

NHS GRAMPIAN
Minute of the Area Clinical Forum Meeting
Wednesday 23rd June 2021 - 3.00 pm
Microsoft Teams

Board Meeting 07.10.21 Open Session Item 15.07

Present:

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee
Ms Karen Boyd, Vice Chair, Healthcare Scientists Forum
Mr Mark Burrell, Chair Area Dental Committee
Ms Catriona Cameron, ACF Vice Chair and Chair, AHPAC
Dr Alastair McKinlay, Chair, Area Medical Committee
Ms Carole Noble, AHPAC
Mr Les Petrie, Vice Chair, GANMAC
Ms Vicky Ritchie, Chair, Healthcare Scientists Forum

In Attendance:

Dr Adam Coldwells, Director of Strategy, NHS Grampian
Ms Sarah Duncan, Board Secretary, NHS Grampian
Mrs Sue Kinsey, Public Representative
Mr Siddharth Rananaware, Public Representative
Dr Mike Steven, Chair, GP Sub-Committee
Ms Jenna Young, Planning, Innovation and Programmes
Ms Else Smaaskjaer, Note

Item	Subject	Action
1.	<p>Welcome</p> <p>Mrs Cruttenden thanked everyone for attending and welcomed Ms Sarah Duncan who was attending to observe in her role as Board Secretary. Mrs Cruttenden also welcomed Carole Noble attending with a view to taking on the role as Vice Chair of AHPAC.</p> <p>Apologies were noted from James Bidwell, Craig McCoy, William Moore, Rachael Smith, Kathryn Trimmer and Julie Warrender</p>	
2.	<p>Minute of meeting held on 5th May 2021</p> <p>The minute of the previous meeting was approved as an accurate record.</p>	
3.	<p>Matters Arising</p> <p>None.</p>	
4.	<p>NHS Grampian Strategy – Draft Staff Engagement Pack (Adam Coldwells, Director of Strategy and Jenna Young, Planning Manager, Planning, Innovation and Programmes)</p> <p>Dr Coldwells introduced Ms Young to the ACF and provided some</p>	

background to the item. He explained that the draft staff engagement pack had been circulated to members as part of building up a new relationship between the ACF and the Leadership Team. As part of taking that forward the advisory structure would be asked to provide advice on specific items through its professional networks. He reminded the ACF of the five priorities agreed by the Board in the Chief Executive's strategy paper "The Eighth Decade" which highlighted placing staff at the centre and a commitment to engaging with all staff groups in shaping the strategic direction of the organisation.

Ms Young presented the draft engagement pack and informed members that it would be helpful to have feedback from the ACF before the wider launch to staff groups across the organisation. She noted that the questions in the pack circulated before the meeting had been framed for staff. Consultation with the wider public and partner organisations will have slightly different questions but cover the same areas to gather views on how services were delivered before and during Covid-19. The pack had been considered by the wider System Leadership Team which had welcomed the approach in outlining the background and context for change. Ms Young observed that in preparing the consultation packs it had been decided to be bold, honest and acknowledge the positive changes implemented during Covid. She asked that members of the ACF discuss the consultation at their advisory committees and feedback any concerns or suggestions regarding the content and how it will be received by staff across different parts of the system.

The main points raised included:

- Dr Steven noted that the pack covered all the areas and recognised the impact Covid-19 has had on staff. He asked that consultation should not be restricted to General Practice but should cover all areas of Primary Care and Community Services. He suggested that it would be helpful to connect with GP cluster groups to gain locality based views and the Primary Care bulletin could be a useful means of communication.
- Mr Burrell highlighted that in some services there is a degree of staffing fatigue and a wish to return to pre-Covid 'normality'. In those circumstances it would be important to manage messages around necessary change in moving forward. Ms Young agreed that some staff wished to return to 'normal' and should be given time to think through the need for change. The consultation would include discussions regarding what staff had liked or disliked pre-Covid and during Covid.
- Ms Cameron asked for recognition that not all staff groups are at the same place. Some have been impacted more than others

	<p>and there will be a range of opinions. Those evaluating submissions may need to get beneath the response and ensure some balance to avoid individual bias and preferences influencing the consultation. Mr Petrie agreed that some teams will welcome this process whilst others will be resistant and there would be challenges in reaching those staff groups. Ms Young responded that the survey will ask which staff group responders belong to and this will help to identify which groups are under pressure. She also informed the ACF that engagement would be an individual decision and participation would not be compulsory.</p> <ul style="list-style-type: none"> • Dr McKinlay advised there is no 'right' time for consultation or a time when everyone will welcome another questionnaire/survey in their inbox. He noted that pressure on staff had not only been during the main pandemic but staff are now showing evidence of stress and tiredness and it would be important to move forward before old 'battle lines' begin to re-emerge. He suggested it would be helpful to engage staff with the benefits of changes implemented such as the positive environmental impact of digital consultation with patients rather than have them travel to hospital for appointments. • Ms Cruttenden welcomed the staff engagement process and highlighted that some advisory committees represent a wide range of staff across the system including, Acute, Primary Care and Independent Contractors. Chairs of advisory committees would need to be clear on which views they are putting forward into the consultation process and whether that would be the views of their own sector or for all sectors. <p>Ms Young confirmed there would be a similar approach in relation to wider public consultation. Work is ongoing with Community Planning Partnerships and other organisations to agree the final format.</p> <p>Area Clinical Forum were keen to engage in the process and it was agreed that advisory committees should discuss the draft staff engagement pack and feedback to Ms Young.</p>	ALL
5.	<p>Proposed Workshop</p> <p>Mrs Cruttenden reported the changing relationship between the ACF and the Senior Leadership Team (SLT). The SLT had become a much wider group and it had been concluded that there was no real value to continuing with the quarterly meetings. She also noted that as the portfolio management structure is developed across the Acute Sector the ACF were no longer included in the revised membership of the Acute Leadership Team. This had resulted in some uncertainty regarding where the ACF fits into the new</p>	

	<p>structure and at the last meeting there had been a discussion around holding a workshop to review the purpose and role of the ACF. It had been recognised that there is good engagement with advisory committees and it would be useful to consider how the management structure can benefit from the expertise and knowledge of the ACF and also how the ACF can feed in and make a meaningful contribution to strategic planning across the wider system.</p> <p>Dr Coldwells advised that the SLT had become a much wider group as a result of levelling the hierarchy in the organisation and extending discussion across a wide range of team leaders. Sub-Groups had been considering how that could be brought together to provide effective System Leadership and contribute to specific tasks. This will include proposals around where the ACF can best fit into the new structure.</p> <p>Ms Cruttenden suggested that it would be more useful to discuss the purpose and content for a workshop when there is more clarity and this item should be back on the agenda for the next meeting on 1st September.</p> <p>It was agreed that an ACF workshop would be discussed again at the next meeting on 1st September.</p>	<p>KC</p>
<p>6.</p>	<p>Confirmation of Chair Area Clinical Forum</p> <p>Mrs Cruttenden thanked members for their support during the recent election process.</p> <p>It was agreed that Mrs Cruttenden will continue to serve as Chair of the Area Clinical Forum from 1st July 2021 to 30th June 2023.</p>	
<p>7.</p>	<p>Staff Health, Safety and Wellbeing</p> <p>Mr Petrie circulated the flash report from recent meeting of the Staff Health, Safety and Wellbeing Group. The flash report outlined the ongoing work and next steps for the five programme workstreams:</p> <ul style="list-style-type: none"> ~ Team Recovery and Recuperation (Lead: Emma Hepburn, Clinical Psychologist) ~ Personal Resilience and Mental Health (Lead: Pauline Gilbert, Organisational Development) ~ Remote and Hybrid Working (Lead: Dianne Drysdale, Corporate Sector) ~ Health Lifestyle Support (Lead: Julie Philips, Public Health) ~ Communication and Web Administration (Led by Corporate Communications and Public Involvement Teams) 	

	<p>There is also a Survey and Evaluation Sub-Group which review and report on survey results. Mr Petrie informed the ACF that Emma Hepburn, Clinical Psychologist had recently been appointed as the We Care Programme Lead to take oversight and coordinate work across the five programmes. The Group had acknowledged some disquiet amongst staff with mention of ‘tokenistic gestures’ but Mr Petrie was keen to highlight the range of good work being taken forward which went beyond distribution of mugs and chocolates.</p> <p>Mrs Cruttenden agreed that the Group covered a range of workstreams which are central to staff wellbeing but advised that not all staff have access to IT/email and all forms of engagement should be considered.</p> <p>Mr Burrell raised a general concern regarding home:work balance highlighting the increasing volume of emails and other work related items which are intruding into personal time. Some staff had indicated they never fully switch off from work mode and a key priority should be to break that continuous cycle of activity. Dr McKinlay agreed and noted that if staff do not take breaks their work will be affected and the impact of staff sickness absence would be more harmful than that of planned leave. Mrs Kinsey reported similar concerns emerging in the third sector where more staff/volunteers are communicating feelings of tiredness and fatigue.</p> <p>The ACF thanked Mr Petrie for the update.</p>	
8.	<p>Updates from Advisory Committees and ACF Chair</p> <p><u>Chairs Feedback</u></p> <ul style="list-style-type: none"> the Chairs report to NHS Grampian Board had been distributed. There was no recent ACF Chairs meeting to report. <p><u>Public Health</u></p> <ul style="list-style-type: none"> no update at this meeting. Mrs Susan Webb, Director of Public Health is expected to attend the next meeting on 1st September. <p><u>Area Medical Committee</u></p> <ul style="list-style-type: none"> Dr Angus Thompson had been confirmed as the new Chair of the Committee. Recent meeting had been attended by Professor Bhattacharya from the University of Aberdeen who had been optimistic about the student programme. He had reported that although there had been disadvantages in relation to lack of clinical exposure students had coped reasonably well. Dr McKinlay noted that it would take a long period of time for clinical services to recover from the lack of hands on training during the pandemic. AMC had also discussed the Independent Review of Adult Social Care (the Feeley report), commissioned by the Scottish Government, and agreed concerns regarding the impact on 	

health board finances and the minimisation of the role of local authorities if the proposed centrist approach is implemented.

GP Sub-Committee

- Low morale reported mainly due to significant work pressures during a challenging time. Public perception that GPs are not busy had resulted in some difficult and frustrating conversations. Indications are that waiting times will increase and will place additional pressure on GP services. Corporate Communications had put together some helpful messaging around why things are different and how covid restrictions impact on models of service delivery. Mrs Cruttenden noted an awareness of misunderstanding regarding pressures on GP services and asked if there were any plans to recommence face to face consultations. Dr Steven reported that decisions around this would be taken locally, based on the space available to accommodate measures required in protecting patients and staff.
- Some practices had found it increasingly difficult to manage the flow/volume of work coming from eConsult and had stopped using it.
- As a result of staffing challenges and concerns around closure some practices had decided to operate under 2C arrangements. This had been led by Aberdeen City IJB and although there had been some discomfort around interest shown by big companies it is hoped this will stabilise the situation across the area.
- The Primary Care Premises Plan had been updated and GPs had noted the positive outcomes from recent Covid works.
- There had been disappointment at the lack of engagement regarding Long Covid. It had been hoped to have a one-stop holistic clinic but this had not been agreed and patients are likely to fall into a system of multi-referrals. Dr Coldwells advised that this is being funded centrally but suggested that Dr Steven contact the rehabilitation network who are reviewing how it could be framed locally.
- The predicted 3rd Covid wave is expected to place increased pressures on Primary Care services and some support will be asked from Secondary Care colleagues, especially in relation to Paediatrics. Dr McKinlay noted that AMC had agreed the need for more shared learning between Primary and Secondary Care sectors.

Consultants Sub-Committee

- no update at this meeting.

Area Optometric Committee – had submitted an update by email.

- Developed low vision pathway so more appropriate referral pathway for patients.
- Considering more conditions to be included Local Enhanced

	<p>Service contracts so that these conditions can be managed safely in all community practices.</p> <ul style="list-style-type: none"> • Resuming Independent Prescribing clinical placements to reduce backlog and get more people qualified. • Elections upcoming for more AOC members. • AOC constitution amendments to be agreed at next meeting and then will send to ACF for approval - addition of Dispensing Optician elected member and wording changed from Chairman to Chairperson. • Capacity issues due to large backlog in hospital and community service finding it difficult to take on more shared care to take workload from hospital. <p><u>Grampian Area Nursing and Midwifery Advisory Committee</u></p> <ul style="list-style-type: none"> • main discussion had been around staff health and wellbeing. Some concern raised regarding the pace of remobilisation in a context of a high volume of staff vacancies and increased incidence of staff absence. <p><u>Allied Health Professions Advisory Committee</u></p> <ul style="list-style-type: none"> • recent meeting was well attended and had considered a three topic agenda which provided an opportunity to stop and reflect. • Good news stories – well received and generated discussion around good publicity for professional groups. • Remobilisation and what is going well – there was a high level of positivity around what had been changed. Some disciplines reported difficulties in accessing schools for services such as occupational/speech and language therapy which will impact on reporting of numbers seen. • Education Recovery – supporting staff and undergraduates. Student activity is good with most reporting a positive experience. Recruitment is generally better than it had been. <p><u>Area Pharmaceutical Committee</u></p> <ul style="list-style-type: none"> • meets week beginning 28th June. <p><u>Grampian Area Applied Psychologists Advisory Committee</u></p> <ul style="list-style-type: none"> • no update at this meeting. <p><u>Healthcare Scientists Forum</u></p> <ul style="list-style-type: none"> • Most services had remobilised and concerns raised regarding waiting lists. • Labs now experiencing a busy workload resulting from increased inpatient testing in addition to covid testing. Suggested there should be improved management of patient expectations in clear explanation that having tests completed will not guarantee an early appointment for surgery. • Some services to review engagement with students and trainees. 	
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	<ul style="list-style-type: none"> The work of the Short Life Working Group had nearly completed and will be presented to the ACF at the next meeting on 1st September. Work had broadened out from a review of vulnerable services to general sustainability across Healthcare Science professions. <p><u>Area Dental Committee</u></p> <ul style="list-style-type: none"> Ms Thomson now on maternity leave and Mr Burrell had been asked to take on the role of Chair, a new Vice Chair will be appointed at a future meeting. Concerns that changes related to aerosol generating procedures are slowing down activity. The Scottish Government had indicated free dentistry for all 18-25 year olds and it is unlikely there will be workforce availability to deliver on that. Reminder that many dental practices cannot access Grampian Guidance. <p>It was agreed that updates from advisory committees are an important part of the agenda and time should be allowed to share concerns, discuss challenges and reach a shared understanding of issues across the system. Future meetings of the ACF will be extended to two hours to allow time for those important conversations.</p> <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>	KC/ES
9.	<p>AOCB</p> <p>Mrs Cruttenden and members thanked Dr McKinlay for his regular attendance at the ACF during his time as Chair of the Area Medical Committee and the valuable and insightful contribution he had made to discussions. Dr McKinlay noted that the advisory structure provides a very good learning experience and makes a difference in encouraging a less insular view of activity across services.</p>	
10.	<p>Key Messages from ACF to the Board</p> <p>Main Themes:</p> <ul style="list-style-type: none"> Pressures on GP Practices. Staffing and Remobilisation. Positive work around Staff Health, Safety and Wellbeing but also concerns regarding work:life balance. 	
	<p>Date of Next Meeting</p> <p>Wednesday 1st September 2021. 15.00 – 17.00 by Teams</p>	