# Area Clinical Forum Report to Grampian NHS Board Meeting on the 12<sup>th</sup> June 2025.

# **Purpose of Report**

This report updates the Grampian NHS Board on key issues arising from the Area Clinical Forum (ACF) meeting on 7th May 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.

# Weekly ACF/CET meetings.

Building on the excellent working relationship with our CET and in response to concerns raised through the advisory structures the monthly 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 risks that are currently held by NHSG. We have been working through several high-level strategic challenges and been able to provide advice to a range of these. We have been consulted on the letters of concern that come to the Board and been able to engage with the response to these and continue to work in partnership to find solutions.

## Health and Care Staffing Act

The forum was updated on the annual report and statement for the first year of the HCSA implementation. This provided the forum with information on the key messages of the act and how through its implementation we should see benefits such as:

Safe high-quality care with improved outcomes for people. Supports the Health, well-being and safety of patients and the well-being of staff.

Whilst none of this is new it should:

Support workforce planning.

Encourage service redesign and innovation where appropriate

Promote transparency in decision making-processes.

Create an open and honest culture where staff feel engaged and supported in staffing decisions and psychologically safe while raising concerns.

The forum welcomed the report and look forward to a further update next year.

# Area clinical Forum – Constitution

The constitution will be reviewed in September of this year and as described previously there was some discussion on updating this and confirming if any changes need to be met. One point for discussion was the term of office for the Chair of the ACF. It was noted that ACF may be an outlier in terms of length of time served by the Chair and this will be discussed amongst a small working group to understand if there is any need for change. Further updates will follow.

#### Integration of Acute Pathways.

Pamela Milliken Senior Responsible Officer for Acute Pathways Integration provided us with an update around this work focusing on Cardiology, Orthopaedics and Endoscopy. The forum was pleased to note the work that was progressing at pace and is supportive of this piece of work. Where clinical advice is required, ACF will be more than willing to engage and are well placed to understand the impacts that integration may have on the whole system of care. It was a welcome update and aligns well with the thoughts of the clinical forum at this stage.

## Updates from advisory committees.

#### **Healthcare Scientists Forum**

There was a concern raised around the lack of medical physics experts particularly in radiotherapy physics and imaging/nuclear medicine. This has been escalated at the radiotherapy safety meeting and follow-up will be monitored.

## **Area Medical Committee**

It was noted there seems to be more positivity from the meeting and a real sense of collaborative working and a very much 'can do' attitude was noted. I think that this reflects the leadership within this important committee and that even though there are significant pressures on our system, with good engagement with the medical community we can make real progress.

#### Allied Health Care professionals advisory committee.

Dietetics had very serious concerns around enteral feeding products, with shortages noted in feeding tubes, problems with the new operational system, and delays in home patients receiving products. It was noted that this may impact our primary care practices. It was recognized that this was a national problem and that a Clinical and Technical Advisory group has been set up.

#### **GP Sub-Committee**

Work continues on the 'Future Vision of Primary Care' with engagement with practices to update them on 10 workstreams to attempt to prioritize these.

Concerns remain about the pausing of some secondary care services, with examples raised regarding the stopping of referrals for ADHD and autism assessments in adults and tier 3 weight management services.

On a positive note, the first meeting of the primary/secondary care adverse event group has taken place. This was well attended and good discussions and learning points were noted. Hopefully this will allow better shared care models of work to be established and improve outcomes for our citizens.

In summary, the ACF notes a system under considerable pressure. Even in the face of these difficulties, it was noted that work across the whole system continues to look for

solutions to these pressures, and there are excellent examples of collaborative working and excellent primary care/secondary care interfaces.

A renewed focus on governance is now starting to take centre stage and there will be some excellent opportunities being explored to learn from all parts of the organisation to understand how our pathways of care can be improved across all of NHS Grampian. Of particular note the integration of acute pathway model should provide a sustainable, safe, equitable delivery across the region. Hopefully this model will be the stepping stone to our Route Map to the 'Plan for the future' and the ACF will be more than happy to contribute any advice that is required from a clinical perspective.

Mark Burrell

Chair Area Clinical Forum.

29/05/25.