

Minute of Area Clinical Forum
on Wednesday 15th January 2025 at 15.00
by Microsoft Teams

Board Meeting 10.04.25 Open Session 16.7

Present

Mark Burrell	ACF Chair and Chair, Area Dental Committee
Mishaim Bhana	Vice Chair, Area Medical Committee
Fiona Campbell	Chair, GAAPAC
Bridget Coutts	Co-Chair, GANMAC
Linda Downie	Chair, GP Sub-Committee
Robert Lockhart	Chair, Area Medical Committee
Dympna McAteer	Vice Chair, Consultant Sub-Committee
Carole Noble	Chair, AHPAC
Sarah O'Beirne	Vice Chair, Area Pharmaceutical Committee
Vicky Ritchie	Chair, Healthcare Scientists Forum
Murray Smith	Chair, Consultant Sub-Committee
Fiona Tejada	Co-Chair, GANMAC

Attending

Richard Caie	Public Representative
Adam Coldwells	Chief Executive, NHSG
Alison Evison	Board Chair, NHSG
Tom Power	Director of People and Culture (Item 5)
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. ACF joined him in welcoming Dr Mishaim Bhana (Mish) to her first meeting as Vice Chair of the Area Medical Committee. Mr Burrell informed ACF that Sonja Wright had been confirmed as Vice Chair of the Healthcare Scientists Forum.

2 Note of Meeting on 6th November 2024

The minute was approved as an accurate record.

3 Matters Arising

Action in relation to registration with the local NMAHP Bank is now complete.

4 Recycling of Plastics

Rosa Holt, Clinical Care Specialist Dietitian had been unable to attend and later provided a briefing paper on the initiative for information.

[04.00 Recycling of Plastics Info to ACF 15.01.25.docx](#)

5 Portfolio Review Update

Mr Power attended to update on progress made in the review of the portfolio management model. His report provided an overview of the review findings and outlined the three primary recommendations.

Key points discussed:

- The naming convention should not be the highest priority as it is more important to ensure that staff understand the need to focus on adopting a whole system approach – the what, why and how of cross system working.
- The report should reference the role of the Interface Group and be explicit that collaborative whole system working will include colleagues working in primary and community care, including hosted services.
- There had been some positive outcomes in adopting the portfolio model but a general lack of understanding had resulted in creating distance between some service areas.
- It will be important to get the grouping of services right across all parts of the complex landscape which NHS Grampian works within.
- Relationships and ways of working should be at the core rather than organisational structures. To avoid any further frustration staff need to have a clear understanding of the proposals and what any changes means to them.

[05.00 Portfolio Review Report - Final 2024-10-11.pdf](#)

ACF endorsed the approach and agreed the three primary recommendations should now be taken forward.

6 Weekly Meetings with CET

Mr Burrell updated that the monthly meetings with CET on Monday mornings had returned to a weekly schedule in order to provide ACF with regular updates regarding management of the ongoing pressures across the system. It had been agreed that following the recent critical incident it would be useful to strengthen the flow of information and allow the opportunity for ACF to bring clinical advice to CET and inform problem solving discussions. Members of the ACF agreed that although one role the forum is to raise concerns it also has a responsibility to provide advice and contribute to seeking solutions.

Advisory committee chairs were encouraged to share information with their committees regarding the specific topics discussed each week. This would help to increase understanding of the work undertaken across the system in mitigating risks. It was agreed that attendance by ACF and GAPF at a recent Board Seminar had been useful in strengthening understanding in relation to strategic risks and it would be useful to share this at advisory committee meetings. Both forums had benefited from the session.

7 Updates for Advisory Committees

Updates had been provided on the reporting template.

[Updates to Area Clinical Forum 15.01.25.docx](#)

Items highlighted at the meeting:

AHPAC

- Had discussed the discontinuation of WhatsApp. Particular impact on the ability of community based staff to communicate with colleagues effectively and in good time. Main concerns had been around how this was communicated and the absence of any advice regarding an alternative. ACF acknowledged that this had resulted from the need to comply with national policy and ensure that communications are only undertaken through secure channels.
- The reduced working week continues to be problematic to implement.
- Committee had welcomed the number of secondment opportunities but noted the challenges in securing backfill.

ADC

- Had not met since previous meeting of ACF in November 2024.

Area Medical Committee

- Had raised concerns in relation to NHS Grampian performance, organisational culture and clinical safety. There was also some discussion around the recent critical incident and the virus outbreak at Dr Gray's Hospital and whether these events highlights the significant pressures across the system.
- The Committee had noted disappointment that raising concerns does not appear to result in tangible improvements and frustration at the lack of feedback regarding how the issues raised are taken forward. ACF noted the importance of collaborative working and mutual support in looking at options to resolve problems.
- The Committee had also considered the work of the Strategic Change Board and acknowledged the need for change in how health services are delivered in Grampian.

General Discussion at ACF

- The weekly meetings (discussed at Item 6 above) will highlight areas of concern and help to establish a two-way flow of information to ensure that all the groups which make up ACF understand the work undertaken to address the issues raised by staff.
- Noted that providing advice is not limited to relating a problem but should include potential solutions.
- Both groups to consider what ACF needs from CET and what CET needs from ACF.
- Advisory committees would benefit from a broader understanding around strategic risks and how they relate to operational challenges. **(Action: Mr Coldwells and Mr Burrell to discuss a commission in relation to the**

Item	Subject	Action
	<p>highest strategic risks.)</p> <ul style="list-style-type: none"> It would be helpful if a designated executive lead attended advisory committee meetings. This would help to confirm the advisory status of the group and clarify who advice is provided to. (Action: update contact list to include details of executive lead for each committee.) 	ES

AOC

- No update at this meeting.

APC

- The Committee had discussed the negative impact of vacancy controls in relation to staff in non-patient facing roles. It highlighted the particular challenge facing the formulary group, which although not patient facing, processes applications and delays could result in an adverse impact on patient care.
- No surprise noted at the high levels of stress, across all disciplines of pharmacy, reported in the Royal Pharmaceutical Society Pharmacy Workforce Wellbeing and it was agreed this reflected concerns in relation to demands on the service, workforce pressures, staff shortages and funding pressures.
- It was confirmed that NHS Travel Health Service in community pharmacies is now a private service.
- Committee was pleased to note that the School of Pharmacy at RGU would not be directly affected by the staffing reductions required to address funding challenges at the University.
- Committee continues to encourage feedback from all the different sectors of pharmacy at the meeting.

Consultant Sub-Committee

Discussions had centred on similar issues to AMC and:

- Discontinuation of WhatsApp and difficulty in identifying an alternative (also discussed by AHPAC).
- Presentation by the Break Facilitation Team highlighted the importance of breaks on wellbeing and performance.
- Ongoing pressures across all services.
- Concerns regarding the financial position.
- Recorded that the NHS Grampian MHLDS Medical Director had received a lifetime achievement award from the Royal College of Psychiatrists.

GAAPAC

- Discussed the financial pressures on Clinical Psychology Trainees who have to attend teaching blocks in Edinburgh for periods of six weeks each year. The subsistence level is capped at £55 per night which does not cover the cost of accommodation. This raises a number of concerns including safety, privacy, access to IT and providing an appropriate learning environment. Also concern that this will impact on the number of trainees wanting to undertake their three year rotations in Grampian. NHS Tayside and NHS Dumfries and Galloway also support accommodation costs for trainees attending in Edinburgh and both have increased the daily

Item	Subject	Action
	<p>payment to £100. (Action: Mr Coldwells to discuss with the Executive Nurse Director).</p> <ul style="list-style-type: none"> Concern noted that the additional scrutiny around recruitment to posts at level 8A and above, which includes all qualified posts in psychology, will have a direct impact on waiting times and staff retention. 	AC
	<p>GANMAC</p>	
	<ul style="list-style-type: none"> Discussed the Charitable Donations and Fundraising Policy. The Committee found it a 'wordy' document and much more patient focused than staff focused with limited information on how staff can access the funds. Confirmed that PENUMBRA would provide a fixed amount of mental health support to GMED over the festive period and concern that the arrangements for out of hours mental health support should be better organised. Noted that a shortage of job evaluators continues to hold up progression of Agenda for Change banding reviews. 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. 	
	<p>GP Sub-Committee</p>	
	<ul style="list-style-type: none"> Had discussed the lack of funding to address premises issues. A longer term plan is under development but in the meantime only emergency repairs will be considered. There had been an update from Marywell Practice (homeless patients) regarding the ongoing work with substance misuse service to manage the health conditions experienced by this vulnerable cohort of patients.. The main concern relates to the company which supplies the IT system used by GPs in Scotland. The UK arm of the company will go into administration later in January. Business continuity planning is underway to look at the impact on specific items including patient records, prescriptions and lab requests. Expressions of interest had been invited and some assurance given that there will be a managed transition. 	
	<p>Healthcare Scientists Forum</p>	
	<ul style="list-style-type: none"> Had noted the need for national guidance around the reduced working week and how it should be implemented. There are concerns regarding the risks in relation to clinical implications and how that can be managed across multi-disciplinary teams and pathways. Discussed the Charitable Donations and Fundraising Policy. Like GANMAC had agreed there was a lack of information regarding how staff can access funding. 	
	<p>Public Health Report</p>	
	<p>Had been circulated prior to the meeting.</p>	

Item Subject

Action

[07.00 PH Report to ACF 15.01.25.docx](#)

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

8 AOCB

Mr Caie encouraged colleagues to participate in the work of the North of Scotland Research Ethics Committee. There is a particular gap in relation to pharmaceutical knowledge

Advisory committees and colleagues advised to contact Lisa Duthie (NHS Grampian Charity Lead) for guidance on the criteria around funding applications.

Dates of Future 2025 Meetings (By Teams)

Wednesday 5 th March	15.00 – 17.00 by Teams
Wednesday 7 th May	15.00 – 17.00 by Teams
Wednesday 25 th June	15.00 – 17.00 by Teams
Wednesday 3 rd September	15.00 – 17.00 by Teams
Wednesday 5 th November	15.00 – 17.00 by Teams