

Area Clinical Forum Report

Purpose of Report

This report updates the Grampian NHS Board on key issues arising from the Area Clinical Forum (ACF) meeting on 5th March 2025.

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.

A new member was welcomed to the committee, Sonja Wright has taken up the post of Vice Chair of Grampian Area Healthcare Scientists Forum.

Weekly ACF/CET meetings.

Building on the excellent working relationship with our CET and in response to concerns raised through the advisory structures the ACF/CET continue to meet weekly. This has allowed collaborative dialogue on the most significant risks held by the organisation. The group has recently focused on the strategic risk of the use of non-standard bed areas. Following a letter from the Chief Executive all advisory structures have been asked to work with their representatives to look to solutions to this as a priority. The Forum looks forward to updating the CET on any solutions to this concerning problem and reinforcing that this is not to be normalised.

Staff Wellbeing

Julie Stephen and Olumurewa Akintola, both Clinical Psychologists, presented to the Forum an update and information on the support provided to staff working within the organisation. It was recognized that with the organisation under considerable pressures at this time it can often have a negative impact on our staff. The strains on individuals and teams who continue to perform to a very high level but in a system on sustained pressure can often lead to moral injury if it is felt that all care cannot be delivered as needed.

It was recognized that when the welfare of staff is supported even a small amount of investment can produce a huge return. With proactive interventions including reflective learning and post event team reflection, often more significant staff trauma can be hopefully avoided. This small team are providing a very valuable service to our staff and the Forum welcomed their presentation.

Update from NHSG/NHSH Maternity Collaborative Project

Drs. Turnball and Hunter joint clinical leads in Dr. Gray's presented to the Forum the collaborative work in restarting the planned Caesarean sections service in Dr. Gray's hospital. It was evident to the Forum that considerable time and effort has gone into the planning of these services. It was noted that a high level of governance has run through all of this project and that as we move the 'go Live' date that there will ongoing data

collection and reflective learning as the project moves from planning to operational. Training and support have been provided and SOPs supported by simulation templates have been undertaken to ensure safe delivery of care. The Forum welcomed the update and looks forward to watching the development of the service in the future.

Financial Position Update and Financial Planning for 25/26

Alex Stephen and Sarah Irvine.

An updated financial report was delivered to the Forum. This outlined the sustained pressures the Board is still under and the need for tight financial control over our budget. Whilst some additional monies had been made available for the 25/26 budget these had to be applied to the overall budget for the coming year. As before, the balance of clinical governance against financial governance was discussed and it was stressed that any reduction in services should have robust impact assessments where possible and link these to other services that may have consequential effects. This balanced approach will be maintained and the Forum will be very willing to help with any advice required to understand the impact that financial control could have on clinical services.

NHSG Delivery Plan

Jenna Young, Planning Manager updated the Forum on the Annual Delivery Plan for 25/26. It was noted that the ADP will focus on stabilizing and optimizing our system. It will be realistic and may need to focus on fewer priorities. The Plan aims to align our three high level objectives with the Scottish Government's, focusing in on the recent First Minister's speech. These should be to

1. balance system capacity to meet Health care and population needs whilst delivering financial targets for 25/26 in line with our finding balance principles.
2. deliver agreed year 1 outcomes as set out in the Route Map for strategic change.
3. optimise system capacity and efficiency to enable wellness and respond to illness resulting in reduced clinical risk.

The Forum welcomed the report and looks forward to the final version and was pleased to note the realistic objectives proposed.

Updates from advisory committees.

Healthcare Scientists Forum reported concerns regarding the withdrawal of the Clinical Physiology degree in Glasgow Caledonian University. This was the only degree course in Scotland and there were fears that this may mean higher cost for students and may have a significant impact on recruitment going forward. Local solutions will be discussed but it is recognised that this will be challenging.

Area Dental Committee reported increased dental access with 40 practices now taking on new NHS patients. Whilst this is welcomed it does then add additional burden to the secondary care specialist services that have seen a significant increase in referrals.

Area Pharmaceutical Committee highlighted concerns regarding a mismatch of NHS funded places for all graduates who require one. This may lead to a loss of these graduates to other areas of the UK.

On a positive note our Antimicrobial Management Team and Community Pharmacy Prescribers have worked well and NHSG's prescribing rates for some antibiotics trend below the national average.

Consultant Sub-Committee reported better engagement with the Acute medical leadership team and this was welcomed. It was noted that some medical specialties have a number of trainees who have just about completed training but although wishing to stay in the region there were limited consultant vacancies at present. Innovative ways of working have been successful in the past and there may be opportunities to explore this further in the future.

GP Sub-Committee are still awaiting an update on the software used in primary care as the provider had gone into administration. At present it is business as usual but will be monitored.

The GP Vision work is progressing and hopefully this will be reflected in the transformation work being spearheaded by the Strategic Change Board.

A running theme through many of the committees was the impact that the reduced working week was having on service delivery. Surgeons had noted that Friday operating lists have already been shortened and it was felt that this may disproportionately affect those that operate on that day. With the further reduction to come by 2026 there may still be lost activity.

There were also concerns about the inconsistencies in the approach to the reduced working week as it is potentially being implemented across some sectors.

Although the system is pressured there is, as always, fantastic work demonstrated throughout the organisation. One of the major successes was that the Dialysis pathway for delivery at home has gone live. This was a culmination of significant hard work and was one of the good news stories coming from our clinical services.

This report reflects the challenges being seen across the NHS at present with particular areas of pressure around non-standard bed spaces and the impact that the reduced working week is already having on services. Workforce challenges remain in place with real pressures on our Pharmacy and Healthcare Scientist especially visible. Despite all of these problems it is reassuring to know that our psychology colleagues continue to support our staff and innovations like Dialysis at home are still managing to forge ahead.

Mark Burrell

Chair Area Clinical Forum, 16/03/25