

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 1 December 2022
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
Mrs Rhona Atkinson	Non-Executive Board Member
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
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
Professor Caroline Hiscox	Chief Executive
Mr Steven Lindsay	Employee Director/Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Mr Sandy Riddell	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 12:19)

Attendees

Mr Paul Allen	Director of Infrastructure and Sustainability
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
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
Miss Lesley Hall	Assistant Board Secretary
Mr Neil Gordon	Acting General Manager, eHealth (Item 10.2)
Mrs Sharon Jones	Radiography Manager (Item 10.1)
Mr Tom Power	Director of People and Culture (Joined 10:30)
Mrs Lorraine Scott	Director of Planning, Innovation and Programmes (Left 12:00)
Mrs Alison Wood	PA/Minute Taker

Apologies

Mrs Kim Cruttenden	Chair of Area Clinical Forum/Non-Executive Board Member
Mr Dennis Robertson	Non-Executive Board Member

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

There were no declarations of interest.

3 Chair and Chief Executive's Introduction

Mrs Evison advised that she was delighted to have been appointed as Chair of Grampian NHS Board and to be chairing her first Board meeting. She paid tribute to Dr Tomlinson for providing supportive and visible leadership as Interim Chair, and to Mrs Grugeon, Interim Vice Chair, who had championed the Board's cultural development. As this was Mrs Atkinson's final Board meeting the Chair thanked her for her commitment and passion throughout her eight years as a Board member. Mrs Atkinson thanked the Chair for her kind words and stated that her ask of the Board was to take the opportunity to recast NHS Grampian, recognising Bevin's principles for the NHS, to be fit for the 21st century.

Mrs Evison advised that she had met a number of teams across the system in her first month in post and acknowledged the considerable challenges health and social care colleagues were facing. She extended the Board's congratulations to Dr Balasubramaniam Vijayan (Gastroenterology) who won the Doctor Award and Dr Fiona Mackenzie (Consultant Clinical Scientist) who won the Leader of the Year Award in the Scottish Health Awards. The team at Rosewell House had also been shortlisted in the Integrated Care category. Filming had recently been completed for a second Channel 4 series of 'Rescue Medics' which highlighted NHS Grampian's key role at the heart of the national trauma network and an ITN production promoting the ground-breaking work with Australian company Annalaise.ai for the film - 'Lungs Matter', which was an education programme in association with the British Thoracic Society.

Professor Hiscox acknowledged that winter in the NHS was the busiest time and significant work had been undertaken to prepare for this. In addition to the preventative activity of seasonal flu and Covid vaccination programmes, there were improvements underway within unscheduled care to create efficiencies and reduce waits. Improving communication and engagement with colleagues, partners and the public would be discussed later in the agenda.

In addition to the usual seasonal pressures, this year there may be industrial action taking place, which did not necessarily mean strikes. Structures had been set up to enable NHS Grampian to react appropriately in order to maintain services during any industrial action. Professor Hiscox was assured that the NHS Grampian's Partnership working model and collaborative relationship with staff-side would enable NHS Grampian to work together to maintain and deliver essential and emergency health services safely

Due to the forthcoming submission of NHS Grampian and NHS Highland's joint 'Model 6' Plan for Maternity Services, there would be an additional Board meeting to consider the Plan's content on 15 December.

4 Minutes of Meeting on 6 October 2022

The minutes were approved subject to the following amendments:

Item 3, line 1 – delete the words "Dr Coldwells, in the Chief Executive's absence," and replace with "Dr Tomlinson"

Item 3 – delete paragraph 2.

4.1 Matters arising

None.

5 Performance Report

5.1 System Pressures Performance Report

5.2 How Are We Doing Board Performance Report

It was agreed to consider both performance reports together. Mrs Danskin highlighted the reports were a reflection of NHS Grampian's journey to a strategic level report for the Board on the progression of the delivery of the Plan for the Future by setting out the performance against the deliverables contained in the annual Delivery Plan.

The system pressures performance report focused on the operational system pressure data which was considered in detail across the system on a fortnightly basis. It set out the continued significant pressures and challenges.

The 'How are we doing' Board performance report provided an overview against all the deliverables contained in the annual Delivery Plan and reflected the quarterly data submitted to Scottish Government up to 30 September 2022. It was noted that the overall performance of unscheduled care was not reflected in the report and this would be addressed in the next version. Detailed reporting on performance on the annual Delivery Plan to be considered by the board assurance committees was under consideration and Performance, Assurance, Finance and Infrastructure Committee (PAFIC) would consider this at their meeting on 21 December 2022. A session for the Board to discuss in detail the format of the development report would take place on 10 January 2023 to enable the continued co-production.

Mr Bachoo gave an overview of the performance for patients waiting for periods of over 2 years. The main issue was capacity and there was a significant backlog in the group of patients that had been prioritised under ESCatS 3. The shortfall in capacity was due to many factors including estates e.g. eye theatres, infrastructure backlog (Woodend) issues and chronic workforce shortages across theatres (both Day Case and Main Theatre), although this had improved. The available resource had been aligned to the highest clinical risk group. Performance management had been repeatedly reviewed to ensure those at highest risk were treated first and our avoidable cancellations were minimal. NHS Grampian's ability to perform high volume, low complex surgery (the majority of patients waiting 2 years) was limited by not having a functional Day Case Theatre facility. This resulted in dependency on the independent sector and external providers. Projections had been agreed with Scottish Government on NHS Grampian would deliver regarding Outpatient/TTG in respect of those waiting over 2 years and NHS Grampian remained on trajectory to deliver. The 62 day cancer performance had ranged from 60-70% and 31 day performance around 95%. NHS Grampian's Annual Delivery Plan had committed NHS Grampian to deliver 62 day performance at 83-85% by the end of March 2023. NHS Grampian currently had 40 breaches for cancer pathway targets which was the lowest for 6 months. As the breach number approached approximately 20 the 83-85% performance figure should be achieved. It should be noted that initially as the breach numbers were cleared the performance continued to decline.

Dr Brown gave an overview of student nurses numbers and supplementary staffing. Scottish Government had increased the number of undergraduate student nurses' places year on year for adult nursing and mental health and learning disability nursing which were the areas with the greatest vacancies. However, locally and nationally, higher education

institutes had been unable to fully recruit to the undergraduate programme numbers. There were a significant number of students who would qualify from local higher education institutes who would return to their home areas. NHS Grampian was working with NHS Education for Scotland (NES) to understand the data and establish ways to improve retention. The target for the savings on the spend for supplementary staffing was £18.1m for the year which would be a 25% saving from the previous year spend. Quarter 1 supplementary staffing figure spend was £7.8m and £15.7 in quarter 2.

Queries raised by Board Members and responses included:

The importance of formal Board documents providing sufficient recorded organisational memory.

Patient feedback supporting executive thinking and decision-making – Mr Bachoo highlighted that the Integrated Specialist Care Portfolio Programme Board had used patient feedback over a 7 month period to develop a balanced scorecard tool to report the portfolio's performance to the Programme Board. There would be a significant contribution from the public for future work such as the National Treatment Centre in terms of design and infrastructure.

Scottish Ambulance Service – Professor Fluck advised that initial high-level data from the change in process showed that a high level of calls had been converted to non-conveyance to hospital. Analysis was required to understand the outcomes for individuals not brought to the hospital who had used other pathways, the overall impact on ambulance stacking and Emergency Department crowding, subsequent patient care and wider system impact. The high level data appeared very positive and had been well received by Scottish Ambulance Service.

Access – Engagement may raise unrealistic expectations of the population so it was necessary to be honest and transparent about what could be delivered with limited resources both financially and workforce related.

The need to cross-reference performance and risk.

Sustainability– It was noted that Executive Team members were part of national groups where sustainability of health and care was frequently discussed. This provided opportunities to influence and work with other organisations. Discussions also took place with Scottish Government and partners nationally and locally. It was noted that there was a requirement for cultural change. There were actions that NHS Grampian was able to influence and some that required a bigger societal change in population and health and care provision to do things differently. It was acknowledged that one size did not fit all for the population of Grampian.

It was noted that the Chief Executive would highlight any key areas of challenge at the Board meetings to ensure transparency with the public and the Board in relation to impact and consequences of operational performance. The scrutiny would take place at Board assurance committees which would be provided with the operational detail. It was noted that PAFIC would receive assurance on behalf of the Board.

The Board:

- **Noted that the demand across the system continues to challenge the organisation's ability to consistently meet the three key objectives described.**
- **Agreed it had received assurance about system performance within the specific context of demand pressures and workforce availability and resilience.**

- **Noted the progression to a fuller format of the How Are We Doing Board Performance Report.**
- **Noted the performance data and information in each section of the report and confirmed this met the needs of the Board for assurance.**
- **Noted a session to discuss the How Are We Doing Report would be scheduled for 10 January 2023 prior to the next meeting of the Board to allow further shaping of the content and format by Board members.**
- **The new Chief Executive report to the Board will provide analysis on system pressures and key issues of the operational performance. The detail of operational performance against the Delivery Plan priorities will be provided to the Performance Assurance, Finance and Infrastructure Committee.**
- **Agreed that the How Are We Doing Report now met the needs of the Board and therefore the System Pressure Report would no longer be included in the performance reporting to the Board.**

6 Update on NHS Grampian Financial Position

Mr Stephen highlighted NHS Grampian's financial situation for both the current financial year and going forward. Progress was being monitored against the actions from the local Value and Sustainability Plan which was designed to minimise any impact on critical services and aimed to reduce the £30 million forecasted overspend for the current financial year to £20 million on delivery of the savings. This overspend would carry through to 2023/24. In addition, new commitments were likely to exceed new resources and this meant that NHS Grampian would be facing a financial challenge of between £45-70 million in 2023/24. Mr Stephen shared the high-level financial scenarios for 2023/24 and highlighted the commitments of £40.3 million of new financial pressure in relation to the pay awards and the inflationary pressures in relation to spend on heating, food, medicines and other non-staffing costs. The Medium Term Financial Framework would be updated to incorporate these costs. The actions to manage these costs had been considered carefully and patients, staff and clinical requirements would be at the forefront of these discussions.

Given the projected financial position, the following high level key principles were proposed:

1. No recurring commitments should be made against non-recurring funding allocations given the current reassessment of a number of funding streams at a national level by the Scottish Government.
2. Financial planning was required on a whole system basis with improved alignment of the financial resources of NHS Grampian and the Health & Social Care Partnerships in order to obtain maximum value and efficiency in the delivery of services.
3. Any service redesign or transformation should be delivered at a reduced cost compared to the existing cost of services being redesigned.
4. Financial resources should support a renewed focus on dealing with delays to patient flow and redesign of urgent & unscheduled care which will enable planned care capacity to be delivered.

Mr Stephen advised that provision to pass over the relevant share of any uplift NHS Grampian received to the IJBs would be clarified in the coming months with guidance from Scottish Government. Resources would require to be used across the system to the best effect. It was important to understand the impact of decisions on other areas of the system and not only within the individual organisation, to consider financial planning and

for organisations to work together. The principles would require to be discussed fully by Board members and there would be an additional opportunity to do so at the Board Seminar in January 2023.

Queries raised by Board Members and responses included:

The key principles – Principles were open to significant interpretation and it was important to be honest and transparent with the public.

Even with significant service transformation and the delivery of higher levels of efficiency savings than had been achieved in previous years, it would be the medium to longer term before NHS Grampian returned to a position of underlying financial balance.

Overspend on pay budget – There were additional costs paid for agency nursing and agency locums. There were also more nurses required due to the pressures within the system.

Impact on vulnerable groups – Decisions being made would include impact assessments at an early stage to understand equalities and this would be part of the planning.

Commitment to the strategic intent of prevention was essential.

The range of different staff terms and conditions across NHS, local authorities and third sector partners was noted. The focus on staff health and wellbeing would continue.

It was noted that the level of non-recurring funding over many years had been relatively stable. However, this year much of the non-recurring funding had reduced as the Government prioritised funding to other areas such as the pay award. NHS Grampian was being more risk averse to making permanent commitments against non-recurring funding.

The Scottish Government budget was scheduled for 15 December 2022. It was clear that NHS Grampian would start the 2023/24 financial year with a significant underlying financial deficit.

The Board agreed that further work was required on the principles underpinning the Medium Term Financial Framework, particularly around issues of equality, inclusion, maintaining standards for patients and supporting staff well-being. The Board would have further discussions early in 2023.

The Board:

- **Assurance – reviewed and scrutinised the information provided in this paper and confirmed that it provided assurance that:
Steps were being taken to manage NHS Grampian’s financial position in 2022/23 to deliver a level of overspend in line with the Board’s original financial plan submission to the Scottish Government.
Detailed financial planning was underway to set the revenue budget for 2023/24 and refresh the Medium Term Financial Framework, noting the scale of the financial challenge facing the Board in 2023/24 and beyond.**
- **The key principles would be further discussed at the Board Seminar on 12 January 2023 and revised principles in setting the revenue budget for 2023/24 would be presented at the Board meeting on 2 February 2023.**

7 Approach to Winter 2022-23

The delivery of targets in scheduled and unscheduled care had been significantly challenged and there were potential threats which could further reduce NHS Grampian's performance. Professor Fluck presented the NHS Grampian approach to winter 2022-23 to maximise performance during the next five months (December 2022 - April 2023). He highlighted the tactical approach:

- Operational delivery system with work that had been built on from Operation Iris including G-OPES, approach to risk and ethics.
- Unscheduled care improvement plans
- Contingency arrangements.

Modelling had been extremely helpful over the last few years. Data was hospital-rich and the modelling team were trying to include more community data. Wider general practice data should be available shortly from Scottish Government.

Queries raised by Board Members and responses included:

Promotion of the Ethics Group for awareness to decision makers – Refresh of the communications strategy would assist with awareness. The Ethics Group provided both individuals and clinical groups with helpful support on difficult cases and had helped support the development of strategies.

Modelling to understand why patients were presenting differently – Health Intelligence would analyse unscheduled care data to understand what was underpinning this. It may relate to changes in chronic disease management due to Covid. Understanding this would be important for focussing treatment and services in the future. Professor Fluck advised that tools were being built to help with sophisticated modelling for the detail of demand in the future.

Early direct discharge from Emergency Department – Related to those who attended the Emergency Department for assessment, were treated and returned home, as well as those who did not require treatment. This highlighted an alternative intervention could have been just as effective in a different place in the pathway.

The number of people seeing their GP had almost doubled since prior to Covid – There was a gap in the data for General Practices which were acknowledged to be extremely busy. The available analysis showed a substantial increase in activity. More data was required on the reasons for this, whether it represented system failure or was a consequence of delayed treatment in the system. There was a national project to produce more Health Board level and partnership level data.

It was confirmed that the primary purpose of preparation for winter was to minimise any reductions in the quality of care and experience of patients.

It was acknowledged that the 'We Care' programme for staff was crucially important.

The sustainability of the plan was considered for all year round system planning rather than the normal 6 month period of winter e.g. use of G-OPES.

There would be an additional Board meeting on 15 December 2022 to consider further issues around winter planning and preparedness.

The Board:

- **Endorsed the approach to winter set out in the “Delivering Unscheduled Care Services” document attached as Appendix 1 to the report.**
- **Confirmed that it was assured that the approach to winter was robust.**
- **Agreed to receive further detail at the 15 December 2022 Board meeting.**

8 Winter 2022/23 Communications Activity

Mr Humphreys explained the approach to NHS Grampian’s communication activity during the winter period which had built on learning gained over the previous two winters. It would be crucial to help manage and, where possible, reduce the pressure on local healthcare services, working collaboratively with partners with complementary messages to minimise confusion and prevent message fatigue. It would support conversations to enable the public to take an informed and active role in their own care. The communication strategy was based on themes around the prevention of ill-health, helping people access the right care in the right place (reducing inappropriate attendances) and encouraging winter wellness and self-care. The winter activity began in November 2022 and would continue through to March 2023. The main campaign would commence week beginning 12 December 2022 with the launch of the Winter Wellness Guide which was presented to the Board. This would be available both digitally and in paper version at suitable sites such as food banks.

Queries raised by Board Members and responses included:

Reduction in inappropriate attendances at Emergency Department – 34% had moved away from Emergency Department.

The need to balance NHS Grampian-tailored materials with national winter campaigns.

Measurement of the success of the campaign would be by engagement in social media channels which was monitored on a weekly basis.

Proactive discussions across Grampian to connect with third sector organisations and other partners to enhance information available for the public. The Communications Cell had worked to ensure complementary material between partners.

The Board endorsed the proposals contained in the paper.

9 Strategic Plan for Dr Gray’s Hospital

Dr Coldwells provided an update on the progress to develop the strategy for Dr Gray’s Hospital (DGH). The Population Health Committee had considered the engagement approach to this work and confirmed that they were assured it was robust and inclusive. The strategy had been discussed at the Moray Integrated Joint Board (MIJB) November meeting and it was agreed that there would be consultation work with community councils in the Moray area. Engagement had taken place with staff, partners, stakeholders and the public with assistance from the Moray Community Wellbeing Team.

There were a number of emerging issues which needed to be considered to help develop and form the strategic direction, including the scale and scope at DGH. A network model approach for DGH to be part of a cohesive and highly functional network with Aberdeen and Inverness required to be developed. There was a requirement to match workforce expectations of role and specialty work with the demand and requirements locally. There had been considerable feedback from across all stakeholder groups that the facilities and

infrastructure at DGH was not as required, with the suggestion that a new hospital to be built and developed on a new site in Elgin. The most appropriate infrastructure would be considered in the process. Key work would continue over the next two months to develop clarity on the scope of service delivery for DGH.

Transformation work, such as the use of technology, would be a key part of the strategy and discussions held on the concept of remote health care expertise were highlighted.

Mr Bokor-Ingram, who led the work locally, advised that there had been rich contributions from staff and the community. It was important that there was short, medium and longer term planning which required to follow a clear process, starting with service planning. Any decision about a new hospital would be in the longer term. Current planning required to use the existing building footprint, including assets other than DGH.

Queries raised by Board Members and responses included:

It was important to gain the confidence and trust of the local community to create a sustainable health care model. Staff confidence in the direction of travel would provide trust for the community. The patients` voice also required to be distinct from staff in the feedback. The delivery plan for the Dr Gray's Hospital strategy would be extremely important to illustrate how NHS Grampian and its partners would make progress on the strategic intent.

The interdependency of the wider network approach had to be explicit and clear about strengthening Moray in the wider system including North of Scotland region. It was important to identify where to provide the best access to services.

The requirements for DGH would need to be considered alongside all demands for the finite resource available in NHS Grampian.

It was noted that the Board had visited DGH at the start of November 2022 and had an opportunity to meet with colleagues to increase understanding of the local issues. The Population Health Committee would receive further reports on engagement and co-production.

The Board:

- **Noted that the Population Health Committee was assured by the approach to engagement. The committee would receive further reports on engagement and co-production.**
- **Provided comment on the key issues for the strategic direction of Dr Gray's Hospital identified in the paper.**
- **Endorsed the ongoing work to develop the strategic plan for Dr Gray's Hospital.**
- **Agreed that it would receive the Dr Gray's Strategy at its February 2023 meeting.**
- **Agreed that it would receive the delivery plan for the Dr Gray's strategic plan at the April 2023 meeting.**

10 Infrastructure Essential Equipment Replacement Programme

10.1 Upgrade of Hutchison Magnetic Resonance Imaging (MRI) Scanner, Woodend Hospital

Mr Bachoo highlighted the importance of Magnetic Resonance Imaging (MRI) and that it was critical to the design and delivery of safe patient pathways. The paper provided the detail and the funding requirement of £1.85 million. The Board was assured that no harm had come from the dysfunction of the MRI scanner. Mrs Jones, Radiography Manager, provided additional background including that the intended life for a MRI scanner was 10 years and the existing scanner was 15 years old. There had been engagement with patients who used the facility. The upgrade of the current MRI system represented a saving of £300,000 compared to the price of a fully new system. The work would be expected to start on 1 April 2023 and be completed by end of June 2023. To ensure continuity, a mobile van with a scanner would be hired for the Woodend site and the Board was assured there would be no negative impact for patient care. This van facility was covered by the same safety standards.

Queries raised by Board Members and responses included:

Net zero/carbon footprint would be included in Board paper templates going forward to encourage discussion. The process to upgrade rather than replace would be less of a carbon footprint. There would be no increased power in the use of the upgraded MRI. The main magnet was being retained rather than replaced.

Benefits of upgrade rather than replacement – Staff were already trained on the MRI scanner which would have the latest software, guaranteed maintenance contract and a further 10 years lifespan.

The Board:

- **Approved the upgrading of the Hutchison, MRI scanner situated at Woodend Hospital including an upgraded magnet, a replacement Faraday cage, enabling/turnkey installation works and the other necessary improvements to plant and room layout in order to meet the required Scottish Health Technical Memorandum (SHTM), Infection Prevention and General Data Protection Regulation (GDPR) requirements.**
- **Approved the delegation of authority to the Board's Director of Infrastructure and Sustainability to authorise the necessary procurement and to allocate funding to the project as appropriate from the Board's formula capital allocation during 2022/23 and 2023/24 financial years, not to exceed £1.85 million.**

10.2 Replacement of the NHS Grampian-wide Wireless Network

Mr Allen advised that NHS Grampian had first adopted wireless network technology in 2010 at the Foresterhill campus. This had then been expanded to other primary and secondary care sites across Grampian to support patient care with smarter and agile working through the use of mobile technology and wireless enabled devices, both in the clinical and building management settings. The network now required to be replaced. Mr Gordon, Acting General Manager, eHealth, provided details on the usage within NHS Grampian and the services underpinned.

The procurement process was explained together with the technical and financial evaluation. The preferred supplier had provided a commitment to supply the replacement wireless network by October 2023. The capital cost of the project was £3.4 million inclusive of VAT, with no revenue consequences.

Queries raised by Board Members and responses included:

Lack of detail on net zero in the paper was highlighted as discussed in item 10.1. Sustainability required to be considered in Board decisions. It was agreed that the Board paper template be amended to include a section on net zero sustainability. There would be a learning curve for this expertise. The devices were a standalone device and powered from the network using existing capacity.

Availability of the wireless network to patients – There was a requirement to ensure this was used initially for day to day business. There were other bedside hospital options currently available for basic access.

The Board:

- **Approved the replacement of the existing outdated wireless network across all NHS Grampian sites and locations.**
- **Approved the delegation of authority to the Board's Director of Infrastructure and Sustainability to authorise the necessary procurement and to allocate funding to the project as appropriate from the Board's formula capital allocation during 2022/23 and 2023/24 financial years, not to exceed £3.4 million.**

In addition, the Board agreed the Board paper template be amended to include a section on net zero sustainability.

11 Forum and Integration Joint Boards (IJB) Reports

The following reports were noted:

11.1 Area Clinical Forum

In Mrs Cruttenden's absence, Mrs Grugeon highlighted the concerns of the Radiology department on funding. Mr Bachoo reassured the Board that there had been dialogue with Radiology and assurance committees for a shared understanding on available funding.

11.2 Grampian Area Partnership Forum (GAPF)

Mr Lindsay highlighted the level of discussion that had taken place on a range of topics. He advised that a joint working group was being set up between the Area Clinical Forum and Grampian Area Partnership Forum to develop solutions to the challenges of staff having breaks and recovery time. The short life working group on industrial action demonstrated the effective partnership working in the organisation.

11.3 Integration Joint Boards

The report highlighted the work done to help overall system flow.

12 Approved Committee, Forum and IJB Minutes

The following approved minutes were noted:

Committees

- 12.1 Audit - 2 August 2022
- 12.2 Endowment - 22 July 2022
- 12.3 Clinical Governance - 12 August 2022
- 12.4 Performance, Assurance, Finance and Infrastructure -17 August 2022
- 12.5 Engagement and Participation - 17 August 2022
- 12.6 Staff Governance – 10 August 2022

Forums

- 12.7 Area Clinical Forum – 7 September 2022
- 12.8 Grampian Area Partnership Forum – 15 September and 20 October 2022

Integration Joint Boards (IJBs)

- 12.9 Aberdeen City IJB – 30 August 2022
- 12.10 Aberdeenshire IJB – 24 August 2022
- 12.11 Moray IJB – 30 June 2022

It was requested that, as the assurance committees were providing assurance on behalf of the NHS Grampian Board, it would be helpful to pause and reflect at a future Board Seminar how best this could be provided. This was ongoing development work.

13 Any Other Business

None.

14 Dates of next meetings

- Thursday 15 December 2022
- Thursday 2 February 2023