

Minute of Area Clinical Forum  
on Wednesday 7<sup>th</sup> May 2025 at 15.00  
by Microsoft Teams

**Present**

Mark Burrell	ACF Chair and Chair, Area Dental 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
Carole Noble	Chair, AHPAC
Murray Smith	Chair, Consultant Sub-Committee
Fiona Tejada	Co-Chair, GANMAC

**Attending**

Richard Caie	Public Representative
Adam Coldwells	Interim Chief Executive, NHSG
Sarah Duncan	Board Secretary, NHSG (Item 5)
Alison Evison	Board Chair, NHSG
Sue Kinsey	Public Representative
Pamela Milliken	SRO, Integrated Acute Pathways (Item 6)
Dennis Robertson	Board Vice Chair, NHSG
Carrie Stephen	Planning Manager (item 6)
Heather Taylor	HCSA Programme Facilitator (Item 4)
Susan Webb	Director of Public Health
Elizabeth Wilson	HCSA Programme Manager (Item4)
Else Smaaskjaer	Senior Administrator (Note)

Item	Subject	Action
<b>1</b>	<b>Welcome and Introduction</b>	
	Mark Burrell welcomed all those attending and apologies were noted. ACF.	
<b>2</b>	<b>Note of Meeting on 5<sup>th</sup> March 2025</b>	
	The minute was approved as an accurate record.	
<b>3</b>	<b>Matters Arising</b>	
	None	
<b>4</b>	<b>Health and Care Staffing Act – Update and Annual Report</b>	
	Elizabeth Wilson and Heather Taylor attended from the HCSA Programme Team to provide a presentation giving an overview of the following:	

The key messages and requirements of the Act:

- Within the scope of the Act are various roles across delegated and non-delegated services, and public health roles not covered elsewhere.
- Reporting requirements.
  - ~ Internal quarterly reports which should demonstrate NHSG compliance with the Act. These are shared with the NHSG Staff Governance Committee prior to submission to HIS.
  - ~ Specific reporting on how often and reasons why a high cost agency worker has been engaged at a cost greater than 150% of equivalent NHS costs.
  - ~ An annual report to Scottish Ministers outlining how NHSG has carried out the duties of the Act. This does not include social care elements covered by Health and Social Care Partnerships.
- The organisational strategic risks associated with successes, achievements or learning and the programme risks identified in challenges, risks and non-compliance.
- The guiding principles and duty to provide appropriate staffing in the delivery of health care.
- Resources available on TURAS, Quick Guides, SG Overview and HIS materials.

Items Discussed:

- Medical and dental staff should be reminded that the Act is as relevant to them as it is to AHPs and nursing staff.
- There are no specific penalties resulting from non-compliance. However, there is a significant risk of losing the confidence of staff and public if there are doubts regarding the organisation's commitment to delivering on its duty to ensure that staffing levels are safe and appropriate to the delivery of effective health care.
- As this enters its second year there is an intention that performance/compliance will improve.
- The main benefits of the Act are safe care with improved outcomes for people and continued support for the well-being of patients and staff.
- To avoid an adverse impact on staff morale it is important to evidence that NHSG is well staffed and compliant with the Act.
- It remains important to provide assurance that training, support and leadership meets the needs of staff and that a multi-

professional and appropriately trained workforce is in place.

- There are challenges in extending the intention of the Act to primary care contractors.

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

[04.00 HCSA - ACF May 2025.pdf](#)

Information provided after the meeting:

#### **Health and Care (Staffing) (Scotland) Act 2019 - new SharePoint site launched**

The Health and Care (Staffing) (Scotland) Act took effect on 1 April 2024. A new SharePoint site has been developed locally to help facilitate and enable teams across the organisation understand the requirements within the legislation and their roles and responsibilities. It includes an overview of each of the duties within the Act, useful links and learning resources, as well as information on our reporting requirements. The first Annual Report on our compliance against the Act was endorsed by Grampian NHS Board in April 2025, prior to its submission to Scottish Government. A summary version of the Annual Report was developed to be shared widely with our colleagues and citizens, to support communication of key achievements, challenges and areas of focus for NHS Grampian in the first year of implementation and beyond. This summary and other key information on the Act can be accessed via the new Intranet homepage or alternatively via the following link: [Health and Care Staffing Act \(HCSA\)](#)

#### **NHSG HCSA Programme Team**

Gerry Lawrie - Head of Workforce  
 Elizabeth Wilson - Programme Manager  
 Heather Taylor - Programme Facilitator  
 Catriona Downie - Programme Support

## **5 ACF Constitution**

Sarah Duncan, Board Secretary NHS Grampian, attended to report that the ACF Constitution is due for review in September 2025. She suggested that although all parts of the constitution should be reviewed and updated as required, this would provide an opportunity to reach a view on the term of office for the Chair of ACF. The current term of office is two years with the Chair only allowed to hold office for two terms – four years in total. Increasing the term to four years (possibly for two terms) would provide parity with other ACF Chairs, the Employee Director and NHSG Non-Executive Board Members. One of the main advantages would be to allow two years to settle into the role and then time to pursue longer term goals for ACF and build relationships with colleagues across the system, including Executive and Non-Executive Board Members.

**CET Agreed:**

- **Sarah Duncan, Mark Burrell and Robert Lockhart to discuss consultation and engagement, giving time for feedback from advisory committees and other key stakeholders on any proposals put forward for consideration.**

[05.00 ACF Constitution Approved September 2022.docx](#)

**6 Integration of Acute Pathways (IAP)**

Colleagues from the Integrated Acute Pathways Programme attended to provide an update on this work which is currently focused on Endoscopy, Cardiology and Orthopaedics. Key points highlighted:

- This programme is one of a range of strategic change programmes.
- For the three pathways the aim is to develop a whole system approach and single acute models by the end of June 2025.
- A governance framework had been agreed which includes reporting through the Strategic Change Board to NHS Grampian Board. Progress will also be reported to the Chief Executive Team, Clinical Governance Committee and PAFIC.
- Principles and Parameters include:
  - ~ The programme will be data and risk informed.
  - ~ Engagement across clinical disciplines adopting Putting People First principles.
  - ~ Ensure improvements in both performance and financial sustainability.
  - ~ Develop operational process for safe and effective management of referrals and waiting times.
  - ~ Programme to be delivered within existing resources.
- Deadline for commissions to report to Chief Executive Team on preferred models and progress on key actions is 30<sup>th</sup> June 2025 and a presentation on Planned Care will be prepared for a Board Seminar on 10<sup>th</sup> July 2025.
- Progress on endoscopy and orthopaedics was as planned with some work to progress around cardiology workstreams.
- The programme team had commenced communication and engagement with key stakeholder groups.

**Items discussed:**

- The number of groups working around strategic change was noted and it is important that there good input from the advisory structure into these discussions.
- The programme team should take into account interface requirements before and after the pathway. Many activities and

Item	Subject	Action
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services at those times are GP driven and delivered by community based staff. It was confirmed that engagement with Primary Care and key stakeholder groups will be included in the work of the programme team.

- The importance of patient participation which will be taken forward through the Putting People First approach.
- Noted that there would be an options appraisal in relation to reinstatement of trauma service at Dr Gray's Hospital and it was highlighted that it would be important to get this right and ensure that all the relevant elements were covered.

ACF was pleased to note the work undertaken to date and confirmed it would be willing to engage with the IAP Programme in taking this forward. ACF asked that the programme team take into account the experience the advisory structure can contribute and its understanding of the impact of integration on all parts of the system.

## 7 Updates from Advisory Committees

Updates had been provided on the reporting template.

[Updates to Area Clinical Forum 07.05.25.docx](#)

Feedback from Board

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

Items highlighted at the meeting:

### GP Sub-Committee

- Had not met in April but had continued to communicate via email.
- Concerns had been raised regarding the stopping of referrals for ADHD and autism assessment in adults and tier 3 weight management services. No alternatives for access to care had been proposed and concern is that GPs would now be left 'holding' those patients. GPs understood the resource and funding issues underlying decisions made by HSCPs but were disappointed they had not been involved in discussions before services were ceased. At the meeting the Director of Public Health confirmed she would look into this and ensure improved engagement going forward.
- Work is ongoing to develop the 'Future Vision of Primary Care' and there had been engagement with practices to update them on the workstreams and consider how they could be prioritised.
- The first meeting of the primary/secondary care adverse event group had been well attended and resulted in useful discussions with learning points noted.

### AHPAC

- Had highlighted concerns regarding a further closure of CDU and how this could impact on podiatry provision.
- Speech and language therapy had reported a steep increase in

Item	Subject	Action
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referrals for autism assessment and the effect this has on waiting lists.

- Dietetics had noted some serious concerns in relation to the supply of enteral feeding products and the new systems implemented by the company contracted to deliver the service. This had resulted in delays in home patients receiving products and the possible impact on primary care practices. This is a national problem and a Clinical and Technical Advisory Group had been set up. It was asked that communication with GPs and patients should be arranged.

#### **GAAPAC**

- Discussed the ongoing challenges in relation to accommodation, and the impact on services.
- Concerns around lack of admin cover and need for clinicians to undertake time consuming tasks in relation to administrative systems which reduces the time for clinical activity.
- Noted that TRiM now sits with Wellbeing and Culture but it needs some organisational support to sustain access. **This will be an agenda item for ACF at its meeting in June.**

#### **APC**

- Had an interesting presentation on HEPMA which had highlighted the benefits of the system, including improved information around prescribing data.
- The committee had welcomed the proposal to develop a university based course for pharmacy technicians which will free up some time for pharmacists to adapt to their extended role.

#### **GANMAC**

- Had discussed the challenges around non-standard bed space, particularly in relation to ensuring privacy for patients.
- Concerns raised about the need to identify further savings and how that can be achieved without compromising safety and quality.
- Had noted the delays in recruitment associated with the Vacancy Control Panel. Some members suggested that this could lead to interested candidates withdrawing and making application to other Board areas.
- Had welcomed confirmation that the Magnet submission for RACH had been finalised and submitted. The committee had recorded congratulations for the three staff members nominated for RCN Scotland Nurse of the Year Awards 2025 and the SMS Services nominated for Team of the Year.

#### **ADC**

- Recent meeting had not been quorate and all members contacted asking them to recommit to the important work of the advisory structure.

#### **Area Medical Committee**

- Discussed risks associated with non-standard bed spaces.
- Considered how to improve collaboration between primary and

secondary care.

- Highlighted difficulties in attending and providing input to the Unscheduled Care Programme Board.

Dr Lockhart reported a much more positive tone at the meeting and a real willingness to take forward more collaborative working. Mr Burrell suggested this reflects the leadership within the committee and the importance of engagement, especially when the system is working under pressure.

#### **AOC**

- No update at this meeting.

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

- Ongoing pressures across the system.
- The alignment of services between Dr Gray's and ARI
- Trainees approaching completion of specialty training programmes with no consultant posts to apply for.
- Positive engagement with the Medical Director Acute who had provided updates on planned care, non-standard bed spaces and the boarding team.

#### **Healthcare Scientists Forum**

- Their update had highlighted concerns regarding 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 and had been escalated at a radiotherapy safety meeting.

#### **Public Health Report**

Had been circulated prior to the meeting. There were pleasing aspects in the report and Susan Webb highlighted that the meeting of the Vaccine Transformation Programme Board earlier in the day had reported very good attendance at the spring booster programme.

[07.00 Public Health ACF Report 7 May 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**

It was confirmed that no changes in arrangements would be made following the Supreme Court Ruling on Gender Identity until guidance is issued by the Scottish Government.

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

Wednesday 25 <sup>th</sup> June	15.00 – 17.00 by Teams
Wednesday 3 <sup>rd</sup> September	15.00 – 17.00 by Teams

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