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**NHS GRAMPIAN**  
**Minute of the Area Clinical Forum Meeting**  
**Wednesday 4<sup>th</sup> November 2020 - 3.00 pm**  
**Microsoft Teams**

**Present:**

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee  
Ms Karen Boyd, Vice Chair, Healthcare Scientists Forum  
Mr Mark Burrell, Area Dental Committee  
Ms Catriona Cameron, ACF Vice Chair and Chair, AHPAC  
Dr Alastair McKinlay, Chair, Area Medical Committee  
Mrs Elaine Neil, Vice Chair, Area Pharmaceutical Committee  
Mr Les Petrie, Vice Chair, GANMAC  
Ms Vicky Ritchie, Chair, Healthcare Scientists Forum  
Dr Rachael Smith, Chair, GAAPAC  
Ms Debbie Thomson, Chair, Area Dental Committee

**In Attendance:**

Dr Adam Coldwells, Interim Director of Strategy  
Dr Howard Gemmell, Public Representative  
Dr Jonathan Iloya, Public Health Consultant  
Mrs Susan Kinsey, Public Representative  
Dr William Moore, Public Health Consultant  
Dr Mike Steven, Chair, GP Sub-Committee  
Professor Steven Turner, Chair, Consultants Sub-Committee  
Ms Else Smaaskjaer, Note

<b>Item</b>	<b>Subject</b>	<b>Action</b>
1.	<p><b>Welcome</b></p> <p>Mrs Cruttenden thanked everyone for attending and welcomed Debbie Thomson, Mark Burrell and Karen Boyd to their first meeting of the Forum.</p> <p>Apologies were noted from Emma Hepburn, Craig McCoy, Kathryn Trimmer and Julie Warrender.</p>	
2.	<p><b>Minute of meeting held on 2<sup>nd</sup> September 2020</b></p> <p>The minute of the previous meeting was approved as an accurate record.</p>	
3.	<p><b>Matters Arising</b></p> <p>There were no matters arising.</p>	

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<p>4.</p>	<p><b>Supplementary Staffing Commission</b></p> <p>Following recognition that expenditure on locums and agency nursing staff had exceeded affordability the Chief Executive Team had asked the Area Clinical Forum to review and suggest how this could be reduced.</p> <p>The following points were highlighted during previous discussions:</p> <ul style="list-style-type: none"> <li>• Recruitment process – if posts are consistently vacant, or remain vacant for long periods of time, is there scope to create flexibility in the system and consider alternative ways of filling the gaps.</li> <li>• There should be a clear understanding of where the gaps are and where locums and agency staff are engaged most often. If there are roles which are difficult to recruit to should consider how to resolve locally.</li> <li>• Consultants can be reluctant to talk about ‘savings’ and it may be helpful to direct the conversation towards value for money.</li> <li>• General feeling that the multi-disciplinary approach to the commission would be useful but there is limited capacity for staff to fully participate.</li> </ul> <p>Dr Coldwells thanked the Forum for its feedback to date and asked members to continue having discussions around this at individual advisory committees.</p> <p><b>Mrs Cruttenden will issue Teams invites for those who can join her to continue discussions and consider possible strategies to reduce expenditure on Supplementary Staffing.</b></p>	<p>KC</p>
<p>5.</p>	<p><b>National and Local Priorities</b></p> <p>Dr Coldwells provided a presentation to give ACF an overview of current pressures across the system and how they will be responded to. He explained that, although the second wave of Covid had seen an increase in positive cases and hospital admissions, NHS Grampian are not proposing to revert to a full civil contingencies response at this time. The Chief Executive Team and management had decided appropriate levels of escalation to ensure that specific areas of service and staff are properly supported.</p> <p>Operation Snowdrop had been agreed as the operating model over the next six months. This had been developed around the nine tactical objectives outlined in the remobilisation plan, and how NHS Grampian will respond to those, as it continues to live with Covid. Dr Coldwells reported that most services and areas of activity are placed at Level 2 with a few areas at Level 3 which indicates the requirement for a more managed response.</p>	

	<b>The ACF thanked Dr Coldwells for the update.</b>	
6.	<p><b>Wider SLT Meeting – 26<sup>th</sup> October 2020</b></p> <p>On the last Monday of each month the Systems Leadership Team meets as a wider group. This includes managers who have completed system leadership training, ACF, Grampian Area Partnership Forum and members of the Clinical Board. It is intended the approach will widen engagement across the system on items such as the Annual Operational Plan and the review of the Grampian Clinical Strategy. There had been some concern that the group was so large the meeting would be reduced to information transfer but others reported that dividing into breakout rooms for parts of the meeting had allowed for more two-way discussion and potential for ‘having your say’.</p> <p>It was agreed that not all members of ACF would be able to attend every meeting but it would be helpful in terms of gaining a wider understanding of activities across NHS Grampian.</p> <p><b>Mrs Cruttenden acknowledged time constraints but asked members to attend if possible.</b></p>	<b>ALL</b>
7.	<p><b>Annual Review</b></p> <p>Mrs Cruttenden informed members there had been no face-to-face meetings with advisory groups this year. She had previously shared the briefing submitted on behalf of ACF. Dr Coldwells reported that the Chief Executive and the Chair of NHS Grampian had met with the Cabinet Secretary and early indications were that it had been a helpful and positive meeting.</p> <p><b>Members noted the update.</b></p>	
8.	<p><b>Constitution – Area Pharmaceutical Committee</b></p> <p>Mrs Cruttenden reported that the constitution had been amended to include information regarding health inequalities.</p> <p><b>Members approved the updated constitution.</b></p>	
9,	<p><b>Joint Meeting ACF/SLT – 7<sup>th</sup> December 2020</b></p> <p>It was agreed that these meetings are generally useful in terms of improving engagement and the workshop approach works quite well. There are still some concerns regarding whether the flow of communication extends all the way through the organisation. It was also asked if more notice could be given of agenda items to improve meaningful engagement with individual advisory committees.</p>	

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	<p><b>Need to improve communications acknowledged.</b></p>	
<p>10.</p>	<p><b>Updates from Advisory Committees and ACF Chair</b></p> <ul style="list-style-type: none"> <li>• <u>Chairs Feedback</u> – No recent meeting of ACF Chairs.</li> <li>• <u>AMC</u> – due to meet on November 23<sup>rd</sup> November. Acute Sector to be approached regarding representation on the Committee.</li> <li>• <u>GP Sub-Committee</u> – had reviewed constitution and will circulate for feedback. GPs had reported an increase in activity as services are stepped up and patients return. There had been mixed feedback on the use of digital tools during recent months but generally positive. Community Hubs are beginning to operate and initial feedback is mixed. Concerns that providing blood testing service for outpatients will result in capacity issues and there are also some issues relating to transport links, especially in rural areas. Agreed that communication could have been better managed. Dr McKinlay advised that as this represents the biggest transformation to outpatient services in many years it is not surprising there had been a few initial problems. However, it would be important to work through this to ensure the benefits to patients are not lost as this, along with remote consultation, will allow progressing towards a system where patients are only called into hospital when there is no alternative.</li> <li>• <u>Consultants Sub-Committee</u> – had discussed workforce issues particularly in relation to challenges in maintaining services at Dr Gray’s Hospital.</li> <li>• <u>Area Optometric Committee</u> – had circulated a newsletter detailing recent activity.</li> <li>• <u>GANMAC</u> – meeting had been well attended through Microsoft Teams. Main focus had been on changes in activity and the impact on staff morale.</li> <li>• <u>AHPAC</u> – had also reviewed constitution and will circulate for comment. The committee had enjoyed a very useful session attended by Sarah Delgarno from the recruitment team. This had provided the opportunity for questions relating to Job Train which had met with supportive and helpful responses. The committee had also discussed remobilisation and the challenges for staff, who are at different stages in the process. This had raised concerns regarding how to support staff and sustain services.</li> <li>• <u>APC</u> – profession as a whole are preparing for winter challenges and vaccination workload. There are some ongoing difficulties relating to different supply route for Hospital at Home service.</li> </ul>	

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	<p>General agreement that joint working and engagement between the three strands of the pharmacy service had improved.</p> <ul style="list-style-type: none"> <li>• <u>ADC</u> – following a period of emergency treatment only, practices are now stepping up and restarting routine dental care whilst addressing the considerable backlog in care. Challenges in getting surgeries operational within Covid compliance guidelines. Suggested that not using dental staff and others during response phase had not represented a good use of a skilled workforce.</li> <li>• <u>GAAPAC</u> – recognised that temporary pause during initial stage of Covid had resulted in a significant backlog to work through. In addition there is now an increasing number of referrals. Colleagues are also working to identify safe platforms for group meetings.</li> <li>• <u>Healthcare Scientists Forum</u> – constitution reviewed and will be circulated. Karen Boyd elected as Vice Chair, with Vicki McBain as alternate. Recent meeting had discussed supplementary staffing and differences in engagement between services. All staff at different stages of remobilisation and Labs are engaged in carrying out a large volume of Covid tests each day. Plans are going ahead to have some form of Healthcare Science day in March.</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>	
11.	<p><b>Key Messages from ACF to the Board</b></p> <p>Main Themes:</p> <ul style="list-style-type: none"> <li>• Staff Health and Wellbeing.</li> <li>• Remobilisation.</li> <li>• Workforce Challenges.</li> <li>• Communication.</li> </ul>	
12.	<p><b>AOCB</b></p> <p>None.</p>	
	<p><b>Date of Next Meeting</b></p> <p>Wednesday 13<sup>th</sup> January 2021. 15.00 – 16.30 by Teams</p>	