

NHS GRAMPIAN
Minute of the Area Clinical Forum Meeting
Wednesday 2nd September 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
 Dr Emma Hepburn, Vice Chair, GAAPAC
 Mr Chris Llewellyn, Vice Chair Healthcare Scientists Forum
 Mr Craig McCoy, Vice Chair, Area Optometric Committee
 Mrs Elaine Neil, Vice Chair, Area Pharmaceutical Committee
 Mr Les Petrie, Vice Chair, GANMAC
 Ms Vicky Ritchie, Chair, Healthcare Scientists Forum
 Dr Rachael Smith, Chair, GAAPAC

In Attendance:

Mrs Suisan Carr, Education Recovery Group (Item 4)
 Dr Adam Coldwells, Interim Director of Strategy
 Dr Howard Gemmell, Public Representative
 Mrs Gerry Lawrie, Education Recovery Group (Item 4)
 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 the meeting and was pleased to inform members that the Area Dental Committee had reconvened. The following changes to the Forum were noted:</p> <p>Debbie Thomson – Chair of Area Dental Committee Mark Burrell – Vice Chair of Area Dental Committee Kathryn Trimmer – Chair of Area Optometric Committee Craig McCoy – Vice Chair of Area Optometric Committee Vicky Ritchie – Chair of Healthcare Scientists (Chris Llewellyn will remain as Vice Chair of Healthcare Scientists until an appointment is made.)</p> <p>ACF noted their appreciation to John Dean-Perrin for his attendance and useful contributions to the Forum during his tenure as Chair of the Area Optometric Committee.</p> <p>Apologies were noted from Julie Warrender, Lynne Gess, Sue Kinsey, Debbie Thomson, Kathryn Trimmer and William Moore.</p>	

2.	<p>Minute of meeting held on 1st July 2020</p> <p>The minute of the previous meeting was approved as an accurate record.</p>	
3.	<p>Matters Arising</p>	
	<p>3.1 <u>Podcast</u> – 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.</p> <p>3.2 <u>Recovery Cells</u> – Mr Coldwells reported that the planned World Café Event had not taken place. A wide group of staff had met and it had been decided to stand down the Staff Wellbeing, Resetting and Rebuilding, and Health Impact recovery cells. The work undertaken to date will now be taken forward by mainstream groups such as the Health and Safety Committee and the Strategic and Innovation Group.</p>	
4.	<p>Education Recovery Group (ERG)</p> <p>Mrs Carr and Mrs Lawrie attended to provide an update on the work of the ERG. Mrs Carr explained that the ERG had been commissioned by the Nursing and Medical Directorate to ensure that education recovery was a core part of remobilisation plans. The ERG were also asked to provide an overview of the key challenges around education recovery.</p> <p><u>Placement Capacity</u> – all placements must be safe for all students as well as for staff and patients. Mrs Carr reported positive working relationships with University of Aberdeen and Robert Gordons University in working towards the provision of effective placements for a wide range of students. This also includes other learners such as Foundation Apprentices and students on work experience placements. The ERG had highlighted pinch points in January and April when a significant number of students will enter the system.</p> <p><u>Multi-Disciplinary Approach</u> – the ERG are looking at education recovery for all professional groups across the system. All services had been asked to identify Education Recovery Leads who could work collaboratively and cover all professional groups and also work in partnership with Safer Workplace Managers. There had been some confusion as some services felt this could be included in the role of Practice Education Facilitators but their role relates to a single profession and would not cover the scope of the role required to consider multi-disciplinary education recovery. Mrs Carr reported that there were some gaps in identifying Education Recovery Leads and the ERG will continue to work with managers to ensure that all services and professional groups are included.</p>	

	<p><u>Access to IT</u> – as most services had moved towards increasing use of digital technology there are concerns that not all students on placement will have access to the equipment needed. Mrs Lawrie reported that the University of Aberdeen had been very generous in ensuring access for their students.</p> <p>It was agreed that successful student placements result in positive outcomes and are helpful in terms of recruitment. Dr Steven reported that primary care practices remain committed to training and have students on placements at all levels. The main challenges are the range of disciplines working in practices at the same time and the impact of changing work roles.</p> <p>Members were content to support the requests of the ERG to:</p> <ul style="list-style-type: none"> • Prioritise all services traditionally supporting students from across the many professions, to ensure education recovery is a key priority as part of remobilisation plans to ensure NHS Grampian has a workforce for the future. • Support those undertaking Education Recovery lead roles taking collective responsibility for education recovery within departments and divisions covering all professional groups. • Recognise the role of the local education leads and HEIs to continue to progress education recovery. • Promote the work and support actions of the Education Recovery Group by advising on any challenges that are proving hard to solve and success stories that can be celebrated and shared as examples of good practice. <p>Mrs Cruttenden thanked Mrs Carr and Mrs Lawrie for the update.</p>	
5.	<p>Pathways, Communication and Remobilisation</p> <p>Dr Coldwells explained that during the immediate response to COVID-19 a number of staff had been moved around and had undertaken different roles. Staff were now seeking stability and a 'return to normal' but it had been acknowledged that this may not always be the best way forward. Dr Coldwells advised it would be important to review what had been learned during recent months and to build on the positive outcomes of working across the whole system, removing barriers and encouraging all staff to work with a common purpose. A group had been set up to look at system transformation to move the organisation forward in the context of the Grampian Clinical Strategy reflected in the remobilisation plan for NHS Grampian. The commitment of SLT and the System Transformation Group will be to have engagement and communication with patients, staff and public in developing pathways of care encompassing all aspects of patient needs and providing assurance around services delivered.</p>	

	<p>There was some discussion regarding the tactical objectives in the remobilisation plan – please see extract from NHSG Remobilisation Plan submitted to Scottish Government on 31st July 2020 attached as appendix to this minute.</p> <p>The ACF thanked Dr Coldwells for the update and asked to be included in future discussions.</p>	
6.	<p>Supplementary Staffing</p> <p>Mrs Cruttenden reminded ACF that individual advisory committees had agreed to feedback with ideas to reduce expenditure on supplementary staffing. Work had been suspended during the response to COVID-19 but Dr Coldwells advised that the Short Life Working Group had reconvened and would welcome ideas from professional groups on how to address the financial pressures relating to supplementary staffing.</p> <p>Mrs Cruttenden proposed a separate meeting to develop ideas and feedback into the system.</p>	KC
7.	<p>Constitutions – Area Medical Committee and Consultants Sub-Committee</p> <p>Professor Turner reported that the CSC constitution had been reviewed to clarify that members should have their time and commitment to CSC reflected in job planning. It had been circulated and agreed by members of CSC.</p> <p>Members approved the updated constitution.</p> <p>The constitution for Area Medical Committee is still under review and will be circulated following consideration by the Committee.</p>	
8,	<p>Joint Meeting ACF/SLT – 7th September 2020</p> <p>Mr Coldwells suggested the joint meeting could take the form of a workshop/discussion relating to Objectives 4 and 5 of the remobilisation plan.</p>	
9.	<p>Updates from Advisory Committees and ACF Chair</p> <ul style="list-style-type: none"> • <u>Chairs Feedback</u> – ACF Chairs earlier in day had discussed Board engagement with staff around remobilisation of services. Feedback from other areas would indicate that NHS Grampian had been proactive in adopting a joined up approach across the system. 	

	<ul style="list-style-type: none"> • <u>AMC/CSC</u> – committees had been meeting as a joint group each month to review overlapping issues but intend to revert to individual meetings in October. • <u>GP Sub-Committee</u> – GP Sub-Committee had discussed pathways in gynaecology and maternity services. Members would be keen to participate at an earlier stage in the development of pathways rather than be presented with a final document. Ongoing concerns had been raised regarding secondary care blood tests creating pressures in the system. The Chief Officer, Acute Services, is working with primary care colleagues to review current practice as there is agreement that patients should not become caught between two systems. During this final year of the ‘new’ GP contract, work had recommenced on Primary Care Improvement Plans which had stalled during the response to COVID-19. • <u>Area Optometric Committee</u> – recent meeting had discussed including GPs and pharmacists in future meetings to allow an opportunity to discuss matters of mutual interest. Optometrists had resumed routine testing but priority given to any patients requiring emergency treatment. To ease pressure at the Eye Clinic, optometrists had been asked to take on some hospital work. AOC had asked if there was any information regarding Pharmacy 1st Plus in Grampian – it was suggested that Sarah Buchan, Community Pharmacy Services would be a useful contact. • <u>GANMAC</u> – improved attendance via Teams. The constitution had been reviewed and will be circulated during next few weeks. Recent meeting had also discussed Staff Health and Wellbeing and had agreed that this had been well dealt with during the emergency response phase but some staff had noted concerns that its importance is receding during recovery. • <u>AHPAC</u> – no update at this meeting. • <u>APC</u> – had not met since 1st July. Membership had been reviewed and meetings will be arranged to improve links and communication between acute and community pharmacies. • <u>ADC</u> – no update at this meeting. • <u>GAAPAC</u> – had agreed that although the opportunity to feedback on the remobilisation plan had been appreciated the timescale had not allowed for any meaningful input from the advisory committee. Members had also discussed Information Governance issues relating to the use of online platforms. 	
--	--	--

	<ul style="list-style-type: none"> • <u>Healthcare Scientists Forum</u> – Constitution had been reviewed and will be circulated to members and then to ACF in November. With regard to remobilisation members had communicated a general feeling of not having clear direction on where to go for information. There had been some concerns relating to increased waiting lists. Dr Coldwells noted this should be dealt with through the management structure for the service and any gaps in communication should be addressed. <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>	
10.	<p>Key Messages from ACF to the Board</p> <ul style="list-style-type: none"> • None at this time but members asked to contact Mrs Cruttenden directly if there are any matters they wish to raise. 	
11.	<p>AOCB</p> <p>None.</p>	
12.	<p>Date of Next Meeting Anticipated that meetings will be held via Microsoft Teams and members asked to note that on 4th November ACF will consider topics for discussion with SLT on 7th December.</p> <p>Future Dates for 2020:</p> <ul style="list-style-type: none"> • 4th November <p>Meetings of ACF with SLT:</p> <ul style="list-style-type: none"> • 7th December 	

APPENDIX 1

Extract from NHSG Remobilisation Plan Submitted to Scottish Government on 31st July 2020

Our System Leadership Objectives and Target Outcomes

The Scottish Government published “COVID-19 Framework for Decision Making; Scotland’s route map through and out of the crisis” on 21st May 2020. This plan sets out the conditions that are required to move through a series of phases easing the lockdown measures “to get back to some semblance of normality”. The initial response of NHS Grampian to COVID-19 was described in Operation Rainbow.

In this re-mobilisation plan and the previous plan to July 2020, we are setting out the phases to return to a comprehensive healthcare system whilst living with COVID-19. These phases are gradual and incremental as reflected above and will be matched with careful monitoring of the situation. The pace and progress will need to be sensitive to the uncertainties we face at all times mindful of ensuring the safety and wellbeing of our staff and population.

NHS Grampian has, through an inclusive process, drafted objectives to move to the next stages of its response to COVID-19. The draft objectives have been re-cast to sit alongside Scotland’s plan, ensuring that our approach is entirely cohesive with the national steer. The Government phases include some clear indications about the expectations of Health and Care delivery; the objectives that we have set out are fully aligned. There was wide engagement and development of these objectives through three sessions held on Microsoft Teams with a cohort (some 60 people) of system leaders. Further work, examining aspects of implementation, on the objectives has been completed involving more than 130 people drawn from our system leadership cohort. These objectives informing the current plan are set out below:

Objectives	Our Commitment
<p>Objective 1 - Direct and assure the provision of healthcare environments that minimise the risk to staff, patients & the public.</p>	<ul style="list-style-type: none"> • Establish a healthcare environment that does not contribute to increasing the infection burden in our wider population. • Reduce the risk that our most vulnerable patients acquire COVID-19 within our healthcare system. • Protect our staff from acquiring COVID-19 at work or passing it on to other patients or their families. • Establish pathways of care allowing patients to safely receive high quality person centred care.
<p>Objective 2 - Direct and assure that we continue to provide protected and critical, clinical and non-clinical services.</p>	<ul style="list-style-type: none"> • Utilising the inventory of our Protected and Critical Functions not directly related to COVID-19 (gathered under Operation Rainbow) re-establish full provision of these services with as little risk as possible. • Ensure that clinical pathways of care, guidelines and protocols are cognisant of National advice, mindful of ethical considerations and developed with local engagement through the Clinical Board, professional advisory structure and Partnership. • Maintain a robust clinical and care governance system for our services.

<p>Objective 3 - Plan, direct and assure an integrated whole system COVID-19 Tactical Operating Model (TOM)</p>	<ul style="list-style-type: none"> • Maintain an integrated whole system COVID-19 Tactical Operating Model (TOM). • Maintain a baseline capacity to treat current COVID-19 patients whilst maintaining the immediate ability to increase this capacity by 50% above current demand. • Retain the capability to reinstate our maximal general hospital and ICU capacity within 7-days. • Utilise National, Grampian-wide and local outbreak data together with system intelligence to support local planning and guide the wider system response.
<p>Objective 4 - Plan, direct and assure an increase in the volume of health service delivery, considering clinical priority aiming to improve medium and long term health outcomes whilst ensuring patient safety.</p>	<ul style="list-style-type: none"> • Plan the staged delivery of services utilising the inventory of clinical services from Operation Rainbow, based on time dependant criticality. • Establish the time dependant risk profile of specific conditions alongside interventions which improve outcome. • Establish the risk profile related to undetected disease. • Ensure plans are developed with an equalities assessment. • Determine the system capacity for treating people whilst maintaining the COVID-19 & Non-COVID-19 pathways of care. • Maximise appropriate use of digital technologies to support both patient and professional interactions.
<p>Objective 5- Plan, direct and assure actions which keep staff safe and maximises their wellbeing</p>	<ul style="list-style-type: none"> • Maintain our robust organisation delivery against the Staff Governance Standards • Ensure that there are rest facilities, system-wide, to comply with requirements for sleep, food prep, drinking water, rest away from the workplace • Proactively create opportunities for all staff and ensure that we deliver learning and development across the system to support the current and future workforce • Through engagement, ensure staff feel safe and supported • Ensure the advice & provision of PPE is robust and guaranteed, underpinned by a comprehensive system which models demand and supply related to our whole North East system, regardless of employer. • Continue to evolve our approach to staff wellbeing and build on the foundations and learning during the initial response phase
<p>Objective 6 - Learning from the COVID-19 period, RESET and REBUILD the NHS Grampian system with the public, our partners and our staff¹.</p>	<ul style="list-style-type: none"> • Understand, record and define the learning from the COVID-19 period to inform future models of care ensuring optimal outcomes for the population • Define a 'New Normal' which enables a Whole System recovery and continued improvement that optimises the health and wellbeing outcomes for the population and reduces inequalities • To co-produce our outcomes and service plans with

	<p>staff, the public and partners. Ensuring it builds on the ambitions already set out in the Grampian Clinical Strategy & the H&SCPs Strategic Plans with the intention of helping maintain and increase resilience in our communities</p> <ul style="list-style-type: none"> • Supporting the implementation of the plan through partnership and engagement across the Health and Social Care system which ensures cohesion and co-ordination whilst respecting the role of each element of the system • Ensure we are only continuing things which have added value to the workforce and population and provide support to stop things which have no added value
<p>Objective 7- Plan, direct and assure whole system pathways of care</p>	<ul style="list-style-type: none"> • Plan and deliver pathways of care which have a holistic and person centred approach, draw on primary & secondary care expertise and a shared approach to risk • Plan and deliver mechanisms which enable practitioners from across the system to routinely undertake appropriate dialogue and conversations to manage an individual's pathway of care dynamically drawing on the facilities of the whole system • Enable live and dynamic access to summary intelligence and analysis of system data including the evaluation of the impact of the changes that have already been made to the delivery of health and social care
<p>Objective 8 - Plan, enable and tackle the wider determinants of population health and inequality</p>	<ul style="list-style-type: none"> • Work in a co-productive manner across the wider system including with our partners and citizens to plan and support the delivery of a comprehensive approach to self-management • Support the continuation and further development of outcomes which can be achieved by communities using available resources • Work in a co-productive manner across the wider system including with our partners and citizens to plan and support delivery of an approach which allows people to maximise their own approach to the management and improvement of their physical and mental wellbeing • Support and enable the widest possible system approach which de-medicalises our society approach to many ills
<p>Objective 9 – Plan and deliver comprehensive and ongoing engagement with our staff, partners and the public</p>	<p>Ensure that our staff, students, partners and the public are engaged and have ownership of:</p> <ul style="list-style-type: none"> • the approach to health and care whilst living with COVID-19 • future approaches to the delivery of health & care • the issues which influence the wider determinants of health

- our collective approach to realistic medicine
- opportunities to maintain good health and wellbeing.