

NHS GRAMPIAN
Minute of the Area Clinical Forum Meeting
Wednesday 2nd March 2022 - 3.00 pm
Microsoft Teams

Board Meeting 02.06.2022 Open Session Item 14.4
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Present:

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee
 Mr Mark Burrell, Chair, Area Dental Committee
 Ms Helen Chisholm, Chair, GANMAC
 Ms Elaine Neil, Vice Chair, Area Pharmaceutical Committee
 Ms Carole Noble, Vice Chair, Allied Health Professionals Advisory Committee
 Ms Vicky Ritchie, Chair, Healthcare Scientists Forum
 Ms Catriona Sutherland, Vice Chair GANMAC
 Dr Angus Thompson, Chair, Area Medical Committee

In Attendance:

Dr Adam Coldwells, Director of Strategy/Deputy Chief Executive
 Ms Else Smaaskjaer, Minute

Item	Subject	Action
1.	<p>Welcome</p> <p>Mrs Cruttenden thanked everyone for attending.</p> <p>Apologies were noted from James Bidwell, Sue Kinsey, Craig McCoy, Siddharth Rananaware, Rachael Smith, Mike Steven and Kathryn Trimmer.</p>	
2.	<p>Minute of meeting held on 12th January 2022</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>Confirmation of Vice Chair Position</p> <p>The ACF agreed that due process had been followed and Mr Mark Burrell could be confirmed as the Vice Chair of the Forum.</p>	
5.	<p>Planning for the Future (Dr Adam Coldwells, Director of Strategy/Deputy Chief Executive)</p> <p>Dr Coldwells had shared a document prior to the meeting. He outlined the importance of creating a transition period between</p>	

	<p>ending Operation Iris and the ability to fully implement the Plan for the Future. It is anticipated that NHS Grampian will exit from Operation Iris at the end of March. Dr Coldwells explained that in establishing a more positive framework around future planning it had been agreed that 'recovery' would be better described as 'regeneration' and will include consideration of how the organisation could work in the longer term.</p> <p>Dr Coldwells outlined the recommendations in the paper and highlighted the following two key points:</p> <ul style="list-style-type: none"> • There is an intention that the organisation should not inadvertently slip back. Many lessons had been learned during the response to the pandemic and it would be important to keep moving forward with new ways of working which had proven to be successful. • Subsidiarity will be key to the transition phase and will help to ensure that individuals, teams and services can maximise local approaches within a wider NHSG framework. <p>The ACF made the following comments:</p> <ul style="list-style-type: none"> • Mr Burrell welcomed the proposal to progress the positive changes which had emerged during Covid and suggested it would be helpful to promote the benefits of access to virtual consultations. • Dr Thompson agreed that digital solutions, including Microsoft Teams, will remain in place but some push back from the public should be expected as they will wish to return to face to face consultations in GP Practices. Dr Coldwells agreed that there needs to be some work undertaken to reach a position where the public can be offered some choice in how they interact with health professionals. • Ms Noble noted that digital communication is likely to be ongoing and health professionals should continue to provide positive communications and support to patients in accessing these systems. She observed that different groups of patients would have different expectations. • Ms Neil also agreed that there should be no sliding back but noted that the impact on other parts of the service should be considered when implementing new ways of working. • Although there is an anticipated exit from Operation Iris this does not seem to reflect the current increase in the daily case rate and hospital admissions. Dr Coldwells confirmed that NHSG remain sighted on all Covid related data but it had been acknowledged across Scottish Boards that due to funding changes and the ongoing pressures in the system it would be of benefit to move forward and manage this differently. <p>Dr Coldwells confirmed that the document could be shared with</p>	
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	<p>colleagues and asked that feedback from all sources should be given as soon as possible.</p> <p>Following the discussion above Mrs Cruttenden noted that with regard to digital communications, Microsoft Teams had been incredibly helpful in maintaining contact and conducting business during the pandemic, but it had also made a significant contribution to creating a 'meetings culture'. The following comments were made:</p> <ul style="list-style-type: none"> ~ All staff should question the purpose and value of each meeting and consider if they really need to attend. ~ Movement from meeting to meeting to meeting each day is not the most effective way of working, or beneficial in terms of staff wellbeing. ~ There were some benefits to be gained from moving between buildings and meeting others. ~ The organisation want to be inclusive but is there a tendency towards staff not wanting to miss out rather than attending because they need to be there. ~ All staff need to regain some thinking time. 	
6.	<p>Professional Registration Policy</p> <p>Grampian Area Partnership Forum had circulated a Draft Professional Registration Policy for consultation. This provided details regarding the obligations on employees to ensure they remain registered with their professional regulatory body and the responsibility on line managers to check the registration of all employees in their section/department/service. There was discussion around the different arrangements in place for different professional groups and the following key points were made.</p> <ul style="list-style-type: none"> • It is difficult to have a clear picture how the monthly monitoring process, as outlined in the draft policy, will work in practice. Some professional groups are still using a manual system. • Ms Ritchie highlighted that many Healthcare Scientists participate in voluntary registration and Ms Sutherland confirmed that the policy would relate to staff who are subject to mandatory registration by HCPC and other bodies. • Ms Sutherland reported discussions regarding the use eESS and how it could support managers in monitoring registration. It is intended that this will initially be implemented for Nursing and Midwifery staff. An on-line system had been agreed by the working group as the best way forward to deliver the reports needed by managers to support staff and to prompt reminders. • It had been acknowledged that the main volume of staff failing to re-register is within nursing. This leads to significant implications in terms of falling off the professional register, possible impact on pay levels, financial penalty to be restored on the register and 	

	<p>re-deployment into different roles. This can be as a result of new graduates not completing the process and staff who do not pay by direct debit forgetting to re-register. There is no reminder system in place for nurses.</p> <ul style="list-style-type: none"> • It was agreed that a policy, along with processes which support staff, rather than penalise them, would be welcomed. However, it was also acknowledged that there should be some element of self-responsibility. <p>It was agreed that members of the ACF should feedback any additions or amendments, to Mrs Cruttenden or directly to GAPF Policies Sub-Group by 5th April 2022.</p>	ALL
7.	<p>Updates from Advisory Committees and ACF Chair</p> <p><u>Chairs Feedback</u></p> <ul style="list-style-type: none"> • Mrs Cruttenden informed the ACF that her recent report to NHS Grampian Board had included raising awareness of workforce challenges and the need for public messaging to manage patient expectations. The Board had discussed waiting times and gaps in informing GPs about the time between referral and appointment. She hoped this would provide assurance to members that their concerns are taken forward and will share her Report to the Board when sending out papers to future meetings. It was agreed that ACF should continue to raise concerns around public messaging as there had been an increasing number of complaints. This issue can also create friction between professional groups and it is important that everyone should be on the same page. <p>The National ACF Chairs group had discussed concerns regarding the capacity to change/transform at this time. The meeting had provided an opportunity for a general catch up and Chairs had considered the varying composition and formation of Area Clinical Forums in different Board areas.</p> <p>Mr Burrell noted the importance of highlighting the role of the ACF in representing the views of staff at Board level and members should continue encouraging staff to participate.</p> <p><u>Public Health</u></p> <ul style="list-style-type: none"> • no update at this meeting. <p><u>Area Pharmaceutical Committee</u></p> <ul style="list-style-type: none"> • Main concerns remain workforce challenges and staffing in the longer term across acute, primary care and community pharmacy. There had also been a number of community pharmacy closures. <p><u>Healthcare Scientists Forum</u></p>	

	<ul style="list-style-type: none"> • The audiology service had felt pressured following a review in NHS Lothian which had highlighted failures in its paediatric audiology service to meet standards. • Healthcare scientists had a wider discussion regarding service quality audits and the capacity in smaller teams to undertake quality audits and deliver services. Service teams are generally content that they are in a good position but are concerned there is no evidence to support that view. One particular area of concern is that Labs Service must have UCAS accreditation to avoid financial penalty. Labs managers are finding it difficult to resource the audit commitment required against a backdrop of increased demands on the service. • Healthcare scientists had also discussed the gap in their professional governance structure from not having a Director of Healthcare Science in post. <p><u>Area Dental Committee</u></p> <ul style="list-style-type: none"> • Next meeting will be in March. There are ongoing concerns regarding access to NHS dental services. Some practices made the decision to de-register and only offer private dental care. This could result in a two tier system where many patients will be unable to afford private service and there will be a resultant decline in oral health across all Board areas. • Mr Burrell explained that unless a practice has ongoing financial obligations to the NHS they can end the contract to provide services to NHS patients when they choose. The current model is based on a practice having a specified % of their total patient list treated as NHS patients and some practices now take the view that, until there is some clarity regarding changes to the Scottish Government funding model, if they can treat less patients for the same income that would be their preferred approach. • Concerns had also been raised regarding access to paediatric dental services at RACH. <p><u>Area Medical Committee</u></p> <ul style="list-style-type: none"> • It is hoped that colleagues from the Centre for Sustainable Delivery will attend the next meeting. • AMC will consider how it works with the GP Sub-Committee and the Consultant Sub-Committee to ensure that professional advice is provided effectively. • Concerns had been raised around issues at DGH and there would appear to be some disconnect between perceptions of staff and decisions/actions taken by the Board. The AMC will review how communications can be improved to bring this together. <p><u>GP Sub-Committee</u></p> <ul style="list-style-type: none"> • Main concerns related to closure of practices and difficulties in 	
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	<p>attracting medical graduates to work in GP Practices.</p> <ul style="list-style-type: none"> • There had also been some concern regarding Acute colleagues not accepting admissions through Near Me. <p><u>Consultants Sub-Committee</u></p> <ul style="list-style-type: none"> • Dr Thompson reported the recent meeting had discussed the variability in employment arrangements for retired doctors returning either as locums or on part-time contracts. • It had also discussed concerns relating to staffing gaps in RACH, surgery resuming full-time activity and overall challenges in flow across medical wards. <p><u>Area Optometric Committee</u></p> <ul style="list-style-type: none"> • Had noted closure of two practices due to owner retirement. • Had agreed to remind primary colleagues that optometry practices have own system to triage patients and they should not be led to believe they will be seen immediately. • Low Vision service is moving out of hospital settings. Three practices in Grampian had put themselves forward to receive training. • To reduce patient travel times three hubs with imaging capabilities to be set up in Peterhead, Elgin and Stonehaven. They will be staffed by nurses/healthcare support workers trained by the Eye Department. • Noted that cataract waiting times had reduced. • AOC had gathered opinions to feed into the Scottish Government consultation regarding PPE. • Optometry capacity is in a good position. <p><u>Allied Health Professions Advisory Committee</u></p> <ul style="list-style-type: none"> • Reported similar issues to others in relation to recruitment and vacancies. Specific concern regarding failure to recruit to posts which could utilise project funding more effectively. Some staff recruitment from overseas but there can often be delays in HCPC registration. • AHPAC had noted the plan to complete a workforce redesign across radiology. This will cover ED, In-Patient Radiology and CT. It is understood that this had resulted from concerns relating to staff 'lone working' in those services. <p><u>Grampian Area Nursing and Midwifery Advisory Committee</u></p> <ul style="list-style-type: none"> • GANMAC had also discussed staffing challenges and difficulties in recruitment. Some concern that this is now impacting on practice placements for students and learning and development in general. • Had noted the withdrawal of MACA personnel and the impact this would have on the frailty pathway. • Concerns raised in community hospitals regarding reduction in GP cover, especially in relation to prescriptions. 	
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	<ul style="list-style-type: none"> Ms Sutherland confirmed that GANMAC representation includes nursing staff at RACH and it shall pick up on any issues (including cross-cover) through established reporting routes. <p><u>Grampian Area Applied Psychologists Advisory Committee</u></p> <ul style="list-style-type: none"> No update at this meeting. <p>Mrs Cruttenden reflected that workforce challenges remains a theme at ACF meetings and suggested that it would be useful to resume work on the commission from the CE Team relating to Supplementary Staffing. She agreed to send out the information in place and arrange discussion to review how best to take this forward. It was also agreed to invite Tom Power (Director of People and Culture) to a future meeting to exchange views regarding workforce sustainability post-pandemic.</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>	
8.	<p>Key Messages from ACF to the Board</p> <p>Main Themes:</p> <ul style="list-style-type: none"> Workforce challenges and agreement to resume work on commission relating to Supplementary Staffing. Capacity to undertake quality audits whilst continuing to deliver services. Waiting times and communication gaps. 	
9.	<p>AOCB</p>	
	<p>Date of Next Meeting/Workshop</p> <p>Wednesday 4th May 2022. 15.00 – 17.00 by Teams The first hour will comprise the workshop deferred from January.</p>	