deputy Director of Public Health, presented the plan and explained the progress for 2023/24 to address the health inequities in Grampian, actions as an anchor organisation and assurance of key areas of progress. These included the development of an integrated impact assessment tool to support compliance with the Fairer Duty Scotland Act and strengthening partnerships with the public and 3rd sector organisations through work with Community planning partnerships and North East Alliance. The plan would also progress the ambitions and key role of NHS Grampian as an anchor organisation. This would strengthen partnerships with the public and third sector organisations through work with Community Planning Partnerships and the North East Population Health Alliance.

The progress made during 2023/24 and the shared learning had informed the development of the five year Health Equity Plan. The Health Inequalities action plan 2023/24 – end of year report (Appendix 1) provided assurance on the progress being made in these areas and set out the longer term ambition to reduce the gap in healthy life expectancy between the most and least vulnerable groups in society. The plan adopted the King's Fund Four Pillars of Population Health as a framework for action to help identify how as a health service more could be done to address the impacts of the wider determinants of health and to work with partners to ensure collective activities were connected and balanced. There was a requirement to make every opportunity count to discuss and support healthy behaviours, prevention and early intervention.

Six areas of action over the next five years were set out for the longer term ambition of reducing health inequity. These included the enabling actions for engagement, staff development, leadership and partnerships to support the delivery and implementation of this plan. The actions were included in the delivery plans with the set of key performance indicators (KPIs) that were outcome focused and would help to keep track of progress. Oversight would be provided through the Population Health Portfolio Board with an annual report to the Population Health Committee for assurance.

Discussion followed including:

Collaborative work with the Wood Foundation and St Machar Academy had transformed a classroom into a simulated healthcare area where young people could learn about the

range of careers available in healthcare and receive hands-on experience with health related teaching via NHS, health and social care staff and school teaching staff.

Prevention work was important to embed across the system to reduce pressures.

Work on employability, through engagement with local employability partnerships was emphasised. This included accreditation of Developing the Young Workforce (DYW) and work to support the regional economic strategy and the Local Outcomes Improvement Plan for Aberdeen City. There was also interaction with Skills Development Scotland and other partners in the employability space. A detailed strategic work plan for NHS Grampian's anchor ambition was being developed which included employability. New entrant apprenticeship roles had reduced due to challenges in securing available funding at a national level.

NHS Grampian had corporate parenting responsibilities. Opportunities were being sought in a range of activities 'to make every opportunity count' by working with wider partners including with the Grampian Chamber of Commerce. Work was being done through the Healthy Working Lives programme which had a clear focus in terms of living wage employers through community planning partnerships, particularly in Moray.

The Board:

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance on progress during 2023/24 towards addressing health inequities in Grampian and its Anchor work**
- **Endorsed the proposals contained in the five year health equity plan 2024 – 2029.**

11. Putting People First

The Putting People First approach was presented by Mrs Grugeon, Strategic Development Manager. Extensive engagement work had been undertaken in the preparation of the framework including with Board members, Health & Social Care colleagues, Community Planning, Third sector, the public and NHS Grampian colleagues. NHS Grampian's Plan for the Future articulated an ambition to change the relationship with the public to create a more preventative system and to develop sustainable models of care rooted in communities. Focused work had been undertaken to refresh its approach on how the organisation involved and listened to people in line with evidence on effective community engagement. The output was the Putting People First framework and summary document. The approach shifted the concept of involving people from a one off event to a business as usual approach. There would be a focus on relationship building and two way dialogue with service users, staff and communities at the centre. The approach outlined in the framework gave the direction. However, it would continue to evolve based on feedback from colleagues, external partners and the community. This was a long term commitment for change. Work was underway to connect the approach with local area priorities with Community Planning Partnerships and Health & Social Care Partnerships in Grampian. The approach required significant cultural change for the organisation, the public and also required to be mindful of the significant financial pressures faced by NHS Grampian.

The foundation years' activities would be done by collaborating across existing resources. The pace and scale of what would be achieved was dependent on the capacity of teams to deliver the tests of change areas, recognising that colleagues had multiple competing priorities as outlined in the Delivery Plan. Details were provided in the framework with examples provided such as community led health approaches - community appointment days. The model would require to be adapted to fit local needs together with the different

and unique local service structures. Discussions were ongoing with local services to test this approach. It was hoped that community appointment days would be tested in three localities over the coming months. Staff would also be encouraged to take appropriate action based on feedback. This had been proven to improve patients and staff satisfaction and had allowed real time feedback to be given to teams so that changes were made based on what mattered to people in their service. The approach was an opportunity to do things differently.

Discussion followed including:

The importance of providing feedback to the public on their input, to advise what had been implemented and why, to close the feedback loop and be honest and transparent. This should also reduce complaints received. There would be an oversight group for Putting People First which would include feedback. Work was ongoing to develop the public involvement network to ensure diversity. A group had been set up to consider how best to get messaging out so the public were aware of NHS Grampian's intentions. There would be different communications opportunities used, including at point of care.

Learning would require to be taken from the testing and this would be fed into the strategic planning and future delivery plans. This would be the routine way to do business which would require a system change in response to feedback.

A Putting People First research conference was scheduled for 3 July 2024 to which all Board members would be invited. Colleagues from a wide cross-section of academics, clinicians, executives and partners would attend to explore how the good intent might be turned into reality.

Once the community appointment day approach identified areas of focus, discussions would take place with partners including relevant third sector and lived experience to co-produce together. Work would require to be shared across the system to ensure activities were not happening in silos. Monitoring and evaluation would take place with an equity lens to ensure there was a positive impact on reducing health inequalities.

The Board:

- **Endorsed the new Putting People First framework.**
- **Endorsed the priority areas for the next 2 years, and noted that pace would be dependent on ability to secure resource to support foundation years activities and that additional resource would be required in horizon two to spread the approach.**
- **Endorsed the actions to develop this approach in collaboration with wider system partners.**

12. Forum and Integration Joint Board (IJB) Reports

The following reports were noted:

12.1 Area Clinical Forum (ACF)

12.2 Grampian Area Partnership Forum (GAPF)

The Chair of GAPF highlighted the linkages from the Area Partnership Forum and the Area Clinical Forum.

12.3 Integration Joint Boards (IJBs)

Mr Coady highlighted the GP visioning programme, the financial position, primary care prescribing and Care at Home provision versus demand. The teams welcomed the opportunity to work with Scottish Government colleagues on delayed discharges.

13. Approved Committee, Forum and IJB Minutes

The following approved minutes were noted:

Committees

- 13.1 NHS Grampian Charity Committee – 29 January 2024.
- 13.2 Clinical Governance Committee – 13 February 2024
- 13.3 Performance Assurance, Finance and Infrastructure Committee – 28 February 2024.
- 13.4 Population Health Committee – 15 March 2024.
- 13.5 Staff Governance Committee – 20 February 2024.

Forums

- 13.6 Area Clinical Forum – 6 March 2024.
- 13.7 Grampian Area Partnership Forum – 21 March and 18 April 2024.

Integration Joint Boards (IJBs)

- 13.8 Aberdeen City IJB – 6 February and 26 March 2024
- 13.9 Aberdeenshire IJB – 20 March 2024.
- 13.10 Moray IJB – 28 March 2024.

14 Any Other Business

The Chair recognised the contribution by Professor Bhattacharya who was setting down from the NHS Grampian Board after almost 5 years. He had provided an active link between partners in academia and NHS Grampian, with valued expert knowledge. The Board wished Professor Bhattacharya well in his new role for the University of Aberdeen.

15 Date of next meeting

- Thursday 12 September 2024