

NHS GRAMPIAN
Minute of the Area Clinical Forum Meeting
Wednesday 10th March - 3.00 pm
Microsoft Teams

Board Meeting 03.06.21 Open Session Item 11.7
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Present:

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee
 Mr Mark Burrell, Vice Chair, Area Dental Committee
 Dr Alastair McKinlay, Chair, Area Medical Committee
 Mrs Elaine Neil, Vice Chair, Area Pharmaceutical Committee
 Ms Vicky Ritchie, Chair, Healthcare Scientists Forum
 Dr Rachael Smith, Chair, GAAPAC

In Attendance:

Mr James Bidwell, Chair, Consultant Sub-Committee
 Mr Alan Gray, Director of Finance
 Professor Mike Greaves, Clinical Lead, B&A Project
 Mrs Susan Kinsey, Public Representative
 Dr Marion Slater, Vice Chair, Consultant Sub-Committee
 Dr Mike Steven, Chair, GP Sub-Committee
 Ms Gail Thomson, Deputy Project Director, B&A Project
 Ms Else Smaaskjaer, Note

Item	Subject	Action
1.	<p>Welcome</p> <p>Mrs Cruttenden thanked everyone for attending and welcomed James Bidwell and Marion Slater to the Forum as Chair and Vice Chair of the Consultant Sub-Committee. She also informed members that the appointment to replace Howard Gemmell as a public representative is being progressed by the NHSG Public Involvement Team.</p> <p>Apologies were noted from Karen Boyd, Catriona Cameron, Adam Coldwells, Emma Hepburn, Craig McCoy, William Moore, Les Petrie, Stuart Reary, Kathryn Trimmer and Julie Warrender</p>	
2.	<p>Minute of meeting held on 13th January 2021</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>Project Update – Baird Family Hospital and ANCHOR Centre</p> <p>Professor Greaves and Ms Thomson attended to provide ACF with</p>	

	<p>an update on progress relating to the Baird and ANCHOR Project. Professor Greaves reported that for a number of reasons including Covid-19 restrictions, general cost increases across the construction industry and some concerns following completion of major projects in Glasgow and Edinburgh, progress had been delayed during 2020. Following a thorough design review the Full Business Case had been accepted by the Scottish Government Capital Investment Group and construction works are now underway on the site at Foresterhill.</p> <p>The ANCHOR Centre, an out-patient haematology and oncology unit, will have a physical connection to radiotherapy services within ARI. The design had been acknowledged as patient friendly and spacious, providing a welcoming clinical setting without resembling the traditional hospital model. Consulting spaces will be located on the second floor, a well-spaced chemotherapy area on the third floor and an aseptic pharmacy on the ground floor. The Centre will also feature offices and teaching areas. Professor Greaves highlighted that the design team had maximised the benefits of natural light throughout the building.</p> <p>Ms Thomson informed the ACF that the Baird Family Hospital will replace services currently provided in Aberdeen Maternity Hospital plus the full range of gynaecological and breast screening services. Following completion of the new facility the intention is to demolish AMH and develop other services on the site. The Baird will be physically connected to ARI to ease transfer of patients when required. Work on site is progressing well and it is hoped that the ANCHOR Centre will complete during Spring 2023 and the Baird Family Hospital in December 2023. Ms Thomson highlighted the contribution of patients, staff, community groups and clinicians to the project which is reflected in the design and aesthetics of both buildings.</p> <p>Ms Cruttenden asked if Covid-19 had resulted in any major adjustments. Professor Greave advised that the main consideration had been physical distancing requirements but the overall design of both buildings is spacious and no major adjustments were needed. Ms Thomson confirmed that the design of the Baird had been based on single occupancy rooms and waiting areas will be furnished with physical distancing in mind.</p> <p>Mrs Kinsey welcomed the update and highlighted the benefits to staff who for many years had been challenged in providing care in a less than ideal environment. She also noted the support available through the provision of parent accommodation on site.</p> <p>Area Clinical Forum thanked Professor Greaves and Ms Thomson for the update on this much anticipated project.</p>	
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5.	<p>Staff Health and Wellbeing</p> <p>Mrs Cruttenden reported that Les Petrie, Vice Chair of GANMAC, is the ACF representative on the Staff Health, Safety and Wellbeing Group. Les had distributed a flash report from the Group for information. The following key points were highlighted:</p> <ul style="list-style-type: none"> • Concerns relating to staff capacity had been indicated as the organisation moves towards a period of remobilisation and transformation. • Mr Burrell noted anxiety relating to capacity to deal with the backlog which had built up during the previous twelve months and ensure that patients can access services safely and timeously. • Dr Steven highlighted the need to have clear links between Primary and Secondary Care at an early stage in the process. He also reported that some practice staff will be transferred to HSCPs under TUPE regulations and this will also create uncertainties. • Dr McKinlay advised that anxieties and concerns will be emphasised as staff are tired and the strains of working under current conditions are becoming more evident. In addition redeployed nursing staff are noting strains associated with different working practices. • Dr Bidwell suggested that a period of readjustment would be helpful. Concerns raised regarding AHPs and nurses who had been redeployed, and staff who had left/retired during this period, had highlighted the challenges in re-setting teams across a range of specialties. • Ms Neil asked that staff wellbeing takes account of independent contractors who have continued to work throughout this period. Many contractors had taken on additional work and had developed different working practices to ensure covid compliance. • Dr Smith also reported difficulties with the Job Train system which resulted in delays in the recruitment process. Staff acknowledge that HR are extremely busy with recruitment relating to the vaccination programme and test and protect but would ask that vacancy recruitment is also progressed to ensure service delivery. Mrs Cruttenden agreed to contact Tracey Hicks, Recruitment Manager to advise of concerns raised at ACF and Dr Smith will join the call if available. 	<p>KC/RS</p>
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6.	<p>ACF/SLT Meeting</p> <p>It was agreed that although there are a some issues to sort out it would be useful to continue with the meetings as it helps to raise the profile and role of ACF with senior managers. The upcoming meeting on 15th March had been postponed and Mrs Cruttenden will contact Dr Coldwells to discuss the format of the next meeting scheduled on 7th June.</p>	KC
7.	<p>Updates from Advisory Committees and ACF Chair</p> <ul style="list-style-type: none"> • <u>Chairs Feedback</u> – recent ACF Chairs meeting had been postponed. • <u>Public Health</u> – no update at this meeting. • <u>AMC</u> – a number of colleagues had expressed an interest in joining the reconstituted committee. The committee will be formed with representation from all constituent parts including medical, surgical, general practice, DGH, MHLDS and public health. A new chair will be elected later in 2021. • <u>GP Sub-Committee</u> – GPs had also reviewed representation on the Sub-Committee and an election process will take place. GPs had agreed that the weekly meeting of the interface group had been a positive step during Covid response and there was interest in formalising this approach. Practices had started discussions regarding moving to Level 1 and how this would be best achieved. There are physical infrastructure challenges in some buildings and although funding had been made available to the end of March not all practices had been in a position to meet the deadline for completion of works. • <u>Consultants Sub-Committee</u> – recent meeting had discussed surge management in ARI and concerns relating to restricted activities and waiting times. The remobilisation plan is on the agenda for the next meeting and Dr Bidwell will discuss with the Medical Director for Acute Services before the meeting. There had been some concerns regarding clinical governance issues around the changes to management of patient flow. The Sub-Committee had also discussed the continued primary/secondary coordination in relation to patient discharge. • <u>AOC</u> – optometrists had volunteered to take part in the vaccination programme. AOC had discussed the difficulties in securing clinical placements for independent contractors. • <u>GANMAC</u> – no update at this meeting. • <u>AHPAC</u> – no update at this meeting. 	

	<ul style="list-style-type: none"> • <u>APC</u> – had discussed general concerns that community pharmacies could have contributed more to the delivery of vaccinations if they had been asked. Recent meeting had also raised concerns regarding community pharmacy access to Lateral Flow Tests which had since been resolved. • <u>GAAPAC</u> – no particular concerns raised and discussion still mainly around staff health and wellbeing. • <u>Healthcare Scientists Forum</u> – had formed a short life working group to review vulnerable services and to address the challenges and requirements of healthcare scientists in relation to the NHS Scotland delivery plan. Recent meeting had looked at the Professional Assurance Framework and noted the lack of clear leadership for Healthcare Science services. • <u>ADC</u> – main concern at recent meeting had been the implications of cancelling graduations in dentistry. This will impact on the availability of staff and vocational training. Any students who graduate in December will not gain the experience required to practice on patients and could become de-skilled and demoralised. There had also been some discussion regarding physical infrastructure, particularly the need for improved ventilation systems. <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>	
<p>8.</p>	<p>NHS Grampian Remobilisation Plan</p> <p>Mr Gray attended to provide an update around the Remobilisation Plan for NHS Grampian which had been submitted to the Scottish Government at the end of February. A summary plan had been circulated prior to the meeting. He acknowledged there would be uncertainty and challenges going forward and highlighted the following:</p> <ul style="list-style-type: none"> • The focus of the plan was on how the organisation will prioritise and move forward as it transitions out of Operation Snowdrop during the coming weeks. • Staff recovery and recuperation is at the centre of the plan and it is recognised that this will be at different times for different staff groups and responses will vary across teams and services. This makes it difficult to put a clear timeframe on recovery across the system. • Access to care for critical patients will remain central to any 	

	<p>proposals for service transformation. This will be considered in the context of available resources and staffing capacity.</p> <p>Dr McKinlay asked if there had been any clear guidance from the Scottish Government regarding areas of concern. Mr Gray highlighted the role of the NHS Grampian Chief Executive Team in providing leadership and working together to support colleagues across the system in preventing uncertainties and challenges from becoming crises. One of the issues to be addressed in Grampian is capacity and how that will impact on recovery. Mr Gray also noted the importance of including GPs and other independent contractors in discussions regarding areas of challenge.</p> <p>Mrs Kinsey asked how and when the general population will be informed about changes to the delivery of health services. Mr Gray responded that a plan for public engagement is being worked on. This will also emphasise public health messaging and communicate the benefits of new ways of working.</p> <p>Dr McKinlay asked if plans will be developed to reduce waiting lists as there is a risk that patients will become increasingly vexatious if delays to treatment times continue in the longer term. Mr Gray suggested that there should be conversations regarding what is sustainable and deliverable as this work cannot be reliant on staff working additional hours. Dr Smith noted that after a year of uncertainty it is not surprising that levels of tolerance are lower. Mrs Kinsey highlighted that patients will become less tolerant when they are fearful and it would be helpful to get ahead by sending out messages to ease uncertainties and let patients know that they have not been forgotten.</p> <p>Mrs Cruttenden asked if circulation of the Staff Brief will continue every day as there are some indications that staff are not engaging with this as much as they did earlier in the pandemic. It had also been mentioned that they do not wish to read covid statistics every day. Mr Gray suggested that there is still a need to keep staff informed but maybe there could be some discussion regarding what they should be informed about and messaging could now turn to the future direction of the organisation.</p> <p>Mr Gray highlighted the value of collaborative working and the role that ACF will have in addressing future challenges. He asked members to consider how they view the plans for remobilisation and transformation and feedback any comments/suggestions.</p> <p>ACF thanked Mr Gray for attending and providing an update.</p>	
8.	AOCB	

	None.	
9.	<p>Key Messages from ACF to the Board</p> <p>Main Themes:</p> <ul style="list-style-type: none"> • Dentistry. • Healthcare Sciences – Vulnerable Services. • Staff Wellbeing. 	
	<p>Date of Next Meeting</p> <p>Wednesday 5th May 2021. 15.00 – 16.30 by Teams</p>	