

NHS GRAMPIAN

Minute of Area Clinical Forum
on Wednesday 1st May 2024 at 15.00
by Microsoft Teams

Board Meeting
12.09.24
Open Session
Item 13.7

Present

Mark Burrell	ACF Chair and Chair, Area Dental Committee
Fiona Campbell	Chair, GAAPAC
Helen Chisholm	Chair, GANMAC
Lynne Davidson	Chair, Area Pharmaceutical Committee
Linda Downie	Vice Chair, GP Sub-Committee
Carole Noble	Chair, AHPAC
Vicky Ritchie	ACF Vice Chair and Chair, Healthcare Scientists Forum
Rachael Regan	Vice Chair, Area Optometric Committee
Murray Smith	Chair, Consultant Sub-Committee

Attending

Richard Caie	Public Representative
Adam Coldwells	Chief Executive, NHSG
Luan Grugeon	Strategic Development Manager, Colleague & Citizens Engagement
Steven Lindsay	Employee Director
Jason Nicol	Head of Wellbeing, Culture & Development
David Creighton	Senior Administrator (Note)

Item	Subject	Action
1	Welcome and Introduction	
	Mr Burrell welcomed all those attending and apologies were noted.	
2	Note of Meeting on 6th March 2024	
	The minute was approved as an accurate record.	
3	Matters Arising	
	No Matters Arising raised.	
4	Distribution of ACF Minutes to Advisory Committees	
	ACF discussed the distribution of minutes earlier than with meeting papers which would be helpful for advisory committee meetings as a reminder of topics to help inform discussions.	
	ACF agreed If the Chair is happy with accuracy of discussions in the draft minute they can be distributed on the basis the minutes would not be ratified until the next meeting of ACF and should not be shared publically prior to this. The Chair will also provide a summary to help support.	DC/MB

5	People First	
---	---------------------	--

Luan Grugeon, Strategic Development Manager Colleagues and Citizens Engagement

Ms Grugeon introduced herself to ACF to provide an update on the work for the new approach to listen to and involve colleagues within NHS Grampian focused on building relationships to help shape the future of local health services.

- Phase 1 complete with the framework shared with ACF colleagues ahead of the meeting. The framework has been supported by both Population Health Committee and Staff Governance and is being put to other board structures. The framework will remain a live an iterative document shaped by feedback over the next 6-12 months
- Introduced the people first principles and priorities for the work for long term commitment with focused pieces in the first two years to help set the foundations, and demonstrate tangible evidence of putting people first which will help lead to system transformation using existing resources and collaborating with teams and communities
- The slide set included in papers was shared on screen and feedback was welcomed from ACF to link into work streams for 2024/2025:
 - Supporting peoples skills and confidence
 - Developing community led health responses
 - Increase public voice in health services
 - Grow a network to test ways of working which put people first

Comments/Questions from ACF

- Services keen to be involved particularly from the community aspect to reduce waiting lists and increase the public voice
- AHPs key part of workforce and pathways
- Improve Primary and Secondary Care patient experience
- Supporting peoples skills and confidence is key as while people have the will they may not be sure how to action which can cause barriers
- Thinking of place and population three locations across Aberdeen City, Aberdeenshire and Moray that have rural barriers will be looked at
- Build on public network group already in place asking people to register as an individual to log their interests and organisation to connect the right people together
- Rapid cycle feedback loops which have been tested in Northumberland. People in ward areas are asked seven questions about the quality of care, pain management, safety and security which are collated and sent to teams within 24 hours. Teams have protected time to consider the results and take any actions with a route of escalation if appropriate. Results are shared on posters for patients to see what feedback was given and any actions taken before the process repeats two weeks later. This feedback loop

Item Subject**Action**

also benefits culture, staff morale and retention. Results are anonymous and the planned use of volunteers to ask the questions should provide some separation and increase the accuracy of results. Suggested the use of digital alongside volunteers to increase feedback.

6a Commission to Develop a Framework for Transition

Mr Burrell advised of his role in this work as co-chair alongside Mr Lindsay and Ms Webb as directed by Mr Coldwells. This is an enormous level of work which has already gone to the Grampian Area Partnership Forum (GAPF) and to be agreed by ACF and other advisory committees.

Mr Burrell shared a slide set with the key points below:

- Challenges with the financial position noting ongoing work to realise savings and reduce spends in a sustainable manner
- Waiting agreement from the Scottish Government (SG) on the Annual Delivery Plan (ADP)
- Requirement to consider the 3 strands of Governance across Financial Governance, Clinical Governance and Staff Governance
- Focus to commence on briefing staff on the size of the challenge and develop a supporting guide to empower staff, citizens and stakeholders to plan and implement sustainable change with a human learning approach. Set out values that underpin this for testing in areas to develop the framework for wider implementation
- Oversee operationalisation through a steering group with work underpinned by evidence and data, preparing to “fail fast” and evolve while being realistic about timeframes
- Acceptance that this transformational work will not provide short term savings and is working towards a sustainable health and care service for the future needs of our population

Work streams:

Grip & Control	Value & Sustainability	Transformation
Interim Measures	Value based health care	Service capacity
Corporate Controls	Workforce optimisation	Treatment options
Efficiency	Service optimisation	National work streams

Comments/Questions from ACF

- Noted no concerns when submitted to GAPF. Recognised the importance of balanced governance while empowering services to look at how things could be done differently
- Noted while Primary Care will be the most focused aspect of this work there should be collaborative service engagement and communication to patients and communities to put people first and give a feeling of control and autonomy to improve patients experience and confidence in their health care journeys

Item	Subject	Action
	<ul style="list-style-type: none"> • Prevention is key to generate savings, empowering people to make transformational change needs to involve everyone in pathways. Removing any “red tape” in pathways would help encourage staff. • Mr Coldwells wished to publically thank the co-chairs of this work which is the route to sustainability and advised this is a piece of work to keep confidence in. Emphasise on stewardship and the best use of existing resources while realising savings in line with governance and accountability • Acknowledged that expenditure may be required short term to produce savings longer term with capital investment required on facilities and acknowledged cuts in services such as Speech and Language therapy dependent on reliance of external funding which may be reduced 	
6b	<p>“What Does the Future of Healthcare Look Like Short Term and Long Term Within a Tightening Financial Envelope?” (Continue Discussion from Previous Meetings) General discussion incorporated in above item 6a</p>	
7	<p>Recording of Clinical Staff – Guidance</p> <p>Ms Chisholm advised she sits on the GAPF policy subgroup. There is a general feeling there is a lack of guidance for clinical staff related to:</p> <ul style="list-style-type: none"> • Patients and relatives recording consultations some of which may be covert in clinical areas which may pick up other patients confidential information • Community based colleagues are being recorded while visiting patients • Conversations between colleagues and line managers • Potential for recordings to be posted on social media. <p>The sub group agreed there is a need for written guidance to support colleagues but felt it did not sit in the remit of the sub group. Acknowledged that recording is everywhere as a sign of the times and patients may feel the need to record consultations to recall what was discussed but noted a sensitive approach as this may make colleagues feel vulnerable and can be uncomfortable. Brought to ACF for discussion with input across clinical areas and asked if this would fall under the escalation route for ACF.</p>	
	<p>Comments/Questions from ACF</p> <ul style="list-style-type: none"> • It was noted the defence unions put out guidance that patients have right to record consultations overtly as opposed to covertly. It was suggested that feedback from the defence unions, regulators, Information Governance and HR would be beneficial to help seek a solution as a cross ACF/GAPF piece of work including any nuances • Noted advise that colleagues should conduct themselves as if being recorded at all times, appreciating this may not land well with everyone • Some GP practices in England record consultations for accurate recollections, unaware of NHSG doing this 	<p>HC/MB/ SL</p>

Item	Subject	Action						
	<ul style="list-style-type: none"> Suggested if colleagues are informed they are being recorded that they advise the recording should not be shared on social media 							
8	<p>Updates from Advisory Committee (Template) ACF discussed the updates provided as part of papers. In relation to GP Vision work the report sent to IJB's was suggested to be shared</p>	LD						
9	<p>Job Titles in a Supportive, Inclusive and Empowering Culture Jason Nicol, Head of Wellbeing, Culture and Development</p> <p>Mr Nicol advised ACF as part of working on organisational redesign for culture through WeCare, Culture Matters and engagement. To support the approach to wellbeing, culture and development across the system a range of roles are being created. Through this process a variety of terminology is being used to describe roles with title "practitioner" being used for some roles. There was concern raised by staff side the use of "practitioner" could be perceived as clinical. This has been temporarily removed and was taken to ACF for discussion.</p> <p>Comments/Questions from ACF ACF discussed mixed views that "practitioner" while a valid description could be perceived as clinical and confusing in health care settings.</p>							
	<p>It was agreed by ACF that an updated paper incorporating comments from ACF be taken to the next GAPF meeting</p>	JN						
10	<p>AOCB No items noted.</p>							
	<p>Dates of Future 2024 Meetings (By Teams)</p> <table border="0"> <tr> <td>Wednesday 26th June</td> <td>15.00 – 17.00</td> </tr> <tr> <td>Wednesday 4th September</td> <td>15.00 – 17.00</td> </tr> <tr> <td>Wednesday 6th November</td> <td>15.00 – 17.00</td> </tr> </table>	Wednesday 26 th June	15.00 – 17.00	Wednesday 4 th September	15.00 – 17.00	Wednesday 6 th November	15.00 – 17.00	
Wednesday 26 th June	15.00 – 17.00							
Wednesday 4 th September	15.00 – 17.00							
Wednesday 6 th November	15.00 – 17.00							