

NHS GRAMPIAN

Minute of Area Clinical Forum
on Wednesday 18th September 2024 at 15.00
by Microsoft Teams

Present

Mark Burrell	ACF Chair and Chair, Area Dental Committee
Sarah O'Bierne	Vice Chair, Area Pharmaceutical Committee
Claire Campbell	Vice Chair, GAAPAC
Helen Chisholm	Chair, GANMAC
Linda Downie	Vice Chair, GP Sub-Committee
Vicky Locke	Vice Chair, AHPAC
Robert Lockhart	Chair, Area Medical Committee
Dympna McAteer	Vice Chair, Consultant Sub-Committee
Carole Noble	Chair, AHPAC
Vicky Ritchie	Chair, Healthcare Scientists Forum
Murray Smith	Chair, Consultant Sub-Committee

Attending

Adam Coldwells	Chief Executive, NHSG
Joyce Duncan	Non-Executive Board Member, NHSG
Alison Evison	Board Chair, NHSG
Elizabeth Robertson	Public Health Consultant
Else Smaaskjaer	Senior Administrator (Note)

Item	Subject	Action
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1 Welcome and Introduction

Mark Burrell welcomed all those attending and apologies were noted.

2 Note of Meeting on 26th June 2024

The minute was approved as an accurate record.

3 Matters Arising

None.

4 Transformation Work Update

Mr Burrell provided an update on ongoing discussions to shape transformation across NHSG. This had been undertaken in response to work commissioned by the Chief Executive Team. He co-chairs a group with Susan Webb (Director of Public Health) and Steven Lyndsey (Employee Director, Chair of GAPF). Although there are challenges in progressing transformation work in the context of a pressurised system the group will continue to work and identify options for short term, medium term and longer term transformation.

The Area Clinical Forum noted the update and acknowledged the collaborative model established to take this important work forward.

5 Updates for Advisory Committees

Updates had been provided on the reporting template.

Items highlighted:

Area Medical Committee

- Had discussed concerns in relation to sustainability and delivery of services at Dr Gray's Hospital. This had also been discussed in a number of other groups/forums, including the Consultant Sub-Committee and the DGH Senior Medical Staff Committee. Issues raised in letters to the Chief Executive, NHSG Chair and others had included:
 - ~ Challenges regarding access to services for patients across Moray.
 - ~ Concerns around how items highlighted in the HIS inspection had been managed. Forums had noted the specific issues raised and had also observed that the inspection indicated a number of prevailing themes across the hospital.
 - ~ Queries regarding whether the issues raised by staff are properly considered and investigated.
 - ~ Concerns regarding reliance on locums and how that impacts on longer term service delivery.
 - ~ Uncertainty regarding where DGH sits within the overall NHSG Governance Framework.
- Key points raised by ACF:
 - ~ The Chief Executive Team, the Clinical Governance Committee and the Board had been sighted on these concerns.
 - ~ The CET and the Board are keen to reinforce the importance of DGH in the overall context of system wide service delivery across Grampian.
 - ~ A Board Seminar on 14th November 2024 will consider the short, medium and longer term strategic direction for DGH.
 - ~ The Staff Governance Committee had clarified that there is one single staff governance route for all of NHS Grampian.
 - ~ It had been acknowledged that the concerns are not restricted to DGH and the cultural issues raised are particularly challenging to resolve.
 - ~ Executive Leads had taken part in constructive meetings with HIS and others where commitment to patient safety as a priority had been confirmed.
 - ~ Relevant concerns can be raised with Bert Donald as the Board's whistleblowing champion. Agreed it would be useful to have open engagement with staff and ensure they are informed of the whistleblowing process, the support in place and who to contact.
 - ~ It is not unusual to have a negative culture when there extensive use of locum staff to deliver services as this reduces the benefits gained from having a hospital staffed by

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	colleagues with a vested interest in the success of the hospital and how it is viewed in the community.	
	<ul style="list-style-type: none"> On a positive note the AMC had welcomed the Medical Director's report which had provided a useful oversight of medical staffing and would be keen to see this coming through groups/committees on a regular basis. 	
	AHPAC	
	<ul style="list-style-type: none"> Concerns regarding complexities in the recruitment of prosthetic and orthotic colleagues through the NMAHP Bank. Prosthetic and Orthotics can add themselves to a locum register held by the British Association of Prosthetics and Orthotics but this is not recognised by NHS Grampian. Mr Burrell will follow up on this and confirm who can register with the local NHAHP Bank. The committee had been pleased to note support for the Foundation Apprenticeship scheme with services taking school pupils on their shadowing programme for a half day each week over the academic year. Improvements in confirming appointments on TrakCare and the move towards the next phase of using EPR were welcomed. 	MB
	ADC	
	<ul style="list-style-type: none"> Discussion on ongoing challenges to recruit to a consultant position in Paediatric Dentistry. This had been turned down by the Vacancy Scrutiny Panel, which is understandable in the current financial situation, but it is intended to submit an appeal. Dental ACT funding considered and plan to have ongoing discussions with SG and NES to reach a workable resolution as it important to maintain local output of dentists who often stay in the region. Committee had noted improvements in the remuneration package resultant access to dental practices mostly in Aberdeen City. There are still difficulties across parts of the region. Dental Information Advice Line (DIAL) website provides information on availability of NHS Dental Services. Mr Burrell to provide details to Dr Downie who will circulate in the Primary Care Bulletin and Ms Duncan for sharing with TSIs. 	MB
	APC	
	<ul style="list-style-type: none"> Considered the expansion of Pharmacy First Plus and the increase in the number of independent prescribers in community pharmacies. Discussions ongoing regarding their access to patient information, including recording of consultations and treatment plans. Drug shortages acknowledged as a growing concern. Cost efficiency work is progressing. Some work to be done to ensure appropriate supervision of graduates. Agreed, that when information is available, it would also be useful to update GPs on where graduates will be placed and when. 	

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Consultant Sub-Committee

- Status and ongoing challenges at Dr Gray's Hospital discussed.
- Concerns raised regarding MH services and ongoing risks in relation to MUSC.
- Discussed ongoing problems around crumbling infrastructure and the challenges resulting from CDU being out of action.
- Consultant radiology vacancies had been filled which had helped to reduce waiting lists. Intention in the longer term is to divert funding from outsourcing to in-house recruitment.
- Reconnect programme to facilitate shadowing between primary and secondary care is progressing with a good response rate to advertising to date.
- "Trickle" platform will be promoted as a facility for junior doctors to raise issues. Proposal to change terminology from 'junior doctor' to 'resident doctor' will be discussed at future meeting.

GAAPAC

- Annual away day on 6th September had highlighted cross system working.
- It had been confirmed that SG will provide recurring funding for the Staff Wellbeing Service.
- Ongoing concerns regarding access to space for in-person appointments and the adverse impact on therapeutic work in particular. Mr Burrell confirmed that this had been raised in the ACF report to the Board. Suggested that to maximise efficient use of space across the region it would be helpful to have an overview of what is available across Grampian and how it is currently utilised.

GANMAC

- Discussed ongoing uncertainties regarding the non-pay elements of the Agenda for Change pay agreement.
- To support the Band 5 review more job evaluators are being trained and locally developed materials shared with SCNs and team leaders to guide them through the process.
- Concerns discussed regarding the job evaluation process in general and inconsistencies between job matchers.
- Agreed that some clarity on funding for pre-authorised education courses would be welcomed. Even when courses are authorised staff find the process in PECOS 'clunky' and not easily understood.

GP Sub-Committee

- A presentation had been provided by SAS regarding the challenges presented by delays in patient transfer at A&E and AMIA. Main concerns highlighted:
 - ~ The current situation impacts on timely response to incoming calls to the ambulance service resulting in a significant number of hours lost, long waits in the community and increased risks from transfer to hospital in personal cars/taxis.
 - ~ SAS expressed a range of concerns including pressure to leave patients at home when their assessment would indicate

- transfer to hospital.
 - ~ Data would indicate that lengthy delays are leading to an increase in adverse events.
 - ~ GPs are aware of the position and expressed concern for vulnerable patients.
 - ~ The Sub-Committee were unsure that the 30:30 protocol previously agreed is working in practice.
 - ~ The Sub-Committee agreed to escalate their significant concerns in a letter to the Chief Executive and the Board.
 - ~ Immediate concern is to find some resolution prior to onset of winter pressures.
- Key points raised by ACF:
 - ~ The Chief Executive Team, the Clinical Governance Committee and the Board had been sighted on these concerns which are not viewed as negative criticism but are seen as a statement of fact reflecting how things are.
 - ~ There is agreement that the current situation is unacceptable and a commitment to agree improvement measures before the end of October to address the concerns raised.
 - ~ All incidences of patient harm are dealt with as level two adverse events, a transparent process which includes review by the medical directorate in partnership with SAS.
 - ~ Previous changes implemented during 2024 had not had the impact wished for and all other options will be explored.
 - ~ There is awareness of the blockages in patient flow and the need to work differently to address this. Work is ongoing to explore options which are acceptable, affordable and workable across NHSG and will ease the pressures on SAS.
 - ~ Acknowledged that changes should contribute to robust plans and processes and need to be agreed collaboratively across the system.
 - ~ The low bed base reflects the low NRAC formula allocation to NHSG from SG. The heavy weighting in relation to inequalities/deprivation across Scottish Boards is subject to ongoing discussions between the NHSG Board and Scottish Government colleagues.
 - ~ Agreed that patients waiting in ambulances is far from satisfactory but there are also concerns regarding an increase in corridor care and the priority should be given to ensuring dignity in the care of all patients.

Agreed it would be helpful for the GP Sub-Committee to meet with representatives from Acute, AMIA and executive leads to discuss the issues raised and the way forward. **Mr Coldwells and Dr Downie to discuss.**

AC/LD

Healthcare Scientists Forum

Had discussed the provision of admin support for advisory

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	committees. Agreed that there is no easy solution but concerns noted and will be subject to further discussion.	
	Mr Burrell thanked everyone for their useful contributions and confirmed he would highlight the concerns raised in his update to the Board.	MB
6	Annual Review – Preparation Format and arrangements confirmed for the Ministerial Review which will be held in-person at Moray College in Elgin on 21 st October 2024. Mr Burrell will prepare an agenda for the ACF session at 10.00 and will circulate for feedback. A pre-meeting of those who can attend will be arranged. One item to highlight will be the very positive and productive relationship between ACF, the Chief Executive Team and the Board.	
7	AOCB NHSG Charity Applications Mr Caie highlighted the funding available from NHSG Charity for non-core provision/activities and encouraged advisory committees to raise awareness with their professional groups. NHS Grampian Charity (nhsgcharities.com) Dates of Future 2024 Meetings (By Teams) Wednesday 6 th November 15.00 – 17.00	