

NHS GRAMPIAN

**Minutes of Meeting of Grampian NHS Board on Thursday 4 August 2022
at 12:30pm
(virtually by Microsoft Teams)**

Present:

Board Members

Dr John Tomlinson (Chair)	Non-Executive Board Member/Interim Chair
Mrs Amy Anderson	Non-Executive Board Member
Mrs Rhona Atkinson	Non-Executive Board Member (left 13:30)
Cllr Ann Bell	Non-Executive Board Member
Professor Siladitya Bhattacharya	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
Professor Caroline Hiscox	Chief Executive
Miss Rachael Little	Employee Director/Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Mr Sandy Riddell	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 Infrastructure and Sustainability
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Mrs Louise Ballantyne	Head of Engagement (Item 8)
Mr Simon Bokor-Ingram	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Professor Duff Bruce	Consultant Surgeon (Item 6)
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Mrs Kate Danskin	Chief Nurse
Mr Gerry Donald	Head of Property and Asset Development
Ms Sarah Duncan	Board Secretary
Mr Stuart Humphreys	Director of Marketing and Corporate Communications
Mrs Fidelma Hurst	Project Manager (Item 6)
Miss Lesley Hall	Assistant Board Secretary
Mr Steven Lindsay	Partnership Representative/Employee Director Elect
Miss Jenny McNicol	Portfolio Lead Children's and Family Services
Ms Lesley Meldrum	Head of Corporate Communication
Mrs Pamela Milliken	Portfolio Lead Aberdeenshire (left 14:10)
Mr Gary Mortimer	Senior Responsible Officer National Treatment Centre Grampian (Item 6)
Mr Alasdair Pattinson	General Manager, Dr Gray`s Hospital (Item 6)
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
Mrs Alison Wood	PA/Minute-taker

Apologies

Mrs Luan Grugeon
Mr Stuart Humphreys
Mrs Sandra MacLeod

Non-Executive Board Member/Interim Vice-Chair
Director of Marketing and Corporate Communications
Chief Officer, Aberdeen City Integration Joint Board and
Portfolio Lead Medicine and Unscheduled Care, and Mental
Health Services
Non-Executive Board Member

Mr Dennis Robertson

Dr Tomlinson, Interim Chair, welcomed everyone to the meeting including the media and public. It was noted that the meeting was being recording for 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 Chief Executive's Introduction

The Interim Chair advised that there had been a closed session Board meeting that morning to consider the Annual Report and Audited Accounts, the draft Delivery Plan and Workforce Plan for submission to Scottish Government. Parliamentary and Scottish Government convention required that NHS Grampian discussed those items in private. The plans should be published soon, as the Delivery Plan, in particular, will set the majority of the Board's business over the next 8 months.

Dr Tomlinson advised that this was Ms Little's last Board meeting as Employee Director. He thanked her on behalf of the Board for her work and highlighted that she embodied the NHS values of kindness and compassion.

He explained that the items discussed would be considered in the context of a health and care system that was still toiling under the continuing impact of Covid, noting that NHS Grampian required to reform to create a sustainable system. The Delivery Plan to March 2023, approved in the closed session, set out achievable and realistic milestones. It aimed to shape the system while still dealing with the longer lasting effects of the pandemic. The plan would be discussed at the October 2022 Board meeting. The items on Moray Maternity Services and the business case for an MRI scanner at Dr Gray's Hospital showed NHS Grampian's ambition for health and care in Moray. The work on maternity services for Moray, which had received much public and political attention, was part of a wider project to re-affirm the vital place Dr Gray's Hospital had in the system of sustainable, modern services.

Professor Hiscox acknowledged Ms Little's contribution to the work of the Board, explaining that during her term as Employee Director she had been the epitome of working in true partnership. She also thanked Mr Sharp for providing support to the Board and colleagues with professional and technical expertise during his time in the role of Acting Director of Finance. She acknowledged the system pressures evidenced in the performance data. The Board was asked to reflect that the data was about people, the quality of care and care experience, the impact on colleagues' health and wellbeing and the financial position. The Delivery Plan, which will be shared with the public at the October meeting, focused on improving access, supporting colleagues and creating the conditions for the future changes required. She thanked colleagues across Health and Social Care for continuing to deliver the best care possible in a constrained system and the public for their continued patience and kind words.

4 Minutes of Meeting on 2 June 2022

The minutes were approved as an accurate record.

4.1 Matters arising

There were no matters arising from the minutes of the meeting on 2 June 2022.

5 Moray Maternity Services and Dr Gray's Strategic Plan Update

Miss McNicol, Portfolio Lead for Children's and Family Services, provided an update on progress on planning in relation to the development of Model 4 for Moray Maternity Services and set out the process to finalise a commission for work to develop a Strategic Plan for Dr Gray's Hospital (DGH).

As part of delivering against the recommendations set out the External Review of Moray Maternity Services in 2021, planning was underway for the delivery of both Model 4 and Model 6. Whilst these models focused on delivering maternity and related services, there was a need for a clear vision for the future role and purpose of Dr Gray's Hospital (DGH) as part of the community, part of NHS Grampian and part of a networked model in the North of Scotland.

Miss McNicol summarised key points:

- Moray Maternity Services – Model 4. Joint plan developed between NHS Grampian and NHS Highland (Appendix 1 of the paper) had been submitted to Scottish Government. A response was expected following the Parliament's summer recess.
- A key feature of Model 4 was the recommendation that elective Caesarean sections should be performed at DGH. However, there was consensus amongst clinicians and key partners that this cannot be safely offered within the hospital infrastructure for Model 4. It would be offered as soon as it was considered safe to do so but this would be much closer to Model 6. Discussions were ongoing regarding alternatives to be provided in NHS Highland.
- Work had commenced to develop the plan for the implementation of Model 6 including indicative timescales for the commencement of services. This would be jointly produced with NHS Highland and include a plan for Model 6 to meet the outcomes for DGH and support sustainable maternity services across the North of Scotland.
- Whilst moving from Model 4 to Model 6 there would be increased capacity to provide specialist obstetrics care for women experiencing a complex pregnancy during their ante-natal period. This would reduce travel for women in Moray.
- Dr Linda de Caestecker has been appointed by Scottish Government as the external oversight lead. She would be meeting with colleagues from NHS Grampian, NHS Highland and representatives from KeepMum and Maternity Voices Partnership.
- Work would continue to build and enhance the communication and engagement in Moray and pan-Grampian.

Miss McNicol also provided an update on the process to finalise a commission for work to develop a Strategic Plan for Dr Gray's Hospital (DGH). Following the endorsement of the Plan for the Future at the June 2022 Board meeting, there was a commitment to develop a strategic plan which would set out the vision for the hospital in an NHS Grampian context. NHS Grampian was undertaking comprehensive engagement with staff and the public which

was critical to create a successful plan. Formal updates will be provided at the October and December 2022 Board meetings and the draft commission has been circulated (Appendix 2).

Discussion included the following points:

- An initial meeting had been held with Dr de Caestecker involving the Cabinet Secretary, more details of which were to be provided.
- NHS Grampian was committed to Model 6 which would involve joint working with NHS Highland to achieve a sustainable maternity service for women in Moray. Success would depend on both Boards having an aligned approach.
- The importance of governance processes and reporting arrangements for the Grampian Maternity Services Programme.
- Communication and Engagement group was running in parallel with the strategy for DGH with engagement with the public and staff, linking with existing pathways and communications.

The Board:

- **Noted progress of planning for, and developing Model 4, attached as Appendix 1 to the paper presented.**
- **Agreed to receive regular updates on the progress of the strategic planning process for Dr Gray's Hospital at October and December 2022 Board meetings.**
- **Noted the consultation with Moray stakeholders about the commission for the strategic planning work and the draft of this attached as Appendix 2 to the paper to the paper, that the commission for the strategic planning work would be signed off by the Chief Executive Team by mid-August 2022 and circulated to the Board by email for information**
- **Noted that the engagement work had commenced.**

6 National Treatment Centre - Dr Gray's Hospital MRI Scanner

Mr Bachoo advised that following approval of the Outline Business Case, NHS Grampian had commenced the Dr Gray's Hospital National Treatment Centre (NTC) MRI project in parallel but separate from the National Treatment Centre – Grampian (NTC-G) new build project. This work had progressed with considerable involvement of clinical and non-clinical management input. The Business Case presented has been extensively developed. There were still areas of uncertainty relating to the construction in a safe manner without significantly impacting on inpatients in Ward 4 and outpatients at Pluscarden Clinic at Dr Gray's Hospital (DGH).

Professor Bruce reminded the Board that this was part of a Grampian-wide development, looking at diagnostics particularly the MRI needs across Grampian. Predictions on the demand up to 2035 were based on activity and population predictions. It was anticipated that three additional MRI scanners would be required - at DGH, a possible scanner at the Baird and ANCHOR and at the main National Treatment Centre (NTC).

Mr Pattison highlighted the risks and mitigations involved:

- Location of MRI scanner close to Ward 4 and Pluscarden Clinic. Extensive work was ongoing with Mental Health Services colleagues and the wider system to find an acceptable solution and avoid delay in to the construction work. There were concerns about the potential negative impact on this patient group as a result of noise in the construction phase. A decant option would be required to ensure minimum disruption of care. Options were being considered for this. The timeline for the work to be concluded would depend on the most suitable decant option for

the patient group. It was estimated that the Royal Cornhill Hospital (RCH) option would be available to start around October 2022 but this would be more disruptive to families. It was noted that anti-ligature work required to be undertaken in Ward 4, and it was proposed that this would be carried out at the same time as the MRI construction work. There was an opportunity to consider the staffing complement in Moray to create a more robust community-based service that could result in fewer patients requiring to move from Ward 4, DGH to RCH if this was the preferred option. Anti-ligature work was anticipated to last 8 months and the MRI construction programme was approximately 12 months.

- There was a workforce risk but recruitment strategies were in place to secure and attract the appropriate workforce to support the delivery of the service.
- Cost implications due to the volatility in the current market.
- The Scottish Government was aware of the capital investment currently estimated at £5.5 million. There was a risk around the volatility of construction prices and an addendum would be brought back to the Board at an appropriate time. The revenue costs were included in the Scottish Government waiting times funding. £400,000 had been included in the current year in advance of the project to ensure the staff were sourced and trained ahead of the facility opening. The total revenue costs were anticipated to be £1.1 million per annum and would be included in the annual funding bids for waiting times funding.
- Utilisation of the MRI scanner at DGH. Health Intelligence data had provided information on the anticipated usage of the MRI scanner at DGH using information on activity and demographics with both pre and post Covid data. Transport access links were being worked through.
- Radiographer recruitment at DGH had been an issue in the past and there was a recognition of the recruitment risk. It was noted that the Radiology department had linked with local Universities to have undergraduates work as Radiographer Support Assistants at Aberdeen Royal Infirmary (ARI). This had proved to be successful when the undergraduates had completed their studies and were looking for permanent posts. Study requirements and cross locality working was important.
- Recruitment was being positively marketed. More recently DGH had been successful with the recruitment of Radiographers and there was the opportunity to enhance skills of the existing workforce.
- Strategic planning for DGH linked to the development of the MRI scanner which highlighted the investment and importance of DGH to the overall NHS Grampian system. The aspirations and vision for DGH would provide clarity for the staff and services, working as part of a network between different sites. It was important to ensure sustainability of workforce and services.

The Board:

- **Approved the Standard Business Case for the development of a dedicated Magnetic Resonance Imaging (MRI) service at Dr Gray's Hospital in Elgin.**
- **Confirmed the requirement to bring an addendum to the Standard Business Case (SBC) back to a future Board meeting for final agreement on price and programme prior to proceeding to construction.**

7 Performance Report

It was noted that the system pressures continued to be challenging and that the oversight of quality in relation to safe, effective, person-centred care was provided through a weekly Clinical Risk Meeting (CRM). The focus set out in the Delivery Plan for the next 7 months would be on reducing delays, accessing care, supporting colleagues to be safe and well at work, and creating the conditions for sustainable change. Work was ongoing to provide

the first version of an integrated quality and performance report for the October 2022 Board meeting. Board members' feedback and input over the next 6 months would inform the format for the report to ensure it was easy to understand and helpful to use.

The discussion on performance data included the following points:

- Data from the different IJBs would be easier to compare if the narrative was the same.
- The risk escalation system had been reviewed by the Audit & Risk committee on 2 August 2022 which had provided a useful overview of what was currently in place and how this would evolve. The proposed approach to risk appetite had been supported by the committee.
- Discussions were taking place on key issues with Scottish Government colleagues.
- It was noted that the current report provided a detailed description of performance but not what was being done to improve the position. However, this would be included in the new format.
- Data analysis work had been commissioned to look at activity prior to Covid and to understand the pressures after Covid when activity levels were similar and the pressures extremely high.
- Managing the "front door" and the difference between urgent care and emergency care.

The Board:

- **Reviewed and scrutinised the report, noting that the demand across the system continued to challenge the ability to consistently meet the three Operation Iris objectives. It was assured all was being done that could be to meet these objectives.**
- **Noted the Performance Report to the 6 October 2022 Board meeting would be a first iteration and test of an integrated performance and quality report, as agreed at the Board Seminar, July 2022.**

8 Whistleblowing Annual Report 2021-2022

Mr Coldwells thanked Mrs Louise Ballantyne, Head of Engagement, for the work she had undertaken over the first year of the new national Whistleblowing standards that NHS Grampian had implemented in April 2021. Quarterly updates had been received by the Board throughout the year and Mrs Ballantyne presented highlights from the Whistleblowing Annual Report 2021/2022 which provided details on what had happened during the year and set out the key areas of risk. NHS Grampian had received 14 concerns which met the criteria and all had been managed as stage 2 full investigation. They were split 50/50 between NHS Grampian and Health and Social Care Partnership (H&SCP) services. The concerns were raised by various staff groups although it was noted there were none from facilities and estates, which was common with other NHS Boards. In the coming year there would be a focus to raise awareness on how to highlight concerns. The report also described the areas which would be developed further e.g. training on whistleblowing. It was noted that Speak Up week would take place from 3 to 7 October. This was an opportunity to promote, celebrate and raise awareness of the value of speaking up and the difference it can make within the NHS in Scotland. NHS Grampian was introducing a new Speak Up ambassador and advocate model which was based on NHS Lothian's model. Resources allocated to whistleblowing work would also be considered as it was currently done as an add-on to existing roles. Next steps included confirmation with HSCPs whether the whistleblowing arrangements would be extended to Local Authority

staff, including whistleblowing in contracts with Primary Care and other contractors, and ensuring sufficient trained confidential contacts were available.

Mr Donald, as Whistleblowing Champion, observed that the introduction of the standards had been challenging but good progress had been made. The end of the first year had provided an opportunity to reflect on the work and ensure the culture of the organisation encouraged staff to raise any concerns. Communication to staff was extremely important to raise awareness and highlight confidentiality.

A discussion followed including:

- Training on Turas should be under the recommended training which would ensure it was easy to find.
- Feeling listened to was important as courage was required to come forward with concerns. It was also important to provide appropriate feedback of actions taken following investigation.
- The benefit of sharing of lessons learned and good practice.

The Board:

- **Agreed that it was assured that the new Whistleblowing Standards, introduced in April 2021, were being implemented effectively.**
- **Agreed to continue to receive quarterly reports, in-line with the requirement of the Standards.**

9 Board Governance – Population Health Committee, Committee Chairs and membership, and escalation process

Ms Sarah Duncan highlighted that the Terms of Reference had been agreed for the Population Health Committee. Dr Tomlinson had proposed the chairs and members of the board committees. It had been agreed at the June 2021 Board to provide a proposed escalation policy for committees to refer to the Board. At the subsequent July Board Seminar, it had been agreed that a risk appetite statement was required, with the Audit & Risk Committee leading this work. It was proposed that the escalation work should be undertaken by the Culture Group led by Mr Power and Mrs Grugeon. These areas of work would be discussed further by the Board in seminar mode.

The Board:

- **Agreed the revised terms of reference for Population Health Committee provided at Appendix 1 of the paper be adopted with effect from 18 August 2022, after the final meeting of the Engagement & Participation Committee.**
- **Agreed the chairs and members of each committee and other appointments listed in Appendix 2 of the paper be approved, effective immediately.**
- **Agreed the terms of reference for the Audit & Risk, Clinical Governance, Performance Assurance, Finance & Infrastructure and Staff Governance Committees be amended to increase the number of members of each committee by one non- executive Board member, effective immediately.**
- **Agreed the Board's risk appetite statement be revised and updated at a workshop for Board and Chief Executive Team members, to be held before the October 2022 Board meeting, with the revised risk appetite statement provided to the Audit & Risk Committee and the Board before February 2023.**

- **Agreed the principles for escalating issues through the Board's governance framework and a refresher on the principles contained in the Blueprint for Good Governance be considered at a Board development seminar, to be held before the December 2022 Board meeting.**

10 Committee Reports

The following reports were noted:

10.1 Audit Committee (21 June 2022)

Mr Riddell highlighted that the Scottish Government's report on Cyber Security had confirmed NHS Grampian's level of compliance had increased and level of risk exposure had decreased. It was noted that there was additional capacity planned for counter fraud activity and an unqualified audit had been received in relation to services hosted externally on behalf of NHS Grampian.

10.2 Endowment Committee (27 May and 22 July 2022)

10.3 Engagement and Participation (11 May 2022)

Mrs Anderson highlighted the update on volunteering and emphasised the importance of volunteers to NHS Grampian.

10.4 Performance Governance Committee (15 June 2022)

10.5 Staff Governance Committee (25 May 2022)

Ms Joyce Duncan highlighted the significant work undertaken on areas of concerns raised by the committee. An update on progress and improvement was expected at the next meeting.

11 Forum and Integration Joint Boards (IJB) Reports

The following reports were noted:

11.1 Area Clinical Forum

Mrs Cruttenden provided an update on the engagement work and how the Area Clinical Forum fitted into the system, with work to be done to improve connections with the wider system. There was continued concerns on dental NHS services and recruitment processes.

11.2 Grampian Area Partnership Forum

Miss Little highlighted the considerable ability and appetite of staff to adapt and contribute to all of the ongoing activities. Staff health and wellbeing continued to be a priority for NHS Grampian and discussion had reflected feedback received through the forum's relationship with Staff Governance Committee.

Dr Tomlinson advised that Committee Chairs would meet periodically to help coordinate work of the committees. He was now meeting with the Chairs of Area Clinical Forum,

Grampian Area Partnership Forum and Spiritual Care Committee in advance of Board meetings.

11.3 Integration Joint Boards

Mrs Milliken highlighted discussions on cost of living pressures, financial monitoring, medium term financial framework, recruitment, national care service, contracts across social care, grant funding and strategic planning, including the Delivery Plan.

12 Approved Committee, Forum and IJB Minutes

The following approved minutes were noted:

Committees

- 12.1 Audit – 22 March 2022
- 12.2 Endowment – 27 May 2022
- 12.3 Engagement and Participation – 24 March 2022
- 12.4 Performance Governance Committee – 20 April 2022

Forums

- 12.5 Area Clinical Forum – 4 May 2022
- 12.6 Grampian Area Partnership Forum – 21 April, 16 June 2022

Integration Joint Boards (IJBs)

- 12.7 Aberdeen City IJB – 10 March 2022
- 12.8 Aberdeenshire IJB – 30 March 2022
- 12.9 Moray IJB – 31 March and 26 May 2022

13 Any Other Business

Miss Little thanked the Board for the kind words at the start of the meeting and expressed her thanks to the members of the Board both past and present and those who had supported her and the Board during her elected term.

14 Dates of next meetings:

- Thursday 6 October 2022