

APPROVED

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 2 February 2023 at 10.00am
(virtually by Microsoft Teams)

Present:

Board Members

Mrs Alison Evison (Chair)	Chair/Non-Executive Board Member
Mrs Amy Anderson	Non-Executive Board Member
Cllr Ann Bell	Non-Executive Board Member
Professor Siladitya Bhattacharya	Non-Executive Board Member
Dr June Brown	Executive Nurse Director
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
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	Vice-Chair/Non-Executive Board Member
Mr Alex Stephen	Director of Finance
Dr John Tomlinson	Non-Executive Board Member
Mrs Susan Webb	Director of Public Health/Portfolio Lead Population Health
Cllr Ian Yuill	Non-Executive Board Member (Left 10:55, rejoined 11:35)

Attendees

Mr Paul Allen	Director of Infrastructure and Sustainability
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care (Left 11:55)
Mrs Louise Ballantyne	Head of Engagement (Item6)
Mr Simon Bokor-Ingram	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Mrs Kate Danskin	Chief of Staff
Ms Sarah Duncan	Board Secretary
Mr Stuart Falconer	Staff Nurse/RCN Representative (Item 6)
Ms Geraldine Fraser	Portfolio Lead Integrated Family Services
Miss Lesley Hall	Assistant Board Secretary (Left at 12:20)
Mr Stuart Humphreys	Director of Marketing and Communications
Ms Alison MacLeod	Strategy and Transformation Lead, Aberdeen City IJB (Item 7.1)
Mr Alasdair Pattinson	General Manager, Dr Gray`s Hospital (Item 6)
Mr Tom Power	Director of People and Culture
Dr Fiona Strachan	Consultant Physician, Dr Gray`s Hospital (Item 6)
Mrs Alison Wood	PA/Minute Taker

Apologies

Cllr Tracy Colyer	Non-Executive Board Member
Professor Caroline Hiscox	Chief Executive
Ms Pamela Milliken	Chief Officer, Aberdeenshire IJB/Portfolio Lead Aberdeenshire
Mrs Sandra MacLeod	Chief Officer, Aberdeen City IJB/Portfolio Lead Medicine and Unscheduled Care and Mental Health Services
Mrs Lorraine Scott	Director of Planning, Innovation and Programmes

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.

2 Declarations of Interest

Cllr Yuill noted at the start of item 7.1 that he was a party to the agreement with Aberdeen City Council. There were no other declarations of interest.

3 Chair's Welcome

Mrs Evison acknowledged the fatal accident at the Baird Family Hospital construction site on 18 January 2023 and the Board paused to reflect on this tragic event. The NHS Grampian project team were working with the Principal Supply Chain Partner to support the Health and Safety Executive investigation, whilst also ensuring that colleagues could access wellbeing support.

The Chair highlighted that NHS Grampian was currently experiencing tremendous pressure, along with other Health Boards and community partners, due to winter and the build-up of unmet need during the pandemic. A number of projects and initiatives were underway to help to address the challenges. She highlighted the Flow Navigation Centre and recent work on interim care beds as currently delivering patient benefit. The support of local employers for the Pick Me Up Project, through which employees were given flexibility to collect those ready for discharge, was acknowledged. She commended the contributions of everyone in health and social care who had suggested ways to address the current situation and were working towards longer term improvements.

Mrs Evison stressed the importance that the Board placed on the well-being of all staff across the system. The cost of living crisis had a huge impact on people's lives and had the potential to significantly affect people's health and well-being. She highlighted the Winter support booklet which contained a wealth of information, advice and partner links to help people remain warm, safe and well.

She commended the ongoing work on anti-racism by the Equality and Diversity team and Staff Equality Network.

Mrs Evison was pleased to announce the appointment of Mr Denis Robertson as Vice Chair; he had been a valued Non-Executive member of the Board for four years and brought experience from both the public and third sectors.

4 Minutes of Meetings on 1 December and 15 December 2022

The minutes of the meetings held on 1 December and 15 December 2022 were approved.

4.1 Matters arising for Minute of 15 December 2022

Winter Tactical Plan: Unscheduled Care Contingency Capacity Surge Plan and Board Contingency Arrangements

It had been agreed to provide an updated report on the risks and equalities impacts to the February 2023 Board meeting. However, due to the ongoing system pressures, this report had been delayed. Mrs Webb explained that the Health Inequalities Action Group (HIAG) had identified the need to review existing Health Impact Assessments taking into account Fairer Scotland duties, the Children and Young People's Act and environmental sustainability. A toolkit had been developed which would be applied to the winter plan to enable the learning for this year to be captured and embedded in future plans. The aim was to present a report to the April 2023 Board meeting.

5 Chief Executive's Report

It was noted that, as part of continuous improvement of Board reporting and transparency, a written Chief Executive report would be provided at each Board meeting. The purpose of this report was to update on priority issues since the previous Board meeting that were not covered in the main agenda. In the absence of the Chief Executive, Dr Coldwells presented the first of these reports.

Dr Coldwells highlighted the challenging situation of system pressures and managing the whole-system demand and capacity and the difficult balance to be achieved between unscheduled and planned care. Joint meetings had been held across the system to engage with colleagues to try to understand the pressures, to listen, and to work together to improve the situation. Joint weekly meetings had also been held with the Chairs of the Advisory Committees to the Board. The impact on staff well-being was significant. Innovation and improvements as part of Plan for the Future gave hope for a positive way ahead.

The financial position remained challenging and the importance of medium term financial planning to create financial sustainability was emphasised.

Board members discussed the following points:

Staff wellbeing and cost of living crisis concerns: The response of the Chief Executive and her team to meet and listen staff across the whole system was acknowledged. It was noted that funding had been allocated from the budget-setting prioritisation exercise to continue the "We Care" programme to support staff. Work was ongoing to measure the impact of the cost of living crisis. The national pay award for 2022/2023 was now reflected in staff pay and further work was ongoing to agree the pay award for 2023/2024. Actions that NHS Grampian intended to take over the next 12 months had been included in the Health Inequalities Action Plan which would be discussed at the Board Seminar in March 2023. There had been wide engagement, particularly over the past few weeks, with visits to teams. The feedback received was that engagement had been variable and it was important to ensure consistency across the system. An email address had been established for staff to submit opinions directly to leadership forums.

System Pressures: It was noted that system-wide, including partnerships and hospital based services, most areas were running between the highest levels 3 and 4 of the Grampian Operational Pressures Escalation System (G-OPES). This included Mental Health Services where pressures were significant. A panel review group analysed data together with critical threshold metrics which would trigger activation of hospital surge beds. There was an appreciation in the system of potential harm for both staff and

patients. The wider harm, both within Grampian and nationally, of the past 3 years' experiences on the health of the population in the complex social and healthcare system was being considered.

Financial Position: Mr Stephen advised that the forecast for the end of the financial year remained at a £20 million deficit. This had been advised to Scottish Government at the start of the financial year. One-off technical adjustments had been made as a result of actions from the local Value and Sustainability Plan. There would continue to be a financial challenge for the year 2023/2024. The main area of risk in planned care related to non-recurring funding. The Board was assured that work was ongoing with the Integrated Specialist Care portfolio to establish what could be done to reduce the recurring commitments. Discussions were being held with Scottish Government to clarify when allocations of non-recurring funding would be received. Work continued on the Medium Term Financial Framework. A budget prioritisation funding exercise had been carried out to establish areas that could be supported following bids on clinical and organisational priorities. Work was continuing on efficiency savings to help support the position and engagement was taking place with advisory structures to ensure sustainable pathways.

Delivery Plan: This had been endorsed by the Board and provided clarity of the organisation's direction. Learning from the Delivery Plan process would be reflected as the next Delivery Plan was produced. The visibility of the Board was recognised.

At the end of the discussion, it was noted that the report had been well received, stimulated valuable discussion and provided assurance.

6 Strategic Plan for Dr Gray's Hospital

Mr Bokor-Ingram introduced the Strategic Plan for Dr Gray's Hospital (DGH) which had been developed using NHS Grampian's Plan for the Future, Moray Integration Joint Board (IJB) Strategy and the Moray Maternity Services Plan, to provide clarity on the future of Dr Gray's Hospital. The aim was to improve both recruitment and retention of staff and provide people with robust assurance about the local delivery and sustainability of specialist care.

The strategic intent had been described, setting out how the people, place and pathway models drawn from Plan for the Future had helped shape the work. There had been extensive engagement involving staff and the public, as well as the wider Moray and Grampian systems and partner organisations. The network model included new roles, where staff across the range of healthcare professionals would benefit from a positive career path with a focus on opportunities to maintain and develop skills. The role of DGH as an anchor organisation within Moray was set out. Access to local services was important for the community and this would be achieved through local direct investment such as an obstetric-led maternity service and the associated appointment of staff, as well as through the network approach enabling the delivery of services in DGH using the expertise of staff who were predominantly based elsewhere. The development of clinical networks, where staff worked in multiple centres, would be essential to ensure sustainable and robust services could be delivered at DGH. Developing DGH as a centre of excellence in the North East would be assisted by technology and innovation to support the networked delivery of services and a focus on teaching and education. The strategy had been developed to provide clarity for staff on the role of DGH within the NHS Grampian and North of Scotland healthcare system. Also, the network approach would ensure that role and professional aspirations could be met.

Mr Bokor-Ingram explained the next stages of developing the plan, with the draft Implementation Plan scheduled to be presented to the Board in April 2023.

Queries raised by Board Members and responses included:

Engagement: There had been wide-ranging engagement involving staff and the local communities including linking with partners to reach communities with seldom heard voices. This would continue with particular attempts to reach out to under-represented groups such as men's groups and younger people. There had also been good engagement with primary care colleagues, particular GPs in Moray. GPs had attended workshops to provide their views on the requirement for the wider area as well as DGH. There had also been engagement with the local university and colleges. The public had highlighted the need for access to local services with skilled workforce. However, there would be some cases requiring travel for appropriate care.

Recruitment and retention of staff to ensure sustainability of service: There had been issues in the past for recruitment and retention at DGH and the network model approach was seen as an opportunity to maintain quality, resilience of staff and sustainability. The emphasis on learning, training and career development opportunities would be an important for attracting staff. There was also recognition that, after a period of uncertainty, there was a clear direction for DGH. Concern was expressed about the control that NHS Grampian had over all aspects of the plan and it was noted that collaborative working with other Boards and external partners such as Scottish Government, for confirmation of funding, and NHS Education for Scotland (NES) would be crucial to the delivery of the strategy. The initial step of providing future clarity about DGH would encourage recruitment and retention, although it was noted that there were recruitment challenges system-wide across the North East of Scotland.

Workforce development: The model would be multi-professional and it would be necessary to consider carefully the components from the different professional groups. Dialogue was ongoing with NES regarding doctors in training grades. Educational opportunities required to be built and consolidated.

Mr Pattinson explained the links to the National Treatment Centre (NTC) and the MRI facility on the DGH site. These provided opportunities regarding the separation of planned care and unscheduled care in the hospital. Active networking and close working relations had been developed with the NTC in NHS Highland. It was recognised that a collaborative approach was required to address workforce challenges as DGH and the NTC would be looking to recruit from the same staff pool.

Moray Maternity Services Plan: Dr Strachan highlighted that this would bring opportunities for an uplift in recruitment of staff in roles such as anaesthetics with the potential to utilise staff in other areas of DGH to ensure skill sets were used adequately. Remote consulting would help with challenges for those with long term conditions for equity of access.

Mr Bokor-Ingram highlighted the focus on DGH and Moray with Scottish Government involvement in maternity services and that NES sat on the Joint Programme Board in Moray for maternity services. The strategy gave clarity of direction but would change over time due to other external factors such as technological advances. Recruitment strategies were being developed with NHS Highland. For the specialities which had previously been difficult to recruit to, the new roles and network approach were crucial to

create capacity, resilience and sustainability, working with partners. Regular updates on the strategy would be provided to the Board.

The Board:

- **Agreed the strategic direction for Dr Gray's Hospital which was outlined in Appendix 1 of the paper presented and built on the strategic intent described through People, Place and Pathways in the Plan for the Future.**
- **Acknowledged that the new Population Health Board Committee critically reviewed the engagement work undertaken in preparation of the strategic themes.**
- **Agreed that the Board would receive an implementation plan and the associated governance and assurance arrangements at its April 2023 meeting.**
- **Agreed that the implementation plan would be developed through engagement with the community and colleagues further testing the ideas and approach for the delivery for Dr Gray's Hospital.**

7 Integration Joint Boards (IJBs) Integration Schemes

The Chair apologised to the Board for the late additional paper that had been circulated prior to the meeting. It had been agreed to consider the paper with proposed changes to avoid any delay in submission of the revised schemes for Aberdeen City IJB and Moray IJB to Scottish Government.

7.1 Aberdeen City IJB

Ms Alison MacLeod, Strategy and Transformation Lead, Aberdeen City IJB, advised that the local authority and the Health Board had a requirement to carry out a review of the Integration Scheme by the end of April 2023. The revised scheme required to be submitted to Scottish Government ministers in advance of this date. The scheme would be considered by Aberdeen City Council on 22 February 2023. She highlighted the key changes - the inclusion of the recently approved Whistleblowing Policy, a more robust reflection of the joint Locality Planning Arrangements and involvement of communities, delegated authority for the delivery of mental health services with the budget for mental health services not currently delegated and the addition of pharmaceutical services for under 18s which had been omitted from previous versions.

The late amendments were to allow for the appointment of a Chief Operating Officer, to include a professional representative of the Director of Public Health in the non-voting membership of the IJB and to confirm the professional leadership arrangements within Aberdeen City IJB for public health practitioners.

The Chief Operating Officer (COO) post had been an interim position as a test of change since August 2022 with a decision taken to make the post permanent. As the post holder would have the authority to deputise for the Chief Officer during periods of absence this required to be reflected in the Integration Scheme. The inclusion of a representative of the Director of Public Health as a non-voting member had been raised during the consultation. Legal advice had clarified over the last few days that this should be included in the scheme.

Board members discussed the following points arising from the paper:

The role of the Chief Operating Officer: With the introduction of portfolio working in NHS Grampian, the Chief Officer of Aberdeen City had responsibility for Medicine and

Unscheduled Care, Mental Health and Learning Disabilities and the Specialist Older Adults and Rehabilitation Services. It was agreed that support would be required at a senior level in Aberdeen City Health & Care Partnership to ensure that the Chief Officer was able to deliver on the areas for which she was accountable.

Ensuring equality and diversity under locality planning: Ms MacLeod advised that there was a project to examine the diverse makeup of locality empowerment groups and to encourage a greater diversity of participation in those groups. The locality planning arrangements and locality empowerment groups fed into the IJB strategic planning group which had an Equality and Human Rights subgroup. Their membership included representatives from groups such as Grampian Regional Equality Council (GREC) and Scottish Council for Refugees.

The Board endorsed the Aberdeen City Integration Scheme in Appendix 1 to the paper, for submission to Scottish Ministers. The changes were noted in Appendix 2 to the paper and the Notice of Late Item. Changes included (a) to allow for the appointment of a Chief Operating Officer, (b) to include a representative of the Director of Public Health in the non-voting membership of the IJB and (c) to confirm the professional leadership arrangements within Aberdeen City IJB for public health practitioners.

7.2 Moray IJB

Mr Bokor-Ingram highlighted that the Grampian NHS Board had agreed on 2 June 2022 to the delegation of Children and Families and Justice Social Work Service to Moray Integration Joint Board. The functions to be delegated were social care services provided to children and families, fostering and adoptions services, child protection and justice services.

The revised scheme had been approved at the Moray IJB on 26 January 2023 and Moray Council had approved the scheme at a meeting held 2 February 2023.

Moray IJB had a late amendment to confirm the professional leadership arrangements within Moray IJB for public health practitioners. The wording had now been amended to refer to Directors of Public Health, Medical Directors and Executive Nursing Directors. These were ministerial appointments made through health boards to oversee systems of professional and clinical governance within the Health Board.

Mr Robertson confirmed a full discussion had taken place at the Moray IJB meeting the previous week when it had approved the scheme.

The Board endorsed the Moray Integration Scheme in Appendix 1 to the paper, for submission to Scottish Ministers. The changes were noted in Appendix 2 to the paper and the Notice of Late Item. Changes included (a) to confirm the professional leadership arrangements within Moray IJB for public health practitioners.

8 Forum and Integration Joint Boards (IJB) Reports

8.1 Area Clinical Forum (ACF)

Mrs Cruttenden highlighted that discussions had been held on the Plan for the Future and the winter response. Regular weekly meetings were taking place with the Chief Executive, Medical Director and Executive Nurse Director to keep the Area Clinical Forum

informed and to share information. Workforce challenges continued with concerns raised around national funding for Healthcare Sciences. Professor Fluck would discuss with NHS Education Scotland (NES) to establish the current position for training. There was a fragility in Healthcare Sciences as around 50 sub specialities had low numbers in their teams. Work on a sustainable model for Healthcare Scientists had been carried out approximately two years previously and the current position required to be reviewed. It was noted that ACF now appeared more integrated in the wider system. Mr Power highlighted that the Workforce Plan would address some of the workforce issues and detail the approaches taken.

8.2 Grampian Area Partnership Forum (GAPF)

Mr Lindsay advised that a special meeting had been held on 1 February 2023 in connection with system pressures and staff wellbeing.

Mr Power advised that the Health and Safety Executive had lifted the improvement notices that were placed on NHS Grampian the previous year relating to prevention and management of violence and aggression.

8.3 Integration Joint Boards (IJBs)

The summary report demonstrated the continuation of a wide range of activities including governance structures. Despite the system pressures, the IJBs remained well-focused. A discussion was to take place with IJB Chairs and Chief Officers whether details could be released prior to formal IJB minutes being approved.

9 Approved Committee, Forum and IJB Minutes

The following approved minutes were noted:

Committees

9.1 Audit and Risk Committee - 18 October 2022

9.2 Endowment Committee – 30 September 2022

9.3 Performance, Assurance, Finance and Infrastructure Committee - 19 October 2022

9.4 Staff Governance – 5 October 2022

Forums

9.5 Area Clinical Forum – 2 November 2022

9.6 Grampian Area Partnership Forum – 17 November and 15 December 2022

Integration Joint Boards (IJBs)

9.7 Aberdeenshire IJB – 12 October 2022

9.8 Moray IJB – 29 September 2022

10 Any Other Business

There was none.

11 Date of next meeting

- Thursday 6 April 2023