NHS GRAMPIAN **APPROVED**

Board Meeting - Thursday 7 May 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 June Brown	Director of Nursing – Health & Social Care Partnerships
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 Communications
Mrs Karen Low	PA
Mrs Sandra MacLeod	Chief Officer, Aberdeen City
Mr Gary Mortimer	Director of Operational Delivery
Dr Shonagh Walker	Associate Medical Director

Apologies

Mr Simon Bokor-Ingram	Interim Chief Officer, Moray
Ms Lorraine Scott	Acting Director of Modernisation
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

Professor Croft reiterated thanks to NHS and Health and Social Care staff for all their work during the pandemic. She particularly thanked her System Leadership Team colleagues for their support. Professor Lynch also thanked everyone across the system, including staff, the public and volunteers, for the amazing response.

4 Minute of Meeting on 2 April 2020

The minute was approved.

5 NHS Grampian Response to – COVID-19

5.1 Update on Current Position

Professor Fluck gave a general overview of the current position on the number of cases by providing statistics for Grampian compared to the rest of Scotland, explaining that NHS Grampian contributed to national data. He advised that across Scotland the majority of deaths associated with COVID-19 were in care homes.

System Leadership Team members presented slides which gave an update on the following key items:

- Protected and critical services
- Clinical and Care Governance
- Cancer and ESCaT (Elective Surgery Categorisation System) Category 1 position
- Public Protection
- Shielding
- Universities

Professor Fluck explained that work had been done to establish a full inventory of protected and critical functions not directly related to COVID-19 and areas of high risk had been identified. He stressed the importance of maintaining these protected and critical clinical and non-clinical services with as little risk as possible.

He outlined the process for maintaining a functional clinical and care governance system for services and explained that additional groups had been set up to enhance the system including a Clinical Board and an Ethics Committee.

Mr Bachoo and Dr Hiscox explained that cancer and ESCaT Category 1 patients remained a priority as critical services, with cancer remaining red on the Sitrep. A detailed report would be presented to the Clinical Governance Committee meeting on 21 May 2020. The table included in the presentation, measuring the impact on Unscheduled Care referrals in March and April 2020 compared to 2018/19 referrals, had been presented to the North of Scotland Cancer Alliance the previous day.

There had been a combined reduction in March and April and there was concern that patients were not being referred. Work was being done to understand the reason for delayed referrals. For example, there could be delays in presentation because of a public perception about contacting the NHS inappropriately or about the risk of going to hospital during the pandemic. Mr Bachoo explained that some equipment was out of action. There were a number of factors to consider such as ring-fencing resources for cancer and other critical services without adversely impacting on the rest of the system.

A paper providing background information on public protection had been circulated to Board members, in response to questions that had been raised. Dr Hiscox assured Board members that the Grampian response was based on SOLACE (Society of Local Authority Chief Executives and Senior Managers) public protection and risk of vulnerability paper. She emphasised the key ongoing collaborative work of the Chief Officers' Group (COG). Practice had changed regarding both adult and child protection and alternative arrangements were in place to identify and manage risks under MAPPA (Multi-agency Public Protection Arrangements). NHS Grampian continued to respond to guidance and since lockdown and the start of the pandemic, public protection had been one of its key priorities.

Mrs Webb gave an update on the NHS Grampian coordination relating to shielding arrangements for clinically extremely vulnerable patients. She explained there had been a very complex process nationally and locally to identify who should be shielding with liaison between the NHS and local authorities to ensure data was correct and shielding patients received the support they required. She provided current figures on patients shielding. The local process continued to be refined and she presented a slide showing the pathway for identification of patients who required to shield and the local communication process. A process for transition to renewal had been established and including pathways for identifying and investigating.

With regard to universities, Dr Coldwells advised that he had met senior colleagues at the University of Aberdeen and would be meeting with RGU colleagues the following week. A high-level group would consider returning students to placements in healthcare settings and awareness of the "new normal" so curriculums could be adapted. He explained there were some fantastic examples of academia and services working together for example on public health issues.

With reference to whistleblowing, Dr Coldwells advised of discussions with Mr Donald, the Board's Whistleblowing Champion, and the need to reinvigorate work over the next few weeks, as well as remind staff about the current policy on whistleblowing.

During the discussion, Board members were provided with answers to questions raised covering the following points:

Professor Fluck advised that healthcare associated infections (HAI) had increased since the start of the pandemic. With increased testing of all admissions over 70 years old, the number of positive cases identified had increased. He emphasised the importance of physical distancing but acknowledged difficulties in a working environment. However, increased use of personal protective equipment (PPE) and staff testing would help.

Professor Fluck explained there was uncertainty about immunity. Detail was expected in the next week about testing asymptomatic staff. At the moment there was no reliable antibody test.

Mrs Coull explained that the managers' Q&A was updated daily to give current information.

There was no data on the impact of continued use of PPE on staff. Professor Fluck explained that information could be sought from the Occupational Health Service (OHS).

Work was ongoing to identify which patients with a high priority of those waiting for operation or treatment. Segregation of non-COVID-19 patients was critical and very complex to work out.

Professor Lynch explained that the numbers on waiting lists continued to be monitored through the Performance Governance Committee.

Dr Hiscox explained that the corporate parenting function continued. It was acknowledged that lack of the usual support mechanisms though schools and clubs may result in increased vulnerability. Those who may not currently be identified as being in a vulnerable group may fall through gaps in service. However, the local authorities and police were doing all they could to identify and recognise vulnerability using pathways for early intervention. The health service may be the first place where risks were identified picked up rather than through local authority services. Dr Hiscox explained that school nurses and hubs were being as adaptable and flexible regarding public protection.

Mr Riddell explained that there had been a meeting of the clinical and care governance committee in Moray the previous day at which concerns had been raised about a potential "perfect storm" of domestic violence, vulnerable adults or children and increased drug and alcohol misuse. Dr Hiscox agreed that because of this it was vitally important for shared learning across organisations.

Mr Donald highlighted there were many strands to public protection to be considered. In response to a query about why it had taken until 29 April for guidance to be published, Dr Hiscox explained that work had been progressing within the system, with good communication and engagement through SOLACE, while the guidance was being prepared. Dr Coldwells assured Board members that the accountable officers for health, the local authorities and police were working together on public protection issues and there was a clear golden thread between strategy and operational matters.

5.2 Planning for Recovery

Dr Coldwells explained that there were four key elements to the recovery stage:

- Staff
- New normal
- Health debt
- Implementation

He referred to the paper that had been circulated as an AOCB item - Draft terms of reference of the Short Life Working Group.

The purpose of the Short Life Working Group (SLWG) included the following specific items relating to governance:

Review the existing governance arrangements implemented during COVID–19 and determine whether this should continue or be amended.

Evaluate the overall governance arrangements that were in place pre-COVID-19 and to form a view on whether any changes should be made.

Another much broader purpose was to ensure that there was a Board oversight of the setting of the medium to long-term strategic vision and supporting objectives for NHS Grampian.

He explained that the "new normal" included the strategic intent beyond "living with COVID-19". The SLWG would focus on Board governance with Board expert input around key elements, using PESTLE (Political, Economic, Social, Technological, Legal and Environmental factors) analysis. The SLWG's conclusions will be brought to the Board to ensure the future direction was right. This will be an iterative process between the Board and officers. Professor Lynch explained that the focus was on response, recovery and renew, with the Board heavily involved in the renewal stage. Mrs Cruttenden stressed the importance of including and engaging with the Area Clinical Forum in the process.

As it would not be possible to have all the Board members on the SLWG, the membership had been drawn up to include representation from non-executives and the Integration Joint Boards (IJBs). Mrs Grugeon suggested wide engagement with the public and communities about the renewal stage.

With regard to the current governance arrangements for meetings of the Board and governance committees, Board members agreed to continue with these and to keep them under regular review.

Mrs Grugeon advised there was a meeting of the Endowment Committee arranged for 5 June2020 to which all Trustees for the Endowment Funds were welcome. Mrs Atkinson explained that the Performance Governance Committee meeting may be extended to allow for additional time to discuss Spiritual Care Committee and Engagement and Participation Committee issues.

Consideration would have to the practicalities of functioning as a Board whilst continuing social distancing rules.

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

6.1 Staff Governance Committee

Mr Passmore had nothing to add to the Committee report and draft minute that had been circulated to Board members as additional background information.

6.2 Clinical Governance Committee

Mrs Duncan explained that the information presented demonstrated the speed at which things were changing. The committee had considered an overview of risks, gaps and identification of mitigating actions. Mrs Grugeon asked for consideration to be given to how good practice and learning could be shared.

6.3 Performance Governance Committee

Mrs Atkinson advised there had been good attendance by non executives observing the meeting.

7 Date of Next Meeting

The next meeting will be on Thursday 4 June 2020 at 10.00am by MS Teams.

Professor Lynch advised that the agenda and timings for the next Board meeting would be reviewed. It was likely the time would be extended beyond the planned one hour to allow adequate discussion.