

Minute of Area Clinical Forum  
on Wednesday 6<sup>th</sup> November 2024 at 15.00  
by Microsoft Teams

**Present**

Mark Burrell	ACF Chair and Chair, Area Dental Committee
Karen Boyd	Vice Chair, Healthcare Scientists Forum
Fiona Campbell	Chair, GAAPAC
Bridget Coutts	Co-Chair, GANMAC
Lynne Davidson	Chair, APC
Linda Downie	Chair, GP Sub-Committee
Robert Lockhart	Chair, Area Medical Committee
Carole Noble	Chair, AHPAC
Murray Smith	Chair, Consultant Sub-Committee
Fiona Tejada	Co-Chair, GANMAC

**Attending**

Richard Caie	Public Representative
Adam Coldwells	Chief Executive, NHSG
Alan Cooper	Programme Lead (Item 9)
Joyce Duncan	Non-Executive Board Member, NHSG
Alison Evison	Board Chair, NHSG
Stephen Friar	Portfolio Medical Director, MUSC (Item 7)
Christopher Middleton	Senior Manager, MUSC (Item 7)
Shantini Paranjothy	Depute Director of Public Health
Tom Power	Director of People and Culture (Item 8)
Alex Stephen	Director of Finance (Item 10)
Else Smaaskjaer	Senior Administrator (Note)

<b>Item</b>	<b>Subject</b>	<b>Action</b>
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**1 Welcome and Introduction**

Mark Burrell welcomed all those attending and apologies were noted. ACF joined him in welcoming Bridget Coutts and Fiona Tejada to their first meeting as Co-Chairs of GANMAC and recorded thanks to Helen Chisholm and Catriona Robbins for their attendance and contribution to ACF meetings during their tenure. Mr Burrell was pleased to note that Dr Lockhart had been confirmed as the Vice Chair of ACF.

**2 Note of Meeting on 18<sup>th</sup> September 2024**

The minute was approved as an accurate record.

**3 Matters Arising**

Locum register held by the British Association of Prosthetic and Orthotics – Mr Burrell to follow up and confirm who can register with NHSG local NMAHP Bank. **Action Outstanding.**

**MB**

Actions in relation to Dental Information Advice Line website complete.

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	Discussions and correspondence in relation to concerns raised around ambulance stacking had taken place.	
4	<b>Induction Pack</b>	
	Ms Noble had asked if the induction materials prepared some time ago should be updated for general information and to encourage interest and recruitment to advisory committees. It was agreed that it would be useful to communicate with colleagues across the system and Board members regarding the remit and membership of advisory committees, what they contribute and the role of ACF in providing a voice for professional groups at Board meetings.	
5	<b>NHSG Charity Draft Donations and Fundraising Policy</b>	
	Some feedback provided but not all advisory committees had the opportunity to discuss the document prior to this meeting. It would be reviewed at upcoming meetings and feedback returned to Mr Burrell or directly to the NHSG Charity Lead.	<b>All</b>
6	<b>Updates for Advisory Committees</b>	
	Updates had been provided on the reporting template.	
	<a href="#">Updates to Area Clinical Forum 06.11.24.docx</a>	
	Items highlighted:	
	<b>AHPAC</b>	
	<ul style="list-style-type: none"> <li>• Concerns regarding reduced staffing levels and the impact on podiatry service resulting in the risk being raised from medium to high on the HSCP risk register. Recruitment and stability remain challenged and have impacted on ability to implement initiatives agreed to mitigate the risks detailed in the reporting template.</li> <li>• The committee had been pleased to note the success of community appointment days.</li> <li>• Improved governance around the single handed orthoptics post in Moray had been welcomed.</li> </ul>	
	<b>ADC</b>	
	<ul style="list-style-type: none"> <li>• Concerns regarding no backfill for full time orthodontist on maternity leave leading to a reduction in secondary care treatment.</li> <li>• Concern that independent primary care contractors will have difficulties in accessing NHSG IT systems as it moves away from Microsoft 365.</li> <li>• Committee pleased to note improvements in access to dental services, particularly in Aberdeen City.</li> <li>• The approval for secondary care Consultant in Paediatric dentistry post welcomed as a positive step forward.</li> </ul>	
	<b>Area Medical Committee</b>	
	<ul style="list-style-type: none"> <li>• Scheduled to meet on 9<sup>th</sup> December 2024. Expected to discuss the positive meetings with CET and Moray Chief Officer regarding</li> </ul>	

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sustainability and safety of services at DGH and the outcome of the Board Seminar on 14<sup>th</sup> November 2024 which will consider the revised strategic intent for the hospital.

- Meeting also plans to engage with public health colleagues around the prevention strategy.
- There are indications of concern in relation to disengagement with DATIX. Responses are not always entered within the agreed timeframes. Will suggest that this is kept under review and if necessary reported to NHSG Clinical Governance Committee.
- Positive engagement between advisory committees and CET welcomed.

### **AOC**

- No update at this meeting.

### **APC (Update from meeting on 12<sup>th</sup> November 2024)**

- RPS Pharmacy Workforce Wellbeing Report highlighting issues within the pharmacy profession across all sectors. This UK wide report made for quite sobering reading highlighting the challenges facing pharmacy professionals in maintaining wellbeing. Committee discussed the impact on recruitment/retention and the impact on ability to deliver adequate training. Another survey is currently underway.
- NHS Travel Health Service to end in community pharmacies (to revert to private service).
- Challenges associated with AfC non-pay award.
- Cost efficiencies related to conference attendance and impact on professional development.
- Committee had welcomed the positive mentions for pharmacy staff in the DGH HIS Report and agreed it would look forward to a positive 2025!

### **Consultant Sub-Committee**

- Discussions had centred on:
  - ~ Finance and NRAC allocation to NHSG.
  - ~ Ambulance services challenges.
  - ~ Primary/secondary care interface issues.
  - ~ Challenges in relation to DGH.
  - ~ Bed capacity.
- Good performance in radiology noted although acknowledged this would only continue whilst funding remains in place.
- Committee also noted the good uptake for the Reconnect Programme.

### **GAAPAC**

- Discussed challenges in relation to temporary funded posts in many service areas and the impact on staff wellbeing, morale, waiting times and the longer term adverse impact on recruitment and retention.
- The Committee was pleased to note the positive response and good attendance at first annual conference for applied psychology held in September and opened by Dr June Brown, Deputy Chief

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Executive/Executive Nurse Director NHSG. Main focus of the event had been on cross-system working, leadership and staff wellbeing.

**GANMAC**

- Discussed ongoing uncertainties regarding the non-pay elements of the Agenda for Change pay agreement including, reduced working week and Band 5 review. Noted that banding reviews are held up by lack of trained job evaluators and panel members.
- Reviewed the implications around the extension of HCSW roles.
- The Committee had reviewed the Charitable Donation and Fundraising Policy and noted some feedback which will be forwarded to the Charity Lead.
- Concerns raised regarding uncertainties in relation to mental health support for GMED during the festive period. (Later update that a fixed amount of support will be provided by PENUMBRA details to be confirmed.)
- Last two meetings had seen a real shift in format bringing complex queries to the group to seek advice generating helpful conversation and debate. New Co-chairs keen to maintain this format and engagement.
- The Committee welcomed the new cohort of learning difficulty nurses starting in January and the free literary courses run by NESCOL for HCSWs to improve literacy skill and increase access to nurse/midwifery training.

**GP Sub-Committee**

- Had discussed the increased challenges to sexual health services resulting from the financial pressures on GPs in the provision of enhanced contraceptive services leading to an increased demand for terminations.
- The Medical Director's report had been presented and Committee was provided with an update on the whole system clinical governance group.
- The Committee was pleased with the progress made around the Reconnect Programme and the plans for a presentation to the Medical Education Conference on 8<sup>th</sup> November 2024.

**Healthcare Scientists Forum**

- Had been provided with a presentation from the Principal Healthcare Scientist at NES focusing on working together to promote careers in HCS.
- There had also been a presentation from NHSG Organisational Development about the WeCare programme.
- The Forum were pleased to note a 3D printing service is now fully operational. Implementation had been funded by an allocation of SG funding.
- There had been plans for Vicki McBain to host a visit by Jenni Minto, SG Minister for Public Health and Women which had been deferred due to fire panel issues. This will be rescheduled in 2025.

Karen Boyd informed ACF that she had stepped down as Co-Vice

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Chair of the Forum due to increased work commitments and nominations were requested to fill the vacancy. **Mr Burrell and ACF noted thanks for her contribution to the work of both Forums.**

### **Public Health Report**

Mr Burrell noted the informative report from Public Health and encouraged members to read it.

[06.00 PH Area Clinical Forum Report 6 November 2024.docx](#)

**Mr Burrell thanked everyone for their useful contributions and confirmed he would highlight concerns raised in his update to the Board.**

## **7 Test of Change – SAS/AMIA**

[07.00 SAS-AMIA ToC.docx](#)

Mr Friar and Mr Middleton provided a briefing paper and a presentation outlining the background and context to the introduction of a Test of Change to accelerate the transfer of patients between SAS and AMIA. Main points:

- All options to improve the situation had been, and will continue to be explored.
- NHSG do not perform well in terms of ambulance turnaround times.
- The funded capacity and occupancy in unscheduled care wards translates into patients being transferred into non-standard treatment areas and a one-in one-out policy to free up bed space for patients requiring admission.
- The longest ambulance waits at AMIA are between 2pm and 8pm with a spike early in the afternoon. The discharge profile begins around 7pm to 8pm.
- The option agreed is to open a temporary step down area within Ward 401, the cardiology cath lab area. This will provide eight additional beds between 5pm and 7am.
- To avoid increased risks to cardiology patients and cath lab activity there will be an exit plan for each patient admitted into this area so that the ward can be vacated by 7am each morning.
- A stand-alone staffing model will be in place to avoid additional pressure on staff in other areas.
- This comprises an immediate/initial solution and it is acknowledged it does not meet with the demands of SAS.
- Discussions are ongoing with Primary Care colleagues regarding referral decisions and with HSCP colleagues regarding the ongoing situation in relation to delayed discharge.
- Recognised that core issues around capacity and flow must be addressed to develop a more sustainable solution.

Points discussed with ACF:

- There should be no increased risk of patients being discharged by taxi overnight creating difficulties for community based staff as this is not a common occurrence and the majority of discharges will continue to be in early morning/evening timeframe.
- The area previously used as a discharge lounge is no longer in use and staff have been moved to support wards in discharging patients.
- Reported that GPs and Primary Care had met with MUSC colleagues to discuss referrals for admissions into AMIA. There are challenges in scheduling admissions as patients get ill when they become ill. However, there was a general willingness by both sides to work together in agreeing solutions where possible. Further discussions planned which will include input from SAS.
- There will be appropriate risk assessments and clinical decision making to avoid multiple moves for patients with delirium or dementia.
- During the test of change all patients will remain the responsibility of the boarding consultant.

**ACF thanked Mr Friar and Mr Middleton for the update and it was agreed that seeking a more permanent solution would require collaborative working across the whole system.**

## **8 Portfolio Review Update**

[08.00 Portfolios Review - Lay Summary - 2024-10-01.pptx](#)

Mr Power attended to update on progress made in reviewing the portfolio management model. The review had been commissioned by CET to gain an understanding of the reasons why there is a sense that the introduction of Portfolios had not worked across the system.

A presentation outlined:

- The purpose of the review, participation from colleagues in providing feedback and the process adopted.
- Analysis and key findings reached using the McKinsey 7s framework.
- Three primary recommendations which are planned for implementation before the end of March 2025.

Key points discussed:

- Although the recommendations appear ambitious the review is welcomed as an intention to develop a joined up approach to the delivery of acute and tertiary services across the system.
- Recognised that the organisational model will clarify how NHSG can work collaboratively across the delivery of services and it will be important to build trust and relationships in taking this forward.
- General agreement that a defined structure does not add value to the organisation. Forming good system-wide working relationships across a collaborative culture will be of more value in getting things done.

**ACF supported the approach and agreed a further update before implementation of the recommendations would be helpful.**

## 9 Route Map for Strategic Change

[09.00 Route Map to Strategic Change ACF 06.11.2024.pptx](#)

Dr Coldwells introduced the item and explained that if NHSG is to achieve sustainability this can only be done through fundamental change and CET had agreed that a route map should be developed and shared to raise awareness and understanding around the various strands of work and how they will be taken forward.

Mr Cooper provided a presentation which outlined:

- The challenging financial and performance environment and why we need a route map for change.
- The vision across the next four years.
- The establishment of a Strategic Change Board to promote whole system coordination in taking forward the change agenda.
- Draft parameters of strategic change.
- Engagement to date with key outcomes and actions.

Points raised:

- Important to work across the system and communicate with other services and partner organisations to avoid changes in one place impacting on others.
- Important to work across the region and with national groups.
- In addition to prevention it would be useful to include inequality and equity within the parameters to avoid unintentional harm to public health.

**ACF thanked Mr Cooper for the presentation and agreed that Dr Lockhart and Dr Downie would represent the primary care perspective on the Strategic Change Board.**

## 10 Finance Update

[10.00 Finance Update to ACF 06.11.24 - final version.pptx](#)

Mr Stephen's presentation detailed:

- The system context - NHSG currently has the lowest bed base per head of population in Scotland. The increasing age of hospital admissions, many with comorbidities. And a very challenging financial position which impacts on capacity to provide space and staffing for additional beds.
- The savings schemes within the Value and Sustainability Programme.
- The projected budget gap for 2025/26.
- The recent direction from the Scottish Government asking for a

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clear programme of work and supporting actions to achieve recurring savings, an improved forecast outturn position, and financial plans which are credible, deliverable and realistic.

It was agreed that the open discussions around the financial position had been welcomed by staff and although ongoing discussions at service level to agree 10% reductions are not easy the context is better understood.

**ACF thanked Mr Stephen for the presentation.**

**11 AOCB**

None.

**Dates of Future 2025 Meetings (By Teams)**

Wednesday 15 <sup>th</sup> January	15.00 – 17.00 by Teams
Wednesday 5 <sup>th</sup> March	15.00 – 17.00 by Teams
Wednesday 7 <sup>th</sup> May	15.00 – 17.00 by Teams
Wednesday 25 <sup>th</sup> June	15.00 – 17.00 by Teams
Wednesday 3 <sup>rd</sup> September	15.00 – 17.00 by Teams
Wednesday 5 <sup>th</sup> November	15.00 – 17.00 by Teams