

Minute of Area Clinical Forum  
on Wednesday 14<sup>th</sup> January 2026 at 15.00  
by Microsoft Teams

|                                                        |
|--------------------------------------------------------|
| Board Meeting<br>19.03.26<br>Open Session<br>Item 12.3 |
|--------------------------------------------------------|

**Present**

|                 |                                                  |
|-----------------|--------------------------------------------------|
| Mark Burrell    | ACF Chair and Chair, Area Dental Committee       |
| Mish Bhana      | Vice Chair, Area Medical Committee               |
| Fiona Campbell  | Chair, GAAPAC                                    |
| 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 |
| Sarah O'Bierne  | Vice Chair, APC                                  |
| Fiona Tejeda    | Joint Chair, GANMAC                              |
| Sonja Wright    | Vice Chair, Healthcare Scientists Forum          |

**Attending**

|                    |                                      |
|--------------------|--------------------------------------|
| Richard Caie       | Public Representative                |
| Stephen Friar      | Deputy Medical Director USC (Item 4) |
| Sarah Irvine       | Deputy Director of Finance (Item 6)  |
| Sue Kinsey         | Public Representative                |
| Dennis Robertson   | Vice Chair, NHS Grampian             |
| Elizabeth Robinson | Public Health Consultant             |
| Carrie Stephen     | Programme Lead (Item 4)              |
| Alex Stephen       | Director of Finance (Item 6)         |
| Else Smaaskaer     | Senior Administrator (Minute)        |

| <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.                                                                                                    |               |
|             | <b>Declarations of Interest:</b> Mr Burrell advised that as a voting member of Aberdeen City IJB he would leave the meeting for Item 5.                                                   |               |
| <b>2</b>    | <b>Note of Meeting on 5<sup>th</sup> November 2025</b>                                                                                                                                    |               |
|             | The minute was approved as an accurate record and noted that all the actions included had been completed.                                                                                 |               |
| <b>3</b>    | <b>Matters Arising</b>                                                                                                                                                                    |               |
|             | None.                                                                                                                                                                                     |               |
| <b>4</b>    | <b>Unscheduled Care Improvement Plan</b>                                                                                                                                                  |               |
|             | Carrie Stephen and Dr Stephen Friar provided a presentation to update the ACF on the implementation of the Unscheduled Care Improvement Plan which is one of the key priorities for NHSG. |               |

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

Key points highlighted:

- Following a slight delay, which had impacted on the original timeline, SG had ratified the plan.
- The main aims of the improvement plan are to improve patient flow, reduce delay and ensure the right care, in the right place at the right time.
- The governance structure around the USC programme board was outlined, including the delivery groups which report to the programme board. The programme board reports to the Chief Executive Team which in turn reports to the NHS Grampian Board.
- The key roles on the programme board reflect the whole system approach to delivery of the improvement plan.
- There are 17 workstreams behind the plan and SG are looking for high impact delivery for each workstream with evidence of performance improvements. Assurance meetings take place to monitor and track progress against each workstream.
- Updates from workstreams indicate progress around:
  - ~ Continuation of flow navigation centre.
  - ~ Expanding discharge to assess.
  - ~ Expanding Hospital@Home.
  - ~ Alternative workforce to strengthen Frailty at the Front Door pathway.
  - ~ Expanding work with North East Volunteers Scotland (NERVS) – delivery of medicines to home which helps to speed up discharge process.
- Work is underway with Health Intelligence colleagues to develop logic data modelling against key parts of the plan to inform areas of focus.
- KPIs will be monitored and reviewed to ensure they remain appropriate and reflect current situations.

Items Discussed:

- Acknowledged that USC has so many inter-dependencies across the system which contributes to a very complex jigsaw.
- Some progress made at DGH (e.g. the effectiveness of the frailty lounge) which had not been replicated at ARI and queried whether the same data is applied at both hospitals. Suggested that this reflects the implementation of local solutions for local problems which work in one place but may not work in all locations. There is confidence that all the groups around the improvement plan have good cross system representation and are working together, sharing good practice to reach the same outcomes.
- There had been some concern in the system that decisions made in one space can lead to unintended consequences elsewhere – e.g. impact of decisions made in flow navigation centre on RCH. Noted that teams work together across the system to inform appropriate responses.
- Acknowledged that there are often external factors which impact on system performance – weather, CDU close down etc. and queried whether the plan takes this into account. The challenges in developing a system which can absorb unexpected events whilst delivering business as usual were discussed.

| Item | Subject                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Action |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      | <ul style="list-style-type: none"> <li>• There is significant challenge in developing a system which moves forward from reactive response to long term robust proposals.</li> <li>• There are occasions when the availability of short term funding can help in implementing tests of change but if this is non-recurrent funding there must be a clear exit strategy for staff, evaluation of how effective that change had been with proposals regarding how it can be continued if that is considered the best outcome. Suggested that collaborate working with Primary Care could be helpful in exploring possible initiatives, bearing in mind that working patterns in general practice tend to be more flexible.</li> <li>• Noted that recruitment can often be a slow process and although the improvement plan has a relatively streamlined approach around the vacancy control panel there had been delays in appointing to some key specialist posts which impacts on pace of delivery. The programme board will continue to explore all alternative workforce options.</li> </ul> |        |

**The ACF thanked Ms Stephen and Dr Friar for the comprehensive update and members agreed to share the progress made with advisory committees.**

[04.00 ACF USC briefing 14.01.26.pptx](#)

[04.0b Improving Flow - Unscheduled Care Funding letter 202526 - NHS GRAMPIAN.pdf](#)

## **5 Aberdeen City HSCP – Proposals for Consultation**

Mr Burrell left the meeting.

Dr Lockhart led a discussion on the Aberdeen City HSCPs budget savings options for 2026/27. As part of the budget consultation process the options had been shared in a staff briefing which led to a response from the Psychiatric Medical Advisory Committee (PMAC) raising concerns about the potential negative impact of the proposed cuts on vulnerable groups.

Key points raised:

- The letter indicates a disproportionate effect on communities.
- There could be pressures and increasing likelihood of delayed discharge which does not align with the aims of the USC improvement plan discussed at Item 4.
- This should be discussed at individual advisory committee meetings to gain feedback from the membership regarding concerns for professional groups who do not attend ACF – including some AHP professions, community nursing teams etc.
- Concern that there will be unintended and unidentified consequences across the Acute Sector, General Practice and other Primary Care services. Although integrated impact assessments would have been undertaken there was limited assurance that colleagues who could best inform that process were included.

| Item | Subject                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Action |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      | <ul style="list-style-type: none"> <li>• Appreciate that proposals were made in the face of budgetary pressures but it seems short sighted to move services away from the community with consequent financial pressures on secondary care and other sectors.</li> <li>• It would be a helpful to know if there had been an analysis regarding the movement of costs across the system.</li> <li>• If there is to be consideration of moving activity to communities this needs to be preceded by joint planning and increasing community capacity.</li> <li>• Suggested that concerns from the advisory structure should be communicated to CET with a request that they are raised at the whole system meeting with LAs and IJBs.</li> <li>• Given that this is plan for Aberdeen City and there has been no sight of plans for Aberdeenshire and Moray it was agreed that it would be useful to have more engagement and a wider discussion with all three Chief Officers.</li> </ul> |        |

It was agreed to send a collective letter from the Area Clinical Forum to express concerns about proposed budget cuts, including potential unintended consequences and the impact on vulnerable groups. Advisory committees could also consider sending individual letters.

[05.00 ACHSCP budget 26-27 \\_staff comms.pdf](#)

[05.00 Acknowledgement of PMAC Consultation Response.pdf](#)

[05.00 Letter to Fiona M from SW PMAC \(2\).pdf](#)

## 6 Financial Position Update

Mr Stephen and Ms Irvine provided a financial update noting the position at the end of November 2025. The following key points were highlighted:

- The monthly operational deficit reported in November had reduced to £1.5m.
- The forecasted end of year deficit is now £47.1 leaving a £2.1m gap with the maximum £45m deficit support agreed by the Scottish Government.
- Although the challenges in managing operational pressures throughout the winter period without additional spend is recognised, there is confidence that the maximum of a £45m deficit can be achieved by maintaining focus on delivering savings and cost control measures.
- The overall forecasted overspend across the three IJBs had reduced but NHSG will continue to hold the £23m deficit provision as it is recognised that the same cost pressures are experienced across the system.
- The savings achieved across the Value and Sustainability Programme reflect the significant work carried out by the project team and operational teams across the organisation. Of the

| Item | Subject                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Action |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      | <p>£61.8m savings anticipated it is expected that £47.5m will be delivered on a recurring basis.</p> <ul style="list-style-type: none"> <li>• There is some risk around delivery of the forecasted savings but this will continue to be managed through ongoing review of savings schemes which are not delivering on target.</li> <li>• Next steps: <ul style="list-style-type: none"> <li>~ Continue support across the three key priority areas (Planned Care, Unscheduled Care, Value and Sustainability).</li> <li>~ Ensure end of year deficit does not exceed \$45m.</li> <li>~ Review financial plan for 2026/27 to ensure it reflects the budget announcement by the Scottish Government on 13<sup>th</sup> January 2026.</li> <li>~ Confirm savings schemes in the value and sustainability programme for years 2 and 3.</li> </ul> </li> <li>• The ACF asked for assurance that there is some clinical representation around the QIA process.</li> <li>• The ACF was encouraged by the reasonably positive position and indicated it would be useful to have more understanding of how the current approach had differed from that taken in previous years.</li> </ul> |        |

[06.00 Financial Position Update ACF 14th January 2026.pptx](#)

## 7 ACF and GAPF Developments

Mr Burrell updated ACF on the ongoing collaborative work with GAPF. This had resulted from a recommendation in the KPMG diagnostic review in 2025 that ACF and GAPF should work more closely to ensure that staff voices from across all parts of the organisation are heard. This will become more important as sub-national planning progresses to make sure that there is clinical representation in discussions around the key priority areas.

Given the potential impact on how patients are managed and how they access services it was agreed that ACF should maintain an active role in the development of any new sub-national arrangements. It had been agreed that Employee Directors will now be included in discussions and Mr Burrell will encourage the ACF National Chairs group to seek similar involvement. ACF highlighted the importance of ensuring that experienced staff are linked into conversations around specific topic areas.

Mr Burrell also reported that he had included an item in the Medical Director's newsletter encouraging colleagues to participate in the advisory structure and support the work of the ACF in being an active forum by ensuring that clinical voices are represented in providing an operational perspective to strategic planning.

## 8 Updates from Advisory Committees

Updates had been provided on the reporting template.

[08.00 Updates to Area Clinical Forum 14.01.26.docx](#)

Items highlighted at the meeting:

### APC

- Had discussed two consultations, one in relation to pharmacist flexibilities in dispensing which will ease pressures on GPs, and another on new national standards for education and training for pharmacy technicians. Feedback to both had been positive.

### GAAPAC

- Recent meeting had been cancelled.

### GANMAC

- Had noted ongoing concerns around the impact of the reduced working week and the tensions now emerging from the Band 5/6 pay review.
- Had followed up on discussion regarding the need for a consistent organisational approach to violence and aggression. It was confirmed that this had been raised at a recent meeting of NHS Grampian Board which had agreed support for the implementation of the zero tolerance policy.
- Discussed the refresh of the Flying Start Programme which contributes to robust induction for NGNs. This is now advised as highly recommended rather than mandatory. GANMAC had agreed it would continue to support this programme.
- Had introduced an item to meetings which allows committee members to introduce themselves and share their professional experience. This had been positive in recognising the depth and varied knowledge of those representing a large group of staff.

### GP Sub-Committee

- Discussed bid for Walk-In Centres for City, Shire and Moray. There are some uncertainties around how these will work in practice, especially whether this will generate extra demand rather than manage current need.
- The next meeting will discuss changes to referral criteria and the need to ensure this will work for GPs and patients without creating additional barriers or delays.
- GPs had raised concerns in relation to proposals to develop a teaching centre for medical students. Early advice from the BMA indicates this does not meet current legal or governance thresholds and both the GP Sub-Committee and LMC will ask CET for assurance that NHSG has asked for the appropriate legal advice.

### AHPAC

- Had considered the significant challenges faced when young people with complex needs transfer from children's to adults

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

physiotherapy services. Main area of concern relates to ensuring access to the right equipment needed for postural management and respiratory care. This will be escalated through an SBAR to the Child Health Lead in Public Health.

- Speech and language therapy colleagues had asked about access to the stationery needed to prepare materials for Augmentative and Alternative Communication (AAC). Some of the items required are no longer included in the standard 'catalogue' and stationery orders had been pushed back.
- There are ongoing and unresolved issues around the use of pink swabs, which are not allowed, as there are no suitable alternatives.
- AHPAC had celebrated the success of a colleague in the major trauma unit at ARI winning HCSW of the year at the Scottish Health Awards in November.

**It was suggested that the SLT service contacts NHS Grampian Charity Lead who will be able to advise on whether the charity could support an application to fund the stationery required for AAC.**

#### **Area Medical Committee**

- The Acute Medical Director had provided an update on planned care improvement work and informed the meeting there is confidence that targets will be met by the end of March 2026.
- AMC also discussed concerns regarding GP Teaching Hubs.
- The new funding package to support GP capacity had been welcomed as had the addition of protected learning time whilst acknowledging that this will depend on NHS24 participation to support.
- GPs were pleased to note a potential start date for the introduction of electronic prescribing.

#### **ADC**

- No update at this meeting.

#### **Healthcare Scientists Forum**

- No items to highlight – recent meeting had been in person to allow new members to network.

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

- No update at this meeting.

#### **AOC**

- No update at this meeting.

[08.01 Area Clinical Forum Report to Board 11.12.25.pdf](#)

#### **Public Health Report**

Had been circulated prior to the meeting. Member of the ACF were encouraged to read the report and note that the Chair of ACF and the Director of Public Health had met and agreed to work with the

|             |                |               |
|-------------|----------------|---------------|
| <b>Item</b> | <b>Subject</b> | <b>Action</b> |
|-------------|----------------|---------------|

advisory committee structure to further embed the preventative agenda.

[08.02 Public Health Report to ACF January 26.docx](#)

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

**9 AOCB**

**Charity**

Members were encouraged to contact the NHSG Charity Lead regarding participation in the Staff Wellbeing SLWG.

[09.00 Staff Wellbeing SLWG Terms of Reference 221225 LD.docx](#)

**Contingency Arrangements**

It was confirmed that during the recent adverse weather a command centre had been stood up at ARI and the multi-agency Local Resilience Partnership had met each day to monitor the situation. These arrangements will now be stepped down.

**Drones**

Although there are drones in use across some parts of the country to deliver medical products this had not been introduced in Grampian.

**Dates for 2026 Meetings (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 |