

**APPROVED**

**NHS GRAMPIAN**

**Minutes of Meeting of Grampian NHS Board on Thursday 3 February 2022  
at 10.00am  
(virtually by Microsoft Teams)**

**Present:**

**Board Members**

|                                  |   |
|----------------------------------|---|
| Dr John Tomlinson                | Non-Executive Board Member/Interim Chair                |
| Mrs Amy Anderson                 | Non-Executive Board Member                              |
| Mrs Rhona Atkinson               | Non-Executive Board Member                              |
| Professor Siladitya Bhattacharya | Non-Executive Board Member                              |
| Mrs Kim Cruttenden               | Chair of Area Clinical Forum/Non-Executive Board Member |
| Cllr Isobel Davidson             | Non-Executive Board Member                              |
| Mr Albert Donald                 | Non-Executive Board Member/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/Interim Vice-Chair           |
| 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                              |
| Mr Dennis Robertson              | Non-Executive Board Member                              |
| Mrs Susan Webb                   | Director of Public Health/Portfolio Lead Public Health  |

**Attendees**

|                     |  |
|---------------------|--|
| Mr Paul Allen       | Director of Facilities and eHealth                 |
| Mr Paul Bachoo      | Portfolio Lead Integrated Specialist Care          |
| Dr Adam Coldwells   | Director of Strategy/Deputy Chief Executive        |
| Ms Sarah Duncan     | Board Secretary                                    |
| Miss Lesley Hall    | Assistant Board Secretary                          |
| Mr Stuart Humphreys | Director of Marketing and Corporate Communications |
| Miss Jenny McNicol  | Portfolio Lead Children's and Family Services      |
| Mr Tom Power        | Director of People and Culture                     |

**Apologies**

|                           |                            |
|---------------------------|----------------------------|
| Dr June Brown             | Executive Nurse Director   |
| Professor Caroline Hiscox | Chief Executive            |
| Cllr Ryan Houghton        | Non-Executive Board Member |

The chair welcomed everyone to the meeting including media and public,

**1 Apologies**

Apologies were noted as above

**2 Declarations of Interest**

There were no declarations of interest

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

The Interim Chair welcomed everyone to the first Board meeting of 2022. As a result of COVID modelling at the start of the year, the meeting agenda had been reviewed to allow executive colleagues to focus on essential items. He was pleased and relieved to report that the situation and pressures on the system were better than had been anticipated. However there was no room for complacency and the health and care system remained vulnerable.

He thanked the public for continuing to take sensible precautions and the health and care workforce for their hard work for their commitment and dedication.

He noted that this was the first meetings since Professor Lynda Lynch had sadly stood down as chair for the reasons set out in her letter to the Cabinet Secretary which had been circulated to Board members prior to the last Board meeting. He had paid tribute to her in private session in December 2021 and he wished to bring that valedictory in to public record. He once again thanked Lynda for her outstanding contribution to NHS Grampian and the wider health and care system and reflected on her significant input during her time on the Board since her appointment in 2013 and latterly as chair since January 2019.

He advised that the Cabinet Secretary had asked him to continue as Interim Chair over the next few months to allow time for proper planning and to recruit a new Chair. He was grateful to his Board member and executive colleagues for their support in this interim role. He was delighted to report that Luan Grugeon had agreed to act as Interim Vice-Chair.

He explained that the next six months would be significant for the Board as it worked through the final stages of the process to produce the strategic plan and highlighted the items that would be discussed on the agenda.

The Deputy Chief Executive reiterated the ongoing pressures on services and the workforce. He acknowledged the ongoing resilience of staff and patients which had continued throughout the pandemic.

He had previously briefed the Board informally about an operational plan developed to deal with Omicron wave and had received feedback that Non Executive members had been reassured on the system's approach and ability to respond, if required. He was pleased to report that it appeared NHS Grampian would not have to enact the Omicron Plan but the preparatory work would provide a robust approach for any future extreme event.

He thanked and praised NHS staff, partner organisations and their staff and communities who had responded to the recent storms.

He advised that 'Our Plan for the Future' – the organisation's strategic intent – would be presented to the Board in June 2022. It will describe the organisation's recovery which will not be the pre-pandemic state, but a sustainable system requiring strong relationships with partner organisations, communities and the wider public.

### **4 Minutes of Meeting on 2 October 2021**

The minutes were approved.

## 4.1 Matters arising

Item 3.1 Primary Care – The Board Secretary advised that a report will be taken back in August 2022. This will include a recommendation for an annual report.

Item 5.1 Operation Iris – The Interim Chair advised that work was in hand to arrange a meeting with clinical and care governance committee chairs.

Item 6 Strategy Development – The Board noted the change to the time line for approval of the strategy. It will be discussed at the March 2022 seminar and the strategic package will be presented to the Board in June 2022.

## 5 Performance Report – Operation Iris and Remobilisation Plan – progress against objectives and milestones

The Interim Chair explained that the Performance Governance Committee had scrutinised the report at its meeting in December 2021 and would do so again at its next meeting on 16 February 2022. The Board's role was to be assured about the progress against three objectives of Operation Iris and the timelines for the Remobilisation Plan.

Mr Gray went through the PowerPoint presentation that had been circulated to give an update regarding the COVID situation.

The Board was reminded of the key objectives of Operation Iris:

- A – Keep staff safe and help them to maximise wellbeing
- B – Responding to demand on the health and care system
- C – Protecting critical services and reducing harm

Objective A - Keep staff safe and help them to maximise wellbeing

To support this objective, the organisation had set up the 'We Care' Programme. Since the last Board meeting, the number of staff available had been impacted by staff having to isolate.

In response to a query about how progress was being monitored and that the process was being adapted to respond to feedback, Mr Power explained that there was not a comprehensive dataset. Feedback was being obtained from focus groups and engagement with staff. In response to feedback, more individualised support was being put in place for staff. He cited the pilot approach of peer support in the Emergency Department (ED) involving training staff to support each other, as a way to help with mental health issues. The 'We Care' approach would continue to develop with more qualitative feedback. The results from the 'We Care' pulse survey had provided differing results and it was important to understand the reasons for that.

Mr Power confirmed that the Staff Governance Committee was looking into the detail and had received an update specifically focused on the three elements of support for staff health and wellbeing in Operation Iris. Mrs Joyce Duncan, as Chair of the Staff Governance Committee, advised that staff wellbeing was at the top of the committee's agenda. The move from team to individual support was vital. The organisation was looking at all types of support and doing as much as it could. There was ongoing learning and it was important to acknowledge that supporters needed support too.

In response to query about the impact on staff's continuing professional development and promotion of not taking forward training and development, Mr Power explained that staff views would be obtained through the annual staff experience iMatter survey. The results of this survey were due imminently. Appropriate training and development needed to be looked at because of the de-prioritisation of non-essential training during the pandemic. Online training had been well attended but could prove challenging. This topic would be included in the action plan for 2022/23 and work was being done to understand this more. Mrs Anderson noted that staff who were isolating may have had more opportunities to access learning online.

#### Objective B - Responding to demand on the health and care system

Mr Gray explained that all hospital sites remained at a significantly high bed capacity. There were similar pressures on primary and community based services. He reassured the Board that the Grampian Operational Pressures Escalation System (G-OPES) to allow a response on a daily basis, had enabled patient flow to be maintained. He explained that numerous system meetings were monitoring the position. The situation was very challenging but arrangements under Operation Iris and as part of the Remobilisation Plan had been effective.

Mrs Atkinson, as Chair of the Performance Governance Committee, confirmed that the Committee would continue to look at these issues but would be widening out the agenda from a focus on the current situation to mainstream performance issues too.

#### Objective C - Protecting critical services and reducing harm

Mr Gray linked this to the Remobilisation Plan and formally acknowledged the welcome support from NHS partners and wider partners across Grampian, as seen most recently in the response to the latest storms.

He highlighted performance in three areas:

- Access to ED had been impacted by winter, Covid and the hospital being very busy, which affected flow. The position had improved as a result of actions taken, linked to support from the Scottish Ambulance Service, and it was anticipated this improved position would be sustained.
- Activity- The number of procedures undertaken was more compared to the same period in the previous year but the focus was still on the patients with the highest priority and emergencies as they presented
- Child and Adolescent Mental Health Services (CAMHS) - Performance remained positive, consistently above the 90% standard.

#### Update on Remobilisation Plan

Although the Remobilisation Plan and planning assumptions had been adapted to respond to the Omicron variant, progress had been made against milestones.

In response to a query about unmet need and what steps were to be taken to reduce harm by acts of omission and commission, Dr Fluck explained this was very complex. Resource would be put to where the greatest risk was and would depend on national and local prioritisation. It would be necessary to understand the breadth of wider harm as a result of the pandemic and identify actions to address this. It was noted that deaths related to mental illness had increased but were often unclassified for some time because of reporting mechanisms. He advised of work being done by the Centre for Sustainable Development to introduce more active management for people waiting for services. There

was a strong awareness of collateral harm and risk throughout the health and care system and it was necessary to proactively manage that. He advised of local work being done to identify vulnerable groups and the need to help subgroups who remained at risk.

The Interim Chair suggested that this be taken into discussion in the Clinical Governance Committee.

Dr Coldwells advised of three pieces of work being done to help those on waiting lists:

- Keeping those on waiting lists informed
- Finding out what support those who were waiting needed
- Identifying if alternative treatment options would be more appropriate

In replying to a comment that communication to staff and the public required to be in a very human way, Mr Humphreys explained there were a number of communication strands:

- Live projects working with primary care about access to GPs – supporting staff. There was a narrative that GPs were not accessible but they had seen more people than before the pandemic
- Projects around waiting times – how people can keep well
- Launch of Clinical Strategy and three year plan later in the year

Professor Fluck pointed out it was a complicated and changing system which was difficult for the population to navigate. Therefore, it was necessary to simplify the model of access and develop clear messages for navigating through a complex system.

The Interim Chair suggested that the Engagement and Participation Committee could have a role in this.

**Following review and scrutiny of the report, the Board agreed it was assured on deliver of the key objectives of Operation Iris and the key milestones within the Remobilisation Plan.**

## **6 Moray Maternity Services Update**

Miss McNicol provided an update on progress since the publication of the Moray Maternity Services External Review in December 2021, with reference to the paper presented.

The paper summarised the proposals in the recommended Model 4: Community Maternity Unit linked mainly to Raigmore (“Moray Networked Model”) with Dr Gray’s operating primarily as a community midwife-led maternity unit with access to consultant intrapartum care in Raigmore and Aberdeen including emergency and urgent transfers, for the first two years.

There were other more immediate recommendations including: the withdrawal of “life and limb” terminology; the offer of this service discontinued with immediate effect; and agreement of clearly defined transfer criteria and triggers between Dr Gray’s and the maternity units in Aberdeen and Inverness; and the reintroduction of elective caesarean sections to Dr Gray’s under the obstetrics and gynaecology consultants.

Miss McNicol explained the importance of communication and engagement with service users, the wider community, clinical staff, Scotstar and Scottish Ambulance Service, prior to making any changes, to ensure quality and safety were maintained.

There were risks with cross boundary working. Progress was being made, with support from the Chief Executives and senior managers in both Boards. It was necessary to be aware of the challenges and to deal with these proactively

The paper recommended that, after the first two years, the model should move to Model 5: Rural Consultant-supported Maternity Unit. This would see midwives supported by consultants to provide intrapartum care to risk assessed women with 24/7 on-call cover.

The paper also provided background and assessment and it was noted that the Cabinet Secretary had yet to confirm acceptance of the report's recommendations. A letter to the Chief Executives of NHS Grampian and NHS Highland indicating the current view was attached to the paper as an appendix.

The paper set out the impacts on quality/patient care, workforce and finance. A full risk assessment was to be undertaken as part of the development of the Programme approach and risk areas were likely to cover engagement, cross boundary working and high profile scrutiny.

The paper was seeking endorsement of the governance and assurance arrangements. The collaborative arrangements with NHS Highland were set out in a draft diagram on page 7 of the paper (page 49 of the pack). These arrangements would be supported by focused workstreams and subgroups. Each Board would have individual as well as collaborative responsibilities overseen by the Maternity Joint Board.

It would be essential for NHS Grampian to work with NHS Highland to maximise workforce opportunities. With regard to financial implications, the teams from both Boards had begun this work.

Miss McNicol emphasised the importance of communication and engagement and advised of the pivotal role of Moray Maternity Voices Partnership (MVP) and Grampian Maternity Voices Partnership. These MVPs needed to be well supported to get true community engagement.

Governance processes required to provide assurance routes to the Board and the Scottish Government.

The Deputy Chief Executive emphasised that the wider strategic intent and moving to Model 5 was part of broader planning, dependent on a number of developments at Dr Gray's Hospital. After 'Plan for the Future' was published in June 2022, he will lead a piece of work regarding the strategic intent for Dr Gray's Hospital and how this would link to the development of Model 5.

He reflected on the good work by the Engagement Team on engagement and involvement of the public and explained that learning from different ways of engaging would be taken forward in the work with Moray.

Concerns were noted about challenges raised in an open letter from Raigmore consultants to the Cabinet Secretary. Miss McNicol responded that she was co-chair of a collaborative group with the Deputy Medical Director of NHS Highland. The Senior Clinical Team were meeting with maternity team to deal with issues in the letter. It was

important to recognise the anxieties and pressures on NHS Highland but these workforce and capacity issues were being addressed to allow them to support the recommendations in the report. The impact on the safe and effective delivery of services NHS Highland was recognised and a stepped approach was required to ensure their services were not overwhelmed.

Miss McNicol responded to queries about terminology used as follows:

- Life and limb – this had been a factor in three reviews of Moray Maternity Services. It was not part of any recognised model of maternity services. To remove that aspect there needed to be a reliable system of time critical transfers accepted by Raigmore.
- Ambitious strategy – working across two Boards was very challenging but continuity of care teams will enable optimal service and choice for women.

Non-Executive Board members observed that this represented a more coherent and cohesive approach to planning but critical issues were still workforce and finance. Concerns remained about the practicalities to make it happen. A key risk remained around the financial situation and the Board expressed its desire for the Scottish Government to provide assistance in this respect.

Dr Fluck responded to a query about previous challenges of attracting and retaining staff to Moray and what has changed to enable this. He advised that with agreement and a shared understanding of the destination of the service, there was a much greater chance of recruiting. He reiterated that working across Boards was challenging. Two main areas to address were: cultural identity of role and responsibilities to patients, and concept of risk sharing. If Boards shared resources there was a need to accept sharing risk.

Board members sought assurance about support to primary care and midwives in Moray whilst making progress with the recommendations, to ensure as safe an approach as possible. Miss McNicol advised of progress made in the last three years of the changed model of service delivery, around risks taken and risk assessment by midwives on daily basis. Considerable work had gone in to support and develop midwifery teams and there were closer links with Highland through daily huddles. Assurance provided to staff then relays to women to give them a level of assurance. The aim was to maximise care close to home and ensure effective communication. Community midwives' communication was vital with the aim to reduce any ambiguity that causes confusion and advise of changes as they happen.

A query was raised about trust and transparency with the public. Miss McNicol explained that the service users/people with lived experience will be part of the governance arrangements. There were strong links with the Portfolio Lead for Moray. Communication and consultation with public would build on existing networks and digital platforms and social media would be built on and used more effectively. The Engagement team would continue to work with key groups but recognising that the Moray MVP was small and it was necessary to expand networks to get to harder to reach groups.

**The Board reviewed and scrutinised the information on the paper and confirmed that it provided assurance that the proposed approach and processes were appropriate and robust.**

**The Board endorsed the proposals in the paper.**

## 7 Corporate Strategic Risk Update

Professor Fluck introduced the paper and reminded Board members of the new approach to risk management in NHS Grampian over the past 18 months. He clarified the term “Enterprise Risk Management”, explaining this meant that the same approach would be used for all parts of the business and that corporate and strategic risks were related to the impact of uncertainty on NHS Grampian’s corporate and strategic objectives.

Work had started on the corporate strategic risks around the objectives set out in the Remobilisation Plan (RMP4). The organisation’s objectives regarding strategic direction and assurance were critical to the next stage of work.

In response to a query about timescales from the Interim Chair, Professor Fluck explained that he expected there would be an understanding of reporting and connecting the Board with the programme of risk by the end of 2022. This would require a series of seminars for Board members and working with the assurance sub-committees to focus on strategic objectives and hazard management.

Professor Fluck explained that risk management was embraced at operational level in terms of oversight of whole system risk through the weekly Clinical Risk Management Group. However, further work was required to ensure a harmonised risk register.

It was suggested that mitigation of risk at individual or corporate level could result in actions acting against each other. Dr Fluck acknowledged that a competing risk analysis was complex and work required to be done to measure the benefit of an action against the degree of harm.

### The Board:

1. Noted the progress on the development of a new Corporate Strategic Risk Register
2. Agreed further work at Board Seminar(s) to clarify Board Objectives and Risk Identification
3. Agreed further work to clarify the Objectives of Board Assurance Sub Committees and Risk Identification in the context of Hazard Management

## 8 Baird and ANCHOR Project Contract Value Variation Approval - Doors

Mr Gray explained that at the time the construction contract for the Baird and ANCHOR project was entered into in October 2020, work to finalise door requirements had not been concluded. The changes associated with the variation in costs related to ensuring the quality of doors as set out in the paper and which were a critical part of the project. The door requirements had now been confirmed and instructed and Board approval was required for the variation in contract value of approximately £1.95 million (including VAT). He explained that the overall budget for the project would be presented to the Board meeting in April 2022.

**The Board delegated authority to the Director of Finance to finalise the contract value variation in relation to the Baird and ANCHOR Project door requirements, subject to the final value inclusive of VAT not exceeding £2.1 million.**

## 9 National Treatment Centre (NTC) - Grampian

The paper explained the background to the development of the National Treatment Centre – Grampian (formerly Elective Care) as part of the development of elective care centres in Scotland. Mr Gray advised that the conclusion of the development of the Full Business Case had been delayed and consequently the increased programme has required further spend than previously forecast. Approval to commit expenditure beyond what had been previously authorised by the Board was required. The committed expenditure on the project to date was £5.1 million. Further necessary expenditure of £0.4 million was required to conclude the scope review phase. The Scottish Government had confirmed agreement of up to £5.5 million in pre-construction costs.

Mr Gray advised that a comprehensive project update report would be presented to the June 2022 Board meeting. This would include the process to progress and approve the business case for the MRI facility at Dr Gray's Hospital which was part of the overall project and which would provide services for Moray and West Aberdeenshire.

**The Board authorised the Board Chair and Chief Executive to commit a further £0.4 million in design fees and other project expenditure necessary to progress the conclusion of the review stage prior to the final development of the Full Business Case for the National Treatment Centre – Grampian Project.**

## 10 Assurance Committee Reports (all 2021)

The following reports were noted:

- 10.1 Performance Governance Committee – 20 October
- 10.2 Staff Governance Committee – 30 September
  - 10.2.1 Whistleblowing Quarterly Report – Quarter 2 July –September 2021

## 11 Forum and Integration Joint Boards (IJB) Reports

The following reports were noted:

### 11.1 Area Clinical Forum (ACF)

Mrs Cruttenden emphasised the standing comment that the ACF was willing to provide input to the Board Forward Programme. She agreed to link with the Deputy Chief Executive and Board Secretary to ensure engagement with the ACF to obtain their critical input.

Mrs Cruttenden highlighted that professions continued to be concerned about resilience, and staff health and wellbeing. Although considerable resource had been input there were still areas of low morale, particularly in dentistry, general practice and allied health professions. Workforce challenges in some particular professions impacted on this. She noted reports of increasing complaints and suggested that more clarity on waiting times might help the system and patients to understand and allow patients' expectations to be managed.

It was important to understand what the focus on prevention would mean for primary care as the overall strategy developed and whether this would add additional pressure.

Mrs Webb suggested connecting with the ACF chair to gather views of the clinical community to supplement views obtained from focus groups and pulse surveys. With regard to prevention, there were successful dental programmes including Child Smile. It was important to continue to update these when the recent focus had been on response.

The Interim Chair acknowledged that issues required to be aired and addressed and pointed out that the Primary Care Report in August 2022 would help address these issues.

Board members acknowledged the importance of giving ACF comments the appropriate level of consideration and for these to be heard and dealt with along with other comments. The Interim Chair asked for a report on how issues were being taken forward at a future meeting.

- 11.2 Grampian Area Partnership Forum
- 11.3 Integration Joint Boards

## **12 Approved Committee, Forum and IJB Minutes (all 2021)**

The following approved minutes were noted:

Committees:

- 12.1 Performance Governance Committee – 20 October
- 12.2 Staff Governance Committee – 30 September
- 12.3 Spiritual Care Committee – 16 September

Forums

- 12.4 Area Clinical Forum – 3 November
- 12.5 Grampian Area Partnership Forum – 18 November and 16 December

Integration Joint Boards (IJBs)

- 12.6 Aberdeen City IJB – 2 November
- 12.7 Moray IJB – 30 September

## **13 Date of next meeting:**

- Thursday 7 April 2022

The Interim Chair concluded the meeting by thanking authors of reports for producing these while the system was under so much pressure. He also thanked Non Executive members for the quality of their questions.