APPROVED

NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
at 10.00am on Thursday 7 November 2019
in the Suttie Centre Conference Room, Foresterhill, Aberdeen

Present	Mrs Rhona Atkinson	Non-Executive Board Member/Vice-Chair (chairing meeting)
	Mrs Amy Anderson	Non-Executive Board Member
	Professor Amanda Croft	Chief Executive
	Mrs Kim Cruttenden	Chair, Area Clinical Forum, Non-Executive Board Member
	Cllr Isobel Davidson	Non-Executive Board Member
	Ms Joyce Duncan	Non-Executive Board Member
	Professor Nick Fluck	Medical Director
	Mr Alan Gray	Director of Finance
	Mrs Caroline Hiscox	Nurse Director
	Mrs Luan Grugeon	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 John Tomlinson	Non-Executive Board Member
	Mrs Susan Webb	Director of Public Health
Attending	Mr Paul Allen	Director of eHealth and Facilities
	Mr Paul Bachoo	Medical Director, Acute
	Dr Adam Coldwells	Interim Director of Strategy/Deputy Chief Executive
	Mrs Pam Dudek	Chief Officer, Moray Health and Social Care Partnership
	Mrs Fiona Francey	Chief Officer, Acute
	Miss Lesley Hall	Assistant Board Secretary
	Mrs Caroline Hiscox	Acting Director of Nursing, Midwifery and Allied Health Professions
	Mr Garry Kidd	Assistant Director of Finance
	Mrs Gerry Lawrie	Head of Workforce
	Ms Lesley Meldrum	Corporate Communications Manager
	Ms Sue Swift	Divisional General Manager, Acute
	Ms Angie Wood	Interim Chief Officer, Aberdeenshire Health and Social Care Partnership

Item Subject

1 Apologies

These were received from Mrs Susan Coull, Miss Rachael Little, Cllr Douglas Lumsden, Professor Lynda Lynch and Mr Dennis Robertson.

Item	Subject

2 Declarations of Interest

Cllr Davidson intimated that she was standing as a candidate in the forthcoming general election on 12 December 2019.

3 Winter (Surge) Plan 2019/20

Dr Coldwells gave a presentation summarising the key components of the Winter (Surge) Plan 2019/20. He highlighting the process for preparing this year's plan which was presented to the Board for approval before submission to the Scottish Government.

He explained the integrated approach to consolidate the individual plans from the Health and Social Care Partnerships and Acute Sector. The plan had been subject to table-top testing and built on previous years' experience and de-briefs, with intelligence from other systems.

He explained that the key components of the plan were:

- Reducing attendances
- Managing / avoiding admissions
- Reducing length of stay
- Focus on flow through acute
- Workforce
- Governance
- Surge capacity provision

There were a number of risks to be considered including whole system capacity to achieve good patient outcomes as well as ensuring staff wellbeing; resilience of people and systems was essential. Although there was a risk to loss of elective capacity, Mrs Francey assured the board that this was modelled into the trajectory throughout the year with plans to reduce bookings in January – March, build capacity over weekends and by using facilities outwith Aberdeen Royal Infirmary (ARI)

The aim was to remove backlog and there had been a consistent reduction in outpatient and TTG (treatment time guarantee) waiting times over 12 weeks because of additional capacity in the system. Scottish Government Waiting Times Implementation Plan funding would continue until March 2021.

Board members commended the team on improvements to the planning process over the years. Dr Coldwells responded to a query about measuring success, by explaining that one measure of success would be the effective flow through hospitals and the community. He advised that the Chief Officers looked at

numerous indicators on a weekly basis and worked with Health Intelligence colleagues to understand these.

He advised that the system was agile and daily cross-system huddles gave awareness of emergent issues and the system had the ability to react quickly. Mrs Dudek explained the importance of involving multi-disciplinary teams, communities and third sector and discussions with partners about what can be done differently. She cited the example in Speyside of public engagement and co-production and highlighted the challenges of attracting people to work in the care system.

Ms Wood advised that capacity was considered throughout the year, not just in winter. Planning involved the whole system working together to identify innovative use of staff to help address people's needs. It was no longer based on the traditional bed model.

There were challenges around community bed capacity and an agreement this year that there would be efforts to share additional staff across the acute and community system to maximise flow of patients. There were also challenges with staff availability, notably pharmacy and physiotherapy staffing, following the introduction of the new GP contract. Community care capacity varied in City, Shire and Moray.

It was pointed out that there was lack of detailed reference in the plan to the third sector and direct care providers. Dr Coldwells provided assurance that this was covered more appropriately in the local plans that fed into the overall plan.

With regard to the ability of staff to attend in adverse conditions, Ms Wood advised that the attendance policy was being reviewed. As part of business continuity and civil contingencies, staff were asked to plan. Work was done with council regarding access and identifying vulnerable people. Mrs Webb advised of arrangements with Community Off-Road Transport Action Group (COTAG) to enable staff to come in to work.

In reply to a query from Mrs Grugeon about inequities, Dr Coldwells advised there had been no explicit discussion on inequalities but this would be considered in the future. Mrs Francey advised of work done on the Chronic Obstructive Pulmonary Disease (COPD) bundle in city. Analysis showed that the majority of people attending were from a small number of practices with a higher incidence of deprivation. This was an example of equity in practice with a target group being supported more at home. It was recognised that in reality inequality drove admissions and so almost all of the work on the winter plan was actually addressing inequalities.

The Scottish Government considered Christmas and New Year closure of primary care practices as a potential risk to the system. Grampian practices would be opening on the Friday of both weeks – 27 December and 3 January and hospitals would be open as planned.

Item	Subject

There was a section in the plan about prevention of attendance at and admissions to hospitals through the Know Who To Turn To campaign, signposting to appropriate parts of the system. It was important to ensure the messages about the KWTTT were effective and a better digital campaign could help extend its reach. There would be an evaluation of KWTTT. There were also examples of projects throughout Grampian such as the home team in Aberdeen City and Virtual Community Ward in Aberdeenshire reduce attendance and admissions.

The Board approved the Winter (Surge) Plan 2019/20 which had been prepared with the involvement of key partners in the North East of Scotland.

4 Dr Gray's Hospital Women and Children's Services Phase 2 Plan Progress Update

Professor Fluck explained that the Phase 2 Plan to determine the medium-long term sustainability of obstetric and paediatric services at Dr Gray's Hospital had been submitted to the Scottish Government in April 2019. At the Board meeting on 25 June 2019 the Board had considered a number of risks linked to the delivery of the Phase 2 plan. These had been developed and agreed with Dr Gray's clinical staff and considered through the local Planning & Implementation process for Women & Children's Services. This group, which included public lay representation, continued to meet, taking forward necessary actions and communication required. These risks had also been shared and discussed with Scottish Government, with whom close working continued in the planning and development of these important services. Professor Fluck advised that, along with Mrs Hiscox and Mr Bachoo, he had met colleagues at Dr Gray's Hospital to work through the recommendations and risk mitigation. He reflected that this had been a positive meeting although modest progress had been made to mitigate the previously described risks rather than acceptance of the risks in the new model.

Paediatrics was making good progress and recruitment was progressing with optimism. The paediatric team felt that the model which was still in the consultation stage felt positive and very much in line with future of Dr Gray's Hospital.

With regard to maternity services, staff were in agreement that the priority was to deliver a safe and sustainable service but there was still significant uncertainty as to what this should look like. Mrs Hiscox pointed out sustainability of NHS Grampian and Dr Gray's services was reliant on networks. Mr Bachoo reported that the clear message from obstetrics colleagues was to take time to ensure the model of service delivery was right.

Mr Passmore stressed that it was important for the Board to be clear about risks to delivery of services, challenges around recruitment and time lines. The importance of timely communication to the public was acknowledged.

Item Subject

Professor Croft advised that the planning group had extensive membership including public representation, with scope for co-creation with a robust system for community engagement and involvement. Mrs Dudek advised that with regard to maternity services there were some extreme and fixed views of what a "good" service and public expectations remained a challenge. There were emotional factors with expectant parents being concerned about travel and for some people, anything different from the status quo was not acceptable. She stressed that actions can speak louder than words if it could be demonstrated that things can be done differently successfully.

Ms Meldrum advised that work was ongoing with Dr Gray's Hospital and Moray Health and Social Care Partnership to ensure clear communication of the right messages regarding service provision. She explained the success of 'myth-busting' videos from staff to provide reassuring messages.

Ms Swift reassured Board members that community midwifery staff had a consistent message to share with the women they were looking after. If there were any changes to the service they would be first to know. There was a robust system in place to escalate any issues. It was important to get the messaging right in cases where the birth might have to be in Aberdeen. The Board noted that there was a full time communications officer for Moray.

Cllr Morrison commended Mrs Dudek and her team for dealing with the challenges faced in Moray. In response to a question from Cllr Morrison about anaesthetic cover, Mr Bachoo advised that staying up to date with current clinical practice was critical and required sufficient caseload numbers. He advised that the previous model was innovative and appropriate at the time but was now non-standard. There were challenges in recruiting because of a limited pool of suitably skilled and experienced staff. Delivering any consultant-led service required a certain minimum capacity which in smaller centres was often driven by the need to staff out-of-hours emergency on-call arrangements. The maintenance of consultant staff skills where there may be concerns regarding low volumes of activity may be mitigated by rotational arrangements across different hospital sites.

There was recognition of the maintained success of the current interim midwifery-led service at Dr Gray's. The Board acknowledged the potential risk associated with that interim position of consultant involvement in a midwifery-led unit, which altered the risk profile of the women cared for in that setting.

Consideration was given to the risk associated with seeking to introduce a 'non-standard' future consultant-led service model, which would be difficult to sustain in the long term The proposed model for obstetric care had been recognised as 'non-standard' in that it would restore a level of consultant-led intrapartum (from the onset of labour through to birth) care and continue midwifery-led care to enhance local delivery of services. However, it would not deliver all the features of a full consultant level obstetric service. The Board wanted to be assured that the future obstetrics model would be both secure and safe for the population of

Item Subject

Moray and acknowledged that the work to enable that would be challenging to meet the timeline of April 2020.

To support the return to a consultant-led obstetric service would demand a significant increase in the workforce of anaesthetists in Dr Gray's Hospital. This risk was being mitigated by providing planning capacity to develop a clinically-led and detailed work programme to establish potential sustainable solutions for anaesthetics in Dr Gray's Hospital, with cross-system benefits. This work will involve many stakeholders and related to regulatory and educational frameworks and therefore it was unlikely to be delivered at pace. The lack of resident obstetric doctors placed additional risk considerations upon the anaesthetic service.

The proposals in the Dr Gray's Phase 2 Plan were consistent with the Grampian Maternity Services Strategy approved by the NHS Grampian Board in 2013, the Child Health 2020 strategy, and national strategies and policies relating to women and children's services. The national 'Best Start' strategy and other pieces of work, such as the independent review of obstetric care in Dr Gray's due to report in November 2019, will influence the development of obstetric and neonatal services throughout Grampian.

Mrs Atkinson acknowledged the challenges faced by the System Leadership Team and senior staff in progressing plans. She emphasised that whatever service was put in place required to be robust, accord with professional standards and stand the test of time. She stressed it was only possible to go so far with community engagement when solutions had to be found for multiple issues.

The Board:

- **Noted the significant progress toward the implementation of the paediatric service model in accordance with the anticipated timeline**
- **Recognised the maintained success of the current interim midwifery-led service**
- **Considered the potential risk associated with the current interim position of consultant involvement in a midwifery-led unit, altering the risk profile of the women cared for in that setting**
- **Considered the risk associated with seeking to introduce a non-standard future consultant-led service model**
- **Acknowledged the growing challenge to the timeline for delivery of April 2020 for obstetric services**
- **Agreed to receive a further update on progress at the December Board 2019, subject to clarification of pre-election guidance, which may result in this being delayed until after the General Election.**

5 Date of Next Meeting

The next meeting will be held on Thursday 5 December at CLAN, Westburn Road, Aberdeen at 10.30am.