

NHS GRAMPIAN

**Minute of the Area Clinical Forum Meeting
held on Wednesday 14th November 2018 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
 Ms Aimee Dominick, Vice Chair, Area Pharmaceutical Committee
 Mr Chris Llewellyn, ACF Vice Chair and Chair, Healthcare Science Forum
 Dr Alastair McKinlay, Chair, Area Medical Committee
 Dr Rachael Smith, Chair, GAAPAC

In Attendance:

Ms Amy Anderson, Non-Executive Director, NHS Grampian
 Dr Howard Gemmell, Public Representative
 Ms Caroline Hiscox, Interim Director of NMAHPs
 Mrs Susan Kinsey, Public Representativ
 Dr Denise McFarlane, Chair, GP Sub-Committee (by VC)
 Mr Graeme Smith, Director of Modernisation
 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: Professor Amanda Croft, Interim Chief Executive Professor Nick Fluck, Medical Director Mr Les Petrie, Vice Chair, GANMAC Mrs Jennifer Tait, Vice Chair, Healthcare Science Forum Mrs Julie Warrender, Chair, GANMAC Ms Susan Webb, Director of Public Health</p>	
2.	<p>Minute of meeting held on 12th September 2018</p> <p>The minute of the previous meeting was approved as an accurate record.</p>	

3.	Matters Arising	
3.1	<p><u>Recruitment</u> – Mr Smith reported that following the concerns raised at Area Clinical Forum in September this matter had been discussed by Senior Leadership Team (SLT). There had also been some discussion with Occupational Health Services and it had been decided to discontinue checks and screening for some groups of staff. As a result no screening will be required for internal transfers, unless there is a significant change to role/duties, and no screening for administration and clerical applicants. Although this will take some time to filter through the intention is to build capacity within Occupational Health to speed up the screening of other applicants. Members welcomed this very positive step and Mrs Cornwallis asked if HR could also alert of any predicted blockages, such as the appointment process for newly qualified doctors and nurses during the summer months, which would give recruiting managers the opportunity to forward plan and avoid those times.</p>	
4.	<p>Board Programme (Mr Graeme Smith, Director of Modernisation)</p> <p>Mrs Cruttenden explained that a draft programme of items for consideration by NHS Grampian Board had been circulated to allow early engagement at Area Clinical Forum. Mr Smith asked members to note that at this stage the plan is still in draft form but SLT would welcome feedback from ACF regarding the items for discussion. He advised members that the items link to the themes contained in the Grampian Clinical Strategy, priority areas decided by SLT and reports required to meet with annual regulatory issues. The next stage will be to populate the plan with details for each item and the purpose for taking a report forward to the Board.</p> <p>Mr Smith advised that members of SLT had been allocated leadership responsibility and asked to form sub-groups covering a number of themes including Clinical Governance, Compliance and Infrastructure. The sub-groups will report regularly to relevant Board Committees and when appropriate those reports will be shared with ACF.</p> <p>Mr Gemmel noted the range of items to be reported on and Mrs Cornwallis suggested it would be useful for ACF to feedback clinical views on relevant items.</p> <p>Dr McKinlay asked if teaching and training will feature amongst the items to be reported to the Board and Mr Smith confirmed that this will</p>	

	<p>be included in the item 'Developing our Workforce' and in the regulatory Workforce Plan.</p> <p>Members agreed that it is useful to have this oversight of future Board items as a reference when setting agenda items for ACF.</p>	
5.	<p>Recruitment and MAGNET Accreditation Scheme (Mrs Caroline Hiscox, Acting Director of NMAHPS)</p> <p>Mrs Hiscox reported on significant nursing and midwifery workforce challenges and the difficulties in achieving appropriate staffing levels. It is recognised that relying on agency and temporary staff does not effectively alleviate the pressures on substantive members of staff. The percentage of vacancies varies between areas and also between work locations. In NHS Grampian the percentage of nursing vacancies is amongst the highest in Scotland but at Royal Aberdeen Children's Hospital there are currently no vacancies. The difficulties in recruiting and retaining nursing and midwifery staff is recognised as a national problem and the Cabinet Secretary for Health and Sport and the Chief Nursing Officer have endorsed the development of a national sustainability programme. There has also been some discussion regarding new opportunities, such as the Advanced Practitioner role, and the importance of these initiatives not creating gaps elsewhere in the workforce.</p> <p>In recognition of workforce challenges it had been suggested that an excellence based accreditation scheme could be helpful in attracting applicants to the organisation. Magnet had been proposed as a successful scheme already in place in the USA and Australia. Magnet recognition is awarded to organisations that meet the standards set for quality patient care and innovations in professional nursing and midwifery practice. Mrs Hiscox explained that being recognised as a Magnet hospital will demonstrate that excellence in patient care had been achieved. The designation also provides a recognised benchmark that patients and carers can use to measure the quality of care they should expect to receive. It focuses on success and staff who work in Magnet accredited hospitals have confirmed that they feel more valued as employees.</p> <p>Mrs Hiscox confirmed that it would be a long process to reach a stage of applying for Magnet accreditation. She acknowledged that nursing is not the only sector experiencing workforce challenges but it had been considered worthwhile to place some thought leadership around the process and that demonstrating excellence in one area will result in positive outcomes in other areas of the organisation. Mrs Cornwallis noted that it would be helpful to have more details regarding the</p>	

	<p>process. She asked if the accreditation will apply to a single site and, if staff then feel drawn to one place, whether that could have implications for other hospitals across Grampian. Mrs Hiscox advised that, due to the management systems in place for NHS Grampian, if one site is put forward for accreditation then the principles adopted would apply across the organisation. She also noted that during visits to Magnet hospitals she had become aware that the cultural shift applied across the organisation and was not directed on a single staff group. Mrs Cruttenden asked that if NHS Grampian is the first Board in Scotland to consider Magnet accreditation will it be well known enough to attract staff to the area. Mrs Hiscox confirmed that the aspirations of Magnet will focus on outcomes which will be attractive to staff and embed a culture of continuous improvement.</p> <p>Members agreed it would be helpful to focus on the positive benefits Magnet could bring and asked to be kept updated on progress.</p>	
6.	<p>Research Strategy for Health 2019-2023 (Mr Graeme Smith, Director of Modernisation)</p> <p>Mrs Cruttenden informed members that this item had been discussed at a recent Board Seminar and it had been considered appropriate that ACF should have the opportunity to comment on the paper. Mr Smith advised that there had been general agreement at the Board Seminar that the paper comprised a statement of intent rather than a fully developed strategy. Dr Gemmell agreed that the document highlighted a range of interesting activities undertaken at the University of Aberdeen and RGU but it could not be considered a strategy which would take research forward.</p> <p>Professor Turner suggested that a clear strategy needs to be developed if Grampian is to be taken seriously as an attractive place to study and work. He advised members that although the University enjoys a well-earned reputation for excellent education provision there is a general feeling amongst consultant colleagues that it does not have a real appetite for encouraging and supporting research. Dr McKinlay agreed that the document does not evidence a real commitment to a research culture and suggested that a strategy with a strong commitment to collaborative working between the Health Board and the University is required. Members agreed that the Foresterhill Campus should lend itself to a vibrant and active research culture but this should be constructively promoted from within the University.</p> <p>Members agreed their support of the document as a commitment to research but requested a stronger strategy be developed to drive it forward.</p>	

7.	<p>International Development – NHS Grampian Contribution to Global Citizenship. (Mr Graeme Smith, Director of Modernisation)</p> <p>Mr Smith explained that a paper will be presented to the Board at its meeting in December to raise awareness regarding the benefits of staff participation in international development. The Board will be asked to consider the establishment of a steering group to develop proposals and Mr Smith requested feedback from ACF regarding how staff could be supported and how initiatives suggested by staff could be prioritised. Mr Smith informed ACF that overseas development initiatives cannot be directly funded from Endowment Funds as it would be difficult to demonstrate benefit to the population of NHS Grampian. However, it may be possible to evidence the benefits to staff development in participating in international work. He advised that Northumbria NHS Trust had developed a mature model of supporting staff in international development and this would be explored in more detail.</p> <p>Mr Llewellyn highlighted the work undertaken by cardiac physiologists, including himself, in Bolivia and suggested that an audit of current activity should be carried out as there could be a higher level of current participation in overseas work than is recognised.</p> <p>It was agreed that there are benefits to be achieved from supporting staff to participate in international work and managers would welcome the development of guidance to ensure equity of access and opportunity.</p>	
8.	<p>Implications of the Gosport Report – Feedback from Advisory Committees</p> <p>Mrs Cruttenden reminded members of the conversation at ACF in September and asked if any advisory committees had the opportunity to discuss the report and feedback. The following observations were made:</p> <p><u>Area Pharmaceutical Committee</u> had agreed that there had been a significant cultural change over recent years and more robust professional scrutiny and complaints procedures are in place. ADIoS (Abusable Drugs Investigational Software) and HEPMA (Hospital Electronic Prescription and Medicines Administration) would also highlight any abnormalities in prescribing and usage. However, although improvements had been introduced colleagues remain aware of the need for vigilance and to report any concerns.</p>	

<p><u>Allied Health Professional Advisory Committee</u> had discussed the regulatory obligations on health professionals to report concerns. The committee had also discussed the necessity of empowering staff and ensuring that they feel safe in having the conversations required to raise any issues relating to colleagues or working practices. There was also some discussion regarding the need to have regular contact with AHPs who do not work in NHS settings.</p> <p><u>Area Medical Committee</u> had found the tone of the article emotive and provocative. The events at Gosport Memorial Hospital had related to an individual doctor, the consequences of police involvement and the failure of management over a period of time to take effective action and AMC agreed that there are sufficient internal systems in place to prevent a similar occurrence.</p> <p><u>GP Sub-Committee</u> had discussed similar issues and had a wider conversation regarding community hospitals and concerns regarding the vulnerability of workplaces where staff shortages result in staff being excessively stretched. The sub-committee had also considered the advantages of having a support network for staff who have concerns regarding GPs as these would be reported directly to the General Medical Council which could prove daunting for some colleagues.</p> <p><u>Applied Psychologists Advisory Committee</u> had agreed that there is uncertainty whether systems such as iMatter and DATIX contribute to performance management or are very effective in a large hierarchical organisation. It also questioned whether management are aware of the strain on staff when systems are stretched and it becomes easier for staff to carry on working regardless, rather than flag up examples of unsafe practices and staffing levels.</p> <p><u>Area Optometrists Committee</u> had agreed that regulations had been tightened in recent years and a very robust fitness to practice regime had been introduced. However, there are some concerns that this had resulted in the emergence of a 'blame culture' and a reluctance to report minor concerns which could result in a negative impact on a colleague's career.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> • Significant improvements to reporting mechanisms had been introduced over recent years. • Staff need to be reassured that any concerns raised will be listened to and acted upon. • There is a much more positive culture and the drive towards

	<p>patient centred care has resulted in a recognition that safe systems must be in place.</p> <ul style="list-style-type: none"> • There is also a higher tolerance of risk taking and an acceptance that adverse events may occur but it is important that staff are supported and lessons learned are recorded. <p>Members agreed that advisory committees would provide any further feedback to Mrs Cruttenden using the email account nhsq.acf@nhs.net</p>	
9.	<p>Documents Circulated for Information and Noting.</p> <ul style="list-style-type: none"> • Workforce Directorate Annual Report 2017/18 • Grampian Winter Surge Plan 2018/19 	
10.	<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> – Mrs Cruttenden advised that the next meeting of ACF Chairs would be on 5th December. • <u>Director of Public Health Report</u> – a report had been circulated. • There was insufficient time for detailed updates from all the advisory committees. Mrs Cornwallis highlighted the successful AHP Day on 15th October and wished to feedback thanks to Corporate Communications for their support. She also noted the benefits of utilising social media to celebrate good work. <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>	
11.	<p>Approved Minutes</p> <p>Recent minutes had been circulated for information.</p>	
12.	<p>Key Messages from ACF to the Board</p> <ul style="list-style-type: none"> • The need for a research strategy. • Feedback on the Gosport Report. • Feedback on the positive change to the recruitment process and OHS checks. 	

13.	<p>AOCB</p> <p>There was no other business.</p>	
14.	<p>Date of Next Meeting</p> <p>The next meeting will be held on Wednesday 16th January 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>16th January 13th March 15th May 3rd July 11th September 13th November</p>	