

NHS GRAMPIAN

Board Meeting - Thursday 1 October 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
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	Executive Nurse Director
Miss Rachael Little	Employee Director/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
Dr Steve Baguley	Clinical Director, eHealth
Mr Simon Bokor-Ingram	Interim Chief Officer, Moray
Dr June Brown	Director of Nursing – Health and Social Care Partnerships
Dr Adam Coldwells	Interim Director of Strategy/Deputy Chief Executive
Miss Lesley Hall	Assistant Board Secretary
Mr Stuart Humphreys	Director of Marketing and Corporate Communications
Mr Gary Mortimer	Director of Operational Delivery
Mr Scott Sim	General Manager, eHealth
Mrs Alison Wood	PA

Apologies

Mrs Rhona Atkinson	Vice-Chair, Non-Executive Board Member
Professor Siladitya Bhattacharya	Non-Executive Board Member
Cllr Douglas Lumsden	Non-Executive Board Member
Mr Tom Power	Director of People and Culture
Ms Lorraine Scott	Acting Director of Modernisation
Mrs Susan Webb	Director of Public Health

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, including Dr June Brown who would be taking on the role of Interim Executive Nurse Director when Dr Hiscox took up the Chief Executive post.

Professor Lynch highlighted the upward trend in COVID-19 rates but assured the Board that teams were well-prepared and experienced to deal with this. She acknowledged that the restrictions were hard for everyone and wished to thank the people of Grampian for following the guidance. She emphasised the importance of using face masks as appropriate, social distancing and hand washing. She acknowledged the hard work of all staff during the pandemic and singled out those who worked in contact tracing and Workforce Directorate colleagues for rapidly expanding this service.

Mr Gray provided a brief update on the Baird and ANCHOR project, which would be the largest capital project in NHS Scotland over the next five years. Since the Board meeting on 17 September 2020, the Scottish Government had approved the Full Business Case and the funding for the project which would enable the contract to be signed within the next few weeks. He thanked all staff, including the clinical and project staff, who had been involved in progressing the project to this position. Professor Lynch thanked Mr Gray and the project team for their work over the previous 5 years.

As this was Professor Croft's last Grampian NHS Board meeting as Chief Executive before her retirement, Professor Lynch wished to formally convey the gratitude and good wishes of the Board. Dr Coldwells thanked Professor Croft on behalf of the System Leadership Team (SLT) and Board, summarising her career in NHS Grampian, including various professional management, leadership and strategic roles in Aberdeen and Moray culminating in role of Chief Executive on an acting then interim basis during the 12 months prior to her permanent appointment to the post of Chief Executive in April 2019. He concluded by thanking her for being an incredible leader and boss and explaining that she would be remembered fondly and with great respect by colleagues across the organisation for her kindness and consideration as well as her leadership. Members showed their thanks with a round of applause.

The Chair emphasised the important leadership roles Professor Croft had undertaken in both NHS Grampian, regionally and nationally and thanked her for all her hard work and dedication to staff and patients.

Professor Croft acknowledged the thanks and good wishes. She thanked the Chair and other Board members for their continued support, their commitment to NHS

Grampian and their robust challenge of the work of the SLT to ensure NHS Grampian was a high performing organisation. She felt the Board and SLT had shown resilience, particularly in recent months. She congratulated Dr Hiscox on her appointment as her successor, emphasising that they shared the same values.

4 Minutes of Meetings on 3 and 17 September 2020

The minutes of 3 September 2020 were approved subject to the following amendment: Mrs Susan Webb to be listed as a Board Member rather than an attendee.

The minutes of 17 September were approved subject to the following amendment to paragraph headed “Community Benefits” on page 4 suggested by Mr Passmore: Add the words “... noting that the aspiration was for the project to benefit Grampian, not just Aberdeen.”

5 Forum and Integration Joint Boards Reports

5.1 Grampian Area Partnership Forum (GAPF)

Miss Little advised that she had highlighted in the report the variety of work that had been carried out during the pandemic response. The Board agreed that it was impressive to see the range of critical work which had been undertaken and the crucial role that GAPF had in supporting staff and linking closely with the Board and the Staff Governance Committee. The System Transformation Oversight Group worked closely with Partnership Representatives, with progress noted in the regular reports to the Chief Executive Team and GAPF. Dr Coldwells and Mr Bokor-Ingram acknowledged there was significant Partnership Representative involvement around Operation Home 1st, a partnership between the three Health and Social Care Partnerships and NHS Grampian’s Acute Services, which would see more healthcare delivered to people at home.

The Board noted the key points from the Grampian Area Partnership Forum meetings from February to September 2020.

5.2 Integration Joint Boards (IJBs)

Professor Lynch advised that Mr Jonathan Passmore was standing down as NHS co-chair of Moray IJB and thanked him for the progress that had been made under his leadership. Mr Dennis Robertson would be taking over as the new NHS co-chair of Moray IJB.

Mr Bokor-Ingram provided a summary of key highlights on behalf of the three Chief Officers of the IJBs. It was acknowledged that there had been no update for some time. However, he reported that there had been no loss of focus by the Health and Social Care Partnerships. Items highlighted included Recovery: Operation Home 1st and financial control. He confirmed that the three IJBs worked closely together and with NHS Grampian and hosted services. They demonstrated common themes as well as a uniqueness of focus on specific issues. There was work ongoing with the North East Partnership Steering Group which involved the Chief Executives of the

Local Authorities, NHS Grampian and the Chief Officers.

The Board considered the report as a good summary of the current position and welcomed the progress being made by the IJBs.

The Board noted the latest approved minutes of the meetings of the Aberdeen City, Aberdeenshire and Moray Integration Joint Boards.

6. NHS Grampian Re-mobilisation Plan

Mr Gray provided an update of the Remobilisation Plan. He confirmed that Scottish Government had provided formal feedback which highlighted key priorities including increasing capacity within Test and Protect, delivery of the expanded Vaccination Programme for Seasonal Flu, the preparations for winter and remobilisation of services. Mental Health and Chronic Pain Management Services were also highlighted as key areas within the Remobilisation Plan.

It was confirmed that regular updates on the implementation of the plan would be provided to the Performance Governance Committee (PGC) which would then provide an assurance report to the Board. Mr Gray confirmed that the Board agenda would include a regular performance report from the December 2020 meeting. Mrs Atkinson, as chair of the PGC, and Mr Gray were looking at the form and content of the performance report to ensure that it focused on the key priority areas. Whilst PGC had oversight, it was acknowledged that other committees also had a role, including the Engagement and Participation Committee and Clinical Governance Committee.

The plan set out the phases to return to a comprehensive healthcare system whilst living with Covid-19. Discussions were held on the importance of restarting services which had been paused or delayed due to Covid-19 including rehabilitation services for stroke patients. It was highlighted that other groups of patients used the rehabilitation services including those who were recovering from Covid-19. Mr Gray stated that there was a high level of awareness of this priority.

There was a request provide additional information in future updates to the Board in relation to alcohol, smoking and weight management.

It was agreed that the abbreviated plan, the draft of which had been circulated to Board members, was easier to follow. However, not all key points had been included. It was highlighted that the abbreviated plan would also be read by the public and needed to consider key areas of interest to them and signposting to information that they may require.

Mr Humphreys explained the challenge of balancing an abbreviated version of the plan against retaining the important messages. Members were asked to provide any additional feedback on the abbreviated plan to him to enable any amendments to be made. It was agreed that the abbreviated plan could be distributed following the amendments as requested by Board members without coming back to the Board for formal approval. Professor Lynch thanked everyone involved for their contribution to the plan.

It was emphasised that decisions in relation to the restarting and continuation of

services would be taken on the basis of clinical priority.

The Board endorsed and approved:

- **The Re-mobilisation Plan for the period to 31 March 2022 as submitted to the Scottish Government Health and Social Directorates on 31 July 2020**

The Board noted:

- **The abbreviated version of the plan developed for the purposes of staff and public communication and ongoing engagement. The Board noted that this would be amended following feedback from Board members.**

7. Service Transformation through Digital – a Strategy 2020-2025

Mr Allen introduced Mr Sim and Dr Baguley. Mr Sim shared a presentation on Service Transformation through Digital Strategy. Mr Allen provided the background on the need for such a strategy.

A Digital Transformation Delivery Group had been established primarily to oversee delivery of the digital vision and 5-year strategy for Grampian to support investment and decision-making within an integrated care system and regional alignment framed with partner organisations. The strategy had been the outcome of wide engagement across health and care, partners and the public. There was also now a public expectation for digital services. Whilst this had been developed over the last 12 months, during the COVID-19 response certain aspects of the strategy had been scaling-up to respond to the pandemic. This was included in the Remobilisation Plan to support digitally enabled care and also remote and agile working at a time where social distancing was important across the organisation.

The national Digital Health & Care Strategy described how NHS Scotland would use technology to reshape and improve services, support person-centred care and improve outcomes. It provided the lead for:

- supporting digital transformation by delivering public services that meet the needs of the public
- effective use of data
- developing standards and assurances
- improving and extending our broadband and mobile networks
- increasing digital participation
- making sure Scotland was a world leader in cyber resilience.

Dr Baguley spoke about the wider strategy and what the organisation was aiming to achieve, as follows:

- Better health and social care outcomes
- Better experience of health and social care for citizens
- Better experience for staff
- Affordable health and care service. (Be financially sustainable).

Digital technology and data would be used appropriately and innovatively:

- To help plan and improve health and care services
- Enable research and economic development
- Ultimately improve outcomes for everyone
- Enabling this required working collaboratively across six key areas, or domains: National Direction and Leadership, Information Governance, Assurance and Cyber Security, Service Transformation, Workforce Capability, National Digital Platform Transition Process.

Examples of the work include Electronic Patient Records (EPR), implementation of Office 365, Microsoft Teams and migration to NHS Scotland email@nhs.scot. During the COVID-19 response there had been scaling-up of Near Me (remote clinical consults), phone consulting and home working.

Mr Sim explained the cyber security aspect of the strategy and that the cyber landscape was vast. Cyber threats included vandalism, trespass and fraud. There was a NHS Grampian Cyber Security Framework which had 5 high level principles linked to a 10 step process. PricewaterhouseCoopers, NHS Grampian's internal auditors, would provide assistance to test processes and controls. An awareness session had been scheduled for the Audit Committee prior to Covid-19. (This was being rescheduled for early 2021). The importance of cyber security was acknowledged and it was essential for the organisation was aware of risks, eg electronic medical records rather than paper files.

Matters key to the success of the strategy were considered to be:

- Availability of appropriate funding
- Ensuring a focus on enabling change
- Agreement and commitment to priorities
- Key dependencies on national programme work

The 'Service Transformation through Digital Strategy' would be reviewed and updated annually through the Digital Transformation Board. It would incorporate feedback from key partners and stakeholders and from the results of the ongoing evaluation. The strategy already reflected the key changes that have occurred during the initial response to COVID-19.

The proposed governance arrangements included academic partners to carry out an evaluation. Feedback from partners, staff and public would enable change to occur under a cycle of learning. The System Transformation Oversight Group chaired by Dr Coldwells and the Digital Transformation Delivery Group would provide governance. Reporting would ultimately be to the Board. It was important to consider that local authority and NHS staff worked closely together often in the same premises. Mr Allen advised that discussions about these challenges were held with local authorities including the new Chief Officer for Digital at Aberdeen City Council.

Board members agreed that this was a comprehensive piece of work and a significant amount of effort had gone into producing the strategy. It was acknowledged that partnership working would be key to make it work.

Dr Coldwells highlighted the importance of the digital strategy and stated that the

Board Short Life Working Group – Renewal (SLWG) had been keen to emphasise its commitment to maximising digital opportunities. The SLWG group had stressed that it was essential to ensure inequalities were reduced rather than extended, and the digital improvement journey was to be taken alongside our population, staff and partners to avoid anyone being left behind. It was important that Board Committees and their chairs considered digital implications in their decision-making processes.

Mrs Cruttenden asked about an item in the 5 year roadmap relating to pharmacy in 2025 to which Dr Baguley stated responded that some of the items further along the 5 year roadmap were aspirations of what could be achieved. There was also a national vaccination transfer programme which would result in a new approach to recording. The aspiration would be to have a lifelong vaccination record.

There would be factors outwith the control of NHS Grampian such as central infrastructure and other organisations being at different levels so it would be necessary for collaborative working to align information. Board members discussed the future aspiration of sharing data with partners including councils, police and fire and rescue. There were challenges around the different governance systems in these organisations to be addressed. It was also emphasised that there was a need for Third Sector partners to be connected and Mr Allen acknowledged that there would be engagement with all partners and their digital champions. Concern was expressed that the Third Sector was so diverse and as such one size would not fit all and equity across systems would be challenging.

Mr Allen advised that the City Deal, which had been an agreement between the UK Government, Scottish Government, Aberdeen City Council, Aberdeenshire Council and Opportunity North East, focused on diversification of the economy into new areas of activity and markets through four programme areas of: Innovation; Internationalisation; Inclusive Economic Growth; and Investment in Infrastructure. This had resulted in huge investment in infrastructure from which NHS Grampian would benefit.

There was concern raised about ensuring inequalities did not increase because of, for example, unreliability of connectivity or rural broadband. Also, it was important to be aware of the different technical skills of the workforce and for training to be put in place to ensure there were not digital inequalities and to allow all staff to embrace change. The importance of accessibility to the right equipment and training was key.

Professor Lynch highlighted contracted services with GPs and pharmacies where expectations would require to be managed. The Board was advised that work on this was currently in progress.

A full equality impact assessment of the strategy had been carried out by the Equality and Diversity Manager and the feedback had been taken into account in the preparation of the strategy.

Mr Passmore explained that he had a different perspective and concerns with the approach being taken to the digital challenge. He agreed to provide feedback outwith the meeting. Professor Lynch acknowledged that all opinions should be aired and it was the duty of the Board to continue to challenge.

Dr Coldwells reflected on the discussion of this transformational piece of work. The work was wider than purely digital and there was a real awareness of what could be achieved and that NHS Grampian had learned from other organisations. There was a requirement for honesty when looking at the key priorities as the organisation could not do everything that it wished to do.

It was acknowledged that digital communication may not be suitable for all patients and in all circumstances. It was important to have the balance between service-centred and people-centred. Mr Allen stated that there was a move away from being service focussed to full engagement with patients

The Board:

- **Endorsed the objectives and strategic priorities set out in the eHealth sector 'Service Transformation through Digital: a Strategy 2020-2025' which aligns to and supports: NHS Grampian's Clinical Strategy, Scotland's Digital Health & Care Strategy, Local and Regional Delivery Plans for Acute Services and Health & Social Care Partnerships (H&SCPs).**
- **Noted there was a risk that digital aims and ambitions cannot be achieved if programmes, projects and initiatives were not funded appropriately. A financial plan was being developed to support key aims of the strategy for the next 3-5 years.**
- **Noted the overall progress to date and ongoing focus within the paper in taking forward a number of key actions to support the development of a Digital Strategy and progression of various high profile digital programmes.**

8. Approved Committee, Forum and IJB Minutes

The approved minutes were noted.

9. Dates of Next Meetings

Board Seminar - Thursday 5 November 2020 at 10.00am
Board Meeting - Thursday 3 December 2020 at 10.00am
both by MS Teams.