

Minute of Area Clinical Forum  
on Wednesday 3<sup>rd</sup> September 2025 at 15.00  
by Microsoft Teams

**Present**

Robert Lockhart	ACF Vice Chair and Chair, Area Medical Committee
Sarah O'Beirne	Vice Chair, Area Pharmaceutical Committee
Mish Bhana	Vice Chair, Area Medical Committee
Claire Campbell	Vice Chair, GAAPAC
Bridget Coutts	Co-Chair, GANMAC
Carole Noble	Chair, AHPAC
Fiona Tejeda	Co-Chair, GANMAC
Sonja Wright	Vice Chair, Healthcare Scientists Forum

**Attending**

Duff Bruce	Acute Medical Director, Dr Gray's Hospital (Item 6)
Richard Caie	Public Representative
Adam Coldwells	Interim Chief Executive, NHSG (Item 8)
Tracy Davis	Child Health Commissioner, NHSG (Item 5)
Luan Grugeon	Strategic Development Manager, Colleagues and Citizen Engagement (Item 4)
Jonathan Iloya	Consultant, Attending for Public Health
Sarah Irvine	Deputy Director of Finance (Item 8)
Alex Stephen	Director of Finance (Item 8)
Else Smaaskjaer	Senior Administrator (Note)

Item	Subject	Action
1	<b>Welcome and Introduction</b>	
	Dr Lockhart chaired the meeting in Mr Burrell's absence and welcomed all those attending, apologies were noted.	
	No declarations of interest were noted.	
2	<b>Note of Meeting on 25<sup>th</sup> June 2025</b>	
	The minute was approved as an accurate record.	
3	<b>Matters Arising</b>	
	None	
4	<b>Putting People First</b>	
	Luan Grugeon provided a comprehensive update on the progress of the Putting People First Initiative emphasising the core principles of community engagement, collaboration and valuing lived experience. The initiative aims to develop community-led health responses and develop system wide collaboration across Grampian.	

Key points highlighted:

- The challenges experienced in achieving a cultural shift in moving towards equally valuing and bringing together lived experience, clinical expertise and third sector expertise.
- Training and toolkits had been developed to support staff and community groups.
- Community appointment days (CADs) had been successful and appreciated by the public. Staff had also commented on how they had found it motivational to work in this different way.
- Feedback highlighted the impact CADs had on behaviour and how patients had benefited in terms of improving their approach to prevention and self-management leaning on the information and support available from groups based in their community.
- In terms of partnership working the Health Equity and Learning Project between Aberdeenshire Anti-Poverty Network and NHS Grampian had identified some real tangible solutions, and provided guidance to staff at RACH, in helping families struggling financially whilst managing health conditions.
- Testing of real time feedback loops in clinical areas will begin in September 2025. The aim is to gather anonymous feedback at the time of appointment to help improve services and reduce the number of formal complaints.
- Looking forward, the liberated method approach will be explored to provide support for vulnerable people with complex health needs to reach better outcomes.

Items Discussed:

- Noted that there would be real benefits in supporting greater involvement between GP practices and community initiatives to help with the self-management of some conditions such as cardiovascular disease.
- There are known areas of deprivation in Aberdeen City but it is also important to reach out to those living in remote and rural areas where there may be limited access to public transport making it difficult to attend CADs and other big events. The PPF team will work with HSCPs and Community Planning Partnerships to explore working within existing local networks.
- There was some discussion around support for patients waiting on ADHD assessment/diagnosis and for whom there is a gap in service provision.
  - ~ It is difficult to build in support where there is no system capacity to deliver a service.
  - ~ CADs could be helpful in signposting to services in the community but concern remains around the support available.
  - ~ There could be some potential to arrange supportive conversations around perceived health needs associated with their condition.
  - ~ Suggested that referrals should continue to ensure that the scale of demand is captured.
- Noted that PPF is provided by a small team and will consider the best areas to prioritise. Public Health will review waiting lists to inform this process.

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- PPF team are working on a plan but this needs to be deliverable and realistic with a view to developing a good quality service which is not spread too thinly.

Area Clinical Forum welcomed the presentation and agreed the potential for greater involvement by general practice in community engagement initiatives, the need to raise awareness of challenges in rural areas and members will consider which services would benefit from input from this approach.

[04.00 Putting People First ACF Sep 2025.pptx](#)

## 5 Neurodevelopmental Pathway for Children and Young People

Tracy Davis presented slides which outlined the planned transformation of neurodevelopmental pathways in Grampian, focusing on service integration, early support and improved outcomes for neurodiverse children and families.

Key points highlighted:

- Challenges in the current pathway includes long waiting lists and lack of consistent support which indicates the need for a more integrated approach to assessment and diagnosis.
- A recent survey in schools in Aberdeen City found that 25% of the primary population were regularly dysregulating and had difficulty in managing their emotional responses. Not all of them will have a neurodevelopmental diagnosis but they will need some form of assessment.
- The goals for the new pathway include a distinct service, with a single point of access for referrals, early identification and support focusing on the needs of the child and the family which goes beyond diagnosis and provide the right support at the right time.
- There is a need to address wider reaching impacts on family relationships which can result in inappropriate responses. Communications to and interactions with parents need to be positive and supportive as they can often have negative experiences and stresses arising from societal expectations.
- Recognised that within the current pathway there is not enough professional support and it is hoped that the development of MDTs to provide joined up multi-professional expertise will improve the quality of referrals and ongoing support to families. This approach could also help in the early identification of coexisting medical and mental health concerns.
- The new approach will be to move away from assessment and diagnosis towards early identification, providing more support and collective expertise when needed, and developing a pathway which is relational rather than medicalised.
- A successful test of change had been delivered in an Aberdeen City primary school and although that cannot be replicated in all schools it had been useful to try out the model ensuring links to children's policy and legislation had been maintained.

Items Discussed:

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- Queried whether there is scope to upskill those working in GP Practices to take a more active role, especially with lower complexity cases. Noted that this is a specialist field and there would have to be an appropriate transfer of resources to support any increased activity.
- The team will continue to work on developing tools and resources which will provide Primary Care staff with information regarding what is available and the role of the family link worker.
- There was some discussion regarding the age of transition into adult services and whether that should be extended to 25 to include the number of young people entering higher education and reflect the organisation's responsibility for corporate parenting which goes up to age 25.
- Suggested there should be more support for staff working with families in the community who often find themselves in challenging situations.

Area Clinical Forum thanked Ms Davis for the presentation.

## 6 Dr Gray's Hospital Orthopaedic Services - Update

Duff Bruce provided an update to the forum on the reconfiguration of orthopaedic services at Dr Gray's Hospital (DGH) in Elgin, detailing workforce challenges, service integration, patient transfer protocols, outcome monitoring and ongoing governance.

Key points highlighted:

- There had been a number of issues and challenges at DGH which had impacted on trainee and MDT experience. At the same time there had been a significant reduction in workforce capacity which had led to redistribution of specialists and a pause across elective services and changes to the delivery of trauma services.
- Following a series of workshops and meetings a new model had been established to stabilise services, including the transfer of consultant funding to ARI to support DGH activity. This will be further supported by the appointment of an orthopaedic services clinical director who will bring together the management around the service.
- Oversight of governance around the changes is provided by the NHS Grampian Board through its Clinical Governance Committee and there is ongoing monitoring by NES and HIS.
- The Integration of Acute Pathways (IAP) had been commissioned to pull all aspects of orthopaedic services across Grampian together. Work to integrate patient vetting and waiting lists had been completed.
- The team at DGH had welcomed a review of data which indicated changes are having a positive impact and monitoring of 'time to theatre' which has a direct impact on patient outcomes will continue.
- Staff are mindful of the anxieties in relation to elderly and frail patients and the impact of travelling between sites. There is also

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awareness of the impact of delays in transporting patients on the fractured neck and femur pathway.

- As the revised model emerges some basic elements will be reintroduced – e.g. carpal tunnel and joint injections lists in minor theatres.

Items discussed:

- It was reassuring to note the improvements in the transfer of frail and elderly patients but it will be important to provide assurance that the system is safe as winter pressures begin to impact and doesn't have an adverse effect on outcomes. Confirmed that admission times will be monitored.
- Noted that the SG direction around patients on the fractured neck and femur pathway, that they should be treated as close to home as is reasonably safe, will be observed.
- Acknowledged that patients are affected by ambulance stacking and agreed that following diagnosis there is a need to balance availability of transport and bed capacity at ARI before arranging patient transfer.
- The IAP Programme Board will continue to look at which pathways will be prioritised for review. It is intended to establish a Clinical Advisory Group in taking this work forward and input from the Chair and Vice Chair of the ACF would be welcomed.

ACF welcomed the update and agreed that, following what had been a difficult time, the team at DGH had succeeded in completing a significant amount of work to develop a service model that works.

## 7 Updates from Advisory Committees

Updates had been provided on the reporting template.

[07.00 Updates to Area Clinical Forum 03.09.25.docx](#)

Feedback from Board

[07.01 AreaClinicalForumReport to Board 14.08.25.pdf](#)

Items highlighted at the meeting:

### GAAPAC

- Concerns raised in relation to the lack of response from Information Governance and the resultant impact on service developments and patient access to services. **GAAPAC to outline the key issues and outstanding queries in an email to the Chair and Vice Chair of the ACF for support and escalation.**
- Had been pleased to note that psychology forensic services are developing trauma-informed training for staff, specifically around mental health and drug and alcohol teams.

**FC/CC/  
RL/MB**

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	<ul style="list-style-type: none"> <li>The absence of admin support continues to be a problem and minute from recent meeting had been completed using Co-Pilot. <b>Chair to raise with the Board Secretary.</b></li> </ul>	MB
	<b>GANMAC</b>	
	<ul style="list-style-type: none"> <li>Main theme at the recent meeting had been in relation to workforce, particularly the challenges in implementing the next phase of the reduced working week, recruitment difficulties, NGN vacancies and the Band 5/6 review. There had been some concern raised that in regard to the vacancy panel process finance appeared to be the priority rather than clinical risk. <b>Given the strength of the concerns raised GANMAC to outline the key issues and perceived risks in an email to the Chair and Vice Chair of the ACF for consideration.</b></li> <li>Had been pleased to record that Grampian is leading the way regarding the number of DAISY nominations for nursing staff. Nominations are made by patients and carers and the volume of positive feedback was welcomed.</li> </ul>	BC/FT/ RL/MB
	<b>GP Sub-Committee</b>	
	<ul style="list-style-type: none"> <li>Main issue is the current dispute between the Scottish GP Committee of the BMA and the Scottish Government regarding the funding shortfall which is not seen as reflecting the national strategic priority of shifting the balance of care towards GP practice.</li> <li>The sub-committee had discussed local negotiations regarding enhanced service contracts and how to continue supporting those services against a backdrop of under-investment.</li> <li>Had considered an update on IAP work and proposed changes to pathways for upper GI conditions with shared vetting and waiting lists between ARI and DGI.</li> </ul>	
	<b>Healthcare Scientists Forum</b>	
	<ul style="list-style-type: none"> <li>A provisional opening date for the new mortuary has been set for 6<sup>th</sup> October 2025. The current mortuary manager is due to retire at the end of December 2025 and the vacancy control panel had asked for the post to be downgraded but have provided no details on the reasons for that request. There are concerns that delays in recruitment to the post, which is viewed as essential to the success of the new facility, will increase the risk around operational delivery and the strong leadership required in opening a new mortuary. <b>HCS Forum should keep this under review and report to Chair and Vice Chair of ACF on progress.</b></li> </ul>	VR/RL/ MB
	<b>AHPAC</b>	
	<ul style="list-style-type: none"> <li>Discussed the impact on service delivery from vacancy controls and protocols. The reduced working week is also seen as an increasing concern. In some service areas staffing shortages will result in a move to critical service protocol.</li> <li>The Adult Weight Management service is still paused but there are plans to re-open during the week beginning 8<sup>th</sup> September 2025.</li> </ul>	

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- The committee was pleased to note that the first qualified occupational therapist in the UK began her career in Aberdeen in 1925 and the OT Centenary Celebration will take place at RGU at Garthdee on 17<sup>th</sup> September 2025.

#### **ADC**

- No update at this meeting.

#### **Area Medical Committee**

- Scheduled to meet 10<sup>th</sup> September 2025 with main topic for discussion the implications of escalation to Stage 4.

#### **AOC**

- No update at this meeting.

#### **APC**

- Main topic of discussion had been in relation to the use of AI to source information and advice around medications. There are risks regarding fake/misleading information and there will be advice to the public on how to use AI responsibly. Suggested that it would be useful to include Steve Baguley, NHSG Chief Clinical Digital Officer, in discussions.
- Reported that the RPS Framework will increase the number of prescribers but concerns remain in relation to the lack of definitions of 'experienced' or 'active' prescribers causing uncertainty around who can undertake the role.
- Noted that all community pharmacy SLAs for enhanced services had been successfully negotiated and agreed.

#### **Consultant Sub-Committee**

- No update at this meeting.

#### **Public Health Report**

Had been circulated prior to the meeting. Member of the ACF were encouraged to read the report.

[07.02 Public Health Report to ACF 03.09.25.doc](#)

**Dr Lockhart thanked everyone for their useful contributions and confirmed the concerns raised would be included in the ACF update to the Board.**

### **8 Financial Recovery/SG Assurance Board – Update**

Dr Coldwells, Mr Stephen and Ms Irvine updated the Area Clinical Forum on NHS Grampian's financial position, the ongoing deficit, savings plans and the role of the SG Assurance Board in monitoring performance and governance.

Ms Irvine provided a presentation giving a financial update to the end of July 2025.

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- At the end of July there was a £23.4m overspend.
- The end of year position is now forecast at £53.9m against a financial recovery plan outturn of £45m.
- Reasons for remaining above the agreed deficit were outlined along with mitigating actions under development.
- Work will continue to bridge the £8.9m gap. This will be taken forward by Finance, the Value and Sustainability Programme and the independent review of all the savings schemes led by the Interim Director of Improvement.
- Confirmed that areas with deteriorating positions are reviewed by the Chief Executive Team at its weekly meeting and there are regular updates and reporting to NHS Grampian Board.
- Next steps were reported.

Items discussed:

- The financial position will continue to be closely monitored and the forecast will be updated monthly.
- Savings agreed must be deliverable and meet the SG expectation that the financial recovery plan outturn of £45m will be reached.
- The Assurance Board is focused on both finance and performance, especially around planned and unscheduled care. Sub-groups had been established to look at those in more detail.
- There is a proposal to bring forward the Hospital At Home initiative originally scheduled for next spring.
- The Assurance Board had indicated it is reasonably content with the Governance Framework within NHSG.
- Confirmed that the Medical Director, along with clinical leaders across the system, ensure clinical input into the process.
- ACF had welcomed the opportunity to share updates in relation to the Assurance Board at the Monday morning meetings and looked forward to wider consultation with the advisory structure.

[08.00 Finance Update to ACF 3rd September 2025.pptx](#)

## 9 AOCB

None

### Dates of Future 2025 Meetings (By Teams)

Wednesday 5<sup>th</sup> November 15.00 – 17.00 by Teams

### Proposed Dates for 2026 Meetings (By Teams)

Wednesday 14 <sup>th</sup> January	15.00 – 17.00 by Teams
Wednesday 4 <sup>th</sup> March	15.00 – 17.00 by Teams
Wednesday 6 <sup>th</sup> May	15.00 – 17.00 by Teams
Wednesday 24 <sup>th</sup> June	15.00 – 17.00 by Teams
Wednesday 2 <sup>nd</sup> September	15.00 – 17.00 by Teams
Wednesday 4 <sup>th</sup> November	15.00 – 17.00 by Teams