

Board Meeting - Thursday 2 April 2020 at 11.00am

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
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
Mrs Karen Low	PA
Mrs Sandra MacLeod	Chief Officer, Aberdeen City
Mr Gary Mortimer	Director of Operational Delivery
Ms Lorraine Scott	Acting Director for Modernisation
Dr Shonagh Walker	Associate Medical Director

**Apologies**

Mr Paul Bachoo	Medical Director - Acute
Mrs Pam Dudek	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**

Professor Lynch thanked everyone for linking into this meeting, using the new technology. As the meeting was not being held in public, for the reason outlined in the paper being presented, she suggested recording future meetings to share publically as appropriate.

She reminded Board members that these were unprecedented times during which the Board would be focusing on governance and the organisation's operational challenge. The human impact could not be underestimated and providing the volume of care was above and beyond anything colleagues could have anticipated in their careers. On behalf of the Board she thanked staff for the admirable efforts during the COVID-19 pandemic. She stressed the importance of keeping the health and wellbeing of staff at the forefront. She acknowledged that people of Grampian would be struggling, particularly if they had lost someone through COVID-19.

## **4 Minute of Meeting on 6 February 2020 and Matters Arising**

The minute was approved. There were no matters arising.

## **5 Revision to Board Governance Arrangements – COVID-19**

Mr Gray presented the revised governance arrangements paper which had been amended following feedback at the discussion at the previous week's virtual Board briefing.

The recommendation was for the Board to continue to meet on the first Thursday of each month with a focus on COVID-19. Between Board meetings, the Staff Governance Committee, Clinical Governance Committee and Performance Governance Committee would continue to meet in a revised format on a rotating basis.

The support for the process was set out in the appendices to the paper. The proposed revised arrangements were to meet the current requirements to ensure public safety and the paper recommended the Board would not hold meetings in public. However, there needed to be a means to communicate outwith the Board. For example, papers and minutes would continue to be published on the website as usual.

Mr Gray advised that the arrangements would be kept under review at the monthly Board meetings. Committee members would be expected to attend committee meetings. However, other Board members were welcome to attend any Committee meeting if they wished.

Dr Hiscox advised that there was no issue with the clinical risk reports for the clinical governance committee being shared with IJBs. The clinical governance risks

included healthcare delivery in the health and social care partnerships and was being collated for the whole system. In response to a query from Mrs Anderson, as chair of the Engagement and Participation Committee (EPC) and Spiritual Care Committee (SCC) about reviewing the plans regularly and the impact of the current pandemic on all patients, Professor Lynch advised that the situation would be reviewed at each Board meeting. Mrs Atkinson, as chair of the Performance Governance Committee (PGC) agreed that there would be an opportunity at the monthly PGC meetings to have discussion time on COVID-19 related topics which would otherwise be dealt with by the EPC or SCC.

Non-executives pointed out the need to get the balance of discussion at the committees right and Professor Lynch reiterated that the key purpose would be to meet the objectives of Gold Command:

- Protect and preserve life
- Protect and preserve the system for the delivery of health and care
- Respond effectively to COVID–19
- Maintain critical/essential services
- Safeguarding health, safety and well-being
- Ensure the recovery of the system

Ms Duncan, as chair of the Clinical Governance Committee, agreed with the proposed arrangements and expressed the need to adhere to the organisation's values by being supportive, particularly to those going through bereavement.

In response to Ms Duncan's question about the current position with the Dr Gray's Hospital Maternity Plan, Dr Hiscox advised that the revised plan had been submitted to the Cabinet Secretary on 31 March 2020. She advised that, in light of the NHS Scotland response to the COVID-19 pandemic, the development work had paused and therefore all timelines had been removed. Maternity services for Moray and the North of Scotland will be prioritised as part of the NHS Grampian recovery phase. She agreed for the submitted plan to be circulated to Board Members.

Dr Hiscox advised that Healthcare Improvement Scotland (HIS) had paused work on the implementation of the Health and Care (Staffing) (Scotland) Act 2019.

Mr Gray advised that the Annual Operational Plan had been submitted to the Scottish Government and would be picked up again as the base-line for the Recovery Plan. In the meantime, the focus would be on the Mobilisation Plan, to be discussed under the following agenda item.

**The Board agreed:**

- **To implement revised governance arrangements which will provide the Board with overall assurance on the Board's response to COVID-19 and the key decisions being made within the Gold, Silver and Bronze structure**

**that will direct operational activities during this period. The Board will also be provided with assurance on the maintenance of non-COVID-19 critical functions. These revised arrangements extended to clinical, staff and performance & financial governance.**

- **To the revisions to the Board Standing Orders which supported the revised arrangements regarding conduct of Board meetings during this period.**
- **To the proposed resolution to not convene its Board meetings in public while the organisation 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.**

## **6 Grampian Mobilisation Plan for COVID-19 - Update**

Dr Coldwells advised that work was being done with partners to ensure that they were engaged in the planning process and had confidence in the plan. He stressed that the published plan would be “a moment in time” and would be kept under review and updated. Advice was awaited from the Scottish Government about publication of the Mobilisation Plan.

He explained that the key to the model was movement through stages and if the prevalence of COVID-19 increased then the plan would move to the contingency stage.

Dr Coldwells, Dr Hiscox and Professor Fluck presented the flowchart diagram outlining the integrated whole system COVID Tactical Operational Model (TOM).

The TOM included the following:

- Public Health
- Prepare the Public
- NHS24 COVID-19 Line
- Community Hub Model
- Hospital Front Door
- Escalation to Intensive Care
- Recovery
- Palliative Care

The Board noted that a new NHS Grampian Clinical Board had been set up to support NHS Grampian’s whole system response to the pandemic.

Professor Fluck explained the measures to prevent the spread including the communications through publicity campaigns, individual letters and other activities to inform the public. He highlighted the key assumptions that were based on international, national and local data and were being actively monitored and reviewed. He advised of three types of decision points moving through the model and trigger points and actions to be taken if the trajectory moved away from the model.

In response to a query about cross-referencing activity to capacity, Dr Hiscox advised that there was a requirement from the Scottish Government to quadruple intensive care capacity. Work was being done to understand and address the requirements for primary care and the community such as testing kits, drugs, oxygen, ventilation, personal protective equipment (PPE), pumps etc.

With regard to how staff were receiving information being provided to them, Professor Fluck advised it was important to help them address escalation at this rate and to plan for uncertainties. Dr Hiscox explained that communication was a challenge particularly dealing with a wide range of emotions. The well-being of staff was important and psychological support was being made available. She explained that it was difficult for staff to conceptualise what was ahead and there were challenges weighing up communication to ensure a state of preparedness against creating unnecessary fear or anxiety.

Mrs Cruttenden confirmed that there had been lots of communication to staff. In response to her query about whether the diagram could be shared with services, Dr Hiscox explained that the tactical response would be signed off by Gold Command. It was expected that information would be circulated week beginning 6 April 2020 along with a wider communication to the workforce. The aim was to have local intelligence as accurate as possible. Mr Passmore stressed the need to articulate why decisions had been made and when they had been made and to emphasise the need to maximise capacity not just now but in the future.

Mr Robertson reflected on his recent personal experience which was evidence that the model was working.

Professor Lynch also emphasised the need to maintain the health and well-being of staff. As there would be peaks and troughs, it was necessary for the organisation to look after its staff.

## **7 Date of Next Meeting**

The next meeting of the Board will be held virtually on Thursday 7 May 2020 at 10.00am.