#### **NHS GRAMPIAN**

# Minute of the Area Clinical Forum Meeting Wednesday 1<sup>st</sup> July 2020 - 3.00 pm Microsoft Teams

Board Meeting 3 12 20 Open Session Item 12.5

#### Present:

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee Ms Catriona Cameron, ACF Vice Chair and Chair AHPAC Mrs Lynne Gess, Vice Chair, AHPAC Dr Emma Hepburn, Vice Chair, GAAPAC Dr Alastair McKinlay, Chair AMC Mrs Elaine Neil, Vice Chair, Area Pharmaceutical Committee Mr Les Petrie, Vice Chair, GANMAC Ms Vicky Ritchie, Vice Chair, Healthcare Scientists Forum Dr Rachael Smith, Chair, GAAPAC

### In Attendance:

Dr Adam Coldwells, Interim Director of Strategy
Dr Kevin Deans, Vice Chair, Consultants Sub-Committee
Dr Howard Gemmell, Public Representative
Mrs Susan Kinsey, Public Representative
Dr Mike Steven, Chair, GP Sub-Committee
Professor Steven Turner, Chair, Consultants Sub-Committee
Ms Else Smaaskjaer, Note

Item		Subject	Action
1.	Weld	come	
	Mrs	Cruttenden thanked everyone for attending the meeting.	
		ogies were noted from John Dean-Perrin, Julie Warrender and am Moore.	
2.	Minu	ite of meeting held on 6 <sup>th</sup> May 2020	
	The minute of the previous meeting was approved as an accurate record.		
3.	Matters Arising		
	3.1	Podcast – Mrs Cruttenden advised members a date is to be arranged for the joint Podcast (ACF/SLT/GAPF) to highlight the contribution of the advisory structure.	

## 4. **ACF/SLT Joint Meetings**

Mrs Cruttenden reported that feeback regarding the joint meetings with SLT had been generally positive but some concern expressed that a more structured approach would ensure the meetings are purposeful rather than a 'box ticking' exercise. The following points were discussed:

- Whether it would be useful to develop a Terms of Reference for the joint forum but it was agreed that the Constitution for Area Clinical Forum is clear on how ACF should provide advice to NHS Grampian Board and that would also cover discussions with SLT.
- Agreement that if ACF is to make a meaningful contribution to SLT developments time is required to gather people together and organise relevant input.
- SLT is a large group, which makes it difficult to engage in meaningful conversation - would it be useful to request discussion on specific topics for each meeting?
- ACF should suggest broad items for discussion and think ahead to what could become 'hot topics' between meetings.
- ACF has moved on a great deal in recent years and has to fully establish its focus in engagement with SLT as the joint meetings continue to evolve and develop.

Dr Coldwells noted the points raised, and confirmed that SLT are keen to build on the relationship established through the joint meetings which are still in the early stages of development. He also highlighted the difficulties in covering all current topics during an hour and the importance of the parallel discussions which take place to secure professional views from advisory committees on relevant matters. Dr Coldwells asked that everyone, both SLT and ACF, should keep working towards making the meetings meaningful.

Mrs Cruttenden agreed that it was very useful to have an open forum with SLT but noted that it would be important to consider useful outcomes and for ACF to maintain its purpose as defined in the constitution to provide multi-disciplinary advice.

During the discussion ACF also considered the role of the Clinical Board and where that sits in relation to the advisory structure. Dr Coldwells explained that the longer term role of the Clinical Board remains unclear but it had been useful when developing a speedy response to COVID-19 to have that large group, representing a wide range of professional groups, around the table. Dr McKinlay suggested that the Clinical Board had an operational role whilst ACF provides strategic multi-disciplinary input to the system and would have a role in advising on the changes required in reestablishing services. Mrs Kinsey highlighted the positive changes,

including remote consultations, introduced in response to COVID and suggested many should remain in place. It was agreed that whilst acknowledging there are patients who need to have face to face consultations it would be of benefit to hold onto and expand some of the new ways of working introduced in recent months. ACF also recognised the changes which would result from segregation, physical distancing and the reduced bed base in the acute sector.

### 5. Recovery Cell Update

Mrs Cruttenden reported that ACF had representatives on all three recovery cells:

Staff Wellbeing – Mrs Cruttenden and Dr Hepburn Resetting and Rebuilding – Mr Dean-Perrin and Dr Smith Health Impact – Mr Llewellyn and Professor Turner

Staff Wellbeing – It had taken some time to work out what was expected and currently gathering information rather than taking actions forward.

Resetting and Rebuiding – ACF representatives had joined at a later stage than others and were also unclear about what is expected. Cell is working on defining the 'new normal'. Recent meeting had been more successful and had reflected earlier discussion regarding which recent changes should be embedded.

Health Impact – Professor Turner had not received invitation to recent meeting. Mr Coldwells will bring that to the attention of the Cell Lead.

Mr Coldwells reported that a World Café event will be organised to bring the cells together and review work to date. The aim of the event is to review any duplication and overlaps and to have a broader discussion on lessons learned since March and how to reset without losing positive gains. He noted the points made regarding involvement and engagement and the need for some clarity around the aims of each cell.

### 6. Education Recovery Group

Mrs Cruttenden explained that she wanted advisory committees to be aware of the recently established Education Recovery Group, led by Dr Richard Coleman, Associate Medical Director. Mr Coldwells added that the idea behind the group is that it should work collectively across the system and engage with key education providers to re-establish education programmes in NHS Grampian. He asked advisory committees to contact Dr Coleman as it is important that all professional groups are included in discussions.

# 7. **Remobilisation Plan** Mrs Cruttenden advised members that the re-mobilisation plan submitted to the Scottish Government on 25th May had been uploaded to the Teams page for ACF. There would not be time within the meeting to discuss in detail but if there were any concerns regarding the plan members should contact her directly. Mr Coldwells explained that the next iteration of the re-mobilisation plan is due to be submitted to the Scottish Government by the end of July will cover the period from August 2020 to March 2021. Alan Gray (Director of Finance) and Lorraine Scott (Acting Director of Modernisation) are leading and coordinating completion of the document. AC It was agreed that ACF should have sight of and provide feedback on the longer term plan. **Commission Updates** 8. Mrs Cruttenden reminded members that work on commissions had been paused during the response to COVID-19 but it is intended it will now recommence, with particular focus on Supplementary Staffing. It was confirmed that this had been discussed at recent meetings of AHPAC, GAAPAC and GANMAC. Mr Coldwells confirmed that supplementary staffing was now back on the agenda due to staffing implications of re-starting services and views from advisory committees would be welcomed. Mrs Cruttenden will recirculate the information and Mr KC/AC Coldwells advised that committees could submit individual feedback as there does not need to be a collective view. 6. **Updates from Advisory Committees and ACF Chair** Chairs Feedback – recent meeting of ACF Chairs had worked well on Microsoft Teams. Feedback from other areas would indicate that NHS Grampian had been proactive in adopting a joined up approach across the system and in its engagement with the advisory structure. AMC/CSC – committees now meet as a joint group each month to review overlapping issues. Had recently discussed pathways and problems relating to how these are developed. Proposed that AMC constitution will be reviewed to make provision for elected members from each sector. This is on hold at the moment and will be circulated to ACF when agreed by AMC. CSC had also reviewed constitution to address allocation of the time commitment in job plans. Also on hold in the meantime and will be circulated to ACF when agreed by the Sub-Committee.

- GP Sub-Committee GP Sub-Committee and Local Medical Committee also meet as a joint group. GPs had expressed a general feeling that things are returning to normal activity and there had been more face to face consultations in recent weeks. There had been a need to review the time allocated for each consultation to take into account preparation and patient flow to meet the requirements of physical distancing. GPs acknowledge that Near Me and the triage model introduced in March will continue. As eConsult comes on-stream it is assumed that more patient contacts will be remote and although many patients welcome the opportunity for remote consultations there are some who need face to face appointments. The Interface Group had been particularly useful and GPs had noted the challenges in managing waiting times. There had been some concerns regarding the shift in secondary care workload to GP practices and the Sub-Committee would like to see some of the issues associated with this resolved sooner rather than later. Plan to refresh constitution with LMC to confirm representation.
- Area Optometric Committee no upate available.
- GANMAC first meeting by Teams had been well attended.
   There had been discussion regarding change processes and the impact on staff wellbeing an morale. A change in acuity and increase in activity at Woodend and in MHLDS had been noted. Review of constitution on agenda for meeting in August.
- <u>AHPAC</u> meeting by Teams had been well attended. Ongoing issues with Job Train had been raised and Tracey Hicks, Recruitment Manager, will be invited to attend meeting in August. Review of constitution on agenda for August meeting.
- <u>APC</u> had discussed the impact of COVID-19 on the workload in community pharmacies where there had also been some challenges relating to physical distancing and managing foot flow. However, the willingness of people to discuss their needs with pharmacists had been welcomed.
- GAAPAC constitution had been reviewed, circulated to ACF members and is now an agreed document to be reviewed again in December 2021. There had been agreement that the response to COVID-19 had highlighted the capacity for change across the organisation. There had also been some discussion on whether NHS Grampian's response to the Black Lives Matter movement had been appropriate.
- Healthcare Scientists Forum Teams meeting had been very well attended. A review of the constitution is ongoing. Concerns raised by physiological sciences regarding capacity challenges as services are re-started with increased waiting lists. There

	had been discussion regarding lack of representation from Healthcare Scientists across the acute structure. Mr Llewellyn's tenure as Chair of HSF is due to complete and there will be an election process at the next meeting.  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.	
7.	Key Messages from ACF to the Board	
	<ul> <li>None at this time but members asked to contact Mrs     Cruttenden directly if there are any matters they wish to     raise.</li> </ul>	
8.	AOCB	
	None.	
9.	Date of Next Meeting Anticipated that meetings will be held via Microsoft Teams and members asked to note that on 2 <sup>nd</sup> September ACF will consider topics for discussion with SLT on 7 <sup>th</sup> September.	
	Future Dates for 2020:	
	<ul> <li>2<sup>nd</sup> September</li> <li>4<sup>th</sup> November</li> </ul>	
	• 4" November	
	Meetings of ACF with SLT:	
	• 7 <sup>th</sup> September	