

**NHS GRAMPIAN****Minute of the Area Clinical Forum Meeting  
held on Wednesday 13<sup>th</sup> March 2019 at 4.30pm  
in the Foresterhill House Committee Room, ARI site****Present:**

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee  
 Ms Catriona Cameron, Vice Chair, AHPAC  
 Mrs Pamela Cornwallis, Chair, AHPAC  
 Mr John Dean-Perrin, Chair, Area Optometric Committee  
 Mr Chris Llewellyn, ACF Vice Chair and Chair, Healthcare Science Forum  
 Mr Les Petrie, Vice Chair, GANMAC  
 Mrs Aimee Smith, Vice Chair, Area Pharmaceutical Committee  
 Mrs Jennifer Tait, Vice Chair, Healthcare Science Forum

**In Attendance:**

Mrs Susan Coull, Operational Director of Workforce  
 Professor Mike Greaves, ANCHOR Centre Clinical Lead  
 Mrs Susan Kinsey, Public Representative  
 Mrs Gerry Lawrie, Head of Workforce Development  
 Dr Lynda Lynch, Chair, NHS Grampian  
 Dr Mike Munro, Baird Family Hospital Clinical Lead  
 Ms Else Smaaskjaer, Minuting Secretary

<b>Item</b>	<b>Subject</b>	<b>Action</b>
1.	<p><b>Welcome and Apologies</b></p> <p>Mrs Cruttenden welcomed everyone to the meeting.</p> <p>Apologies were noted as follows:            Ms Amy Anderson, Non-Executive Director, NHS Grampian            Dr Emma Hepburn, Vice Chair, GAAPAC            Dr Alastair McKinlay, Chair, Area Medical Committee            Dr Howard Gemmell, Public Representative            Professor Nick Fluck, Medical Director            Dr Denise McFarlane, Chair, GP Sub-Committee            Mr Graeme Smith, Director of Modernisation            Dr Rachael Smith, Chair, GAAPAC            Professor Steven Turner, Chair, Consultants Sub-Committee            Mrs Julie Warrender, Chair, GANMAC</p>	
2.	<b>Minute of meeting held on 16<sup>th</sup> January 2019</b>	

	The minute of the previous meeting was approved as an accurate record.	
3.	<b>Matters Arising</b>	
	<p>3.1 <u>Transcatheter Aortic Valve Implementation Service</u> – Mr Llewellyn confirmed that a TAVI service will be located at ARI.</p> <p>3.2 <u>Pre-School Orthoptic Vision Screening Programme</u> – Mrs Cruttenden reported that since the ACF meeting in January, NSS had decided that the national programme should return to an ‘opt-out’ consent model.</p>	
4.	<p><b>Elective Care Project - Update</b>  <b>Dr Mike Munro, Baird Family Hospital Clinical Lead</b>  <b>Professor Mike Greaves, ANCHOR Centre Clinical Lead</b></p> <p>Dr Munro and Professor Greaves attended to present a digital ‘flythrough’ of both facilities. This highlighted many of the features planned for both buildings to make the most of the modern surroundings and improve the patient experience. Atrium settings will provide as much natural light as possible into both buildings, a young persons lounge area will be included, there will be enhanced non-clinical and treatment areas, accommodation for provision of complementary therapies and significant improvement in the facilities provided for neo-natal and family accommodation. Members made the following observations:</p> <ul style="list-style-type: none"> <li>• Mrs Kinsey noted that the neo-natal unit and transition accommodation will be very helpful for families during what can be a difficult time.</li> <li>• Dr Lynch commended the effort the project team had put into engagement with the public, patients, staff and community groups, and how this had contributed to a very positive view of the project.</li> <li>• Mrs Cornwallis noted that one of the hidden benefits from the care taken in planning how maternity services will work in practice will be to introduce parenting in a very positive environment. Dr Munro also highlighted that there will be play areas and facilities for other children when visiting.</li> <li>• The location of the buildings and the link corridors to RACH will ease engagement and communication with other service areas.</li> <li>• Dr Lynch noted that the research facility at the ANCHOR centre will increase the scope for joint research projects with the Universities and will include medical, AHP and nursing led research. Dr Munro informed ACF that there will also be a conference facility to raise awareness of the work undertaken.</li> </ul>	

	<ul style="list-style-type: none"> <li>Mrs Cruttenden asked if suitable accommodation will be included for those who had experienced miscarriage or stillbirth and Dr Munro confirmed that a separate closed off and discrete recovery suite is included in the plan. There will also be a discrete palliative care area in neo-natal with a terraced area and separate entry for parents.</li> </ul> <p>Dr Munro and Professor Greaves confirmed that the flythrough presentation had been well received by a range of groups and there had been a positive response at the recent charity launch for the projects. Members welcomed the care and attention to detail which had gone into planning both facilities and agreed with Mr Petrie that both projects demonstrated a commitment to providing patients with good care and also to creating a good environment for staff to work in.</p> <p>Mrs Cruttenden thanked Dr Munro and Professor Greaves for the helpful and informative update.</p>	
5.	<p><b>Area Clinical Forum Constitution</b></p> <p>Mrs Cruttenden explained that the Constitution agreed in 2016 was now due for review. A copy had been distributed with the papers for the meeting and members were asked if they had any initial comments to make or if they had identified any gaps in the content.</p> <p>Members agreed that Item 7 should specify that the Chair of the Area Clinical Forum will be a full Non-Executive Member of the Board.</p> <p>It was noted that the membership of the Forum included an Area Dental Committee which had not met for some time. Mrs Cruttenden agreed to contact Dr Jonathan Iloya, Public Health Consultant for Dental Care Services.</p> <p>Mrs Cornwallis asked if IJBs had been approached regarding Item 4 where provision is made to invite a clinical representative from each of the 3 IJBs to participate in Forum meetings. Mrs Cruttenden responded that concerns regarding engagement with IJBs had been discussed at a national meeting of ACF Chairs. The Cabinet Secretary for Health and Sport is aware of this and had committed to strengthening connections. Members agreed that it had been very useful to have the Chief Officers of Grampian IJBs attend ACF in November 2017 and Dr Lynch noted that in terms of general engagement with IJBs the North East of Scotland is ahead of some other areas in Scotland and agreed to support ACF in encouraging attendance from Clinical Leads.</p>	

	<p>It was agreed that the suggested amendment at Item 7 will be made and the constitution re-distributed for any further amendments which can be agreed at the next meeting in May. It was also agreed that the Scottish Government guidance issued in 2010 should be circulated for information.</p>	
6.	<p><b>NHS Grampian Annual Review – 29<sup>th</sup> April 2019</b></p> <p>Members were pleased to note that the change of date had resulted in good representation from across the advisory structure. Dr Lynch advised that the Cabinet Secretary would most likely wish to gain the views of ACF on performance, targets, best practice and the pace of integration. Mrs Cruttenden agreed to arrange a meeting beforehand so that those attending can prepare and agree key points for raising with the Cabinet Secretary. Members welcomed the opportunity to showcase positive developments and also raise awareness of challenges faced in Grampian.</p>	
7.	<p><b>NHS Grampian Workforce – Strategic Intent</b>  <b>Mrs Susan Coull, Operational Director of Workforce</b>  <b>Mrs Gerry Lawrie, Head of Workforce Development</b></p> <p>Mrs Coull and Mrs Lawrie attended to discuss the NHS Grampian Strategic Intent for Workforce. They explained that although workforce and staffing challenges are the most frequently cited risk to the organisation there is not much conversation regarding what is being done to implement solutions and ensure a positive staff experience. The following points were discussed:</p> <ul style="list-style-type: none"> <li>• HR staff are responsible for making arrangements for recruitment. However, there is evidence of national shortages in particular professions and specialty areas and providing an encouraging and welcoming culture is the responsibility of all staff.</li> <li>• Training our own staff locally impacts positively on retention and staff remaining in the area. It is important to ensure that student placements are effective and provide a positive experience.</li> <li>• There needs to be clear workforce planning both uni-professionally and across sectors to avoid professional and geographical silos.</li> <li>• Supporting the development of expanding roles will be helpful for many areas of service, including smaller hospitals across Grampian.</li> <li>• Staff should continue to lobby where possible on items such as</li> </ul>	

<p>nationally agreed terms and conditions and national strategies which could help to make a difference.</p> <ul style="list-style-type: none"> <li>• Recruitment from overseas can be expensive and time consuming but there had been some positive outcomes.</li> <li>• Looking after existing staff is also very important as if colleagues start to leave then it becomes more difficult to create the positive and healthy workplace which is essential in attracting new staff members into teams.</li> <li>• A continuum of training posts would be helpful in ensuring a flow of appropriately trained staff into the organisation.</li> <li>• Review of recruitment procedures will be ongoing but there could be some scope to look at traditional methods of recruitment and consider if there are more innovative ways of identifying suitable candidates.</li> <li>• There should be more awareness raising with schools to ensure a better understanding of all the professions and employment opportunities within the healthcare sector.</li> <li>• It would be helpful to have a joined up on-line recruitment service across Scotland.</li> </ul> <p>The six strategic focus areas of the Strategic Intent had been identified as follows:</p> <ol style="list-style-type: none"> <li>1. On-boarding and pulling staff through.</li> <li>2. Widening sources for the future workforce.</li> <li>3. Focussed recruitment methods for difficult to fill posts.</li> <li>4. Appropriate utilisation of staff.</li> <li>5. Positive and health workplace.</li> <li>6. Re-design and new role developments.</li> </ol> <p>Members were asked to share the presentation and the Strategic Intent paper with their advisory committees and consider the following:</p> <ul style="list-style-type: none"> <li>• Have the right six priority areas been identified.</li> <li>• Is there anything missing from the actions and objectives outlined in the Workforce Strategic Intent.</li> <li>• What should be considered as the priority actions?</li> </ul> <p>Mrs Coull and Mrs Lawrie requested that advisory committees take a solution based approach during their discussion and feedback with any</p>
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	comments highlighting areas of best practice and suggestions. It was agreed that this would remain as a standing agenda item for future meetings of ACF.	
8.	<p><b>Documents Circulated for Information and Noting.</b></p> <ul style="list-style-type: none"> <li>• ACF Report to NHS Grampian Board – February 2019</li> </ul>	
9.	<p><b>Updates from Advisory Committees, DPH and ACF Chair</b></p> <p>Members provided an update of matters discussed at their recent meetings:</p> <ul style="list-style-type: none"> <li>• <u>Chairs Feedback/Update from Grampian NHS Board</u> – Mrs Cruttenden reported that a recent meeting of National ACF Chairs had discussed clinical engagement with Forums and how to create more effective links with Health and Social Care Partnerships. It is planned to continue this discussion at the next meeting.</li> <li>• <u>Director of Public Health Report</u> – a report had been circulated.</li> <li>• AOC – had discussed referral and consents for cataract treatment. There are plans for Pharmacists and Optometrists to have a joint meeting with NES. The Committee had also discussed previous conversations about trialling elements of the Canterbury Model in Ophthalmology. It was understood that this would be taken forward through the Senior Leadership Team but no further progress had been made and it was agreed that enquires should be made to find out if there are reasons for the delay.</li> <li>• GANMAC – discussed a review of its constitution and agreed some changes to wording and being more specific about the inclusion of Health and Social Care Partnership colleagues. The Committee had also noted some very positive feedback resulting from its use of social media to engage with nursing and midwifery colleagues across Grampian.</li> <li>• GAHPAC – had discussed changes in management structures for community physiotherapists and OT colleagues. There had been some concerns regarding the changes to professional and operational management and whether there will be an impact on flexibility, especially with regard to rotational staff. It was agreed that, if this will result in clinical risk to patients and workforce risks in terms of recruitment and retention, it should be recorded on the Aberdeenshire risk register and brought to the attention</li> </ul>	

	<p>of the appropriate SLT sub-group.</p> <ul style="list-style-type: none"> <li>• APC – had considered the education and training standards for under-graduates which is moving towards a five year integrated course. The Committee had discussed how the newly funded posts across the organisation can be filled from within the available workforce. There had also been an update regarding the impact of BREXIT on medical supplies.</li> <li>• Healthcare Scientists Forum – had discussed how the plans for the Elective Care Centre will impact on workforce in diagnostic testing and other service areas.</li> </ul> <p>It was noted that a number of committees had presentations regarding the Baird and ANCHOR Project and the Elective Care Programme. Members agreed that although these are useful as updates there was some doubt regarding whether they contribute to meaningful consultation.</p> <p>It was agreed that there should be some more discussion regarding how new developments are resourced, particularly the availability of trained staff.</p> <p><b>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.</b></p>	
11.	<p><b>Approved Minutes</b></p> <p>Recent minutes had been circulated for information.</p>	
12.	<p><b>Key Messages from ACF to the Board</b></p> <ul style="list-style-type: none"> <li>• Workforce. <ul style="list-style-type: none"> <li>~ Strategic workforce plan.</li> <li>~ Operational management changes for allied health professions.</li> <li>~ Availability of trained staff for new developments.</li> </ul> </li> <li>• Review of Constitution and election process for Vice Chair.</li> </ul>	
13.	<p><b>AOCB</b></p> <p>Gosport – Mrs Cruttenden advised that she will contact SLT to remind them that ACF still wish to have this conversation.</p> <p>Vice Chair – Mrs Cruttenden informed members that Mr Llewellyn had</p>	

	been elected as Vice Chair in July 2015. Having served for four years nominations for a replacement Vice Chair will be requested during April with a handover at the ACF meeting on 3 <sup>rd</sup> July.	
14.	<p><b>Date of Next Meeting</b></p> <p>The next meeting will be held on Wednesday 15<sup>th</sup> May 2019 at 4.30pm in the Committee Room, Foresterhill House, Foresterhill Health Campus.</p> <p>Future dates for 2019 – all Wednesday at 4.30pm in the Committee Room, Foresterhill House, Foresterhill Health Campus:</p> <p>3<sup>rd</sup> July 11<sup>th</sup> September 13<sup>th</sup> November</p>	