

**APPROVED**

**NHS GRAMPIAN**

Board Meeting  
19.02.26  
Open Session  
Item 14.1.5

Minute of Area Clinical Forum  
on Wednesday 5<sup>th</sup> November 2025 at 15.00  
by Microsoft Teams

**Present**

Mark Burrell	ACF Chair and Chair, Area Dental Committee
Mish Bhana	Vice Chair, Area Medical Committee
Fiona Campbell	Chair, GAAPAC
Bridget Coutts	Co-Chair, GANMAC
Lynne Davidson	Chair, Area Pharmaceutical Committee
Linda Downie	Chair, GP Sub-Committee
Jane Dymott	Chair, Consultant Sub-Committee
Vicki Locke	Vice Chair, AHPAC
Robert Lockhart	ACF Vice Chair and Chair, Area Medical Committee
Carole Noble	Chair, AHPAC
Sonja Wright	Vice Chair, Healthcare Scientists Forum

**Attending**

Paul Bachoo	Medical Director, Acute (Items 5 and 6)
Richard Caie	Public Representative
Alison Evison	Chair, NHS Grampian
Jonathan Iloya	Director of Dentistry and Public Health Consultant
Sue Kinsey	Public Representative
Kenneth O'Brien	Associate Director, Public Protection
Dennis Robertson	Vice Chair, NHS Grampian
Laura Skaife-Knight	Chief Executive, NHS Grampian
Phil Tydeman	Interim Director of Improvement
Jacqueline Walker	Uni-Professional Lead, Dietetics, Moray and NHS Grampian
Alan Wilson	Director of Infrastructure, Sustainability and Support Services (Item 5)
Else Smaaskjaer	Senior Administrator (Note from Recording)

<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>1</b>	<b>Welcome and Introduction</b>	
	Mr Burrell chaired the meeting and welcomed all those attending, apologies were noted. Mr Burrell thanked Dr Lockhart for chairing the meeting on 3 <sup>rd</sup> September 2025 and he welcomed Sue Kinsey back to the Forum, highlighting the importance of input from public representatives.	
	No declarations of interest were noted.	
<b>2</b>	<b>Note of Meeting on 3<sup>rd</sup> September 2025</b>	
	The minute was approved as an accurate record.	
<b>3</b>	<b>Matters Arising</b>	

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Mr Burrell confirmed that in his report to NHS Grampian Board he had highlighted the concerns raised in relation to administrative support for advisory committees and the ongoing concerns regarding nursing and midwifery staffing issues.

#### 4 Food, Fluid and Nutritional Care Policy

Ms Walker provided a short presentation on the review of the Food, Fluid and Nutritional Care Policy (FFNC). She explained that the policy would be updated to meet key priority areas in the Population Health Framework around prevention. The policy will be based on key elements to ensure safe, effective and person centred nutritional care. There are plans to develop training to improve the delivery of nutritional care, which can often be complex and cover related elements such as dietary requirements and swallowing issues. A whole system approach across all healthcare professionals, catering teams, provision in hospitals and community settings will be outlined.

Mr Burrell and Mr Wilson confirmed that policy endorsement is not in the remit of the ACF. This sits with the policy sub-group of the GAPF but it would be useful to inform that group that the ACF had been sighted on the policy and had provided clinical advice and support.

##### Actions:

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| • <b>The Chief Executive will follow up on timing for presentation to the GAPF Policy Sub-Committee.</b>     | LSK |
| • <b>Mr Iloya will confirm representation from dentistry on the Strategic Hydration and Nutrition Group.</b> | JI  |
| • <b>Ms Walker to circulate the draft policy asking for feedback/comment by the end of November.</b>         | ALL |

[04.00 NHS Grampian FFNC policy -draft oct 24.docx](#)

#### 5 Central Decontamination Unit (CDU) Closure - Update

Mr Bachoo and Mr Wilson provided a detailed update on the CDU closure, the impact on services and recovery plans.

Key points highlighted and discussed:

- The CDU service is provided on two sites – Mile End and Woodend. Investigations are ongoing into what led to the closure of the Mile End site in early October 2025 and the source of the lubricant found on decontaminated instruments.
- A main IMT had been stood up along with two sub IMTs (patient safety and facilities and estates).
- At the point of closure planned care activity dropped to zero but with an enormous amount of work from a range of teams this had picked up again and capacity now compares to that before the event.
- Mutual aid in decontaminating instrument trays had come from Boards across Scotland and other areas. The University of

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Aberdeen had also made space available as an area for instrument cleaning.

- Efforts had concentrated on increasing activity at Woodend Hospital which is now delivering 70% of the sterile trays delivered from the two sites prior to the Mile End closure.
- There had been no impact on emergency, maternity and cancer care services.
- Main impact had been on dental and ophthalmology services and efforts will now focus on reducing the backlog in those areas.
- There had been concern regarding graduation of 5<sup>th</sup> year dental students with consequences for 4<sup>th</sup> year students coming through which could further impact on the delivery of services. ACF also acknowledged the impact on student nurses and other trainees who had missed out on theatre activity.
- Work will continue with Health Intelligence to review the data which will indicate when a normal level of activity can be expected and patients who had procedures cancelled can be rescheduled. Additional activity can then be added in to be back on track by the end of March 2026.
- Three new machines had been procured with installation planned for completion by early-December. The new machines will be better in design and more efficient in processing times than the current machines which were due for replacement in 2026.
- There had previously been some problems with the air handling units and it had been possible to build in a changeover of those units into the current works.
- It is planned to undertake some infrastructure work at ARI to strengthen the position around CDU services and to have a total of six units which will increase capacity and resilience and support contingency arrangement with other Boards.

The Chief Executive informed the ACF that CDU resilience had been discussed as an issue across Scotland for some time. NHS National Services for Scotland had been asked to take forward actions to develop a national contingency framework and bring proposals forward for a national solution to Board Chief Executives by January 2026. In addition a number of CDU assessment reviews will be undertaken on sites across Scotland to look at existing plant and processes.

Mr Burrell noted that the ACF does not usually consider operational matters but due to the possible impact of the CDU closure on the Planned Care Delivery Plan it was agreed it would be appropriate to provide an update at this meeting. He also highlighted the impacts on a range of clinical teams and support staff who members of the ACF represent.

**Area Clinical Forum thanked Mr Bachoo and Mr Wilson for the update and also commended the hard work of all staff who had helped to maintain the service through a very challenging time.**

<b>6</b>	<b>Workstream Updates</b>	
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### **Unscheduled Care**

Mr Bachoo provided an update on unscheduled care plans and the following key points were highlighted:

- This programme of work is being taken forward by the Unscheduled Care Programme Board led by the Chief Operating Officer, Acute Services.
- A whole system approach has been adopted with targets set to reduce delayed discharge, length of stay in acute settings and a move towards strengthening community settings.
- The targets and timelines outlined are set against the Grampian context of a relatively high aging population and resultant challenges regarding frailty services.
- The important elements in taking a whole system approach are avoiding fragmentation of services to patients, integration with primary care services and ensuring clinical leadership around community teams.

### **Planned Care**

Mr Bachoo also updated the ACF on planned care and the following points were discussed:

- Main impacts had been the CDU closure and recruitment challenges across Scotland but treatment time guarantees (TTG) and outpatient performance remain largely on the trajectory agreed with the Scottish Government.
- Performance against the projected position is reported each week. The areas underperforming include orthopaedics, ophthalmology, urology and colorectal services.
- NHSG are often singled out in media reporting but many other health boards are in a similar position.

There was some general discussion regarding negative reporting and how that can impact on public morale. It was agreed that although communications around performance should be open and transparent, in relation to the challenges facing the organisation, there should be a balanced narrative. It is important that positive communications are sent out regarding progress and the achievements of individuals and teams should be celebrated. The ACF agreed that everyone has a shared responsibility to present and represent the organisation positively.

## Value and Sustainability

Mr Tydeman reported on the savings programme and highlighted the following:

- This year's plan to deliver £61.8m in savings is progressing well with final schemes now coming through the approval process. Recognised that the second half of the financial year can be more difficult and the level of attention to grip and control will be maintained up to the end of March 2026.
- Planning for 2026/27 has commenced with proposals coming through and a final plan will be presented to the NHS Grampian Board in March 2026. This will comprise 13 workstreams with a clinical lead assigned to each one.
- A three year plan will focus on transformation opportunities which is seen as the route towards de-escalation and financial balance.
- A quality impact assessment (QIA) process had been agreed by the Finance Recovery Board. This will be led by the clinical executives (Medical Director, Executive Nurse Director and the Director of Public Health) with a commitment to early clinical engagement in decision making.
- Although QIAs will be written by clinical leads it remains important that staff involved in the relevant services/pathways have awareness of proposed changes as early as possible to avoid recognition of risks after decisions have been made.

ACF thanked those who had attended to provide updates.

## 7 Updates from Advisory Committees

Updates had been provided on the reporting template.

[07.00 Updates to Area Clinical Forum 05.11.25.docx](#)

Feedback from Board

[07.01 Area Clinical Forum Report to Board 09.10.25.pdf](#)

Items highlighted at the meeting:

### ADC

- Access to dentistry had improved.
- There are still some challenges around paediatric dentistry with meetings planned around referral pathways and upskilling local practitioners.

### Area Medical Committee

- There had been a very positive meeting on 10<sup>th</sup> September. The Medical Director had attended and provided an update on escalation to Stage 4.

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	<ul style="list-style-type: none"> <li>The Committee had noted progress made in the procurement of a portable MRI scanner for DGH.</li> </ul>	
	<b>APC</b>	
	<ul style="list-style-type: none"> <li>Had discussed ongoing project work with community pharmacies.</li> <li>Welcomed the Pharmacy Technician Clinical Pharmacy Course due to commence with first cohort of students at RGU and that courses at RGU had been reaccredited by GPhC.</li> </ul>	
	<b>GANMAC</b>	
	<ul style="list-style-type: none"> <li>Had noted ongoing concerns around vacancy controls, the impact of the reduced working week and the Band 5/6 pay review.</li> <li>The increased incidents of violence and aggression towards nursing teams had been discussed with queries regarding whether the zero tolerance policy is applied consistently across the organisation.</li> <li>The bulk recruitment of Healthcare Support Workers across MUSC had been noted.</li> <li>There had been positive feedback in relation to the new charities policy and the information provided on how the funding can be used.</li> </ul>	
	<b>AHPAC</b>	
	<ul style="list-style-type: none"> <li>Had not met but had communicated on a range of items including the NHSG Child Healthy Weight service. A potential gap in service provision due to overlapping maternity leave from June 2025 to Spring 2027 had been highlighted. Public Health had agreed to support recruitment to full maternity cover and this will be taken forward through the Vacancy Control Panel. This will help to prevent an unmanageable increase in waiting list and waiting times.</li> <li>Recent announcements had been made to confirm the national digital programmes for both Type 2 Diabetes Remission Pathway and Type 2 Diabetes Prevention had been approved. This will improve access for Grampian patients.</li> </ul>	
	<b>GAAPAC</b>	
	<ul style="list-style-type: none"> <li>Pleased to confirm that a meeting between Information Governance and service managers had been scheduled for the end of November 2025.</li> <li>The second Grampian wide psychology conference had been held at P&amp;J Live in October. The event had been well attended and feedback indicated that staff had welcomed the opportunity to come together and reflect on practice, cross system working and the variety of work across the profession.</li> </ul>	
	<b>Healthcare Scientists Forum</b>	
	<ul style="list-style-type: none"> <li>Ongoing concerns regarding delays in recruitment to the position of Mortuary Manager. This post is viewed as essential to the success of the newly opened facility, which will bring together a mortuary service currently located on three sites.</li> </ul>	

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- The NHSG Programme Manager for the Health and Care Staffing Act (HCSA) had attended and heard concerns around the challenges in implementing the Act for Healthcare Science professions.
- The Forum had noted the huge improvement following repairs to the roof of the link building on the ARI site, and the ongoing work to improve the condition of the lab building.

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

- Had welcomed some reduction in waiting times for radiology appointments and confirmation of new consultant appointments.
- There had been appointments to paediatric oncology.
- The slow progress regarding integration of services across Grampian had been discussed.
- Consultants had noted the challenges relating to DGH and the need to continue progressing improvements.

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

- The lack of funding to primary care to support Discharge Without Delay Pathway/Discharge to Assess discussed.
- Minor changes to boundaries will not affect patients already registered but there could be some impact on primary care teams.
- GPs had accepted the recent funding offer avoiding possible industrial action.

#### **AOC**

- 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 and the following items were highlighted:

- The Chair of ACF and the Director of Public Health will meet to review increased interaction to take forward the prevention agenda.
- There had been an improvement in the number of primary seven children who are dental decay free. Work will continue to reduce oral health inequalities.
- An increase in the number of new cancer incidents had been reported with one of the drivers in Grampian being an aging population.
- JCVI the national decision making body regarding vaccines had decided that Covid vaccines would not be made available to staff this year. There is a peer vaccination scheme in place for flu but acknowledged that more peer vaccinators are required.

[07.02 Public Health Area Clinical Forum Report November 25.docx](#)

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

**8 Standard Operating Procedure – Recording in Relation to Adult Support and Protection**

Mr O'Brien provided a presentation on the development of a standard operating procedure (SOP) for adult support and protection recording.

He highlighted the following.

- A review of record keeping and documentation had indicated variable quality and a lack of consistency in the practice of recording adult protection activity.
- This is not confined to any specific area or professional group but is across the system.
- It had been noted that reports from partner agencies (e.g. Social Work) were in place rather than those from health professionals leaving a gap in the narrative of what occurs between the major adult protection events.
- The reasons behind this are thought to be:
  - ~ Anxieties regarding holding records.
  - ~ Uncertainties regarding holding third party information and implications for subject access requests.
  - ~ Lack of clear guidance.
  - ~ Multiple systems of recording.
  - ~ Capturing and recording professional thinking and the rationale behind decision making not embedded in the culture of the organisation.
- On a positive note although health professionals may not be up to speed on recording they are very good at doing the adult protection work. However, evidence regarding good performance is then reliant on confirmation by others.

Mr O'Brien asked the ACF to review the draft SOP and feedback with any comments or suggestions for improvement and next steps.

It was agreed that training will be of key importance in the implementation of the SOP.

[08.01 ASP Recording Presentation November 2025.pptx](#)

[08.02 NHSG ASP Recording in Health Records SOP.docx](#)

**9 AOCB**

**Annual Review:** Mr Burrell will communicate with all members regarding the ACF meeting with the Cabinet Secretary on 1<sup>st</sup> December 2025 as part of the NHSG Annual Review. Members of ACF were encouraged to highlight improved engagement with the Chief Executive Team and the benefits of recent joint meetings with GAPF.

**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