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MINUTE of MEETING of the AREA CLINICAL FORUM Board Room, Assynt House, Inverness	29 October 2020 – 1.30pm	

Present

Margaret Moss Area Nursing, Midwifery and Allied Health Professionals Forum (Chair)
 Eddie Bateman, Area Dental Committee
 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
 Alex Javed, Area Healthcare Sciences Forum
 Catriona Sinclair, Area Pharmaceutical Committee
 Claire Watt, Adult Social Care and Social Work Advisory Committee
 Laura Ann Menzies, Area Nursing, Midwifery and Allied Health Professionals Committee
 Stephen McNally, Raigmore Hospital

In Attendance

Kayleigh Fraser, Board Administrator
 Jean Boardman, Non-Executive Director
 Kenny Steele, Highland Hospice
 Boyd Peters, Medical Director
 Paul Davidson, Deputy Medical Director, Community and Mental Health
 James Docherty, Clinical Lead for eHealth
 Tracy Ligema, Director of Community Services, North and West Division.

1 WELCOME AND APOLOGIES

Margaret Moss welcomed those present to the meeting.

Apologies were received from Emma Watson, Frances Jamieson, and Eileen Anderson.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 3 SEPTEMBER 2020

The minute of the meeting held on 3 September was **approved**.

3. MATTERS ARISING

3.1 Bronze, Silver and Gold Command Feedback

The members were asked to consult with respective Advisory Committees to gather feedback on their experience of the command structure.

The Chair advised the Bronze, Silver and Gold command structure had been reinstated in anticipation of the second wave of Covid. In relation to Silver meetings, she advised she is representing the ACF and has been attending these daily, however this is

reducing to Mondays, Wednesdays and Fridays. The Chair is sending out the dashboard daily to keep members informed. The Silver Command Bulletin is sent to all NHS mail addresses following each meeting

Concerns were raised that some members were not receiving the Silver Bulletin. The Chair advised that she will investigate this and report back.

3.2 Remobilisation Plan – Emerging Workstreams

At the last ACF meeting held on 3 September it was agreed that the Professional Advisory Committees would discuss the Remobilisation Plan and provide feedback to the Forum. The Chair asked members to provide an overview and asked if there were any concerns or feedback to be shared.

L Cameron-Ross, Area Medical Committee (AMC) discussed the Remobilisation at the AMC and delivered a presentation about the winter plan. She expressed concerns about the impact this has had on GPs with the main concerns being the amount of engagement and the lack of communication. She said others are concerned about the lack of information and that they would have a better understanding if the communication was more effective.

L Cameron-Ross raised concerns around COVID and commented that a lot of energy is going into everything COVID related. She also believed that things are very much driven by the Scottish Government which did not reflect Highland circumstances. This has created a disproportionate response which has had a consequential impact on other workstreams and services.

The Chair agreed and said there is an increased focus on COVID as the second wave has started to emerge, we are required to spend a lot of time on COVID although it's not affecting us as much as some other parts of Scotland at this point. She expressed that staff are concerned about COVID and trying to remobilise at the same time. This is creating significant anxieties which need to be managed through good communications.

C Sinclair, Area Pharmaceutical Committee (APC), believes that they have not had to remobilise as they haven't needed to stop anything. This has therefore allowed pharmacists to continue to focus on making improvements. She commented that the COVID period had produced a faster joined-up response which could be lost after remobilisation with less connectivity thereafter. She also said there needed to be a balance between communications and prioritisations as this was an ongoing challenge.

L Currie, Area Nursing, Midwifery and Allied Health Professionals Committee (ANMAHPC), looked at the remobilisation in their last committee meeting. She said they were looking at remobilising whilst a potential second wave is forecast. The Silver command update referenced that most outbreaks were in Argyll and Bute. The challenge for the service was the need to pick up normal activity whilst preparing for a potential 2nd outbreak of COVID. From an AHP point of view, data was regularly reviewed as part of the performance recovery board which has now stopped. It is worrying that there is no visibility of that activity at present.

W Craig-MacLeman, ANMAHPC, added there is concern around how COVID is being reported. In the community there are higher numbers than in hospitals, so it's important to get a balance.

Claire Watt, Adult Social Care and Social Work Advisory Committee, said although there have been challenges, they have managed to provide services throughout. There needs to be a balance between the options they have available to deliver certain services to people. The remobilisation of day services is ongoing, however the services will differ to those previously provided.

E Bateman, Area Dental Committee reported that there have been no comments regarding the Remobilisation plan, although significant remobilisation is occurring at pace

in Dentistry. In the last week there has been an announcement that there will be a resumption of a full range of NHS care for patients as of the start of November. There has been a press release from NHSS to manage patients' expectations as activity will be limited due to having PPE for 10 patients a day only.

A Javed, Area Healthcare Services Forum, advised they have not been able to meet, however has discussed the plan at an operational level. He stated it has not affected them as such, however has increased workload against workplace environment which is a significant challenge, although this is an operational issue. He expressed that trying to work in a COVID secure manner is taking its toll on the staff.

L Menzies, ANMAHPC, said a lot of good came from remobilisation however their challenge is supporting services, not allowing visiting and partners in to support during birth is a challenge as much as the ongoing impact of staffing levels. A positive is that appointments can be made from home.

The Chair agreed to share this feedback with the Executive Team.

ASSET MANAGEMENT GROUP

4.1 Minute of Meeting of 19 August 2020

The Forum noted the minute.

4.2 Draft Minute of Meeting 23 September 2020

The Forum noted the minute.

5. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Feedback from Area Nursing, Midwifery, and AHP Leadership Committee

5.2 Area Nursing, Midwifery, and AHP Leadership Advisory Committee Draft Minute of 24 September 2020

L Currie advised the Forum that the ANMAHP Committee still needed to appoint a vice chair, who according to the terms of reference should be a practicing nurse. They discussed the cascade of information from the board papers and if information flow could be improved. L Currie asked if there was an opportunity for a summary of the meetings and for this matter to be discussed further.

5.3 Area Dental Committee Draft Minute of Meeting of 30 September 2020

E Bateman advised the Forum there was nothing from the minutes to be discussed. He went on to advise that a publication had been released on the Scottish Dental Clinical Effectiveness Programme, which is on aerosol generated procedures in practice. The issue with enhanced PPE is ongoing especially with FFP3 masks, Alpha Solway masks were to be issued however they had been rapidly recalled because of deterioration of the nose pieces.

J Boardman asked about face fit masks and asked for more information on how much they are in use and who should be supplied with them. W Craig-Macleman, advised the Alpha Solway programme is starting in Raigmore next week to test and re-fit staff. Everyone that is getting fitted in Raigmore at the moment are staff who are in high risk areas who have the Aerosol Generated Procedure (AGP) as part of their core work. He advised there are approximately 1200 staff needing refitted by the end of December.

5.4 Area Pharmaceutical Committee Draft Minute of the Meeting held on 24 September 2020

C Sinclair commented the minutes of 24 September were not yet available. She advised the main issues going forward are to keep an eye on COVID issues and how it impacts the workforce operationally. Brexit is also something they are monitoring as this may have an impact on supply issues. The Chair acknowledged there are currently delays in Board admin in terms of the problem getting the minutes and this may be due to recent staff vacancy. She would raise this with the Board Secretary.

5.5 Adult Social Care and Social Work Advisory Committee Draft Minute 5 October 2020

C Watt discussed that the Scottish Government announced a review of Adult Social Care in September and a report would be developed through Alliance Scotland. They are linking in with them to do some consultations with staff using the framework provided by The Scottish Government. They will feed in from a social work perspective with their thoughts and views around the questions they have laid out.

The Chair reflected the potential benefits of wider stakeholder consultation as part of this and C Watt agreed but indicated the current request is for review within ASC only.

5.6 Feedback from Healthcare Sciences Forum

A Javed advised that the Healthcare Sciences Forum hasn't met however work had been progressing. He discussed the work he undertakes as a representative on the Health Care Science forum which involves physiology training, remote and rural challenges, training programmes, how they can share knowledge and resource across Scotland.

5.7 Area Medical Committee of 11 August 2020 and feedback of meeting held on 6 October 2020

The minutes of 11 August had been circulated, and L Cameron-Ross advised the minutes had not yet been completed following the most recent meeting.

5.8 Psychological Services Advisory Committee Draft Minute of meeting held on 10 September 2020

The Minutes of the Meeting had been circulated. There were no representatives from the Committee present to comment on the minutes.

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

The Chair asked the Forum if there were any questions regarding the feedback notes from the Board meeting of the 28th September. No questions were asked.

7 DISCUSSION ITEMS

7.1 Culture Fit for the Future Update

A Palmer advised the Forum that he attended the most recent meeting of the Culture Programme Board. He confirmed there had been an external review into people processes and drew particular attention to the following areas:

- Clarity and expectation in the processes
- Communications throughout the processes
- Capabilities and training
- Audit and learning from individual cases
- Clarity on responsibilities for leadership
- Consistency

- Developing and establishing confidence and trust in the processes
- Looking at resources and availability of people to run things
- Priorities

The Chair went on to explain about the Board workshop around vision values and objectives and a presentation delivered by Fiona Hogg had been circulated, which linked to the cultural work. There was also an update on the values and behaviours work stream, which is going to be led through the provision of leadership from Nursing, Midwifery and Allied Health Professions.

B Peters presented and discussed early thoughts on the NHS Highland Clinical and Care strategy. He went on to advise the Forum that he had come up with a proposed vision statement to improve the health of our communities in a way that makes them proud of NHS Highland. He also highlighted the basic values and principles that were discussed.

At the end of 2019, following on from the Professional Alliance work, work had begun on a clinical strategy. There were 8 work streams focussing on area specific work. Development of the clinical strategy had been held in abeyance due to COVID19. He made the point that the Covid response is a prime example of how we can quickly change things, apply strategy and align when we really need to or want to.

The Chair advised the Forum that at the development session she said it would be good if the consultation around this was directed through the ACF to all of the advisory committee structures. She feels this would be a good opportunity to use the broadest consultation route available and develop the advisory committees' roles as well as the Board's expectations of these committees.

The Forum Noted the Updates.

7.2 End of Life Care Update

L Cameron-Ross discussed the plans for End of Life Care and provided a presentation on it. She discussed the end of life care for patients and the processes that are in place for the patients. They have a community nurse and a GP, and a number to phone to bypass NHS Out of Hours service. A working group was formed and they made full use of the Silver and Bronze command structure to progress work quickly. In April they agreed 3 principles - equality across Highland, accessibility and for information to be up to date.

She highlighted the methods that were in place for families, including accessible information on the NHS website and distributed a contact list which was distributed around community hospitals. They also developed end of life care boxes for those who went home, enhanced the palliative care helpline and started a 6 month pilot where people now get put through to a nurse with palliative care experience who can carry out a video or telephone consultation.

Kenny Steel, Chief Executive, Highland Hospice, spoke about the end of life care partnership. The aim is to deliver outcomes that matter to people, through preventing care in the right place and in partnership. The aim is to shift the balance of care into the community to deliver better outcomes for people at the end of their lives. This aim was in alignment with the understanding that most people would wish to be supported at home at end of life. Over the last 6 months over 50% of people died in hospital with an average of a 19 day length of stay.

During the discussion, Mr Steele confirmed that end of life care is more expensive to deliver in hospital than in the community. Looking across the UK where people have achieved the shift of balance there are essentially 5 common factors –

- Partnership and leadership (at a senior level in all organisations)
- Population approach – been a tendency to look at end of life care from a disease perspective.

- Identification, meaningful conversation and shared information
- Better access to care – access to 24/7 care
- Robust framework for evaluation

A lot of this was discussed before Covid, however the pandemic has given an opportunity to drive this change. Additionally, there is more imperative to shift the balance towards the community.

J Boardman asked why death was predicted to rise by 20%. K Steele explained that because of our aging population deaths were predicted to rise year on year, as well as an increase in complex cases. She also asked for more clarity on population approach. K Steele said population approach is about delivering value and recognising that this is something that is going to affect all of us.

The Forum **Noted** the Update and commended the work of L Cameron Ross, The Highland Hospice and the evolving partnership.

7.3 Care Portal Update

J Docherty provided an update on the Care Portal, which is fundamental for our aspirations for electronic patient records. Although the SCI portal had been developed, the Care Portal had been the chosen option for NHS Boards in the North of Scotland. It is predominately used by Shetland, Orkney, Grampian and Highland, with Western Isles and Tayside looking to join. J Docherty provided the Forum with information around what access they have in addition to the SCI portals - Emergency Care Summary (ECS), Radiology Systems as well as links to other regional portals including Greater Glasgow & Clyde as well as the Golden Jubilee portal.

In the month of September there had been 25,000 log ins for the North of Scotland portal, 230,000 searches and 150,000 results had been viewed, and 70,000 documents were viewed, 99% of this was from NHS Highland. J Docherty discussed the Immediate Discharge Letter (IDL) and spoke about replacing the current system which unfortunately had not been progressed due to Covid. He advised the Forum the go-live date was as yet unknown.

L Cameron-Ross asked about access for Scottish Ambulance Service, and if they had been included in the Care Portal access. J Docherty explained that at the moment they won't be. They are currently checking to see if they can get network access and are keen to progress with that.

7.4 Remobilisation Plan (North Highland Community Remobilisation)

T Ligema provided an update on work around remobilisation in North Highland community and went on to discuss winter planning as a key part of this. She introduced the initial approved draft of the Winter Plan (WP). She advised the Forum the current form is not in any way robust enough to address forthcoming winter pressures. The plan also covers Covid 19, infection control, local plans and urgent care re-design flow navigation hub to help redirect patients away from emergency departments.

The Scottish Government requested for this year's to be linked to the re-mobilisation plan for all services which further links to the Annual Operating Plan. T Ligema stressed the plan is currently very high-level and requires input from several stakeholders.

The Forum **Noted** the Update and **agreed** to continue to discuss the remobilisation and winter planning within their respective advisory Committees. It was agreed that feedback would be provided to the Forum and directly to T Ligema from advisory committees.

8 FOR INFORMATION

8.1 Scottish Government Consultation on Human Tissues

No matters discussed. Relevant comment to be sent directly via the consultation process.

8.2 Updated Attendance Record

9 ANY OTHER COMPETENT BUSINESS

The Chair noted this was Lorien Cameron-Ross's final meeting and thanked her for her contribution to the forum over the past few years. Alan Miles will replace Lorien as a representative of the Area Medical Committee.

10 ITEMS FOR FUTURE ACF MEETINGS

UHI Research Opportunities
Presentation on Discovery and Balanced Scorecard.
Performance Framework

11 DATE OF NEXT MEETING

The scheduled meeting on 17 December 2020 has been cancelled. The next meeting will be held on 14th January 2021.

Meeting dates for 2021

14 January
4 March
29 April
1 July
2 September
4 November

The meeting closed at 5pm