

APPROVED

NHS GRAMPIAN

**Minutes of Meeting of Grampian NHS Board on Thursday 7 April 2022
at 10.00am
(virtually by Microsoft Teams)**

Present:

Board Members

Dr John Tomlinson (Chair)	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
Mr Alan Gray	Director of Finance (left 10:58)
Mrs Luan Grugeon	Non-Executive Board Member/Interim Vice-Chair
Professor Caroline Hiscox	Chief Executive
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
Mrs Susan Webb	Director of Public Health/Portfolio Lead Public Health

Attendees

Mr Paul Allen	Director of Facilities and eHealth
Ms Julie Anderson	Deputy Project Director, Baird and ANCHOR (Item 5)
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Mr Simon Bokor-Ingram	Portfolio Lead Moray
Mrs Jackie Bremner	Project Director, Baird and ANCHOR (Item 5)
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Mrs Kate Danskin	Chief Nurse
Ms Sarah Duncan	Board Secretary
Mrs Jane Ewen	Nurse Director – Excellence and Innovation
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 Alan Sharp	Deputy Director of Finance/Acting Director of Finance
Ms Pamela Wight	PA (observing)
Mrs Alison Wood	PA

Apologies

Dr June Brown	Executive Nurse Director
Professor Nick Fluck	Medical Director
Cllr Ryan Houghton	Non-Executive Board Member
Mrs Pamela Milliken	Portfolio Lead Aberdeenshire
Mr Tom Power	Director of People and Culture
Mr Dennis Robertson	Non-Executive Board Member
Mrs Lorraine Scott	Director of Planning, Innovation and Programmes

Dr Tomlinson, Interim 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 Chief Executive's Introduction

The Interim Chair noted that health and social care had been under sustained, exceptional pressure with high rates of Covid in the community which had affected staff absence. There were more patients in hospital with Covid than at any point in the pandemic. Modelling and predicting the impact of Covid was harder due to the reduction in testing and the change in the rules on self-isolation. He stressed that it was important not to revert back to pre-pandemic behaviours. He thanked the health and care workforce in Grampian for all they continued to do in the most challenging circumstances.

He explained that the performance report to be discussed later on the agenda provided the facts about the impact Covid continued to have on NHS Grampian's ability to meet the 3 immediate objectives: Responding to demand on health and care system, Protecting critical services and reducing harm, and Keeping staff safe and help them to maximise wellbeing. The Chief Executive's Team had determined that the system would not come out of Operation Iris at the end of March 2022, as envisaged, due to the pressures on the system.

He highlighted agenda items looking to the future: an update on the Review of Moray Maternity Services, referring to the Cabinet Secretary's announcement on 30 March 2022, and a detailed update on progress with the Baird and ANCHOR project.

Dr Tomlinson took the opportunity to acknowledge the work by Mr Gray, former Director of Finance and Senior Responsible Officer for Baird and ANCHOR project. Mr Gray had taken up a new role at Scottish Government leading on health capital and infrastructure projects. Dr Tomlinson referred to the significant legacy Mr Gray would leave at NHS Grampian, with the Board and ANCHOR being a visible part of that.

Dr Tomlinson also acknowledged the contributions of the Local Authority Non-Executive Members who would be standing down in advance of the local elections in early May.

The Chief Executive reiterated the sustained pressure across the whole health and care system and explained that the national emergency footing in the NHS had been extended beyond 31 March 2022. She noted colleagues' bewilderment at society returning to more or less normal versus the extreme pressures in the system. The organisation was balancing the access to planned care with access to unscheduled care in ways not previously considered in hospitals and community settings, including general practice. Professor Hiscox thanked staff across the system for their sustained efforts in creating new solutions to new and heightened problems. She stressed that NHS Grampian was facing the most challenging time in prioritising care. She acknowledged the impact on individual citizens and thanked Grampian's population for their ongoing support, patience and resilience. She stated that the future healthcare models required to be very different and was pleased with the continued discussions on the new strategic intent for Grampian

to deliver sustainable services that would take the organisation forward. The new strategy – A Plan for the Future - would be the main agenda item at the June 2022 Board meeting.

She highlighted an issue with Aberdeenshire vaccination appointments for people aged 75 and over for a COVID-19 Spring booster and apologised to the estimated 4,000 people affected. She thanked the Public Health team for taking rapid action to address the issue.

Professor Hiscox highlighted the new BBC documentary which followed NHS Scotland's trauma network which included the major trauma unit at ARI.

She concluded by advising she had recently visited a number of healthcare settings and spoken with colleagues. Although they had shared how exhausted they were, the drive, determination and dedication to keep delivering the best care they possibly could for the population of Grampian had come through very strongly.

4 Minutes of Meeting on 3 February 2022

The minutes were approved.

4.1 Matters arising

Item 11.1 Area Clinical Forum (ACF) – Consistency of information was required between Acute and Primary Care about waiting times across the system, to clarify for patients and allow expectations to be managed. It was agreed this would be picked up under Item 6 – Performance Report.

5 Baird and ANCHOR Project Update

Mr Gray advised that there had been a comprehensive update at the Performance Governance Committee in February 2022. He updated the Board on the design and construction quality, design development changes programme, work on project cost and revised programme milestones and dates. Both facilities were a significant investment in buildings and the redesign of patient care. This included a compensation event value of £1.938 million which related to the room component and environmental matrix design changes. The process for assurance of the quality was explained in detail, including the independent assurance which was provided by NHS Assure. The reporting mechanism was by the Project Board and the Performance Governance Committee.

A design review had taken place with the expectation of two further reviews. Significant progress had been made with the design reviews to ensure fittings and equipment were in the right place and that the project was compliant with standards. The costs associated with this work had increased and there was a request to the Board for additional funding of £1.9 million, which would be provided out of the risk pot. Mr Gray advised that the risk pot was close to being used up. As a result of challenges faced in the last 18 months, including general supply chain issues and abnormal market pressures, there had been a significant impact on project costs. There had been a detailed review with supply chain partners to minimise the risk and impact, which was ongoing and due for completion in June 2022. A process had been agreed to address additional costs in partnership with Health Facilities Scotland and the Scottish Government. It was noted that the project was expected to be delayed by some weeks with revised operational dates: ANCHOR - August 2023 and Baird - March 2024.

Following Mr Gray's departure from NHS Grampian, a new Senior Responsible Officer (SRO) required to be appointed for the project. The Director of Facilities and eHealth had

been identified as a suitable replacement, having the appropriate experience and competencies. The role was accountable for ensuring the project met its objectives, delivered the projected outcomes and realised the required benefits. The Board was requested to formally endorse the appointment of the Director of Facilities and eHealth, Paul Allen, as the SRO for both projects.

Discussion followed including:

- Appendix A: Outline of Radiology Strategy. There would be a significant involvement of both patients and clinical staff responsible for the services, to improve accessibility and consider patients' needs and requirements. The Board was assured that patient involvement and engagement would continue.
- Capital and revenue implications on what type of MRI scanner could be placed in the facility. Decisions were required whether to replace existing equipment or complement existing equipment. MRI capacity in the Baird Family Hospital would serve a number of specialties and provide additional capacity for other areas in the hospital.
- Commissioning and bringing buildings into use in 2023/2024. Operational colleagues would normally be heavily involved in this work. However, due to the pressures in the system enhancement of the project team would be necessary to ensure sufficient capacity to commission according to the timetable set out.
- Ongoing discussions with Scottish Government about likely overruns on costs. Extra costs for NHS Grampian required to come from the Capital Programme which would have implications for other planned projects and maintenance work.
- Assurance was given that quality at the Baird and ANCHOR would not be compromised by the financial implications.
- NHS Assure – early intervention approach at the design stage was welcomed by the project team.
- Appointment of the Director of Facilities and eHealth as the SRO. Mr Allen had been involved in the Project Board for NHS Assure and was now involved in the design reference group.

It was agreed it was necessary to keep the Board up to date with progress on the projects.

The Board:

- **Approved the appointment of the Director of Facilities and eHealth as the Senior Responsible Officer (SRO).**
- **Approved the compensation event value of £1.938 million relating to the room component and environmental matrix design changes and noted the impact on the project programme.**
- **Noted the ongoing validation and assessment of abnormal market pressures, the review of the project budget (including the risk provision).**
- **Noted the revised programme for delivery of both projects.**
- **Noted the future reporting - a further report to be brought back to the June or August 2022 Board meeting; and quarterly thereafter through the life of the project.**

The project team was thanked for their hard work.

Professor Hiscox thanked Mr Gray for his considerable work in the Director of Finance role and paid tribute to his outstanding leadership contributions across the system and with the Baird and ANCHOR project in particular. Mr Gray thanked the Board and reflected on the progress with major projects that had been completed during his time with NHS Grampian as a result of careful planning. He emphasised the importance of looking forward to

continue to make progress.

6 Performance Report

A slide set had been circulated which reflected the system pressures and the efforts of everyone working across the system. The purpose was to review progress against the three delivery objectives set out in Operation Iris:

- Keep staff safe & help them to maximise wellbeing
- Responding to demand on the health & care system
- Protecting critical services & reducing harm

Discussions were held at the Weekly System Decision Making Group (WSDMG) and the Chief Executive Team (CET) business meetings to monitor whether these objectives were being met.

It was acknowledged that the system continued to be challenged with significant demand which had hindered the collective ability to meet the objectives consistently. Work was continuing to understand the additional harm caused by delays in the system including discharge from hospital, admission into Emergency Department or waiting for planned care. The impact was significant on the ability to deliver on the first objective - Keep staff safe & help them to maximise wellbeing. There was extensive work to try to improve this which would predominantly make an impact medium to long term. This was managed, mitigated and shared through the Staff Governance Committee. The new strategic intent would be discussed at the June 2022 Board meeting and would include the prioritisation of colleagues' wellbeing. The outcomes of the 'Culture Matters' survey would provide the foundation of how colleagues were experiencing their workplace environment. It was noted that discussions had been held at the Performance Governance Committee and Clinical Governance Committee about the Medicine and Unscheduled Care Portfolio, including the impact on that portfolio of unscheduled care demand, together with the extensive programme of works being undertaken.

In response to the question under item 4.1 Matters Arising above, Mr Bachoo shared the NHS Grampian public website and highlighted the information on communication of waiting lists for Primary Care. This information had been available since 2017 when the prioritisation system was introduced. The information covered both outpatient and inpatient waiting times, including priority of appointment and how long 90% of patients could expect to wait for their appointments. It was normally distributed from Primary Care to their teams. Mr Bachoo assured the Board that his team would look into how this was communicated to raise awareness. Waiting times were due to be presented at the Performance Governance Committee on 20 April 2022.

Mr Bachoo updated on the performance of Integrated Specialist Care Services for waiting times, ESCatS elective prioritisation and cancer performance, which were included in the slide set. He highlighted:

Outpatient performance overview:

- Over 39,000 on waiting list.
- More than half had waited more than 3 months
- Half of those had waited more than 6 months.
- This overall position varied between the individual specialities.
- The utilisation of technology e.g. virtual consulting had remained at 40% since April 2020.

- There was no certainty that there had been clear improvement. However, trends over time had suggested a largely stable position. The organisation continued with prioritisation process based on clinical risk.

Inpatient performance:

- 20,000 waiting for surgery.
- $\frac{2}{3}$ had waited over 3 months.
- $\frac{3}{4}$ of those had waited over 6 months.
- Resources focused on providing emergency surgery over the last 2 years.
- Those entering with a lower priority had waited longer.
- 'Wait well' and 'Wait for Surgery' campaigns to help patients through the pre-assessment process.

Cancer:

- 31 day performance 95% high level.
- 62 day performance constantly around 60-75%.
- The 62 day performance figure will not improve until the backlog decreased.
- A summary of work on possible avoidable harm of patients waiting for treatment who had breached 62 days was presented at Performance Governance Committee.

It was noted that performance was scrutinised in detail at the Performance Governance Committee. There were also discussions as to how to achieve assurance on performance through the Board committees.

In response to a query on Emergency Department performance at ARI and Dr Gray's Hospital, Professor Hiscox confirmed that she held weekly meetings with the Chief Executive of Scottish Ambulance Service to discuss difficulties and concerns. It was also noted that planned care was critically dependent on unscheduled pathways, and redesign programmes for these pathways were required locally and nationally. The demand and capacity gap for unscheduled care was significant across Scotland. The WSDMG had colleagues from operational services across the system including Health and Social Care Partnerships and included discussions on what more could be done to improve flow.

Mr Bokor-Ingram explained the management of unscheduled care in Moray and pathway work with partners to redesign processes. It was noted that the capacity and demand gap for unscheduled care was significant and redesign was required locally and on a national basis. There were significant challenges around social care in Moray with staff absences impacting on care provision. Work was ongoing with partners across the system to find different ways of supporting people in communities. It was acknowledged that there were specific challenges for family carers and there were strong voices for carers with lived experience on Integration Joint Boards (IJBs).

It was noted that the Staff Governance Committee had been assured on the level of support in place for staff. However, external pressures from the expectation of the public to return to "normal" immediately was a concern whilst staff were still recovering.

Professor Hiscox concluded that the organisation was not consistently able to meet the three key objectives of Operation Iris

The Board reviewed and scrutinised the report. The Board was assured that the organisation was managing and mitigating the risks in the best way possible in the

circumstances, rather than being assured on consistent delivery of the key objectives of Operation Iris.

7 Exiting Operation Iris

Dr Coldwells provided the background to Operation Iris which is NHS Grampian's response to the winter pressures and the COVID-19 virus. At the December 2021 Board meeting it had been agreed to review in March 2022 with proposed cessation in April 2022.

He presented the three parts of the assessment:

- The approach and review of the cessation of Operation Iris - to understand the important actions that should be adopted from Operation Iris as business as usual.
- Describing the transition period from the end of Operation Iris to the implementation of the Plan for the Future which would be presented to the Board in June 2022.
- Timing for the cessation of these actions to be taken - as to how ready the system was to do this and the status of Scottish Government emergency footing.

It was noted that Chief Executive Team (CET) would continue to work with the Weekly System Decision Making Group (WSDMG) to agree when Operation Iris should come to an end.

In response to digital access equality and the need to take feedback from the public on changes required, Dr Coldwells confirmed feedback would be reflected in Plan for the Future and that the strategic intent and delivery plan would include listening to feedback on an ongoing basis. This would require cultural and behavioural change to move forward with Plan for the Future. The 3 year delivery plan would help to understand both nationally and locally where the organisation was and how the conditions for change were being created. The level of reform required across health and care and the role of the NHS would require a fundamental reshape of relationships with the public and would be focused on enabling individuals, families and communities.

It was noted that colleagues from the three Health and Social Care Partnerships were members of the WSDMG and that Dr Coldwells had met with Chairs/Vice Chairs of the Integration Joint Boards (IJBs) the previous week to update on strategic intent. This helped with the communication of the transitional phase with partners and the inter-related work of the organisations. Examples were also provided for the opportunity of informal feedback which included Trickle, a new interface which would allow for staff interaction.

The Board:

- 1. Endorsed the issues set out in the paper and in particular**
 - **Operational changes made as part of the cessation of Operation Iris (Appendix 1 of the paper); and**
 - **Priorities for the transition period that took the organisation up to the implementation of the plan for the Future**
- 2. Noted that the timing of the cessation of Operation Iris would be determined by the Chief Executive Team, taking into account the:**
 - **Pressure within the system and its readiness to move in to a business as normal approach; and**
 - **National status of the emergency measures.**

3. Agreed that the Board receive notification, via email, of the date when Operation Iris would be terminated.

8 Moray Maternity Services Update

Miss McNicol provided an update on the position of Moray Maternity Services since the February 2022 Board meeting, with reference to the report circulated in advance of the Board meeting.

The recommendations of the Moray Maternity Review published in December 2021 indicated that Model 4 (Community Maternity Unit) should be the primary destination for the future of Moray maternity services, with future potential for Model 5 (a Rural Consultant-Supported Model).

The Cabinet Secretary, Mr Humza Yousaf, held a number of virtual meetings with staff and the executive teams of both NHS Grampian and NHS Highland and visited Inverness and Elgin on 21 March 2022. On 30 March 2022 he announced his decision that NHS Grampian, in collaboration with NHS Highland, was to progress to the foundation destination point of a Community Maternity Unit (Model 4) prior to progressing to the final destination point of a full Consultant-Led Maternity Unit at Dr Gray's (Model 6). The clarity regarding foundation and final destinations was welcomed.

Timelines for the planning for Model 4 were to be provided by June 2022 and there was a longer timeline for Model 6 of approximately 9 months including milestones. There would be engagement with the communities, service users and clinicians to plan and progress the required work.

Consultation with clinicians in NHS Highland and NHS Grampian, both in Elgin and Aberdeen, together with clinicians for the future and other partners e.g. SAS was important for planning. It would be necessary for clear timelines and milestones on what required to be achieved across the whole maternity service in Grampian and North East of Scotland.

Miss McNicol highlighted that work was ongoing for Model 4. Mr Yousaf indicated that until services were expanded towards a consultant-led service at Dr Gray's Hospital, Moray women would be able to choose to access care in labour and birth at Raigmore Hospital, in addition to Aberdeen Maternity Unit. This was not currently available as Raigmore did not have the appropriate infrastructure or workforce. Mr Yousaf had confirmed £10 million of investment, which included £5 million to start the development of services at Dr Gray's Hospital and a further £5 million to improve facilities at Raigmore Hospital.

It was noted that work would involve separate NHS Grampian and NHS Highland Committees as well as joint committees for both organisations. A Maternity Services Communication and Engagement Steering Group, for NHS Grampian maternity service as a whole, had been established to work in partnership with representation from service users. The Moray aspect was a component of that group. There would be a Communication Engagement Officer appointed to support the ongoing work. The joint Maternity Board was still to be set up. This would set out what work was required by the individual Boards and what work would be done together.

It was noted that Cabinet Secretary's decision differed from the Moray Maternity Services Review recommendation. Model 6 had not been considered by the Review as they did

not feel it was deliverable outwith a timeframe of 7-10 years. However, the decision provided clarity to clinicians and to families about choice. The risks relating to delivery of Model 6 would be considered as part of the robust planning process which would be led by Dr Coldwells from June 2022 onwards. This would consider reforms of the entirety of services delivered at Dr Gray`s Hospital and planning changes at Raigmore Hospital and Aberdeen Royal Infirmary. The aspirations of Model 6 were ambitious and there required to be an understanding of the steps to achieve this model, including redesign by national services to support this. There was a risk relating to workforce availability and this would need to be shared with partners e.g. NHS Education Scotland (NES) and Scottish Government.

Professor Hiscox formally thanked Miss McNicol and colleagues who had been leading the process and had supported colleagues, women and families through a period of uncertainty. This would continue for a period of time until Model 4 was implemented.

The Board reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance on the proposed approach to progress to the foundation destination point of a Community Maternity Unit (Model 4) prior to progressing to a final destination point of a full Consultant-Led Maternity Unit at Dr Gray`s Hospital (Model 6).

9 Assurance Committee Reports

It was noted that there were ongoing discussions on how assurance would be provided in the future with Board committees and advisory forums.

The following reports were noted:

9.1 Audit Committee – 22 March 2022

Mr Riddell highlighted the Annual Internal Audit Plan and requested comments to Mr Kidd, Assistant Director of Finance, from Board members prior to the audit arrangements being finalised. The Committee had discussed data sharing across IJBs and NHS Grampian and joint working for assurance. There would be an Audit Committee Development session 19 April to focus on counter fraud which all Board members would be welcome to join.

9.2 Clinical Governance Committee – 25 March 2022

Dr Tomlinson highlighted the detailed note including the current positions for Board Level Derogations, Quality and Safety, Medicines and Unscheduled Care Portfolio review. Any issues across all of the portfolios would be discussed at Clinical Governance Committee.

9.2.1 Healthcare Associated Infection (HAIRT) Report October 2021 - this was noted.

9.3 Performance Governance Committee – 16 February 2022

9.4 Staff Governance Committee - 27 January 2022

Mrs J Duncan advised that, in line with the current review on how committees operated, the committee was looking at assurance and qualitative information to go with the data received to improve learning and listening to plan better for the future.

10 Forum and Integration Joint Boards (IJB) Reports

The following reports were noted:

10.1 Area Clinical Forum

Following the discussion on waiting times and communication under item 6 by Mr Bachoo, Mrs Cruttenden advised she would ensure this was communicated to the Area Clinical Forum. She also highlighted the significant workforce challenges and issues raised about the capacity of NHS dental services and concerns of a 2 tier system.

10.2 Grampian Area Partnership Forum

Following a Scottish Government communication Ms Little highlighted that a decision had been made for NHS Scotland staff to receive a public holiday on Friday 3 June 2022 to commemorate the Queen's Platinum Jubilee.

10.3 Integration Joint Boards

Mr Bokor-Ingram highlighted that the IJBs continued to focus on system pressures and that individual IJBs were supporting the Grampian system, including continued involvement in the strategy development.

11 Approved Committee, Forum and IJB Minutes

The following approved minutes were noted:

Committees

- 11.1 Audit Committee – 21 December 2021
- 11.2 Clinical Governance Committee – 12 November 2021, 17 December 2021 and 11 February 2022
- 11.3 Engagement and Participation Committee – 10 November 2021
- 11.4 Endowment Committee – 19 November 2021
- 11.5 Performance Governance Committee – 16 December 2021
- 11.6 Staff Governance Committee – 30 November 2021

Forums

- 11.7 Area Clinical Forum – 12 January 2022
- 11.8 Grampian Area Partnership Forum – 20 January 2022

Integration Joint Boards (IJBs)

- 11.9 Aberdeen City IJB – 15 December 2021
- 11.10 Aberdeenshire IJB - 3 November and 8 December 2021
- 11.11 Moray IJB – 25 November 2021

12 Date of next meeting:

- Thursday 2 June 2022