

<i>DRAFT</i>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	
MINUTE of MEETING of the AREA CLINICAL FORUM	31st August 2023 – 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair (Chair)
Stephen McNally, (Vice Chair)
Elspeth Caithness, Employee Director (from 3pm)
Kara McNaught, Team Manager, Adult Social Care
Al Miles, Area Medical Committee
Zahid Ahmad, Area Dental Committee
Helen Eunson, NMAHP Committee
Eddie Bateman, Area Dental Committee (until 2.25pm)

In Attendance

Ann Clark, Non-Executive Director (until 3.50pm)
Claire Copeland, Deputy Medical Director (until 3.50pm)
Sarah Compton-Bishop, NHS Highland Chair
Muriel Cockburn, Non-Executive Director
Albert Donald, Non-Executive Director

Kate Arrow, Anaesthetics Consultant, Item 4.1
Louise Bussell, Nurse Director, Item 4.2
Gareth Adkins, Director of People & Culture, Item 4.3

Karen Doonan, Committee Administrator (Minute)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from L Currie, A Javed, F Jamieson, B Peters & C Dreghorn

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 6 July 2023

The minutes were approved.

3. MATTERS ARISING

The Chair confirmed that she had spoken with dental after the last meeting and that E Bateman was here to give a more detailed verbal update later in the meeting.

The new NHS Highland Chair introduced herself to committee giving a brief update of her work within the organisation prior to her appointment. She stated that she will attend committee as much as her diary permitted her to.

4. ITEMS FOR DISCUSSION

Due to time constraints these items were not taken in the order presented on the agenda.

4.1 Realistic Medicine – Kate Arrow, Anaesthetics Consultant

The Chair welcomed K Arrow to committee who spoke to her presentation.

It was confirmed that ongoing work had been taking place around the younger generation and how to incorporate their needs through discussions with them. K Arrow highlighted some work that was being done through schools and education of younger people and how they can ask questions about their health.

S Compton-Bishop expressed an interest in attending the event discussed in the presentation and highlighted how important it was to keep realistic medicine at the forefront of discussions.

It was confirmed that the use of compassion within the healthcare setting noting the challenges around time to speak with patients and the impact of this on other patients who had less challenges in their decision making. H Eunson highlighted the time constraints in society in general and how these impact on the expectations of those involved. It was important to take this into account when having conversations and to understand the needs of those involved in the decision-making process. It was noted that the system in place often constricts the amount of time that is available for colleagues, and this is part of the challenge faced.

The Chair highlighted the increasing number of non-medical prescribers within NHS Highland and queried if there was some way that these prescribers could be involved in the work through the training that they received. Drug waste was challenging to address without involving all of those who were in the position of prescribing.

Action: The Chair to send further details of who to contact regarding prescribing to K Arrow

K Arrow encouraged all members of committee to keep in touch with any comments or suggestions regarding her presentation today. H Eunson asked for clarity on what the ask of the committee was to the advisory groups regarding the presentation given.

K Arrow shared the following from Scottish Government:

- Ensure all health and care professionals in Scotland complete online shared decision-making training available on TURAS.
- Ensure that patients and families are encouraged to ask the BRAN (Benefits? Risks? Alternatives? do Nothing?) questions.
- Ensure health and care teams begin to evaluate the impact of shared decision-making conversations from their patients' perspectives.
- Support local teams to work with the Centre for Sustainable Delivery on full roll out of ACRT, PIR, and best practice pathways, including the EQUIP pathways, as quickly as possible and report uptake in the six-monthly progress reports.
- Ensure local clinical teams engage with the Centre for Sustainability Delivery to consider current and future Atlas of Variation data to help identify unwarranted variation in health, treatment, service provision or outcomes and demonstrate how the board can improve.

This was the starting point for the advisory groups to have discussions around how to incorporate that work.

K McNaught stated that she would send further information to K Arrow regarding conversations with social work and social care colleagues.

Action: K McNaught to contact K Arrow offline

4.2 **Quality Assurance Report** – Louise Bussell, Nurse Director

The Chair welcome L Bussell to committee who spoke to her presentation.

During discussion the below was noted:

- S McNally highlighted that the governance around this piece of work didn't seem to cover the patient experience itself. He advised that there had been information gathered that could be analysed regarding patient feedback which would be a good starting point.
- It was confirmed that various tools are in place to support colleagues such as the Royal College of General Practitioners (RCGP) which has an enhanced tool that gathers data to ensure learning points can be captured, and ways of working can be altered where appropriate.
- It was noted that GP Practices had captured a lot of data but there were challenges accessing this data, work has continued to remove these barriers.
- A Miles mentioned that whilst big strides in culture had happened there were some work to be done as it's a continual work in progress but an observation would be that it is still difficult in Highland to express an alternative viewpoint to suggested change.
- C Copeland confirmed it was a challenge but the key point around quality was to ensure that the method of treatment was the avenue for each individual patient.

Action: The Nurse Director asked for any feedback and suggestions on quality to go to the Chair of ACF by 20th October 2023 for discussion at the Board Development Session.

Action: K Doonan to ensure invite to next Area Medical Committee be sent to Nurse Director and item on 'Quality Assurance Report' to go on the agenda.

4.3 **Medical Staffing Act** – Gareth Adkins, Director of People & Culture

The Director of People & Culture spoke to his presentation.

During discussion it was noted:

- An implementation project board would be established in the imminent future
- The core principles would include Workforce Planning to agree what is required to deliver the expected standard of service, ensuring the task is not considered a 'numbers process' and has professional judgement alongside operational planning and delivery.
- The Director of People & Culture confirmed that there would be real-time monitoring covering short, medium and long term challenges whilst mitigating ongoing risks.
- A key component of the process would be integrated service planning, identifying what we're delivering and to what standard considering the different settings of working.
- The Director of People & Culture referenced common principles of planning assumptions such as the average length of stay and the number of in-patient beds would be needed but he recognised it is a complex area and not as simplistic as

explained.

- It was mentioned that it would look different depending on the setting involved which would feed into the Workforce Planning element of the work and a common staffing methodology would be applied where available.
- S McNally noted there was a rolling programme of closing some theatres due to a shortage of anaesthetists but mentioned there would be other areas impacted; the Director of People & Culture acknowledged the challenges but identified the skills mix of teams would be critical to adapting to capacity concerns.
- The Nurse Director confirmed this approach is a positive step forward as it distances from the old approach where specific professions were looked at rather than an overall holistic view based on what patients required.
- The Director of People & Culture emphasised that enactment of the act will be an evolving process that all Boards will need to drive forward but it would be important to draw on experience further afield such as NHS England.
- H Eunson suggested a revision to how the item is referenced in future with the view it be more contemporary than 'Medical Staffing Act'.

Action: The Director of People & Culture confirmed he'd like to attend the November meeting of the ACF to discuss the culture and leadership framework piece of work that went to Area Partnership Forum & Staff Governance Committee – K Doonan to issue invite and transfer report.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 30th August 2023

E Bateman gave an update on the situation with dentistry within NHS Highland. During discussion it was noted:

- The limited access to NHS dentistry is a nationwide issue.
- For those practices that can take on new patients often this finds the practice working at capacity relatively quickly
- There were only a couple of practices in the NHS Highland area that were taking new patients on
- Limited availability of dentists – some European dentists have left the country, no new dental students have graduated during the time of the pandemic, recruitment is a major challenge.
- Many dentists do not wish to enter NHS dentistry due to the contract that is currently in place.
- Low fees for NHS treatment, high laboratory fees mean that NHS is not cost effective.
- Many practices are now moving away from NHS work and moving into providing private care due to it being unprofitable.
- Significant amount of deregistration of NHS patients, higher in A&B
- Increase in emergency dental work being undertaken by dentists, this impacts on capacity and viability of practice – 3 practices within NHS Highland have closed due to being non-viable.
- 24% of practices have not reached 70% of pre Covid activity, similar stats nationally.
- Inequalities are now growing with many patients not being able to afford private care

getting no care at all.

- New contract is due to be rolled out in November, much simpler contract however still some items that where fees are too low and have not risen in line with inflation, expectation that lab fees will increase further
- Lot of corporate entities with practices, BUPA has decided not to take on NHS patients within NHS Highland area
- Expectation that it will be numerous years before the workforce numbers recover from the pandemic effects

It was noted there had been ongoing impacts on professions around low graduate numbers and discussions continued around how this would impact progress moving forward.

It was noted that many dentists are unable to address their patients lists effectively due to the high numbers of emergency work required. An important point to consider was the need to ensure that remote and rural provision was addressed when it came to training and education of students including their placement within the locality.

There was also reference to the definition of “remote and rural” as this included distances from dental centres, not from cities, had this been changed to distance from cities it would clearly define the areas.

5.2 Adult Social Work and Social Care Advisory Committee – 20 July 2023

K McNaught spoke to the minute, during discussion it was noted:

- S Steer had spoken about the adult social care cost avoidance plan.
- I Thomson had spoken about the project work around choice, flexibility and control that continued to move forward.

5.3 Area Healthcare Sciences Forum

There had been no meeting.

5.4 Area Pharmaceutical Committee – 14 August 2023

C Sinclair confirmed there were no additional points to add to the circulated minute.

5.5 Area Medical Committee meeting – 15 August 2023

A Miles spoke to the minute, during discussion it was noted:

- Work was ongoing around the Vaccination Transformation Programme.
- Tetanus vaccinations had been a recent focus, especially around administering these locally to encourage a higher uptake as it was noted people are less likely to travel long distances for this.

5.6 Area Optometric Committee

The next meeting is scheduled for October 2023

5.7 Area Nursing, Midwifery, and AHP Advisory Committee – 3 August 2023

H Eunson spoke to the minute, during discussion it was noted:

- Work is underway around what information the committee should pass on to the ACF
- The Nurse Director had been carrying out some work around the Leadership committee and it's structure to ensure there was an appropriate flow of information to the advisory committee and subsequently to ACF.

5.8 Psychological Services meeting

There had been no Meeting.

The Forum noted the circulated committee minutes and feedback
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6 ASSET MANAGEMENT GROUP

S McNally noted there had been minutes for two previous meetings; during discussion it was noted:

- There had been a significant cost around improving the Wi-Fi which Scottish Government would not contribute towards and therefore had to come out of existing budgets.
- Finances continue to be a challenge and work has continued in trying to minimise the impact on contingency budgets wherever possible.

Action: K Doonan to contact S McNally to obtain these minutes and circulate to committee and ensure future minutes are requested directly from him.

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

- 7.1 K McNaught provided a brief overview of the discussions but the meeting was only held on 30 August; however asked if there were any specific areas of interest to get in touch with her directly.

The Forum **noted** the minutes.

8 Dates of Future Meetings

02/11/2023

9 FUTURE AGENDA ITEMS

- Director of People & Culture – Leadership & Culture Programme
- Quality Commission Report – further discussion

10. ANY OTHER COMPETENT BUSINESS

11 DATE OF NEXT MEETING

The next meeting will be held on the 2 November 2023 at **1.30pm on Teams.**

The meeting closed at 4.10pm