

NHS GRAMPIAN
Minute of the Area Clinical Forum Meeting
Wednesday 13th January - 3.00 pm
Microsoft Teams

Present:

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee
 Mr Mark Burrell, Vice Chair, Area Dental Committee
 Ms Catriona Cameron, ACF Vice Chair and Chair, AHPAC
 Dr Emma Hepburn, Vice Chair, GAAPAC
 Ms Vikki McBain, Vice Chair, Healthcare Scientists Forum
 Dr Alastair McKinlay, Chair, Area Medical Committee
 Mrs Elaine Neil, Vice Chair, Area Pharmaceutical Committee
 Ms Vicky Ritchie, Chair, Healthcare Scientists Forum
 Dr Rachael Smith, Chair, GAAPAC
 Ms Debbie Thomson, Chair, Area Dental Committee
 Ms Kathryn Trimmer, Chair, Area Optometric Committee
 Ms Julie Warrender, Chair GANMAC

In Attendance:

Dr Adam Coldwells, Interim Director of Strategy
 Professor Nick Fluck, Medical Director (Item6)
 Ms Fiona Francey, Chief Officer Acute (Item 6)
 Ms Susan Harrold, Programme Manager (Item 6)
 Mr Stuart Humphreys, Director of Marketing and Communications (Item 4)
 Mrs Susan Kinsey, Public Representative
 Mr Tom Power, Director of People and Culture
 Dr Mike Steven, Chair, GP Sub-Committee
 Professor Steven Turner, Chair, Consultants Sub-Committee
 Ms Else Smaaskjaer, Note

Item	Subject	Action
1.	<p>Welcome</p> <p>Mrs Cruttenden thanked everyone for attending and as this would be Professor Turner's final meeting as Chair of the Consultants Sub-Group she thanked him for his attendance at meetings and his valuable input which had been much appreciated.</p> <p>Mrs Cruttenden also recorded thanks to Howard Gemmell for his contribution to ACF since September 2015.</p> <p>Apologies were noted from Lynne Gess, William Moore and Les Petrie.</p>	
2.	<p>Minute of meeting held on 4th November 2020</p> <p>The minute of the previous meeting was approved as an accurate record.</p>	

3.	<p>Matters Arising</p> <p>There were no matters arising.</p>	
4.	<p>Operation Snowdrop – Transition to Level 4 Civil Contingencies</p> <p>A paper had been circulated by Dr Coldwells outlining the arrangements agreed for the transition of NHS Grampian to Level 4 Civil Contingencies (Operation Snowdrop). He explained that the 2nd wave of COVID during the winter period will result in unprecedented demand on the system and there are indications that this will exceed staff capacity to deliver the whole range of services currently in place.</p> <p>Dr Coldwells explained that this is the same model implemented during the 1st wave of COVID in 2020 (Operation Rainbow) and is based on a Gold, Silver and Bronze hierarchy which he had detailed in the paper. In addition, the Board Control Centre (BCC), with staff drawn from across the system, had been established under guidance from the Civil Contingencies Unit.</p> <p>Dr Coldwell reported that during escalation to level 4 focus will be maintained on key identified priorities. As staff capacity is matched to demands across the system some other services will have to be stepped down until the conditions are right to move towards a planned recovery phase. The key identified priorities are:</p> <ol style="list-style-type: none"> 1. Critical and Protected Services 2. Staff Health and Wellbeing 3. Test and Protect 4. Vaccination 5. Surge and Flow 6. Safe Environment 7. Comprehensive and Ongoing Engagement with Staff, Partners and Public <p>The following observations were made:</p> <ul style="list-style-type: none"> • Staff had commented that in some respects it seems like the command and control model in place during Operation Rainbow has been stepped up again but in other respects it seems very much like business as usual. • Members asked that a clear definition of what services are critical and protected should be communicated to staff. Mr Burrell noted that in dentistry some practices which had opened for routine treatment had been pulled back to essential treatment and some clear and direct guidance would be helpful. Ms Cameron highlighted the useful role of SLT in bringing staff 	

	<p>together to provide information and also seek feedback on proposals.</p> <ul style="list-style-type: none"> • Professor Turner noted that as a clinician he is comfortable in deciding what is essential based on the needs of patients and what is safe for staff. Dr Steven reported that LMC guidance indicated the same level of activity as that during the 1st wave. He also noted that GPs will continue to review the need for referrals during this phase. GPs will continue to refer patients when considered necessary but there is acknowledgement that it will not be helpful when the organisation moves towards a planned recovery to have a system burdened with outstanding appointments. Dr McKinlay advised that triage of referrals should continue as part of core business so that when the organisation starts to recover people will be at the right place within the system to be seen without any further delay. • Dr Smith observed that staff are pleased to have some professional discretion there was some relief in the more authoritarian approach during Operation Rainbow. She added that although the current approach could be considered preferable, it places a higher level of responsibility on staff who are all working at varying degrees of exhaustion. • Members agreed it would be useful to have some understanding of the communication plan around this so that professional groups are aware of current status for their service area at all times. There are also linkages between services and staff need to know what level of activity is being undertaken by colleagues across the system. • Dr Smith noted that from a Psychology Advisory Committee (GAAPAC) perspective the group fully supports the organisation in considering staff wellbeing both reactively in the current situation and proactively for recovery and resilience building. This should be something that contains the importance of evidence based intervention for staff within a tiered model that can be provided from a number of staff who may be trained in specific approaches including coaching, wellbeing champions on wards, psychological first aid but which also needs to include access to specialist intervention from clinical psychologists for individuals and teams as required. • Mr Humphreys reported that Corporate Communications continue to work on proactive communication. Attendees agreed that although the daily brief is useful it is questionable if staff continue to read it each day. Mr Humphreys asked that staff send through suggestions on what they would find helpful in the brief. He also noted that it would be helpful to increase the use 	
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	<p>of short video clips, especially featuring front line staff and departmental managers. He asked ACF to feedback any suggestions.</p> <p>Mrs Cruttenden thanked Dr Coldwells and asked ACF to feedback to Corporate Communications with any suggestions to enhance communication to staff.</p> <p>Later in the meeting there was an opportunity to ask Professor Fluck, Medical Director for clarity on some of the queries raised. Professor Fluck explained that decisions relating to definition of critical and protected services are made at Clinical Board, then agreed through GOLD Command and discussed at SLT. Professional groups through sector leads should be kept informed of what these are. There is recognition that focus on identified key areas will impact on other areas of service but it had become necessary to match resources available with essential activities, and there will also be will be additional pressures in supporting the vaccination programme.</p>	
5.	<p>Updates from Advisory Committees and ACF Chair</p> <ul style="list-style-type: none"> • <u>Chairs Feedback</u> – no feedback at this meeting. • <u>AMC</u> – meeting in December had discussed Community Hubs and Primary/Secondary communications. The Committee will now seek representation from both Primary and Secondary Care to achieve a balanced membership. • <u>GP Sub-Committee</u> – GPs had agreed that they had been more active during the current lockdown than during the 1st wave. There had been challenges relating to Covid Hubs as although much of the activity remains remote there are also staff working on site. GPs had discussed challenges relating to the vaccination programme including roll-out plans and logistics. • <u>Consultants Sub-Committee</u> – appointments to Chair and Vice Chair will be confirmed in next few weeks. Next meeting to discuss staff vaccinations and patient flow. • <u>AOC</u> – some community optometrists successfully conducting clinics for Secondary Care. Optometrists had reported various interpretations of guidance and are asking for clarity. • <u>GANMAC</u> – recent meeting had been postponed. Sector reports had highlighted the request to encourage ward staff to volunteer for deployment/additional shifts in care homes. Managers understand the requirement but there are challenges in filling the gaps which then result in their own areas. 	

	<ul style="list-style-type: none"> • <u>AHPAC</u> – recent meeting had included updates from Practice Education Lead, Baird and ANCHOR project and a discussion around the Education Recovery Group. AHPs reported that developing content for the Remobilisation Plan had helped to define what should be considered as core and critical services. • <u>APC</u> – had discussed flu vaccinations and although core activity remains the supply of medicines there was general agreement that community pharmacies could have contributed more to the delivery of vaccinations if they had been asked. No immediate concerns regarding the supply chain of medicines post-BREXIT had been indicated. • <u>ADC</u> – main concerns relating to mixed messages and lack of clear guidance. Many dentists not yet vaccinated and profession generally feels unheard and unsupported. • <u>GAAPAC</u> – Director of Psychology taking up a fixed term secondment with Scottish Government and post will be advertised in next few weeks. Staff were pleased that funding for the resilience hub had been continued, although would prefer to see agreement for longer term funding. • <u>Healthcare Scientists Forum</u> – had reviewed constitution which had been circulated. Recent meeting had discussed vulnerable services and in particular the challenges relating to single staffed services. A short life working group will develop a paper. Plans ongoing for a Healthcare Science week in March, which will be organised using social media, to promote and raise awareness of the many professions within this staff group. <p>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.</p>	
6.	<p>NHS Grampian Winter Surge Plan</p> <p>Professor Fluck, Ms Francey and Ms Harrold attended to outline the winter surge plan. Professor Fluck explained that due to Covid the usual consultation process had been set aside but he assured ACF there would still be opportunity to provide feedback. The Plan will be presented to NHSG Board on 14th January and will be uploaded onto NHSG Intranet as a live document for comment.</p> <p>Members agreed that it had been unfortunate ACF could not be involved in developing the plan but noted that the document was easy to read, concise and comprehensive and were content to provide input to the online document.</p> <p>ACF noted the NHS Grampian Winter Surge Plan.</p>	

7.	<p>AOCB</p> <p>Annual Leave Carry Forward</p> <p>Dr McKinlay asked if NHS Grampian intended to strictly apply the five day carry forward rule. He highlighted that there are a significant number of staff who during 2020 had felt unable to take leave and, given current circumstances, would find it difficult to use up all outstanding leave before the end of March. To limit the carry forward to five days would risk sending out the wrong message to staff who had worked above and beyond normal duties. Mr Power responded that it is acknowledged all staff would be unable to take all their annual leave entitlement for 2020/21 and in these exceptional circumstances and they should make representation through their line management structure to negotiate either excess carry forward or pay in lieu. Dr McKinlay asked that this should be clarified to staff.</p> <p>Staff Health and Wellbeing</p> <p>Mrs Cruttenden noted a common discussion thread relating to staff wellbeing and feelings of uncertainty and vulnerability. She suggested this should be highlighted to the Board and remain on the ACF agenda going forward. Mr Power reported on the work of the Staff Health and Wellbeing Group and invited ACF to nominate a representative to attend the group which meets each week for one hour.</p> <p>Mrs Cruttenden will circulate an email asking for willingness to participate.</p>	
8.	<p>Key Messages from ACF to the Board</p> <p>Main Themes:</p> <ul style="list-style-type: none"> • Staff Health and Wellbeing. • Service Changes. 	
	<p>Date of Next Meeting</p> <p>Wednesday 10th March 2021. 15.00 – 16.30 by Teams</p>	