

**NHS GRAMPIAN**  
**Minutes of Meeting of Grampian NHS Board on**  
**Thursday 12 December 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 (Joined 11:47)
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
Cllr Kathleen Robertson	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

**Attendees**

Ms Lisa Allerton	Public Health Manager (Item 9)
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Mrs Louise Ballantyne	Head of Engagement (Item 15)
Dr Daniella Brawley	Sexual Health Consultant (Item 9)
Mrs Christina Cameron	Programme Lead (Item 12.2)
Mr Alan Cooper	Programme Lead (Item 12.1)
Ms Sarah Duncan	Board Secretary
Ms Geraldine Fraser	Portfolio Lead Integrated Family Services
Mr Preston Gan	System Transformation Programme Manager (Item 9)
Mr Stuart Humphreys	Director of Marketing and Communications
Ms Pamela Milliken	Chief Officer, Aberdeenshire Integration Joint Board and Portfolio Lead Aberdeenshire
Ms Fiona Mitchelhill	Chief Officer, Aberdeen City Integration Joint Board and Portfolio Lead Aberdeen City
Ms Alison MacLeod	Strategy and Transformation Lead, Aberdeen City HSCP (Item 10)
Ms Angela MacLeod	Interim Strategy and Transformation Manager, Aberdeenshire HSCP (Item 10)
Professor James N'Dow	Professor of Urological Surgery (Item 7)
Ms Jeanette Netherwood	Programme Manager, Moray HSCP (Item 10)
Louise Pearson	Acting General Manager, Dr Gray`s Hospital, Elgin
Ms Judith Proctor	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Ms Justine Royle	Consultant Urology (Item 7)
Mr Alan Wilson	Director of Infrastructure, Sustainability and Support Services
Mrs Alison Wood	PA/Minute Taker

## **Apologies**

Professor David Blackburn  
Cllr Ian Yuill

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. A transparency statement was made by Mr Robertson for item 7 Infrastructure Investment: Swift Urological Response and Evaluation (SURE) Unit at Aberdeen Royal Infirmary, that he was the Chair of NHS Grampian Charity Committee. Dr Backwell made a transparency statement that she was the Vice-Chair of the NHS Grampian Charity Committee. The Chair and Interim Chief Executive both made transparency statements that they had attended the launch of the fund raising campaign for UCAN in their respective roles.

### **3 Chair's Welcome**

The Chair welcomed everyone to the meeting and highlighted Cllr Kathleen Robertson had joined the Board on 9 December 2024 as the representative of Moray Council. She acknowledged the efforts of staff and partners across Health and Social Care in response to the critical incident declared at the end of November 2024 and passed on the Board's gratitude to colleagues, neighbouring boards and the Scottish Ambulance Service who had supported NHS Grampian through a complex and challenging situation. Surges that had triggered the incident were becoming more common place and the public were urged to collect friends and relatives before midday when possible to aid flow. The Chair acknowledged the extensive work that had been carried out in the preparation and planning for winter and the benefits of closer collaboration in responding to increased demand with partners.

She highlighted the item on the agenda which looked at the future sustainability of services. This recognised the changing landscape in which health and care was being delivered. There was a challenging financial position at a time when complexity of care and demand for services was increasing. The importance of the Whistleblowing Annual Report was acknowledged.

The Chair congratulated Ms Judith Proctor on her appointment as Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray. She also congratulated Aberdeen City on becoming part of the Marmot Programme, which aimed to reduce health inequalities. The Chair acknowledged Professor Fluck, Medical Director, was retiring and thanked him for his immense service to NHS Grampian, his valuable support and his advice to the Board.

### **4 Minute of Meeting on 10 October 2024**

The minute of the meeting held on 10 October 2024 was approved.

#### **4.1 Action Tracker and Matters arising**

Annual Climate Emergency & Sustainability Report 2023/24 on the action tracker was marked as complete as the action was to establish contact with Scottish Government for discussions on how emissions could be reduced and steps which could be undertaken to contribute towards lowering the cost of the levy. The outcome of the discussions would be reported through the usual business processes at Performance, Assurance, Finance and Infrastructure Committee (PAFIC).

### **5 Chief Executive's Report**

The Chief Executive's report highlighted the critical incident declared by the Board in November 2024. He thanked all colleagues that were involved from NHS Grampian and other partner organisations including the neighbouring health boards, Scottish Ambulance Service and Health and Social Care Partnerships (HSCPs) for their collective response. It was noted that people with life threatening conditions were always prioritised and treated locally. The critical incident had allowed NHS Grampian to regain the flow in the hospital. There had also been a diarrhoea and vomiting outbreak at Dr Gray's Hospital (DGH), Elgin in early December 2024, however the Incident Management Team (IMT) had now been stood down and the hospital had resumed business as usual.

Both DGH and Aberdeen Royal Infirmary (ARI) had been extremely busy since September 2024 with occupancy figures well above 100% for a sustained period of time. It was also challenging in HSCPs and community settings. The need to work as a whole system was emphasised with processes for strategic and budget planning working better.

Updates were provided on the Baird Family Hospital and the Anchor Centre, with work ongoing in both buildings and regular contact being maintained with NHS Scotland Assure.

He reflected on finding balance in the report from the challenging and difficult position to include positive innovation stories. It was important to recognise the achievements of individuals and teams and he thanked them for their efforts.

The Board discussed:

The business continuity process on how to communicate to the public during the diarrhoea and vomiting outbreak at DGH was explained. Care homes had also been impacted by the outbreak. Summarised comments from the hot debrief were expected imminently. The deeper dive of the formal debrief would take place within 4 weeks and would build on from the hot debrief reflections to enable lessons to be learned.

The triggers for calling the Critical Incident at ARI included the delay in people being discharged from hospital, the number of admissions and the acuity of the admissions. This would have resulted in an unmanageable situation if the critical incident had not been called.

**The Board noted the Chief Executive report.**

## **6 Forum Reports**

### **6.1 Area Clinical Forum (ACF)**

The Chair of ACF welcomed that the report was being considered earlier in the agenda, which reflected the importance of the work undertaken by ACF. The report had been written prior to the critical incident being declared. Updates from the advisory committees showed a theme of reduced staffing levels which impacted on service delivery.

ACF were keen to engage with the route map of strategic change and had a position on the Strategic Board. The Portfolio Review had been presented to ACF and the 3 main recommendations were broadly welcomed with the emphasis of collaborative working highlighted as the most important benefit.

Discussion followed including:

The report highlighted the difficulties of providing a service with a reduction in staffing including agency staff, due to financial challenges. It was acknowledged that there was a balancing act to consider financial, clinical and staff governance when making decisions. The Chief Executive Team (CET) were considering the procedures/processes to enable the right balance to be struck. A group was being established with the HSCPs and NHS Grampian to work through the implications across the system of certain decisions that may be made. This would form part of the discussion as the budget process was worked through.

Both the Chair of ACF and Chair of GAPF were interacting with CET on impact assessments and would continue to work to find the best balance possible.

### **6.2 Grampian Area Partnership Forum (GAPF)**

The Chair of GAPF noted that the Chief Executive Report, the Area Clinical Forum Report and the Grampian Area Partnership Forum Report, despite being written independently, had similar themes. The report highlighted the challenges of Acute Medical Initial Assessment (AMIA) Test of Change and concerns of staff experience.

The Board discussed:

Staff morale was considered variable. The direction of the route map for strategic change was welcomed as it provided hope about the required transformational change for the future. This was challenging to achieve whilst constantly firefighting as there was a need for headspace to consider the transformational work.

**The Board noted the reports.**

## **7 Infrastructure Investment: Swift Urological Response and Evaluation (SURE) Unit at Aberdeen Royal Infirmary**

The Interim Chief Executive chaired the National Cancer Delivery Board. A programme had commenced which focused on urology as an area that required to be prioritised to reduce the backlog. Details of the work ongoing with UCAN, one of NHS Grampian's Charity partners, to support its goal to develop and fund a Swift Urological Response and Evaluation (SURE), formerly the Rapid Diagnostic Centre (RDC) Unit at Aberdeen Royal Infirmary were provided. The SURE Unit aimed to enable more patients with a suspected

urological cancer to be seen quicker and to have all scans and/or diagnostic procedures during a single visit to hospital.

As this work was fast moving the Chief Executive advised that the recommendations included in the paper were to be revised to be consistent with the national picture. The commission of work would be done rapidly and the delegation of authority would ensure no delays awaiting the board cycle.

The amended and additional recommendations were noted below:

#### Amended recommendation 2

Approved in principle the establishment of the Swift Urological Response and Evaluation (SURE) Unit and noted that the Chief Executive would commission further work to define the alignment of the SURE Unit with other work on modernizing patient pathways, the Bed Base Review and the outputs of the Route Map for Strategic Change and commission an Integrated Impact Assessment on the proposal.

#### New recommendation 3

Delegated authority to the Chief Executive to approve the final expenditure for the project as determined by the commission to define the alignment of the SURE project with other strategic projects affecting service configuration within ARI.

#### Amended recommendation 5

Agreed, subject to charitable funding confirmation, to support an initial period of three years and the conclusion of the Chief Executive's commission on alignment of the SURE Unit with other strategic projects affecting service configuration within ARI, the enhancement of staffing establishment as set out in the workforce plan for project.

The Director of Infrastructure, Sustainability and Support Services presented highlights of the paper. The Asset Management Group (AMG) had been fully involved in the comprehensive business case process with board approval required under the Scheme of Delegation. The AMG had considered the business case in detail at 28 October 2024 meeting and assurances were provided of the readiness of the project to progress to the delivery, subject to concluding the final arrangements discussed in the amended recommendations.

Board discussion followed:

UCAN had been actively fundraising towards the SURE Unit throughout 2024. It had confirmed the following status:

- Funds raised by UCAN for the Unit: £550,000,
- Confirmation that Friends of ANCHOR had pledged to match funds raised as a 50% partner for the Project, and
- An application had been made to NHS Grampian Charity for £1million which was currently under consideration.

There was engagement ongoing with UCAN to put in place a Memorandum of Understanding (MoU) to confirm risk sharing for the funding and delivery of the SURE project. NHS Grampian would require to work closely with UCAN with a staged approach to delivery to reduce financial risk by ensuring funding was in place prior to moving to the next stage.

The Board would be updated on progress of the Chief Executive's commission detailed in recommendation 2 through a board briefing prior to formally returning to a Board meeting later in 2025 for confirmation of the project status.

The project was an example of good work which would benefit the public without Scottish Government funding.

The proposed workforce plan included additional staff (10.5 WTE) to ensure the Unit had the required expertise. This included specialist nurses, ward manager and healthcare support workers. It was recognised that it was not a standalone service and some staff were already funded through a separate part of the project. There was good recruitment and retention of staff, noting that there is a Scotland wide issue with the recruitment for the Pathology Department.

Board members welcomed the work being done by UCAN to create the Swift Urological Response and Evaluation (SURE) Unit at Aberdeen Royal Infirmary. They thanked everyone across the North East who has contributed to this development and were fully supportive of the work to develop it.

#### **The Board:**

- **reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance in relation to the readiness of the organisation to deliver the SURE Unit Project.**
- **approved in principle the establishment of the Swift Urological Response and Evaluation (SURE) Unit and noted that the Chief Executive would commission further work to define the alignment of the SURE Unit with other work on modernizing patient pathways, the Bed Base Review and the outputs of the Route Map for Strategic Change and commission an Integrated Impact Assessment on the proposal.**
- **delegated authority to the Chief Executive to approve the final expenditure for the project as determined by the commission to define the alignment of the SURE project with other strategic projects affecting service configuration within ARI.**
- **agreed, subject to charitable funding confirmation, the commencement of a programme of infrastructure works and equipping required to support the delivery of the SURE Unit at forecast value not to exceed £1.4m to be delivered by NHS Grampian.**
- **agreed, subject to charitable funding confirmation to support an initial period of three years and the conclusion of the Chief Executive's commission on alignment of the SURE Unit with other strategic projects affecting service configuration within ARI, the enhancement of staffing establishment as set out in the workforce plan for project.**

#### **8. Board Assurance Committee Terms of Reference**

The Board Secretary advised that the revised Terms of Reference had been considered by each committee and were presented for approval. There was an update on the position of the Spiritual Care Committee; following a review at the beginning of 2024 it had been determined it should no longer be a Board Committee. Arrangements had been put in place with the Nursing, Midwifery and Allied Health Professionals Directorate and reported through the Executive Nurse Director.

The Board discussed:



The PAFIC Terms of Reference would be amended to state review every 2 years rather than 3 years.

The intention would be for each Board Committee to appoint a Vice-Chair to deputise if the Chair of the Board Committee was unavailable.

#### **The Board:**

- **approved the revised Terms of Reference for the Board's five assurance committees: Audit and Risk Committee, Clinical Governance Committee, Performance, Assurance, Finance and Infrastructure Committee, Population Health Committee and Staff Governance Committee.**
- **agreed that the Terms of Reference to be reviewed every two years, with the option for any Committee to make any amendments during that time if necessary, subject to Board approval.**

## **9. How Are We Doing Report**

The Director of Finance introduced the How Are We Doing Performance Report. The Performance, Assurance, Finance and Infrastructure Committee (PAFIC) had received an in depth report on 27 November 2024 on the progress of the 100 deliverables for Quarter 2 and were assured of the reporting and assurance of the process.

Dr Daniella Brawley provided information on the key performance indicators (KPIs) on the abortion performance and explained the timescales within the Healthcare Improvement Scotland (HIS) standards. The service had been flexed to meet time-dependent abortion care. KPI 1 worked well. KPI 2 was more complicated as it involved scanning capacity and the potential need for inpatient care. Prevention was considered the best way forward with increased access to all methods of contraception a priority. It was important to find a concise way to continue to offer factual information to combat misinformation, such as on social media and provide easy access to contraceptive methods to ensure that informed choices could be made.

The following points were discussed:

The use of milestones in the report aided the Board to undertake scrutiny of how performance was progressing.

Work was underway to improve the time taken to respond to complaints. NHS Grampian Feedback Service was only one part of the process to responding to complaints with the review and investigation of complaints completed by colleagues on the ground who delivered services. There were capacity challenges to action within the timescale as colleagues prioritised those currently within the system requiring care. Targeted work was undertaken in one of the portfolios in September 2024 to look at a number of complaints received over a period of time and what was required to aid completion of responses. The new process had been rolled out in other areas of the system to support colleagues. It was noted that whilst information on complaints was included in the HAWD report, compliments for colleagues were not. There had been a cross system learning event in November 2024 in relation to improving communication with continued work to understand how it presented to those accessing the services.

Balance was required between being ambitious whilst also realistic on what was achievable when setting targets for next year. The Scottish Government had issued new guidance for the Annual Delivery Plan which was currently being worked through. The challenges were being considered both locally and nationally.

The Board was assured that preventative action was progressing on track.

As part of the Putting People First project, a report on the Community Appointment Days and work that had been ongoing on how real time feedback could be tested would be provided to a Board meeting in 2025.

It was acknowledged that it could be challenging to improve the statutory and mandatory training figures due to capacity and demand pressures. It was important that managers highlighted the modules that should be prioritised so that the mandatory training time could be used wisely.

**The Board:**

- **approved the progress on Quarter 2 performance reporting (FY2024/25).**
- **reviewed the HAWD Board Performance Report (Q2 FY2024/25) and evaluated whether the performance data and insights enhances clarity and strengthens performance assurance.**
- **decided that the "Key Organisational Enablers" section added value and impact by effectively highlighting functions that supported system-wide performance and aligned with the "Plan for the Future.**
- **recognised ongoing performance risks and mitigated actions supporting Deliverable and KPI achievement, maintaining progress toward year-end goals.**

## **10 Integration Joint Boards (IJBs) Annual Performance Reports**

The three Integration Joint Boards Annual Performance Reports provided an overview of their performance in planning and carrying out the integration functions for which they were responsible. The activity undertaken by Aberdeen City, Aberdeenshire and Moray HSCPs contributed to the delivery of NHS Grampian's Plan for the Future. There were a number of recurring themes in the reports which provided a lot of detail in terms of the work that each of the HSCPs were doing under the umbrella of the IJB's strategic plans. The presentation provided highlights from each report including the key achievements and common challenges. It was noted that the current strategic plans for Aberdeen City and Aberdeenshire were to the end of 2025 and significant engagement had been undertaken to help shape the development of new strategic plans to consider the need to change and prioritise future delivery of services, given the challenges faced. The Moray HSCP strategic plan had been refreshed in 2022 and covered a 10 year period. Work was also underway to incorporate and prioritise transformational work required to support the sustainable provision of services. The HSCPs worked closely with planning colleagues in NHS Grampian for an integrated planning approach. Financial stability in the longer term would only be achieved by working in partnership with colleagues.

The Board discussed the following:

Timeline for HSCPs transformational work would be dependent on the transformation activity of NHS Grampian. The issues to be resolved needed to be clear and evidence provided that the planned changes would make a difference. There was also a need to transform the way work was done with and to support communities, especially for the preventative agenda. The GP Visioning Programme was an example of collaborative work across the HSCPs that had extensive involvement from the General Practices. The programme stabilised what was already in place and considered what vibrant Primary Care would look like in the future.



Collaboration between the three IJBs and NHS Grampian was important to ensure there was no unintended consequences of decisions taken in each part of the system. There were some overlaps with the strategic plans and communication to the public across the system required a consistent approach.

#### **The Board:**

- **reviewed and scrutinised the information provided in relation to the three Integration Joint Board (IJB) Annual Performance Reports (APRs) and in the presentation to the Board at the meeting and confirmed that collectively this provided assurance that the IJBs were progressing their strategic priorities and were performing in a way that contributed to the strategic priorities of NHS Grampian.**
- **noted that the HSCP Annual Performance Reports would continue to be presented to the NHS Grampian Board for awareness and assurance that performance was continuing in line with expectations.**
- **noted that performance against key metrics managed and monitored by the HSCPs were also included within the quarterly 'How Are We Doing' reports submitted to the NHS Grampian Board on progress against the Board's approved Annual Delivery Plan.**

## **11 Strategic Risk Management Report**

The Medical Director reflected on the different pressures faced in the system and in the NHS in general. Ms Matthews, Corporate Risk Advisor, highlighted that the report detailed the strategic risk profile and gave details of the risks on the strategic risk register. Four of the current strategic risks were out with NHS Grampian's agreed tolerance levels despite the best efforts to mitigate these risks by the Chief Executive Team, the aligned Executive Leads and their teams. The current management, scrutiny and oversight of Strategic Risk was explained.

Despite providing assurance that everything that could be done to mitigate or improve the situation was being done, NHS Grampian was unable to achieve the required level of change and improvement to successfully control these four risks, and provide a safe environment for patients and staff. This resulted in these strategic risks breaching acceptable risk tolerance levels, primarily due to lack of resources. Two new risks were identified and added to the register. Themes were seen of the difficulties around the management of risks, given the current operating environment.

The report also provided information regarding ongoing national work on the adverse event framework which affected the NHS Scotland Core Risk Matrices, and how this impacted on the Board's Risk Appetite Statement. The new risk matrices should be finalised in the new year which would result in the NHS Grampian's Risk Appetite Statement requiring to be updated in light of the updated categories and operating environment.

The Board discussed:

Competing risk analysis - Issues of cybersecurity risk linked to the inclusive environment for the workforce with the systems and stakeholders. This often had an impact on usability and was governed by national policies. Balance was required between the risks to find the right way forward. National conversations were taking place, however, the resolution may not always be to everyone's satisfaction. The next step if risks could not be mitigated - issue of the 4 strategic risks with the highest level of rating were raised with the Scottish Government at the formal mid-year review held with the Chief Operating Officer (COO), NHS Scotland. The Chair and Interim Chief Executive had subsequently requested to meet with the COO and his team and a response was awaited. The NHS

Grampian Board Seminar in January 2025 will refresh understanding of the strategic risk management process, update the risk appetite statement and agree amendments to the process for new risks and intolerable risks.

Discussions were taking place at national level with professional groups such as Medical Directors on how to define the risks board by board. Part of the work on updating the NHS Scotland risk matrices was how to achieve consistency in terms of risk was viewed and how the risks were rated.

#### **The Board:**

- **reviewed and scrutinised the information provided in this paper and confirm that it provided assurance that:  
work was ongoing in the development and management of Strategic Risk, and evidence of this had been provided to the Boards satisfaction.**
- **agreed to review and update of the Risk Appetite Statement, in light of the revised NHS Scotland Risk Matrices, and the approach to managing a Board risk profile that was out with risk appetite and tolerance levels at the Board Seminar in January 2025 with an updated Strategic Risk report reflecting agreed changes to come to the Board in February 2025.**

## **12 Sustainability or Sustainable Services**

### **12.1 Route Map for Strategic Change**

The Executive Nurse Director acknowledged and thanked the colleagues across the system, including HSCPs, who had contributed to the route map process. Mr Cooper highlighted that the current health and care model was unsustainable with the health of the population worsening. The paper described the development of a route map which would build on existing plans and set out the building blocks for the strategic change programme initially for the next four years. The framework had been informed by discussions across the organisation and with the advisory structures and was aligned to the Delivery Plan.

The Route Map would set out how NHS Grampian would achieve the Plan for the Future by placing a strong emphasis on transforming models of care, improving performance and maximising the use of the existing resources to provide the best value. A focus on prevention, particularly on tackling health inequalities, was required. The work required to be built on the strong relationships across the North East with a move from cooperation to collaboration. The plan required to be realistic and sustainable. The Route Map would be developed together with partners, citizens and colleagues.

A Grampian Health and Care Strategic Change Board was established in November 2024 to promote whole system coordination, leadership and oversight of strategic change priorities across NHS Grampian and the three IJBs. A formal proposal would be presented to the three IJBs at the earliest opportunity in 2025.

Discussion followed including:

The Chair, Interim Chief Executive and senior colleagues were attending the three Local Authority Councils on a six monthly basis to provide engagement updates on issues and the direction of travel.

The reform of NHS Scotland, including the population health approach, had been discussed at the National Chief Executives meeting to ensure consistency across the country. The Scottish Government's three intentions were:

- Prevention to move more activity from Secondary Care to community settings.
- Accelerated use of digital technology to modernise the system.

- In parallel, Boards across the country required to develop a plan to deliver these objectives.

As the plan was developed it was important to consider the barriers in the past and what had been learned. There was a requirement to be aspirational with the need to do things differently whilst working within 90% of the existing financial budget. Redesign would be essential across pathways and system wide. There was a commitment to maintain the current investment in prevention investment. There was greater collaboration between partners at a financial level on projects.

It was noted that it was everyone`s responsibility, in all different roles, to play a part in the cultural change necessary to deliver the transformational change required.

Consideration was required in the use of language when working with partners. The bridge between the Strategic Plan and the Delivery Plans were essential and engagement with partners critical throughout the whole process.

#### **The Board:**

- **reviewed and discussed the approach to developing the Route Map for Strategic Change outlined in the report.**
- **endorsed the Route Map approach contained in the paper.**
- **endorsed progressing the exploration of reform and strategic change with IJBs, citizens, partners and colleagues.**
- **endorsed a Board workshop in early 2025 to review and discuss proposed strategic change, prioritise key focus areas, underpinned by our Putting People First ambitions and ensuring compliance with statutory requirements for engagement.**
- **approved the revised timeline for Plan for the Future from 2028 to 2032 to allow a realistic, safe and sustainable approach to reform and change.**
- **requested that the next phase of the Route Map was brought back to the Board in Q4 2024/25 aligned to submission of draft 2025/26 delivery and finance plans. The Board would receive updates on the Route Map at least 4 times per year.**

## **12.2 Dr Gray`s Hospital Strategy Planning**

There was a need to consider what a revised approach for Dr Gray`s Hospital (DGH) would include, as part of the Route Map to Strategic Change and a refreshed approach to integrated planning. Operational challenges were currently being experienced at DGH and a revised planning approach to deliver the agreed strategic intent was essential.

A presentation was provided which set out the context and the journey to date, as well as the proposed new approach which would deliver the benefits of Dr Gray`s Hospital (DGH) to the citizens of Moray, Grampian and the North East of Scotland. It set out the revised route to delivering the agreed strategic intent, whilst building on work already completed to achieve the strategic vision for the hospital, to achieve safe, effective, high quality care at DGH in a long term model that was sustainable and affordable.

The financial position faced by NHS Grampian had resulted in a significant change to the operating environment in DGH and across the rest of the system since the DGH Strategic Plan had been approved in February 2023. Whilst the strategy was correct the

Implementation Plan required to be refreshed to provide an agile response to changing situations. Work would build on the extensive engagement that had already been carried out with a wide range of stakeholders. There was an appetite for radical thinking to reassess the approach. DGH was a vital integral part of the NHS Grampian system. The planning approach would include an initial period of 3 months to develop a revised draft Implementation Plan in the first quarter of 2025. This would provide an updated position and a reassessed look at the actions and the changes required to deliver the strategic vision for DGH.

The Board discussed:

The suggested timescale of 3 months for the revised draft Implementation Plan satisfies the need to do the work reasonably quickly and ensure it is done well. The draft plan would set out some well-informed options for the next phase of the planning work. The Board was assured that the planning team would provide regular informal touch point sessions for the Board to provide guidance and direction and formal reports at Board meetings with regular updates at the Chief Executive Team (CET) meetings. The draft plan would be presented at the Board meeting following the 3 month period.

Culture would be a critical element to the success of the strategy and would be linked to work on the culture development across NHS Grampian. The recently published NHS planning guidance re-emphasised and strengthened working in a place based way for the citizens.

As the work developed further engagement with staff would consider more detailed specific models. This would also encourage buy-in and ownership from colleagues and the public.

**The Board:**

- **reviewed and discussed a revised approach to achieving the Strategic Intent for Dr Gray's Hospital.**
- **endorsed progressing the exploration of a revised approach, through integrated service planning and engagement as set out in the paper.**
- **approved the resources required to undertake appropriate planning and engagement work.**
- **requested that a Draft Plan be brought back to the Board in Q4 2024/25 for discussion and review.**

## **13 Update on NHS Grampian Financial Position**

The Director of Finance advised that the financial position continued to be challenging. There had been a further improvement in the forecast reported in October 2024 to below the £59 million financial gap advised to Scottish Government at the start of the financial year. There was no provision for contributions to overspends incurred within the three IJBs. Once this was included, the gap would increase to £73.1 million and would increase further with November 2024 figures. The major financial risks highlighted were the changes in the pay settlement and the provision for overspends incurred by the IJBs. The Scottish Government budget on 4 December 2024 announced a 3% uplift and that planning should include 3% pay awards. NHS Grampian would have a projected deficit of over £100 million for 2025/26. NHS Grampian would continue to work closely with Scottish Government on a three-year plan to return to financial balance.

Board discussion included:

Progress on the Savings Programme was highlighted. Work was ongoing to establish whether any of the savings would be recurring and what level of risk was acceptable.

Scottish Government had advised that there would be no brokerage in future years. Discussions would require to take place in relation to the balance over the next three years and would be raised at a national meeting on 12 December 2024. The external auditors had advised that if there was an overspend above the brokerage level their audit opinion in the financial accounts would be modified. A briefing note would be provided to the Audit and Risk Committee and to the Board providing more information on the implications of this.

A National Communications Group was considering national messages from the Scottish Government. NHS communication was being developed to highlight the financial position. There required to be balanced messages whilst being transparent of the challenges faced from a financial perspective. The 3% settlement uplift by Scottish Government was welcomed, however, much of this was accounted for by the pay up lifts and already factored into the budget. Messaging on the reform agenda and sustainable financial position in the future would be important.

#### **The Board:**

- **noted that NHS Grampian had a revenue overspend of £39.0 million at the end of October 2024 and a projected revenue overspend for the year of £73.1 million.**
- **noted that detailed financial planning was underway to set the revenue budget for 2025/26 and refresh the Medium Term Financial Framework, and noted the potential scale of the financial challenge facing the Board in future years. This planning would be informed by the Scottish Government budget announcement on 4 December and the output of phase 2 of the external diagnostic review.**

## **14 Winter**

### **14.1 Planning for Winter 2024/25**

The Portfolio Lead for Medicine and Unscheduled Care provided an update on the Winter Preparedness Plan, which outlined the processes and arrangements that had been put in place for a whole system approach over the winter period. The plan followed the approach set out in the Scottish Government 2024/25 Winter Preparedness Plan, with four main priorities including keeping people safe and well at home as much as was possible with access to support in the community to avoid the need for hospital care, the role of Primary Care and prevention planning. The wellbeing of staff was key to ensuring the preparedness of the organisation for a period that would bring additional challenges and demands. The Winter Preparedness Plan sat alongside existing service Business Continuity Plans and linked into planning with the local authorities. Effective communication was important to ensure the public knew where to turn to, at the right time and what support would be available to them. With the financial challenges and limited capacity faced by NHS Grampian and partner organisations, it was important to ensure the services were planned as efficiently as possible.

Discussion followed including:

The importance of collaboration across the system was emphasised including work in community setting to support everyone through the winter period.



The uptake of the staff vaccination programme tended to be quite low which was also a national issue. Figures were tracked with CET having oversight. Pop up clinics to help staff attend for vaccinations had been set up at a variety of locations. Staff were encouraged to take up the opportunities for vaccination with managers to release staff to attend appointments. It was the individual decision of staff members to be vaccinated.

The financial challenges meant that there had been no additional funding available for winter specifically, when in previous years additional capacity had been purchased in community settings e.g. intermediate care beds to reduce delayed discharge to help flow. Planning had been done jointly with HSCPs within existing resources. The good work of the Flow Navigation Centre was provided as an example.

## **The Board endorsed the NHS Grampian System Wide Winter Preparedness 2024/2025 Plan.**

### **14.2 Temporary Bed Capacity Increase – Additional Expenditure**

The Bed Capacity Contingency Plan, which had been under development for several months, would enable additional bed capacity to be stood up at pace over a short term period to stabilise the system. The plan was enacted as a response to the Board Critical Incident on 28 November 2024. Occupancy levels at ARI averaged 111% and at DGH 124% in the week leading up to the critical incident and had not been under 100% occupancy since September 2024. There had been an adverse trend in delayed discharges. It was unlikely that the four identified areas for additional capacity would be open at the same time. Weekly monitoring of the key triggers was taking place to understand the system pressures.

There was no provision within the projected overspend reported to the Board of £73.1 million to meet the costs of the Bed Capacity Contingency Plan. Any expenditure incurred would further increase the Board's financial deficit.

The Board discussed the following:

To ensure safe staffing, with the existing staff already stretched and under pressure, the consultation considered different staffing options to ensure safe and sustainable care was provided in any additional areas. The preferred and most sustainable option was for an external healthcare contract as it would not be sustainable for existing staff to care for additional patients in additional areas.

Some of the areas identified for additional bed capacity were in community settings and involved a collaborative approach.

#### **The Board:**

- **retrospectively noted the associated financial spend required to respond to the critical incident declared on 28 November 2024**
- **agreed that in order to provide some mitigation of the intolerable risks relating to NHS Grampian's inability to meet demand in both Planned and Unscheduled Care pathways and learning the lessons from the recent critical incident at ARI in November 2024, bed capacity across the system must be increased to stabilise the system over the winter period.**
- **noted the unavoidable additional costs to increase bed capacity to stabilise the system over the coming months, noted there was no provision in the**



**current financial plan for these costs and that this commitment would increase our projected overspend.**

- **noted that there was ongoing engagement with Scottish Government in respect of NHS Grampian's financial position and the predicted unavoidable costs of increasing bed capacity to meet winter surge demand**

## **15 Whistleblowing Annual Report**

The Director of Infrastructure, Sustainability and Support Services introduced the Whistleblowing Annual Report and the Head of Engagement provided an overview including the main highlights.

Staff learning modules continued to be undertaken. To raise awareness, visits were undertaken by the Responsible Officer, the Whistleblowing Champion, Head of Engagement and Whistleblowing Speak-Up Manager to various departments, to shared learning events and other forums. Eighteen Speak-Up Ambassadors had undertaken two days' accredited training which enabled them to support people who raise concerns.

Discussion followed including:

It was important that individuals across the organisation felt that concerns could be raised.

Mr Donald, Board Whistleblowing Champion, highlighted the work done by the Head of Engagement and her team. The report demonstrated the breadth and depth of work that was undertaken. It was important to raise awareness of the standards and to encourage people to raise concerns.

Whilst there was still learning to be done across the organisation, it was important to acknowledge how much learning had taken place on Whistleblowing.

The Chair of Staff Governance Committee commended the standard of the quarterly whistleblowing reports which were considered and approved by the Staff Governance Committee. For timing reasons, the Whistleblowing Annual Report had come directly to the Board for consideration, however, a copy of the Annual Report had been shared with all members of the Staff Governance Committee by email with reflections or comments requested.

### **The Board:**

- **was assured that the Whistleblowing Standards, introduced in April 2021, were being implemented effectively.**
- **would continue to receive annual reports, as required by the Whistleblowing Standards.**

## **16 Approved Committee, Forum and IJB Minutes**

The following approved minutes were noted

### **Committees**

16.1 Staff Governance Committee – 22 August 2024.

16.2 Performance Assurance, Finance and Infrastructure Committee – 25 September 2024.

16.3 Population Health Committee – 27 September 2024.

16.4 Clinical Governance Committee – 13 August 2024.

16.5 NHS Grampian Charity Committee – 7 June 2024.

## **Forums**

16.6 Area Clinical Forum – 18 September 2024.

16.7 Grampian Area Partnership Forum – 15 August and 17 October 2024.

## **Integration Joint Boards (IJBs)**

16.8 Aberdeen City IJB – 24 September 2024.

16.9 Moray IJB – 26 September 2024.

16.10 Aberdeenshire IJB – 28 June and 21 August 2024.

## **17 Any Other Business**

There was no other business to discuss.

## **18 Date of next meeting**

- Thursday 6 February 2025