

APPROVED

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 15 December 2022 at 14:00
(virtually by Microsoft Teams)

Present:

Board Members

Mrs Alison Evison (Chair)	Chair/Non-Executive Board Member
Mrs Amy Anderson	Non-Executive Board Member
Mrs Rhona Atkinson	Non-Executive Board Member
Cllr Ann Bell	Non-Executive Board Member
Professor Siladitya Bhattacharya	Non-Executive Board Member
Dr June Brown	Executive Nurse Director
Cllr Tracy Colyer	Non-Executive Board Member
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
Professor Nick Fluck	Medical Director
Mrs Luan Grugeon	Non-Executive Board Member
Professor Caroline Hiscox	Chief Executive
Mr Steven Lindsay	Employee Director/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
Mr Alex Stephen	Director of Finance
Dr John Tomlinson	Non-Executive Board Member
Mrs Susan Webb	Director of Public Health/Portfolio Lead Population Health
Cllr Ian Yuill	Non-Executive Board Member

Attendees

Mr Paul Allen	Director of Infrastructure and Sustainability
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Mr Simon Bokor-Ingram	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Mrs Christina Cameron	Programme Lead (Item 4)
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Mrs Kate Danskin	Chief of Staff
Ms Sarah Duncan	Board Secretary
Dr Tara Fairley	Consultant Obstetrician (Item 4)
Miss Lesley Hall	Assistant Board Secretary
Mr Tom Power	Director of People and Culture
Ms Sue Swift	Interim Portfolio Lead Integrated Family Services
Mrs Gillian Valentine	Clinical Midwifery Manager (Item 4)
Mrs Alison Wood	PA/Minute Taker

Apologies

Ms Pamela Milliken	Chief Officer, Aberdeenshire IJB and Portfolio Lead Aberdeenshire
Mrs Sandra MacLeod	Chief Officer, Aberdeen City IJB and Portfolio Lead Medicine and Unscheduled Care, and Mental Health Services
Mrs Lorraine Scott	Director of Planning, Innovation and Programmes

Mrs Evison, Chair, welcomed everyone to the meeting. It was noted that the meeting was quorate and was being recorded for publication on the NHS Grampian website.

1 Apologies

Apologies were noted as above.

2 Declarations of Interest

There were no declarations of interest.

3 Winter Tactical Plan: Unscheduled Care Contingency Capacity Surge Plan and Board Contingency Arrangements

Professor Fluck provided details of the contingency plans to manage demand during the winter period as agreed as part of the Board's endorsement of the Winter Tactical Plan on 1 December 2022. The Winter Plan was designed around 3 components:

1. Operational delivery system underpinned by the Grampian Operational Pressure Escalation System (G-OPES).
2. Substantial unscheduled care improvement work in which NHS Grampian was investing heavily.
3. Contingency arrangements which, if invoked, would potentially impact on planned services delivery.

The focus of the update was on hospital bed capacity for adult medicine and it was noted there were business continuity plans in place for all areas across the system.

Mr Bachoo provided an update on the review of G-OPES. He confirmed that all possible actions were in the current G-OPES system with the appropriate levels of derogations and processes for monitoring. Performance management of G-OPES is to be improved to make it more agile and adaptive.

Professor Fluck advised that the civil contingencies team had considered the civil contingency framework of classifications. This described the full range of incident response levels, incorporating the G-OPES levels for enduring pressures, and considered response levels in the context of impact and the transition from business continuity to a civil contingencies response. It clarified the circumstances in which a hospital or a Board level major incident may be declared. Different frameworks would be followed dependent on the type of major incident called. The data would be followed closely and an Executive Director on Call (EDoC) was on duty 24/7 to assess the current situation, which allowed for decisions to be made to move to civil contingency arrangements.

Dr Brown explained the ongoing work to clarify the surge capacity arrangements for in-patient hospital beds. Forecasting work on the data suggested that 50 additional beds would be required to support unscheduled care surge activity over the winter period. The data was monitored regularly by the EDoC, and the Chief Executive or Deputy Chief Executive would initiate the action, if required, to move into major incident. To create additional bed capacity, substantial changes would be required which may result in closing planned care across the system to support the additional capacity and provide appropriate workforce. The concerns for staff welfare were noted.

Queries raised by Board Members and responses included:

Preparedness for winter – this had been strengthened with the whole system approach to G-OPES.

Speed of transformation work – a key risk was this may not proceed at the speed anticipated and required.

System connect meetings - Professor Fluck confirmed all areas were reviewed and there were system connect meetings held 3 times a day that all areas of the system attended to report and share information. There was engagement ongoing with General Practitioners to include in G-OPES in the future.

Support for unpaid carers - Mr Bokor-Ingram advised that a carers' strategy had been approved in Moray, which provided support mechanisms including access to respite care and carers' assessments. Similar support would be available in the Aberdeen City and Aberdeenshire.

Staff capacity for feedback and adverse events - Dr Brown advised that there had been recruitment to vacant posts and additional support was also being provided from outwith the team.

It was recognised that whilst the organisation aimed to be person-centred there was a base safe level of care that was required to meet the needs of patients.

Communication with the public on the winter plans was ongoing including the launch of the winter wellness guide. Partner agencies would also have winter surge plans and business continuity arrangements.

Practicalities of surge capacity timeframe - Professor Fluck advised of considerable planning led by Mr Bachoo and Dr Brown, particularly with Integrated Specialist Care Services and nursing staff. Lessons learned from the previous year had been included in the surge planning. Work on bed capacity had included the community and hospital environments; 25 of the surge additional beds would be provided in the community and the remainder would be from a combination of different services within Medicine and Unscheduled Care portfolio and Integrated Specialist Care Services. This would ensure the risk was distributed across the whole system. The surge beds would be in 3 or 4 different locations in ARI. There was work ongoing to determine which beds would be opened first.

Discussions had been held at Grampian Area Partnership Forum (GAPF) on 15 December 2022 where concerns were raised on the ongoing pressures placed on staff and the effect this had on their wellbeing. Consideration had been given to when derogations could be brought to an end after the winter surge, and what work could be stopped, with clinically-led discussions. Support mechanisms from the 'We Care' programme were highlighted. There were 3 separate research projects with Universities ongoing which looked at the wellbeing of staff, particularly nursing within Intensive Care Units (ICUs) and charge nurses. A pilot was underway for bank staff to be paid weekly instead of a month in arrears, as an incentive to take additional shifts. The bank fill rate was currently 80%.

Maximisation of the use of volunteers and family members when surge beds open - the value of the work of volunteers was recognised. Families were welcome to help provide care if their family member was happy with the arrangement. There was work ongoing to formalise this arrangement.

Mental Health Services had business continuity plans in place. There was pressure on inpatient beds as there was a refurbishment programme underway which reduced capacity whilst the work was ongoing.

Preventative work to keep people at home with appropriate support - Community teams had an important role in partnership plans including trying to keep people in their own homes rather than admission to hospital, where possible. Living in a cold home/cost of living pressures could impact on mental and physical wellbeing. A helpful guide was available which identified the support available through a range of public sector and third sector partners.

Governance and leadership oversight - Engagement with partners, including the implications for Integration Joint Boards (IJBs), was important to understand the overall situation. IJBs, Health and Social Care Partnerships (HSCPs) and local authorities had been integral to the development of the surge plans. The plans had been developed and tested together across the whole system and with the Local Resilience Partnerships which included wider partners.

Plan for the Future - There was a requirement to consider the principles set out in Plan for the Future. There had to be a focus on prevention and inequalities. It was important to avoid any decisions that would impact negatively on the ability to have sustainable services in the future. There was finite capacity of resources so it was necessary to focus on the right things to move forward at pace. The needs of the population over the next few decades and how to optimise pathways and community infrastructures had to be considered. The financial position and culture of the organisation required to be considered along with the needs of the population. Dr Coldwells highlighted the comprehensive whole-system approach of the budget setting prioritisation process, which was due to be completed shortly. The prioritisation rankings had been based on the Plan for the Future priorities and were central to how resources were committed. There was a real challenge to implement change whilst people continued to work under extreme pressures. However, this provided an opportunity to enable change. Improvements were a critical component to simplify the complex system and improve efficiencies.

Staff Wellbeing - a joint group was being set up between GAPF and Area Clinical Forum (ACF) to consider how to ensure staff received appropriate breaks, rest periods and training.

Communication – the importance of communication with staff, partners and the public was stressed, noting that the detailed communication strategy had been presented to the Board on 1 December 2022. Professor Fluck and Dr Brown, who were responsible for the clinical professional staff groups, would write to colleagues to provide an update on the Winter Plan and support in place. It was important to have realism, create the environment for change and to provide clarity taking into account the needs of the population, available resources including financial and workforce and the culture. Mr Stephen was preparing communication for engagement with staff on the levels of reform required. It was acknowledged that staff did not often have the time or capacity to read plans in depth. A series of action cards had been prepared that would provide guidance for particular situations. There would also be learning and development sessions, exercises/testing and debriefing sessions to raise awareness.

The Board:

- **Endorsed the proposal to manage system pressures using the G-OPES system.**

- **Endorsed the Unscheduled Care Contingency Capacity Surge Plan for additional surge capacity to be triggered in specific circumstances as described at Appendix 1 of the Report.**
- **Noted that the Board may declare a Hospital Major Incident and/or a Board Major Incident in the circumstances described in paragraph 2.3.2 of the report, using the protocol set out in Appendix 2 of the Report.**
- **Agreed to receive further reports on the risks and equalities impacts described in the Report and the appendices in an updated report to the February 2023 Board meeting.**

4 Moray Maternity Services Model 6 - Milestones and Timescales

Mr Bokor-Ingram presented an update on Moray Maternity Services to summarise the process detailed in the Report that had been circulated.

He explained the background, timeline and route to the meeting since the Scottish Government Commissioned External Review in 2021. In March 2022, the Cabinet Secretary had announced Model 4 and Model 6 should be delivered by NHS Grampian. A draft plan for Model 4 was delivered to Scottish Government in June 2022, which had not been formally approved to date. There was an expectation that the draft plan for Model 6 would be submitted to Scottish Government by the end of December 2022.

Mr Bokor-Ingram explained the collaborative working with partners including NHS Highland to produce the plans for June and December 2022. This include both formal groups and informal collaboration. The governance structure was explained for assurance: the Executive Collaborative Oversight Group was led by the Chief Executives of NHS Grampian and NHS Highland and received reports from the Maternity Joint Programme Board. The Programme Board was chaired jointly by NHS Grampian and NHS Highland.

Mr Bokor-Ingram highlighted a number of successes including the clear and positive destination of Model 6 for maternity services in Moray. There was improved local staff engagement and morale, enthusiasm for new models and ways of working. There was enhanced community engagement with regular and open communications with service user representative groups.

He highlighted that the plan was ambitious with much shorter timescales for providing consultant-led intrapartum care in Moray. It was acknowledged that for the local community it had been 4 years since an obstetric-led model in Dr Gray's Hospital had been in place and it would be a further 4 years until fully set up again. The plan as presented would meet the Scottish Government's request for clear milestones with timescales between January 2023 and December 2026.

There was an understanding of the challenges, including the wide range of stakeholders with alternative perceptions, the complexity of the service and wider ramifications for the whole system. There would be a considerable financial resource needed on a recurring basis, with progress dependent on confirmation of additional funding from the Scottish Government. Recruitment and retention of staff was a national challenge but particularly the case in the North of Scotland. Availability of medical trainees to match the ambitious proposed timescales was critical. NHS Education Scotland (NES) would require to provide active support and help with this.

The Board acknowledged the considerable work of the team, including Mrs Christina Cameron, to produce the Draft Model 6 Plan.

Consideration had to be given to the future use of language and how to describe the terms 'Model 4' and 'Model 6'. There was a continuum of planning which set out a reframing with key features and services as milestones on the journey. The two models were complementary and it was necessary to deliver on Model 4 as part of a continuous process to get to Model 6 – integrated maternity services for the North of Scotland with consultant-led obstetric services at Dr Gray's Hospital.

Mrs Cameron explained that the draft plan had been produced following engagement and discussion with colleagues across different disciplines and professions as well as with service user representatives and elected representatives.

A key focus of local planning was ensuring positive impacts on the quality and safety of patient care and the clarity of choice in maternity services for women across the whole of Grampian. It was also important to ensure colleagues felt supported and engaged with the planning process. Early preparation for designing posts as part of a networked model was underway with an agreement on joint workforce planning with colleagues from each Board. More details and planning were required, particularly around specialties. It was agreed that progress reporting would continue to be provided to NHS Grampian Board.

The following points were discussed:

Workforce: It was essential to have the appropriate workforce in place to ensure a sustainable maternity service. Workforce planning was being done on a joint basis with NHS Highland considering the North of Scotland requirements, with a joint workforce plan to be produced. NES was in discussion with the Maternity Joint Programme Board. There would need to be a suitable supply of medical trainees and staff with the appropriate skill set, taking account of new roles e.g. advanced midwifery practice. To encourage recruitment and retention, roles had to allow staff to develop and maintain skills by providing opportunities at DGH and other parts of the North of Scotland network. Existing roles may require to change as the model developed. To be successful the plan required the network of workforce across the North of Scotland.

Strategic Plan for Dr Gray's Hospital: The draft strategic plan for Dr Gray's Hospital (DGH) would be reported to the Board in February 2023. Recruitment had been a major issue generally for DGH for a number of staff groups, particularly doctors. The network provision across Highland, Aberdeen Royal Infirmary (ARI) and DGH was required to be successful both for maternity provision and for the broader strategic intent.

Cross-boundary working: Working across board boundaries required the correct infrastructure including secure systems for exchange of information e.g. digital support if women were transferred between Elgin, Aberdeen and Inverness. The BadgerNet electronic maternity records system was used in both NHS Highland and NHS Grampian which allowed for full clinical sharing of information as appropriate.

Funding: The funding requirement of £7 million each year to ensure a sustainable maternity model was emphasised. This would require ongoing commitment from the Scottish Government as NHS Grampian would be unable to fund from existing resources each year.

It was noted that, whilst the draft plan submitted on June 2022 for Model 4 had not been publically endorsed by the Cabinet Secretary, there had been regular engagement with colleagues from the Scottish Government and planning had continued with Model 6.

An external team led by Dr Linda de Caestecker had supported the work to progress to an obstetric-led model. NHS Grampian and NHS Highland had continued to work collaboratively.

The Board stressed its commitment to developing an integrated maternity service for the North of Scotland on a networked basis with consultant-led maternity services at Dr Gray's Hospital. The details of the complex plan would have some variation over the next few years to get to the end point. As a single territorial Board, NHS Grampian had not been in a position previously to progress this. However, working with appropriate key stakeholders would enable plans to be developed. NHS Grampian was reliant on other parts of the health system in Scotland including Scottish Ambulance Service, NHS Highland and NES to make necessary structural changes.

Although there were no other formal network models for maternity services in Scotland, it was noted that there was significant cross-Board working from which lessons could be learned. There were network models and arrangements in other specialities including major trauma network. The future model would provide opportunities throughout the network for staff to work in different sites and centres to gain wider experience.

The Chair proposed an additional recommendation to endorse the timescales and milestones set out at Appendix 1 of the Report as key steps towards integrated maternity services for the North of Scotland on a networked basis, with consultant-led maternity services at Dr Gray's Hospital. The Board agreed to this.

It was noted that commitment from other stakeholders was critical to the success of the maternity services model, including the financial resources commitment from Scottish Government.

The Board agreed an additional recommendation endorsing the timescales and milestones required to achieve this agreed outcome.

The Board:

- **Noted the progress of planning for and development of Model 6.**
- **Noted that progress was dependent on confirmation of additional funding from the Scottish Government.**
- **Reviewed and provided suggested change to the draft plan ahead of formal submission to Scottish Government.**
- **Endorsed the timescales and milestones set out at Appendix 1 as key steps towards integrated maternity services for the North of Scotland on a networked basis, with consultant-led maternity services at Dr Gray's Hospital.**

5 Date of next meeting

- **Thursday, 2 February 2023.**