

NHS GRAMPIAN**Minute of the Area Clinical Forum Meeting
held on Wednesday 3rd July 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, ACF Vice Chair and Chair, AHPAC
 Mr John Dean-Perrin, Chair, Area Optometric Committee
 Mr Chris Llewellyn, Chair, Healthcare Science Forum
 Dr Alastair McKinlay, Chair, Area Medical Committee
 Mr Les Petrie, Vice Chair, GANMAC
 Mrs Aimee Smith, Vice Chair, Area Pharmaceutical Committee
 Dr Rachael Smith, Chair, GAAPAC
 Mrs Julie Warrender, Chair, GANMAC

In Attendance:

Mrs Caroline Hiscox, Acting Director of NMAHP, NHS Grampian
 Mrs Susan Kinsey, Public Representative
 Dr William Moore, Public Health Consultant, NHS Grampian
 Mr Graeme Smith, Deputy Chief Executive, NHS Grampian
 Dr Mike Steven, Chair, GP Sub-Committee
 Professor Steven Turner, Chair, Consultants Sub-Committee
 Ms Else Smaaskjaer, Minuting Secretary

Item	Subject	Action
1.	<p>Welcome and Apologies</p> <p>Mrs Cruttenden welcomed everyone to the meeting.</p> <p>Apologies were noted as follows: Ms Amy Anderson, Non-Executive Director, NHS Grampian Professor Amanda Croft, Chief Executive, NHS Grampian Professor Nick Fluck, Medical Director Dr Howard Gemmell, Public Representative Dr Emma Hepburn, Vice Chair, GAAPAC Dr Stuart Reary, Vice-Chair, GP Sub-Committee Mrs Jennifer Tait, Vice Chair, Healthcare Science Forum Mrs Susan Webb, Director of Public Health</p>	
2.	<p>Minute of meeting held on 15th May 2019</p> <p>The minute of the previous meeting was approved as an accurate record.</p>	

3.	Matters Arising		
	3.1	<p><u>Position of Vice Chair</u> – Mrs Cruttenden informed ACF that two members had intimated interest in the position of Vice Chair. One had subsequently withdrawn and Mrs Cruttenden confirmed that Catriona Cameron, Chair of the Allied Health Professions Advisory Committee, will replace Chris Llewellyn as Vice Chair of ACF. Members thanked Chris for his time as Vice Chair and for stepping in when required.</p>	
	3.2	<p><u>Meeting of ACF with NHS Grampian System Leadership Team</u> – Mrs Cruttenden confirmed that this will take place on 9th September at 10.00 in the Conference Room on the 4th Floor of the Suttie Centre. She asked members to attend if possible.</p>	
	3.3	<p><u>Annual Review Letter from Cabinet Secretary</u> - Mrs Cruttenden advised that a letter had been received from Joe Fitzpatrick MSP, Minister for Public Health, Sport and Wellbeing summarising the main points of discussion from the Annual Review meeting with NHS Grampian on 29th April. With reference to his meeting with ACF Mr Fitzpatrick had commented as follows:</p> <p>“I had a constructive discussion with the Area Clinical Forum (ACF) and I was pleased to note that the ACF is a well-attended committee and it was clear the Forum feels that links with the Board are improving. It is important that the ACF is fully engaged with the Board's work and that there are effective links with the senior management team. This improved position is therefore welcome and work should continue to ensure that moving forward, the Forum's contribution to the work of the Board is strengthened further. The ACF should be the main source of clinical advice and meaningful engagement of local clinicians will be essential in taking forward both the critical health and social care integration agenda and other service redesign programmes. I also heard that it can be difficult to attract members to Professional Advisory Committees and that structures need to be developed to encourage participation and that you and the Board Chief Executive are keen to see this happen. Later on in the private session you made clear your commitment to continue to support the improving relationship and ensure engagement of the ACF at the earliest opportunity.</p> <p>I heard that the Forum is supporting work on practising Realistic Medicine but that this can be difficult for a number of reasons, including workforce challenges. We had a discussion about the staffing challenges being faced by the Board, particularly in relation to difficulties with staff recruitment across a number of professions. I heard about of some of the approaches being taken locally to attract staff, such as the work with local schools to promote the wide</p>	

	<p>variety of opportunities available within the NHS and to encourage pupils to consider a career with NHS Grampian. There was also discussion about the impact the location of training has on attracting staff, with many trainees opting to work where they train. In this regard I noted the concern raised about the impact the location of specialist services, such as national major trauma centres and neonatal intensive care units, could have on recruitment locally, if training for associated staff is concentrated in the location of specialist services. We also discussed the challenges in recruiting to professions not on the national Shortage Occupation List and I advised that the Scottish Government continues to work with the UK Government, particularly on how the rules are applied for Scotland.”</p> <p>Mrs Cruttenden thanked members for their time in preparing for and attending the Annual Review meeting.</p>	
<p>4.</p>	<p>SLT Performance, Assurance, Improvement and Risk Framework (PAIR) Mrs Caroline Hiscox, Acting NMAHP Director</p> <p>Mrs Hiscox explained that the PAIR Framework had been developed to assist the leadership team in providing assurance to the Board that risks across the organisation are appropriately measured, monitored and managed. She had prepared a presentation to provide an overview of systems leadership, including shared responsibility and the new approach in developing an understanding of the organisation beyond the traditional narrow focus on performance data. Mrs Hiscox highlighted the following:</p> <ul style="list-style-type: none"> • The emergence of Health and Social Care Integration had resulted in an increasingly complex environment. The development of a Systems Leadership Team (SLT) had assisted in the move towards making collective decisions which, are relevant to, and of benefit to all parts of the healthcare landscape rather than discussions based on the needs of individual service areas. • SLT Sub-Groups, with cross-system representation, had been established to take forward key areas of work and this had allowed for preparation and problem solving prior to consideration at SLT. All key risks on the corporate risk register are aligned to Sub-Groups which in turn are aligned to the relevant Board Assurance Committee. A Clinical Risk Meeting (CRM) which takes an oversight of all new risks and adverse events is held every Monday morning. SLT meets immediately after CRM and any significant issues are highlighted. This helps to establish a clear route for escalation and ensures increased awareness by senior managers. 	

<ul style="list-style-type: none"> • Taking a collective approach to performance, assurance, improvement and risk is viewed as the most effective route for making improvements. PAIR data will be used in performance reporting to the Board and to the Scottish Government. • Culture within the organisation is important in terms risk tolerance and how risk is managed. There is also a need to reach a clearer understanding of how organisational culture impacts on performance. <p>Dr Steven noted that GP Practices use their own systems and although events and complaints are recorded and reviewed they are not reported through DATIX. Mrs Hiscox advised that this is recognised as a gap in the interface between Primary and Secondary care and working with GPs and other independent contractors will be one of the next steps in taking the framework forward. Mrs Kinsey observed that this will be an essential step as although staff and managers within the healthcare system may compartmentalise elements of care, patients view their own experience as a single event. She also noted that IJBs still have work to do in understanding how staff from different organisations work together and how risk ownership should be structured.</p> <p>Mrs Cruttenden reported that in pharmacy data relating to medication errors is available but it is not reported on DATIX and asked where the information should be directed. Mrs Hiscox advised that governance for this would sit with the Medicines Safety Group which reports to the Board's Clinical Governance Committee.</p> <p>Professor Turner asked where the advisory structure fits into the process and the SLT structure. Mrs Hiscox advised that SLT view the Area Clinical Forum as the representative body for professional groups and as a key resource in providing clinical advice. Dr McKinlay asked if waiting times and the potential impact on clinical outcomes are considered a major risk to the organisation. Mrs Hiscox informed ACF that this is regularly discussed and is a main theme of the ongoing work around elective care. Dr Steven highlighted that waiting lists also impact on GPs as re-referrals are often required and he suggested an alternative solution should be considered to avoid inefficient use of time.</p> <p>Mrs Cruttenden thanked Mrs Hiscox for the presentation and for raising awareness of the PAIR Framework. Mrs Hiscox asked that advisory committees feedback with suggestions for improvement.</p>	
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5.	<p>Workforce – Feedback on Targeted Recruitment</p> <p>Mrs Cruttenden reminded members that the ACF meeting in May had discussed how to attract applicants and whether recruitment campaigns can be tailored for individual professional groups. Feedback from advisory committees was as follows:</p> <ul style="list-style-type: none"> • Dr McKinlay reported that from a recent cohort of 25 dieticians recruited at RGU only 14 had completed and the rest had either dropped out of the course or changed direction. He suggested that increased engagement with RGU to discuss how to support students and welcome them into NHS Grampian at an early stage would be useful. • Dr Smith informed ACF that at a recent meeting of GAAPAC trainee attendees provided a presentation from a survey they had undertaken of trainees who had recently or were currently training in Grampian. Their survey had highlighted a number of issues including the importance of appreciating trainees as a valuable resource in the organisation; and the importance of ensuring a positive training experience and encouraging working environment for trainees. Work is now being taken forward to compare the findings of the survey with other areas in Scotland. • Ms Cameron reported that following the ACF meeting AHPAC had been in touch with Mrs Coull and agreed to a representative from Workforce Development attending the AHPAC workshop scheduled for 4th July. The workshop will focus on recruitment and retention with representatives from RGU and Practice Placement Education Groups invited to attend. Ms Cameron noted that the support from Workforce Development had been very encouraging and positive. • Mr Petrie reported that Elizabeth Wilson, Senior Nurse Workforce Planning and Development, had attended a recent meeting of GANMAC and discussed the recruitment campaign relating to Australian nurses. This had highlighted the complexities of registration with professional governing bodies. Dr McKinlay asked if there had been any clarity regarding registration for Physician Associates. It had been noted that there are currently 30 employed in NHS Grampian with more cohorts to come through and given that their role could extend to ordering radiology tests and prescribing medication it would be important to have some clarity around which governing body will apply. Mrs Hiscox confirmed that at Board level the Medical Director will be responsible for professional assurance and it is hoped that details of the governing body will be confirmed soon. 	
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	<ul style="list-style-type: none"> • Mrs Cruttenden reported that APC had discussed school visits and attendance at careers events. APC had also been made aware of a pharmacist who provides day release and 'Saturday Jobs' for school pupils and of the six pupils who had taken part five are now pursuing a career in pharmacy. Mrs Hiscox noted that the recent work in schools relating to nurse uniforms had raised the profile and possibility of nursing as a career. Members agreed that school liaison is important but individual connections and one to one mentorship programmes can also be successful. <p>Mrs Cruttenden asked that advisory committees keep workforce on their agendas and feedback to ACF. She also advised that advisory committees contact Mrs Coull directly to request input from Workforce Development staff for relevant agenda items.</p>	
6.	<p>NHS Grampian – Board Programme 2019/20 Mr Graeme Smith, Deputy Chief Executive, NHS Grampian</p> <p>A draft SLT/Board Programme had been circulated prior to the meeting and Mr Smith explained that the intention is to provide the advisory structure with early notice of when items are likely to be presented to the board and provide the opportunity to input into the process. Members agreed it was useful to have a timetable which would enable structuring of agendas and advisory committees should consider how they can best feed into the process. Dr Smith also noted that this could promote engagement with the advisory structure. Mr Smith suggested that ACF members review the programme and consider what would be the most relevant items for their advisory committee. It was also agreed that it could be useful for SLT to designate items to individual committees and send out specific questions. Mr Smith noted that ACF should now consider the practicalities of how the advisory structure can effectively feed into the cycle. In the meantime the ACF meeting in September could include on its agenda the following items which are scheduled for the Board meeting in October:</p> <ul style="list-style-type: none"> • Demography and Population Need – request an overview from Susan Webb. • Clinical Strategy Review – Unscheduled Care/Winter Plan – invite Adam Coldwells to attend ACF. • Acute Sector Plan – invite either Fiona Francey, Paul Bachoo or Jenny McNicol to attend ACF. • Mental Health Plan – circulate consultation documents to ACF and request an overview from Sandra Ross. 	

	<p>Mrs Cruttenden proposed that at the meeting with SLT on 9th September the Gosport and Sturrock reports could be considered and asked members to let her know if there were any other items they would like to discuss at the meeting.</p> <p>Members agreed it would be useful to have a Board Stakeholder Seminar included on the programme and that quarterly meetings with SLT should be arranged.</p> <p>Members agreed to keep this as a standing agenda item for future meetings.</p>	
7.	<p>Documents Circulated for Information and Noting.</p> <ul style="list-style-type: none"> • ACF Report to NHS Grampian Board – June 2019 	
8.	<p>Updates from Advisory Committees, DPH and ACF Chair</p> <p>Members provided an update of matters discussed at their recent meetings:</p> <ul style="list-style-type: none"> • <u>Chairs Feedback/Update from Grampian NHS Board</u> – There were no key issues to report back from recent meeting of ACF Chairs. • <u>Director of Public Health Report</u> – a report had been circulated. • <u>AMC</u> – no update at this meeting. • <u>GP Sub-Committee</u> – no update at this meeting. • <u>Consultant Sub-Committee</u> – no key issues to report. • AOC – had discussed a review of the constitution including the relationship between AOC and the local Eye Health Network as it would be useful to develop a more adequate reporting mechanism between the two groups. AOC had previously considered how to improve engagement with the committee and had some good responses to information circulated via the internet. Some members had raised concerns around the requirements placed on them in the Statutory Duty of Candour. • GANMAC – no key issues to report. • GAHPAC – had noted the improvements in the time to complete recruitments since the introduction of changes in OHS screening 	

	<p>for internal candidates but concerns had been raised that this had not translated into speeding up the process for external appointments. There had also been discussion regarding student internships in physiotherapy and radiology. It is intended that the appointment of students as healthcare support workers over the summer months, covering evening and weekend shifts, will help to improve the retention of students in Grampian.</p> <ul style="list-style-type: none"> • APC – had discussed concerns relating to the potential destabilisation of community and acute pharmacy services as a result of the pharmacy requirements in the new GP contract. • GAAPAC – had a useful presentation regarding retention of trainees. • Healthcare Scientists Forum – had discussed how to improve engagement with RGU and preparation for Healthcare Scientists Day, including inviting schools to participate in the event. <p>It was noted that any issues relating to staff should be raised through the appropriate mechanisms, including Chief Officers of IJBs, prior to being raised as a concern at ACF.</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>	
9.	<p>Approved Advisory Committee Minutes</p> <p>Recent minutes had been circulated for information.</p>	
10.	<p>Key Messages from ACF to the Board</p> <ul style="list-style-type: none"> • Concerns regarding community and acute pharmacy services raised at APC. • Workforce. <ul style="list-style-type: none"> ~ Positive feedback relating to changes in OHS screening for internal candidates but concerns that this had not translated into speeding up the process for external appointments. • The Board Programme and Engagement with SLT. 	
11.	<p>AOCB</p> <p>There was no other business.</p>	

12.	<p>Date of Next Meeting The next meeting will be held on Wednesday 11th September 2019 at 4.30pm in the Committee Room, Foresterhill House, Foresterhill Health Campus.</p> <p>Future dates for 2019 – 13th November</p>	
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