

NHS GRAMPIAN
Minute of the Area Clinical Forum Meeting
Wednesday 1st March 2023 - 3.00 pm
Microsoft Teams

Board Meeting
01.06.23
Open Session
Item 9.7

Present:

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee
 Mr Mark Burrell, ACF Vice Chair and Vice Chair, Area Dental Committee
 Dr Fiona Campbell, Vice Chair, GAAPAC
 Ms Helen Chisholm, Chair, GANMAC
 Mrs Sue Kinsey, Public Representative
 Mr Craig McCoy, Vice Chair, Area Optometric Committee
 Ms Elaine Neil, Vice Chair, Area Pharmaceutical Committee
 Ms Carol Noble, Vice Chair, AHPAC
 Ms Vicky Ritchie, Chair, Healthcare Scientists Forum
 Dr Rachael Smith, Chair GAAPAC
 Dr Mike Steven, Vice Chair, Area Medical Committee
 Ms Catriona Sutherland, Vice Chair, GANMAC
 Dr Angus Thompson, Chair, Area Medical Committee

In Attendance:

Dr Adam Coldwells, Director of Strategy, NHSG
 Ms Gerry Lawrie, Head of Workforce and Development (Item 4)
 Ms Else Smaaskjaer, Minute

| Item | Subject | Action |
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| 1. | <p>Welcome and Apologies</p> <p>Mrs Cruttenden thanked those attending.</p> <p>Apologies noted from Sharon Jones, Karen Boyd and James Bidwell.</p> | |
| 2. | <p>Minute of meeting held on 11th January 2023</p> <p>The minute was approved as an accurate record.</p> | |
| 3. | <p>Matters Arising</p> <p>Ms Ritchie confirmed that there had been no change to the funding allocated for the HCS training programme.</p> | |
| 4. | <p>Clinical Staff – Statutory and Mandatory Training (Ms Gerry Lawrie, Head of Workforce and Development)</p> <p>Ms Lawrie attended to provide an overview and secure feedback regarding statutory and mandatory training for clinical staff.</p> | |

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| | <p>Key points discussed:</p> <ul style="list-style-type: none"> • Statutory training required by legislation and mandatory training required by the organisation to ensure safe working practice. • The Agenda for Change pay award included protected time for learning. • There has been suggestion that if the full training module has been undertaken, rather than repeat it in full, a refresher module, including a competence assessment, could be available. The module would only be repeated in full if a staff member fails the assessment. • Work is ongoing to improve the modules offered and levels of compliance. • Although new starts are expected to complete statutory and mandatory training in their first three months the data gathered shows a variable picture across sectors in terms of compliance. Ms Lawrie was asked if this information could be available by staff group and she confirmed that would be possible. • A two day induction (welcome and orientation) pack had been introduced a few years ago, and is considered good practice, but again there is not 100% compliance across the organisation with only some services applying a no training, no start rule. It was agreed that the two day induction helped staff to understand what the expectations of them are, and how they can access training. • The quality of the online modules is generally good but some staff had commented that there are an increasing number of modules to complete. • It was suggested that in person training (such as manual handling and basic life support) arranged for staff from outside Aberdeen City be arranged into a one day event to avoid multiple trips. • It would be difficult to develop modules for individual staff members but courses can be tailored to specific professional groups. • It was suggested that a 'Once for Scotland' approach could be taken to avoid the need for staff moving across board areas having to repeat training modules. Ms Lawrie confirmed that this is under review and may be applied to some training modules but not all and not yet. • Important to acknowledge that some training (e.g. hand hygiene) is renewed by staff through daily working practice. • Equality and Diversity training, currently carried out in-person, will move towards on-line training. • There needs to be some clarity regarding where responsibility for bank staff lies. • It had been acknowledged that facilitated models of training for staff teams are very successful when in place. | |
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| | <p>Dr Coldwells suggested that ACF and GAPF could work together, as they have done in relation to staff breaks, rest and recovery, and consider how training is made available and how compliance rates could be improved. Ms Lawrie welcomed input from both forums into the ongoing work around this.</p> <p>The ACF thanked Ms Lawrie for the presentation and agreed that this should be discussed at individual professional advisory committees with feedback and questions reported back to ACF.</p> <p>Ms Cruttenden and Ms Lawrie to discuss taking forward a commission/joint work with GAPF.</p> | KC |
| 5. | <p>Information Flow – Primary/Secondary Care</p> <p>Ms Neil reported a concern raised at recent engagement meeting with the Chief Executive regarding the time involved in clarifying patient information between professional groups. Correspondence is no longer just between GP and consultant but can involve a range of professionals who input into a patient’s care. Professor Hiscox had asked if some way could be found to improve the flow of information and ensure that patient information is readily available to colleagues when they need it. The following points were made:</p> <ul style="list-style-type: none"> • AHPs had discussed this issue and agreed there are occasions when the electronic patient record does not include all the information required and follow up enquiries are needed. • It would be useful to have training for all staff to ensure a better understanding of how communications work through TrakCare and SCI Gateway. • Training should also include consistency in how clinical notes are written to ensure they are precise and succinct and include the information required.. • Acknowledged that poor information can reflect the time pressures on staff completing the paperwork. • In many ways communications had improved and discharge letters are more detailed than they previously were. • Important to consider the additional work which results when access to systems between HSCPs and NHS are limited and the challenging position in relation to primary care contractors accessing patient information. • Options to have more prompts and specific fields rather than ‘freeform’ could be explored to guide those completing clinical notes in providing the information required by the colleague receiving it. <p>It was agreed that this should be discussed at individual advisory committees and feedback to the ACF will help to</p> | |

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| | identify any common themes. | |
| 6. | <p>Engaging Through Winter</p> <p>It was agreed that the regular meetings with the Chief Executive and the Medical and Nursing Directors had been very useful in keeping the advisory structure informed and involved. ACF members had valued the opportunity for interaction at this level. The session with Jillian Evans, Head of Health Intelligence, had also been welcomed as that had provided a broader understanding of the data available and how to use illuminate/tableau.</p> <p>Going forward meetings will be less frequent but it was agreed that engagement should continue.</p> | |
| 7. | <p>Updates from Advisory Committees and ACF Chair</p> <p><u>Chairs Feedback</u></p> <ul style="list-style-type: none"> • ACF Chairs had been working on the Good Governance Framework. • It was noted that NHS Grampian are in some ways ahead of other Boards in having direct engagement with the Chief Executive Team, and by the ACF Chair reporting directly to the Board rather than to a Board Committees. <p><u>Public Health</u></p> <ul style="list-style-type: none"> • No update at this meeting. <p><u>Area Pharmaceutical Committee</u></p> <ul style="list-style-type: none"> • Had discussed pharmacotherapy and the ongoing workforce pressures on pharmacists and pharmacy teams, particularly the sustained level of pressure on community pharmacy from the increased volume of prescriptions. • Alan Sharp, Deputy Director of Finance had attended to provide an overview of the financial position. • There had been agreement that it would be useful to have a more collaborative approach across NHS Grampian to recruitment events, career fairs etc. <p><u>Healthcare Scientists Forum</u></p> <ul style="list-style-type: none"> • Had discussed winter pressures and the impact of sickness absence. • The forum had also considered the increase in activity in relation to point of care testing and the impact on the neurology service where there are significant pressures on the one dedicated bed available which has consequences on waiting lists for this particular patient group. • Planning continues for the annual HCS day to promote careers in Healthcare Sciences. | |

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| | <ul style="list-style-type: none"> • Most Boards have completed an SBAR around STP Training and a Short Life Working Group will assess the impact on NHSG. <p><u>Area Dental Committee</u></p> <ul style="list-style-type: none"> • Will meet next week and it is expected the main topic of discussion will be remuneration of dentists. There are still problem associated with de-registration and it is unlikely that this or other areas will be resolved until a funding model is in place which will support dental practices in becoming viable businesses. <p><u>Area Medical Committee</u></p> <ul style="list-style-type: none"> • Will meet in a few weeks and agenda items are likely to include: <ul style="list-style-type: none"> ~ The markedly increased waiting times across the Board. ~ Recruitment and retention. ~ The impact of reduced radiology funding on diagnostics and waiting times. ~ Plans to improve patient flow and have more beds in ARI. ~ Low morale at Dr Gray's Hospital. <p><u>Area Optometric Committee</u></p> <ul style="list-style-type: none"> • Ruth McKenzie, Principal Optometrist ARI, had been elected as Chair. • AOC had discussed the impact on waiting times as the eye clinic ceases engagement with agency staff in relation to cataract removal. <p>There was some discussion regarding whether audiology services by independent contractors should be on next agenda for the ACF. Suggested that it would more useful to have the discussion at GP Sub-Committee. This would allow consideration in a broader context of the services available through independent contractors, GP services, community nursing teams and the audiology service within healthcare sciences.</p> <p><u>Allied Health Professions Advisory Committee</u></p> <ul style="list-style-type: none"> • AHPAC had discussed the frustrations in waiting for clearances from Information Governance. • There had been concern regarding the impact of the withdrawal of major trauma funding on Prosthetic and Orthotic services. Staff in place will be secure but there will be no funding to recruit to a full time Senior Orthotist post. This will have an adverse impact on the ability to respond to both inpatient and outpatient major trauma patients which along with reduced workshop capacity to manufacture devices onsite, present a risk of longer hospital stays, poorer rehab outcomes and delays in returning to home settings or workplaces without support from other services. | |
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| | <p>Concerns were raised by AHPAC, GANMAC and AMC regarding the responsiveness from the eESS support team. In general, eESS has had a negative impact on the workload of middle managers and although there is understanding that the eESS team is under pressure there are problems emerging in relation to incorrect salary payments and some staff not being paid at all. In addition there are consequences for staff who need to be on the system to progress their Visa applications.</p> <p><u>GP Sub-Committee</u></p> <ul style="list-style-type: none"> • Dr Steven is to step down as Chair of the Sub-Committee and the position will be taken up by Dr Nicola Tennant. • Dr Steven noted that the engagement meetings and the overview of tableau had highlighted gaps in general practice data and he advised that improving standards of data in primary care will become a higher priority. • The main discussion at the Sub-Committee had centred on ongoing concerns regarding waiting lists, the increasing number of GP practices closing their patient lists and the impact this will have on people moving into Aberdeen City in particular. The Sub-Committee had noted the increasing number of practices handing back their contracts and how this will impact on a significant number of patients. GP Leads continue to meet to review how this situation can be managed safely and there are plans to arrange a larger workshop to include GP Leads and the Scottish Government to explore if combining resources will help. There had been agreement that increasing the number of agency/locum staff will be disruptive and expensive and acknowledgement that practice teams are wider than GPs with the inclusion of wider multi-disciplinary teams in each practice. <p><u>Grampian Area Applied Psychologists Advisory Committee</u></p> <ul style="list-style-type: none"> • Had met and reviewed an improving picture across all divisions in NHS Grampian. • The Committee had been pleased to note an upturn in recruitment and that during this year, year 3 trainees enrolled in Edinburgh but working in Grampian, had expressed an interest in remaining in the area. <p><u>Grampian Area Nursing and Midwifery Advisory Committee</u></p> <ul style="list-style-type: none"> • GANMAC had discussed concerns that recent guidance from the Scottish Government will result in disparity across job descriptions. <p><u>Consultants Sub-Committee</u></p> <ul style="list-style-type: none"> • No update at this meeting. <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> | |
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| | <p>AOCB</p> <p>Staff Breaks, Rest and Recovery – Kim thanked those who had agreed to participate in the ACF/GAPF joint working group.</p> <p>RACH Theatres – It had been confirmed that the funding bid made during the budget setting process for 2023/24 had been successful and will allow for an increase in surgical capacity.</p> <p>Before the meeting closed Ms Cruttenden recorded thanks on behalf of the forum to Dr Steven and Mr McCoy for their attendance, engagement and commitment to the work of the ACF during their tenures with the GP Sub-Committee and the Area Optometric Committee.</p> <p>Future Meeting Dates 2023 (All Wednesday 15.00 – 17.00 by Teams)</p> <ul style="list-style-type: none"> • 3rd May • 28th June • 6th September • 1st November | |
| | <p>Date of Next Meeting</p> <p>Wednesday 3rd May 2023 15.00 – 17.00</p> | |