

Minute of Area Clinical Forum
on Wednesday 5th March 2025 at 15.00
by Microsoft Teams

Board Meeting 12.06.25 Open Session Item 13.5
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Present

Mark Burrell	ACF Chair and Chair, Area Dental Committee
Mishaim Bhana	Vice Chair, Area Medical Committee
Fiona Campbell	Chair, GAAPAC
Bridget Coutts	Co-Chair, GANMAC
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
Murray Smith	Chair, Consultant Sub-Committee
Fiona Tejeda	Co-Chair, GANMAC
Sonja Wright	Vice Chair, Healthcare Scientists Forum

Attending

'Murewa Akintola	Clinical Psychologist (Item 4)
Alison Evison	Board Chair, NHSG
Joyce Duncan	Non-Executive Board Member, NHSG
Dr Mandy Hunter	Joint Clinical Lead, Moray Maternity Collaborative (Item 5)
Sarah Irvine	Deputy Director of Finance (Item 6)
Denis Robertson	Board Vice Chair, NHSG
Alex Stephen	Director of Finance (Item 6)
Julie Stephen	Clinical Psychologist (Item 4)
Dr Morag Turnbull	Joint Clinical Lead, Moray Maternity Collaborative (Item 5)
Susan Webb	Director of Public Health
Jenna Young	Planning Manager (Item 7)
Else Smaaskjaer	Senior Administrator (Note)

Item	Subject	Action
1	Welcome and Introduction	
	Mark Burrell welcomed all those attending and apologies were noted. ACF joined him in welcoming Sonja Wright to her first meeting as Vice Chair of the Healthcare Scientists Forum.	
2	Note of Meeting on 15th January 2025	
	The minute was approved as an accurate record.	
3	Matters Arising	
	Mr Burrell advised that a letter from the Chief Executive and slides from the Nurse Director, Secondary and Tertiary Care regarding Non-Standard Patient Areas had been uploaded to the Teams page for the Forum. He asked that advisory committees discuss this topic, particularly GANMAC, AMC, GP Sub-Committee, Consultant Sub-	

Item	Subject	Action
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Committee and AHPAC. Mrs Duncan also requested feedback which could inform discussion at the Board's Staff Governance Committee.
[Risks letter.pdf](#) [NSPA updated Jan 2025.ppt](#)

It was noted that attendance by Executive Leads at advisory committee meetings had improved.

4 Staff Wellbeing

'Murewa Akintola and Julie Stephen provided a presentation which outlined the range of interventions and support available to staff working across the Acute Sector. Key points highlighted:

- Support is provided to teams rather than in the form of 1:1 support.
- It is a small service with 1.1WTE comprising two clinical psychologists working part-time. This covers RACH, AMH and ARI.
- The service interfaces with others providing support to staff – Occupational Health, Chaplaincy, Peer Support, TRiM and Wellbeing and Culture colleagues.
- A range of proactive and reactive interventions can be tailored to meet the needs of individual teams.

Items Discussed:

- Acknowledged that team leaders also have similar issues to those that they manage, and those in senior roles are unlikely to reach out for support.
- At a time when the organisation is under significant pressures, there is a resultant negative impact on staff and it becomes more important to view this service as essential rather than 'nice to have'.
- Given the limited resource and capacity it is difficult to extend the service beyond what is currently in place and include contracted services, GPs, partnership services etc.
- It would be useful for the service to link in with the psychotherapy department.

The forum welcomed the presentation and suggested that advice should be asked from the NHSG Charity Lead on whether there is potential to submit an application for funding to support investment in the service.

[04.00 Staff Wellbeing in Acute March 2025.pdf](#)

5 Update from NHSG/NHSH Maternity Collaborative Project

Colleagues from the Maternity Collaborative attended to provide an update on re-establishing Category 4 Planned Caesarean Sections at Dr Gray's Hospital. Noted that both Clinical and Organisational Leadership Teams at DGH were confident this is a safe and deliverable plan. Approval will be requested from the Chief Executive Team before a 'go live' date is confirmed.

Item	Subject	Action
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Presentation detailed:

- Arrangements for monitoring performance, reporting and governance.
- A Board wide approach to patient care and management. This would replicate what is in place at ARI and not establish something different for DGH.
- Risk management and adverse event reporting.
- Detailed operational handover pack for operational and management teams.
- Workforce and training competencies.
- SOPs and simulation sessions.

It was acknowledged that there would be significant scrutiny around this proposal and a need to evidence that the re-established service will be safe and sustainable in the longer term.

[05.00 Maternity Collaborative Project Update.pptx](#)

ACF endorsed the proposal and asked for a future update on activity.

6 Financial Position Update and Financial Planning for 25/26

Alex Stephen and Sarah Irvine joined the meeting to provide an update on the financial position for 2024/25 and financial planning for 2025/26. A presentation outlined:

- Some improvement in spend for non-delegated services. However, the expected contribution to IJBs result in a forecast outturn for 24/25 of £67.5M overspend.
- Savings from Value and Sustainability measures had exceeded the target set.
- Main financial risks for the current year are that IJB overspends will be more than forecast and significant operational pressures will lead to an increasing deficit.
- The Scottish Government expectations from the NHSG financial plan for 2025/26 will present significant challenges.
- Integrated Impact Assessments (IIAs), taking into account clinical, prevention, workforce and whole system impacts, will be undertaken for service change proposals.
- The Financial Plan will be submitted to the Scottish Government later in March prior to presentation at NHSG Board on 10th April 2025.

Points discussed:

- Aberdeen City and Moray IJBs are basing budgets for 2025/26 on increasing efficiency savings. Aberdeenshire is more likely to move forward with cuts in service. As IJBs retract there could be a cost shift to NHS Grampian for some social care services.
- Confirmed that the additional funding of £44M from the Scottish Government had been provided with a clear instruction that this must be used to reduce the deficit position. Although not directly

Item	Subject	Action
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allocated to funding specific services this will help to offset overspends and reduce the need for further cuts.

- Noted that undertaking IIAs is a collective piece of work, which will include input from clinical, public health and corporate colleagues. This will also identify whether change in one part of the system will impact on other areas and include proposals to mitigate risks.
- Support and training will be provided for those undertaking IIAs to ensure appropriate consideration of the clinical input required.
- Service change proposals are mainly directed at corporate rather than operational services.
- There had been collaboration and discussion with IJBs in setting budgets for 2025/25 to be aware of any negative impact on NHS services in Grampian. However, IJBs hold responsibility for their own decision making.

The Area Clinical Forum welcomed the update, recognised the sustained financial pressures, and would be willing to discuss and advise on any areas where financial control could impact on clinical services.

[06.00 Financial Update to ACF 5th March 2025.pptx](#)

7 NHSG Delivery Plan Update

Jenna Young, Planning Manager, attended to update on the development of the Annual Delivery Plan (ADP) for 2025/26 and provide an overview of the timeline prior to final submission to the Scottish Government on 27th March 2025. Main points highlighted in the presentation:

- Initial feedback from Scottish Government had emphasised that the ADP must align with the NHSG Financial Plan for 2025/26.
- The three high level objectives which reflect SG priorities for health and social care as included in a recent speech given by the First Minister are:
 1. Balance system capacity to meet health care and population needs whilst delivering financial targets for 2025/26 in line with the organisation's 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.
- Noted that high level objectives are often difficult to implement and operationalise.
- The plan reflects the extremely challenging financial position of NHSG.
- The plan will be more realistic with less priorities than that for 2024 and a focus on stabilising and optimising performance across the system.

Area Clinical Forum welcomed the update, noted the realistic objectives and looked forward to sight of the final version.

[07.00 Update on Delivery Plan 050325.pdf](#)

8 Updates from Advisory Committees

Updates had been provided on the reporting template.

[Updates to Area Clinical Forum 05.03.25.docx](#)

Feedback from Board

[ACF Report to Board Feb 25.docx](#)

Items highlighted at the meeting:

Healthcare Scientists Forum

- Had discussed concerns around the withdrawal of the Clinical Physiology degree at Glasgow Caledonian University. As this is the only degree course in Scotland the main concern is that student fees could make this option unaffordable to students wishing to undertake the course resulting in impact on future recruitment. Local solutions will be explored but recognised that this will be challenging.
- It had been helpful to have the Medical Director attend the meeting.
- Had noted the impact of the Reduced Working Week which could result in a loss of up to 40 consultations each week with a significant impact on smaller services.

AHPAC

- Had not met since previous meeting of ACF in January 2025 - next meeting scheduled for week beginning 10th March 2025.

ADC

- Had noted improvements in access with 40 practices now taking on new NHS patients and had acknowledged that whilst this is welcome there is an additional burden on secondary care orthodontics through an increase in referrals.

Area Medical Committee

- Is scheduled to meet week beginning 10th March 2025 and will discuss the risks in relation to Non Standard Patient Areas.
- The meeting will also pick up on concerns raised at Clinical Governance Committee regarding incident management and the lack of capacity to carry out reviews.
- Since the previous meeting ongoing concerns around Dr Gray's Hospital had continued and a further letter had been addressed to the Chief Executive, the Medical Director and the Executive Nurse Director.

[Letter AMC to CET Ongoing Concerns DGH.pdf](#)

AOC

- No update at this meeting.

Item	Subject	Action
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APC

- Had discussed the increasing number of non-medical prescribers and how to engage with them to ensure appropriate training is in place and to support cost effective prescribing.
- Had noted the mismatch between the number of graduates seeking places and the number of NHS funded places. Concern that this could lead to a loss of graduates to other UK regions.

Consultant Sub-Committee

Had welcomed representation from more specialties and the attendance of the Acute Medical Director. Discussions had centred on:

- Ongoing challenges in relation to flow across hospital and the use of non-standard patient areas.
- Trainees approaching completion of specialty training programmes with no consultant posts to apply for.
- The MH bed base review and uncertainties regarding the outcome.

GAAPAC

- Discussed the ongoing challenges in securing accommodation, especially space to have confidential conversations.
- Concerns around lack of admin cover and need for clinicians to undertake time consuming tasks in relation to data recording, job train, eESS and other administrative systems.
- Noted that TRiM funding had been extended. However this only agreed for six months and it would be useful to look at how the model can be sustained in the longer term to support staff wellbeing.

GANMAC

- Had noted the anomaly of NESCOL students having to pay for their own vaccines prior to entering clinical placements. Escalated to the Executive Nurse Director.
- MHLDS had tabled a formal letter of concern regarding the impact of vacancy control measures on recruitment to clinical posts in their service areas.
- Inconsistency in the approach to implementing the reduced working week noted.
- Had welcomed the continued development of the Dialysis at Home Pathway with four patients across Grampian now included in the programme.

GP Sub-Committee

- Had discussed update on the software used in Primary Care following the provider going into administration. In the meantime it is business as usual with continued monitoring.
- GP Vision work is progressing with a workshop planned.
- Noted there had been low uptake to engage in clinical trials and option to seek 'pump priming' for a clinical nurse may be explored.
- Welcomed continued funding for Marywell Homeless Practice to work with Timmermarket to provide services for vulnerable patients.

Item	Subject	Action
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- Discussed new medication to be released on formulary for diabetic patients.

General discussion regarding the impact that the reduced working week was having on service delivery. Some operating lists have already been shortened and there is concern that there may be more lost activity resulting from the further reduction in 2025 and 2026. There were also some concerns at the lack of consistency to how this had been approached across the organisation.

Public Health Report

Had been circulated prior to the meeting. The Forum was pleased to note that Aberdeen City had been one of the three local authority areas in Scotland to launch the Collaboration for Health Equity in Scotland (CHES). This partnership is intended to help local areas and Community Planning Partners to strengthen their local plans to reduce health inequalities and improve wellbeing in their communities.

[08.00 PH Area Clinical Forum Report 5 March 2025.docx](#)

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 7 th May	15.00 – 17.00 by Teams
Wednesday 25 th June	15.00 – 17.00 by Teams
Wednesday 3 rd September	15.00 – 17.00 by Teams
Wednesday 5 th November	15.00 – 17.00 by Teams