

## NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD  
 held in Open Session  
 at 3.00pm on Tuesday, 25 June 2019  
 in the Conference Room, Summerfield House, Eday Road, Aberdeen

<b>Present</b>	Dr Lynda Lynch	Chairman
	Mrs Amy Anderson	Non-Executive Board Member
	Mrs Rhona Atkinson	Non-Executive Board Member
	Professor Amanda Croft	Chief Executive
	Mrs Kim Cruttenden	Chair, Area Clinical Forum, Non-Executive Board Member
	Professor Nick Fluck	Medical Director
	Mr Alan Gray	Director of Finance
	Mrs Luan Grugeon	Non-Executive Board Member
	Miss Rachael Little	Employee Director, Non-Executive Board Member
	Mr Jonathan Passmore	Non-Executive Board Member
	Mr Dennis Robertson	Non-Executive Board Member
Mr John Tomlinson	Non-Executive Board Member	
<b>Attending</b>	Mr Paul Allen	Director of eHealth and Facilities
	Mr Paul Bachoo	Medical Director, Acute
	Ms Pam Gowans	Chief Officer, Moray Health and Social Care Partnership
	Miss Lesley Hall	Assistant Board Secretary
	Mrs Caroline Hiscox	Acting Director of Nursing, Midwifery and Allied Health Professions
	Mr Garry Kidd	Assistant Director of Finance
	Mrs Gerry Lawrie	Head of Workforce
	Ms Anne MacDonald	Senior Audit Manager, Audit Scotland
	Mr Graeme Smith	Deputy Chief Executive
	Ms Gillian Woolman	Assistant Director, Audit Scotland
	Mr Neil Strachan	Senior Planner
	Ms Sue Swift	Divisional General Manager, Acute
	Mrs Louise Ballantyne	Patient Services Manager

**Item Subject****1 Apologies**

These were received from Mrs Susan Coull, Cllr Isobel Davidson, Ms Joyce Duncan, Cllr Douglas Lumsden, Cllr Shona Morrison, Mr Sandy Riddell and Mrs Susan Webb.

**2 Declarations of Interest**

There were no declarations of interest relating to specific agenda items.

### 3 2018/19 Audit Report

Ms Woolman from the Board's External Auditors, Audit Scotland, referred to the final accounts presented for approval, subject to some minor changes, which had been discussed in detail at the morning's Audit Committee meeting. She pointed out that there had been gross expenditure of £1.8 billion during 2018/19 and the Board had stewardship responsibilities for the total assets of £730 million. The Endowment Funds, discussed at the preceding Endowment Trustees Annual General Meeting, were consolidated in the accounts along with 50% of the Integration Joint Boards' (IJBs) net assets.

Ms Woolman advised that the key messages from the accounts had been discussed with the Audit Committee and that the Performance and Accountability sections within the annual report and accounts had been prepared in accordance with legislative requirements and direction of Scottish Ministers. She reported that there were appropriate and effective internal control arrangements in place and that the Board had met its three financial targets. Progress had been made with cyber security and General Data Protection Regulation (GDPR) and the work with internal audit had been noted. With regard to financial sustainability, she advised that savings targets had been achieved but noted the challenges of continuing to make a high proportion of recurring savings.

Ms Woolman explained that with regard to the section on value for money and performance, it was noted that 12 of the 18 performance targets had not been met. Regarding workforce, innovative recruitment initiatives were being introduced and work was being done to reduce locum and high cost agency spending. There had been changes to the Senior/System Leadership Team (SLT) and Board membership during the year and she was satisfied how this had been reflected in the accounts

**The Board noted the Annual Audit Report from Audit Scotland on the 2018/19 Audit.**

### 4 Approval of Grampian Health Board's Annual Accounts 2018/19

The Annual Accounts were presented to the Board.

Mr Gray advised that the report by Audit Scotland had been considered in detail at that morning's Audit Committee meeting. He confirmed that the Board had achieved its three statutory targets set by the Scottish Government Health and Social Care Directorate (SGHSCD) and that Audit Scotland had provided an unqualified opinion. He advised that Professor Croft, as Accountable Officer, would be approving the governance statement in relation to her review of the adequacy and effectiveness of the Board's system of internal control.

Mr Gray thanked Mr Kidd and his finance team for all the hard work to conclude the year-end process within a short timescale and to such a high level. He also thanked Audit Scotland for the positive way in which they worked with NHS Grampian.

Mrs Atkinson, as Chair of the Audit Committee, proposed the Annual Report and Accounts 2018/19 for approval by the Board, as recommended by the Audit Committee.

Mrs Atkinson added her thanks to Mr Gray, Mr Kidd and their finance colleagues. She thanked to Audit Scotland for a comprehensive and fair review and for their helpful input regarding efficiency savings and financial sustainability.

The Board echoed thanks to all those involved for their quality work in the production of the accounts, including finance colleagues, and both internal and external audit.

**The Board approved the Annual Report and Accounts of the Grampian Health Board (commonly known as NHS Grampian) for 2018/19.**

**5 Patients' Private Funds – Approval of the Abstract of Receipts and Payments 2018/19**

Mr Kidd advised the Board that NHS Grampian held funds for patients in hospital. The Audit Committee had reviewed the 2018/19 abstract of receipts and payments for Patients' Private Funds at its meeting that morning and had recommended these for approval by the Board. He advised that the interest was paid to the patients on a pro rata basis.

**The Board approved the 2018/19 abstract of receipts and payments for Patients' Private Funds.**

**6 Dr Gray's Hospital Phase 2 Plan for Obstetric and Paediatric Services  
The Board:**

Ms Gowans introduced the paper summarising the proposed models for Obstetrics Services and Paediatric Services based on the Dr Gray's Hospital Phase 2 Plan, which was publicly available.

She explained that safety and quality were vital. As staff became more specialised there were challenges around flexibility of working. A great deal of progress had been made and it was proposed to keep the Board informed of developments.

Professor Croft advised that Professor Fluck and Mr Bachoo had recent meetings with clinicians which had identified a number of emerging risks and it was important to highlight these. Appendix 2 of the paper set out the key risks.

Mr Robertson highlighted the need to keep the community informed and engaged. He pointed out the challenges of achieving the desired model and then sustaining it. Ms Gowans agreed and that engagement with staff and the community would be ongoing. Professor Fluck explained that services evolved over time in line with developing best practice. It was necessary for any model to be agile and receptive to change, as well as building in resilience.

Mr Passmore and Mrs Atkinson both raised concerns about the long-term deliverability of the proposals as risks that had been identified several years ago still existed and that a pan-Grampian solution may be needed. The Chair commented on the national “Best Start” policy and the challenges in meeting these requirements, together with supporting equity of access to services. Mrs Grugeon noted that the composite staffing model could offer more resilience, flexibility and agility.

Professor Fluck responded that Dr Gray’s Hospital needed to be part of a larger system and this would require a cultural and organisational shift. It was necessary to improve pathways and connections within the system. He commented on the recent face to face meetings that had been undertaken with colleagues in Dr Gray’s Hospital and that these had been beneficial in terms of progressing the Phase 2 Plan.

Ms Gowans explained that the Options Appraisal had been a systematic process and feedback was that it had been open and transparent. Mr Strachan added that it had been inclusive of staff and the public. He explained that it was necessary to be realistic in terms of risks of the proposals but also to consider the risks of not proceeding.

Mr Bachoo advised that the complexity of interactions and overlaps between services at Dr Gray’s Hospital meant that changes to one could have unintended consequences for others.

Mr Passmore suggested that the proposals be taken forward but to identify alternative action if the risks cannot be managed. The Chair asked for consideration to be given to the stage at which risks became too high for proposals to continue.

Professor Croft explained that issues did not relate only to women and children’s services and it was necessary to consider the role of Dr Gray’s Hospital as a modern District General Hospital serving Grampian and potentially linked to services in Highland. She advised that it was necessary to be proportionate about addressing the issues in relation to the services identified in the paper compared to other NHS Grampian services.

Mr Robertson suggested that it would be a positive step to take forward the paediatrics plan which would provide a platform to make further progress. The Chair agreed that immediate developments with paediatrics would be beneficial and enable early progress against the plan to be made.

Ms Swift explained that the paediatric model had been more widely accepted than expected. She highlighted changes to the workforce model with development of nursing roles and other training for nurses and midwives. Changes to the services would allow services to be delivered in the community, allowing children to stay at home and also avoiding unnecessary travel, costs and reducing the impact on the ambulance service. She highlighted positive developments recruiting to medical vacancies. She confirmed that the “attend anywhere” model was at the forefront of discussions.

Ms Gowans was confident about recruitment for paediatrics but highlighted potential issues relating to the obstetric services. She explained that feedback had been that the process had been open and transparent. She stressed that changes were required and that the goal was to strive to deliver the best possible service for the population served by the facilities.

In seeking the Board's agreement to the recommendations, the Chair reminded Board members that, as set out in the introductory paragraph of the paper, the Phase 2 plan was being taken forward in the context of the wider development of Dr Gray's Hospital as a modern District General Hospital placed within a network of services across Grampian and the North of Scotland.

The Chair thanked colleagues for all the work done to progress to this stage.

**The Board:**

- **Noted the obstetric and paediatric service proposals which had been formulated through engagement with public representatives and staff**
- **Acknowledged the benefits and risks associated with delivering and sustaining the proposed services and supported ongoing assessment to ensure that the proposals can be delivered in a safe and sustainable way**
- **Supported progression of the paediatric service plan, including further assessment of the requirements of the emergency department, with engagement and phased recruitment progressing in parallel. An update will be provided to the Board seminar on 5 September 2019**
- **Requested an update on the risk mitigations which needed to be addressed before further progress of the obstetric service at the Board meeting on 1 August 2019.**
- **Requested an outline description of the future profile of Dr Gray's Hospital as a modern District General Hospital at the Board meeting on 1 August 2019.**

**7 Date of Next Meeting**

Thursday 1 August 2019 – Alexander Graham Bell Centre, Moray College UHI, Moray Street, Elgin.

Signed ..... Date .....

Chair