

APPROVED

NHS GRAMPIAN

Board Meeting – Thursday 5 August 2021 at 10.00am

The following were in attendance at a virtual meeting held using Microsoft Teams

Board Members

Mrs Rhona Atkinson	Non-Executive Board Member
Dr June Brown	Executive Nurse Director
Mrs Kim Cruttenden	Chair of Area Clinical Forum/Non-Executive Board Member
Cllr Isobel Davidson	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
Mr Alan Gray	Director of Finance
Mrs Luan Grugeon	Non-Executive Board Member
Professor Caroline Hiscox	Chief Executive
Cllr Ryan Houghton	Non-Executive Board Member
Miss Rachael Little	Employee Director/Non-Executive Board Member
Cllr Shona Morrison	Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Mr Sandy Riddell	Non-Executive Board Member
Mr Dennis Robertson	Non-Executive Board Member
Dr John Tomlinson	Non-Executive Board Member/Vice Chair (Meeting Chair)
Mrs Susan Webb	Director of Public Health

Attendees

Mr Paul Allen	Director of Facilities and eHealth
Mr Paul Bachoo	Medical Director – Acute
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Ms Sarah Duncan	Board Secretary
Miss Lesley Hall	Assistant Board Secretary
Mr Stuart Humphreys	Director of Marketing and Corporate Communications
Dr Calum Leask	Lead for Lead for Research & Evaluation (Item 8)
Mrs Sandra MacLeod	Chief Officer, Aberdeen City
Mr Tom Power	Director of People and Culture
Mrs Marlene Westland	Public Health Practitioner (Item 9)
Mrs Alison Wood	PA
Mrs Jenna Young	Planning Manager/Programme Manager for COVID-19 Vaccination Programme (Items 5 and 9)

Apologies

Mrs Amy Anderson	Non-Executive Board Member
Professor Siladitya Bhattacharya	Non-Executive Board Member
Mr Simon Bokor-Ingram	Chief Officer, Moray
Professor Lynda Lynch	Chair, Non-Executive Board Member
Ms Pamela Milliken	Chief Officer, Aberdeenshire

In the absence of Professor Lynch, Dr Tomlinson, Vice Chair, chaired the meeting. He welcomed everyone, including members of the media and the public. It was confirmed that the meeting was quorate.

1 Apologies

Apologies were noted as above.

2 Declarations of Interest

There were no declarations of interest.

3 Chair and Chief Executive's Introduction

Dr Tomlinson highlighted that the Board meeting would concentrate on:

- The system's response to the immediate pressures caused by Covid and the backlog of health needs built up over the previous 16 months.
- Looking forward to the future with the development of a new system for strategic and tactical management together with the process for the new Strategic Plan.

He congratulated Mrs Cruttenden on her re-election as Chair of the Area Clinical Forum and consequent re-appointment to the Board for a further two years. He also congratulated Dr Brown who had been formally appointed as Executive Nurse Director from 1 July 2021 following a period in the role of Interim Nurse Director.

Dr Tomlinson highlighted the following:

- Covid Third wave pressures – capacity issues with staff absences and reduction due to bed spacing.
- The efforts of the entire workforce during this challenging period.
- Demand for unscheduled care had returned to pre-pandemic levels. It was emphasised that primary care multi-disciplinary teams were seeing patients in person where necessary and referring to secondary care as appropriate.
- "Know who to turn to" – Public information campaign.
- Covid vaccination programme including drop in clinics and outreach work.

The Board noted the pressures being experienced by general practice. It was agreed to provide assurance to the Board on the status of primary care services and how national policy was being delivered in the context of the wider system.

Professor Hiscox stated that the system remained under significant and sustained pressure and thanked the population of Grampian and the workforce for their patience and resilience.

She highlighted the following:

- Consequences of the temporary, but necessary, closure of Ward 7 at Dr Gray's Hospital (DGH) for refurbishment.
- The Review of Moray Maternity Services report was expected shortly.

- Planning for the future including three rapid action focused plans to March 2022, which complemented Version 4 of the Remobilisation Plan required by Scottish Government. The initial 10-day plan had been completed and the 100 day and 250 day operational plans were currently being tested and refined to provide the tactical actions for the forthcoming winter period.
- The inter-relationship of agenda items 5, 6 and 7 to provide an overview of how the system was responding and the requirement for change and transformation.
- Portfolio approach.

4 Minutes of Meeting on 3 June 2021

The minutes were approved as an accurate record and no matters arising were noted.

5 Covid Third Wave – Public Health Response

The Director of Public Health gave the Board an overview of the main points in the report which provided an update of the Public Health response to the COVID Third Wave. She thanked the Public Health system for their commitment, hard work and “can do” attitude.

She advised that the current peak may be over but the third wave was not. She explained that the response to the pace and scale of change over the last 18 months, working with partners, showed what was possible to achieve when using a system leadership approach.

She urged caution and reminded everyone about the importance of wearing face-coverings, testing, vaccination and washing hands.

During the discussion Board members raised the following issues and questions:

- Impact of the return of students to Universities and Colleges.
- “Living Life to the Full” pilot.
- Lateral Flow Tests.
- Childhood vaccinations.
- Challenges of the NHS staff asymptomatic testing programme.

In response to queries Mrs Webb confirmed that:

- Public Health had engaged with higher education establishments to ensure Scottish Government guidance was implemented.
- Lateral Flow Tests were effective to pick up asymptomatic cases.
- A detailed report on childhood vaccinations would be discussed at the Clinical Governance Committee.
- Issues around the staff testing programme were being addressed to streamline the process and to reinforce the message about its importance

The Board acknowledged Public Health colleagues’ hard work and commitment.

The Board was assured by the information presented and the discussion that NHS Grampian was doing what was required at present. The policies and processes were robust and adaptive, and learning was taking place.

6 Covid Third Wave – System Response

Professor Fluck provided the Board with a summary of the main points in the report which gave an update on the system-wide response to the Covid Third Wave.

He highlighted:

- The pressures and significant increase in activity in the primary care setting and general practice.
- The requirement to reflect on data and information including primary care.
- No single data system was available to collate and view the General Practice (GP) data.
- The Covid Hub was run by GPs and was monitored on a daily basis. It was noted that calls had tripled and the volume of activity for general practices had significantly increased.

During the discussion Board members raised the following issues and questions:

- The reasons and context for the significant increase in volume.
- Significant population health debt.
- Deprivation and inequalities impact.
- Impact of patients calling 111 (NHS 24) directed to GPs in hours.
- Public looking to access GP services in the same manner as pre-Covid.
- Communication and learning that services could be delivered in different ways.
- Communications Hub and Communications Plan.

In response to queries Professor Fluck confirmed:

- There was a wide range of pressures impacting on general practice including respiratory illness in children, increased contact for patients in the backlog for treatment, mental health and chronic illnesses. Also patients who had not attended because of the pandemic were now coming forward for treatment.
- Soft intelligence did not provide breadth of data.
- Health Intelligence had provided data on the population health debt. Work was ongoing on the impact of deprivation and inequalities relating to Covid.
- National work was ongoing regarding access to 111 (NHS 24).
- The importance of communication with the public and learning that services could be delivered in different ways.

The Board acknowledged the hard work and commitment of the staff working across the system.

The Board was assured by the system-wide response to the Covid Third wave. The Board requested future reports as data and information became clearer.

7 Performance Report

Mr Gray summarised the main points in the Performance Report and slide pack.

He highlighted:

- The challenges of planned care.
- Prioritisation of backlog and engagement with patients.
- Cancer performance including the increased demand from the screening programmes and diagnoses.
- Mental health and the significant pressure at Royal Cornhill Hospital with occupancy levels.
- Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies.
- Access to drug and alcohol service including access to treatment in prisons.

During the discussion Board members raised the following issues and questions:

- Prioritisation of patients taking into account the health debt.
- Feedback from patients who had been waiting a long time for treatment.
- Health Inequalities lens across Covid data for communities with lower vaccination uptakes and higher case prevalence.
- The challenge of drug related deaths in Scotland.
- Appropriate committee to deal in detail with Alcohol and Drug treatment performance.

In response to queries, Mr Bachoo advised that for the patients who had been waiting a long time for treatment:

- Additional capacity was being planned to deliver treatment over a short period of time.
- Complexities around estates, workforce and finance resources to deliver the additional capacity.
- Prioritisation of patients had previously been from a clinical perspective on an individual patient basis. The next iteration of prioritisation would also take into account the continuing impact of Covid on both the healthcare system and individual patients. There was collaborative work with University of Aberdeen's Health Service Research Unit and with Scottish Government on precision medicine.
- Target interventions for those most likely to have benefit including patient reported outcomes.
- The postponed Board Seminar on Integrated Planned Care had been rescheduled to 2 September 2021. This would assist Board members' understanding of the waiting times position.
- The backlog of treatments was a national issue and it was recognised that Boards needed to work together and with Scottish Government to ensure equity of access to recover elective planned care.

Professor Hiscox advised that the organisation continued to learn about Covid and its longer impact. Mrs Webb would provide a response on the Health Inequalities lens question outwith the meeting on the specific approach regarding uptake of vaccinations.

Mr Gray confirmed that it was appropriate for Alcohol and Drug performance reporting to go to Performance Governance Committee. Drug related deaths was an example of where multi-agency work and partnership working was essential

The Board noted that the Board Secretary was currently reviewing performance reporting and how performance governance could be effectively managed in the future.

The Board noted that it had reviewed and scrutinised the Performance Report.

8 Portfolios and System Leadership

Professor Hiscox provided the Board with a summary of the main points in the report on the high-level rationale for commencing the implementation of the Portfolios approach for delivering the strategic vision of NHS Grampian.

During the discussion Board members raised the following issues and questions:

- Position of Social Care.
- Strategic leadership policy assurance and reporting governance. Non-Executives had a shared endeavour and asked that they were actively involved in governance arrangements.
- Engagement with the formal Integration Joint Boards (IJBs).
- Process of change to support leaders in handling it positively.
- Future governance approach and overview of the approach for performance governance.
- Distribution of ownership and change for the services.
- Evolve in partnership with the IJBs.
- Transferability of NHS and IJB Board papers to raise awareness of information shared elsewhere.

In response to queries, Professor Hiscox advised:

- Social Care was included in Portfolios and System Leadership. This was already under the remit of the Chief Officers and the direction of the Integration Joint Boards.
- Engagement with IJB Chairs and Vice-chairs and Local Authorities' Chief Executives to ensure benefit for the population of Grampian
- Shared power across the system.
- Reflect and reshape new roles.
- Support of the current five Interim Portfolio Leads to help shape and design the approach.
- The current system was not fit for purpose.
- The importance of recognising and managing risk.
- Organisational Development input to the process would be provided by The King's Fund.
- IJB meeting papers were shared and available on their websites. NHS Board papers were also available publicly on the public NHS Grampian website. The Board Secretary was reviewing this process for learning opportunities.

Interim Portfolio leads fed back that so far there had been a notable positive difference in the way of interpreting the data and information in the system to look for solutions, with connections across the system easier to make.

Professor Hiscox acknowledged Dr Leask's support and the input from the five

interim portfolio leads to this important ongoing work.

The Board

- **Noted the contents of the paper and endorsed the approach being taken.**
- **Requested that the Chief Executive report to the Board in December 2021 to articulate the progress made on the project.**
- **Agreed that updates on progress with implementation of the portfolio management would be brought to the Performance Governance Committee including further reflection on governance arrangements across the system.**

9 Strategy Development – A Plan for our future

Dr Coldwells summarised the main points of the report on the development of a strategic plan “A plan for our future (2022-2028)” to replace “The Grampian Clinical Strategy 2016-2021”.

These included:

- Engagement at the start of the process was critical to establish what was important to build the document.
- Inclusivity and the importance of hearing the voices seldom heard and those with lived experience.
- The importance of working with partners particularly Community Planning Partnerships.
- Engagement and Participation Committee to provide assurance to the Board.
- An integrated package was being developed to include vision, strategy, future direction, delivery plan with a medium term financial strategy and workforce approach.

During the discussion Board members raised the following issues and questions:

- Ability to connect and engage with third sector colleagues
- Analysis of feedback to ensure seldom heard voices were included.
- Clarity about the ambition of the organisation and how brave it was willing to be with strategic intent to shift resources eg to prevention.
- Opportunity through Grampian Area Partnership Forum to help shape the strategy on behalf of staff.
- The high-level outline of the involvement and engagement of the Grampian NHS Board in the development of the Strategic Plan – Appendix 2 was highlighted in terms of contributing to the development.
- Professional voices influenced levels of risk.
- Implementation Plan.

In response to queries, Dr Coldwells advised:

- A key risk was people’s ability to engage because of Covid.
- There would be the ability to target under represented areas. Mitigation in Phase 2 for those not engaging.
- Engagement and Participation Committee would oversee the long term approach to ensure engagement and co-production.
- Experts in analysis from Health Intelligence would review information and

consider the balance of seldom-heard voices with the larger population. If something was right for the most vulnerable, it would mostly likely be right for the whole population.

- Work in Phase 2 to establish and develop the medium-term financial strategy and the allocation of resources.
- In October 2021, additional information would be presented to the Board, including details on the Implementation Plan, which would be the 3-year plan, agreed with Scottish Government (Remobilisation Plan). The strategy would be presented formally to the Board for approval in February 2022.

The Board Secretary and Chief Executive agreed to reflect on the appropriate time for the Board's risk appetite to be considered. The Board Secretary stated that there should be an agreed risk appetite statement for the whole Board. She agreed to develop a schedule for this work as a collective understanding of risk appetite was required to inform significant decisions around strategic intent. The IJBs' risk appetites would also need to be considered as part of this work.

Dr Tomlinson acknowledged the work done by Dr Coldwells and teams involved in the engagement process.

The Board:

- **Noted the progress in the development of the strategic plan and especially the Board's ambition to develop it with a much greater focus on inclusivity and engagement (beyond consultation) and the proactive steps to ensure the Board heard the 'seldom heard'.**
- **Agreed that the assurance for the engagement with the public, partners and staff would be gained through the Engagement and Participation Committee.**
- **Endorsed the next steps for the development of the strategic plan.**
- **Noted the mechanisms for engagement of Board members detailed in the schematic.**
- **Agreed to receive further updates (including the development of the Implementation Plan) at its October and December 2021 Board meetings with the final draft plan being presented at the February 2022 Board meeting.**
- **Agreed to develop and consider a risk appetite statement for all of the Board's work with a target of the December 2021 Board meeting, subject to forward planning around the timeframe.**

It was acknowledged that the risk appetite required to be agreed before the strategy. The Board Secretary and Chief Executive Team would prepare a revised timescale to take this into account.

10 Infrastructure Investment – Eye Outpatient Department (EOPD) and Sale of Surplus Property

Mr Gray summarised the main points in the report covering two infrastructure investment items for decision: Eye Outpatient Department (EOPD) and the sale of surplus property.

Eye Outpatient Department (EOPD)

During the discussion Board members raised the following issues and questions:

- The ability to continue to provide services at the Eye Outpatient Department whilst the maintenance work was being carried out.
- Potential for appointments to be scheduled in community venues.

In response to queries Mr Gray advised:

- The design work to be undertaken would consider how the maintenance work could be done on a working site. This would be set out in a further report to the Board in December 2021, which would include any plans to mitigate loss of service required to undertake the work.
- Any potential venue would require to be compliant with all necessary standards for any services to be undertaken in the community.

The Board:

- **Authorised the Chief Executive and Board Chair or Vice Chair to appoint a Principal Supply Chain Partner for the backlog maintenance work necessary to allow the Eye Out Patient Department to re-commence their full range of services, including invasive procedures, in their accommodation located in phase 1 at ARI; and**
- **Allocated a budget of £0.4m for fees, to develop a robust design, cost estimate and timeline, to inform a business case with final recommendations, to be available for Board approval prior to commencement of the construction stage.**

In considering the above, the Board noted the following:

- The requirement to progress improvements in the accommodation occupied by the Eye Out Patient Department located in Phase 1 at ARI to support invasive surgical procedures and injections;
- The current contingency arrangements in place using the short stay theatre; and
- The scope of the work to be carried out in phase 1 at ARI would be limited to an upgrade of the ventilation system and other essential work necessary to allow the EOPD to become fully operational. Any remaining backlog maintenance works necessary would form part of a significantly larger scheme to cover the whole building, plans for which were under development but investment would require to be prioritised alongside the availability of resource to meet all infrastructure demands.

Sale of Surplus Property

The Board noted that there were no future needs for the properties identified for disposal in the paper.

The Board

- **Authorised the Director of Finance to complete the sale of surplus land at May Baird Avenue on the Royal Cornhill Site; and**
- **Authorised the Director of Finance to finalise arrangements and complete**

the sale of the old Inverurie Health Centre Site.

11 Assurance Committee Reports

11.1 Audit Committee – 15 June 2021

Mr Riddell highlighted that:

- A meeting had been held in late July with IJB Chief Officers, Chief Internal Auditors and Deputy Chief Executive of NHS Grampian to consider the nature and scope of a pilot exercise to progress cross system audit activity. The draft proposal would require to be approved by the four Audit Committees

11.2 Engagement and Participation Committee - 9 June 2021

In Mrs Anderson`s absence, Dr Tomlinson highlighted the main points of the report.

11.3 Performance Governance Committee – 16 June 2021

Mrs Atkinson highlighted:

- Audit Scotland – recent reports of interest to broaden understanding and awareness of the context in which the organisation was operating.

11.4 Staff Governance Committee – 6 July 2021

Ms Joyce Duncan highlighted:

- Actions by NHS Grampian following the Sturrock Report.

Board members discussed the topic of the culture cabinet and requested that Primary Care was included. Mr Power advised the culture cabinet was at an early development stage and would take into consideration how it would complement more formal systems.

The Board noted the Committee Reports.

12 Forum and Integration Joint Boards Reports

12.1 Area Clinical Forum (ACF)

Mrs Cruttenden provided a verbal report and highlighted the following points from the recent meeting:

- The Area Clinical Forum`s aim to increase engagement. A planned workshop had been deferred until later in the year to ensure the best use of its expertise contribute to the development of the portfolio approach.
- There had been positive and early engagement for the Strategic development.
- The impact of Covid on staff health.
- Reflection on homeworking. Although this was positive for many staff, there were concerns that some found it a challenge, for example separating work and home life.

12.2 Grampian Area Partnership Forum (GAPF)

Ms Little provided the Board with a summary of the main points in the report including:

- Positive feedback from the development session.
- Opportunity for GAPF to contribute to the development of the strategy.

12.3 Integration Joint Boards – (IJBs)

Mrs MacLeod confirmed the report gave detailed highlights from the three IJBs and described the progress made.

The Board noted the forum reports.

13 Approved Minutes

The Board noted the following approved minutes:

Committees:

- 13.1 Audit Committee – 20 April 2021
- 13.2 Endowment Governance Committee – 14 May 2021
- 13.3 Engagement and Participation Committee – 2 December 2020
- 13.4 Performance Governance Committee – 21 April 2021
- 13.5 Staff Governance Committee – 22 April 2021

Forums:

- 13.6 Area Clinical Forum – 5 May 2021
- 13.7 Grampian Area Partnership Forum – 20 May 2021

Integration Joint Boards (IJBs)

- 13.8 Aberdeen City IJB – 23 March, 27 April and 25 May 2021
- 13.9 Aberdeenshire IJB – 31 March 2021
- 13.10 Moray IJB – 25 March and 27 May 2021

12 Dates of Next Meetings

Meeting (Closed Session - Annual Accounts) – Tuesday 24 August 2021
Seminar – Thursday 2 September 2021
Meeting - Thursday 7 October 2021