

NHS GRAMPIAN

**Minute of the Area Clinical Forum Meeting
Wednesday 17th January 2024 - 3.00 pm
Microsoft Teams**

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| Board Meeting 11.04.2024 Open Session Item 12.3 |
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Present:

Mr Mark Burrell, ACF Chair and Chair Area Dental Committee
 Ms Anne Bain, Vice Chair Area Pharmaceutical Committee
 Dr Fiona Campbell, Chair GAAPAC
 Ms Helen Chisholm, Chair, GANMAC
 Ms Lynne Davidson, Chair Area Pharmaceutical Committee
 Dr Linda Downie, Vice Chair, GP Sub-Committee
 Dr Dympna McAteer, Vice Chair Consultant Sub-Committee
 Ms Ruth McKenzie, Chair Area Optometric Committee
 Mr Javier Margallo, Vice Chair Area Dental Committee
 Ms Vicky Ritchie, ACF Vice Chair and Chair Healthcare Science Forum
 Dr Murray Smith, Chair Consultant Sub-Committee
 Dr Angus Thompson, Chair Area Medical Committee

In Attendance:

Mr Richard Caie, Public Representative
 Dr Adam Coldwells, Chief Executive, NHSG
 Mrs Joyce Duncan, Non-Executive Board Member, NHSG
 Mrs Alison Evison, Chair of NHS Grampian Board
 Mr Steven Lindsay, Employee Director, NHSG (Item 5)
 Ms Shantini Paranjothy, Deputy Director of Public Health, NHSG
 Ms Pauline Rae, Workforce Service Manager, NHSG (Item 4)
 Ms Jenna Young, Planning Manager, NHSG (item 4)
 Ms Else Smaaskjaer, Minute

| Item | Subject | Action |
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| 1. | <p>Welcome and Apologies</p> <p>Mr Burrell welcomed those attending and introduced Mr Caie, attending his first meeting of the Forum as a public representative.</p> <p>Apologies noted from Sharon Jones, Sue Kinsey and Catriona Robbins.</p> | |
| 2. | <p>Minute of meeting held on 1st November 2023</p> <p>The minute was approved as an accurate record.</p> | |
| 3. | <p>Matters Arising</p> <p>None.</p> | |

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| 4. | <p>NHSG Delivery Plan.</p> <p>Ms Young and Ms Rae attended to provide a presentation which updated the Forum on the ongoing work to move the NHS Grampian 3 Year Delivery Plan from 2023 – 2026 to 2024 - 2027.</p> <ul style="list-style-type: none"> • The Delivery Plan for NHS Grampian underpins the actions needed to deliver on the nine strategic priorities and outcomes in the organisations Plan for the Future which are framed within People, Pathways and Places. • There is a very tight timeframe to complete work and submit a draft plan to the Scottish Government by 7th March 2024. • The plan is essentially the contract between NHS Grampian and the Scottish Government. • A more detailed one year plan will be prepared. This will be developed within the context of the rolling three year phased delivery plan providing a medium term look ahead. • The three year plan distinguishes areas which are the responsibility of NHS Grampian and areas where there is shared responsibility with partners, including other Boards. • The plan will be prepared in the context of an extremely challenging financial position. • Integrated planning is in place and there will be alignment with workforce, finance, digital and infrastructure plans. • The Scottish Government have asked that the Delivery Plan and Financial Plan are submitted at the same time (7th March and 11th March 2024) and both plans should reflect the realities of the financial position of the Board. • The plan outlines the Scottish Government Drivers for 2024/25 which include: <ul style="list-style-type: none"> ~ Enhanced planning and delivery of approach to health inequalities and improved population health. ~ Take forward actions in the Women’s Health Plan and support good child and maternal health. ~ Optimise use of digital technology and innovation. <p>Items discussed:</p> <ul style="list-style-type: none"> • There will be collaborative working at locality level with Health and Social Care Partnerships to address population health and inequalities issues. In addition public health colleagues are working on a five year health inequalities plan and this will be presented to ACF when ready. • The significant financial challenges facing NHS Grampian had been acknowledged and aligned timing of submission of delivery and financial plans will highlight emerging issues. There will be ongoing discussions with the Chief Executive Team if there are indications that Scottish Government | |
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| | <p>expectations will not be met.</p> <p>The plan will be uploaded to www.nhsgrampian.org/planforthefuture</p> <p>Any concerns and queries feedback to gram.planforthefuture@nhs.scot</p> <p>The ACF welcomed the presentation and looked forward to seeing the finished document in March.</p>  <p>Delivery Plan Slide pack for ACF update 1</p> | |
| 5. | <p>Staff Breaks, Rest and Recovery</p> <p>Mr Lindsay informed the Forum that it is intended to re-establish the work of the group looking at staff breaks, rest and recovery. The group will be co-chaired by the Chairs of GAPF and ACF and will look for opportunities to reach out across the system.</p> <p>The following key points were highlighted and discussed:</p> <ul style="list-style-type: none"> • There is a normalised culture of ‘keep your head down and get the work done before the end of the shift/working day’. • Research has indicated that taking breaks can improve delivery of services. • There should be some review of whether Microsoft Teams has contributed to unhealthy patterns of behaviour. • There will be many challenges in trying to develop a different culture and change mind-sets. e.g. the break between 12.30 and 13.30 had been introduced but had not continued in practice. • There is no single solution and it is acknowledged that engagement will vary between: <ul style="list-style-type: none"> ~ Office based staff. ~ Staff working in clinical settings. ~ Community based staff. • A staged approach will be required and consideration of whether staff are more likely to respond to practical measures – such as requirement to have a break for any meetings which last longer than an hour. Very often there is a tendency to ‘crack on’ and get through the agenda. • Staff should be encouraged to report on DATIX if tiredness/fatigue had contributed to an adverse event. • The working group has wide representation, including clinical input/perspectives. • Conversations about the benefits of breaks should take place | |

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| | <p>at group meetings.</p> <ul style="list-style-type: none"> • It would be useful to establish a practice/culture for everyone where one hour = fifty minutes. • The working group should explore whether other partners/organisations have made any progress on this. • There needs to be awareness of the difficulties for staff working in clinical settings who are unlikely to be in a position to take a break because it's 11 o'clock. • It is also important to counteract situations where staff are disincentivised to take breaks – e.g. junior doctors' rota compliance and impact on bandings. • The main crux is ensuring that staff have manageable workloads – there is no point in enforcing breaks if that will result in staff working beyond the end of the working day. • Acknowledged that this is not easy in the public sector where the emphasis is on providing a service and in the health and social care sector staff are rarely in control of their time. However, it is important that those who can do so lead by example. <p>It was agreed that GAPF and ACF will continue to prioritise this message and encourage conversations at groups across the system.</p> | SL/MB |
| 6. | <p>“What Does the Long Term Future of Healthcare Look Like?”</p> <p>Following on from the previous ACF meeting in November 2023 it was agreed that it would be useful to continue discussions around the transformation of healthcare delivery. Dr Coldwell suggested that the two key drivers at this time are:</p> <ol style="list-style-type: none"> 1. The Plan for the Future. This determines what the organisation wants to delivery over the next few years. 2. The financial position across Scotland. <p>Key points raised:</p> <ul style="list-style-type: none"> • Input from the clinical community will be central in determining which options to explore. • Stopping any kind of clinical activity is challenging as expectations will have been raised when it was introduced that it would remain in place. • Engagement with patients, staff and politicians essential to ensure understanding of the impact of any changes and why they are proposed. • Managing changes will be more effective if there is a sense that something equivalent or better will be put in place. • There are a number of new ways of doing things, including the use of digital technology, but this may not be welcomed by all | |

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| | <p>and it cannot always replace traditional methods.</p> <ul style="list-style-type: none"> • Important that patients still approach GPs and other services with any concerns, but there should be confidence that referrals for scans/diagnostic test are based on what is in the best interest of the patient. • NHS Grampian should take a lead around social media messaging, to ensure that accurate information is provided and to build up confidence in health services. <p>The ACF agreed this had been a useful discussion which should be continued at future meetings.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Dr Coldwells and Mr Burrell to work on a commission to review how efficiency can be improved and how that could influence financial planning. • It would be more manageable to approach this from an individual service perspective rather than through a system wide lens – e.g. a review of Radiology to see what that would look like. | AC/MB |
| 7. | <p>Reporting on Updates from Advisory Committees and ACF Chair</p> <p><u>Chairs Feedback</u></p> <ul style="list-style-type: none"> • The Chairs report to the meeting of NHS Grampian Board on 7th December 2023 was distributed with the agenda for this meeting. This provided an update on key issues raised at the Area Clinical Forum meeting on 1st November 2023. • Mr Burrell reported that discussion at meeting of ACF Chairs had indicated that engagement with ACF in Grampian is much stronger than in other areas. <p><u>Public Health</u></p> <ul style="list-style-type: none"> • An update had been circulated which highlighted the range of work supported by the Public Health workforce. <p>There was some discussion regarding effective reporting from advisory committees to ACF.</p> <ul style="list-style-type: none"> • It was agreed that a simple template would be helpful in sharing key issues and good news. • This would also contribute to providing advice to the Board and ensuring it is made aware of any areas of concern. • There would still be opportunity at each meeting to raise any significant concerns for escalation. <p>This will be taken forward before the next meeting on 6th March 2024.</p> | |

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| | <p>AOCB</p> <p>Communications: Had emerged as a theme during discussions at Items 5 and 6. It is unlikely that the corporate communications team could commit to attending each meeting of the Forum but some consideration should be given to how it can assist in conveying key messages across the system.</p> | |
| | <p>Dates of Future Meetings:</p> <p>All 15.00 – 17.00 by Teams</p> <p>Wednesday 6th March 2024 Wednesday 1st May 2024 Wednesday 26th June 2024 Wednesday 4th September 2024 Wednesday 6th November 2024</p> | |