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MINUTE of MEETING of the AREA CLINICAL FORUM
Board Room, Assynt House, Inverness

3 September 2020 – 1.30pm

Present

Margaret Moss Area Nursing, Midwifery and Allied Health Professionals Committee (Chair)
Eileen Anderson, Area Medical Committee
Eddie Bateman (until 2.45pm)
Lorien Cameron-Ross, Area Medical Committee
William Craig-Macleman, Area Nursing, Midwifery and Allied Health Professionals Committee
Linda Currie, Area Nursing, Midwifery and Allied Health Professionals Committee
Manar Elkhazindar, Area Dental Committee
Ann Galloway, Psychological Services Advisory Committee
Frances Jamieson, Area Optometric Committee
Alex Javed, Area Healthcare Sciences Forum
Kate Patience-Quate, Deputy Director of Nursing (on behalf of Heidi May, until 4.30pm)
Boyd Peters, Medical Director (from 2.15pm to 2:50pm and from 4:30pm)
Catriona Sinclair,Area Pharmaceutical Committee
Claire Watt, Adult Social Care and Social Work Advisory Committee

In Attendance

Anna McInally, Board Services Assistant
Fiona Hogg, Director of Human Resources and OD (from 1.50pm until 2:45pm)
Julie McAndrew, The Guardian Service (from 2:10pm until 3:10pm)
Derek McIroy, The Guardian Serive (from 2:10pm until 3:10pm)
Joanna MacDonald, Chief Officer, Argyll and Bute (from 2:10pm until 5pm)
Emma Pickard, External Culture Advisor (from 1.50pm to 2:50pm)
Katherine Sutton, Chief Officer, Acute (from 2:40pm until 5pm)

1 WELCOME AND APOLOGIES

Margaret Moss welcomed those present to the meeting.

Apologies were received from Emma Watson and Adam Palmer.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2 DRAFT MINUTE OF MEETING HELD ON 2 JULY 2020

The minute of the meeting held on 2 July was **approved**.

2.1 Note of the Meeting held on 28 July 2020

The note of the meeting held on 28 July was **approved**.

3 MATTERS ARISING

There were no matters arising.

4 ASSET MANAGEMENT GROUP

4.1 Minute of Meeting of 22 July 2020

Eileen Anderson highlighted the reference in the minute to the need for increased clinical representation on the Asset Management Group. Dr Anderson noted her support for an increased representation on the Group and agreed to keep the Forum appraised of progress.

The Forum **noted** the minute.

5 REPORTS/MINUTES AND PROGRESS ON WORKPLANS FROM PROFESSIONAL ADVISORY COMMITTEES ETC

5.1 Area Nursing, Midwifery, and AHP Leadership Committee Note of Meeting held on 4 August 2020

It was advised once the membership of the Advisory committee was confirmed and the committee was fully functioning, the minutes of the NMAHP Leadership Committee would no longer be presented at the Forum.

The Forum **noted** the minute.

5.2 Area Nursing, Midwifery, and AHP Leadership Advisory Committee Draft Minute of 28 July 2020

It was confirmed two additional members had been appointed to the ACF from the NMAHP Advisory Committee – William Craig-MacLemen and Helen Eunson. Ms Moss welcomed Mr Craig-MacLemen to the meeting.

The Forum **noted** the minute.

5.3 Area Dental Committee Draft Minute of Meeting of 15 July 2020

Mr Bateman advised the Scottish Government had confirmed routine primary dental care was to restart including aerosol generating procedures (AGPs), however, the Chief Dental Officer had advised elective care should be kept to a minimum and only treatment for urgent care was being provided. Dental decay and dental disease was not being treated and it was anticipated such treatment would not recommence until Phase Four of the lifting of lockdown restrictions. There had been instances of patients opting to seek private dental treatment rather than waiting for NHS care to resume. At the moment, patients were not required to pay for NHS treatment because of the basic nature of the care, and, as such, the Scottish Government have continued to pay support payments of 80% to general dental practices.

AGPs were permitted but most practices had opted not to carry out NHS AGPs as they were awaiting deliveries of personal protective equipment. There had been issues with the NHS

NSS supply of PPE because the 3M 1863 FFP3 masks were out of date. The out of date respirators had been used within the Public Dental Service and while it was likely the equipment was safe, general dental practices had been advised by the British Dental Association not to use the respirators as they cannot be approved and it was a risk to practices as an employer. Some general dental practices have opted to buy their own supply of PPE while others had opted to refer NHS patients to the urgent dental care centres for treatment.

There had been issues regarding ventilation within dental practices. The regulations state following an AGP, there must be a fallow time in the surgery of sixty minutes. There was provision within the regulations to reduce the fallow time to twenty minutes if ten air changes per hour could be demonstrated. Furthermore, the regulations state AGPs were not permitted in surgeries that were windowless or do not have mechanical ventilation which is a problem for a number of practices housed in older buildings. Ms Hogg advised the Head of Health and Safety was aware of the issues regarding the provision of PPE and was in discussion with NHS NSS.

With regards to Near Me, it was advised it has had limited use in dentistry because it was very difficult to get a photograph from inside a patient's mouth or carry out physical examination; it was uncertain whether these issue could be resolved.

In relation to vocational trainees, Mr Bateman advised last year's cohort did not get sufficient clinical experience because of the suspension of treatment. In normal circumstances, there was formal assessment and criteria had to be met but this was abandoned due to the pandemic and it was the trainers' assessment of whether the skill level was competent. There were issues regarding employment for recently qualified dentists. A number of dentists had been left unemployed which was very unusual. Normally all who complete the training go on to employment. At least four dentists in the North cohort did not get an offer of employment. It was highlighted to the Forum; the current cohort could have similar problems. The current vocational trainees are still not getting sufficient clinical experience as there is no routine care only emergency urgent care without AGPs. It was advised there may not be an output of vocational trainees next year with the current cohort staying for a period of two years instead of the usual eleven months.

It was advised there was only one session for general anaesthesia dental treatment at the moment which was sufficient as the waiting times targets were suspended.

Deirdre Mackay thanked Eddie Bateman for his update and would speak with him following the meeting to better understand the dental service.

The Forum **noted** the minute and the verbal update.

5.4 Area Pharmaceutical Committee Draft Minute of the Meeting held on 20 July 2020

The minute of the meeting had been circulated for information and there were no matters for escalation.

The Forum **noted** the minute.

5.5 Adult Social Care and Social Work Advisory Committee Draft Minute 10 August 2020

Claire Watt advised the main challenges within Adult Social Care were regarding respite care and day support for older adults and adults with learning difficulties and, as such, various alternative methods had been adopted to support carers.

The Forum **noted** the minute.

5.6 Area Healthcare Sciences Forum Draft Note of 23 January 2020

Alex Javed advised the Forum had not met since January due to capacity issues resulting from COVID-19. Margaret Moss thanked the healthcare scientists for their continued participation in the Area Clinical Forum during the recent times.

The Forum **noted** the minute.

5.7 Area Medical Committee of 11 August 2020

Dr Anderson provided a verbal overview of the business discussed at the recent meeting of the Area Medical Committee. There had been a presentation from the Head of Service for Radiology. It was advised if the department was only to meet the 40% target for in-house reporting, then 25.4 whole time equivalent radiologists were required. At the time of the meeting of the AMC, there were 8 radiologists but there had been a recent reduction due to some staff reducing their sessions. This has had a particular impact on the on call service which had ceased and on duty radiology was no longer served. There were increasing requirements from ambulatory care which had been introduced in Raigmore Hospital in relation to surgery and medicine. A new ambulatory care service was introduced in Caithness General Hospital but there had been a lack of communication with the radiology department regarding capacity. Moreover, there was a further, planned increase in acute emergency care as part of the remobilisation plan and the radiology department was not consulted regarding resourcing. It was suggested referrals to the service should be reviewed to ensure scans were required for diagnostic purposes rather than assurance for the patient.

With regards to clinical dialogue, there had been progress but it was not expanding as fast as clinicians would like.

At the meeting, there was a discussion regarding the absence of the Clinical Interface Group which had resulted in poor communication between primary care, secondary care and mental health and decision making failing to appreciate the potential consequences for other departments. Dr Anderson would contact Emma Watson, Interim Deputy Medical Director regarding the issue. Moreover, Kate Patience-Quate would raise the absence of the Clinical Interface Group at the Clinical Expert Group.

There had been discussions regarding the Intense Community Care Model and how it would be funded and resourced. For example, there were concerns regarding how the flu vaccine programme would be resourced, given the increased cohort of adults eligible for vaccination.

It was agreed at the next meeting of the Forum, radiology would be a substantive agenda item.

The Forum **noted** the verbal update.

6 CHAIR'S FEEDBACK FROM NHS HIGHLAND BOARD MEETING OF 28 JULY 2020

The Chair's feedback report had been circulated for information.

The Forum **noted** the feedback report.

7 DISCUSSION ITEMS

7.1 Culture Fit for The Future Update

Fiona Hogg provided an update on the Culture Programme Board. It was confirmed the culture programme had moved from the first phase of organisational wide pieces of work to support staff, like The Guardian Service, to a more operational phase where everyone can get involved because culture is every staff member's experience of the organisation.

Emma Pickard advised members the Programme Board were selecting the three or four key priorities of the programme through a vote. Once the top priorities had been announced at the next meeting of the Programme Board, there would be a discussion regarding how the work should be structured. Ms Pickard advised she was working with the whistleblowers group on drafting the terms of reference for a diagnostic piece of work.

With regards to Argyll and Bute, Ms MacDonald advised the original one hundred day action plan was nearing conclusion. Feedback received from colleagues in Argyll and Bute suggested there had been good progress to date but there was still a significant amount of work to be done. Staff in Argyll and Bute continued to provide feedback to managers regarding areas where there had been improvement and areas where further attention was required. Within Argyll and Bute, three hundred staff had undergone Courageous Conversations training and the training has had a demonstrable impact on staff language and behaviours. The training had also encouraged staff to provide positive feedback where appropriate. Linda Currie commended the efforts made by Joanna MacDonald to improve the culture in Argyll and Bute.

Dr Anderson advised there was support from the Chief Executive's department for the culture programme and cultural change. Recently, the whistleblowers group met with the Chief Executive, the Deputy Chief Executive and the Chair of the Board.

It was agreed the Culture Programme would remain a standing item on the agenda and Fiona Hogg would attend the Forum as and when required to appraise the Forum, otherwise routine updates would be provided by the Forum Representatives on the Culture Programme Board.

Ms Hogg advised the Everyone Matters Pulse Survey was live and encouraged staff to participate in the survey as it provided another opportunity to take the temperature of gauge the environment. It was expected the results would be available three weeks after the close of the survey.

The Forum Noted the Update.

7.2 The Guardian Service

Derek McIlroy of The Guardian Service provided an overview of the Service. It was confirmed the Service was entirely confidential and the Guardian would not disclose any information discussed during the call unless there was a patient or staff safety concern. The purpose of the Guardian Service was to provide an additional route to get advice but did not replace any of the existing, internal NHS Highland processes.

The Service had been fully operational since 3 August. In August, there had been thirty-eight contacts from across the organisation and from a variety of job groups and disciplines. Of the thirty-eight contacts, thirty-five related to specific concerns and three were requests for further information on the service. The calls did not indicate a particular pattern of cases. In September, there had been three contacts to-date, one of which was closed at the end of the call and two remained active. Some of the calls received had been minor, from an organisational perspective, but understandably the issues were important for the caller. It was highlighted to the Forum that no issue was too small for the Guardian Service to advise on. The Guardian Service had assisted callers to raise concerns with senior managers.

Moreover, where areas of good practice were highlighted to the Guardians, this would be fed back to the organisation.

It was confirmed the report for August was in development and it would be shared with Fiona Hogg and Pam Dudek for distribution as appropriate. The report would provide an overview of the themes of the concerns, the geography of the callers and the observations of the Guardians. To understand, the callers' experience of the service, users would be asked to complete a short survey where an email address had been provided.

Mr McIlroy advised the Guardians were happy to speak to any committee, group, team meeting or any gathering to explain The Guardian Service. With regards to those contracted to provide services on behalf of the Board, they were welcome to call the Service.

Dr Cameron-Ross observed she was pleased to see there had been uptake across NHS Highland and it demonstrated staff were aware of the Service and it was useful to staff.

The Forum Noted the Update.

7.3 Bronze, Silver and Gold Command Feedback

Katherine Sutton provided a detailed overview of the Bronze, Silver and Gold Command structure adopted during the early stages of the COVID-19 pandemic. The original COVID-19 group was established in February and was chaired by Ken Oates, Interim Director of Public Health. At that point, the virus was managed in a manner similar to winter flu planning. As more information regarding the virus was becoming available, more clinical staff became involved in the group to develop a response and management became involved around the time testing began. The relatively late involvement of management had been a learning point for the organisation.

As the situation developed through March, clinicians were at the forefront and were receiving information regarding the virus through international clinical networks. At around the same time, Paul Hawkins tasked Ms Sutton with assessing how the emergency response would be taken forward. The emergency response was initially based on the winter flu plan and thereafter, the Gold, Silver and Bronze Command was initiated to manage a significant incident. In the early stages, communication was difficult because staff were reliant on videoconferencing and telephone calls. To aid communication, NHS NSS brought forward the roll out of Microsoft Teams.

Locally, clinicians were liaising with national colleagues and it advised of the urgent need to expand the Intensive Therapy Unit (ITU) capacity in preparation for COVID-19 cases. To allow the reconfiguration of theatres and resuscitation areas and to create the ITU capacity, all elective activity was suspended. At that point, there was conflicting guidance from the various Royal Colleges and as a result Emma Watson was appointed to lead the Clinical Expert Group (CEG). The role of CEG was to examine the various pieces of clinical documentation and understand the Highland position in relation to the guidance.

On a daily basis, there were a number of command meetings to ensure appropriate oversight of issues, such as, personal protective equipment and staff deployment, and rapid decision making. There were attempts to issue daily bulletins to keep staff appraised of the activities and there were weekly meetings between the Chief Executive and locals MSPs and MPs.

During April, the Board undertook a local impact modelling to ascertain the consequences of lockdown on the local population and charted the number of infections within the Board. In May, the organisation moved from the Command Structure to Business As Usual in terms of remodelling and remobilising.

Ms Sutton advised there were a number of learning points through the period:

- The clinical teams had first sight of the impact of COVID-19 and then guided management in decision making. This was very helpful to management because it allowed rapid decision making.
- There were some decisions which did not have full management or clinical leadership oversight.
- The decision to move patients from a hospital setting to a more appropriate setting to suit their needs worked very well.
- Social distancing for the over-70s reduced the number presenting at GPs and hospitals which reduced the number of admissions to the hospital and the number of delayed discharges in the acute sector.
- The introduction of Microsoft Teams allowed for agile meetings and quick decision making.
- Joined up discussions between acute, community and adult social care across all geographical locations was introduced and provided a richness of thinking and collaboration which had not previously existed.
- Some staff felt the Command Structure was exclusive in nature.
- In the early weeks, the procurement arrangements were very strained until the newly introduced supply lines became more robust.
- The Command Structure provided a starting point for a new management structure, System Leadership, within the Board which was more agile than the previous structure. There were issues regarding the application of health language to social care.
- NHS Highland rigidly applied the Scottish Government guidance while other Health Boards deviated from the guidance.
- Close working with Public Health was invaluable.
- There was significant pressure on Human Resources to meet the demand for staff redeployment.

Catriona Sinclair advised it would have been useful to understand the Command structure during the pandemic. For contracted, primary care pharmacists there was a sense of isolation from the command structure and a lack of information at a time when primary care pharmacists had to operate as business as usual. Moreover, it had been challenging to work with primary care colleagues in dental and optometry at a time when most services were stood down. Ms Sinclair suggested managed services should be more involved in future. It was agreed Ms Sinclair would seek feedback regarding communication and the managed services from the Area Pharmaceutical Committee and the Contractors Group and feedback to Ms Sutton.

Frances Jamison advised inter-disciplinary communication with general practice and pharmacy was an issue during the pandemic due to the lack of understanding regarding the different systems used by each profession.

Alex Javed advised he had been involved in the Silver Command and found the Command Structure very useful for fast decision making. When the structure was stood down, staff requested the replacement management retained the fast decision making.

William Craig-Macleman advised he had participated in the Silver Command in the early stages, and, thereafter, the Raigmore Bronze Command. It was advised decision making worked well because it adopted a clinician led, and management facilitated approach.

Ann Galloway suggested it would be beneficial to understand how people respond at the different stages of a crisis and the psychological impact to better prepare for a similar event. It was agreed Ms Sutton would speak with Dr Galloway out with the meeting.

In response to questions raised by Manar Elkhazindar, Ms Sutton confirmed all health boards

have a pandemic flu plan as a matter of contingency planning. The revised pandemic flu plan had not yet been re-written taking account of the learning points from the recent situation. The Board would undertake a self-reflection exercise to explore the success of the management approach.

Dr Elkhazindar advised there was a feeling of isolation amongst clinicians who were stood down because of the suspension of routine activity but were not involved in the COVID-19 response. It was suggested including a wider group of clinicians may have eased the pressure on the small group who had been involved throughout the crisis. Moreover, it would be beneficial to involve a range in clinicians in the recovering services.

Dr Cameron-Ross advised the Command Structure provided the Out Of Hours Services with like-minded clinicians for collaborative working. Moreover, the daily Primary Care Bronze Command meetings provided an opportunity to speak with colleagues from third parties, such as, the Scottish Ambulance Service. However, the method of working shifting between a collaborative approach to the command and control approach had caused uncertainty.

Dr Anderson advised she had received feedback from a number of colleagues:

- Clinicians not involved in the Command Structure felt excluded and disempowered with regards to their service.
- Some departments were displaced and there were examples of departments still without a fixed location.
- Some clinicians suggested services were withdrawn or significantly reduced unnecessarily, and, as such, it had been very difficult to meet demand in the recovery phase.

Ms Sutton thanked members for their honest feedback and requested Forum members consult with their respective advisory committees to provide feedback regarding their experience of the Command Structure. It was agreed a template would be circulated following the meeting for completion.

The Forum Noted the Update and agreed to consult with respective advisory committee to gather feedback regarding their experience of the Command Structure.

7.4 Remobilisation Plan - Emerging Workstreams

Joanna MacDonald advised the Remobilisation Plan consisted of ten workstreams, monitored on a weekly basis at the Performance Recovery Board. In relation to remobilisation, there was the Scottish Government's COVID-19 Framework for Decision Making which provided a route map for the recovery of services following the pandemic. The Board's remobilisation activity targets, following demand and capacity activity modelling were 60% for June and 80% for July. It was confirmed while the target was 80%, it did not mean efforts would be stopped when the target was reached, it was the intention to perform as many procedures as possible, taking account of social distancing and infection control measures. In addition to the remobilisation plan, winter planning was also underway. A key component of the winter plan was the significant expansion of the winter flu vaccination programme.

With specific regards to Argyll and Bute, the remobilisation targets were particularly challenging because a number of services were provided by NHS Greater Glasgow and Clyde who were remobilising at a different pace due to increasing number of coronavirus cases. Moreover, the close proximity Glasgow and, in particular, West Dumbartonshire had caused issues in supporting the statutory and independent care sector, recently indoor visiting to care homes was suspended in Helensburgh, Lomond, Bute and Cowal.

The challenges to remobilisation were highlighted to the Forum:

- The backlog of cases, such as, preventative screening and deferred elective activity. Plans were underway to clear the backlog of cases in the acute sites.
- The supply of PPE was an ongoing challenge, particularly, for dental services.
- There was the potential for a second wave of COVID-19 to occur at the same time as winter flu.
- There were concerns among dispensing GP practices across NHS Highland regarding the exit from the European Union.

Ms Sutton requested members of the Forum discuss the Plan with their respective advisory committees and consider what their profession contributes to the delivery of the plan. Moreover, Ms Sutton advised members, the Chief Officers were happy to meet with departments or divisions to discuss the remobilisation plan and the impact of the plan for their particular division.

It was agreed David Park would be invited to the next meeting to discuss the Remobilisation Plan specifically in relation to North Highland Community.

The Forum Noted the Update and agreed to discuss the Remobilisation Plan within their respective advisory Committees and feedback to the Forum.

8 FOR INFORMATION

8.1 Updated Attendance Record

The Attendance Record circulated for information.

8.2 Dates of Future Meetings

29 October 2020
17 December 2020

The Forum Noted the remaining meeting dates in 2020.

9 AOCB

Margaret Moss advised Ann Galloway had resigned from her post within NHS Highland and, as such, it would be her last meeting of the ACF. Ms Moss expressed her thanks to Ms Galloway for her contribution to the Forum.

10 ITEMS FOR FUTURE ACF MEETINGS

Performance Framework
Realistic Medicine
Discovery
UHI Research Opportunities

10 DATE OF NEXT MEETING

The next meeting will be held on 29 October 2020 at 1.30pm in the Board Room, Assynt House Inverness.

The meeting closed at 5pm