

APPROVED

NHS GRAMPIAN

Board Meeting – Thursday 4 February 2021 at 10.00am

The following were in attendance at a virtual meeting held using Microsoft Teams

Board Members

Mrs Rhona Atkinson	Vice-Chair, Non-Executive Board Member (Chair)
Mrs Amy Anderson	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 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
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
Dr 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
Mr Simon Bokor-Ingram	Chief Officer, Moray
Dr June Brown	Interim Executive Nurse Director
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Miss Lesley Hall	Assistant Board Secretary
Mr Stuart Humphreys	Director of Marketing and Corporate Communications
Mr David Pflieger	Director of Pharmacy (Item 6)
Mr Tom Power	Director of People and Culture
Mrs Alison Wood	PA

Apologies

Professor Caroline Hiscox	Chief Executive
Cllr Douglas Lumsden	Non-Executive Board Member
Professor Lynda Lynch	Chair, Non-Executive Board Member
Mrs Sandra MacLeod	Chief Officer, Aberdeen City
Ms Lorraine Scott	Acting Director of Modernisation
Mrs Angie Wood	Interim Chief Officer, Aberdeenshire

1 Apologies

The apologies were noted as above.

2 Declarations of Interest

There were no declarations of interest.

3 Vice-Chair and Deputy Chief Executive's Introduction

In the absence of Professor Hiscox, Dr Coldwells congratulated Mr Boker-Ingram on his appointment as Chief Officer for Moray Health & Social Care Partnership Moray. Mr Boker-Ingram had worked in this post on an interim basis since April 2020.

Dr Coldwells explained that the meeting would concentrate on the key issues of Operation Snowdrop including Recovery and Renewal and the Health and Wellbeing of staff.

As acknowledged by Professor Lynch and Professor Hiscox at previous Board meetings, there had been incredible work done by staff and the general communities in this challenging time. Dr Coldwells referred to the Daily Brief and highlighted the uplifting "thought for the day" section which provided shared hope which was a key message for shaping future recovery.

Mrs Atkinson, who was chairing the meeting in Professor Lynch's absence, also wished to formally congratulate Mr Boker-Ingram on his appointment.

She recognised that this was a highly pressured time for staff as well as their families, with hospitals being particularly busy in January and as a result of the mass vaccination programme being set up. She thanked staff and their families for their dedication and the general community for their continued support.

4 Minutes of Meetings on 3 December 2020 and 14 January 2021

The minutes were approved subject to amending the 14 January 2021 minutes to include Mrs Webb in the list of Board Members.

There was a slight amendment to the order of items at the meeting to allow Mr David Pflieger, Director of Pharmacy to present information on the vaccination programme under item 6 of the agenda – Operation Snowdrop.

5 Governance Committee Assurance Reports

The Board noted the following reports:

5.1 Audit Committee (2 December)

Mr Riddell advised that Mr Allen had provided an update to the Committee on the work of the Compliance-Sub Group. Although its work had recently restarted after a pause during the early stages of the COVID-19 response,

work had restarted and progress was being made. The Committee also received a report on the follow up of the previous year's low and medium risk internal audit recommendations. The Committee had also considered the internal audit review of governance and decision-making processes during the first wave of the pandemic. The Committee had requested a future report on lessons learned. Mr Riddell reported positive feedback from the Committee's annual development session on Cyber Security held on 19 January.

Mr Robertson commented on the attendance levels at the Compliance-Sub Group meetings because of competing time pressures for staff. Mr Allen advised that there had been some improvement in attendance and that new members had also joined the group.

The Board noted the Report.

5.2 Endowment Committee (11 December)

Mrs Grugeon advised that a development session on lessons learned from 2020 would take place on 26 March 2021. The date for applications for NHS Charities Together Funding had been extended to the end of 2021. Mrs Grugeon also noted the passing of Captain Sir Tom Moore who had raised millions for NHS charities from with NHS Grampian had benefitted.

The Board noted the Report.

5.3 Engagement and Participation Committee (2 December)

Mrs Anderson advised that a useful meeting had been held in December. She highlighted discussions on People-Powered Health to inform the strategic direction and to ensure lessons learned were not lost and services moved forward positively using the Remobilisation Plan.

The Board noted the Report.

5.4 Performance Governance Committee (PGC) (16 December)

Mrs Atkinson confirmed that the Committee had considered the Remobilisation Plan, Financial Position and the Baird and ANCHOR project assurance. Details of the discussion were included in the report.

The Board noted the Report.

5.5 Staff Governance Committee (11 December)

Mrs Duncan highlighted the main topic had been the Staff Governance Survey outcomes and feedback from the Grampian Area Partnership Forum. The committee had also discussed the importance of Health and Wellbeing for staff and redeployment. She advised that the date for implementing the Whistleblowing Standards was 1 April 2021.

The Board noted the Report.

6 Operation Snowdrop

The paper introduced by Mr Gray set out the following five elements of Operation Snowdrop which was NHS Grampian's approach to the initial three months of 2021:

- COVID-19 Vaccination Programme
- Staff Health and Wellbeing
- Critical and Protected Services
- Test and Protect
- Surge and Flow

Mr David Pflieger, Director of Pharmacy, provided information on the fast-moving mass COVID-19 Vaccination Programme. As of that morning there had been 72,034 vaccinations in NHS Grampian. This was the second highest of all NHS Scotland Boards.

The vaccination figures included:

- Older People's Care Home Residents - 3,377 from a bed base of 3,400
- Older People's Care Home Staff - 4,460, more than 88%
- Over 80s - 24,798, more than 96%
- Over 75s - should be completed this week.

The over 80s had been carried out mainly by GPs and district nurses with vaccination teams attending for those who were housebound. Ages 70-74 should receive their vaccination the week commencing 8 February.

At the end of January 2021, Scottish Government had requested the pace of vaccinations to increase from 25,000 to 40,000 per week. To maximise the pace of protection for Grampian residents as quickly as was requested had required a review of delivery plans, including venues. The mass vaccination centre at TECA, Aberdeen had commenced the previous week. The decision had been taken to pause the sites at Alford and Ellon. Although this came at the cost of geographical access, it would allow vaccination staff and supplies to be concentrated in fewer centres, enabling the programme to run as effectively and efficient as possible. For those concerned about transport links, travel for a vaccination was considered an essential journey. Also, it was possible to car-share provided appropriate guidance was followed. Buses would run from the centre of Aberdeen to TECA every 10 minutes. THInC (Transport to Healthcare Information Centre) and Third Sector partners were also working closely with NHS Grampian and Local Authorities to ensure a full range of community transport options were on offer, if public transport was not feasible.

Mr Pflieger encouraged everyone who was offered a vaccination to accept it. He advised that the vaccines were safe and effective and had been through the appropriate assessments by the Medicines and Healthcare products Regulatory Agency (MHRA).

NHS Grampian was following the JCVI (Joint Committee of Vaccination and Immunisation) priorities and would invite people to allocated appointments at a set

venue and time. Appointment letters would provide clear details and support. Members of the public were asked not to contact NHS Grampian to seek an appointment. Anyone housebound would receive their vaccinations in their own home. No drop-in appointments would be available.

Mr Robertson welcomed the work that had been undertaken by GPs particularly in the rural areas.

Board members discussed the immense effort to recruit and train additional staff to administer the vaccinations and the numerous issues to be considered such as contractual agreements, retired staff with lapsed licences. It was noted that the Scottish Government had agreed a pandemic protocol that non-regulated staff could provide support under supervision. Mr Pflieger advised that NHS Grampian's streamlined approach for education had been taken forward by other Boards. Mr Power advised that there was ongoing work to prevent further blockages in the process whilst ensuring proper governance and assurance.

Mrs Duncan highlighted that support may be required for those with caring responsibilities or other difficulties attending vaccination appointments. It was confirmed that the appointment letter would provide contact details if there was any issue in attendance.

Data would be monitored to check for cold spots in geographical areas or cultural groups to ensure people did not miss out on vaccination.

Cllr Davidson expressed disappointment about the decision to reduce the number of vaccination locations including Ellon. She was concerned that there was no direct public transport link to TECA in Aberdeen although many of her constituents had provided offers of transportation to assist others. She was reassured that a range of options would be considered. Mrs Webb confirmed that the NHS was working very closely with THInC and humanitarian assistance hubs. Local volunteer drivers were being recruited in the Alford area and they had already received their vaccinations. Helpline advice and signposting to information would be highlighted.

Mrs Webb advised that overall the vaccination programme required to concentrate capacity in larger venues to ensure the people of Grampian were protected as quickly and efficiently as possible. However, it was accepted that this came at a cost of harder access for some.

Mr Gray provided an update on the other aspects of Operation Snowdrop.

The COVID 7 day national positivity rate was 6.5%. Aberdeen City was 4.1%, Aberdeenshire 4.1% and Moray 5.3%. This showed the positive impact of lockdown. There were 72 Covid patients in hospital, a reduction from 133 in the middle of January. The 2nd wave had been slower to build up but had lasted longer. There had been additional hospital pressures in January.

Cllr Morrison queried the higher rate in Moray and the reasons for this. Mrs Webb responded that Moray had entered lockdown from a lower level of restriction relating to social gatherings. Also small numbers in Moray made a huge difference to the fluctuation of figures. There had been community transmission as well as small

workplace clusters. She emphasised that people throughout the whole of Grampian should adhere to the FACTS guidance.

It was essential that the public followed the Scottish Government guidance for Test and Protect. Over 83% of contacts had been reached within 72 hours of test results. It was important to ensure the maximum speed of tests through the system and to have the right staff in place. Contact tracing would only be successful if individuals were supported to isolate.

Winter unscheduled care demand had been high with significant pressure on hospital beds and at the front door of ARI. Mr Gray highlighted:

- Redesigned Frailty Pathway and commissioned additional community
- COVID demand high during December and January was gradually reducing
- Flow out constrained by community capacity (community hospitals and care homes)
- Increase in Escat activity particularly Escat 2 and cancer patients with 50 protected beds for surgery patients
- Flexible, professional and dedicated staff and commitment to whole system working.

Mr Power provided an update on Staff Health and Wellbeing. The “We Care” slogan was being used to identify support to staff.

There were three primary objectives:

- Aligned, improved access to and enhanced existing support for staff resilience
- Provided access to key resources and support for wider determinants of health
- Support for those working remotely to do so safely and help them keep well

Three further objectives were being progressed with/by other established groups:

- Increased staff break and rest areas, which took account of physical distancing
- Ensured timely and equitable access to psychological support where appropriate
- Monitored ongoing stability of PPE supply and its appropriate use

Mr Power advised that a Programme Team, supported by the cross-sector Health & Wellbeing Expert Group, was considering:

- Resilience Support
- My Healthy Life
- Remote Working
- Break and Rest Areas
- Psychology Support
- Personal Protective Equipment (PPE) Supply and Use

Concern was expressed that resources for staff needed to be accessible and easy to

find. Mr Power advised that the Expert Group was working to ensure resources were easy to find. Information would be publicised in the payslips and on the internet rather than intranet to ensure it could be accessed by public as well as staff. He advised that there were challenges ahead but good progress was being made. With regard to evaluation, Health and Wellbeing could be measured with feedback and relatively simple surveys.

The Board discussed sustainability of staff being redeployed and vaccination teams for the future. There was concern expressed about staff being overstretched, not switching off properly and working extra. They agreed it was important that staff were encouraged to take their annual leave. It was anticipated that in the future there would be a vaccination workforce rather than using the normal workforce for this purpose with action being taken forward to enable this, possibly from the middle of March. With regard to placements for medical and nursing students, Dr Brown advised there was an Education Recovery Group to ensure students received the best experience possible. Students within placements were being risk assessed. Professor Bhattacharya believed that the experience for students was variable. Fifth year medical students were being better accommodated than more junior students despite best efforts. In particular, dental student had been worst affected and this was being discussed at national levels.

The Board noted

- **The current position regarding COVID-19 transmission within the Grampian area, including hospital admissions**
- **The performance in relation to Critical and Protected Services, Test and Protect and Surge & Flow**
- **The position regarding the COVID-19 vaccination programme across Grampian and the focus of the Staff Health and Wellbeing programme.**

7 Remobilisation Plan – Recovery and Transformation

The Board was advised that the Remobilisation Plan would be discussed at the April Board meeting prior to submission to Scottish Government. Dr Coldwells advised that there were three timescales involved:

- Living with COVID
- Recovery
- Embedding Transformation

The three dimensions for this work were:

- Staff Wellbeing
- Public Confidence
- Service Delivery

In addition to the Remobilisation Plan, a Steering Group led by Dr Coldwells was progressing the work on recovery and transformation. As some services had been paused, a plan was required to ensure patients received treatment in the future. Consideration was being given to doing things differently to ensure service sustainability.

The discussion reflected on work that had already been undertaken including changes following the Christie Commission Report on the future delivery of public services. Dr Coldwells advised that some steps taken had been more successful than others. The April paper would not have all the answers but would provide an opportunity to consider progress for the future.

It was agreed that support for staff was critical and that there was a limit to individuals' capacity. However, looking forward provided hope and positivity for the future. The extended System Leadership cohort participated in monthly discussions to develop and redesign, not just for the immediate period but also longer term. Views of what junior staff and students expected the future to look like were also important.

The importance of communicating with staff and engaging with the community was stressed. There was also a need to be mindful of inequality and that NHS Grampian was an anchor institution.

The Board:

- **acknowledged that the planning for recovery and transformation, from the current wave of the pandemic, had been established**
- **commented on the proposed approach to the development of the plan using three timescales (living with COVID, recovery and transformation) and the three domains (staff wellbeing, public confidence and service delivery)**
- **agreed to receive further updates on recovery and transformation, especially the Remobilisation Plan, at the 1 April 2021 Board meeting**

8 Forum and Integration Joint Boards Reports

The Board noted the following reports:

8.1 Grampian Area Partnership Forum (GAPF)

Miss Little highlighted the key topics discussed and that GAPF continued to consider the five priority objectives of Operation Snowdrop.

8.2 Area Clinical Forum (ACF)

Mrs Cruttenden advised that the report provided the key points from the ACF which continued to meet bi-monthly.

8.3 Integration Joint Boards (IJBs)

Mr Boker-Ingram highlighted the focus on the delivery of the COVID vaccination programme by the three IJBs supported by the Grampian system. The Chief Officers were working closely with Acute Services colleagues under the umbrella of Operation Snowdrop.

9 Care Home – Professional Responsibilities

Dr Brown provided an update on the Scottish Government's directions that required NHS Boards and Local Authorities to establish enhanced professional clinical and care oversight arrangements for care homes from May 2020 in the context of the COVID-19 pandemic.

Additional responsibility and accountability had been placed on the Executive Nurse Director, Director of Public Health, Medical Director and Chief Social Worker to deliver against these new roles.

The governance framework provided guidance with regard to additional staffing that might be required to support care homes. Each partnership had business continuity plans in place to facilitate care homes which may seek mutual aid. Additional support was also available from the NHS Grampian Staff bank.

The Scottish Government had provided additional funding to support the nursing infrastructure to respond to the added demands.

Each Health and Social Care Partnership had a local Oversight Group which met daily and there was an Enhanced Oversight Group which provided assurance. This group reported to the Local Authorities and the NHS.

Dr Brown advised that the Director of Public Health reported to Scottish Government and that the Clinical Risk meeting weekly provided oversight.

The Board noted the additional responsibility and accountability placed on the Executive Nurse Director, the Medical Director to support the Director of Public Health and ultimately the Chief Executive and Board.

10 Agile Governance

Mr Gray advised that in light of the emergency response that continued to be placed across NHS Scotland, the Grampian NHS Board was asked to approve the following recommendations in relation to the governance arrangements that would be implemented for the period to 30 June 2021, at which point a further review would be undertaken:

Board meetings and seminars

- Continue to hold Board meetings virtually while NHS Grampian 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. NHS Grampian would continue to extend invites to the media, which were recommenced at the December 2020 Board meeting. A proposal to re-introduce public attendance at Board meetings would be developed for implementation post 31 March 2021;
- Continue with a monthly meeting of the Board, alternating between a formal Board meeting and a Board seminar. The agendas for these meetings would

be focused solely on the immediate emergency response unless there were any other significant decisions requiring Board approval; and

- Once a month between Board meetings and Board seminars an informal question and answer session would be arranged for non-executive Board members to update them on the latest position regarding the COVID-19 and winter (surge) response (as defined by Operation Snowdrop).

Board sub-committees

- The core governance committees – staff, clinical, audit and performance governance - would meet once in the period to 31 March 2021, with the executive leads and committee chairs agreeing agendas which reflected key priorities and essential business only. This pattern of meetings would be repeated during the period to 30 June 2021. Where possible, papers should only be necessary to support and record key decisions or assurances. Minutes and assurance reports to the Board would continue to be maintained.

Stakeholder engagement

- Approve the schedule of meetings or briefings which would be held with key stakeholders, as set out in Appendix 1, to ensure a regular flow of information to enable these stakeholders to support the NHS Grampian response.

There was discussion around other Board committees not scheduled to meet to ensure their members had sight of key items. Mr Gray advised that there were a number of other routes that would provide information and allow engagement. He advised that a single item meeting could be held if considered beneficial e.g. around the Remobilisation Plan to allow for wider consultation. Dr Coldwells highlighted that there had been extensive consultation on the first Remobilisation Plan and Mr Humphreys would look into what engagement could be done over this period.

Mrs Webb highlighted the work with Local Authorities Community Planning Groups. Mr Tomlinson also advised that the Clinical Governance Committee had an overview of work ongoing and could provide assurance.

The Board approved the recommendations above in relation to the governance arrangements that would be implemented for the period to 30 June 2021, at which point a further review would be undertaken.

11 Approved Committee, Forum and IJB Minutes

The Board noted the following approved minutes:

Committees:

- 11.1 Audit Committee – 2 November 2020
- 11.2 Endowment Committee – 6 November 2020
- 11.3 Engagement and Participation Committee – 9 September 2020
- 11.4 Performance Governance Committee – 21 October 2020
- 11.5 Staff Governance Committee – 25 February and 13 August 2020

Forums:

- 11.6 Area Clinical Forum – 4 November 2020
- 11.7 Grampian Area Partnership Forum – 19 November 2020

Integration Joint Boards:

- 11.8 Aberdeen City IJB – 28 October 2020
- 11.9 Aberdeenshire IJB - 4 November 2020
- 11.10 Moray IJB – 24 September 2020

12 Dates of Next Meetings

- Seminar – Thursday 4 March 2021
- Meeting - Thursday 1 April 2021