

**Minutes of Meeting of Grampian NHS Board on Thursday 2 June 2022  
at 09:30 am  
(virtually by Microsoft Teams)**

**Present:****Board Members**

Dr John Tomlinson (Chair)	Non-Executive Board Member/Interim Chair
Mrs Rhona Atkinson	Non-Executive Board Member
Cllr Ann Bell	Non-Executive Board Member
Professor Siladitya Bhattacharya	Non-Executive Board Member
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
Professor Caroline Hiscox	Chief Executive
Miss Rachael Little	Employee Director/Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Mr Dennis Robertson	Non-Executive Board Member
Mrs Susan Webb	Director of Public Health/Portfolio Lead Public Health
Cllr Ian Yuill	Non-Executive Board Member

**Attendees**

Mr Paul Allen	Director of Facilities and eHealth
Ms Julie Anderson	Deputy Project Director, Baird and ANCHOR (Item 5)
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Mr Simon Bokor-Ingram	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Mrs Jackie Bremner	Project Director, Baird and ANCHOR (Item 5)
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Mr Gerry Donald	Head of Property and Asset Development
Ms Sarah Duncan	Board Secretary
Mr Stuart Humphreys	Director of Marketing and Corporate Communications
Mr Steven Lindsay	Partnership Representative/Employee Director Elect
Miss Jenny McNicol	Portfolio Lead Children's and Family Services
Mr Tom Power	Director of People and Culture
Mrs Lorraine Scott	Director of Planning, Innovation and Programmes
Mr Alan Sharp	Deputy Director of Finance/Acting Director of Finance
Ms Tracy Stephen	Interim Head Children & Families and Justice Social Work, Moray Council (Item 9)
Mrs Alison Wood	PA/Minute-taker

**Apologies**

Mrs Amy Anderson	Non-Executive Board Member
Dr June Brown	Executive Nurse Director
Mrs Kate Danskin	Chief Nurse
Miss Lesley Hall	Assistant Board Secretary
Mrs Pamela Milliken	Portfolio Lead Aberdeenshire

Mrs Sandra MacLeod

Chief Officer, Aberdeen City Integration Joint Board and  
Portfolio Lead Medicine and Unscheduled Care, and Mental  
Health Services

Mr Sandy Riddell

Non-Executive Board Member

Dr Tomlinson, Interim Chair, welcomed everyone to the meeting including the media and public.

## **1 Apologies**

Apologies were noted as above.

## **2 Declarations of Interest**

There were no declarations of interest

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

The Interim Chair welcomed Cllr Ann Bell, Aberdeenshire Council, Cllr Tracy Colyer, Moray Council and Cllr Ian Yuill, Aberdeen City, who had joined the Board following the recent local elections and emphasised that the councils were key partners in the designing and delivery of health and care services. He congratulated colleagues who had participated in Grampian Pride on 28 May 2022 which celebrated diversity. Dr Tomlinson highlighted the dissonance between the continuing effects of Covid on NHS Grampian's systems and colleagues, and the 'return to normal' feel of life outside the NHS. The health and care system was still experiencing exceptional pressures and the Board had to balance resetting the services and relationship with communities whilst being supportive of the workforce. The strategic plan - Plan for the Future - had been given an extended time on the agenda to provide the appropriate level of attention and discussion.

The Chief Executive reiterated the sustained pressure across the whole health and care system and recognised the impact this had on colleagues and the population of Grampian. She congratulated colleagues, particularly the Strategy team under the leadership of Dr Coldwells, and the contribution of public partners and colleagues to the Plan for the Future. With the announcement of a resource spending review by Scottish Government the timing and importance of the strategy was emphasised. More details on the next steps would be provided at the August 2022 Board meeting on how the plan would be implemented. A review of NHS Grampian's assurance framework had been carried out by the Board Secretary, to oversee the delivery of the new strategic priorities and revised Terms of Reference for the Assurance Committees would be presented. The method of scrutinising performance was evolving and being adapted based on the new strategic priorities. The performance report continued to align with the three delivery objectives of Operation Iris, which would come to a conclusion on 6 June 2022. As an anchor organisation, NHS Grampian had significant influence and the ability to work with communities to improve services. The proposed transfer of Leancoil to a Community Trust was an example of the type of activity that the Plan for the Future was committed to.

Professor Hiscox welcomed Mr Steven Lindsay who would succeed Ms Rachael Little as Employee Director from 1 September 2022. She acknowledged the significant work undertaken by Ms Little and her leadership style.

She congratulated Rev James Falconer who was made an MBE in recognition of his work supporting parent and child bereavement and his work on the Robertson Family Roof Garden and Dr Noha El-Sakka, Medical Microbiology and Virology Consultant, who had

received an OBE for services to the NHS and the COVID-19 response in the Queen`s Birthday Honours.

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

The minutes were approved.

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

##### **Item 8 Moray Maternity Services Update**

In response to a query about the timelines for planning for Model 4 and progress on setting up the joint committee, Professor Hiscox advised that NHS Grampian was on track to have the joint implementation plan with NHS Highland for Model 4 by the end of June 2022. A governance framework had been established which would feed into the Executive Collaborative Oversight Group (ECOG) where the oversight of the joint work would be undertaken between Highland and Grampian. A joint committee would be co-chaired by the Portfolio Lead for Moray and Director of Acute Services, NHS Highland. The Scottish Government would also have an oversight group, details of which were awaited.

#### **5 Plan for the Future – Board Strategy 2022 - 2028**

Dr Coldwells and his team presented an update on the Plan for the Future and explained that contributions had been received from most parts of the organisation. A video provided background information on people, places and pathways. It described the traditional tension between enabling wellbeing whilst responding to illness and it was noted that without change the system was not sustainable. To ensure sustainability whilst also meeting the needs of the population of Grampian there required to be a different conversation and relationship with the public, to focus on improvement, reducing inequalities and enabling access to services in a timely manner.

Regarding people, it was important to focus on improving colleagues` experience as a valued, empowered and thriving workforce is required to create and lead the innovation. Places had three focus areas for NHS Grampian: as an anchor organisation, communities and the green agenda. These all linked into working with others to achieve sustainable change for communities. NHS Grampian was an active and committed partner in community development and planning to integrate the work already being done in supporting communities to thrive. Leadership in sustainability to reduce NHS Grampian`s impact on the environment was also a priority with a legislative and moral requirement to deliver a net zero carbon service across the infrastructure. Pathways required to be created which were responsive and adaptable to meet individual people's needs. They required to be empowering, be built with and around people and ensure individuals were partners in their own care. Prevention was also important to deliver real opportunities for people to improve their physical, mental, emotional and spiritual health and wellbeing to enable the population of Grampian to live healthier, longer lives. Access to services was a major issue with too many people waiting too long for the care they required. The Plan for the Future set out the clear intent to create new pathways which were quick, simple and efficient, allowing access to the right care at the right time delivered by the right people. NHS Grampian would require to work as a whole system, keeping people at the centre of everything.

Dr Coldwells presented slides on Plan for the Future 2022-2028 and explained how it had evolved, including extensive engagement and assurance through the Engagement and

Participation Committee (EPC). Digital publication enabled changes to be made and for the Plan to be dynamic. He explained the important points in the summary diagram, at the centre of which was a sustainable health and care system by 2023, ensuring a balance between enabling wellness and responding to illness. He explained that people, places and pathways were the fundamentals and the importance of the nine priorities – anchor, communities, environment, whole system working, access, empowering, citizens, children, colleagues and culture.

The enablers package included in the Board paper had a link to the Plan for the Future website which expanded on the details of what would be included in the development of the plan. He explained on the importance of communication and engagement including the different relationships and approaches with public, staff and partners. Continuing feedback was important, especially from seldom heard communities.

Appendix 3 of the Board paper covered the launch and promotion of the Plan for the Future in the Communication Plan. The formal launch would take place at the end of June 2022. The website would go into the public domain at that stage with communication continuing thereafter.

The next steps included embedding the Plan for the Future into the organisation. The three year Integrated Delivery Plan and the annual one year Delivery Plan were NHS Grampian's contact with Scottish Government. The Delivery Plan would continue to progress on a rolling cycle and would gain more detail going forward and be included in the website so that progress made against outcomes was clearly set out. The draft Delivery Plan would be presented to the Board in August 2022 and the one year plan which would be submitted to Scottish Government. It was important to have service planning, workforce planning and financial planning as fundamental components to ensure progress over the coming years.

Discussion raised the following points:

#### Process

- It was noted that the case for change set out six key aspects of the pressures faced to create change.
- It was noted that Grampian NHS Board members had been part of the stakeholder engagement to help to co-produce the Plan for the Future.
- The momentum built up had to be balanced with an appropriate amount of visibility and consideration. It was highlighted that previous strategies often 'sat on a shelf'. However, to deliver on the required outcomes there needed to be a behavioural shift with communication required continuously including engagement with partners, public and communities.
- Alignment between Plan for the Future, Delivery Plan and the Executives' objectives linked to the strategy.
- 3Ps (People, Places and Pathways) would encourage conversations on developing relationship with the public on the change in the power dynamic, transfer of power and responsibility. Cultural change would be required to deliver the plan.
- The language in Plan for the Future fitted in with the wording and language used in community planning.
- Constraints in public sector finance. There were significant financial constraints and the plan made explicit the strategy of NHS Grampian. There would be a requirement to make difficult choices at points in the future.

- Access priority – capacity and demand. Key planning work to ensure planned care was not affected by variants in unscheduled care and wider planning with Dr Gray`s Hospital in the wider system.
- Links between strategy and other documents needed consistency of language.

#### Enablers

- More details to be provided in the Delivery Plan.
- Education linked to workforce. NHS Grampian was a local education provider for a range of professional groups in the region. Role for this was critical to recruit, train and retain workforce.
- Research was critical for high quality care and NHS Grampian worked in partnership with Universities.
- Performance system was being developed.
- Involvement with Partners. Community Planning - Healthcare Alliance, to be renamed the North East Alliance, was an officer group with a strong commitment alongside the Chief Officers to involve the Health and Social Care partnerships. There was a commitment to work differently, building on strong foundations. Integration Joint Boards, Fire Service and Police were also key partners.

#### Communication and Engagement

The Plan for the Future website was explained, noting it was at a development stage. It would be available to the public as a searchable site when the Plan was launched at the end of June 2022. Each section would have a landing page and priorities.

- Significant engagement and communication so far.
- Mr Dennis Robertson had tested the website and commended it for use with assistive technology, to help with equity of access.
- Evidence suggested that when staff understood their contributions had supported the organisation`s overall direction there was generally a higher level of engagement and performance. The Executive team had given a commitment to proactively explain, communicate and help people across the system to understand the Plan for the Future.
- NHS Grampian`s role was to create the conditions for colleagues and public to have a more powerful voice, to own changes that needed to happen and to hold NHS Grampian to account.
- The need to support individuals to take forward shared goals.

#### Next Steps

- Develop a process for people to know they have been listened to. Work to continue on the website including feedback with software to allow public to leave feedback on the site. Informal feedback received in the system would be considered by individual teams. There was currently no system in place to analyse and record this. Work was ongoing with academic partners to build a suitable system.
- Developing a relationship with people in the community.

- Trickle app was an employee engagement process which provided a platform to share concerns, issues and suggestions.
- Draft Delivery Plan would be available for wider engagement by the end of June 2022.
- GPs at community level were critical for the delivery of the plan and daily communications had been issued across the system to ensure awareness and engagement.

#### **The Board:**

- 1. Noted the new approach taken to develop the Plan for the Future and specifically the extensive public and staff engagement and co-creation process that was undertaken.**
- 2. Acknowledged the role undertaken by the Engagement & Participation Committee (EPC) to provide assurance, on behalf of the Board, that the process was robust and in line with the Board's aspirations to have a different and progressive relationship with the population and communities in the North East.**
- 3. For the publication of the Plan for the Future:**
  - a. endorsed the approach which had been taken for the publication and sharing of the Plan for the Future being predominantly digital. The aim of this was to enable**
    - i. an ongoing, transparent and dynamic approach to ensure the Plan remained live and the measurement of its progress was accessible**
    - ii. the ongoing review of the Plan could be reflected for all to see**
    - iii. a tiered presentation of information**
  - b. with full understanding of the risks for digital exclusion with a predominantly digital approach, endorsed the mitigating actions which would minimise the consequences of digital exclusion at the point of publication.**
- 4. Acknowledged the ongoing co-creation which had been undertaken with the draft Plan for the Future during April and May 2022 providing confidence and assurance from staff, public and partners on the direction set out in the Plan which reflected the 14 months of comprehensive engagement, communication and co-creation.**
- 5. Noted that the Plan for the Future identified a number of key building blocks for the next stages of the development of the NHS Grampian system and its work with communities and partners and endorsed the planning work which would take place between June 2022 – January 2023 to describe the future role and shape of Dr Gray's Hospital as a pivotal aspect of the local community and determine how it would be shaped and used to ensure that, amongst many things, the delivery of a consultant-led obstetric service would be possible in the future.**
- 6. Endorsed the Plan for the Future, with special notice that:**
  - a. it was built on the three key aspects of People, Places and Pathways**

- b. **there were nine key priority areas described under the People, Places and Pathways headings**
  - c. **the case for change described the key challenges faced by our communities, public sector partners and NHS Grampian**
  - d. **the Plan sought to provide balance between ‘enabling wellness’ and ‘responding to illness’**
7. **Acknowledged the broader aspects of the package supporting the Plan for the Future as outlined in section 2.6.**
  8. **Agreed to receive, at the August 2022 Board meeting, a one-year Integrated Delivery Plan and a draft three-year Integrated Delivery Plan.**
  9. **Endorsed the further development of the approach that NHS Grampian would take to develop a new relationship with the population, building on the approach used in the development of the Plan for the Future to create meaningful relationships with communities by supporting development of collaborations and partnerships.**
  10. **Agreed that the Plan for the Future was ambitious and would, over its lifetime, be likely to create a number of difficult choices for the Grampian NHS Board which would continue to consider ‘in the spirit’ of the aims and objectives of this Plan.**
  11. **Agreed that the delivery of the Plan for the Future required proactive, meaningful and ongoing partnership working with both the public and our partner organisations and that the Grampian NHS Board was committed to supporting such partnership working.**

## **6 Board Assurance Framework**

A review of the assurance committees’ terms of reference had been carried out by Ms Duncan, Board Secretary, in consultation with members of the Board and officers supporting committees. The aim was to ensure that Board committees were able to obtain assurance on behalf of the Board that the organisation was achieving the strategic objectives set out in Plan for the Future. Following extensive consultation, revised Terms of Reference had been circulated for approval for four of the five Board assurance committees.

Ms Duncan advised that significant work would continue to be undertaken over the summer to align committee work plans with the Delivery Plan, the three Ps and the nine objectives. An update on the Strategic Risk Register would be provided at the August 2022 Board meeting. Membership and Chairs of the Committees would also be reviewed over the summer to take account of new Non-Executive Board members. The roles, remits and relationship between the Audit Committee and Performance, Assurance, Finance and Infrastructure Committees were discussed. It was noted that the Audit Committee reviewed the Annual Report and Accounts and the current Performance Governance Committee received regular reports on the achievement of the medium term financial strategy, which was one of the key parts of the strategic plan. Division of responsibilities between the Committees would be reviewed. It was noted that regular meetings were held with the chairs of the Board’s assurance committees. The Board Seminar in July 2022 would discuss the scheme of escalation from assurance committees to the NHS Grampian Board.

**The Board agreed that:**

- 6.1 from the date of adoption of new terms of reference, committees would obtain assurance on behalf of the Board.**
- 6.2 in principle, an escalation policy for matters to be escalated from committee to the Board would be developed and a draft policy brought to the Board for approval in August 2022.**
- 6.3 the revised terms of reference for Audit Committee, Clinical Governance Committee, Performance Assurance, Finance and Infrastructure Committee, and Staff Governance Committee be adopted with effect from the next timetabled committee meeting after August 2022.**
- 6.4 further consultation be carried out about the ‘people powered health’ terms of reference for a new Population Health Committee, with draft terms of reference for that Committee to be brought before the Board for approval in August 2022.**
- 6.5 each committee would revise and produce a forward planner of committee business taking account of its new terms of reference and the strategic priorities of the Plan for the Future, to be agreed at the first committee meeting under the new terms of reference adopted with effect from August 2022.**
- 6.6 each committee would keep its terms of reference and assurance map under review from August 2022 and proposed amendments to be brought to the Board in June 2023.**
- 6.7 each committee would maintain a matrix indicating spread of committee business across its terms of reference and that an annual report on those matrices and the effectiveness of committees would be brought to the Board in June 2023.**
- 6.8 the Chair would consult Board members on committee membership and chair roles and provide recommendations to the Board at a future meeting to be determined by the Chair and Board Secretary.**

## **7 Performance Report**

A slide set had been circulated outlining performance information. It was noted that as the Plan for the Future had been endorsed there would be a new Board level performance data set from the August 2022 Board meeting.

The demand across the system continued to challenge the ability to consistently meet the three delivery objectives set out in Operation Iris:

- Keep staff safe & help them to maximise wellbeing
- Responding to demand on the health & care system
- Protecting critical services & reducing harm

The other objectives of Operation Iris were to deliver the strategy and to reshape the way in which the organisation engaged with communities.

Scotland-wide data showed an eighth consecutive weekly fall in the number of people testing positive for Covid. In Grampian, Covid admissions and occupancy had decreased and ICU Covid occupancy remained low and stable. Ward closures due to Covid also remained very low. System pressures continued to affect the ability to deliver services, which particularly related to access. Impact on colleagues is significant and this was likely to have more of an impact in the medium and long term.

There was a commitment to issue the Culture Matters survey to staff across the whole system by the end of 2022. Data from the survey would be presented to the Board to underpin the important focus of putting colleagues at the centre of what the organisation was doing.

Flow across the primary, secondary and social care services was challenging. Hospital occupancy remained at a high level across NHS Grampian with some areas being consistently around 100% occupancy. Care home occupancy remained high but was relatively stable. The Grampian Operational Escalation System (G-OPES) assessed the pressures across the system. On 24 May 2022 G-OPES had been at level 3. However, there had been fluctuations between levels 2 and 3 over the last few weeks, which was positive. The system remained in a challenging position particularly at Royal Cornhill Hospital which had recently been at G-OPES level 4 and mental health pathways across the whole system remained under pressure. There was continued pressure in unscheduled care, particularly in the Emergency Department at Aberdeen Royal Infirmary, Royal Aberdeen Children's Hospital and Dr Gray's Hospital with significant variations in performance from day to day.

The outpatient list size had reduced but the Inpatient list size had increased for the eighth consecutive week. The 31 and 62 day cancer standards were not met in Quarter 1 2022. Child and Adolescent Mental Health service (CAMHS) performance consistently remained above the national target of 90%. Performance of all Psychological Therapies had improved to 82.5%; however, it had not met the 90% target.

It was noted that Performance Governance Committee, Clinical Governance Committee and Staff Governance Committee had scrutinised the performance data in more detail.

The discussion included the following points:

- There were challenges for patients transitioning from child/adolescent to adult health services, including from Child and Adolescent Mental Health Services (CAHMS). It was noted that individuals referred to CAHMS would complete their treatment in that service.
- The level of pressure in the system and the need to continue delivering services made it difficult to provide opportunities for staff to have a period of revival. Individual teams and executives are to consider ways to enable this.
- Revised infection control guidelines had been received regarding bed spacing and adjustments made to support implementation. Although restrictions were being lifted, people were being asked to take steps to be as safe as possible.

Professor Hiscox concluded that whilst the three delivery objectives of Operation Iris had been the main focus, the other two objectives of Operation Iris had been met and, in the case of delivery of the strategy, exceeded.

#### **The Board:**

- **reviewed and scrutinised the report**

- **noted that the demand across the system continued to challenge the ability to consistently meet the three Operation Iris objectives**
- **was assured all was being done that could be to meet these objectives**

## **8 Leancoil Hospital – Community Asset Transfer**

Mr Bokor-Ingram provided introductory comment on the Community Asset Transfer (CAT) for Leancoil Hospital. The Moray Portfolio including the Locality Manager had been involved from the start with developing plans and Mr Bokor-Ingram had held regular meetings with the Chairman and the trustees of the Leancoil Trust. A site visit had recently been undertaken together with a review of the plans and he was assured by the level of work carried out by the Trust. There was tremendous backing from the local community and the Trust had a good business case for the asset transfer.

The Board noted that there had been a minor amendment to the paper circulated with the agenda, as it was the version prepared for the previous month's seminar. Board members agreed that the formal record would be the revised paper with the deletion of the second and third sentences in section 2.1, stating the purpose of the paper.

Mr Gerry Donald, Head of Property and Asset Development, explained he had been involved in the CAT since 2017. The paper presented highlighted that the hospital had been built mainly from donations. There had been extensive dialogue with the Forres Community Council (FCC) and, in compliance with the Community Empowerment (Scotland) Act 2015 Act, Leancoil Trust (LT) was formally registered by OSCR in May 2021. They formally submitted its request for the ownership of the former Leancoil Hospital on 16 December 2021. The CAT was required to conform with the Act and the legislation required NHS Grampian to assess a request's transparently against a specified list of criteria, and to agree to the request unless there were reasonable grounds for refusal. The Board's decision was final unless there was an appeal in which case it would be referred to the Scottish Ministers. In accordance with the NHS Scotland Property Transactions Handbook the District Valuer (DV) valued the site at £340,000. The Board had six months to respond and a decision was required in June 2022. The LT wished to acquire the whole of the site for £340,000 and turn it into a Wellbeing Centre. Erskine charity would be the anchor tenant. Scottish Ambulance Service currently had use of the site and there was agreement that this would continue.

A Short Life Working Group (SLWG) had been tasked to review the application and felt it was strong, well-presented and developed to a high quality. After review, taking account of the strong local support for a community use for the former hospital, the overall community benefits derived from a health and wellbeing centre, the support for ex-military personnel, the DV supported sale price of £340,000 and compliance with the NHS Scotland Property Transactions Handbook, the SLWG considered that the submission of the CAT by LT would be beneficial to the communities that it served and should be supported by the Grampian NHS Board.

It was noted that the sale of Leancoil Hospital would reduce backlog maintenance by £4 million. There remained a risk that the capital funding would not materialise; however, the LT had a contingency plan to scale back the investment proposals should that be necessary.

### **The Board:**

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that:**

- the intent of Part 5 of the Community Empowerment (Scotland) Act 2015 had been followed; and
  - NHS Grampian internal assessment process had been followed, and that appropriate evidence of the internal process had been provided to the Board.
- Agreed that the Board should approve the Leancoil Trust's (LT) submission of the Community Asset Transfer (CAT) at a value of £340,000, and that officers be instructed to work with LT to conclude the CAT as soon as was reasonably possible and with the inclusion of the likely conditions as follows: subject to LT being prepared to enter into a Clawback Agreement and or conditions of sale that did not permit LT to sell any aspect of the Leancoil policies on to another party that was not in keeping with the creation of a Wellbeing Centre and or that sells part of the site for mainstream housing; and subject to the Scottish Ambulance Service (SAS) being permitted to remain on the hospital site on terms and conditions that represent fair value to both LT and SAS.
  - Endorsed the proposals contained in the paper.

## 9 Proposed Delegation of Children and Families and Justice Social Work Service to Moray Integration Joint Board

Mr Bokor-Ingram explained the background for the development of the business case. Preparatory work to delegate Children and Families and Justice Social Work Services had been ongoing since late 2019 with progress updates to NHS Grampian Board on 5 December 2019 and 11 November 2020 whilst governed by a Programme Board with representation from NHS Grampian, Moray Council and Moray Integration Joint Board (MIJB). On 6 April 2022, Moray Council agreed to progress with the delegation of Children and Families and Justice Social Work Services. The Board was presented with the business case which supported the decision of the Programme Board to recommend the delegation of Children and Families and Justice Services to MIJB with the aim to improve the quality and outcomes for the children of Moray. It was recognised that further work was required for financial due diligence and to support the development and implementation of a change management plan. A further report would be presented with the amendments to the Integration Scheme for final approval once approvals from all three bodies were obtained,

Ms Tracy Stephen, Interim Head of Services for Children, Social Work and Criminal Justice, Moray Council, had led the Social Work team through a period of transformational change and it was noted that there had been significant improvement in the services and outcomes over the last two financial years with change in direction to be more outward looking and connecting with national developments. There would continue to be improvements and the alignment with adult services would allow this to happen.

Mr Sharp confirmed the due diligence undertaken to ensure neither the MIJB nor NHS Grampian were unduly exposed to financial risk as part of the delegation of the service. He had worked closely with the Chief Financial Officer of MIJB and Head of Finance at Moray Council. The service had a budget of around £20 million and this had been underspent over the last couple of years due to changes in practice. It had been agreed that financial accountability for the service would remain with Moray Council for a period of 18 months between the operational delegation of the service and the financial

delegation to allow the service to bed in to the MIJB and not expose MIJB or NHS Grampian to undue financial risk. Work would continue to monitor the financial position.

Professor Hiscox, as a member of the Programme Board, stated she was assured on the financial risk for NHS Grampian.

**The Board:**

- **Considered and approved the Business Case for delegation of Children’s and Families and Justice Social Work Service to Moray Integration Joint Board (MIJB) attached as Appendix 2 to the report;**
- **Noted that the Business case was being submitted to MIJB and Grampian NHS Board for their respective approvals;**
- **Agreed that financial accountability for the service remained with the Council for a period of 18 months up to 31 March 2024;**
- **Agreed that Officers enter into dialogue with the Scottish Government (as the statutory approval body) over the formal amendments required to the Integration Scheme to enable the delegation; and**
- **Noted the final version of the Scheme will come to a future meeting of the Board for approval on 4 August 2022.**

**10 Baird and ANCHOR Update**

Mr Allen provided a further update to the Board on the Baird and ANCHOR projects on the forecast and funding arrangements following the realisation of risks associated with the challenges related to Covid market conditions, availability of materials and labour supply.

The project team continued to work collaboratively with the contractor, Scottish Government Health Facilities Scotland and the independent advisors to confirm and validate the impact of market conditions on project delivery and the nearing conclusion of a commercial arrangement with the contractor to provide relief. Following a comprehensive review of the impact of recent abnormal market conditions experienced by the project, the forecast out-turn cost had been revised upwards to £244.8 million, from the previously approved £233.2 million. This revised capital investment requirement of £244.8 million would be funded in full through an agreed ring fenced capital allocation from the Scottish Government, meaning that other NHS Grampian infrastructure projects would not be impacted by the projected increase in costs of the project.

The abnormal market conditions and the project risk contingency was set out in full in the supporting paper. The extent of these conditions and the impact in the supply chain could not have been foreseen in October 2020 when the stage four construction contract was agreed. A suitable contractual mechanism was in the process of being agreed that would set out arrangements to amend the construction contract and provide a conditional offer to provide contractor relief. The impact on project forecast of these arrangements was anticipated to be £7.2 million. Of this, £3.8 million related to additional costs claimed by the contractor and their supply chain partners during the construction programme to date and a further £3.4 million was the estimated additional cost to be incurred on the remaining programme. A process was in place to ensure that all claims for additional relief under this mechanism were subject to robust verification of the supporting evidence presented.

The dates to bring the facilities into operation continued to be as previously reported. ANCHOR August 2023, Baird Family Hospital March 2024 and the current Aberdeen Maternity Hospital demolition August 2024.

Project performance was reported regularly at the monthly Project Board and Asset Management Group meetings. A report from the Project Director and Senior Responsible Officer was provided at each Performance Governance Committee.

#### **The Board:**

- **Noted the updated project forecast and associated funding arrangements and**
- **Approved to vary the construction contract value, within approved funding limits, for the Baird Family Hospital and ANCHOR Centre project, following finalisations of arrangements to provide contractor relief in relation to abnormal market conditions.**

### **11 Revised Model Code of Conduct for Members of Devolved Public Bodies**

The Ethical Standards in Public Life etc. (Scotland) Act 2000 introduced an ethical framework which required Scottish Ministers to issue a Model Code of Conduct for members of the devolved public bodies listed in schedule 3 of the Act, which included NHS Boards. The new Model Code of Conduct for members of Public Bodies was published on 7 December 2021, following Parliamentary approval on 27 October 2021. NHS Scotland had adopted a Once for Scotland approach to the Code and had consulted with Board Chairs and Board Secretaries to obtain comments. NHS Boards were required to adopt the same Code. Each Board was required to publish their Code of Conduct on their website by 10 June 2022. It was noted that there were significant changes to the code and the format was now expressed in the first person. There was also clarification of when an interest should be declared by applying the objective test. The changes were summarised in Appendix 2 slides. It was noted that training on the code when be included in induction training for new Board members.

#### **The Board:**

- **Noted the key changes to the Code of Conduct as described in Appendix 2 of the report**
- **Agreed to adopt the Model Code of Conduct attached as Appendix 1 of the report as the NHS Grampian Code of Conduct, informing the Scottish Government that the Model Code had been adopted and published it on the NHS Grampian website by 10 June 2022.**

### **12 Assurance Committee Reports**

It was noted that the Committees currently provided assurance to the Board; however in future they would get assurance on behalf of the Board.

The following reports were noted:

12.1 Clinical Governance Committee – 6 May 2022

Dr Tomlinson highlighted clinical risk management, update on quality and safety aspects relating to announcement by Cabinet Secretary of Maternity Unit at Dr Gray's Hospital, concerns on dental services, Healthcare Associated Infection (HAI) Report and the revised constitution of the Committee. It was noted that a joint session would be held with Chairs of IJBs and other colleagues on service delivery and governance routes on cross service approach. Professor Fluck advised a professional assurance framework was at draft stage.

#### 12.2 Endowment Committee – 25 March 2022

Mrs Grugeon highlighted the development session held on the first strategic plan for the endowment charity with recommendations from the National Review focusing on the systems in place, policy investment review work with a focus on sustainability and ethical investment.

#### 12.3 Engagement and Participation Committee – 24 March 2022

#### 12.4 Performance Governance Committee – 20 April 2022

#### 12.5 Staff Governance Committee – 12 April 2022

Ms Joyce Duncan highlighted the ongoing work on statutory and mandatory training

##### 12.5.1 Whistleblowing Quarterly Report – Quarter Four – January – March 2022

The Report was noted. Dr Coldwells explained that the format of the report had been amended to make it easier to understand. The annual report was part of the national Scotland policy and would be presented at the August 2022 Board meeting. Mr Donald highlighted that the focus for the first year had been to consider the emerging trends and to reflect on the organisation's current position. There was a clear link between whistleblowing and culture and this would continue to be developed.

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

The following reports were noted:

#### 13.1 Area Clinical Forum

Mrs Cruttenden highlighted the workshop working within a wider system.

#### 13.2 Grampian Area Partnership Forum

Ms Little thanked colleagues for their contributions to the annual Grampian Area Partnership Forum development day which Professor Hiscox had introduced. The day had provided an opportunity to promote and celebrate the good partnership model of working within NHS Grampian.

#### 13.3 Integration Joint Boards

Mr Bokor-Ingram highlighted that the breadth of work carried out within the three IJBs across Grampian particularly relating to transformational change.

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

The following approved minutes were noted:

### Committees

- 14.1 Clinical Governance Committee – 25 March 2022
- 14.2 Performance Governance Committee – 16 February 2022
- 14.3 Staff Governance Committee – 27 January, 12 April 2022

### Forums

- 14.4 Area Clinical Forum – 2 March 2022
- 14.5 Grampian Area Partnership Forum – 17 February, 17 March 2022

### Integration Joint Boards (IJBs)

- 14.6 Aberdeen City IJB – 1 March 2022
- 14.7 Aberdeenshire IJB – 2 March 2022
- 14.8 Moray IJB – 27 January 2022

## **15 Dates of next meetings:**

- Thursday 7 July 2022 (Single item meeting)
- Thursday 4 August 2022