Board Meeting
02 07 20
Item 4

NHS GRAMPIAN **UNAPPROVED**

Board Meeting - Thursday 4 June 2020 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 Amy Anderson	Non-Executive Board Member
Mrs Rhona Atkinson	Vice-Chair, Non-Executive Board Member
Professor Siladitya Bhattacharya	Non-Executive Board Member
Professor Amanda Croft	Chief Executive
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
Dr Caroline Hiscox	Nurse Director
Miss Rachael Little	Employee Director/Non-Executive Board Member
Cllr Douglas Lumsden	Non-Executive Board Member
Cllr Shona Morrison	Non-Executive Board Member
Mr Jonathan Passmore	Non-Executive Board Member
Mr Sandy Riddell	Non-Executive Board Member
Mr Dennis Robertson	Non-Executive Board Member
Mr John Tomlinson	Non-Executive Board Member
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	Interim Director of Strategy/Deputy Chief Executive
Mrs Susan Coull	Operational Director of Workforce
Miss Lesley Hall	Assistant Board Secretary
Mr Stuart Humphreys	Director of Marketing and Corporate Communications
Mrs Karen Low	PA
Mrs Sandra MacLeod	Chief Officer, Aberdeen City
Mr Gary Mortimer	Director of Operational Delivery
Ms Lorraine Scott	Acting Director of Modernisation

Apologies

Mrs Amy Anderson	Non-Executive Board Member
Mr Simon Bokor-Ingram	Interim Chief Officer, Moray
Mrs Angie Wood	Chief Officer, Aberdeenshire

1 Apologies.
Noted as above

2 Declarations of Interest

There were no declarations of interest.

3 Chair and Chief Executive's Welcome

The Chair began the meeting by reflecting on how much work had progressed in Grampian including by Board and System Leadership Team (SLT) colleagues during the COVID-19 pandemic. She offered all staff and partners heartfelt thanks for their dedication and personal sacrifices. As this was Volunteers' Week, she wished to thank the "army" of volunteers who looked after the most vulnerable and whose role was even more important now.

The Chief Executive reiterated thanks to all staff. She formally introduced Stuart Humphreys as Director of Marketing and Corporate Communications and advised that Tom Power would take up post as Director of People and Culture on 1July 2020

4 Minutes of Meeting on 7 May 2020

The minutes were approved subject to correction of the date of the Endowment Meeting mentioned on page 5 to 5 June 2020.

5 NHS Grampian Mobilisation Plan to 31 July 2020

Mr Gray and Dr Coldwells presented slides on the re-mobilisation plan for NHS Grampian. This will be submitted to the Government in July and was in line with the Scottish Government framework – re-mobilise, recover and re-design. The plan will have a phased approach. It was a working document which will be updated daily because of the speed of change. The objectives contained in the plan had been subject to wide system engagement.

The presentation gave a draft summary of the NHS Grampian Integrated Mobilisation Plan, the aim of which is to co-ordinate a NHS Grampian whole system response to the safe delivery of healthcare whilst living with COVID that minimises harm, maximises outcomes and enables learning, recovery and renewal to meet future needs. The seven key principles and the organisation's commitment to these were outlined.

Dr Coldwells advised that NHS Grampian was now in the phase of working to new objectives and delivering health and care services while living with COVID-19. The high level phases of Response, Recovery and Renew overlapped.

Dr Fluck pointed out the challenge of trading off the risk of COVID-19 against normal health and care activities. Objectives were based on the "Operation Rainbow" Phase 1 response to the pandemic.

The implementation of the Re-mobilisation Plan will be under the direction of the Chief Executive. The System Leadership Team will be responsible for detailed

plans and delivery using a prioritisation and risk based approach. Whilst, the remobilisation plan only covers the detailed actions to 31 July 2020, planning for the next stage of re-mobilisation has already commenced. The three Board Governance Committees will be used for staff, clinical and performance governance issues with the Board having overall oversight.

With regard to unscheduled care, there was an opportunity to re-design services in the long term and in line with the Board's Clinical Strategy. Preparations were already underway to develop a whole system Winter Plan under Operation Home First.

The Chair thanked all involved for pulling together the re-mobilisation plan in such a short time.

Miss Little acknowledged the significant work that had gone into the plan and asked how it would be communicated to wider staff. Dr Coldwells advised that a number of videos had been produced as well as a series of communications from the Marketing and Corporate Communications team. He emphasised that it was important not to overwhelm the system with too much information about numerous changes at one time.

In response to a query about the statistical "R" number, Professor Fluck explained that this was a very complex measurement, with complicated quantitative metrics. He advised that the NHS was using data it had and it was helpful for people to understand the challenges of how this was measured and interpreted.

He explained that the health intelligence team has done a fantastic amount of work to identify cases and their locations, using technology to identify timelines. However, the identification of "hotspots" and options of how to deal with these were likely to be a government rather than a local board's responsibility.

Mrs Webb explained that advice continued to be provided to businesses about physical distancing. There were ongoing discussions with the Strategic Coordinating Group and Local Resilience Partnerships. It was important to emphasise the national guidance and recommendations about physical distancing and personal protective measures and ensure all business sectors in Grampian were receiving these messages.

Professor Bhattacharya asked about higher education training for students in response to which Professor Fluck advised there was a meeting later that day with the joint chairs of professional groups to look at education and training across all professional groups. Issues to be addressed included capacity to accommodate training and choices between balancing requirements of different professional groups. NHS Grampian was working with NHS Education Scotland (NES) and local universities to inform postgraduate programmes.

Dr Hiscox emphasised there were nine objectives in the plan. She warned that if other objectives were introduced there was a risk of distraction and loss of focus.

Mrs Grugeon asked for clearer visibility about addressing health inequalities in the

next draft of the plan as it was not obvious in this version.

In reply to a query about confidence in staff resilience, flexibility to move around the system and the impact of the current situation on locum use, Dr Coldwells advised that the organisation was still dealing with an emergency situation and responding to a major pandemic. Therefore, there remained the ability to move staff which could cause tension within the system. The marketing and corporate communications department was obtaining feedback from focus groups. It was acknowledged that being in jobs which were not their own could be difficult for staff and it would be necessary to work out how to get people back to their own roles. People were assured by certainty and it was challenging to work out how quickly certainty could be given to staff. The Chief Executive had produced a video in which she had sent a positive message to staff about creating certainty.

Mr Passmore, as Chair of the Staff Governance Committee and having listened to the Grampian Area Partnership forum (GAPF), cautioned about assuming what staff were prepared to accept and be expected to do in a crisis, compared to the long-term, were not necessarily the same. He reminded colleagues that the staff governance standard remained in place. He also explained it was necessary to acknowledge that many staff were working alongside partners in local authorities dealing with changing processes and recovery.

Counsellor Davidson felt that the plan was NHS focused and needed to be more inclusive of Integration Joint Boards (IJBs), local authorities and third sector, with a two way flow to ensure inclusion. Mr Gray explained there would be more involvement of partners in the next version of the plan but there had been insufficient time to fully reflect and involve council representatives, although Chief Executives had been involved. Professor Croft explained that the plan had been taken through formal routes and presented to the North-east Transformation Board which included the Chief Officers of the three Health and Social Care Partnerships.

Mrs Duncan felt it important to emphasise the role of the third/independent sector and the need to support them during the recovery and renewal phases.

Mrs Atkinson asked about the political tolerance towards local situations. Professor Croft explained that NHS Grampian's strong message was that safety was paramount. With regard to the number of people needing operations, NHS Grampian had a clinical prioritisation process and would do its best to treat people according to need.

Mrs Cruttenden advised that during Phase 1 there had been a continued increase in digital consultations which had advantages although was not suitable for all patients and circumstances. In reply to a query if there was any evidence that patients had been deterred from seeking help or using digital solutions, Mr Allan responded that he chaired a weekly group about remote working and progress with "Near Me". There had been an increase in the alternatives to personal consultations with teleconsultations and videos allowing "attend anywhere" but these were not ideal for everyone. Dr Hiscox had not seen any complaints about the inability of patients to access services using digital solutions. Mr Passmore advised that, from discussions with GP colleagues in Moray, there had been no indication of digital solutions putting

people off using NHS services. Mr Allan explained that the patient feedback from Aberdeenshire had been positive although there had been some challenges using technological solutions. Dr Hiscox agreed to enquire about patient feedback on the issue with Mr Allan and to report back on anything adverse to the Clinical Governance Committee or Engagement and Participation Committee.

Mr Robertson also requested consideration to be given to patients with accessibility needs for example sensory impairments or dementia. From an equalities aspect it was important to ensure that patients who required more assistance were able to get this at the "front door" of the NHS.

6 Infrastructure Investment

1.1 Infrastructure Programme

Mr Gray explained the importance of giving an update on essential infrastructure projects. Infrastructure work had continued where is was critical to the COVID-19 response but there had been an impact on timescales and costs because of supply chain issues and socially distancing measures.

With reference to the Baird and ANCHOR project there had been an independent review by Health Facilities Scotland which was coming to a conclusion. Work was being done to prepare a detailed risk assessment of the impact of COVID-19 on the design and construction programme.

With regard to the new Elective Care Centre, the project planning had continued and was moving to the final phase. To do so required agreement that it was the right project to be delivered, and Board approval to commit additional expenditure to finalise development of the Full Business Case (FBC). Mr Mortimer explained that extra money required to be spent on additional site survey and design to finalise the FBC. Mr Gray advised that it was expected that he additional work would not exceed £5 million, as set out in the paper but should this assessment change the Board would be advised. He noted that community hubs continued to be part of the development of the Board's elective care programme and were even more important since changes to service delivery as a result of COVID-19.

Mr Passmore was wary of a large new facility on a potentially unwelcoming and intimidating site at ARI, rather than an opportunity for a pan-Grampian strategic approach to elective services. He also thought that staffing for the new facility might be taken from elsewhere in the system. Mr Gray acknowledged the comments but pointed out that the project remained key to our long term infrastructure requirements. The additional capacity of an Elective Care Centre would also allow for essential works on existing theatres over the next 10-15 years. Mr Passmore explained that whilst he had supported the initial proposals for the Elective Care Centre, it had been with the critical inclusion of diagnostic capacity away from Foresterhill. As that was not part of what had now been funded, he could not now support the proposal.

Mr Mortimer explained that the proposals were predicated on community hub basis and he was satisfied that the model was robust. People still needed to come to ARI

but community hubs were also required.

Mr Gray agreed that it would be appropriate to have more robust proposals about the community hub element at the next stage of the business case. He pointed out that investment in community diagnostics had meant there was more community facilities available in Grampian than most other Board areas.

With regard to both the Baird and ANCHOR proposals, Mr Gray was confident that the models would be future-proofed to take account of changes required in response to COVID-19 and this had been reviewed by the project team.

With regard to the recommendations these were supported, with Mr Passmore's reservations to progressing with the Elective Care Facilities project noted.

1.1 Infrastructure Programme

The Board noted the ongoing progress on essential infrastructure projects.

1.2 Elective Care Facilities

The Board authorised the Board Chair and Chief Executive to commit additional expenditure on the design and pre construction phase of the project necessary to finalise development of the Full Business Case up to a revised budget of £5m (£3.9m contractual commitment to date, £0.6m for additional programmed activity and £0.5m risk allowance).

In authorising the above, the Board noted the following:

- **The project was part of a local and national programme of elective care activities which sought to moderate demand by coordinating prevention, self-management and realistic medicine initiatives; and increase capacity by improving efficiency, and applying best practice.**
- **The Scottish Government had confirmed their agreement to the investment of up to £5m in pre-construction costs.**
- **Further investment in the conclusion of the pre-construction stage of this Project will ensure that the Board benefited from a completed design product which can be used to create additional capacity and support service reconfiguration in elective care.**
- **Requested that proposals for the implementation of community hubs been developed and presented to the Board for consideration at the same time as the final business case for the Elective Care project.**

7 Board Governance Arrangements During COVID-19

Mr Gray thanked Board colleagues for support over the last few months regarding the changes to the governance arrangements. These were being kept under review and the paper presented proposed arrangements for the next few months, with a view to returning to the normal pattern of Board meetings and seminars in alternate months.

Board members agreed that it was important to continue to review governance arrangements, to consider how things could be done differently and improvements made, for example increasing public engagement.

The Board agreed:

- **to continue with the arrangements to not convene Board meetings in public while the organisation and the country is 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**

- **to continue the revised governance arrangements for clinical, staff and performance & financial governance approved at the Board meeting on 2 April 2020 during June and August, thereafter reverting to frequencies of committee meetings in line with the individual Committee terms of reference**

- **that following the October Board meeting, the Board reverted to bi-monthly meetings in line with the previous programme, with Board seminars occurring in alternate months.**

8 Committee Reports – Assurance Reports in relation to COVID-19

8.1 Staff Governance Committee

Mr Passmore advised that audit was being done to compare the position against the Staff Governance Standard at the end of Phase 1 of the COVID-19 response. There would be an update on the personal protective equipment (PPE) situation at the next Committee meeting to ensure that any gaps and misunderstandings about interpretation of guidance had been addressed.

8.2 Clinical Governance Committee

Ms Duncan explained that revised arrangements for the committee had demonstrated that clinical staff could provide assurance without producing large reports and she hoped this practice would continue.

8.3 Performance Governance Committee

Mrs Atkinson assured colleagues that this committee would be progressing the review of governance arrangements that had started before the COVID-19 situation.

The Board was pleased to see significant improvements in the Child and Adolescent Mental Health performance and evidence of the team responding to those most in need.

9 Date of Next Meeting

The next meeting will be on Thursday 2 July 2020 at 10.00am by MS Teams.

10 AOCB

Retirement of Chief Executive

The Chair advised that Professor Croft had intimated her intention to retire at the end of the year which would be a significant loss to the organisation. The recruitment process for a replacement would start soon to ensure stability and continuity of the culture of compassionate leadership and system-wide collaboration to achieve positive patient outcomes that Professor Croft had fostered. Professor Croft responded that she will continue to work very hard with the SLT and Board during the next six months until her retirement.

A communication will be prepared for circulation to the wider organisation and the public.