

**NHS Grampian**  
**Minute of the Area Clinical Forum Meeting**  
**Wednesday 2<sup>nd</sup> November 2022 - 3.00 pm**  
**Microsoft Teams**

**Present:**

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee  
Dr Fiona Campbell, Vice Chair, GAAPAC  
Ms Helen Chisholm, Chair, GANMAC  
Ms Sharon Jones, Chair, Allied Health Professionals Advisory Committee  
Mrs Sue Kinsey, Public Representative  
Mr Craig McCoy, Vice Chair, Area Optometric Committee  
Ms Carole Noble, Vice Chair, Allied Health Professionals Advisory Committee  
Ms Vicky Ritchie, Chair, Healthcare Scientists Forum

**In Attendance:**

Dr Elizabeth Visser, Joint NHSG Rota Lead (Item 4)  
Ms Christina Cameron, Programme Lead (Item 5)  
Ms Else Smaaskjaer, Minute

Item	Subject	Action
1.	<p><b>Welcome</b></p> <p>Mrs Cruttenden thanked everyone for attending.</p> <p>Apologies noted from Mark Burrell, Adam Coldwells, Elaine Neil, Siddarth Rananaware, Mike Steven, Catriona Sutherland and Angus Thompson.</p>	
2.	<p><b>Minute of meeting held on 7<sup>th</sup> September 2022</b></p> <p>Following correction to the date of the meeting, the minute was approved as an accurate record.</p>	
3.	<p><b>Matters Arising</b></p> <p>There were no matters arising.</p>	
4.	<p><b>Doctors in Training (Support to Take Breaks)</b> <b>(Dr Elizabeth Visser, Joint NHSG Rota Lead)</b></p> <p>Dr Visser attended to inform the ACF about the consequences of doctors in training not taking the breaks agreed during each shift.</p> <ul style="list-style-type: none"> <li>• The rota for each doctor in training has to achieve a balance between ensuring time for training and practical experience, taking breaks to ensure safe practice and staff wellbeing and compliance with the Working Time Directive.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The Scottish Government expects that shifts for doctors in training do not exceed 14 hours, that there are natural breaks of at least 30 minutes after 5 hours of continuous working and 2 x 30 minutes breaks after 9 hours of continuous working.</li> <li>• Non-compliance has significant financial implications for NHS Grampian as the rules agreed by the BMA result in the actual hours worked being reflected in a higher pay banding and resultant increase in the salary paid.</li> <li>• Monitoring of rotas and actual hours worked would indicate that at this stage a number of doctors in training across Grampian will move onto Band 3 pay scales at considerable cost to NHSG. Noted that pre-pandemic this was 8 but now moving towards 24.</li> <li>• Discussions with trainee reps highlighted some of the barriers to taking breaks:             <ul style="list-style-type: none"> <li>~ Participation in educational elements – e.g. staying over time to take part in a surgical procedure.</li> <li>~ Junior doctors manage a substantial work load and find that natural breaks do not often occur within the five hour period.</li> <li>~ It is not always easy to hand over work to others who are also working under pressure.</li> <li>~ Access to facilities –staff rest rooms can be some distance from the ward making it is less easy to completely move away from the work area.</li> <li>~ Interruptions – taking breaks near the ward area results in accessibility to ‘check this’ or ‘sign that’.</li> </ul> </li> </ul> <p>Dr Visser noted the importance of junior doctors to the organisation and the challenges in addressing this issue. She advised that there are rotas which are consistently compliant and the position across the organisation is varied. However, comparison with other areas highlights NHS Grampian as an outlier. Engagement with groups such as the ACF had been agreed to seek views and suggestions on how this challenging issue can be approached differently.</p> <p>Key Points discussed:</p> <ul style="list-style-type: none"> <li>• There are huge inequities as apart from the additional costs, which are significant, other professional groups do not share the same regulations.</li> <li>• It is important to be mindful of other groups of trainees who may not enjoy working in teams which do not take breaks.</li> <li>• Although junior doctors may want to have some autonomy over their working time there could be some advantage, for a number of reasons, in mandating that they take the agreed breaks. Acknowledged that this would require leadership from UOMs and others.</li> <li>• Is there scope to raise awareness with staff around the need to avoid interrupting colleagues taking breaks. This could avoid referencing the inequity relating to pay bands, focus on patient</li> </ul>	
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	<p>safety, staff wellbeing and should relate to all colleagues and not specifically junior doctors.</p> <ul style="list-style-type: none"> <li>• There should be a review of where staff rest areas are located and whether more can be created in different areas across the hospital site.</li> <li>• Is there scope for ward teams to review working practices, including scheduling of tasks, to avoid interrupting staff on breaks.</li> <li>• It would be useful to seek the views of junior doctors who do take breaks, including how they manage their shifts and the incentives they have for taking breaks.</li> <li>• Discussions should shift from focusing on work pressures to looking at careers in the longer term, ensuring good practice, safe working and avoiding burn-out. Important that junior doctors do not view working without breaks as the norm, and then find they can't tolerate it in the longer term and leave the profession.</li> <li>• Also important that junior doctors do not reach a point where they view taking breaks as a weakness. There needs to be awareness that stress levels will increase during shifts without breaks which could have an adverse impact on patient safety.</li> </ul> <p><b>The ACF thanked Dr Visser for drawing attention to this issue and agreed that there should be continued focus on encouraging a culture where all staff are supported in taking breaks.</b></p> <p><b>The ACF also agreed that at advisory committees they would highlight the message around not interrupting colleagues when they are taking a break.</b></p>	
5.	<p><b>Dr Gray's Hospital – Strategy Development (Ms Christina Cameron, Programme Lead)</b></p> <p>Ms Cameron explained her role in the Planning, Innovations and Programmes Directorate. She is currently the programme lead for maternity services and this links into the work in developing a long term strategy for Dr Gray's Hospital (DGH). Dr Adam Coldwells, Director of Strategy is the Executive Lead for this development and Mr Simon Bokor-Ingram is the Portfolio Lead for Moray, including Dr Gray's Hospital.</p> <p>The recently agreed NHSG Plan for the Future provides the master framework and the strategic intent of People, Places and Pathways will be reflected in the strategy for DGH. Ms Cameron informed the ACF of the wide engagement with staff, patients, established community groups and Moray IJB in the development of the strategy. There had also been good participation in a series of workshops with staff groups and feedback had focused mainly on facilities, and the need for more investment in physical infrastructure, and how services can be delivered in a way which</p>	

	<p>reduces the amount of patient travel. Those who participated were also keen to have some certainty around the future of DGH confirmed and had suggested the potential for it to be a centre of excellence in testing new models of service delivery in remote and rural health provision and also as an anchor organisation for health care across Moray.</p> <p>Ms Cameron advised the next steps to report to NHS Grampian Board on 1<sup>st</sup> December 2022 to provide an update on engagement and with an outline of the role of DGH locally and as part of the wider Highland and Grampian network. The Board will then be asked to endorse the final strategy at its meeting on 2<sup>nd</sup> February 2023.</p> <p>The following points were discussed:</p> <ul style="list-style-type: none"> <li>• During a period of enduring challenges across the system it can be difficult to engage with staff around strategic issues but staff at DGH now welcomed their involvement in this process.</li> <li>• Developments at DGH, including installation of a new MRI scanner, are going ahead and it is hoped that this will help to develop services and encourage recruitment.</li> <li>• It was agreed that it would be important to communicate the role and function of DGH and the Board's commitment to its future.</li> <li>• Staff at DGH had expressed how they often felt on the periphery and the challenges in networking with services at ARI and Raigmore Hospital in Inverness.</li> <li>• It would be useful to engage with service areas outside DGH to develop a fuller picture around collaborative working and alignment of pathways.</li> <li>• Some services had taken forward pan-Grampian recruitment exercises but there had been some resistance to placement at DGH and how to make that more attractive needs to be reviewed. Acknowledged that while beaches and hillwalking may appeal to some applicants it will not appeal to all and there needs to be more done to promote the benefits of role diversity and working in a smaller environment rather than the large expanse of ARI.</li> <li>• A strategic direction for DGH could have a positive effect on recruitment and retention as it would provide some clarity for applicants regarding the future of the hospital and their role within it.</li> </ul> <p><b>The ACF thanked Ms Cameron for the update and agreed that members should feedback on the development of the strategy to their individual professional groups.</b></p>	
6.	<p><b>ACF Representation on NHSG Asset Management Group (AMG)</b></p> <p>Ms Cruttenden reported that Mr Paul Allen as chair of the AMG had been in touch to confirm that the group had agreed the benefits of</p>	

	<p>widening clinical representation at future meetings.</p> <p>Dr Thompson attends as Chair of the Area Medical Committee and Dr Steven as Chair of the GP Sub-Committee. Mr Bidwell had agreed to attend, when possible, in his role as Chair of the Consultant Sub-Committee. Ms Ritchie and Ms Boyd will share the role to provide a view from healthcare scientists and Maya Cross had agreed to represent GANMAC.</p>	
7.	<p><b>Updates from Advisory Committees and ACF Chair</b></p> <p><u>Chairs Feedback</u></p> <ul style="list-style-type: none"> <li>• A recent meeting of NHS Grampian Board had agreed that the ACF should have a line of sight across its plan of future agenda items. The Board Secretary will take this forward.</li> <li>• Mrs Cruttenden reported she had attended some portfolio team meetings but remains frustrated at the time it is taking to re-integrate the ACF into strategic and policy discussions. She will raise this again with the Director of Strategy. The ACF also acknowledged the variations in Executive support to advisory committees.</li> <li>• Mrs Cruttenden noted some recent discussions regarding recruitment across Grampian and how the ACF and individual advisory committees could feed through information to school events. This would be helpful in building up awareness and understanding of careers in healthcare professions. Mrs Cruttenden will circulate details. It was suggested that HR/Recruitment staff would be in a better position to respond to specific queries but acknowledged that everyone has a role in promoting a positive picture of working in healthcare.</li> </ul> <p><u>Public Health</u></p> <ul style="list-style-type: none"> <li>• No update at this meeting.</li> </ul> <p><u>Allied Health Professions Advisory Committee</u></p> <ul style="list-style-type: none"> <li>• Wished to highlight the gap in Scottish Government funding, there will be significantly less funding than the amount previously expected. The impact of this had been to stop any contracted activity where there was no legal commitment to continue, and the cessation of evening and weekend shifts. Locum activity had also ceased. There are concerns around the adverse impact on radiology capacity and an impact assessment is underway.</li> </ul> <p><u>Area Dental Committee</u></p> <ul style="list-style-type: none"> <li>• Had not met since the last meeting of the ACF. Next meeting scheduled for 9<sup>th</sup> November. Confirmed that, following her return from maternity leave, Debbie Thomson will resume the position of Chair with Mark Burrell as Vice Chair.</li> </ul> <p><u>Area Medical Committee</u></p>	

	<ul style="list-style-type: none"><li>• AMC had discussed concerns around the following:<ul style="list-style-type: none"><li>~ Acute medical admissions, particularly in the frailty pathway. This had been raised with the Medical Director, Acute.</li><li>~ The loss of funding for extended day working in CT and MRI which will result in further delays for non-urgent scans and possible delays in cancer diagnosis.</li><li>~ The shortage of theatre nurses in RACH leading to delays in paediatric surgery.</li><li>~ Continued ambulance stacking at ARI ED.</li></ul></li></ul> <p><u>Grampian Area Nursing and Midwifery Advisory Committee</u></p> <ul style="list-style-type: none"><li>• The review of the constitution will be complete for endorsement by the ACF in January 2023. The main objectives are to encourage engagement with GANMAC and resume an advisory role in relation to issues around nursing and midwifery.</li><li>• The NMAHP Policy for Clinical Supervision is currently undergoing review and a question was raised as to whether this and possibly other policies could be wider reaching, covering all NHSG employees.</li><li>• elementary staffing commission were also discussed.</li></ul> <p><u>Grampian Area Applied Psychologists Advisory Committee</u></p> <ul style="list-style-type: none"><li>• Had recently enjoyed a very positive meeting and no significant areas of concern for Applied Psychologists had been raised.</li><li>• There had been no success in appointing to the Director of Psychology post and this will be advertised again.</li></ul> <p><u>Area Optometric Committee</u></p> <ul style="list-style-type: none"><li>• A What's App group and group email had been set up for AOC Chairs across Scotland to share information and raise awareness of events in Board areas.</li><li>• The newsletter which had previously been issued by Grampian AOC across the local optometric community will be reinstated.</li><li>• The University of the Highlands and Islands had confirmed that the first cohort of students were ready for placements but there is currently no clarity regarding funding.</li><li>• Hospital budgets will again be used to fund glaucoma clinics in the community. This supports screening nearer to home.</li></ul> <p><u>Healthcare Scientists Forum</u></p> <ul style="list-style-type: none"><li>• The sustainability work in relation to vulnerable services continues and applications for the funds made available had been scored. These will now be checked for consistency and it is hoped that funding allocations can be confirmed before the end of the year.</li><li>• The forum had agreed that the next meeting in December will be in-person.</li></ul> <p><u>Area Pharmaceutical Committee</u></p>	
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**UN/APPROVED**

	<ul style="list-style-type: none"><li>• Had not met since the last meeting of the ACF.</li></ul> <p><u>GP Sub-Committee</u></p> <ul style="list-style-type: none"><li>• No update at this meeting.</li></ul> <p><u>Consultants Sub-Committee</u></p> <ul style="list-style-type: none"><li>• No update at this meeting.</li></ul> <p><b>Members are reminded that if there are important issues which advisory committees wish to raise at Area Clinical Forum they should ask to have them included as main agenda items.</b></p>	
	<p><b>AOCB</b></p> <p>Meeting Dates 2023 (All Wednesday 15.00 – 17.00 by Teams)</p> <ul style="list-style-type: none"><li>• 11<sup>th</sup> January</li><li>• 1<sup>st</sup> March</li><li>• 3<sup>rd</sup> May</li><li>• 28<sup>th</sup> June</li><li>• 6<sup>th</sup> September</li><li>• 1<sup>st</sup> November</li></ul>	
	<p><b>Date of Next Meeting</b></p> <p>Wednesday 11<sup>th</sup> January 2023 15.00 – 17.00</p>	