

APPROVED

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 14 March 2024 at 10:00
virtually by Microsoft Teams

Present:

Board Members

Mrs Alison Evison	Chair/Non-Executive Board Member
Cllr Ann Bell	Non-Executive Board Member
Dr June Brown	Executive Nurse Director
Mr Mark Burrell	Chair of Area Clinical Forum/Non-Executive Board Member
Dr Adam Coldwells	Interim Chief Executive
Cllr Tracy Colyer	Non-Executive Board Member
Professor Nick Fluck	Medical Director
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 Alex Stephen	Director of Finance
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 and ANCHOR Project (with effect from 18 March 2024) (Item 7)
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Mr Simon Bokor-Ingram	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Ms Christina Cameron	Programme Lead (Item 8)
Ms Geraldine Fraser	Portfolio Lead Integrated Family Services
Mr Preston Gan	System Transformation Programme Manager (Item 6)
Miss Lesley Hall	Assistant Board Secretary
Mr Stuart Humphreys	Director of Marketing and Communications
Mr Garry Kidd	Project Director, Baird and ANCHOR Project (Item 7)
Mr Alasdair Pattinson	General Manager, Dr Gray`s Hospital (Item 8)
Mr Tom Power	Director of People and Culture
Mr Alan Wilson	Director of Infrastructure, Sustainability and Support Services
Mrs Alison Wood	PA/Minute Taker

Apologies

Professor Siladitya Bhattacharya	Non-Executive Board Member
Mr Albert Donald	Non-Executive Board Member/Whistleblowing Champion
Ms Joyce Duncan	Non-Executive Board Member
Mr Dennis Robertson	Vice-Chair/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.

3 Chair's Welcome

The Chair highlighted several items on the agenda including updates relating to capital investment in the National Treatment Centre Grampian and Dr Gray's MRI and progress with the Baird Family Hospital and ANCHOR Centre. She explained that, on completion, the new mortuary facility for the North East and Northern Isles would provide greater privacy and dignity for the deceased and bereaved families, as well as modern teaching, learning and training facilities. Undertaking major construction projects on a busy, working health campus was extremely challenging and the efforts of both project teams and partner organisations were acknowledged.

She emphasised the importance of the Blueprint for Good Governance, for leadership and focus as a Board, in an extremely busy and complex system. Transformation would be crucial to achieve the sustainable delivery and quality of services and patient care in the future.

She stressed the extremely challenging financial landscape in which NHS Grampian operated. The final position for the current financial year and medium term financial plan looking ahead were being completed and would be presented at the April Board meeting. Both funding and capacity issues were reflected in agenda items. Financial prudence and governance remained key when scrutinising performance and decision-making. These had to be balanced with good clinical governance and staff governance as well as considering the prevention agenda.

4 Minute of Meeting on 7 December 2023

The minute of the meeting held on 7 December 2023 was approved.

4.1 Matters arising

There were no matters arising.

5 Chief Executive's Report

The Interim Chief Executive highlighted the Healthcare Improvement Scotland (HIS) Reports for Aberdeen Royal Infirmary (ARI) and Dr Gray's Hospital (DGH) relating to inspections held in October 2023. The independent inspectors praised staff at both sites for the care they provided to patients and noted the significant range of pressures, including increased hospital admissions. HIS had highlighted several areas of good practice and some issues that could be resolved immediately. There were some areas reported as requiring improvement. Comprehensive action plans had been developed in response to each report and a progress report would be submitted to HIS in June 2024. There was a separate requirement regarding the management of controlled drugs at DGH with a submission to be made to HIS at the end of March 2024.

Dr Coldwells reiterated the extremely difficult financial position. NHS Grampian was at an advanced stage in the financial planning for 2024/2025. The forecasts were more challenging for all Health Boards than had previously been experienced with indications that NHS Grampian would require to identify and achieve savings in excess of £77 million. The scale of this challenge was unprecedented and the impact of this on developing the

medium term financial plan could not be underestimated. This required to be done whilst balancing the three strands of governance - clinical, staff and financial governance and working on the prevention agenda to change the profile of the future need to treat disease.

In December 2023 the Scottish Government announced its budget and outlined a very challenging picture for public sector spending Scotland-wide. NHS Grampian was instructed by the Scottish Government that, based on the budget allocation for 2024/25 and medium term funding outlook, development work on the National Treatment Centre - Grampian should pause. This had an impact on the MRI at DGH as part of the bundle for the National Treatment Centre project. This had been a huge disappointment to staff and the population. Scottish Government had provided a commitment that as the capital funding position improved nationally these projects would be revisited. The capital allocation for the 2024/2025 financial year would be directed towards backlog maintenance of existing estate and essential equipment replacement programmes.

Dr Coldwells highlighted the importance of flow and safe transfer of patients and concerns about queuing ambulances outside the Emergency Department (ED). He provided assurance that work was underway to mitigate this as much as possible to increase capacity, support flow and contribute to the reduction in ambulance waits. This included the Flow Navigation Centre and Call Before You Convey initiative for Scottish Ambulance Service crews.

He referred to the Discovery Report from Scottish Government which had been extremely positive on the efficiency of Unscheduled Care and highlighted some of the limitations in the system around capacity.

The following points were discussed:

The importance of discussion of the financial position with partners, particularly Integration Joint Boards (IJBs), was stressed. There was a requirement to ensure that plans across the system were complementary to avoid unintended consequences of decisions taken in one part of the system on others. The commitment to collaborative working was emphasised.

The impact on planned care as a result of lack of capital funding for projects such as the National Treatment Centre – Grampian (NTC-G) was noted. The project team had done diligent work to ensure plans were ready to be picked up again, if capital funding became available. Since NHS Grampian became aware that the NTC-G would not go ahead at present, colleagues had been working proactively with Scottish Government and other regional Health Boards to realign and reallocate capacity to help NHS Grampian, including at Golden Jubilee Hospital and Stracathro Hospital.

The Performance Assurance, Finance and Infrastructure Committee (PAFIC) had been provided with information on the planned activities and oversight arrangements in place for the coming year.

The Board noted the Chief Executive report.

6 How Are We Doing Performance Report

The report spotlighted on areas of positive development with NHS Grampian, as well as areas where progress was more difficult, to provide a balance in relation to the performance across the whole organisation. The red status was considered a symptom of the operational pressure being faced at what was the busiest time of the year. In future years the report would consider carefully the profile of the targets over the whole year to

take into account busy spots. More details on the red indicators not spotlighted were included in the report. Any with new red status would be updated to PAFIC at its next meeting.

Questions and comments were raised by the Board regarding how people waiting for treatment were impacting on primary care, the number of new entrant apprenticeships, the waiting well initiative and how good practice was shared across the portfolios.

The Board noted the How Are We Doing Report.

7. Baird Family Hospital and ANCHOR Centre Project Update

Mr Kidd provided an update on the project, highlighting specific areas identified in the paper relating to design review and commercial matters.

Work was required relating to the feasibility of the solutions to the design work. The next step would be to get the contractor's support to take forward the design changes. He highlighted the process followed for the design review.

It had not been possible to achieve consensus on all issues. The Project Board had agreed, in principle, to a series of actions including physical design changes and operational measures to ensure that services would operate in a safe and effective environment whilst minimising further delay in completing the new buildings. This followed extensive dialogue and consultation with key stakeholders, the Scottish Government Health Finance and Infrastructure Directorate and NHS Scotland Assure. The agreed action plan included some physical changes to the internal configuration of the existing buildings and further feasibility work to ensure that some of the other proposed changes affecting Mechanical Electrical and Plumbing services (MEP) were deliverable within the capacity of the existing systems. An update would be provided at the April Board meeting.

It was noted that Colin Adam would take over as Project Director on 18 March 2024 from Mr Kidd. The Board thanked Mr Kidd for his extensive work on the two projects.

Discussion followed including:

The need to balance risks and the impact on patients of further delays. It was acknowledged that pragmatic solutions had been found to mitigate risks.

The next steps required consensus on the way forward and work was ongoing to achieve this.

The Project Board included NHS Grampian Executives and worked closely with Scottish Government and NHS Assure colleagues. Scottish Government continued to provide support to progress the project.

The Board noted the progress with the Baird Family Hospital and ANCHOR Centre project.

8. Strategic Plan for Dr Gray's Hospital

An update was provided on progress with the implementation of the Strategic Plan, which outlined some of the challenges and risks facing the Strategy Programme.

Improvements had been made to structures with a Clinical Leadership Group and a series of collaborative workshops held with staff which helped to design the service structures and models required in each service to deliver the strategic objectives. There were strong and supportive links to the work on the maternity model.

Challenges relating to recruitment and retention of the workforce included access to local accommodation which had a negative impact on securing the right staff with the right skill sets for the hospital. Five flats had been secured and a newly appointed Consultant had provided positive feedback on these. There had been work with University of Aberdeen and Moray Council to establish an accurate and evidence-based understanding of availability of the accommodation and the ability to meet the demand for staff and student accommodation. In conjunction with University of Aberdeen, a dedicated Clinical Skills Training Centre had been developed to support dedicated training sites, simulation and clinical practice for staff.

A functionality report had been produced, which addressed the hospital's infrastructure and areas of priority. A Local Development Framework, which considered the longer term, would be launched in April 2024. A detailed review of demand capacity activity had been undertaken in theatres at DGH and was a key element of the clinical infrastructure. This linked closely back to maternity services ambitions. Based on the data, NHS Grampian was developing a Theatre Sustainability Plan, which would include local improvement works to address performance. Public engagement remained ongoing with activities with local stakeholders, other organisations and included NHS Grampian's role as an anchor organisation as part of the Moray Anchor Network. A stakeholder event had taken place on the impact housing and child care had on workforce supply. Staff feedback was highlighted on screens throughout DGH.

To address the financial challenges as these related to the DGH strategy, time had been taken to refocus the agreed implementation approach. The priorities for 2024/2025 would focus on three key areas of redesign: the front door model, the theatres model and redefining delivery of surgical services. It was necessary to continue work on delivering the strategic vision for DGH within available resources.

Board discussion included:

The Chair and Interim Chief Executive had attended the Moray Anchor Network event in Elgin on childcare and housing.

The importance of teamwork across the area, with a focused solution on the way forward, was noted.

The negative implications for DGH of the paused work on the MRI scanner and proposed anti-ligature work on Ward 4 which had been planned as part of the National Treatment Centre – Grampian were acknowledged. MRI scanning in NHS Grampian was currently being reviewed to consider how best to deal with demand and capacity. The Asset Management Group would consider the needs across NHS Grampian for capital assets. However, it was recognised that there was very limited capital funding available and discussions continued with Scottish Government. The impact of potentially decanting patients twice from Ward 4, DGH, to allow works was noted.

Assurance was provided that work would continue regarding connections between DGH and other parts of the system. Active conversations were being held on specific pathways and specialities e.g. cardiology, gastroenterology, endoscopy and diabetes.

There were also ongoing links with colleagues in NHS Highland for regional working and to provide opportunities for resilient, affordability and sustainable clinical pathways.

The maternity collaborative between NHS Grampian and NHS Highland, which was closely linked into the DGH strategy, had an ongoing recruitment campaign. Recent appointments had been made in paediatrics and other leadership midwifery roles. Joint workforce planning was ongoing.

The Board:

- **Noted the early successes and reported progress to date.**
- **Endorsed the re-centring of the Programme to include significant service redesign that sustainably delivered the Strategic Intent and supported the people of Moray.**

9. Blueprint for Good Governance Action Plan

An update was provided on the proposed action plan relating to the Blueprint for Good Governance self-assessment carried out in October 2023. The self-assessment was aligned to ongoing work to develop the culture of the Board and would help to inform future Board development work. The results were received from NHS Education for Scotland, on behalf of the Scottish Government, in December 2023. These were used to plan a Board seminar in January 2024, to inform the development of a draft action plan. The seminar considered the results of the self-assessment and headline themes. This included exploring concepts relevant to the way that the Board governed during a period of change, complexity and uncertainty. Previously developed principles and practices for value adding governance to follow in light of this learning were reviewed in light of this learning. Themes were developed for focus in the blueprint action plan and to inform 2024 Board development activity.

The action plan proposed a strong focus on innovation and transformation and balancing risk, further work on the culture of the Board and how the Board would triangulate and use different sources of data and evidence in the assurance process. This would be incorporated into the programme of development work and the actions measured at least on an annual basis.

Discussion followed including:

There was a requirement to strike the right balance of the importance of being forward thinking to achieve sustainability in the long term whilst considering the current challenges. Wording in the draft action plan would require to be amended so the context for innovation and transformation action was made explicit. This wording would be agreed on behalf of the Board by those leading the development of the action plan.

Subject to the amended wording, the action plan was endorsed for submission to the Scottish Government by 1 April 2024.

The Board:

- **Endorsed the action plan for submission to the Scottish Government (following amendment of wording to reflect the context).**
- **Agreed that a Board development plan should be developed to support action in the areas detailed.**
- **Agreed to an update report on the action plan in 12 months from the date it was accepted by Scottish Government.**

10 Forum and Integration Joint Board (IJB) Reports

The following reports were noted:

10.1 Area Clinical Forum (ACF)

The Chair of ACF highlighted engagement in the Annual Delivery Plan and the Financial Plan process. Discussions had been held on staff breaks, rest and recovery. Junior doctors not taking breaks was highlighted as an issue and work was ongoing to progress this. The long term future for healthcare delivery discussions continued. He highlighted the new group, co-chaired by him and the Director of Public Health and Chair of Grampian Area Partnership Forum (GAPF), to commission a development tool to allow services to review how efficiency can be improved and how that could influence financial planning. He emphasised the progress being made to influence the healthcare across NHS Grampian by clinicians.

10.2 Grampian Area Partnership Forum (GAPF)

The Chair of GAPF highlighted the joint working with ACF which should produce tangible outputs to share across the system. He was encouraged that topics on the Board agenda had been discussed at GAPF and opportunities provided for input. Partnership working continued to be prioritised within the organisation.

10.3 Integration Joint Boards (IJBs)

The report demonstrated the continued breadth and depth of business covered by the IJBs. There were some similarities but IJBs responded to the local needs, issues and pressures in their individual IJBs. There had been a focus on the financial challenges. The importance of how NHS Grampian and the three IJBs co-existed together across Grampian was emphasised. The fit between the strategic plans between the organisations was considered at all levels.

11. Approved Committee, Forum and IJB Minutes

The following approved minutes were noted:

Committees

- 11.1 Audit and Risk Committee – 24 October 2023.
- 11.2 Performance Assurance, Finance & Infrastructure Committee – 14 November 2023.
- 11.3 Staff Governance Committee – 24 October and 19 December 2023.
- 11.4 Clinical Governance Committee – 21 November 2023.
- 11.5 Grampian Charities Committee – 24 November 2023.
- 11.6 Population Health Committee – 6 October 2023.

Forums

- 11.7 Area Clinical Forum – 1 November 2023.
- 11.8 Grampian Area Partnership Forum – 16 November and 21 December 2023.

Integration Joint Boards (IJBs)

- 11.9 Aberdeen City IJB – 10 October and 5 December 2023.

11.10 Aberdeenshire IJB – 11 October and 6 December 2023.
11.11 Moray IJB – 28 September and 30 November 2023.

12 Any Other Business

There was no other business discussed.

13 Date of next meeting

- Thursday 11 April 2024