

**Minutes of Meeting of Grampian NHS Board on Thursday 2 December 2021  
at 10.00am  
(virtually by Microsoft Teams)**

**Present:****Board Members**

Mrs Amy Anderson	Non-Executive Board Member
Mrs Rhona Atkinson	Non-Executive Board Member
Dr June Brown	Executive Nurse Director
Mrs Kim Cruttenden	Chair of Area Clinical Forum/Non-Executive Board Member
Mr Albert Donald	Non-Executive Board Member/Whistleblowing Champion
Ms Joyce Duncan	Non-Executive Board Member
Mr Alan Gray	Director of Finance
Professor Caroline Hiscox	Chief Executive
Cllr Isobel Davidson	Non-Executive Board Member
Professor Nick Fluck	Medical Director
Mrs Luan Grugeon	Non-Executive Board Member
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
Dr John Tomlinson	Non-Executive Board Member/Vice Chair (Meeting chair)
Mrs Susan Webb	Director of Public Health/Portfolio Lead Public Health

**Attendees**

Mr Paul Allen	Director of Facilities and eHealth
Julie Anderson	Deputy Project Manager (Item 7)
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Mr Simon Bokor-Ingram	Portfolio Lead Moray
Jackie Bremner, Project Director	Project Director (Item 7)
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Ms Sarah Duncan	Board Secretary
Lorraine Finn	Project Manager (Item 6)
Miss Lesley Hall	Assistant Board Secretary
Dr Emma Hepburn	We Care – Programme Lead (Item 5.5)
Mr Stuart Humphreys	Director of Marketing and Corporate Communications
Miss Jenny McNicol	Portfolio Lead Children's and Family Services
Ms Pamela Milliken	Chief Officer Aberdeenshire
Mr Tom Power	Director of People and Culture
Ms Lorraine Scott	Director of Planning, Innovation and Programmes
Mrs Alison Wood	PA
Pete Matthews	Business Manager Public Health (Item 5.6)
Derek Morgan	Deputy Project Manager (Item 7)
Fiona McDade	Project Manager (Item 7)
Gail Thomson,	Project Manager (Item 7)
Jenna Young,	Planning Manager (Item 6)

**Observer**

Allison Trimble	King's Fund
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## Apologies:

Professor Siladitya Bhattacharya	Non-Executive Board Member
Cllr Ryan Houghton	Non-Executive Board Member
Professor Lynda Lynch	Chair, Non-Executive Board Member

The chair welcomed everyone to the meeting including media, public, authors of papers and Allison Trimble from the King's Fund who was supporting the Board with development work.

### 1 Apologies and Declarations of Interest

Apologies were noted as above. There were no declarations of interest.

### 2 Vice Chair and Chief Executive's Introduction

The Vice chair thanked the dedicated workforce across the health and care system in Grampian for their continued work in challenging circumstances. The Chief Executive thanked her executive team colleagues and leaders in the organisation for producing the papers presented today and to the Board for their contribution to the development of Operation Iris. As Accountable Officer, she was conscious of the need for openness and transparency regarding the continuing response to the pandemic. She expressed gratitude to colleagues across the health and social care system for their help dealing with the effects of the recent Storm Arwen. She also thanked the population for continued patience as the organisation dealt with ongoing challenges. It was important to remember that everyone was an individual and the system had to work together with compassion and kindness.

### 3 Minutes of Meeting on 7 October 2021

The minutes were approved.

#### 3.1 Matters arising

**Primary Care** – Mr Bokor-Ingram agreed to discuss the timescale for bringing back an item on this topic to the Board with the Board Secretary.

**National Care Service Consultation** – the response had been signed off and sent to the Scottish Government on 1 November 2021. The Board agreed to homologate the response.

**Strategy Development** – subject to approval of item 6 later on the agenda, the timescale for presenting the final plans to the Board would be amended from February 2022 to April 2022.

### 4 Remobilisation Plan – Version 4 (RMP4)

Mr Gray advised that the RMP4 had been prepared and submitted to Scottish Government. This covered the operational response to March 2022.

Comments arising from the discussion included:

- Inclusion of the Engagement and Participation Committee in the governance framework. All governance committees would contribute to the plan
- Requirement to reflect the important role of primary care
- Mutual interdependencies between different parts of the health and care system. Reliance on executive officers to make the connections at operational level.

The Performance Governance Committee (PGC) had a role to prompt other committees' involvement, as appropriate.

**Following confirmation from the Scottish Government (Appendix 2 to the paper), the Board approved the Remobilisation Plan (RMP4) covering the period to 31 March 2022 and agreed to publish the document on the NHS Grampian website.**

## **5 Operation Iris**

### **5.1 Operation Iris Introductory paper**

Professor Hiscox introduced the series of papers that provided evidence of a robust process and explained this meeting was an opportunity for a conversation on any areas of concern or requiring further consideration.

Dr Coldwells stated that the aim was to be open, honest and transparent to ensure everyone understood the challenges. He referred to the five key objectives of the RMP4. There had been engagement internally with the two advisory structures – the Area Clinical Forum and the Grampian Area Partnership Forum. He referred to the governance during the pandemic and how the system could be measured and held to account. He highlighted the importance of working with all partners across the system including Integration Joint Boards, Local Authorities and the Scottish Government.

Points discussed included:

- How the organisation would take forward engagement to establish trust and confidence with the public and staff
- Developing relationships with “seldom heard” voices
- Mechanisms to engage with the broader population
- The importance of communication with the public so that they understand what this meant for them
- Public expectations.

**The Board agreed the following recommendations:**

- 1. Noted that The Executive Team agreed to implement Operation Iris from 8 November 2021, after Board approval on 4 November 2021 of the outline process.**
- 2. Scrutinised the information in the paper and confirmed that it provided assurance that the Executive Team were undertaking all of the necessary actions to minimise the risk to patients and staff through the duration of Operation Iris.**
- 3. Agreed that assurance on system performance for the period of Operation Iris would be provided against the priorities detailed in RMP4.**
- 4. Agreed that Board committees would continue to meet on their regular cycle of meetings to April 2022, with committees authorised to agree additional meetings as required to obtain assurance on the elements of Operation Iris that fell within their remit.**

5. **Agreed that the Executive Team would explore with the Integration Joint Boards the mechanism for Operation Iris and the role of the IJBs to be considered in their (IJB) meetings.**
6. **Agreed that the Executive Team would explore joint assurance processes for clinical and care governance across the Aberdeen City, Moray and Aberdeenshire IJB portfolios with the chairs of the IJB Clinical Governance Committees for Operation Iris.**
7. **Agreed that the Chief Executive share the Board papers and the agreed recommendations with Scottish Government and provide regular reports as required to Scottish Government.**

## **5.2 Grampian System Pressures Report**

Mr Gray presented an overview of system pressures and highlighted the following key points:

- Staffed beds across the system 300 less than pre-pandemic – occupancy levels 90-100% constantly
- Despite significant pathway redesign and redirection, activity at front door greater than capacity to admit or treat within 4hr target
- Non-elective demand at previous years' levels (excluding COVID patients) with greatly reduced bed numbers
- Significantly higher levels of demand on care in community – without the resource to meet
- Elective capacity no longer able to be protected to prioritise access for patients with the highest clinical need.

**The Board noted the report.**

## **5.3 Grampian Operational Pressure Escalation System (G-OPES) and Operation Iris**

Professor Fluck explained that the paper clarified the derogations that were variations from standard practice. The paper and appendices set out the key features of G-OPES, pressure levels and activation and the risk approach to derogations using the bow tie analysis. The Ethics Group advisory role was detailed in the paper.

Points raised in discussion included:

- Core to Operation Iris was identification and management of risk
- How information would be fed back to Committees
- The Clinical Risk Management Group met weekly with an established mechanism for updating and escalating issues through clinical governance structure
- Consequences for staff and patients of derogations
- Involvement of patients and carers in the process in a proportionate way
- To look at interdependencies of Committees
- How to engage with the public and at the same time be transparent about pressures and constraints
- Changing relationship with the public. The pandemic brought issues forward
- Use of third sector as a proxy for “lived experience”

- The importance of being person-centred.

**The Board agreed the following recommendations:**

1. Reviewed and scrutinised the information provided in the paper and the appendices (listed below) and confirmed that they provided assurance that Grampian Operational Pressure Escalation System (G-OPES) was an appropriate system to manage sustained and exceptional pressure across NHS Grampian's services
2. Agreed the governance and reporting to the Board Committees detailed in s2.3.6 of the paper and to include Staff Governance Committee. The chair of the Engagement and Participation Committee to consider what scrutiny was required by that Committee
3. Approved the use of G-OPES to manage sustained and exceptional pressure across NHS Grampian's services for the duration of Operation Iris.

**Appendix 1 The Grampian Operational Pressure System (G-OPES)**

**Appendix 2 G-OPES Operational Readiness Assessment**

**Appendix 3 Approach to risk analysis and its application to G-OPES**

**Appendix 4 Approach to ethical consideration associated with G-OPES**

#### **5.4 Implementing the New Leadership Model**

Professor Hiscox advised that the system was using learning from the last 20 months to make positive progress with system leadership.

Mr Bokor-Ingram confirmed that the system had learned from the previous Operations Rainbow and Snowdrop and advised the aim was for decisions to be made as close to where they were required and that professional leadership was vital. The system leadership model had progressed significantly during the pandemic and particularly in recent months with portfolios and more integrated planning.

Points discussed included:

- The need for leadership teams to recognising different cultures and to adapt and adjust to different challenges in different parts of the system
- Work underway with King's Fund was critical for ensuring a consistent leadership approach
- Benefits of portfolio approach to gain broader understanding of importance of cross system working
- Suggestion to share with IJBs the opportunities the approach provides to deliver the strategic intent of integration
- NHS Grampian worked closely with colleagues in other Boards, particularly using networks in the North of Scotland. Discussions were ongoing about best use of available assets. There were challenges about mutual aid because of the current situation.

**The Board accepted the recommendations in the paper as follows:**

- 1. Scrutinised the information provided and confirmed that it provided assurance that the system leadership model provided the necessary framework within which the organisation can respond to current pressures whilst attempting to create balance across the system in meeting both unscheduled care and scheduled care needs.**
- 2. Endorsed the system leadership model and Portfolio leadership model.**
- 3. Noted that the detail of the delegated powers within the leadership model referred to in paragraph 2.5 of the paper fell within the Chief Executive's powers and further noted that the Chief Executive Team would receive weekly assurance about the use of those delegated powers by the system meetings and would monitor and review escalations within the system.**

## **5.5 Staff Wellbeing**

Mr Power welcomed Dr Emma Hepburn, lead for the "We Care" programme. He referred to the increased physical and emotional demands over the sustained time of the pandemic and the impact on staff both at work and in their home lives. The Staff Governance Committee would continue to have oversight and receive updates on priorities relating to staff wellbeing during Operation Iris. Support had been put in place to help staff deal with stress and anxiety and throughout Operation Iris consideration would be given to preventive aspects.

Professor Hiscox advised that an important role for the Board was to set the tone and culture of the organisation as well as setting the strategic direction. Many issues had existed before but the pandemic had provided an opportunity to focus on the health and wellbeing of the workforce and to link this to the Board's future strategy.

Dr Hepburn advised of work to capture staff experience and knowledge and that the programme being developed aimed to align with staff wants and needs.

Points raised during discussion included:

- The importance of leadership and balancing management processes with managerial discretion and autonomy
- The organisational culture and tone had to be set at the top of the organisation and was of critical importance over the next six months
- The challenges for staff as the organisation and services recovered from the chaotic situation arising from Covid.

**The Board agreed the following recommendations:**

- **Assurance – reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that**
  - **the policies, processes and supports necessary to support staff wellbeing during Operation Iris were in place and are robust**
  - **improvements to policies, processes and supports were being made and appropriate evidence of these had been provided to the Board's satisfaction**
- **Endorsement – endorsed the proposals contained in the paper.**

## 5.6 Communication and Engagement Plan

Mrs Webb explained that the paper set out the plan for communication, building on community connections. It was important to consider what the population expected, the wider determinants of health and to focus on prevention. From surveillance, tailored support could be provided to help patients stay safe and also to protect those who were on waiting lists. She cited work with the respiratory pathway. IJBs had identified the impact of social isolation.

There were challenges to communicating in a clear and consistent way when there were different needs and expectations. Messages needed to convey why change was necessary. She commended the good engagement work in Grampian.

Points raised in discussion included the following:

- Public confusion because of different messaging at local, Scottish and UK levels and what could be done to mitigate this
- The NHS Grampian Communications Team worked closely with the Scottish Government to ensure consistent messages
- The complexity of messaging, for example when the delivery of the national vaccination programme was not the same for all Boards
- Strategic approach to communications was welcomed and there would be further discussion at the Engagement and Participation and the Board
- Potential for information overload
- Need for simple messages, openness, engagement and avoiding language that was too technical
- Use of community networks to spread consistent messages.

Professor Hiscox concluded it was necessary to clarify the simple messages – that health and care will absolutely make sure that critical services are protected. To ensure this, the public had a critical role, to follow “Know Who To Turn To”, to use services appropriately and to take up the opportunity to get vaccinated.

**The Board agreed the following recommendations:**

- 1. Approved the Communication and Engagement goals detailed in section 2.1 of the paper which would guide our communication and engagement activities, striking the right balance of immediate response with the longer term goal of people-powered health.**
- 2. Endorsed the approach to communication and engagement detailed in the paper.**

The Vice-chair noted that updates on Operation Iris would be presented to future Board meetings. He thanked executive colleagues for the hard work in producing the papers, given the day to day pressures.

## 6 Strategy Development – Plan for the Future (2022 – 2028)

Dr Coldwells introduced the item and explained that to allow a more comprehensive engagement process he was recommending a variation to the Board approval timeline.

He welcomed Mrs Jenna Young, Planning Manager, who provided an update on the second phase of engagement and the positive feedback from a number of groups, to understand the barriers and problems that existed before looking for solutions.

The Board noted that the January 2022 seminar would provide an opportunity for further discussion.

**The Board accepted the following recommendations:**

- **Assurance – The Board reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that**
  - **The ongoing strategy development remained robust and inclusive to provide engagement evidence in order to contribute to the development of its strategic intent which will be set out in the Plan for the Future.**
  
- **Decision – The Board agreed**
  - **To use its January 2022 seminar to help consider the evidence gathered during the extensive engagement exercise (and other information) in order to influence the shape of the strategic intent.**
  - **To receive the formal strategic package at its April 2022 meeting (altering the timeline from February to April).**

## **7 Baird and ANCHOR Project Update**

Mr Gray advised that the key messages and key themes were highlighted in the paper. Given time constraints, colleagues from the Baird and ANCHOR Project gave a very brief update to the Board with reference to a slide presentation. The Performance Governance Committee (PGC) had an overview of the project and the Committee chair agreed to consider this more fully at its meetings in December 2021 and February 2022. As this was such an important infrastructure project it was agreed that an update session would be arranged for Non-Executives, as part of the PGC in February, before being brought back to the Board in April 2022. Mr Gray agreed to share the presentation with Board members.

Points arising from the discussion included:

- The Infection Prevention and Control Team had been fully engaged in the process to ensure that issues identified in other recent projects elsewhere relating to water and ventilation were being addressed.
- The project was overrunning in terms of time and cost. Mr Gray agreed to provide a brief to provide assurance about the financial position.

The Vice-chair thanked the team for their hard work and apologised for the need to restrict the time for this item at the meeting.

**The Board agreed the following recommendations:**

- **Assurance – reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that the management arrangements of the Baird and ANCHOR Project were working effectively**

and that delivery performance was satisfactory with appropriate risk mitigation arrangements in place.

- **Future reporting – a further report be brought back to the April 2022 Board meeting; and quarterly thereafter through the life of the project. In the meantime, the Board agreed to receive further updates through the Performance Governance Committee.**

## **8 Infrastructure Investment - Eye Out Patient Department update on progress**

The paper explained the need to extend the programme for the initial design stage to allow sufficient time for additional survey and planning considerations, identified following more detailed review and consideration of the plans during the design development process.

Dr Coldwells advised of work to involve patients who attended the service regularly, in the redesign. NHS Grampian had a very good relationship with charities and users. Mr Gray advised that the extra work identified would be done within the allocated funding. Mr Robertson offered to discuss the use of volunteers for guiding from one location to another and awareness sessions with Dr Coldwells outwith the meeting.

**The Board endorsed the proposals contained in the paper i.e. that the business case with recommendations would now be available for the February 2022 Board meeting. Members also noted note the additional work commissioned to inform the final design and the business case, specifically:**

- **A detailed assessment of the condition and safety of the electrical installation within the whole of the Phase 1 block; and**
- **Further engagement with clinical service leadership and the main contractor to finalise assumptions around the necessary decanting of services during delivery of the works programme and the planned future use of the building to inform the final design specification for the housing of the air handling units (AHU) on the roof.**

## **9 Assurance Committee Reports (all 2021)**

The following reports were noted:

- 9.1 Clinical Governance Committee – 12 November
- 9.2 Endowment Committee – 24 September and 19 November
- 9.3 Engagement and Participation Committee – 10 November
- 9.4 Performance Governance Committee – 20 October
- 9.5 Staff Governance Committee – 30 September

## **10 Forum and Integration Joint Boards (IJB) Reports**

The following reports were noted:

- 10.1 Area Clinical Forum
- 10.2 Grampian Area Partnership Forum
- 10.3 Integration Joint Boards

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

The following approved minutes were noted:

Committees:

- 11.1 Audit Committee – 24 August
- 11.2 Clinical Governance Committee – 20 August
- 11.3 Endowment Committee – 24 September
- 11.4 Engagement and Participation Committee – 11 August
- 11.5 Performance Governance Committee – 18 August
- 11.6 Spiritual Care Committee – 20 May

Forums

- 11.7 Area Clinical Forum – 1 September
- 11.8 Grampian Area Partnership Forum – 19 August, 16 September, 21 October

Integration Joint Boards (IJBs)

- 11.9 Aberdeen City IJB – 24 August
- 11.10 Aberdeenshire IJB – 2 July and 29 September
- 11.11 Moray IJB – 24 June

## **12 Date of next meeting:**

- Thursday 3 February 2022