

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 12 September 2024 at 09:30
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
Cllr Tracy Colyer	Non-Executive Board Member
Mr Albert Donald	Non-Executive Board Member/Whistleblowing Champion
Ms Joyce Duncan	Non-Executive Board Member
Professor Nick Fluck	Medical Director
Mr 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 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

Attendees

Mr Colin Adam	Project Director, Baird Family Hospital and ANCHOR Project (Item 12)
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Ms Geraldine Fraser	Portfolio Lead Integrated Family Services
Mr Preston Gan	System Transformation Programme Manager (Item 8)
Mr Stuart Humphreys	Director of Marketing and Communications
Ms Leona Lowe	Finance Manager (Item 12)
Ms Pamela Milliken	Chief Officer, Aberdeenshire Integration Joint Board and Portfolio Lead Aberdeenshire
Mr Tom Power	Director of People and Culture
Ms Judith Proctor	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Mr Alan Wilson	Director of Infrastructure, Sustainability and Support Services
Mrs Alison Wood	PA/Minute Taker

Apologies

Miss Lesley Hall	Assistant Board Secretary
Mr Sandy Riddell	Non-Executive Board Member
Cllr Ian Yuill	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 welcomed everyone to the meeting. She highlighted the full agenda which included important updates on NHS Grampian's financial position including from Aberdeenshire, Aberdeen City & Moray Integrated Joint Boards (IJB) partners.

NHS Grampian had recently become the first Health Board to sign-up to Volunteer Scotland's Charter, which recognised the significant contribution made by volunteers to patients and staff across Grampian every day. NHS Grampian had a proud history of recruiting and retaining volunteers and the Charter's 10 core principles recognised the value of these individuals and prevented their exploitation. NHS Grampian would be participating in Speak-Up Week at the end of September.

She highlighted recent visits she had with the Interim Chief Executive and the Employee Director to the Mosque Committee on the Foresterhill campus and with members of Aberdeen Central Mosque to ensure two-way communications remained open with anyone working for NHS Grampian, who may be feeling anxious as a result of recent riots in other parts of the country.

Care Opinion section of the How Are We Doing Report highlighted how NHS Grampian were actively seeking patient views and applying learnings. The Chair announced that Dr Colette Backwell had been appointed as the Putting People First Champion to ensure attention continued to be paid to embed the practice of involving colleagues and citizens in improving services and shaping the future of health and care in Grampian.

4 Minute of Meeting on 13 June 2024

The minute of the meeting held on 13 June 2024 was approved.

5 Matters arising

There were no matters arising.

6 Chief Executive's Report

The Chief Executive's report highlighted the performance report which continued to evolve with the intent of being as clear and transparent on performance and progression. There was a clearer alignment between current performance and the deliverables set out in the Annual Delivery Plan and the Plan for the Future Strategy. The Centre for Sustainable Delivery found NHS Grampian to be one of the most efficient unscheduled care systems in mainland Scotland and it was noted that the organisation had the lowest bed base of the Health Boards which impacted on patient flow more acutely. Ongoing work to tackle delayed discharges which contributed to the efficient flow and delivery of care were shared. The challenges in community care, increased clinical complexity and public expectations were factors adding to the considerable system pressure.

A delicate balance between clinical, finance and staff governance would be required to make the additional savings required under the finance item. NHS Grampian would also need to look forward and consider prevention work. There had been key work undertaken with a cross-system working group on the huge pressures in both the hospital and community settings including delayed discharge.

The Board noted the Chief Executive report.

7 Update on NHS Grampian Financial Position and Value & Sustainability Programme

The Director of Finance highlighted that NHS Grampian had required financial brokerage from the Scottish Government of £24.8 million in the last financial year, as it had been unable to balance the revenue budget.

NHS Grampian had previously relied on additional non-recurring funding and non-recurring savings to achieve balance. However, the recent inflationary and operational pressures had driven the level of expenditure upwards resulting in the reported overspend of £82.5 million.

The operational budgets appeared to be stabilised. Good progress had been made on reducing the cost of agency nursing and employing low cost through direct engagement. These two areas were seen as a proxy for how efficient NHS boards were and was essential to reducing costs in these areas.

The Chief Executive team (CET) were fully aware of the serious financial position and the need to reduce the overspend as quickly as possible. During the last budget process an approach was developed to find balance in achieving the required savings whilst considering the three main strands of governance of people, clinical and finance together with prevention work.

The Director of Finance updated on the progress to identify savings which would help reduce the overspend. There was a still requirement to achieve more savings and NHS Grampian were looking to identify these additional savings with discussions being held with the Scottish Government.

This was the most detailed and comprehensive finance report produced for a Board meeting to provide an indication of the challenges faced by NHS Grampian and how they impacted on each other. The report highlighted the ongoing work to recover the financial position. The Director of Finance reiterated the seriousness of the financial position and that decisions to recover the financial position quickly, mitigate implications and deliver the most efficient services, whilst continuing to find balance between the three main strands of governance and prevention were essential.

The following points were discussed:

A significant number of new nursing graduates from RGU would join the workforce in October 2024. This should reduce Band 4 new graduate nursing vacancies and a lot of agency nurses. The Scottish Government had required that agency nursing should be stopped by the end of October 2024, other than for patient safety requirements.

The huge challenges in workforce supply in some specific areas was recognised. Safe staffing was considered on a daily basis as well as in the longer term to ensure the right staff were doing the right things in the right places.

NHS Grampian required to cover a 60% share of the overspends of Integration Joint Boards (IJBs). Audit Scotland had reported that funding for IJBs was 1% lower in real terms.

The Scottish Government letter to NHS Grampian for Quarter 1 review noted the Board discussion on allocation of funding and highlighted that NHS Grampian would receive in excess of £350 million capital funding for the new mortuary and the Baird and Anchor projects.

The Board had not been able to set a balanced revenue budget for 2024/25, as there was a requirement to find balance between clinical, staff wellbeing, financial and prevention priorities. A number of proposals which could have provided financial savings were not taken forward due to the likely significant impact on planned care and unscheduled care services.

It was anticipated that more savings would be achieved in the later parts of the year rather than on a monthly basis. Further steps to reduce the level of operational overspend below the £5 million a month mark would be required. This would involve implementing all areas of the Value & Sustainability Plan. Recurring savings for future years were important to maintain the baseline.

Reform of health and care services was a long term goal and the 'Route Map for Change' would set out a clear route map to take forward a programme of strategic change, initially up to 2028. The route map would focus on cross-cutting actions across all three strategic themes – People, Places and Pathways. The transformation for the system would allow the organisation to move towards financial balance over a number of years. Teams were working closely with partners including Grampian Area Partnership Forum (GAPF) and Area Clinical Forum (ACF). Integrated impact assessments were being undertaken to establish what could be done to mitigate or offset the impacts of decisions made.

There was awareness and openness of the challenging financial position by colleagues at all levels across the system. All channels to communication were being used including the Daily Brief, GAPF and ACF. There was considered to be good awareness at middle management level. All budget holders held regular meetings and workshops with finance colleagues to discuss their budgets.

There was a concern of the potential for significant impact on performance to achieve savings particularly on increased waiting times. It was highlighted that finding the balance between clinical, staff and finance governance was important. The prioritisation escalation system had been in place since 2017 to ensure that decisions were taken depending on patient's clinical risk.

The Board recognised the progress which was being made with the Value and Sustainability Plan and the overall approach by the CET to financial recovery. Actions would require to be taken, whilst still adhering to the requirements of Clinical Governance and the Staff Governance Standard. Financial colleagues were thanked for the work undertaken.

An additional sentence to the recommendations was requested. Recommendation 5 would now state that the Board approved the actions contained in the Recovery Plan+ that would seek to deliver further savings measures in addition to the Value & Sustainability Plan agreed at the start of the financial year. These actions would be taken, while still adhering to the requirements of Clinical Governance and the Staff Governance Standard.

The Board:

- **Noted that NHS Grampian had a revenue overspend of £24.7 million at the end of July 2024 and a projected revenue overspend for the year of £82.5 million.**
- **Noted the expectation of the Scottish Government that all Boards would take steps to constrain expenditure and new legal commitments for the remainder of the financial year and the approach to financial recovery being taken forward by the Chief Executive Team.**
- **Noted the progress being made in the Value & Sustainability Plan and the work being undertaken to take forward any savings in “15 Box Grid”.**
- **Noted that some recommendations from the external diagnostic review were being considered for implementation and that a full report on the review would be provided to the next meeting of PAFIC and that these savings would be included in the finance report to October Board meeting.**
- **Approved the actions contained in the Recovery Plan+ that would seek to deliver further savings measures in addition to the Value & Sustainability Plan agreed at the start of the financial year. These actions would be taken, while still adhering to the requirements of Clinical Governance and the Staff Governance Standard.**
- **Agreed that a service transformation plan to support the “Plan for the Future 2022- 28” would be presented to the Board at the December meeting.**
- **Agreed a monthly drop-in session be scheduled for Board members to provide the latest information on our financial recovery and progress on our Transformation Plan.**

8 How Are We Doing Performance Report

The Director of Finance introduced the How Are We Doing Performance Report. The report provided clear alignment between the current performance and the deliverables set out in the Annual Delivery Plan and the Plan for the Future Strategy. The key performance indicators (KPIs) indicated a number of areas where there were improvements since the previous quarter.

The following points were discussed:

It was recognised that the financial challenges would have an impact on performance particularly around planned care.

There had been increased demand for abortion procedures with some prevention capacity redirected to this. This was an area of continued focus and an Abortion and Contraception workshop had been held in August 2024. Capacity for scanning and inpatient beds were highlighted as an issue. This would improve when the Baird Family Hospital was opened with theatre and bed capacity.

Emergency Department (ED) performance was poor against the targets, however, inspections highlighted good efficiency. The Discovery Report, which was the online management information system between NHS Boards, the Scottish Government, NHS National Services Scotland and Public Health Scotland considered 12 measures for ED. NHS Grampian`s ED was best in Scotland for 6 of the measures, 2nd best for 2 and 3rd best for 1. NHS Grampian was poorest for Scottish Ambulance turn-around time and 4 hour access target. This also required to be taken in context of the financial position and the lowest bed base in Scotland.

Awareness of Care Opinion among citizens and colleagues was developing with the number of stories received in the latest quarter 53% higher than the same period in 2023.

The evolving format of the Performance Report was welcomed by the Board and the huge work by the team was acknowledged.

The Board noted the How Are We Doing Performance Report.

9. Forum and Integration Joint Board (IJB) Reports

The following reports were noted:

9.1 Area Clinical Forum (ACF)

The Chair of ACF highlighted the discussions on financial efficiencies within pharmacy of indirect and direct saving that could be achieved to reduce the financial deficit.

Clinical Psychology patients were requesting more 'in person' consultations, however, there was lack of clinical space to support this. An ongoing estates review was underway which may help to reduce waiting times if suitable areas could be located.

9.2 Grampian Area Partnership Forum (GAPF)

The Chair of GAPF highlighted that many of the items on today's agenda had been reflected in discussions at GAPF. Estates Recruitment and Retention Premia (RRP) Application was continued for the additional payment due to the challenges of recruitment and retention of trade staff when other employers in the area offered far higher salaries as the cost of external contractors would be significantly higher.

The Chair of ACF thanked GAPF for their partnership working on the culture of the "best with rest" and how it tied into the junior doctor banding rotas.

9.3 Integration Joint Boards (IJBs)

The report highlighted the challenges of the financial pressures and the actions being taken to mitigate them. Public consultation on budgets would be undertaken. The strategic plans were being considered including the focus on the integrated impact assessments. There were discussions on how technology could enable care at home with the appropriate support. There had been significant work on mental health. Moray IJB had held the first Community Appointment Day on 11 September, which had been well received by both the public and staff. It supported people to get clinical appointments and provided information on support from other services with signposting community opportunities. There was a planned Community Appointment Day for Aberdeen City. The North East Transformation Group also provided opportunities for best use of resources to avoid duplication.

It was important for the Board to receive highlights of the ongoing work from the IJBs. A fuller collaborative report would be received for future Board meetings.

10 Bed Base Project Gateway Review

The CET had commissioned a project in spring 2023 to consider the number of hospital beds required in Aberdeen Royal Infirmary (ARI) for planned and unplanned care

services. An update was provided of the activities and outputs from the Bed Base project to date. Phase 1 of the Bed Base Review Project evidenced NHS Grampian had too few beds to meet its current demand with the lowest bed base in Scotland. Phase 1 of the Bed Base project delivered 32 of the 120 additional beds required on ARI site, to support frailty and respiratory pathways. Additional capacity was required to achieve the intended outcomes as presented in the original commission. Whilst it was acknowledged that improvement work was vital, increased capacity in the bed base to provide secondary, tertiary regional national services was also critical. The opening of Baird Family Hospital & Anchor Centre would offer an opportunity to increase in-patient capacity in ARI, by repurposing the vacated ward areas. Data was provided on non-standard care beds and it remained the ambition to continue to deliver the best possible care for those in these areas.

The Board discussed the following:

The desire to increase the bed base whilst in the challenging financial position. Work was ongoing with the Scottish Government at different levels to demonstrate how current capacity was utilised in the whole pathway. There would be a requirement to continue to reduce costs and present informed data. It was important to demonstrate and evidence the efficiencies that was already in the system. Work had been carried out with the flow navigation centre to look at alternatives to ensure that patients were getting the right care in the right place. There was a direct link between hospital occupancy and access performance. Patients were being treated in non-standard beds and a balance was required to ensure clinical, financial and safe staffing. The Health Intelligence team provided data to consider model redesign and opportunities within the pathways of care.

The desire for a number of years had been to move away from the hospital setting to community care. However the figures highlighted that the bed base was too low in NHS Grampian.

Discussions were held with other boards to establish what they were doing. However, they had different concerns as their bed base figures did not result in the same impact on unscheduled care. The impact was harder on NHS Grampian compared to other boards in terms of lost activity. Performance in areas out with ARI required to be considered such as under-utilisation at Stracathro Hospital due to no show patients.

The efficiencies and activity against targets and different levels of funding per head of population in other boards were highlighted. The funding was developed under the NRAC formula. The Centre for Sustainable Delivery had found NHS Grampian to be one of the most efficient unscheduled care system in mainland Scotland. The bed base review had calculated 120 additional beds were required at ARI to get to an optimum bed base for 87% occupancy and 70% ARIARI performance at 4 hours. An additional 120 beds would bring the bed rate to 1.6 per thousand population. The closest mainland board, NHS Highland's bed rate was 2 per thousand population with the Scottish average at 2.4.

Due to financial challenges decisions may be taken that would have unintended consequences with different parallel streams of work such as at Community hospitals. Mapping work from different pathways would be taken forward in the Unscheduled Care Programme Board from all parts of the system.

The Board:

- **Agreed the formal closure of Stage 1 of the Bed Base project.**

- **Agreed the development with wider system partners, a business plan progressing to Stage 2 of the ARI bed base review utilising capacity released by the Baird and Anchor projects.**
- **Supported the ongoing discussion with Scottish Government to deliver additional bed capacity, acknowledging financial challenges being experienced by the organisation.**

11 **Agenda for Change Non Pay Reforms**

The Director of People and Culture provided a comprehensive update on the current position. Regular updates had been provided to the Staff Governance Committee (SGC) and a Board Seminar had been held in May 2024. The non-pay reforms on a Reduced Working Week and Protected Learning Time affect 14,500 staff, with the Band 5 Nursing review relevant to all Band 5 Nursing staff. The teams who had worked through the guidance overseen by the Programme Board and the subgroups in partnership across the system were thanked for the progress made across the 3 strands of reforms. There had been significant contributions made nationally to ensure there was consistency across Health Boards and a locally well-informed approach to the roll out of the reforms.

By the time of the meeting, 71% of all Agenda for Change (AfC) staff had moved to a 37 hour working week, a number equivalent to at least 96% of those non-rostered staff confirmed in June as a priority for implementation by end of August. Work was ongoing to support services that ran 24/7 and were on electronic rosters to move safely to 37 hours by end of November 2024 or as soon as it was reasonable to do.

In terms of the Band 5 nursing review, the data from the national portal indicated that NHS Grampian had a proportionate share of the overall number of applications that were live in the portal currently, and was 3rd ranked of the Boards in terms of submitted applications. This reflects positively on the work done in partnership locally with the Royal College of Nursing and the messaging from senior staff that colleagues should not be put off applying by the current financial situation.

In terms of protected learning time, all currently required work had been completed. The Director of People and Culture co-chaired the national group and highlighted more information would be provided shortly following a workshop involving colleagues from across the country to shape the work streams. Whilst less prominent than the other two reforms to date, it was a significant cultural change in terms of how learning time would be genuinely protected within working hours.

Guidance was awaited on the next stages of the reduced working week, moving to 36 hours from the current reduction of 37 hours, and the deadline for the Band 5 nursing review. The challenge going forward would be the affordability of the implementation of the reforms. This would be relevant to the strategic risks detailed in the paper on finance, workforce engagement and service capacity, which were under regular review by the CET, the relevant Board sub committees and the regular updates to Staff Governance Committee

The Board discussed:

The financial and opportunity cost of the significant work undertaken by teams to get to the current position was noted.

Concern was expressed that some nursing staff may not apply for a move to band 6 due to concerns of the financial challenges currently being faced by NHS Grampian. It had been made clear, including in a recent "Ask Adam" video that staff should not feel inhibited

from applying, if they had taken on the responsibility levels of a band 6. It was important that a clear and consistent message was communicated to staff and line management colleagues to support their team members in understanding what the process meant for them. The process required evidence to be provided which was quite lengthy and may be off putting for some staff.

Due to recruitment and retention challenges, a concern was that NHS Grampian could be seen as an outlier in terms of the proportion of nursing staff eligible for band 6 re-grade due to taking on additional responsibilities. This will be addressed by arranging peer review of processes with other North of Scotland Boards.

The Board agreed to receive annual routine updates on the reforms, noting that PAFIC received quarterly progress updates on relevant KPIs and regular progress updates are also provided to the Staff Governance Committee.

The Board was assured that the arrangements established for local implementation of the non-pay reforms were appropriate to the scope and scale of the programme and in terms of the different degrees clarity available nationally on the various elements. Due consideration had been given to the potential impact of the reforms on the Board's strategic risks.

The Board:

- **Confirmed it was assured that the arrangements established for managing implementation of the non-pay reforms were appropriate to the scope and scale of the programme.**
- **Confirmed it was assured that due consideration had been given to the potential impact of the reforms on the Board's strategic risks, and how to mitigate these.**
- **Confirmed it was assured that progress with implementation of the reforms to date was in line with expectations given the different degrees of clarity available nationally in respect of each.**
- **Noting that PAFIC would receive quarterly updates on KPIs related to the reforms, and the Staff Governance Committee would also be appraised of progress at least every six months, the Board would receive annual updates.**

12 Baird and ANCHOR Update

The Project Director provided a comprehensive update on the current position. Project costs continued to rise, mainly due to the changes following the design review process which focused on Healthcare Acquired Infection (HAI) and the key stage assurance review. There were also external factors such as the war in Ukraine.

Following recommendations from NHSS Assure, the Baird and ANCHOR Project Team had been strengthened with the appointment of a Lead Advisor, Shadow Design Team and Technical Advisors/ Commissioning Managers. They were undertaking close scrutiny of both the design and construction of the building, and the additional expertise had been very beneficial for progress over the last few months.

The ANCHOR submission had been made to NHS Scotland Assure (NHSSA) and in conjunction with NHSSA work, an Action Plan was being developed on information to conclude the process and allow the building to move into commissioning phase.

Feasibility studies and technical impact assessments relating to HAI mitigation on both buildings had been received from the Contractor. The Project team and the Advisory team were working through a due diligence process of reviewing those and the impact on the delivery of the buildings.

Regular discussions continued to be held with the Scottish Government in terms of costs for completion of the project and full support had been received.

The provisional programme dates for commencement of functional occupation of the buildings had been set as winter 2024/25 for the ANCHOR Centre and summer 2025 for the Baird Family Hospital. These dates would remain under continued review. There was no indicative date of when the buildings would be available for the start of the functional occupation process. The Project team would continue to report through PAFIC on items of key risk with regular communication with all stakeholders.

A discussion followed on:

A process would need to take place with the clinical team in relation to a safe move into the ANCHOR Centre. Winter was not considered to be the ideal time for a move.

The draft report had been received from NHSSA and this had enabled some actions to move forward prior to receipt of the final report. There was a timeline of 4 weeks from agreement to submit all additional documentation required. As guidance had changed during the course of the project there had been a requirement to back date information previously submitted.

Scottish Government colleagues had received a tour of the facilities on 11 September 2024 by the Medical Director and the Project Director. Discussions had been held on the outcomes of the feasibility studies.

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 matters.**

13 Approved Committee, Forum and IJB Minutes

The following approved minutes were noted:

Committees

- 13.1 Audit and Risk Committee – 12 March 2024.
- 13.2 NHS Grampian Charity Committee – 5 April 2024.
- 13.3 Clinical Governance Committee – 14 May 2024,.
- 13.4 Performance Assurance, Finance and Infrastructure Committee – 17 April and 5 June 2024.
- 13.5 Population Health Committee – 31 May 2024.
- 13.6 Staff Governance Committee – 24 April and 6 June 2024.

Forums

- 13.7 Area Clinical Forum – 1 May 2024.
- 13.8 Grampian Area Partnership Forum – 16 May, 20 June and 18 July 2024.

Integration Joint Boards (IJBs)

- 13.9 Aberdeen City IJB – 7 May 2024.
- 13.10 Aberdeenshire IJB – 29 May 2024.
- 13.11 Moray IJB – 30 May 2024.

14 Any Other Business

There were no other business to discuss.

15 Date of next meeting

- Thursday 10 October 2024