

## NHS GRAMPIAN

**Minute of the Area Clinical Forum Meeting  
Wednesday 1<sup>st</sup> November 2023 - 3.00 pm  
Microsoft Teams**

Board Meeting  
Open Session  
14.03.2024  
Item 11.7

**Present:**

Mr Mark Burrell, ACF Chair and Chair Area Dental Committee  
 Ms Karen Boyd, Vice Chair Healthcare Science Forum  
 Dr Fiona Campbell, Chair GAAPAC  
 Ms Helen Chisholm, Chair, GANMAC  
 Ms Lynne Davidson, Chair Area Pharmaceutical Committee  
 Dr Linda Downie, Vice Chair, GP Sub-Committee  
 Ms Sharon Jones, Chair AHPAC  
 Dr Dympna McAteer, Vice Chair Consultant Sub-Committee  
 Ms Ruth McKenzie, Chair Area Optometric Committee  
 Mr Javier Margallo, Vice Chair Area Dental Committee  
 Ms Rachael Regan, Vice Chair Area Optometric Committee  
 Ms Vicky Ritchie, ACF Vice Chair and Chair Healthcare Science Forum  
 Dr Murray Smith, Chair Consultant Sub-Committee  
 Dr Angus Thompson, Chair Area Medical Committee

**In Attendance:**

Dr Adam Coldwells, Director of Strategy/Deputy Chief Executive, NHSG  
 Ms Luan Grugeon, Strategic Development Manager – Colleague and Citizen  
 Engagement, NHSG  
 Ms Susan Webb, Director of Public Health, NHSG  
 Ms Else Smaaskjaer, Minute

Item	Subject	Action
1.	<p><b>Welcome and Apologies</b></p> <p>Mr Burrell welcomed those attending their first meeting of the Forum.</p> <p>Apologies noted from Anne Bain, Claire Campbell, Carole Noble, Catriona Sutherland, Nicola Tennant and Sue Kinsey.</p>	
2.	<p><b>Minute of meeting held on 6<sup>th</sup> September 2023</b></p> <p>The minute was approved as an accurate record.</p>	
3.	<p><b>Matters Arising</b></p> <p><b>Vice Chair of Area Clinical Forum</b> – Mr Burrell was pleased to</p>	

	<p>confirm that following a nomination process Ms Vicky Ritchie, Vice Chair of the Healthcare Sciences Forum would take up position as the Vice Chair of the ACF. He looked forward to working with Ms Ritchie and to sharing the leadership of the Forum with her during the next few years.</p> <p><b>Conflict of Interest Policy</b> – Mr Burrell thanked Ms Chisholm for stepping up to represent ACF on the working group to review the Policy. Ms Chisholm confirmed that at this stage the group are reviewing policies from other Boards and may extend the scope of the work to create a Policy on Standards of Business Conduct. She highlighted that the group are very keen to have stakeholder input and asked the ACF to feedback to her on any relevant items/events for consideration.</p>	
4.	<p><b>NHSG Strategic Approach to Colleague and Citizen Engagement – Building a Better ‘Us’.</b></p> <p>Ms Grugeon attended to raise awareness around the development of a strategic approach to colleague and citizen engagement.</p> <ul style="list-style-type: none"> <li>• This will be a six month piece of work to develop an approach to engagement and it is intended that this will include input from colleagues and citizens with real life experiences.</li> <li>• The NHS Grampian Plan for the Future emphasises the importance of promoting prevention and improving outcomes. This strategy will take that strategic intent forward by encouraging colleagues and key stakeholders to work in partnership.</li> <li>• In addition to the statutory responsibilities in relation to community involvement, there are benefits in making social connections, having a community which is engaged and empowered, and encouraging people to take greater control of their health and wellbeing.</li> <li>• The initial stages in developing the strategy will be to create spaces for flexible and responsive conversations with system leaders and others to inform, shape and influence the direction of the organisations approach to engagement.</li> <li>• The outline plan from November 2023 to the end of March 2024 will be based on listening, learning from peers and experts, and communicating findings and next steps.</li> </ul> <p>Items discussed:</p> <ul style="list-style-type: none"> <li>• This would be of great interest to primary care colleagues and suggested that Ms Grugeon should make contact with the Primary/Secondary Interface Group.</li> <li>• There are many initiatives across the system and it will be important to make use of what is already in place rather than create new ones.</li> </ul>	

	<ul style="list-style-type: none"> <li>• There is a great deal of engagement in place between citizens and Health and Social Care Partnerships on how/where services are delivered.</li> <li>• Community planning partnerships also have a role in citizen engagement.</li> <li>• It is important that people are valued, supported and empowered to become involved and participate in 'lower level' discussions. This can be done through developing ongoing relationships and building on the work of existing community groups.</li> <li>• There is much to be learned from the role of lay members and the different perspective they bring to committees, project boards and other groups.</li> </ul> <p>Ms Grugeon extended an invitation to all advisory committees to participate in the development of the strategy and to share examples of successful engagement.</p> <p><b>The ACF thanked Ms Grugeon for the presentation and looked forward to seeing the strategy develop.</b></p>  <p>ACF Building a Bigger 'Us'.pptx</p>	
5.	<p><b>Infrastructure Plan</b></p> <p>Dr Coldwells presented slides which outlined the infrastructure challenges across Grampian. The following key points were highlighted and discussed:</p> <ul style="list-style-type: none"> <li>• The position is extremely challenging in relation to both immediate risks and future planning.</li> <li>• In addition, there are a number of short term concerns which highlight how an aging estate places limitations on delivery of services and challenges the affordability of implementing new health care standards.</li> <li>• This is not restricted to hospitals and other secondary care buildings but also extends across primary care premises.</li> <li>• The Scottish Government are aware of the challenges in Grampian but it takes a broad view across all Scottish Boards and allocates capital funding on that basis.</li> <li>• The annual capital allocation from the Scottish Government does not meet all the investment required for new builds, major refurbishments, backlog maintenance and replacement of essential equipment. It does allocate additional funding for specific projects including the Baird Family Hospital, the ANCHOR Centre and radiology. Any projects in excess of £1m have to be submitted to the Scottish Government for approval.</li> <li>• An NHS Grampian Board Seminar on 2<sup>nd</sup> November 2023 will</li> </ul>	

	<p>focus on infrastructure to raise the awareness and understanding of Board Members around the importance of buildings and how they contribute to the delivery of services.</p> <ul style="list-style-type: none"> <li>• The Board will be updated on the works required to replace the roof on the Laboratory Link Building. The ACF agreed that this work should be prioritised as the diagnostic capability provided from the Labs is crucial to patients across so many other services.</li> <li>• One of the areas to consider will be how do system leaders manage services and motivate staff in buildings that are no longer fit for purpose to deliver modern healthcare services.</li> <li>• There are a large number of buildings which require investment and it will be challenging for the Board to prioritise and consider how to modernise and deliver services differently from less buildings.</li> <li>• Radiology and other services have worked hard to address the most pressing issues but it is acknowledged that this only touches the tip of the iceberg. However, it is important to recognise that in this complex and challenging environment there is a lot of good work being progressed.</li> </ul>	
6.	<p><b>Financial Position</b></p> <p>Dr Coldwells provided a high level update on the 2023/24 financial position of NHS Grampian. He reported a deteriorating financial position over recent months and it is no longer expected that NHS Grampian will achieve the level of savings required to meet the £42.9m overspend agreed by the Scottish Government.</p> <p>The Chief Executive Team had agreed eight actions to reduce the projected overspend and information around this will be cascaded through management teams. The CE Team are aware of the sensitivities around this as the organisation prepares for winter but it is expected that some challenging decisions will be required.</p> <p><b>It was agreed that the Area Clinical Forum should be included in the circulation of the monthly financial summary report for NHS Grampian.</b></p>	ES
7.	<p><b>“What Does the Long Term Future of Healthcare Look Like?”</b></p> <p>Following on from Items 5 and 6 there was a general discussion regarding delivering healthcare into the future. Key points raised:</p> <ul style="list-style-type: none"> <li>• The model of care based on Doctors and Consultants as leads will remain but there will be wider roles for all other healthcare professionals.</li> <li>• The discussion at Item 1 will become more relevant as engagement with communities will be necessary in planning health care.</li> </ul>	

	<ul style="list-style-type: none"> <li>• There could be real benefit in redirecting citizens to public health initiatives as that could contribute towards a more sustainable healthcare system.</li> <li>• Asking communities what is important to them is helpful but the organisation has to be realistic regarding what it can provide.</li> <li>• Investment at GP level could be useful in terms of implementing realistic medicine as GPs are the best placed to have those conversations with citizens.</li> <li>• Extending the role of other professionals can be effective but it remains important to have the right people in the right jobs.</li> <li>• We need to encourage students to choose GP options and then stay in Grampian.</li> <li>• The NHS cannot provide all the services expected and it is important to look at the whole system in its entirety.</li> <li>• Those who work across the system should be valued and encouraged to control the narrative and lessen the 'gloom and doom' messaging which is often attached to working in healthcare.</li> <li>• Important that communications are positive but this needs to be nationally as well as locally.</li> <li>• Realistic medicine and more innovation in relation to keeping people well and at home will contribute to a more sustainable healthcare system.</li> <li>• It is increasingly important to look at the potential of partnership working with the third sector as there are possibly missed opportunities to signpost people at an early stage and avoid the need for access to core healthcare services.</li> <li>• Digital investment will enable a change in direction. NHS Grampian has already come a long way in the use of technology and it is at the forefront of initiatives such as robotic surgery.</li> <li>• There could be a lot to learn from private contractors about efficiency of systems including scheduling appointments. A shared care model can work well and in NHS Grampian it is very advanced in relation to ophthalmology/optometry where hospitals provide specialist care and high street providers treat conditions such as glaucoma.</li> </ul> <p><b>The ACF agreed this had been a useful discussion and it would be useful to build on this with a future session looking at what services could look like in 20 years' time, including the influence of digital innovation.</b></p>	
8.	<p><b>Updates from Advisory Committees and ACF Chair</b></p> <p><u>Chairs Feedback</u></p> <ul style="list-style-type: none"> <li>• The Chairs report to the meeting of NHS Grampian Board on 5<sup>th</sup> October 2023 was distributed with the agenda for this meeting. This provided an update on key issues raised at the Area Clinical Forum meeting on 6<sup>th</sup> September 2023.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Going forward it is intended that the Vice Chair of the ACF will take part in agenda setting meetings.</li> </ul> <p><u>Public Health</u></p> <ul style="list-style-type: none"> <li>• An update had been circulated which highlighted the range of work supported by the Public Health workforce. Any feedback on the content/format of the report should be forwarded to the Director of Public Health at <a href="mailto:gram.directorofpublichealth@nhs.scot">gram.directorofpublichealth@nhs.scot</a></li> <li>• It was agreed that it was useful to bring the Population Health agenda to the Forum's attention. Current work is aligned to Prevention and Tackling Inequalities and it was agreed that reducing the preventable could lead to less hospital admissions.</li> <li>• The Waiting Well initiative was welcomed but suggested that there could be more signposting to reduce the number of telephone calls to GPs. It was confirmed that this had been a successful pilot which had supported a number of services and will now be extended to radiology and endoscopy. Patients on waiting lists can also access the Healthpoint Service with any specific queries.</li> </ul> <p><u>Grampian Area Applied Psychologists Advisory Committee</u></p> <ul style="list-style-type: none"> <li>• The committee had welcomed the appointment of a Director of Psychology.</li> <li>• Delays in clearance from Information Governance is still frequently reported as a concern and the committee would appreciate an update.</li> </ul> <p><u>Area Dental Committee</u></p> <ul style="list-style-type: none"> <li>• A new structure regarding payments to dentists had been implemented. This had been introduced with little time to prepare and there had been some initial difficulties but it is hoped that the new method of funding will improve access to dentistry.</li> </ul> <p><u>GP Sub-Committee</u></p> <ul style="list-style-type: none"> <li>• Had discussed the GP Vision work across Primary Care in Grampian and a wider group will meet to discuss the work required to take this forward.</li> </ul> <p><u>Grampian Area Nursing and Midwifery Advisory Committee</u></p> <ul style="list-style-type: none"> <li>• Recent meeting had been attended by Chairs of other advisory committee and it was suggested that it would be useful for ACF to discuss how each of the committees conduct their meetings.</li> <li>• The meeting had an update on the review of the NMAHP Clinical Supervision Policy, discussed recording of conversations with bereaved relatives, and noted good collaborative working between practice education and the care home support teams, enabling care home staff to receive venepuncture and</li> </ul>	
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	<p>catheterisation education.</p> <p><u>Area Pharmaceutical Committee</u></p> <ul style="list-style-type: none"> <li>• The election of the Chair and Vice Chair had been confirmed (Lynne Davidson and Anne Bain).</li> <li>• Agreed that the constitution of the committee should be reviewed to reflect practice elsewhere that the outgoing Chair remains on the committee for a period of time to ensure continuity.</li> </ul> <p><u>Healthcare Scientists Forum</u></p> <ul style="list-style-type: none"> <li>• Had discussed the staff time taken up in going around the hospital seeking out items ordered and then not delivered directly to the service area.</li> <li>• The sustainability project continues to be successful and some appointments made to very small services.</li> <li>• Review of constitution had been endorsed and Vice Chairs re-elected (Karen Boyd and Vikki McBain).</li> </ul> <p><u>Area Optometric Committee</u></p> <ul style="list-style-type: none"> <li>• Clinical Lead for Ophthalmology to discuss waiting list for cataract removal.</li> <li>• Data in relation to the number of emergency cases seen by community optometrists will be analysed.</li> <li>• Constitution reviewed.</li> </ul> <p><u>Consultants Sub-Committee</u></p> <ul style="list-style-type: none"> <li>• It had been useful to have the Portfolio Lead for Integrated Specialist Care Services attend a recent meeting and provide a Senior Leadership perspective to items discussed. <ul style="list-style-type: none"> <li>~ The bed base review at ARI.</li> <li>~ Locum costs and although some substantive appointments had been made there are still costs in supporting new appointees.</li> <li>~ The importance of measures to support staff and encourage them to stay with the organisation.</li> <li>~ The roles of GPs and social care staff in supporting patients at home.</li> <li>~ The use of clinic space and issues around rooms not being utilised.</li> </ul> </li> </ul> <p><u>Area Medical Committee</u></p> <ul style="list-style-type: none"> <li>• There had been a presentation regarding ED Consultants and the impact of staffing issues on rotas.</li> <li>• Concerns raised regarding the backlog of radiology imaging and the risk of undiagnosed illness.</li> <li>• Update from Asset Management Group on the delays in opening the Baird Family Hospital and the ANCHOR Centre.</li> </ul>	
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	<p><u>Allied Health Professions Advisory Committee</u></p> <ul style="list-style-type: none"> <li>To follow.</li> </ul> <p><b>Mr Burrell suggested that going forward it could be helpful for each advisory committee to submit a short report. These could follow the GANMAC format of 3 Key Issues and 3 Good Things.</b></p>	
	<p><b>AOCB</b></p> <p><b>Public Representative/Lay Member:</b> two people had expressed an interest and it was agreed that Mr Burrell and Ms Ritchie should meet with them. If both are suitable one of them could be asked if they would be interested in filling the vacancy for a public representative on GANMAC.</p> <p><b>Chief Executive Team attendance at advisory committees:</b> The Consultant Sub-Committee had written to the Medical Director to ask that a representative from the CE Team be assigned to advisory committees.</p> <p>Mr Burrell thanked everyone for their positive contributions to discussions.</p>	
	<p><b>Dates of 2024 Meetings:</b></p> <p>All 15.00 – 17.00 by Teams</p> <p>Wednesday 17<sup>th</sup> January 2024  Wednesday 6<sup>th</sup> March 2024  Wednesday 1<sup>st</sup> May 2024  Wednesday 26<sup>th</sup> June 2024  Wednesday 4<sup>th</sup> September 2024  Wednesday 6<sup>th</sup> November 2024</p>	