

APPROVED

**NHS GRAMPIAN**

**Minutes of Meeting of Grampian NHS Board on  
Thursday 6 October 2022  
at 10.00am  
(virtually by Microsoft Teams)**

**Present:**

**Board Members**

Dr John Tomlinson (Chair)	Non-Executive Board Member/Interim Chair
Cllr Ann Bell	Non-Executive Board Member
Dr June Brown	Executive Nurse Director
Cllr Tracy Colyer	Non-Executive Board Member
Mrs Kim Cruttenden	Chair of Area Clinical Forum/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
Mrs Luan Grugeon	Non-Executive Board Member/Interim Vice Chair
Mr Steven Lindsay	Employee Director/Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Mr Sandy Riddell	Non-Executive Board Member
Mr Dennis Robertson	Non-Executive Board Member
Mrs Susan Webb	Director of Public Health/Portfolio Lead Population Health
Cllr Ian Yuill	Non-Executive Board Member

**Attendees**

Mr Paul Allen	Director of Infrastructure and Sustainability
Ms Julie Anderson	Finance Manager (Item 6)
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Mrs Kate Danskin	Chief of Staff
Mr Gerry Donald	Head of Property and Asset Development
Ms Sarah Duncan	Board Secretary
Mrs Alison Evison	Chair Designate
Miss Lesley Hall	Assistant Board Secretary
Mr Stuart Humphreys	Director of Marketing and Corporate Communications
Mr Garry Kidd	Assistant Director of Finance (Item 6)
Ms Geraldine Lawrie	Head of Workforce (Item 6)
Mrs Sandra MacLeod	Chief Officer, Aberdeen City Integration Joint Board and Portfolio Lead Medicine and Unscheduled Care, and Mental Health Services
Miss Jenny McNicol	Portfolio Lead Children`s and Family Services
Mr Gary Mortimer	Senior Responsible Officer National Treatment Centre Grampian (Item 6)
Mr Jason Nicol	Head of Service
Ms Manju Patel	Project Director (Item 6)
Mr Alasdair Pattinson	General Manager, Dr Gray`s Hospital (Item 7)
Mr Tom Power	Director of People and Culture
Ms Pauline Rae	Workforce Service Manager (Item 6)
Mrs Lorraine Scott	Director of Planning, Innovation and Programmes
Mrs Cathy Young	Head of Transformation (Item 6)

## **Apologies**

Mrs Amy Anderson	Non-Executive Board Member
Mrs Rhona Atkinson	Non-Executive Board Member
Professor Siladitya Bhattacharya	Non-Executive Board Member
Mr Simon Bokor-Ingram	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Professor Caroline Hiscox	Chief Executive
Ms Pamela Milliken	Portfolio Lead Aberdeenshire

Dr Tomlinson, Interim Chair, welcomed everyone to the meeting including the public and media. In particular, he welcomed Mrs Alison Evison, the recently appointed chair who would be taking up the role from 10 October 2022, who was attending the meeting as an observer.

It was noted that the meeting was being recording for publication on the NHS Grampian website.

### **1 Apologies**

Apologies were noted as above.

### **2 Declarations of Interest**

There were no declarations of interest.

### **3 Interim Chair and Deputy Chief Executive's Introduction**

Dr Tomlinson acknowledged that this was the first Board meeting since the passing of Her Majesty The Queen and wished to extend condolences to King Charles and the Royal Family.

He advised that the ANCHOR Centre, which would provide a much improved environment for cancer services, had reached a significant milestone would be opening in a year's time. He reflected on colleagues' support for the current inaugural "Speak Up" week.

He highlighted four significant items being presented at the meeting and acknowledged the significant effort of colleagues across the health and care system:

- Performance Report highlighting system pressures
- Delivery Plan to March 2023
- Strategic Review of Dr Gray's Hospital
- Preferred Site for National Treatment Centre

Dr Tomlinson formally welcomed two recently appointed Board Members to their first formal Board meeting: Mr Steven Lindsay, Employee Director and consequently a Non Executive Board Member from 1 September 2022, and Mr Alex Stephen, Director of Finance.

He thanked everyone for their support during his time as Interim Chair and particularly, Mrs Luan Grugeon, Interim Vice Chair, the Chief Executive, Chief Executive's Team and other Board members.

Dr Coldwells thanked the Interim Chair for all his input during challenging times and for being an effective advocate for NHS Grampian in national forums. The Board would continue to draw on his experience and wise counsel as he continued on the Board. On behalf of the Board, he stated that members looked forward to working with the new Chair

and to help her understand the complexities of the organisation to successfully lead it in the future.

He pointed out the extreme pressures in unscheduled care and emphasised messages about the appropriate use of Emergency Department and consulting “Know Who To Turn To” for information about pathways of care. He thanked staff for their commitment and dedication to their work, to provide the best care they could as they continued to face challenging circumstances.

He also highlighted the significant challenges to citizens and services of the forthcoming winter, potential risks of Covid, flu and other respiratory illnesses, and the impact of enduring pressures on the system. The financial challenges would be picked up later in the meeting.

#### **4 Minutes of Meeting on 4 August 2022**

The minutes were approved.

##### **4.1 Matters arising**

Item 9 – Risk Appetite Statement: Ms Sarah Duncan advised that a date for a workshop was being arranged.

#### **5 System Pressure Performance Report**

Mrs Danskin explained that the data set in Appendix 1 of the report focused on system pressures and remained in the format which focused on system pressures data at a point in time. A refreshed Performance Assurance Framework was being developed and drafts of formats of reports to align to the framework were being created and would be considered by the Board.

The position at 14 September 2022 showed increasing pressures, with the system escalation process (G-OPES) levels rising and ambulance waiting times increasing. There were challenges for elective care, very high levels of hospital bed occupancy and similar capacity challenges for social care and care home. Work to respond across the system continued at pace.

Dr Brown gave an overview of the impact of continuing unscheduled care pressures. She reflected on the pressures of the previous weekend, about which the Board had previously been briefed. As a result, a business continuity approach was being used to support and address the risk experienced by NHS Grampian and Scottish Ambulance Service (SAS). The pressures were multifactorial including the acuity of patients who were staying in hospital longer. Flow out of the hospital was also a factor with challenges of care home access, transfers of care and delayed discharges. There was also reduced staffing across the system including in hospitals and the community.

Dr Fluck shared information on overall winter tactical planning including scenario planning which involved public health and University academic colleagues. There were traditional challenges of weather events, infection/viral episodes. In addition, there were sustained pressures in the post-Covid environment as well as the economic pressures in society.

The tactical plan had three main core elements:

- Business as usual approach with the G-OPES escalation process being revised
- Portfolio system management approach
- Unscheduled Care

It would be necessary to optimise patient flow, ensure contingency arrangements and allow for capacity surge.

The Board would have further discussion before signing off the tactical winter plan.

Ms MacLeod explained the unscheduled care work underway and key areas of work being developed with partners, including the following in October and November: Hospital at Home, Cardiac Cath labs capacity, and Triage and Assessment. It was important for people to go to the right place at the right time. A test of change had been accelerated that week for the Scottish Ambulance Service (SAS) to “Call before you convey”. This would help protect planned services and had already had a positive impact.

Mr Bachoo explained the work relating to planned care. He advised that the data at a point in time had to be considered in the context of enduring challenges resulting from the last two years. Focus had to remain on clinical risk balanced by the priorities and targets set for those who had waited too long for planned care. Capacity had to be considered and risks judged and managed. It was necessary to look at internal efficiencies, additionality and opportunities regionally and nationally for example the forthcoming National Treatment Centre in Highland, Golden Jubilee, Forth Valley and Centre for Sustainability. Financial challenges had significantly reduced the opportunity to use the independent sector.

Queries raised by Board Members and responses included:

Public messaging about extreme pressures – messages the previous weekend had gone out by social media with input from the corporate communications team requesting the public to use other options rather than come to the Emergency Department (ED) if not an emergency. Mr Humphreys reflected on the need for communication about prevention and reminders about the directions set out in “Know Who To Turn To” (KWTTT). The public had to be supported to use other options than ED, for example directing them to 111. It was noted that people presenting were older and more ill, as a result of the last two years. Dr Fluck emphasised communication had challenges about both the message and how it was delivered to direct people to appropriate services. It was necessary to refresh the KWTTT campaign and to simplify messages as the healthcare system had changed significantly and become more complicated.

Communication - was an important element of planning. Messages about getting to the right place at right time were needed. Work was being taken forward with partners regarding prevention, about what people can do themselves and support available in communities to keep well at home. The intention was to increase communications in the run up to winter. The Communications Cell worked with NHS 24 and 111 to make it as easy as possible for people to get help from most appropriate part of system.

Care homes – a number of care homes had been closed for various reasons the previous weekend. These closures did not relate to staffing levels so workforce had not been redirected from elsewhere. Care Home support teams reported regularly and there was significant governance relating to care homes and around the support provided to them.

Connections with community planning partners - these were vital and it was necessary to signpost individuals to the support relevant to them and to take action to prevent illness associated with poverty. Mrs Webb provided examples of Making Every Opportunity Count and the Benefits App developed by Aberdeen City partners and stressed the need to make sure staff were able to signpost people appropriately. The Winter Wellness Plan was part of the tactical winter plan.

Acuity of patients presenting – anecdotally people presenting were more unwell and this was being analysed. There were various views but no definitive answer with possible factors impacting on this including the backlog in services, the environmental situation generating stress and chronic disease management having paused during the pandemic. Work was ongoing with GPs and primary care partners to address these issues.

Support for staff - staff were commended for the work they were doing under significant pressures. The Board noted that work continued with training and education to ensure future staffing capacity. Each Health and Social Care Partnership (HSCP) was working on surge plans and new models with primary and social care colleagues, and also voluntary and third sector, on building communities. The whole system was connected on a daily basis to identify gaps. Mr Power reflected that NHS staff were citizens and faced pressures outwith, as well as in, work. He advised that the “We Care” programme had success with the peer support, for example training to help with mental health issues. Pressures continued and it was necessary to recognise there had been limited respite for staff. Their wellbeing was important so they had to be encouraged to take breaks and holidays.

Comparison with other Boards in Scotland – the Interim Chair and Deputy Chief Executive reported from national meetings that other areas were facing similar pressures and challenges and that learning from others was shared.

Professor Fluck provided reassurance about regular dialogue at national groups such as the Chief Executives’ Group and the Scottish Association of Medical Directors that included healthcare organisations involving 111, to jointly address issues to make the system more effective and to direct people appropriately.

Board members agreed that the information provided had been helpful and welcomed being briefed on what was being done to address challenges, for example the test of change. It was noted that the totality of interventions would help to make improvements but it was difficult to give a timeline for when staff would feel a positive impact.

Appendix 2 related to the Finance Summary Report.

Mr Stephen referred to the dashboard in the report and highlighted the forecast overspend of £30 million due to sustained operational pressures and inflationary costs. The Chief Executive’s Team was taking this very seriously and had approved a local value and sustainability plan which would be approved through the Board assurance structure at the Performance, Assurance, Finance and Infrastructure Committee (PAFIC).

He highlighted the reliance on non-recurring savings that would not be available in 2023/24 and that additional recurring financial savings would be required. To assist with this, the budget-setting process for 2023/24 would be brought forward and the Board would be provided with regular updates throughout the budget-setting process.

Mr Stephen advised of some actions in the value and sustainability plan that were not yet factored into the forecast and which should be able to reduce the forecast. There were a number of risks to be taken into account such as the finalisation of pay awards and additional costs of winter which were being monitored. The level of uncertainty in the system made it difficult to achieve the level of savings required. He assured the Board that there was a plan in place to bring the Board down to the £20 million level.

The PAFIC on 19 October 2022 would be looking at the finance aspects in greater detail on behalf of the Board.

**The Board reviewed and scrutinised the report and noted that the demand across the system continued to challenge the ability to consistently meet the three previously set Operation Iris objectives and to achieve performance targets. The Board was assured that all was being done that can be reasonably expected in the context to meet the objectives and to improve performance.**

**The Board acknowledged the work going on through the system leadership teams and the service delivery teams.**

## **6 National Treatment Centre Grampian – Proposed Site Option**

Mr Bachoo introduced the update item on the commitment given to the Board in July 2022 relating to the preferred place to build the National Treatment Centre Grampian (NTC-G) known as the Estates Site on the Foresterhill Complex. This followed a comprehensive and detailed examination by the team and stakeholders since July 2022. The papers described the systematic and validated process used to reduce an initial list of 32 places across Grampian to the preferred site. A number of challenges remained which would be addressed and resolved in the next phase during the Outline Business Case (OBC)

Mr Gerry Donald, Head of Property and Asset Development, presented on the process and methodology to assure the Board on governance processes. He highlighted the more succinct brief's requirements and the process to assess the 32 identified sites, 5 of which were on the Foresterhill site. He explained the site assessment criteria and weighting, and the scoring and weighting process. This had considered the areas of deprivation scattered throughout Grampian, more so in the larger settlements. He showed maps of site locations throughout Grampian that were considered including five sites on Foresterhill. A map of the final two sites to be considered on the Foresterhill site showed the constraints and development opportunities. He explained the outcome of scoring against criteria and weighting, and provided more detail and potential developments of the final three sites: Estates Office Site, Raeden Site and Gateway Site near P&J Live Aberdeen on the A96. The final three options had been considered at the non-financial benefits workshop in September 2022 and very narrowly the preference had been the Gateway Site. However, having considered non-financial benefits alongside the financial appraisal, the preferred option was the Estates Office site.

Mr Mortimer, Senior Responsible Officer, explained the next steps and programme to Outline Business Case (OBC), Full Business Case (FBC) and construction. Of the 4½ year programme, 50% of the time related to construction and 50% to the remaining planning stages. There was ongoing dialogue with Health Facilities Scotland and Scottish Government to ensure plans remained robust and realistic. NHS Assure audits at both OBC and FBC would add time to the process but steps would be taken to mitigate any additional delays. He explained the governance processes including eight task and finish cells and highlighted three main ones relating to Workforce and Education, Interim Capacity and Anchor Organisation.

As a member of Aberdeen City Council, Councillor Yuill made a transparency statement that Aberdeen City Council had a financial interest in one of the short-listed options. It was agreed that he did not require to withdraw as the site was not the recommended option.

The project was part of a national programme across Scotland so there were negotiations with Scottish Government regarding funding. The focus at this meeting was on the

location of the Grampian site. The constraints and opportunities of the Foresterhill site were explained.

Board members acknowledged they were reassured by process. In response to a query about professional judgement agreeing with data, Mr Bachoo advised that it was important to listen to clinical teams and they agreed there were advantages to use staff more efficiently if the NTC was situated on the ARI site.

The proposal required relocation of offices for Estates, Baird and ANCHOR project and Grampian Hospital Radio. This work would not hold up opening of the NTC and would be and done in tandem with NTC. There would be a cost attached to the relocation and provision for this has been made in the costs. It was noted that there was scope with the land ownership to extend the NTC if required in the future.

NHS Scotland Assure had not been involved in the site selection but were in attendance at the workshop. The Infection Prevention and Control Team had been included in the consideration of sites.

It was suggested that it would be helpful for representatives from Board or the Population Health Committee to be involved in the work of the Anchor Organisation cell.

#### **The Board:**

- **Endorsed the proposed site option as the Estates Site – Foresterhill Health Campus.**
- **Noted the future reporting of a revised Outline Business Case be brought back to the Board for approval when available. The project timeline was outlined in appendix 1 Table 5 page 10 of the Report.**

## **7 Strategic Plan for Dr Gray`s Hospital**

Dr Coldwells reminded Board members that as part of the Plan for the Future discussion in June 2022, the Board had committed to create a strategic plan for Dr Gray`s Hospital (DGH) to set out its role as part of the local community, its role in Grampian and as part of a network in Highland and Grampian. He explained the timeline for development of this plan, including Board visits to DGH in November. He also outlined the consultation work with staff and the public.

In response to comments about lack of clarity of phraseology, Dr Coldwells stressed that the aim was to create strategic intent and direction for the hospital. It was crucial to create clarity about the of role and purpose of DGH for staff, the local population and overall for Grampian. He confirmed that the paper was being presented to ensure the Board was assured on the process.

He advised that there had been significant engagement and involvement with Moray integration Joint Board (IJB) at officer level and offered to liaise with the IJB`s Chair and Vice-Chair.

Comments had been raised at the Staff Governance Committee that engagement had not been comprehensive. Dr Coldwells advised that there had been a great deal of staff engagement and that staff side/partnership representation would be included in the planning group to address the gap which had been identified. There had been numerous workshops for staff and opportunities to complete surveys online and he confirmed that the staff voice was being heard.

The timing between staff and public engagement had not been ideal because of time constraints influenced by external factors around maternity services which were driving some of the broader strategy. Staff engagement had started earlier than public engagement and had been designed as an iterative process. Public engagement had now started with processes to involve more seldom heard voices. Staff engagement included staff groups and pathways of care, the latter of which was more inclusive to incorporate primary care colleagues.

Concerns were raised that a separate Dr Gray's Strategy could perpetuate silo working. Dr Coldwells suggested that perhaps not enough attention had been paid to DGH in the past and it was necessary to ensure integration with ARI. It was important to take a holistic and deliberate approach to make sure there was integration between the two hospitals as part of a network.

Mr Lindsay, as Employee Director, was assured that staff in DGH and staff side organisations were aware of and involved in the DGH strategy and that staff side representation would now be formally be involved.

**The Board confirmed it was assured that:**

- **The involvement and engagement with staff in Dr Gray's Hospital was robust and comprehensive.**
- **The planned approach to engage with members of the public was robust and comprehensive.**

**In addition, the Board sought liaison with Moray IJB and partners the IJB Chair, Vice Chair and Chief Officer.**

**The Board agreed:**

- **A further update to be received at its December 2022 meeting.**
- **The formal Dr Gray's Strategy would be received at the Board February 2023 meeting.**

## **8 Grampian Delivery Plan - August 2022 – March 2023**

Mrs Scott, Director of Planning, Innovation and Programmes, explained that the Delivery Plan was being submitted to the Board for formal approval. The two documents that accompanied the paper were the full version of the plan, which was a live document, and a summary version which was more public and staff friendly.

The plan had been developed with considerable engagement, including input from Board members to inform the current version.

The plan set out key challenges and the three key objectives:

- Reducing delays and accessing care
- Supporting colleagues to be safe and well at work
- Creating conditions for sustainable change

It also set out priority actions and deliverables.

These were aligned to the Board's strategic intent in the 'Plan for the Future', the three key pillars of people, places and pathways and also the six Scottish Government priorities.



The Scottish Government confirmed by letter dated 22 September 2022 that it was supportive of the plan and agreed its submission to the Board for formal approval.

The paper set out the mechanisms and processes to performance manage the plan. There would be regular monitoring and reporting and regular communication with the Board, staff, citizens, communities, partners and the Scottish Government. In addition to the current one year plan to March 2023, work was being done to develop a three year plan from April 2023 – March 2026. The Board noted the timeline which allowed its input to the plan and consideration of the draft prior to submission to the Scottish Government in February 2023.

The Board had scrutinised the plan before it had been presented to the Scottish Government.

Mrs Scott reported there were mechanisms in place with IJB partners regarding communications for both the Plan for the Future and the Delivery Plan. NHS Grampian was working closely with planning colleagues to identify common themes and how single messages could be communicated. There were links at strategic planning level and with IJB officers. She acknowledged the offer to use IJBs and members to communicate messages.

#### **The Board:**

- **Formally endorsed the priorities set out within the Delivery Plan for the period up to March 2023, noting the emerging ambitions for Spring 2026 which will inform the development of the Three Year Delivery Plan due to go live in April 2023.**
- **Agreed to receive further updates on the development of the performance assurance reporting mechanism for Committees and the Board, which align the priorities from the Delivery Plan with the outcomes described in the 'Plan for the Future'.**
- **Agreed that there were a number of risks which may negatively impact on the successful implementation of the Delivery Plan and a range of controls were in place to monitor and control/mitigate these.**

## **9 Committee Reports**

### **9.1 Engagement and Participation Committee (17 August 2022)**

The Engagement and Participation Committee (EPC) had prepared a report following its final meeting before it transitioned to the Population Health Committee. Mr Humphreys highlighted the reflections of Committee members and feedback to help the new committee undertake its role. He advised that an early meeting would be used to identify areas of focus for the Committee. Mrs Webb explained that a number of groups were picking up aspects of the work covered by the EPC remit and it was important to streamline these and ensure structures supported whole-system working.

The Board agreed it was important not to diminish the participation and engagement aspects and the need for a supporting infrastructure. It was acknowledged that equality and diversity had to be considered by all governance committees but the Population Health Committee would provide overall assurance.

The Interim Chair acknowledged the work achieved by the EPC and its members and thanked them for their input. The strategic intent was to ensure engagement and participation would be strengthened through new arrangements.

**The Board reviewed the update provided and endorsed sharing the accompanying appendix with the new Population Health Committee to allow the opportunities and issues raised to be considered whilst its programme of work was being developed.**

## **10 Forum and Integration Joint Boards (IJB) Reports**

The following reports were noted:

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

Mrs Cruttenden stressed the importance of integrating the ACF in the work of portfolios and the challenges of doing so. Dr Coldwells acknowledged the ongoing engagement work, including a recent workshop with the ACF, and the need for effective communication to make better use of ACF expertise. Mr Bachoo also emphasised the need to obtain ACF members' professional input to address current challenges. It was important to understand overlaps between portfolios and professional roles and how these could work better together. The Board Secretary agreed to share the Board's forward programme with the ACF chair to ensure appropriate connections and input to Board business.

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

Mr Lindsay explained that the report referred to two recent meetings in August and September and covered the period of changeover of Employee Director. He stressed that GAPF was aware of the pressures staff were under and considered how to mitigate these. It was noted that a Short Life Working Group had been set up to address the potential industrial action.

### **10.3 Integration Joint Boards**

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

The following approved minutes were noted:

### **Committees**

- 11.1 Audit – 21 June 2022
- 11.2 Clinical Governance – 6 May 2022
- 11.3 Engagement and Participation – 14 June 2022
- 11.4 Performance Governance – 15 June 2022
- 11.5 Staff Governance – 25 May 2022 and 6 July 2022

### **Forums**

- 11.6 Area Clinical Forum – 29 June 2022
- 11.7 Grampian Area Partnership Forum – 21 July 2022 and 18 August 2022

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

- 11.8 Aberdeen City IJB – 7 June 2022
- 11.9 Aberdeenshire IJB – 1 June 2022

## **12 Any Other Business**

Spiritual Care Committee – to hold a workshop to review its remit and focus and Mrs Amy Anderson, as committee chair, would provide feedback after that.

## **13 Date of next meeting**

- Thursday 1 December 2022

NB Since the meeting on 6 October, an additional meeting has been arranged for:

- Thursday 15 December from 2.00 – 4.00pm