

## NHS GRAMPIAN

**Minute of the Area Clinical Forum Meeting  
Wednesday 6<sup>th</sup> September 2023 - 3.00 pm  
Microsoft Teams**

Board Meeting Open Session 07.12.2023 Item 15.7
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**Present:**

Mr Mark Burrell, ACF Chair and Chair, Area Dental Committee  
 Ms Karen Boyd, Vice Chair, Healthcare Science Forum  
 Mrs Kim Cruttenden, Chair, Area Pharmaceutical Committee  
 Ms Helen Chisholm, Chair, GANMAC  
 Ms Sharon Jones, Chair AHPAC  
 Mrs Sue Kinsey, Public Representative  
 Ms Elaine Neil, Vice Chair, Area Pharmaceutical Committee  
 Ms Vicky Ritchie, Chair, Healthcare Science Forum  
 Dr Angus Thompson, Chair, Area Medical Committee

**In Attendance:**

Dr Adam Coldwells, Director of Strategy, NHSG  
 Dr Linda Downie, Vice Chair, GP Sub-Committee  
 Ms Else Smaaskjaer, Minute

Item	Subject	Action
1.	<p><b>Welcome and Apologies</b></p> <p>Mr Burrell thanked those attending and welcomed Dr Downie to her first meeting as Vice Chair of the GP Sub-Committee.</p> <p>Apologies noted from Fiona Campbell, Catriona Sutherland, Nicola Tennant and Susan Webb.</p>	
2.	<p><b>Minute of meeting held on 28<sup>th</sup> June 2023</b></p> <p>The minute was approved as an accurate record.</p>	
3.	<p><b>Matters Arising</b></p> <p><b>Information Flow</b> – concerns had been raised at previous meetings of Area Clinical Forum regarding the variable standard of information shared between health professionals, the Acute Sector and GP Practices. The problem had been acknowledged and there is agreement that improvements in the system are required to ensure consistency in the standard of information provided and reduce time spent in going back and forth between sectors.</p> <p><b>The ACF noted that this item will now be taken forward through the NHSG Interface Group.</b></p>	

4.	<p><b>Vaccination Programme 2023/24 – Update</b></p> <p>Dr Clare-Louise Walker, Consultant in Public Health and NHSG Grampian Immunisation Coordinator attended to provide an update on changes to the winter vaccination programme in response to potential risks of variant BA.2.86 She highlighted the following:</p> <ul style="list-style-type: none"> <li>• The ‘ask’ is that the vaccination of people in care homes, those over 75 years old and younger people with weakened immune systems should be brought forwards.</li> <li>• This should be done without cancelling any existing appointments and no additional resources will be provided to Health Boards.</li> <li>• It will be difficult to change a mass programme so close to the start date and the position in Grampian is also challenged by mixed models of appointment in each of the Health and Social Care Partnerships. This will result in groups being called forward at different times.</li> <li>• Staff are likely to hear about the last minute changes to the programme and it will be helpful to share this information with them so they are informed and can then inform others.</li> </ul> <p>Items discussed:</p> <ul style="list-style-type: none"> <li>• It was confirmed that this will be a ‘whole group’ approach and there will not be prioritisation within groups.</li> <li>• There are still some unknowns regarding the effectiveness of current vaccines in relation to the new variant.</li> <li>• It was suggested that it would be helpful to update staff on the current advice around isolation when testing positive.</li> </ul> <p><b>The ACF thanked Dr Walker for the update and it was agreed that the presentation should be shared with professional groups for information/awareness. Managers would also be asked to encourage and support vaccination of staff.</b></p>	
5.	<p><b>Whistleblowing</b></p> <p>Mr Bert Donald, Non-Executive Member of NHS Grampian Board introduced himself to the ACF and explained his role as the Board’s Whistleblowing Champion since February 2022. He highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• National Whistleblowing Standards were introduced across Scotland in April 2021. The standards replace all pre-existing local policies to ensure a consistent approach and also outline the principles and procedures that all NHS service providers are required to follow when handling whistleblowing concerns.</li> <li>• The Independent National Whistleblowing Officer (INWO) has a</li> </ul>	

	<p>role in ensuring that the standards are consistently applied and is the final stage of the process for those raising matters of concern.</p> <ul style="list-style-type: none"> <li>• The standards do not just apply to NHS staff but cover Health and Social Care Partnerships, contractors, students, primary care contractors and others.</li> <li>• There can be confusion regarding whether a concern raised is a matter for HR or should be dealt with through the whistleblowing process. A view will be reached based on whether it is a personal matter to be dealt with through HR processes or if it is wider concern which in the public interest should be dealt with using whistleblowing standards.</li> <li>• Matters of concern will be treated confidentially but cannot be anonymous as that would impede investigation. However, those raising concerns will be supported and should not suffer any personal detriment, victimisation or any adverse effect on their career.</li> <li>• NHS Grampian has confidential contacts in place who will be asked to support anyone who raises a concern and will ensure they are informed of the process and are updated on progress.</li> <li>• There are two stages of concern; those which can be dealt with within five days and more complex stage two concerns which are investigated and completed within twenty days. If the timescales cannot be met then the person raising the concern will be kept informed. If anyone raising concerns is unhappy about how the standards are applied, or the outcome, they can contact the INWO.</li> <li>• It is important that applying whistleblowing standards should be seen as the last resort as it is recommended that concerns raised should be addressed swiftly through line management structures.</li> <li>• Staff should be confident that concerns raised will be taken seriously and dealt with confidentially and quickly but there cannot be a guarantee that the outcome will be what they would like.</li> <li>• All parts of the organisation should view whistleblowing as a learning culture rather than a blame culture.</li> <li>• Boards report to the Scottish Government and the INWO on activity, trends and lessons learned. There were 14 cases in NHS Grampian last year which is a relatively low percentage of the total workforce.</li> </ul> <p>Items discussed:</p> <ul style="list-style-type: none"> <li>• Acknowledged that awareness is not what it should be. Many staff are aware of whistleblowing as a term but are unaware of what the standards are and how they should be applied. More comms is needed and also information to staff regarding the modules available on TURAS which will increase their</li> </ul>	
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	<p>understanding.</p> <ul style="list-style-type: none"> <li>• The selection of those who carry out investigations is very carefully considered at a high level and is dependent on the nature of the concern raised. Investigations can be carried out by members of staff, or individuals/organisations brought in.</li> <li>• Mr Donald in his role of Whistleblowing Champion will visit service areas to raise awareness and has found that if he is unaccompanied some cultural intelligence will be shared or members of staff will contact him after the visit. He will then report back to service managers/Executives as appropriate.</li> <li>• Feedback across the system would be helpful in terms of shared learning but this work is at an early stage and it is important to begin by addressing concerns then take time to reflect of how whistleblowing standards can lead to improvements.</li> </ul> <p><b>The ACF thanked Mr Donald for his time and agreed it is important to encourage staff to speak out.</b></p>	
6.	<p><b>ACF Relationship with Wider System</b></p> <p>Mrs Cruttenden reflected that it had been challenging to engage with Portfolio Executive Leads across the system but it was agreed that progress had been made. Key points:</p> <ul style="list-style-type: none"> <li>• Regular meetings with the Chief Executive, Medical Director and Executive Nurse Director over the winter had been helpful in providing the opportunity to raise concerns and to be informed of actions taken.</li> <li>• All members of the ACF have a collective responsibility to ensure appropriate engagement with their professional groups.</li> <li>• Reports from ACF to the Board can highlight concerns and it is important professional groups are reassured that the ACF provides them with a place where their voice is represented and heard by those who have influence.</li> </ul>	
7.	<p><b>Terms of Reference/Constitutions</b></p> <p>Mr Burrell introduced this item and explained he was aware that some advisory committees had started to review their terms of reference/constitutions. It was agreed that reviews should ensure alignment with the ACF Constitution and that gender neutral/inclusive language is used to avoid reinforcing stereotypes or prejudice.</p> <p><b>When reviewed terms of reference/constitutions should be circulated to members of the ACF for feedback.</b></p>	
8.	<p><b>Election to Vice Chair</b></p> <p>A briefing had been circulated prior to the meeting.</p>	

	<p><b>The ACF noted:</b></p> <ol style="list-style-type: none"> <li><b>1. That eligible candidates are the Chairs and Vice Chairs of professional advisory committees (excluding the Area Dental Committee).</b></li> <li><b>2. The timetable outlined in the briefing paper.</b></li> </ol>	
9.	<p><b>Conflict of Interest Policy</b></p> <p>Grant Burt, Financial Governance Manager, had asked if a representative of the ACF would be willing to participate in a Short Life Working Group to review the NHSG Conflict of Interest Policy. Current guidance and intranet links had been included in the email sent out with the agenda for the meeting.</p> <p><b>The ACF agreed that ,given the discussion at Item 6, it would be sensible to nominate a representative for the Short Life Working Group.</b></p>	
10.	<p><b>Updates from Advisory Committees and ACF Chair</b></p> <p><u>Chairs Feedback</u></p> <ul style="list-style-type: none"> <li>• Nothing to report back from ACF Chairs.</li> <li>• The Chairs report to the meeting of NHS Grampian Board on 3<sup>rd</sup> August 2023 was distributed with the agenda for this meeting. This provided an update on key issues raised at the Area Clinical Forum meeting on 28<sup>th</sup> June 2023.</li> <li>• The Board had been assured by a progress report on the programme of survey works in relation to Reinforced Autoclaved Aerated Concrete in NHSG buildings across the estate.</li> </ul> <p><u>Public Health</u></p> <ul style="list-style-type: none"> <li>• No update at this meeting.</li> </ul> <p><u>Area Pharmaceutical Committee</u></p> <ul style="list-style-type: none"> <li>• Recent meeting had confirmed that in accordance with its constitution there will be an election to all committee posts in September.</li> <li>• Mrs Cruttenden and Ms Neil will both stand down from the committee. Agreed that the constitution of the committee should be reviewed to reflect practice elsewhere that the Chair remains in place when their tenure concludes to ensure continuity.</li> </ul> <p><u>Healthcare Scientists Forum</u></p> <ul style="list-style-type: none"> <li>• Had discussed the ongoing position of NHS Grampian not recruiting to the post of Healthcare Science Lead/Director. The forum had noted the adverse impact of not having a Lead to ensure appropriate governance arrangements across the</li> </ul>	

	<p>disciplines and an overview of service audits.</p> <ul style="list-style-type: none"> <li>• The review of the constitution will include provision for all members to represent the forum at meetings to lessen the burden on the Chair and Vice Chair.</li> <li>• Ms Ritchie had been confirmed as the Chair of the Forum for a further three years.</li> </ul> <p><u>Area Optometric Committee</u></p> <ul style="list-style-type: none"> <li>• No update at this meeting.</li> </ul> <p><u>Grampian Area Nursing and Midwifery Advisory Committee</u></p> <ul style="list-style-type: none"> <li>• Had discussed the additional burden on team leaders resulting from delays in recruitment and ongoing concerns regarding the functionality of Job Train. This had been escalated to Tracey Hicks, NHSG Recruitment Manager.</li> <li>• There had also been some discussion regarding the financial pressures reported across the organisation.</li> <li>• NHSG is one of three Boards who are meeting with Scottish Government to review the job profile for Band 5 posts.</li> <li>• The changes to out of hours nursing service in Aberdeenshire and Moray as it transfers to GMEDs were considered.</li> <li>• It was confirmed that RACH would apply for Magnet accreditation to boost its profile in terms of recruitment and retention.</li> </ul> <p><u>Area Dental Committee</u></p> <ul style="list-style-type: none"> <li>• Had confirmed Mr Burrell's position as Chair and Javier Margallo as Vice Chair.</li> <li>• Concerns raised regarding recruitment and retention and the national position in relation to Dental Core Training. This will be referred to NES to highlight the adverse impact on specialist training going forward.</li> <li>• There are uncertainties regarding whether the new contract will improve the provision of NHS dental services.</li> </ul> <p><u>Area Medical Committee</u></p> <ul style="list-style-type: none"> <li>• Next meeting is scheduled for 11<sup>th</sup> September 2023 and it is planned to feature an update from ED at ARI.</li> <li>• A future meeting will review the constituent membership of the AMC with a view to ensuring membership from both Sub-Committees.</li> </ul> <p><u>Consultants Sub-Committee</u></p> <ul style="list-style-type: none"> <li>• Murray Smith had been confirmed as the Chair of the Sub-Committee.</li> <li>• Main topics discussed included: <ul style="list-style-type: none"> <li>~ The diminished position in relation to Junior Doctor rotas in A&amp;E and the impact this has on Consultants, particularly in Paediatric A&amp;E.</li> </ul> </li> </ul>	
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- ~ The condition of the Labs building and the impact across all services if it becomes unsafe to use.
- ~ A significant backlog in radiology with unreported investigations in the region of 6,500 resulting in an adverse impact on waiting times. It is acknowledged as a national problem and a range of options, including outsourcing, will continue to be explored. Efforts are made to keep patients informed and to provide assurance that anything urgent will be prioritised.

#### Allied Health Professions Advisory Committee

- Had agreed to review terms of reference for the committee.
- Radiography – organisational change towards a shift system is progressing. A position paper to clinical managers regarding the backlog will be provided. There are appointments allocated at the Golden Jubilee Hospital but some patients are reluctant to travel.
- Physiotherapy had reported successful recruitment, including international recruitment, over the summer period and are now looking at the challenges in providing support and training to get onboarders up to speed.
- Occupational Therapy had confirmed that it had reached a position where it could remove staffing gaps from the risk register.
- Dietetics were concerned that staffing gaps could lead to reduced provision of clinics and the resultant adverse impact on population health.

#### GP Sub-Committee

- Had also discussed recruitment and retention and some of the issues which result from international recruitment.
- The parts relating to respect and responsibilities in a consensus document to encourage collaborative working between the Primary and Secondary Sector had been considered.
- Concerns had been raised regarding GP Practices in Aberdeenshire going out to tender and the challenges in interface with private hospitals.

#### Grampian Area Applied Psychologists Advisory Committee

- No update at this meeting but the Chair had asked for an update regarding the concerns raised by GAAPAC and AHPAC about delays in engagement with Information Governance. It had been suggested that the Head of Information Governance be invited to attend a meeting of the ACF to help colleagues understand why there were some prolonged delays in items being signed off.

**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><b>AOCB</b></p> <p>Mr Burrell noted thanks on behalf of the ACF to Ms Cruttenden and Ms Neil for their attendance and contribution to ACF meetings whilst Chair and Vice Chair of the Area Pharmaceutical Committee.</p> <p>Future Meeting Dates 2023 (All Wednesday 15.00 – 17.00 by Teams)</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> November</li> </ul>	
	<p><b>Date of Next Meeting</b></p> <p>Wednesday 1<sup>st</sup> November 2023 15.00 – 17.00</p> <p>Agenda to include:</p> <ul style="list-style-type: none"> <li>~ appointment of a second public representative</li> <li>~ confirmation of Vice Chairs for GAAPAC and AMC</li> <li>~ Information Governance update</li> </ul>	