**APPROVED**

# NHS GRAMPIAN

Board Meeting
13.08.26
Open Session
Item 21.2.6

Minute of Area Clinical Forum
on Wednesday 6th May 2026 at 15.00
by Microsoft Teams

**Present**

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| Mark Burrell | ACF Chair and Chair, Area Dental Committee |
| Fiona Campbell | Chair, GAAPAC |
| Lynne Davidson | Chair, APC |
| Linda Downie | Chair, GP Sub-Committee |
| Robert Lockhart | ACF Vice Chair and Chair, Area Medical Committee |
| Carole Noble | Chair, AHPAC |
| Sarah O'Bierne | Vice Chair, APC |

**Attending**

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| Richard Caie | Public Representative |
| Christina Cameron | Programme Lead (Item 7) |
| Joyce Duncan | Non-Executive Board Member, NHSG |
| Alison Evison | Chair, NHS Grampian Board |
| Hugh Farrow Bishop | Executive Medical Director (Item 4) |
| Pam Milliken | Senior Officer, Integrated Acute Pathways (Item 7) |
| Dennis Robertson | Vice Chair, NHS Grampian Board |
| Laura Skaife-Knight | Chief Executive, NHS Grampian |
| Claire-Louise Walker | Public Health Consultant (Item 6) |
| Else Smaaskjaer | Senior Administrator (Minute) |

| Item | Subject | Action |
|---|---|---|

## 1 Welcome and Introduction

Mr Burrell chaired the meeting and welcomed all those attending, apologies were noted.

The ACF recorded its thanks to Sue Kinsey who had been a public representative on the Forum since 2015. The Forum also thanked Fiona Campbell for her support and input during her time as Chair of GAAPAC. Mr Burrell noted their insights and participation which had been appreciated and wished them both well with future commitments

## 2 Note of Meeting on 4th March 2026

The minute was approved as an accurate record and noted that the actions included had been completed.

## 3 Matters Arising

None.

## 4 Vaccination and Immunisation – Annual Report

Claire-Louise Walker provided a presentation summarising the content of the third annual report regarding the Grampian Vaccination

and Immunisation Programme. She explained that the annual report provides information on vaccination preventable diseases, the organisation of the vaccination services, update data for each vaccination programme and quality improvement initiatives.

Key items highlighted:

- Water and vaccinations are recognised as the top two most effective healthcare interventions.
- Vaccines are important in terms of improving health outcomes and reducing hospital admissions.
- The introduction of vaccination programmes have resulted in a significant drop off in hospitalisation for respiratory viruses.
- Hospitalisation for some diseases e.g. polio and measles are now next to non-existent.
- Flu vaccines had also resulted in a significant reduction in hospitalisation and deaths.
- Local workstreams are determined by the Scottish Vaccination and Immunisation Programme. The operating budget had not been increased and new programmes will have to be absorbed into the funding available.
- Key achievements during 2024/25 include:
  - ~ Provision of temporary accommodation for Moray. Work is ongoing to move into other premises during August prior to the Autumn/Winter period.
  - ~ Epidemiological pressures resulting from a sustained pertussis outbreak, a rise in TB cases and some measles cases were notified.
  - ~ A 5 year strategic framework had been introduced with requirement to implement a 78 item action plan.
  - ~ Work had been undertaken with home-schooled children.
  - ~ An innovative pilot to raise uptake amongst teenagers.
  - ~ Continuing work with partner organisation in relation to homeless and other vulnerable adult groups.
- Priorities for 2025/26:
  - ~ Improve position in ethnic minority groups with poor uptake.
  - ~ Roll out the secondary school pilot for teenagers.
  - ~ Continue work in relation to vulnerable adults.
  - ~ Improve pre-school uptake.
  - ~ Develop KPIs to accompany vaccination standards.
  - ~ Work on the 5 year strategic framework action plan.

Items discussed:

- Although the main focus of HPV vaccinations centres on young girls and the prevention of cervical cancer it is also important to promote the benefits in relation to other cancers (e.g. head, neck and penile cancers) and encourage uptake by young boys.
- Data sets for different vaccination programmes vary and are published by Public Health Scotland and can relate to varying time periods – school vaccines during the school year, some

programmes across the financial year with flu and COVID from September to March.
- This is the first year the annual report has included information on finance and staffing. The funding for vaccines is allocated to the Health and Social Care Partnerships and the Vaccination Programme Board are working towards having more oversight around this to inform future annual reviews.

ACF thanked Ms Walker for the discussion and agreed the importance of encouraging uptake to improve outcomes and counteract vaccine fatigue and negative messaging.

06.00 Vaccination and Immunisation Annual Report 2025.pdf

**5 Clinical Quality and Safety Improvement Work**

Dr Farrow Bishop attended to provide a verbal update on clinical governance and quality improvement activities. He reminded ACF that the escalation of NHS Grampian to level 4 of the Scottish Government Support and Intervention Framework had been based on concerns in relation to financial sustainability, leadership and governance. The SG Assurance Board during the first year had mainly discussed financial improvement and moving forward it will also focus on clinical governance.

Work undertaken to date had been centred on Dr Gray's hospital as it represents a microcosm of all NHSG services. A number of clinical services at Dr Gray's had been under scrutiny and a range of improvement activities are underway, including the work around integrated acute pathways which had been viewed as effective in improving clinical quality and safety. The intention is to review all service to board processes in that setting and then look at how to extend improvements across the system. Support from Healthcare Improvement Scotland (HIS) in the form of a diagnostic review to help identify areas which could be improved had been agreed. In addition the Associate Medical Director for Quality had also been seconded for a year into a more operational role to take clinical governance forward across the organisation and will be based on site at DGH, working with the leadership team, for two days each week.

Areas of concern had been noted leading to a review of adverse event processes to ensure a system is in place which provides assurance that the right things are reported, the correct level of response is made, the review process is timely and complete, and that learning is shared across the system.

The ACF were updated on the establishment of a Clinical Quality and Safety Improvement Board. This will have representation from clinical leadership teams across a range of different specialities, and input from the Area Clinical Forum would be included in the Terms of Reference. This will contribute to parity with all the other programme boards aligned to organisational priorities under scrutiny through the assurance board. The improvement board will assess the NHSG

quality and safety governance framework to identify any gaps and agree the monitoring and support in relation to delivering improvement actions. It will also provide a forum to take forward the recommendations from the HIS diagnostic review.

**6 Integrated Acute Pathways – Milestone Report**

Pam Milliken presented the milestone report on the Integrated Acute Pathways (IAP) programme covering the period August 2025 to February 2026. This report detailed achievements in service integration, challenges experienced and lessons learned for future transformational change. Items highlighted:

- 3 pathways (cardiology, orthopaedics and endoscopy) had been included in the programme. Integrated referral points are in place for orthopaedics and cardiology and integrated vetting across all three pathways. Transformation to date is now embedding into business as usual.
- The report detailed the benefits of changes made and the risks and issues that had arisen. Integrated leadership arrangements had not been fully resolved within this programme and will be taken forward by Divisional General Managers in the acute sector.
- Clinical administration teams had been integrated and are operating well improving the effective management of waiting lists across Grampian.
- The work undertaken in relation to the standardising of practice and the equity of waiting times had been carried out at a rapid pace within the scope of the programme and will be reviewed and monitored to ensure that revised procedures are working well. Acknowledged that there are some issues outside that scope which will be picked up operationally.
- The input from the GP Sub-Committee had been very important and had ensured linkage with GP Practices.
- There had also been engagement with HIS around patient travel to ensure balance between waiting times and travel to appointments aligned with national access policy.
- Taking forward this programme had highlighted some issues around readiness for change at pace and cultural obstacles to joint working across the system.
- The programme is scheduled to complete at the end of May 2026 and an overarching closure report which will cover an evaluation of the programme will be prepared for the Executive Team and NHSG Board.
- The acute governance structure and the Executive Team will consider next steps and it is likely that the wider governance and cultural work will be progressed through other NHSG workstreams.

Items discussed:

- Noted it had been interesting to reflect on the cultural challenges experienced but good to see that barriers had largely been overcome.

- A useful next step would be to review the impact on patients and whether the improved integrated pathways had improved access in the way intended.
- One observation had been that in taking forward future transformational work it would be important to ensure that representation at meetings is appropriate and if necessary discussions outside meetings are held to ensure that all those involved are pulling in the same direction.
- There is some assurance that the clinical quality and safety improvement work discussed at Item 5 will contribute to this and the diagnostic review supported by HIS will include looking at workplace culture and team working.
- This programme of work had highlighted the importance of taking patient and staff voices into account when discussing transformational change.

The ACF thanked Pam and Catriona for sharing the milestone report and acknowledged the contribution of time and leadership from operational managers, clinical leads, clinical administration teams and corporate support services in completing the work to date.

07.00 IAP Milestone Report for ACF Draft V3.4 (Feb 2026).pptx

## 7 AI – Use in Healthcare Services

Sarah O'Bierne outlined the role of the Medicines Information Centre in Grampian in providing safe and effective advice around the use of medicines. She then provided a presentation which detailed real life cases and highlighted some of the risks of using generative AI (e.g. ChatGPT, Copilot).

- AI has been introduced at a very fast pace and continues to grow with new developments emerging all the time. Healthcare professionals remain accountable for the clinical advice they provide and should make the distinction between appropriate use (e.g. admin tasks) and inappropriate use (e.g. clinical decision making).
- It has been recognised as a useful tool in medical imaging, where its use is controlled and regulated.
- General questions asked of generative AI is not a controlled situation and concerns had been raised in relation to patient misinformation. Also recognised that health professionals can be vulnerable to the same risks and that guidance should be developed on the careful and controlled use of AI. The General Pharmaceutical Council had recently published a position statement on the use of AI in pharmacy practice.
- AI in daily use may not have access to NHS information but it will have access to patient forums, manufacturers websites and other platforms, where the information provided may not always be current and will use that to provide plausible responses. It is important that those asking questions are aware of the limitations and recognise when information is incorrect.

- Care must be taken to ensure that patient sensitive information is not input into AI tools and, although AI can be useful in terms of efficiency by summarising information and other technical tasks, there should be caution in relation to clinical decision making.
- There is potential to use AI to carry out tasks more efficiently but there needs to be more awareness raising and messaging to staff in relation to what is acceptable use and what the risks and pitfalls are.

ACF welcomed the presentation and agreed the need to raise awareness across the organisation.

**Action: explore raising awareness and sharing of anonymised examples via the Daily Brief. Sarah to discuss with corporate communications.** SO'B

**8 Updates**

**Updates from Advisory Committees**

Provided on the reporting template.

Updates to Area Clinical Forum 06.05.26 #2.docx

08.01 Area Clinical Forum Report to Board.pdf

Items highlighted at the meeting:

**Area Medical Committee**

- Due to apologies (possibly due to Easter holidays) last meeting had been cancelled.
- IAP report circulated and Chief Executive informed of concerns raised regarding clinical services at DGH. The discussion at Item 5 of this meeting will be of interest to the AMC.

**AHPAC**

- Lack of clarity on reduced working week especially the inconsistencies in the use of backfill funding.
- Lack of funding for SLT in the neonatal unit. Paper submitted to SG regarding funding across the MDT.
- Procurement issues for Augmentative Communication systems resulting from continued Information Governance delays.

**Public Health Report**

08.02 PH Report to ACF 06.05.26.pdf

Circulated prior to the meeting.

Key points highlighted:

- There had been an increase in cryptosporidium cases which had risen above 100 but is now declining and reminders to primary care that when there are presentations of diarrhoea where

someone may have been in a farm setting it would be useful to carry out stool sampling if possible. Public messaging regarding farm visits carried out through various channels.
- Ongoing work around cardiovascular disease needs assessment. Will report back to ACF to review the outputs from a workshop in June.
- Work had commenced on an options appraisal of what staff vaccination models will look like for winter 2026/27.

**APC**
- Recent meeting had focused on safety and included a presentation from the HEPMA team on safety features, specifically in relation to the risk of duplication in prescribing.
- Had discussed recent articles in the Pharmaceutical Journal which had highlighted patient safety concerns.
- Was pleased to not the ongoing work in primary care in relation to cross team working and standardised practice across the IJBs.
- Welcomed a successful recruitment leading to the appointment of a pharmacist based in Buchan for the first time in several years.

**GAAPAC**
- Recent meeting cancelled due to apologies.
- Noted that the tenure of the Chair will end soon and the Vice Chair will step up until a new Chair is recruited.

**GP Sub-Committee**
- Had welcomed the new pathway presented by the Community Heart Failure Team regarding direct admission for patients to AMIA or to the hospital at home service in Aberdeen City.
- Letter had been sent to the Chief Executive regarding positive engagement with Primary Care. Positive response with an invitation to meet to discuss further.
- Letter also sent regarding outlining concerns regarding lack of ADHD services for patients, especially in Aberdeenshire. There is no identified pathway for assessment and although there is effective pharmacological treatment medication is not being prescribed. Response indicated this would be looked into but no progress as yet.
- Progress ongoing around GP walk-in centres.
- The digital front door is now live and patients can register for the MyCare app. Limited access to medical information at this stage but will expand in future. GP Sub-Committee noted that all healthcare professionals should be mindful that letters and notes will become available to patients and should be written so that patients can understand the content.

**ADC**
- Had a very good presentation on the management of dental trauma.
- The number of head and neck oncology surgeons had reduced from three to one leading to operational pressures and significant concerns around the sustainability of this service. This had

highlighted the challenges experienced when the balance shifts in small teams, leading to uncertainty around deliverability of a service across a large region.
- ADC welcomed the recruitment of a consultant in restorative dentistry. An offer of appointment had also been made to a paediatric dentist and now awaiting acceptance and HR processes.

**Healthcare Scientists Forum**
- No members available to attend – update provided in the report.

**GANMAC**
- No update at this meeting.

**Consultant Sub-Committee**
- No update at this meeting.

**AOC**
- No update at this meeting.

**9 AOCB**

Mr Burrell observed that some meetings had been cancelled due to apologies and asked that ACF members continue to encourage attendance at advisory committees. Acknowledged that there are competing pressures on colleagues time but the advisory structure provides a route to represent professional groups to the Executive Team and the Board.

The ACF noted the increased focus on clinical governance and quality improvement across the organisation and looked forward to opportunities to contribute to future discussions.

**Dates for 2026 Meetings (By Teams)**

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| Wednesday 24th June | 15.00 – 17.00 by Teams |
| Wednesday 2nd September | 15.00 – 17.00 by Teams |
| Wednesday 4th November | 15.00 – 17.00 by Teams |