

Area Clinical Forum Report to Grampian NHS Board Meeting on 6 February 2025.

Purpose of Report

This report updates the Grampian NHS Board on key issues arising from the Area Clinical Forum (Forum) meeting on 15th January 2025. .

Recommendation

The Board is asked to be assured that the ACF is fulfilling its role as an advisory committee to the Board and Chief Executive Team.

New Committee members.

Two new members were welcomed to the Forum as Co-Chairs of Grampian Area. Dr Mishaim Bhana, GP in Elmbank Practice, has joined as the Vice Chair of Area Medical Committee and Sonja Wright, senior BMS Haematology has joined as Vice Chair of Healthcare Scientists Forum.

Re introduction of Weekly ACF/CET meetings.

Building on the excellent working relationship with our CET and in response to concerns raised through the advisory structures the monthly ACF/CET meeting has moved to weekly. The Forum welcomes the opportunity to have more regular meetings when the system pressures are heightened. Following on from the Board critical incident it was felt that more flow of information was required between the two groups. We have now set up a series of meetings to discuss the most pressing issues and the hope is that with collaborative working we can bring our clinical expertise to these problems and with a shared understanding look for solutions. It is well recognised that there are no easy solutions to the problems but that a better appreciation of the work that is underway will help reassure the clinical groups of the multitude of work streams underway to try to get to a more balanced position.

It was highlighted that Advisory Chairs should ensure that their respective committees are updated around the system pressures and the proposed solutions and that we should strive to work in collaboration to address these. It was also important to remember that giving advice to a problem was as equally as important as raising a concern and working together is the way of improving the delivery of care to our patients.

Review of Portfolios

Tom Power updated the Forum on the Portfolio review and the recommendations that had come from this. This followed on from work that was conducted to establish how the portfolio structure had worked and what impact they had on services and governance structures. The three main recommendations which had already been welcomed by the Committee were discussed again. We looked at these in more detail

and had further discussions around these. The consensus view was that any name change was not necessarily the priority and could lead to a distraction. The most important progression was ensuring that the concept of the Portfolio approach was understood and that it is a way of working rather than an organisational structure. It was also felt that the non-clinical executive role really had to be wedded to the process and that excellent leadership was vital to ensure the concept is understood by our citizens. ACF thanked Tom for his presentation and would be happy to work with the CET through any changes in the future.

Updates from advisory committees.

It was noted from a couple of the groups that the discontinuation of the use of WhatsApp had caused some operational concerns but it was agreed that compliance with the Policy was being implemented and that all communication is being undertaken through secure channels. It was noted there have been some workarounds put forward but that these are seen as slightly cumbersome and it was hoped that a more user friendly yet secure application could be found in the future.

Another theme emerging and experienced from a number of groups was the impact that the increase in scrutiny on recruitment was having, with some knock-on effects to patient care. One example noted was that the recruitment freeze on non-patient facing roles in Pharmacy may delay the processing of applications within the formulary group that may have negative impact on care delivery.

Our psychology committee described negative feedback from their trainees who often have to travel to Edinburgh for their training and that overnight accommodation costs are not supplemented by NHSG as happens in other Boards. There were concerns that this may have a negative impact on recruitment and retention to the region in the long term.

The non-pay awards for colleagues under Agenda for Change T&Cs were still having impacts, with GANMAC indicating that there was a lack of job evaluators and panel members to process the Band 5/6 regrading applications more quickly. A request has been put out to staff wishing to come forward for these roles and hopefully we will see some of these positions filled.

It was noted by the Forum that the next phase in the reduction of the working week to 36 hours is still to be agreed at a National level as to how this is going to be implemented and it was agreed that information coming sooner would be of real benefit to allow planning processes.

A significant amount of time was invested in discussing the issues raised in a recent letter from the AMC to the CET and Chair of the Board. These constructive conversations allowed for an open and frank discussion of the challenges that all Health Boards are facing and that through collaborative working we could support one another to look for solutions. As mentioned above, the increase in meeting frequency and the structured approach to the most pressing issues is already underway. Forum is committed to working with the CET to look for solutions to these problems and ensure that information is shared directly with the advisory committees.

It was noted that this two way flow of information was essential to ensure that all groups represented by the Forum understood that concerns are listened to, and that significant work is underway to try and address these issues. This would be under the framework of finding balance across clinical/staff/financial governance alongside our preventative strategy.

To compliment the joint working relationships there was an ask from the Forum to update the details for the Executive/senior leadership member assigned to the individual advisory committees, which seen as essential point of contact in the flow of information.

As always the Forum looks to the future of 2025 and working in collaboration with the Board and CET through projects such as the Strategic Change Board to move to a sustainable delivery of healthcare.

Mark Burrell

Chair Area Clinical Forum.

17/01/25