

**NHS GRAMPIAN**

**Minute of the Area Clinical Forum Meeting**  
**Wednesday 29<sup>th</sup> June 2022 - 3.00 pm**  
**Microsoft Teams**

**Present:**

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee  
 Mr Mark Burrell, ACF Vice Chair, Chair, Area Dental Committee  
 Ms Karen Boyd, Vice Chair, Healthcare Sciences Forum  
 Dr Fiona Campbell, Vice Chair, GAAPAC  
 Ms Sharon Jones, Chair, Allied Health Professionals Advisory Committee  
 Mr Craig McCoy, Vice Chair, Area Optometric Committee  
 Ms Elaine Neil, Vice Chair, Area Pharmaceutical Committee  
 Ms Carole Noble, Vice Chair, Allied Health Professionals Advisory Committee  
 Dr Angus Thompson, Chair, Area Medical Committee

**In Attendance:**

Mr Siddharth Rananaware, Public Representative  
 Ms Jenna Young, Planning Manager  
 Ms Dawn Getliffe, Management Trainee (observing)  
 Ms Else Smaaskjaer, Minute

Item	Subject	Action
1.	<p><b>Welcome</b></p> <p>Mrs Cruttenden thanked everyone for attending and welcomed Sharon Jones to her first meeting of the Forum as Chair of AHPAC.</p> <p>Apologies noted from Helen Chisholm, Adam Coldwells, Sue Kinsey, Vicky Ritchie, Rachael Smith, Mike Steven and Catriona Sutherland.</p>	
2.	<p><b>Minute of meeting held on 4<sup>th</sup> May 2022</b></p> <p>The minute of the previous meeting approved as an accurate record.</p>	
3.	<p><b>Matters Arising</b></p> <p>There were no matters arising</p>	
4.	<p><b>Plan for the Future – Progress Update</b>  <b>(Ms Jenna Young, Planning Manager)</b></p> <p>Ms Young reported that the Plan for the Future had been approved</p>	

	<p>by NHS Grampian Board on 2<sup>nd</sup> June and will be launched more widely during the week beginning 4<sup>th</sup> July. She provided a presentation which highlighted the following:</p> <ul style="list-style-type: none"> <li>• The case for change - the elements which sit behind and had informed the Plan for the Future.</li> <li>• The engagement journey – detailing the extensive engagement with stakeholders and focus groups. Ongoing engagement will continue as the Plan for the Future is launched and embedded.</li> <li>• Vision and Priorities – all the parts which will contribute to the aim of reaching sustainable health and care by 2032 and support a balance between responding to illness and enabling wellness. <ul style="list-style-type: none"> <li>~ People – all citizens across Grampian. Specific focus on children and families and colleagues and culture.</li> <li>~ Place – the social responsibility on NHSG to act as an anchor organisation in promoting Grampian as a place to live and work, to work with and support communities and meet environmental targets including net zero carbon ambitions.</li> <li>~ Pathways – empowering people to know where to access services and where to go to for help. A whole system approach to enable signposting and partnership working to ensure the right care is accessible in the right place.</li> </ul> </li> <li>• Strategic components – including the digital strategy, infrastructure, finance, workforce planning and leadership.</li> <li>• Delivering the Plan for the Future – there will be a three year phased realistic and achievable delivery plan to outline actions against the nine strategic priorities and outcomes in the Plan for the Future and details how NHSG will meet the priorities of the Scottish Government. Presentation to NHSG Board on 4<sup>th</sup> August.</li> <li>• Emerging key areas of focus: <ul style="list-style-type: none"> <li>~ Managing flow during winter surge periods and any future Covid-19 waves.</li> <li>~ Response to the future BPA Culture Survey.</li> <li>~ Redesign of services/pathways.</li> </ul> </li> <li>• Next Steps: <ul style="list-style-type: none"> <li>~ Formal launch during week commencing 4<sup>th</sup> July.</li> <li>~ Development of a web based system providing information in ‘bite sized chunks’.</li> <li>~ Embedding the Plan for the Future across the system.</li> <li>~ Creating the building block for delivery through partnership working.</li> <li>~ Ongoing engagement to strengthen relationships with colleagues, partners and the public.</li> </ul> </li> </ul>	
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	<p style="text-align: center;">~ Creating an aligned approach to operational service planning, workforce and financial planning.</p> <p>Key points discussed:</p> <ul style="list-style-type: none"> <li>• Social media will be used to raise public awareness about the launch of the Plan for the Future.</li> <li>• The NHSG Plan for the Future links with the Scottish Government priorities which will be reflected in the delivery plan.</li> <li>• Although responses may vary most Scottish Boards are experiencing the same current challenges.</li> <li>• An anchor organisation is any large public organisation which employs a significant proportion of the population in its area, delivers a wide range of services and consequently has a substantial influence on the population.</li> <li>• It could prove difficult to address the juxtaposition between access to services and the withdrawal of services provided by independent contractors. However, access will remain a priority of the Plan for the Future.</li> <li>• Forums and groups, including advisory committees, should look at how the Plan for the Future could be used positively to provide justification around accessing more resources – e.g. infrastructure and workforce.</li> </ul> <p><b>The ACF thanked Ms Young for the presentation and asked to be kept informed of developments regarding the delivery plan.</b></p>	
5.	<p><b>Workshop – 4<sup>th</sup> May 2022</b></p> <p>Mrs Cruttenden asked the ACF for their thoughts following on from the Workshop in May.</p> <ul style="list-style-type: none"> <li>• Agreed that it had been useful to take some time out and discuss the future direction of the ACF with representatives from the wider system.</li> <li>• The feedback from the breakout sessions regarding advantages, opportunities and challenges were positive and helpful. The notes had been uploaded to the ACF Teams Page.</li> <li>• There are still things to consider in relation to how the ACF can engage and communicate with the Portfolio Leadership model.</li> <li>• The Portfolio Lead for Integrated Specialist Care Services had indicated he would be keen to have more involvement and had suggested that a representative of the ACF could join the monthly Portfolio Team meeting. It would be helpful to share this within available capacity and those attending should be mindful that they are representing the wider Forum and not individual professional groups.</li> </ul>	

	<ul style="list-style-type: none"> <li>• There had been varying response from other Portfolio Leads and Mrs Cruttenden asked members of the ACF to raise the profile of the Forum and highlight any opportunities to widen engagement.</li> <li>• Work is ongoing to establish national groups for chairs of some advisory committees, including Optometric and Pharmacy, and this will be useful in terms of sharing ideas and experience.</li> <li>• It would be useful for the ACF to have sight of the forward Board programme to increase the opportunity for early involvement and providing feedback at an early stage.</li> </ul>	
6.	<p><b>Dr Gray’s Hospital  (Dr Angus Thompson, Chair Area Medical Committee)</b></p> <p>Following concerns raised by staff at the Area Medical Committee and its sub-committees. Dr Thompson had written to hospital management at Dr Gray’s Hospital (DGH) and had met with the Mr Donald, Head of Property and Asset Development.</p> <p>The staff at DGH had expressed concerns that there does not seem to be a forward plan or a strong commitment to the future delivery of services at the hospital. Dr Thompson reported a contrasting view from senior management and Mr Donald had confirmed that there are a range of infrastructure projects either ongoing or in the pipeline across the hospital site. A group chaired by the hospital manager, with a clinician as vice chair, will progress a site development framework.</p> <p>Dr Thompson asked if concerns from DGH staff had been raised at other advisory committees. Ms Jones noted that some service areas at DGH are experiencing ongoing recruitment challenges but radiography staff are looking forward to the installation of a new MRI scanner. Mr Burrell advised that staff had reported workforce challenges for some time resulting in problems with access to dental services. Ms Neil reported similar recruitment and retention challenges in pharmacy and the adverse effect this could have on the provision of service.</p> <p>Agreed that it is not always easy to provide assurance to staff but it had been useful to confirm that there is a commitment by NMSG to DGH and this would be communicated to members of the Area Medical Committee.</p>	
7.	<p><b>Supplementary Staffing</b></p> <p>The ACF discussed the commission to support the ongoing review of supplementary staffing which had been agreed pre-Covid. Expenditure on agency and locum staff is recognised as one of the</p>	

	<p>most significant areas of overspend in the annual budget of NHSG. The commission was based on the ACF providing input to help identify areas where expenditure could be reduced and it was agreed that it would be helpful to do a review of previous conclusions and some preparatory work to take this forward.</p>	
8.	<p><b>Updates from Advisory Committees and ACF Chair</b></p> <p><u>Chairs Feedback</u></p> <ul style="list-style-type: none"> <li>• Mrs Cruttenden informed the ACF that there were no significant items to report.</li> </ul> <p><u>Public Health</u></p> <ul style="list-style-type: none"> <li>• No update at this meeting.</li> </ul> <p><u>Area Pharmaceutical Committee</u></p> <ul style="list-style-type: none"> <li>• Main concerns remain recruitment and retention of staff across all sectors resulting in the closure of some community pharmacies.</li> <li>• APC had discussed suggestions for engagement with schools, colleges and at careers events to promote career options in hospitals, community pharmacies and primary care.</li> <li>• The increased workload resulting from the additional roles/services now provided in community pharmacies had been noted. APC had agreed that although it is useful to signpost people to pharmacies other services should be mindful that staff there are also feeling challenged and 'moving the queue' to another location may not always be the best option for patients.</li> </ul> <p><u>Healthcare Scientists Forum</u></p> <ul style="list-style-type: none"> <li>• It had been useful to meet with colleagues from NHS National Services Scotland at the recent NHS Scotland Event hosted in Aberdeen in June.</li> <li>• Arrangements will be complete during the next few weeks to open up bids to access the funding agreed for the sustainability of vulnerable services.</li> <li>• Planning will begin soon for a Healthcare Science Study Day in November.</li> </ul> <p><u>Area Dental Committee</u></p> <ul style="list-style-type: none"> <li>• There had been some improvement regarding access and more patients had been seen. However, the increase in uplift previously agreed will drop again soon.</li> <li>• Concerns raised regarding the high number of patients who had been de-registered as more dentists move to private practice, and the implications for patients who cannot afford to access</li> </ul>	

	<p>private dental care.</p> <ul style="list-style-type: none"> <li>• During the pandemic there had been a significant adverse impact on paediatric dental health and dentists are reporting an increase in dental decay amongst children.</li> </ul> <p><u>Area Medical Committee</u></p> <ul style="list-style-type: none"> <li>• Recent meeting had discussed Dr Gray’s Hospital, Recovery Plan and Plan for the Future.</li> <li>• An update from University of Aberdeen had noted a general increase in the number of medical students and an increase in students from other areas in Scotland coming to the North of Scotland for clinical placements. AMC had discussed the pressures on capacity to support this and how to encourage students to remain in Grampian after graduation.</li> </ul> <p><u>GP Sub-Committee</u></p> <ul style="list-style-type: none"> <li>• AMC and GP Sub-Committee had discussed delays in psychiatric retrievals due to availability of nursing staff.</li> <li>• Some pressure to return to more face-to-face consultations noted. Some patients, including the elderly, are not comfortable with using digital platforms. Agreed that digital consultations will remain in place and consideration of options to reach a balanced approach will continue.</li> </ul> <p><u>Consultants Sub-Committee</u></p> <ul style="list-style-type: none"> <li>• Consultants had raised concern regarding the absence of a medical HDU. There is currently no single medical admissions ward and patients placed in various parts of the hospital with resultant long waits for assessments and disquiet amongst staff.</li> </ul> <p><u>Area Optometric Committee</u></p> <ul style="list-style-type: none"> <li>• AOC reported good capacity and a generally positive position.</li> <li>• Demand for more emergency appointments noted and the need to reconfirm with those who signpost patients that optometrists have their own triage system in place.</li> <li>• The newsletter to optometrists reinstated.</li> <li>• Optometrists will continue to send referrals to clinical inboxes until access to use SCI Gateway confirmed.</li> <li>• Stroke pathway no longer includes Ophthalmology.</li> </ul> <p><u>Allied Health Professions Advisory Committee</u></p> <ul style="list-style-type: none"> <li>• Ongoing challenges relating to staff vacancies, difficult to recruit to posts and staff feeling overwhelmed.</li> <li>• There are still problems with Job Train and AHP Leads had reported that in addition to any clinical aspect to their role they are spending a significant amount of time completing admin</li> </ul>	
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	<p>tasks on the system.</p> <ul style="list-style-type: none"> <li>Concern that during Covid new graduates had not had the opportunity of robust clinical placements and are entering the workplace requiring more clinical supervision than normal.</li> </ul> <p><u>Grampian Area Nursing and Midwifery Advisory Committee</u></p> <ul style="list-style-type: none"> <li>GANMAC had discussed the high level of DATIX reports relating to violence and aggression, particularly in Aberdeenshire community hospitals. RCH had not been in a position to admit all patients resulting in placement of high acuity patients in community hospitals. Escalated through the appropriate reporting routes and Aberdeenshire confirmed it could not accept any more high acuity patients.</li> <li>HSE inspection had focused attention on violence and aggression, TURAS training had become oversubscribed, and staff had been unable to access training that would help them manage difficult patients. Staff side are providing support and linking in with OHS.</li> <li>There had been positive developments in relation to pre-registration nursing student education. This included a new coaching model and the development of new placement areas in general practice.</li> </ul> <p><u>Grampian Area Applied Psychologists Advisory Committee</u></p> <ul style="list-style-type: none"> <li>Further attempt to recruit to Director of Psychology post had been unsuccessful.</li> <li>Experiencing the same challenges as others in relation to recruitment and retention. Staff deployed to other areas but at times this results in moving problems around.</li> <li>Trainee numbers had increased but there is a trend to complete training in Grampian before moving on elsewhere.</li> </ul> <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>	
6.	<p><b>Key Messages from ACF to the Board</b></p> <p>Main Themes:</p> <ul style="list-style-type: none"> <li>Challenges in Dentistry.</li> <li>Discussion regarding DGH.</li> <li>Recruitment and retention.</li> </ul>	
7.	<p><b>AOCB</b></p> <p><b>Elective Surgery RACH – Theatre User Group had raised</b></p>	

	concerns regarding lack of access to elective surgery at RACH. Nursing shortages and cancelled lists resulting in lengthy waiting times. Enquiries made regarding possible resolution but to date no response received.	
	<b>Date of Next Meeting</b>  Touchpoint meeting on 3 <sup>rd</sup> August 15.00 – 16.00. ACF on Wednesday 7 <sup>th</sup> September 15.00 – 17.00	