

## NHS GRAMPIAN

Board Meeting - Thursday 6 August 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 Amanda Croft	Chief Executive
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

**Attendees**

Mr Paul Allen	Director of Facilities and eHealth
Mr Paul Bachoo	Medical Director - Acute
Mr Simon Bokor-Ingram	Interim Chief Officer, Moray
Dr Adam Coldwells	Interim Director of Strategy/Deputy Chief Executive
Ms Jillian Evans	Head of Health Intelligence
Miss Lesley Hall	Assistant Board Secretary
Mr Stuart Humphreys	Director of Marketing and Corporate Communications
Mr Gary Mortimer	Director of Operational Delivery
Mr Tom Power	Director of People and Culture
Mrs Alison Wood	PA

**Apologies**

Professor Siladitya Bhattacharya	Non-Executive Board Member
Mrs Kim Cruttenden	Chair of Area Clinical Forum/Non-Executive Board Member
Mrs Sandra MacLeod	Chief Officer, Aberdeen City
Ms Lorraine Scott	Acting Director of Modernisation
Mrs Susan Webb	Director of Public Health
Mrs Angie Wood	Interim Chief Officer, Aberdeenshire

## **1 Apologies**

Noted as above.

## **2 Declarations of Interest**

There were no declarations of interest.

## **3 Chair and Chief Executive's Introduction**

Professor Lynch welcomed everyone to the meeting. She wished to put on record her appreciation for the support from members of the public and local businesses who had adapted to the new measures of lockdown. She also acknowledged the hard work of staff and highlighted those who worked in Public Health, Health Protection, Test and Protect and Corporate Communications in particular.

Professor Croft also extended her appreciation to staff. She highlighted the preparation by the System Leadership Team which meant that the organisation was able to respond to changes related to outbreaks of COVID-19, as was the case on Wednesday 5 August when the First Minister announced a local lockdown situation in Aberdeen City. Professor Croft felt confident with decisions that had required to be made quickly with the assistance of Professor Fluck, Dr Hiscox and Mrs Webb, together with other clinicians. It was clear that we were now all living with COVID-19.

## **4 Minutes of Meeting on 2 July 2020**

The minutes were approved.

## **5 Renewal - Report from the Board's Short Life Working Group – Renewal**

Dr Coldwells provided the background to the setting up of the Board's Short Life Working Group (SLWG) – Renewal. The SLWG had met on six occasions and the membership had included the three Integration Joint Board (IJB) Chairs. It was noted that it had been very clear and respectful of the governance boundaries of the Health Board, the IJBs and the Local Authorities. The outcomes would support a refreshed Clinical Strategy and be key to a clear direction for the system which would be reflected in the Re-mobilisation Plan and future Annual Operational Plans.

The group had considered four key areas:

- a. People powered health and care
- b. Enhancing the North East collaborative leadership
- c. Reducing inequalities within the population
- d. Maximising the gain from digital opportunities

They had also considered the culture needed to maximise the opportunity to support and deliver on the key areas. There was a thread running between the first three key areas. The group decided not to focus on digital opportunities as work had already been carried out on this topic and the Digital Strategy was to be presented at

the October Board meeting.

The paper presented the details of what had been considered by the SLWG and the recommendations on how to achieve the aims. The SLWG had recognised the key roles that other organisations and partners had in the development and delivery of the themes and had noted the themes had a considerable degree of overlap. NHS Grampian Board Committees and their Chairs would have an important role in taking forward the recommendations of the SLWG.

Dr Coldwells explained that the Board would formulate the timescale for future work and that the existing Board Committees would be used. He advised that the work would begin with the next cycle of Board Committees and that December 2020 was a realistic timescale for initial feedback to the Board.

Cllr Davidson reminded the Board that other organisations were currently developing Recovery Plans and it was important to be aware of what was happening in other areas. She stressed the need to ensure that those without digital access were not disadvantaged and that health inequalities not increased.

It was acknowledged that a lot of good work had been done by the SLWG and that it was important that the strategic topics maintained their momentum. The Board required to be able to measure and monitor whether the organisation was moving in the right direction and it was important that the workforce felt engaged.

Clarity was sought on the meaning of “anchor institutions” as this phrase was used in a variety of different contexts.

With regard to culture, NHS Grampian had to be clear about its own culture and have credibility in this connection before it could influence others. Dr Hiscox advised that she and Mr Power had facilitated the SLWG session on culture and that it was important for other partner organisations to see how NHS Grampian behave.

Although much of the work outlined in the paper was already being taken forward, Mr Passmore pointed out that it was helpful for it to be set out in a single paper with clarity of purpose and prioritisation.

Professor Lynch suggested that the Engagement and Participation Committee would have a significant role in the work to be done.

Board members acknowledged the role of the Community Planning Partnerships and the need to make sure NHS Grampian found ways to work effectively with them without recreating processes or cutting across their responsibilities.

Dr Coldwells advised that he would ensure that the Committee Chairs were contacted about the expectations of the work to be carried out, as follows:

- consideration of the recommendations and the overlap with existing work programmes
- discussion with the three Integration Joint Boards to explore potential joint working and
- to come together as the Committee Chairs to agree a cohesive approach to this

work.

Professor Lynch thanked everyone who had contributed to the SLWG and acknowledged the very good work it had done.

**In accepting the recommendations of the Short Life Working Group – Renewal the Board:**

- 1. Agreed to a strategic focus and leadership from the Board on four key issues, namely:**
  - a. People powered health and care**
  - b. Enhancing the North East collaborative leadership**
  - c. Reducing inequalities within the population**
  - d. Maximising the gains from digital opportunities**
- 2. Agreed to support and create a culture which maximised the opportunity for the delivery of these aims and supported co-production to optimize change at an accelerated pace**
- 3. Agreed the approach to progress these four strategic aims and the culture work**
- 4. Agreed that the successful delivery of much of this work will require a change in its approach to work more closely with partners and communities to shift the balance of power and to de-medicalise the North-east approach to health and care**
- 5. Agreed that the Board will receive formal feedback on the progress of this work in approximately six months.**

**6 Infrastructure Investment**

Mr Gray stated that there were two items for consideration set out in the paper – Ligature Reduction and Radiotherapy.

Ligature Reduction

This item was presented to the Board for approval of the final stage of work at Royal Cornhill Hospital and to provide an update on the programme of work which had continued, with appropriate safe guards and adaptations, during the pandemic.

Stage 3 work on Dunnottar and Fyvie Wards was due to be completed shortly and had remained largely on track. There had been a slippage of 8 weeks due to the requirement to adjust and adapt the working practices to ensure social distancing and safe working as a result of COVID 19. The final Stage 4, for Muick and Davan Wards, was due to commence in September 2020 with all work due to be completed by December 2021. The increase in cost compared to the previous stage related mainly to an overall increase in the length of the programme by 21 weeks: 14 weeks

as a consequence of the requirement for social distancing on site in line with COVID-19 guidance and 7 weeks due to more onerous structural alternations necessary due to the configuration of the wards. The Health and Safety Executive will be kept advised on progress with the programme of works.

Work on Ward 4 at Dr Gray`s Hospital had been paused but would recommence in due course. It was anticipated that the cost of the work would be absorbed within the £1.6m budget previously approved for the Notice of Contravention (NOC) programme.

Mrs Grugeon asked whether these wards would be required in the future with the development of Operation Home First. Mr Gray advised that it was still necessary to have these wards in the immediate future as there was a requirement for 6 active wards for adult admissions. Mrs Atkinson was pleased to note the progress that was being made with Ward 4 at Dr Gray`s Hospital. Mr Gray explained that there was no permanent solution for all ligature issues at Ward 4 but NHS Grampian was doing as much as possible to plan for this work whilst maintaining current services.

### Radiotherapy

Mr Gray highlighted the future programme of work in relation to the Radiotherapy Equipment Replacement Programme. The Radiotherapy Department was approaching a period in which a large portion of the existing equipment would reach the end of its useful life and would require to be replaced. The required capital investment will be made available directly from the Scottish Government through the National Radiotherapy Capital Equipment Replacement Programme. This would bring the service up to required standards. Further details of the equipment was detailed in the paper to the Board including details of the MRI replacement.

Board members discussed future models of radiotherapy in the community. Mr Gray stated that the proposals were part of a national programme to replace existing equipment and to bring it up to modern standards. The current equipment in NHS Grampian was based in Aberdeen and the current programme did not extend to new development or locations such as provision in the community. The next replacement programme would be in 7-10 years and NHS Grampian would start planning shortly to consider future service options, including the feasibility of community radiotherapy services in the future. Changes to the way services were provided following learning from COVID would be taken into consideration. Mr Passmore endorsed the aspiration of the Board to have more patient-centred options such as an MRI scanner at Dr Gray`s Hospital. Mr Gray reminded the Board that the ability to invest in new developments was would be dependent on resources being available.

Mr Bachoo stated that although moving services into the community was an aspiration, consideration had to be given to the availability of suitably skilled staff. He explained the tension between providing care close to home in the community for radiotherapy and other services and ensuring sustainable services. Some services required large volume activity to maintain expertise to remain viable. For example, with regard to brachytherapy which is provided as a North of Scotland service. If such teams were diluted that would have an impact on NHS Grampian`s ability to provide specialist services and compete with other Scottish centres. Therefore, it

may not be possible to have some specialist services outwith the main centres.

It was acknowledged that some clinical services needed to be centralised to provide the best care. This required patients to travel distances to access them, rather than being available locally.

It was important to have a balance of clinical insight in decision-making. Discussions would be required at a local, regional and national level to review and consider community-based services.

Consideration also needed to be given to IT for supporting clinical systems and the whole system of care. Mr Allen added that his team had been involved in the national work and there would be opportunities to replace and modernise aging systems and equipment.

It was noted that the radiotherapy department was exploring options for streamlined working to reduce treatment time as well as the number of treatments, through the implementation of clinically proven shortened or hypo-fractionated treatment course. Consideration would be given to ensure that the purchased linac was appropriate for the clinical workload.

Professor Croft confirmed that the national programme had been overseen by National Services Scotland (NSS) and subject to scrutiny on a national basis. She suggested that a statement to this effect be added to the paper for clarity.

**The Board approved the following recommendations for the infrastructure investment items.**

### **Ligature Reduction**

#### **The Board:**

- 1. Approved a budget not to exceed £5.73 million in order to deliver the works programme at Muick and Davan Wards in Royal Cornhill Hospital (RCH) and delegate authority to the Board Chair and Chief Executive to agree a target price with Kier, the appointed Principal Supply Chain Partner (PSCP) or main contractor for this stage of the project.**
- 2. Authorised the Director of Finance to vary the scope of the additional programme of non-invasive ligature reduction measures to include Ward 4 at Dr Gray's Hospital. Total costs to be contained within the previously approved budget of £1.6m.**

**In considering the above, the Board noted the following:**

- The works planned within Muick and Davan wards will complete the programme of works agreed with the HSE in relation to the six Mental Health Acute Admission wards at Royal Cornhill Hospital (Huntly, Fraser, Dunnottar, Fyvie, Muick and Davan).**

- **The costs associated with including additional work at Ward 4, Dr Gray’s Hospital in the Notice of Contravention (NOC) programme of non-invasive works will be contained within the previously approved budget of £1.6m.**

## **Radiotherapy**

### **The Board:**

- 1. Noted the equipment replacement strategy for the Radiotherapy service and delegate authority to the Director of Finance to procure replacement equipment for the Radiotherapy service as appropriate conditional upon agreement and funding to be made available through the National Radiotherapy Programme; and**
- 2. Noted the national commitment to provide capital funding for the development of MRI guided Radiotherapy and the intention to present a business case including detail of the associated service redesign, staffing and revenue implications for consideration at a future Board meeting.**

## **7 Board Governance – Standing Orders, Standing Financial Instructions (SFIs) and Schedule of Reserved Decisions (SORD)**

Mr Gray introduced the following revised documents which were key to the organisation’s overall governance arrangements.

- Standing Orders – regulated the conduct and proceedings of the Board and its Committees.
- Standing Financial Instructions – detailed the financial responsibilities, policies and procedures adopted by NHS Grampian.
- Schedule of Reserved Decisions – corporate governance protocol that provided a high level summary of delegated responsibility within NHS Grampian.

The revised documents had taken into account recommendations following the publication of the Blueprint for Good Governance and the setting up by the Scottish Government of a Corporate Governance Steering Group.

DL(2019)24 NHS Boards – Standing Orders, issued on 13 December 2019, had instructed Boards to use a new model Standing Orders template to replace existing Standard Orders. Mr Gray advised that the Audit Committee had reviewed these in March 2020 prior to COVID-19 and had recommended them for approval to the Board. The new model included three optional sections which the Audit Committee recommended be referred to the Board for consideration:

- Section 5 – Business of the Meeting: Consent agenda technique
- Section 4 – Calling and Notice of Board Meetings: Deputations and petitions
- Section 6 – Additional matters which may be reserved for the Board

Following discussion, Board members agreed not to include these optional sections in the revised Standing Orders. With reference to the consent agenda technique, concern was expressed about items being approved without any discussion or

clarification. Mr Gray agreed to consider these options again at the next review of the Standing Orders.

The Standing Financial Instructions had been updated to incorporate minor changes to operating practice and for procurement thresholds. Mr Gray confirmed that the Scheme of Delegation was reviewed on an annual basis to reflect the model of the Board and management arrangements. There was currently national work ongoing and the Board was requested to give the national work time to progress.

The Standing Orders allowed for participation in meetings by other means than in person. It was agreed that a piece of work was required on a practical way to involve the public in Board meetings and improve the public interface in the current climate.

Professor Croft advised of ongoing work regarding active governance at Chief Executive level taking into account 'Once for Scotland' policies. There would also be a presentation by Nick Morris on behalf of the Chairs Group to the Cabinet Secretary on 24 August. Board members were advised that they could feed into the Chairs' or Chief Executives' Groups by contacting Professor Lynch or Professor Croft.

#### **Board members:**

- 1. Approved the revised Standing Orders at Appendix 1, excluding the optional text detailed in section 3.2 of the paper.**
- 2. Approved the revised Standing Financial Instructions (SFIs).**
- 3. Approved the revised Schedule of Reserved Decisions (SORD).**
- 4. Noted that further revised versions of the SFIs and the SORD would be submitted for approval at future meetings, as appropriate, to incorporate any further changes that may be required following the national review of governance arrangements and in relation to changes to procurement regulations that may be required following trade negotiations between the UK and the EU.**

## **8 Committee Reports – Assurance Reports**

The Board noted the following committee reports:

### **8.1 Audit Committee**

Mr Riddell highlighted the following points in the report from the meetings on 21 July and 17 March 2020:

- Internal Audit Annual Opinion 2019/20 - The Board's internal auditors, PricewaterhouseCoopers LLP, had presented their annual report for 2019/20. There were no critical risk findings.
- Annual Internal Audit Plan 2020/21 - The Committee had reviewed the internal audit plan for 2020/21, as originally agreed at the March 2020



meeting. As a result of changes to the risk environment arising from COVID-19 planned reviews had been changed and replaced as noted in the report.

- General Data Protection Regulation (GDPR) – It was noted that significant progress had been made.
- Cyber Security of Medical Devices - Progress against key actions to address the recommendations highlighted in the recent review of Cyber Security in Medical Devices had been made with a Cyber Security Framework now in place which ensured a consistent approach to security processes and controls for all devices.

Mr Riddell assured the Board that the business of the Committee had continued and explained that timescales for completing the annual accounts process were challenging. He acknowledged the work of Garry Kidd and others in the finance team to ensure proper assurance and safeguards were in place. He also recognised the positive working relationships NHS Grampian colleagues had with both internal and external auditors.

With regard to the Good Governance Action Plan, this work was being taken forward.

It was pointed out that it had been agreed at a previous Board meeting that Assurance Committee Reports would be considered nearer the beginning of Board meetings. It was agreed that future Board agendas would be organised accordingly.

## **8.2 Endowment Committee**

Mrs Grugeon highlighted the following items from the Committee meeting on 5 June 2020 which summarised activity since the start of the COVID-19 pandemic:

- Evaluation Support Scotland Workshops had taken place.
- Donations made to the COVID-19 Response and specific uses of funds received.
- Grants programme – A robust framework to be devised for decision making around the Coronavirus Support Fund.
- Applications to the Coronavirus Support Fund totalling £1m.
- Release of NHS Charities Together Stage 2 and Stage 3 funding to be discussed at the next Committee meeting.

## **9 Date of Next Meeting**

The next meeting will be on Thursday 3 September 2020 at 10.00am by MS Teams.