

Minute of Area Clinical Forum
on Wednesday 25th June 2025 at 15.00
by Microsoft Teams

Board Meeting
09.10.25
Open Session
Item 12.6

Present

Mark Burrell	ACF Chair and Chair, Area Dental Committee
Fiona Campbell	Chair, GAAPAC
Lynne Davidson	Chair, APC
Linda Downie	Chair, GP Sub-Committee
Robert Lockhart	ACF Vice Chair and Chair, Area Medical Committee
Dympna McAteer	Vice Chair, Consultant Sub-Committee
Carole Noble	Chair, AHPAC
Fiona Tejeda	Co-Chair, GANMAC
Sonja Wright	Vice Chair, Healthcare Scientists Forum

Attending

Richard Caie	Public Representative
Katie Cunningham	Specialist Facilitator (Item 4)
Adam Coldwells	Interim Chief Executive, NHSG
Alison Evison	Board Chair, NHSG
Sarah Irvine	Deputy Director of Finance (Item 6)
Zoe Morrison	Lead Specialist, Culture and Wellbeing (Item 4)
Alex Stephen	Director of Finance (Item 6)
Else Smaaskjaer	Senior Administrator (Note)

Item	Subject	Action
1	Welcome and Introduction	
	Mr Burrell welcomed all those attending and apologies were noted.	
	Dr Smith and Dr McAteer had stepped down as Chair and Vice Chair of the Consultant Sub-Committee and Mr Burrell thanked them for their contributions to the Forum during their tenure and wished them well.	
	No declarations of interest were noted.	
2	Note of Meeting on 7th May 2025	
	The minute was approved as an accurate record.	
3	Matters Arising	
	It was confirmed that following the recent election process there had been one nomination and Mr Burrell would continue in the position of Chair from 1 st July 2025 for two years or the period determined in the upcoming review of the ACF Constitution.	

Item	Subject	Action
4	TRiM (Trauma Risk Management)	

Katie Cunningham and Zoe Morrison attended to provide a presentation on TRiM which is a structured peer-delivered framework designed to support staff following critical incidents and traumatic events.

Key points highlighted:

- In NHS Grampian this programme has benefitted many staff across a large number of incidents.
- Sustaining the service is dependent on goodwill, voluntary participation and training provided by a small group of staff.
- An increase in the number of staff requesting support had been noted. This could be as a result of organisational pressures and also more awareness amongst staff.
- Those who work in this very small service had highlighted the gaps in governance and executive oversight. There is no clinical lead involvement, no formal agreements in place with volunteers and no clarity around accountability.
- There are a number of challenges in continuing to deliver the service consistently and equitably with the resources currently available. There is no certainty around the funding for this service beyond September 2025.

Items Discussed:

- It would be useful to have metrics which could evaluate the effectiveness and positive impact of the service – e.g. less sickness absence or time off for those who had benefitted from this support.
- Analysis could be helpful in identifying risk factors and informing prevention tactics.
- Queried whether there is information indicating that staff are supported across the organisation or do they present from particular pockets/services. Confirmed it is mainly front-line staff but acknowledged the service is not equitable across the system and that geography also impacts on access.
- Agreement that there are many occasions when staff need support and managers need somewhere to signpost staff.
- Noted that staff don't always know they have been traumatised and there is work to do in raising awareness of triggers/signs remaining mindful that managers also experience trauma.
- For staff across the organisation it would be useful to have a guide to organisational resources staff can access and also the wide range of services provided in the 3rd Sector.

Area Clinical Forum welcomed the presentation and support the recommendations for continuation of the service.

It was suggested that TRiM should link in with the Ethics Committee which has broad representation and can provide useful advice based on a range of expert views.

5 External Diagnostic Review - Update

Although many members of ACF had joined regular weekly catch up meetings with the Executive Team, Dr Coldwells wished to provide a formal update for all.

- NHS Grampian had been escalated to Level 4 on the Scottish Government Support and Intervention Framework on 12th May 2025. This had resulted in the provision of additional tailored support around financial performance, leadership and governance.
- The Scottish Government had commissioned KPMG to undertake a diagnostic review of the organisation. This will assist the Board and the Executive Team to reach a better understanding of how the whole system is operating and help determine what changes can realistically be made within the financial resources available.
- The Scottish Government had also established an Assurance Board, chaired by Stephen Gallagher the Director for Mental Health. There will be no NHSG membership on this Board but it is expected that there will be another four SG members, who have not been formally confirmed at this time, but will most likely be selected based on topic expertise across finance, leadership, governance and performance. Initial meetings with the Interim Chief Executive and Chair of NHS Grampian Board are scheduled for 3rd and 22nd July 2025 with Terms of Reference to be provided by the Scottish Government prior to those meetings.
- The External Diagnostic Review is due for submission to SG on Thursday 17th July prior to the meeting of the Assurance Board on 22nd July 2025. Timeframes around this work are extremely tight and KPMG have been asked to provide sight of the report before 17th July to allow for a factual accuracy check by the Chief Executive Team and the opportunity to brief Board members. It is expected that the report will be available on 15th July 2025 leaving no time for any wider circulation for comment/feedback.
- The report from KPMG will inform the recovery plan for NHSG which will be monitored by the Assurance Board. Although it seems that there is much external scrutiny around the organisation at this time it is important to view this as additional support and be clear that leadership, governance and the strategic direction for NHS Grampian remains with the Board, Board Committees and the Chief Executive Team.

Area Clinical Forum thanked Dr Coldwells for the update and it was suggested that Mr Burrell could link with ACF Chairs in other Boards who had experienced this process.

MB

6 Financial Update

Alex Stephen and Sarah Irvine presented an update on the financial position at the end of May 2025. Key points highlighted:

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- The four key areas included in the Financial Recovery Plan submitted to the Scottish Government in March.
- The revised approach to budget setting.
- The financial position at the end of May shows slight improvement but there is still an average overspend of £6M per month.
- There had been a positive start to the savings schemes in the Value and Sustainability Programme for 25/26 but given the scale of the challenge this programme on its own will not take NHSG to where it needs to be.
- Escalation to Level 4 had resulted in additional support and monitoring but the responsibility to delivery on the improvements required remains with NHS Grampian.

Items discussed:

- There will be close monitoring with IJB finance colleagues throughout 2025/26 to ensure that financial forecasting remains on track and that any overspends will remain within the amount allocated.
- Clarified that IJBs are not allocated money but submit a balanced budget to deliver services. The allocation by NHSG in relation to an expected overspend reflects a lack of confidence that a balanced budget will be delivered.
- The support to IJBs from NHSG in 2024/25 amounted to £24M mainly related to overspends in social care. The NHSG position for 2025/26
- Teams had raised concerns regarding the impact the reduction in IJB social care services will have on costs to NHSG - e.g. the pressure on flow will increase cost pressures across acute services.
- There are also concerns in relation to the overall quality of life for those who remain in hospital for prolonged periods with an increased risk of hospital acquired infections and less opportunity for rehabilitation.
- It must be made clear to staff across the system that the review process will not result in additional funding for NHSG.
- Noted that there is an increasing focus on service transformation and redesign as the best options to develop affordable and sustainable services.

[06.00 Finance Slides to ACF 25.06.25.pptx](#)

7 Updates from Advisory Committees

Updates had been provided on the reporting template.

[07.03 Updates to Area Clinical Forum Complete 25.06.25.docx](#)

Feedback from Board

[07.01 AreaClinicalForumReport to Board.pdf](#)

Items highlighted at the meeting:

GANMAC

- Noted ongoing work in developing guidelines in Urology which will support HCSWs to do urinary catheterisation safely.
- Had considered a presentation on standard operating procedures around staffing establishment under the workforce legislation and common staffing methodology reporting.
- Discussed dress code and importance of staff presenting themselves in a professional manner.
- Debated the position of student nurses, who do not want to travel further afield, working in their home localities and the implications in relation to confidentiality and knowing patients on a personal level. It was agreed that professionalism and confidentiality are well understood by all staff, including students, and there are many instances of staff living and working in small communities. GANMAC will continue their discussions with RGU.
- Noted concerns that arrangements to implement RWW had resulted in inequities across the system. It was confirmed that inconsistencies around this had been escalated to the Interim Director of People and Culture and the Executive Nurse Director.
- System pressures impacting on staff time to attend groups and take part in development.
- GANMAC had congratulated staff at RACH on the submission of their Magnet application.

GAAPAC

- Discussed concerns regarding the admin support for GAAPAC and had asked what arrangements are in place for other advisory committees. Confirmed that admin support is generally provided through operational areas for each committee or the Primary Care Contracts Team. GAAPAC had been informed that admin support provided through the Director of Psychology would no longer be available which leaves a gap in relation to arranging future meetings. **Mr Burrell will pick this up with the Board Secretary.**
- There has been some discussion regarding accessibility issues, particularly for patients with mobility issues and GAAPAC had asked whether there is an equality and diversity group where these concerns could be raised.
- The committee was pleased to note that six out of seven psychology trainees had opted to remain in Grampian in newly qualified posts. This is more than in previous years and is welcome news for the profession across Grampian.

MB

Area Medical Committee

- Discussed the external diagnostic review. It had been helpful to have the conversation with the Medical Director and Interim Chief

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Executive in attendance. AMC had agreed that clinical input would be necessary to inform subsequent improvement actions and support the improvement plan.

- There had been some concern raised in relation to processes for 'signing off' radiology reports and addendums. Suggested that this should be raised at CRM which will then highlight this issue to the Clinical Governance Committee.
- An additional University representative had been agreed which will help to strengthen links with the University.

Consultant Sub-Committee

- Had elected Dr Jane Dymott as Chair. Position of Vice Chair to be confirmed.

GP Sub-Committee

- Had agreed approval to progress the Primary Care Data and Intelligence Platform. This will allow collection of more accurate data directly from primary care subject to the appropriate IG and DPIAs.
- The Supporting Doctors Safeguarding Patients Framework had been circulated for information.
- There was discussions regarding uplift for enhanced services which go beyond the normal scope of the GP contract. There had been no increase in uplift since contracts were initially introduced in 2004 with a risk that they will become less financially viable and GPs will discontinue provision. Ongoing negotiations are in place to seek appropriate resolution which will benefit GPs and specialist services. and provide opportunities for collaborative working between primary and secondary care colleagues.
- Had discussed ongoing developments to improve the electronic referral process which will enable a more efficient pathway into hospital for patients.

ACF was pleased to note the opportunities for collaborative working between primary and secondary care.

Healthcare Scientists Forum

- Discussed the lack of medical physics experts particularly in radiotherapy physics and imaging/nuclear medicine. This was raised as a risk during a recent HIS inspection. Ongoing concern is that current WTE does not provide enough capacity to support on call cover OOH.
- Concerns raised in relation to the national implementation programme for the Laboratory Information Management System (LIMS)
- There had been no recent updates regarding the request from SG to diagnostic and other clinical networks to develop target operating models.
- Funding had been confirmed for one year to allow radiotherapy to operate four scanners instead of three – this will help to accelerate appointments for patients and reduce waiting lists.

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	<ul style="list-style-type: none"> Construction of the new mortuary is now in the final stages and plans are in place for completion and the opening of the improved modern facility in August 2025. Healthcare scientists were pleased to note that following a great deal of work all laboratories had transitioned to the new ISO standard for laboratory accreditation. 	
	<p>APC</p> <ul style="list-style-type: none"> Had a detailed update from the education and training team regarding the processes/requirements for new trainee pharmacists who will qualify as prescribers at the point of registration and the impact this will have on their trainee year. Pharmacy student placements will increase across acute, GP and community pharmacies. The committee had also discussed locally enhanced services in relation to contracts with community pharmacies. The Director of Pharmacy is taking forward discussion to ensure current levels of service are preserved. Compliance with new recommendations around prescribing valproate during pregnancy was noted. Noted that the next round of Gold Standard Pharmacies is about to be launched. 	
	<p>AHPAC</p> <ul style="list-style-type: none"> Mr Burrell had attended the recent meeting and it had been useful to have an overview of ACF and the role of the advisory committees. This provided an understanding of the structure and the importance of representing professional groups. The Committee represents ten different professions and reporting templates were discussed along with plans to trial a different approach to encourage more discussion and shared learning. Despite some intervention at national level, there are ongoing issues with the supply of feeding tubes and staff are still working hard to mitigate the impact on patients. The Tier 3 Service for Adult Weight Management is in the final phase of redesign. To prevent holding up the work around that referrals to the service had been paused. Ms Noble and Dr Downie to discuss the implications for GPs as patients will be more likely to re-present at GP surgeries for an update on their referral. Additional SG funding had been confirmed for radiography. This was aimed at a number of projects including recruiting more staff to provide a seven day working model in some service areas and reduce waiting times and backlog. A lead speech and language post in RACH had been filled. The Committee was pleased to note that test of change funding had been confirmed until March 2026 for the Bairns Hoose initiative. An AHP Dashboard is under development to bring information together, including on clinical activity which will save staff a lot of time. 	CN/LD

ADC

- Is scheduled to meet on 2nd July 2025.

AOC

- Had advised that updated fees for IP Optometrists will be rolled out in the next few months with an aim to keep more patients in primary care.
- The Committee had raised a query regarding a source of funding for education. **Mr Burrell will seek advice from the Board Secretary.**

MB

Public Health Report

Had been circulated prior to the meeting. Mr Burrell encouraged members of ACF to read the report.

The Area Clinical Forum also recorded thanks to Mrs Webb for her attendance as Director of Public Health. The reports provided at each meeting and her input into discussions had been appreciated and the Forum wished her well in her new post at NHS Lothian.

[07.02 Public Health Area Clinical Forum Report June 25.pdf](#)

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

9 AOCB

None

Dates of Future 2025 Meetings (By Teams)

Wednesday 3 rd September	15.00 – 17.00 by Teams
Wednesday 5 th November	15.00 – 17.00 by Teams