

## **Area Clinical Forum Report to Grampian NHS Board Meeting on the 7<sup>th</sup> December 2023.**

### **Purpose of Report**

This report updates the Grampian NHS Board on key issues arising from the Area Clinical Forum (ACF) meeting on 1<sup>st</sup> November 2023.

### **Recommendation**

The Board is asked to note the following key points.

#### **ACF Vice Chair.**

Following a request for nominations to the role of Vice-Chair there was one nomination and therefore Vicky Ritchie, chair of the Healthcare Scientists Forum, was elected unopposed to the vacant position. Vicky will engage with the Chair and deputise as required at Board meetings/seminars.

#### **NHSG Strategic Approach to Colleague and Citizen Engagement.**

Ms Luan Grugeon, strategic Development Manager - Colleagues & Citizens Engagement, gave a quick presentation to the forum on her new role and her upcoming project over the next 6 months. The Forum recognised the importance of engagement and committed to be available for consultation or advice over the next coming months of the project. The Forum thanked Luan for her presentation and recognised her considerable contribution to NHSG Board and Aberdeen City Integration Joint Board (IJB) over a number of years.

#### **Infrastructure Plan.**

Adam Coldwells, Deputy Chief Executive, presented an update of the challenges around infrastructure as this had been highlighted on many occasions during our monthly update meetings. Of particular note the laboratory services were highlighted as a priority and this reflected concerns raised at the Consultant Sub Committee meeting. Assurance was provided that the Chief Executive Team (CET)/Board were very aware of the concerns and these would be discussed at a forthcoming Board Seminar. The Forum highlighted the importance of contingency planning for the laboratory service in the event of significant events that led to closure of laboratory buildings.

#### **Finance Positon.**

Adam Coldwells presented an update on the current financial position of the Board and the ongoing need to work within a tight financial envelope. It was noted that the ACF had been invited to discussions with the CET regarding the current position and that active solutions were being drafted to improve the forecast. All forum members were advised to discuss with their committees the need for efficiency savings and to be proactive in looking for ways to deliver the same level of care within the constraints of a tight financial situation.

#### **“What Does the Long Term Future of Healthcare Look Like?”**

This was a first opportunity to begin discussions across all the representatives on our vision for the future of healthcare delivery. This piece of work will tie in elements of the GP Visionary work, the digital strategy along with sustainability transformation

projects. This long term strategic plan will form part of our discussions as an ongoing project. Initial discussions emphasised the need to enhance recruitment and retention with a particular focus around primary care provision as this is where most of the patient's first interactions with healthcare stem from. There was a broad discussion on promoting ourselves as an attractive place to live and work and ensuring that we don't 'talk ourselves down'. There was general agreement that we should be encouraging our graduates from all sectors to see the benefits of working in the region and reduce the loss of highly skilled practitioners to other areas. This will be an underlying theme over the next number of years and we will encourage all committees to have discussions on innovations to their delivery plans whilst always fitting with the Boards Strategic goals.

### **ACF Relationship with Wider System**

Continuing with on-going work, it was reflected that it had been challenging to engage with Portfolio Executive Leads across the system, but it was agreed that progress had been made.

There are regular meetings with the Chief Executive, Medical Director and Executive Nurse Director and this has been helpful in providing the opportunity to raise concerns and to be informed of actions taken. It was discussed that the Chief Executive and NHSG Chair would be invited to the ACF Bi-monthly meeting to enhance this engagement. It was also acknowledged that a member of the CET or other senior leadership members would be assigned to attend committees of the individual groups. All of this leads to increased visibility within the committees and enhances the significance of these groups. It was noted that this sits well within the 'Blueprint for Good Governance' documentation.

It was highlighted that reports from ACF to the Board can raise 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 in the leadership/transformation roles. Acknowledging this upstream and downstream flow of information cements our place as an important partner and advisory group.

### **Terms of Reference/Constitutions**

Progress is occurring at pace regarding committee terms of reference/constitutions and these will be reviewed through the ACF for accuracy and cross-referencing with the overarching statutory regulations.

### **Committee reports.**

Reports were taken from all sectors and there was general agreement that these would be summarised via small written reports from each committee. Positive feedback was obtained from the Waiting Well program which was working well and there was some discussion about this being rolled out further to reduce pressures on Primary Care who often have to field calls from patients still awaiting appointments.

The main themes emerging were of increasing pressures starting to show, with the winter pressures and the increase in waiting times for planned care of concern to many of the committees. High supplementary staffing costs have been highlighted again as an issue and as part of the long term strategy we must build on retaining our own graduates in the area. The primary care visionary work will be essential in

the recruitment and retention of GPs which was seen as a significant priority given that 80% of healthcare was accessed there.

Delays in Information Governance clearance was highlighted as a concern and this will be brought to the next ACF meeting to discuss the pressures that exist in this area and how we can move forward with this.

### **Culture**

The ACF is committed to promoting a positive of culture working within the Grampian region. It can be all too easy to focus on the challenges within the health and social care sectors but it was discussed that the excellent clinical work that is performed every day must not be forgotten. Working in partnership and with a progressive mind-set, small steady improvements will improve services and in doing so should increase the overall feeling of positivity. All Chairs and Vice chairs were encouraged to emphasise the importance of seeing not only the challenges but also the benefits we all bring as healthcare providers.

### **Board Programme**

The Board programme is a standing item on the ACF agenda to allow the forum to fulfil the role of providing clinical and professional advice to the CET and Board on relevant topics.

**Mark Burrell**

**Chair Area Clinical Forum**

**November 2023**