

APPROVED

NHS GRAMPIAN

Board Meeting – Thursday 3 June 2021 at 10.00am

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

Board Members

Professor Lynda Lynch	Chair, Non-Executive Board Member
Mrs Rhona Atkinson	Non-Executive Board Member
Mrs Amy Anderson	Non-Executive Board Member
Professor Siladitya Bhattacharya	Non-Executive Board Member (left at 12:25)
Mrs Kim Cruttenden	Chair of Area Clinical Forum/Non-Executive Board Member
Cllr Isobel Davidson	Non-Executive Board Member
Mr Albert Donald	Non-Executive 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 (left 12:27)
Mr Dennis Robertson	Non-Executive Board Member
Dr John Tomlinson	Vice-Chair, Non-Executive Board Member
Mrs Susan Webb	Director of Public Health (left 12:26)

Attendees

Mr Paul Allen	Director of Facilities and eHealth
Mr Simon Bokor-Ingram	Chief Officer, Moray
Dr June Brown	Interim Nurse Director
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Ms Sarah Duncan	Board Secretary
Mr Stuart Humphreys	Director of Marketing and Corporate Communications
Ms Pamela Milliken	Chief Officer, Aberdeenshire
Mr Tom Power	Director of People and Culture
Ms Lorraine Scott	Director of Planning, Innovation and Programmes
Ms Catriona Sutherland	Nurse Manager
Ms Allison Trimble	The King's Fund
Mrs Alison Wood	PA

Apologies

Mr Paul Bachoo	Medical Director – Acute
Miss Lesley Hall	Assistant Board Secretary
Mr Gary Mortimer	Director of Operational Delivery
Mrs Sandra MacLeod	Chief Officer, Aberdeen City

1 Apologies

Professor Lynch welcomed everyone to the meeting including members of the media and the public. It was noted that the meeting was to be recorded for minute-taking purposes. Apologies were noted as above.

2 Declarations of Interest

Mr Riddell advised that for Item 9 Sharing Intelligence for Health & Care Group (SIHCG) he had an interest in the services in Moray as Chair of the Mental Welfare Commission.

3 Chair and Chief Executive's Introduction

Professor Lynch welcomed Cllr Ryan Houghton, the new representative for Aberdeen City Council. She also welcomed Mr Derick Murray who had been appointed to the Board in April. She also welcomed Sarah Duncan, Board Secretary, who was known to many in her former role as Chair of the Aberdeen City Integration Joint Board and Pamela Milliken, Chief Officer of Aberdeenshire Health and Social Care Partnership.

Following an internal process, the chair had submitted her nomination of John Tomlinson as Vice-chair to the Cabinet Secretary. Following the Cabinet Secretary's agreement, the Board formally approved Dr Tomlinson's appointment as Vice-Chair.

Professor Lynch provided an update on the Covid situation which had continued to dominate the work of NHS Grampian. She noted the impressive whole-system response to the recent outbreak in Moray which had resulted in a sustained and significant fall in cases. This was a result of excellent collaboration with partners, staff commitment from NHS Grampian teams and also the willingness of the public in Moray to come forward for testing and vaccination and to follow Covid rules. She extended her thanks to both the Public Health and Vaccination teams for their exceptional work in Moray and to the public who had ensured that the outbreak had been brought under rapid control. She stressed how quickly the situation could change and asked everyone to continue to be vigilant, observe FACTS guidance and take up routine testing and vaccinations.

Professor Hiscox also thanked staff working in the health and social care system for the phenomenal work they were doing. She reflected on the progress with other areas of work in NHS Grampian and with partners over the last year despite the focus having been on the pandemic. She acknowledged that teams in different parts of the system were feeling the effects of substantial and sustained workload pressures on top of the personal pressures of the pandemic faced by the whole population. Focused efforts were underway to better understand how the pandemic had effected different teams.

She thanked the population of Grampian for their patience and explained that the organisation was working to improve access to health services. She acknowledged how difficult it was for patients who were on a waiting list or having longer to wait than previously to see a GP or other member of the health team.

A query was raised about how NHS Grampian could instil confidence in the population that the organisation was making progress and if there were options for self-management for prevention and recovery. Professor Hiscox explained that this was a challenge both locally and nationally but NHS Grampian would continue to work closely with local authorities, Integration Joint Boards, third sector and community locality teams to ensure the system learned and adapted from what had happened during the pandemic. For example the use of digital solutions had been a considerable and positive development. She confirmed that as NHS Grampian continued to carefully remobilise services, it remained committed to setting out its future strategy. It was working with partners and the population of Grampian to develop an accessible strategy with an implementation plan for early Spring 2022. .

Professor Hiscox referred to two incidents relating to infection prevention and control at Royal Aberdeen Children`s Hospital and Dr Gray`s Hospital, Elgin (DGH) linked to Ward 7 refurbishment works. She advised of the steps being taken to investigate and manage these by multi-agency and multi-disciplinary Incident Management Teams (IMTs). Those affected had been informed directly about the processes being followed. She thanked the Infection, Prevention and Control Team, Facilities and Estates teams and the relevant hospital staff for their patience and understanding. The Board noted the work in Ward 7 DGH, to move some patients home and others into community hospitals, which had been achieved in a very short period. This showed the value of working in partnership with health and care colleagues and the third sector.

Mrs Webb responded to a query about action to address cohorts not yet engaged with the vaccination programme. She explained that this was the first time NHS Grampian had undertaken a mass vaccination programme and outlined the phased approach and national guidance requirements regarding cohorts. NHS Grampian worked with partners in the community and the third sector to understand the barriers and to facilitate a range of methods for individuals to get vaccinations including running clinics in churches, existing clinics for those with substance misuse, working with the travelling community and in workplaces reliant on migrant workforce coming into the area. These actions had been received well.

Mrs Webb emphasised the critical work through the vaccination programmes, test and protect and the connections within the communities supporting those with long term Covid or self-isolating. Networks had strengthened and it was important to build on these. She confirmed that materials were available on the web but acknowledged that this was not always accessible for everyone. Information had also been circulated through community groups and she thanked colleagues for their help in raising issues and awareness. Also weekly updates on the current situation which provided helpful information were circulated through communication networks to include elected members of councils as well as MPs and MSPs.

4 Minutes of Meeting on 1 April 2021

The minutes were approved subject to the following amendment to item 5.1: To note that the Healthcare Associated Infection Reporting Template (HAIRT) & Quarterly Report were considered as part of due diligence and audit trail purposes.

5 Governance Committee Assurance Reports

5.1 Audit Committee – 20 April 2021

Mr Riddell drew attention to the following items:

- Annual Overview report from Audit Scotland
- Approval of the internal audit plan for 2021/22
- Agreement to allocate audit time to support the development of joint assurance in relation to NHS Grampian Audit Committee and the Audit Committees for the three Integrated Joint Boards (IJBs).

Mr Gray advised that action was being taken to engage with the public, both nationally and locally, particularly around elective care. The development of NHS Grampian's Strategy would also provide an opportunity for public engagement.

Attention was drawn to the General Practitioner (GP) sustainability loan scheme. It was important to support essential services provided by general practice and it was suggested that discussion with IJBs would be useful.

5.2 Clinical Governance Committee – 14 May 2021

Dr Tomlinson highlighted the following topics in the report:

- Dr Gray's Maternity Services Review - to report in due course. Work was ongoing with NHS Highland.
- Public Protection Annual Report – progress had been made including adaptations to address the challenges of Covid. An inspection was due.
- Safer Workplaces Programme - continued to make good progress.
- Healthcare Associated Infection Reporting – the reporting process had changed with a high level summary included. This had shown an acceptable position.

Mr Power provided assurance that the work of the HR Hub and Occupational Health, together with the Health and Safety teams, over the last year had ensured there were resources and guidance for staff working remotely and their managers. Funding was available for staff who required equipment to help them to work safely at home.

In response to a query on page 21 of the Healthcare Associated Infection Report relating to E.coli, Dr Brown advised that the numbers reported were not outwith the expected performance. The position was monitored by the Infection Control Committee which would report to Clinical Governance Committee. Dr Brown agreed to include clearer information on targets in future reports and welcomed further feedback to improve reporting.

Dr Tomlinson advised that the Committee was considering its remit looking to the future regarding recovery and renewal in a more focused way.

Professor Fluck stated that the security aspects of digital working including cyber security were scrutinised by the Information Governance Steering Group which reported to Performance Governance Committee. He advised that data was collated and reviews to ensure inequalities were considered in decision-making. He also

advised that the organisation's approach to risk was being reviewed.

Dr Brown confirmed the forthcoming public protection inspection related to adults and was expected to involve Aberdeen City and Moray only.

5.3 Endowment Committee – 26 March and 14 May 2021

Mrs Grugeon explained that the report provided an introduction to items for the forthcoming annual meeting of Endowment Trustees. There would be recommendations about investment planning with more emphasis on prevention, early intervention and community facing activities. The Endowments Team had been restructured for succession planning purpose.

In response to a request for further information about Grampian Hospitals Arts Trust (GHAT) Mrs Grugeon advised that GHAT would be producing an annual report and discussions with GHAT were necessary to ensure that funding provided aligned to the organisation's strategic intent. With regard to the University's Institute for Social Inclusion, it was acknowledged that the research required to understand the root causes of inequalities as well as addressing inequalities in health outcomes.

5.4 Performance Governance Committee – 21 April 2021

Mrs Atkinson advised that the report provided a good overview of what had been discussed at the Committee.

5.5 Staff Governance Committee – 22 April 2021

Mrs Joyce Duncan highlighted the following from the report:

- The Interim Workforce Plan had been submitted to Scottish Government. This included NHS Grampian and the three IJBs
- The National Staff Governance Standard Monitoring letter had been received from Scottish Government to be responded to by September 2021.
- Workforce Management information.

The Board noted the Committee Reports.

6 Board Governance – Arrangements for the period to 31 December 2021

Mr Gray reminded the Board of the revised governance arrangements that had been in place to ensure an appropriate level of governance during the pandemic, as set out in the paper. The paper also referred to the revised Blueprint for Good Governance and reflected the work done by the Board during the past year.

The paper proposed that from now until the end of December 2021 the Board would continue to meet virtually and that committee meetings would return to their usual cycle. These arrangements would be further reviewed in October 2021.

Professor Lynch thanked Mr Gray for the additional work on board governance he had done as Board Secretary during very challenging times

In reply to a query about the availability of recordings of Board meetings for transparency, Ms Sarah Duncan advised that she would be reviewing the framework

to support the Board and its committees. This would include consideration of openness and transparency of Board business.

The Board approved the following recommendations in relation to the governance arrangements that will be implemented for the period from 1 July 2021 to 31 December 2021, subject to further review at the October 2021 Board meeting:

Board meetings and seminars

- **continue to hold Board meetings virtually while NHS Grampian and the country was responding to the COVID-19 pandemic, for the ‘special reason’ of protecting public health, and the health and wellbeing of anyone who would have otherwise attended the meeting. The Board has had media in attendance at Board meetings since December 2020, and members of the public had been offered the opportunity to attend from the June 2021 Board meeting;**
- **continue with a monthly meeting of the Board, alternating between a formal Board meeting and a Board seminar. The agendas and forward programme would incorporate the four core aspects of the remobilisation plan – Responding to COVID, Recovery, Remobilisation and Renewal, as well as the matters relating to Board governance and matters reserved for Board decision; and**
- **one further informal question and answer session for non-executive Board members had been scheduled for 21 June and a decision to be taken at this time as to the arrangements for communicating and updating Board members outwith Board meetings and seminars.**

7 Performance Report

Mr Gray highlighted the main points in the slide presentation that had been circulated with the Performance Report. He explained that much of the information relating to Covid had been covered in the opening remarks but he also wished to acknowledge the significant efforts across the region with partners and the public.

Issues highlighted included:

- Vaccination programme - the importance of the second dose
- Variation across the three local authorities, largely reflecting the age profile in the region.
- Surge and Flow had been a challenge since January 2021 with the impact of bed capacity reduction and safe working environment to address Covid.
- Activity levels in Unscheduled Care were starting to increase.
- Occupancy levels were high across all sites.
- Maintenance of patient flow because of pressure at the front door at ARI particularly around ambulance waits and maintaining flow between Emergency Department and admission wards.
- Planned care discussions with Scottish Government around funding and additional capacity that could be sourced to complement existing workforce.

- Prioritisation process remained in place to ensure available resources were targeted to priority patients.
- Evaluation of feedback received from patient engagement to inform recovery and remobilisation plans and activities.
- Capacity around Elective Surgery Categorisation System - ESCatS 1 was down to levels pre pandemic in 2019 and the focus was on increasing capacity for the ESCatS 3 patients.
- In terms of the Treatment Time Guarantee (TTG), there had been a positive impact and, overall, waiting times were starting to reduce
- Outpatient referrals had shown a slight increase as referrals had started to recover back to pre-pandemic levels as patients were now coming forward to GPs and other service areas for referral. Capacity would require to reflect these increases in the coming weeks to stabilise and reduce the waiting lists.
- Cancer performance in the last year had been good but probably in the context that there had been fewer cancer diagnoses. It was anticipated that referrals would now increase. The backlog of cancer activity would require to be reviewed.
- Mental Health was an area of focus for the organisation with increased referrals across all parts of the service.
- Grampian`s return to expected levels of mental health attendances at Accident & Emergency remained lower than the Scottish average and out of hours cases were generally lower than previously. The reasons for this were being investigated and how increased support could be provided in the community

Professor Fluck provided additional details on elective care and capacity issues, highlighting that the pandemic had made a significant impact on the system. He stressed the need for significant changes to the way services were delivered. He referred to the impact of the theoretical Covid gap and the need to improve self-care and self-management. It was essential to increase capacity by using local, regional and national resources such as Dr Gray`s Hospital, Stracathro Hospital and the Golden Jubilee.

Mr Bokor-Ingram pointed out that surge and flow in unscheduled care had been an enduring problem for a number of Health Boards. He confirmed that Covid measures put in place had also constrained the ability to manage surge and flow as there were significantly fewer beds in the system. He explained the practical actions being taken around patient discharge.

Mr Power reflected on previous discussions about the critical dependence on people to deliver NHS Grampian`s service. It was necessary to balance the needs of the workforce who were tired after a challenging year against the needs of the population for services to be remobilised. Central to this was the continued focus to support staff health and wellbeing. He advised that the top level indicator of sickness absence in 2020/21 was 3.7%, below the national average. However, he advised that this data had to be treated with a degree of caution regarding management referrals to Occupational Health for long term absence. He highlighted a higher percentage of untaken annual leave for 2020/21 than previous years and a lower than usual proportion of annual leave taken in April 2021. This data was being analysed to identify variation and explore where help was needed to allow staff to take leave. The Quarterly Pulse Survey provided concerns around presenteeism

and the data would continue to be analysed and the survey refreshed at different points in the year. It was important to continue to engage with staff to see how different teams were feeling. There was ongoing review of Occupational Health data to check areas of concern and demand for counselling and psychological therapies. Work was also ongoing to review reported cases of Violence and Aggression to identify areas for focussed action.

Mr Power advised that the 'We Care' programme would focus on four main workstreams:

- Team recovery and recuperation
- Remote and hybrid working
- Personal resilience and mental health
- Healthy lifestyle support

It was intended to strengthen two areas of work stream:

- Communication and web administration to maintain up to date online content, marketing resources and communicate changes
- Understanding both the wellbeing of the workforce and the impact of interventions by survey and evaluation.

Mr Power advised that the distribution of treat bags across the system would be concluded this month. He thanked Endowments colleagues for agreeing to top up funding from Scottish Government and catering, facilities and the volunteers from the Red Cross for their assistance.

He reported that workforce and endowments colleagues were working on a bid for the NHS Charities Together Stage 3 funding to support recovery. The bid team was considering extending trauma response support, mental health first aid, support for staff with long Covid, developing trauma informed practice and coaching support for managers.

In discussion, members raised the following points:

- The engagement work for those patients who had been waiting for some time for surgical interventions and self-management.
- National, Regional and local working to increase capacity. Ongoing collaboration and cross Board boundaries.
- Engagement at Chief Executive level for North of Scotland Boards.
- Scheduled Care Action Plan and managing the daily risk. Mr Boker-Ingram highlighted that the actions were making a difference due to the collaboration across the system, e.g. how to support people at home.
- Prioritisation of patients on the waiting lists
- Consideration of treating out of turn. There were complex issues to explore and was the purpose of the engagement work which was ongoing to pose the questions. Ethical Committee involvement.
- Effects of covid on third sector organisations and the support they were currently able to offer. Cross system view of how things were working to take pressure off the system. Mechanism to look at changes across the system that had been affected.
- The importance of the general practice for an overarching view was acknowledged.

- Navigation through health and social care systems as an individual was difficult.
- Whole system leadership team to have oversight of health and care delivery of services
- Staff Health and Wellbeing –Mr Power advised that discussions with Local Authorities to join up staff wellbeing work in social care were ongoing.
- Redeployed staff returning to their host areas – evaluation work and learning to help with transition.
- Delayed discharges impact on bed capacity. Collaborative work with Portfolio Leads.

8 Remobilisation Plan 3 – 2021/22 (including Finance Plan)

Mr Gray advised that the aim was to continue to develop the Remobilisation Plan. The focus today was to approve the summary version. There had been several versions of the Remobilisation Plans prepared, some of which had been produced within very strict timescales.

The summary report focused on the following key areas:

- Responding to Covid
- Recovery, including staff recovery and supporting community resilience
- Remobilisation and renewal

Mr Gray assured the Board that the interim arrangements for the management, responsibility and accountability for taking forward the Remobilisation Plan were in place. The Director of Innovation, Planning and Programmes had analysed all the action points for the plans produced in September 2020 and March 2021. The Board had completed the plan for the full year and whilst there may be a requirement to complete a Remobilisation Plan 4 later in the year the Board was in a good place to do so as it had already set out its intent.

The Board approved the Remobilisation Plan 3 (summary version) for 2021/22.

9 Sharing Intelligence for Health and Care Group (SIHCG) – NHS Grampian feedback and response

Mr Bokor-Ingram explained that the Sharing Intelligence for Health and Care Group (SIHCG) reviewed information which was already in the public domain. Its focus was mainly in relation to a range of issues highlighted at Dr Gray's Hospital (DGH), although other topics raised were Grampian-wide.

Items discussed had included:

- Recruitment and staffing issues particularly around medical staffing at DGH and movement of patients in Moray relating to the pandemic.
- Issues relating to vulnerable young people and kinship care arrangements were noted to have been in relation to the provision of social care services. These have been highlighted to the Moray Children's Social Work lead and a full account of the improvement had been discussed by Moray Council.

Healthcare Improvement Scotland (HIS) had taken a lead role around this and they continued to reshape how they engaged with Boards. It was acknowledged that work was still required so that the Board was sighted on this work to provide assurance.

The Board:

- **Noted the focus of the feedback from this paper and appended letter dated 25 February 2021 from SIHCG**
- **Noted progress in relation to concerns regarding the training environment at Dr Gray's Hospital**
- **Noted progress in relation to recruitment to substantive medical posts at Dr Gray's and locum governance**
- **Sought assurance in relation to actions or concerns unrelated to Dr Gray's Hospital, such as sharing of the action plan in response to Mental Health adverse events.**

10 Forum and Integration Joint Boards Reports

The Board noted the following reports:

10.1 Area Clinical Forum (ACF) – 5 May 2021

Mrs Cruttenden reported the impact on staff training in the dental profession caused by Covid and potential consequences. She highlighted the importance of the ACF as a valuable resource to be engaged at an early stage with developing the Board programme and other areas of work such as the Strategic Plan.

Professor Lynch replied that the issues around dentistry were being discussed by the Clinical Governance Committee. Professor Hiscox explained that the aspiration was for an informal and accessible System Leadership Team (SLT) with the opportunity to join and contribute to these meetings and that the advisory structure had a unique contribution to make. It was important to ensure that the professional groups represented by the advisory structure were enabled to use their breadth of expertise to provide a critical contribution. How to get the best out of the advisory structures would be added to the Board forward planning to ensure appropriate discussion took place.

10.2 Grampian Area Partnership Forum (GAPF) – 15 April and 20 May 2021

Ms Little acknowledged the need for future GAPF reports to focus on key issues and that the format of meeting agendas would be reviewed to ensure sufficient time was allowed for discussion.

Comment was made that the report did not appear to adequately reflect concerns of staff side about how staff were feeling that were not captured by formal surveys. It was noted that the partnership model of working had provided positive outcomes to date but it was necessary to capture appropriate feedback from discussions and report these to the Board to provide greater transparency.

10.3 Integration Joint Boards – (IJBs)

Ms Milliken highlighted that, despite Covid, a high level of transformational change had been progressed by the IJBs.

11 Approved Minutes

The Board noted the following approved minutes:

Committees:

- 11.1 Audit Committee – 16 February 2021
- 11.2 Clinical Governance Committee – 12 February 2021
- 11.3 Endowment Governance Committee – 26 March 2021
- 11.4 Performance Governance Committee – 17 February 2021
- 11.5 Staff Governance Committee – 16 March 2021
- 11.6 Spiritual Care Committee – 26 November 2021

Forums:

- 11.7 Area Clinical Forum – 10 March 2021
- 11.8 Grampian Area Partnership Forum – 18 March and 15 April 2021

Integration Joint Boards (IJBs)

- 11.9 Aberdeen City IJB – 23 February 2021
- 11.10 Aberdeenshire IJB – 3 February 2021
- 11.11 Moray IJB – 28 January 2021

12 Dates of Next Meetings

Seminar – Thursday 1 July 2021
Meeting - Thursday 5 August 2021