

## **Area Clinical Forum Report to Grampian NHS Board Meeting on the 1<sup>st</sup> of March 2023**

### **Purpose of Report**

This report updates the Grampian NHS Board on key issues arising from the Area Clinical Forum (ACF) meeting on the 1<sup>st</sup> of March 2023.

### **Recommendation**

The Board is asked to note the following key points:

### **Clinical staff training**

The ACF welcomed Gerry Lawrie (Head of Workforce and Development) to the meeting to discuss statutory and mandatory training of clinical staff. Statutory training is required by legislation and mandatory training is required by the organisation to ensure a safe working practice. The completion of this training starts on induction into NHS Grampian and is a continual process throughout a staff member's career. It is challenging to ensure that all staff complete the training required of them and at the recommended interval. There was useful discussion and agreement that Gerry and the ACF and potentially GAPF will take forward a joint commission on this topic. All of the professional advisory committees were also to discuss this topic and provide feedback.

### **Information flow- Primary and Secondary Care**

At recent engagement meeting with the ACF and Chief Executive a concern was raised regarding the time involved in clarifying patient information between professional groups. Correspondence is no longer just between GP and consultant but can involve a range of professionals who input into a patient's care. This was discussed to see if some way could be found to improve the flow of information and ensure that patient information is readily available to colleagues when they need it. The professional advisory committees are now tasked with discussing this and will provide feedback through the ACF.

### **Winter Response**

The ACF continue to have short weekly update meetings with members of the systems leadership team (Chief Executive, Medical and Nursing Directors) around the winter response. It is proving very useful to have this direct engagement between the SLT and ACF, opening up channels of communication and sharing of challenges and concerns. All members of the ACF are keen to continue these short meetings on a long term basis.

### **Workforce challenges**

Workforce challenges continue to be a recurring theme of discussion at the ACF meetings. Staff attraction and retention sited as issues in many parts of the system and high vacancy rates leading to low staff morale.

### **Cataract Pathway**

Concern was raised by the Optometry group about NHS Grampian no longer using agency staff to provide cataract surgery. Approximately eighty percent of cataract surgery was carried out by agency staff and the removal of this has increased the waiting time for pre-assessment and subsequent surgery greatly. The concern is then what the impact on patients' sight and quality of life will be.

### **Electronic Employee Support System (eESS)**

Concerns were raised by three of the professional groups regarding the new eESS system. In general, eESS has had a negative impact on the workload of middle managers and although there is understanding that the eESS team is under pressure there are problems emerging in relation to incorrect salary payments and some staff not being paid at all. In

addition there are consequences for staff who need to be on the system to progress their Visa applications. It is a complex system and there are concerns over the quantity of time required to understand and be able to operate the system effectively.

### **GP practice**

There are ongoing concerns regarding waiting lists, the increasing number of GP practices closing their patient lists and the impact this will have on people moving into Aberdeen City in particular. The GP Sub-Committee had noted the increasing number of practices handing back their contracts and how this will impact on a significant number of patients. GP Leads continue to meet to review how this situation can be managed safely and there are plans to arrange a larger workshop to include GP Leads and the Scottish Government to explore if combining resources will help. There had been agreement that increasing the number of agency/locum staff will be disruptive and expensive and acknowledgement that practice teams are wider than GPs with the inclusion of wider multi-disciplinary teams in each practice.

### **Staff Breaks, Rest and Recovery**

This commissioned joint working group comprising of members of the GAPF and ACF, has been set up and is due to meet in March 2023.

### **ACF integration**

Following engagement meetings and a workshop the ACF are still working on connecting with the new portfolios and systems. The chair has attended meetings with three of the portfolios and last one is still yet to happen. We are spreading the message about the composition and purpose of the ACF which is helping raise awareness but are still requiring a steer from system leaders on how to link into the relevant forums. We need to ensure that we have representation across the system so that we are able to volunteer for appropriate activities and link into suitable strategies in development at an early stage.

### **Board Programme**

The Board programme is a standing item on the ACF agenda to allow the forum to fulfil the role of providing clinical and professional advice to the SLT and Board on relevant topics. We look forward to planning our meetings in 2023 aligning with the new Board programme when it is available.

**Kim Cruttenden**  
**Area Clinical Forum Chair**  
**March 2023**