

Area Clinical Forum Report to Grampian NHS Board Meeting on the 12th of December 2024.

Purpose of Report

This report updates the Grampian NHS Board on key issues arising from the Area Clinical Forum (ACF) meeting on 6th of November 2024.

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 committee as Co-Chairs of Grampian Area Nursing and Midwifery Advisory committee (GANMAC). Bridget Coutts and Fiona Tejada replaced Helen Chisolm and Catriona Robbins as outgoing Chairs. The ACF would like to thank both Helen and Catriona for their support and contribution to the ACF over the last number of years. It was also noted to be the last meeting for Karen Boyd as Vice Chair of the Healthcare Scientists group as she stands down and the same appreciation was extended to her for her contributions over the years.

Induction Pack for Advisory committees.

Following a request from our AHP colleagues we discussed the ACF induction pack. This document gives an oversight of the role of the advisory committees and the vital role that ACF plays within the organisation. It was noted with new members joining that often these induction documents were invaluable. The induction pack was circulated and forwarded to Non-executive Board members for review and information. It was noted that the ACF Chair has been invited to provide an overview of the ACF at the Senior Medical development day. Hopefully this will aide a better understanding of our role and how these advisory groups fit within the strategic framework of the organisation.

Updates from advisory committees.

Updates from our advisory committees were beginning to see a theme of reduced staffing levels having an impact on service delivery. The reduction of agency staff and locums, to reduce costs, has led to some concerns being raised in both AHPAC and Psychology committees.

This is impacting podiatry services in ACHSCP where the mitigating factors in place to support services have had to be scaled back resulting in a shift from a medium risk to the service to now being classified as high.

Psychology services, similarly, have raised concerns around some of their temporary funding posts coming to an end that will put further pressure onto recruitment of new graduates. It is well recognised that service development can be hampered if the

workforce is not stable, and this can lead to retention problems and the potential for low morale in the teams.

The non-pay award elements for our Agenda for Change staff are still creating difficulties, with the reduction of hours having an impact on workforce and with the protected time for learning component still to be resolved, which is noted may have further impacts. It is recognised that a significant amount of work is progressing to mitigate these reductions in hours, but it adds to the pressures that already stretched teams are coping with.

The AMC reported concerns raised regarding poor feedback from Datix reports It was felt that learning opportunities may have been missed due to the lag times in responding to these reports. It was further recognised that this delay in completing these reports may lead to a poorer compliance with reporting and potential poorer outcomes not being recorded. Once again, a pressure on staff time was noted to be an important factor in some of these delays.

The flow through our systems was again highlighted as a major concern from both our GP and Consultant sub committees. Both major concerns are well known and there has been dialogue from the CET with both committees and positive engagement in trying to resolve this very complex issue. A system wide approach is already well under way, but the recognition of the reduced bed base within NHSG may continue to constrain the progress that can be achieved.

Continuing our desire to balance our reporting, some positive news has also been coming through from our committees. There is a real sense that the engagement and the quality of the concerns being raised through the committees was improving and with collaborative working and a systems approach we can improve our service delivery. The first Community Appointment days have proved to be extremely popular, and it is hoped that these will continue and further strengthen the preventative aspect of our transformational work.

The overall theme from our committees is of significant system pressures and with reduction in supplementary workforce we are starting to see an impact to our service delivery. This may lead to further recruitment and retention problems as we move into the winter season.

Test of Change SAS/AMIA

Stephen Friar and Chris Middleton presented a paper on the Test of Change for the safe transfer of patients from SAS to AMIA. This paper gave a great overview of the difficulties that are encountered when the hospitals are at capacity and the knock-on effects this has on our SAS colleagues to respond to further 'call outs' This continues to create real stresses in the system and risks to staff and other workflows was recognised within the discussion. The forum acknowledged the amount of work that is ongoing to improve this situation working collaboratively with our primary care colleagues and other partnerships to identify the pinch points in the pathway

The Forum thanked both Stephen and Chris for their presentation and would welcome an update as this progresses to see the impacts of it and monitor the risks to other services as highlighted within the paper. .

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 3 main recommendations were broadly welcomed by the forum and the emphasis of collaborative working was highlighted as the most important benefit that could come out of the recommendations.

Route Map for Strategic Change.

Alan Cooper presented to the forum the route map to change. With the increasing demand on health services and the tight financial envelope that we are working in, transforming how we deliver care is essential. To move this work forward there will be a Strategic Change Board to guide how we progress this forward over the next 3-4 years. 6 parameters will guide this work forward, looking at financial sustainability, efficiency and productivity, performance, pathways, demand reduction and workforce, ACF welcomed this piece of work, and the overwhelming feeling was that this project is essential as we move forward, and the forum will play an active role within the Strategic Change Board.

Finance Update.

The forum welcomed the Director of Finance Alex Stephen to provide an overview of the current financial situation within NHSG. This continues to provide an overview of the well-recognized difficult conditions that we are working in. The underlying message that was delivered was of a significant challenge that should not be underestimated but would be evaluated against our mantra of 'finding balance'. The Forum welcomed the update and would work in partnership to help with our targets, always being mindful of the pressures this may put on clinical services.

Mark Burrell

Chair Area Clinical Forum.

2/12/24.