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MINUTE of MEETING of the AREA CLINICAL FORUM	4 March 2021 – 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair, Area Pharmaceutical Committee (Chair)
 Eddie Bateman, Area Dental Committee
 Stephen McNally, Clinical Representative (Raigmore Hospital) (until 2:10pm)
 Linda Currie, Area Nursing, Midwifery and Allied Health Professionals Committee
 Eileen Anderson, Area Medical Committee
 Manar Elkhazindar, Area Dental Committee
 Alan Miles, Area Medical Committee
 Frances Jamieson, Area Optometric Committee
 Alex Javed, Area Healthcare Sciences Forum (until 3:20pm)
 Adam Palmer, Employee Director
 Ian Thomson, Adult Social Care and Social Work Advisory Committee

In Attendance

Gerard O'Brien, Non-Executive Board Member
 Boyd Peters, Medical Director
 Tim Allison, Director of Public Health and Policy (until 3pm)
 Heidi May, Nurse Director
 David Park, Chief Officer, Corporate Services (Item 7.3 only)
 Emma Watson, Deputy Medical Director
 Caroline Champion, Service Planning Manager (Item 7.6 only)
 Veronika Burgess, Board Administrator

To be noted: the order of items was rearranged due to presenter availability, so will not match the order on the Agenda.

1 WELCOME AND APOLOGIES

The Chair welcomed those present to the meeting and thanked them for attending.
 The Chair introduced Gerry O'Brien who is attending the meeting as a Non-Executive Board Member.

Apologies were received from Margaret Moss, Wendy van Riet, Peter Cook, Laura Ann Menzies, Jim Law and William Craig-MacLeman.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 14 JANUARY 2021

The minute of the meeting held on 14 January 2021 was **approved**.

3. MATTERS ARISING

There were no matters arising.

4. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

4.1 Area Dental Committee meeting held on 3 February 2021

i. Revised Area Dental Committee Constitution for Ratification

Eddie Bateman provided feedback regarding the revised Constitution. The updates included:

- Update of job titles of members
- Introduction of the Highland Local Dental Committee
- Change to membership so that only voted in members have voting rights, not co-opted members
- Inclusion of the Director of Dentistry
- The length of term of the Chair amended from one year to four years

The Forum ratified the revised Constitution.

E Bateman advised that the dental schools in Glasgow and Dundee have decided there will be no output this summer, and all years will be repeating a year. The dental school in Aberdeen intend to turn out their students in December, but vocational training won't be given until the summer; it is yet to be decided what will happen for the 6 months in between. This may have an impact on recruitment in the area. There has been no decision made as yet for the dental therapy students or therapy training scheme.

E Bateman also advised that a larger number than usual of dentists have retired over the last year due to Covid. Brexit may also have an impact on recruitment as a number of EU qualified dentists are leaving the country. The impact has not yet fully been seen.

E Bateman confirmed that he will advise the Forum once any further evidence or information is received, and this will be fed back through the appropriate route.

The Forum noted the minute and update.

4.2 Area Nursing, Midwifery, and AHP Leadership Committee meeting held on 21 January 2021

Linda Currie provided feedback; nothing further to add to the minutes or to escalate. They are continuing to work on membership and have been trialling different forms of communication to increase membership.

L Currie will speak to the NMAHP ACF reps to ensure that there is decent representation at the meetings.

Adam Palmer enquired about the Agile Nursing Workforce paper, and confirmed that at this time this paper has not been agreed by Staff Side. L Currie confirmed this paper has not been reviewed by the NMAHP Committee as yet.

Heidi May provided background in relation to this paper which was developed in response to the significant nursing shortages experienced in the Covid pandemic, where there were not enough nurses to cover shifts. The four Chief Nursing Officers of the United Kingdom come together to ensure this type of situation would be as safe as possible. They looked at two types of skill mix; staff to patient ratio as well as registered nurse to health care support worker ratio. The paper set out boundaries and limits. Embedded in the document are papers around the remobilising of an alternative workforce, whereby they would reach out to other staff groups to help support the nursing workforce. There were several pieces of work commissioned around the limits for dilution in regard to critical care, community nursing, adult inpatient wards for both acute and community care, and maternity services. These documents have been nationally ratified and agreed for usage and Boards were instructed that under emergency measures these documents are able to be used.

Locally this document was embedded into another document for context and to provide detail for the preparation work, for example who locally could be called on and under what circumstances, and what is core care and what is care that may be altered or slowed down to impact on work load. This document was submitted to the NMAHP Professional Leadership Committee and it was ratified there for escalation to the Executive Directors Group for sign off.

H May confirmed that prior to sign off by the EDG the document was used in the Inner Murray Firth area to help inform decision making regarding a shortage of beds and the opening of additional beds. Managers and staff felt they were not familiar enough with the document and were not involved enough in the development of the document.

The issue was discussed with the South and Mid Operational Unit as well as Staff Side, and currently Staff Side cannot support this paper until there is further discussion.

The document is now back to a draft document and will be submitted to various forums for discussion which will include the ACF.

Adam Palmer confirmed that further discussion on this paper will be taking place at the informal Highland Partnership Forum meeting tomorrow.

He further clarified that the person who attends the NMAHP committee is there only as a RCN representative and does not represent Staff Side as a whole, he will discuss this with H May offline.

The Forum noted the minute and update.

4.3 Psychological Services Advisory Committee – no meeting in February

There were no representatives from the committee present to provide feedback.

4.4 Area Pharmaceutical Committee meeting held on 15 February 2021 – no minutes

The Chair confirmed that the meeting in February was not quorate so no minutes were taken; there was nothing urgent on the agenda and no exception reports.

The Forum noted the update.

4.5 Area Optometric Committee meeting – no meeting in February

Frances Jamieson provided feedback. At the last meeting held in November, the Committee discussed access to Care Portal for optometry. Currently optometry practices don't hold patient lists, the patient is not registered with the practice, and their history does not go with them; this causes problems if there is a pre-existing eye condition, along with unnecessary communication and referrals. Optometry is the first point of call for patients with eye problems, but having no patient history when starting treating and quite often no feedback as to what the eventual diagnosis and treatment was makes things very difficult.

F Jamieson advised that in Fife, Care Portal access has been granted to emergency treatment centres and now all community optometry as well, and it has been found to cut down on wasted time and emails etc.

Emma Watson commented that if this is enabled in other Boards, then it should also be enabled at NHS Highland as it involves patient safety and also recognition that this is a broader multi professional team.

Action: E Watson agreed to take this issue as an action to eHealth to discuss, and if necessary escalate. She will inform the ACF of the progress.

The Forum noted the update.

4.6 Adult Social Care and Social Work Advisory Committee – no meeting in February

Ian Thomson provided feedback. At the last meeting held in November it was agreed to

provide feedback to Derek Feeley and the Independent Review of Adult Social Care in Scotland. This report has now been published and represents a fundamental reappraisal of where Adult Social Care is headed in Scotland. I Thomson feels this is a very significant report with the potential to have huge impact. This report will be discussed at the next meeting of the Advisory Committee and comments will be reported back to the ACF.

Linda Currie welcomed the report and agreed it will be a significant improvement. L Currie suggested that the report be tabled as a future agenda item for the ACF in order to review the wider context.

Action: Add to Future Agenda Items; I Thomson to advise when this would be appropriate.

The Forum noted the update.

4.7 Area Healthcare Sciences Forum meeting

Alex Javed provided feedback. There have been no formal meetings for quite a while due to resources within the workforce. Work has been taking place to look at staffing and how to develop the services going forward. They are looking at how the staffing modelling will work in the future with equipment changes and possible changes to service needs for harmonisation with laboratories across Highland. These discussions are being built into the AOP plans. They are also working with educational bodies, continuing to support health care scientists who come on placements.

The Forum noted the update.

4.8 Area Medical Committee meeting held on 9 February 2021 – minutes to follow

Eileen Anderson provided feedback. The minutes had not been received by the Forum so E Anderson provided an overview of what had been discussed at the meeting. This included the following items:

- Highland Health and Social Care Committee second representative; this has been opened to primary care as secondary care are unable to provide.
- Hospital Sub Committee membership, representation and meeting times.
- Pilot of Clinical Dialogue in Nairn, Badenoch and Strathspey.
- Slow arrival of Order Comms, the electronic ordering of tests, across primary and secondary care.
- Update on Covid and vaccinations.
- Acute Hospital activity and capacity; mobilisation plans.
- Report from the GP Sub Committee.
- Healing Process has been extended to the end of March; payments will no longer be subject to tax.

The Forum noted the update.

7.4 PUBLIC HEALTH UPDATE – COVID VACCINATIONS

Tim Allison, Director of Public Health and Policy provided a verbal update on Covid numbers and vaccinations.

- There was a rise in cases, particularly in the Inner Murray Firth area, around late December and January. One of the reasons for this rise in cases was the arrival of the new variant; this transmits more easily so there have been greater transmissions. There was a decline in the middle of January and then the levels plateaued; however over the last couple of weeks there has been a considerable decline in cases. Across NHS Highland as a whole the figure currently stands at 24.9 per 100,000.
- Within secondary care, the fall in cases is considerably behind the fall in

community cases as expected, but there is a reduction in cases in hospital and ICU and anticipate that this will continue.

- Testing continues to increase; there are two methods for community testing, postal testing and tests based in fire stations which are available across the whole of the mainland and Skye. There are other testing arrangements which are being developed including asymptomatic testing.
- Vaccinations; there is good progress, well over 100,000 first doses, and second doses have begun. Around 90% complete for the JCVI 1 to 5 cohorts which had the deadline of 28 February.

The Chair enquired if there was enough capacity for completion of the second doses along with first doses.

T Allison confirmed that most GP practices feel they will be able to cope with the high workload; the main issue is vaccine supply. The plans have taken into account that first and second doses will happen at the same time. There may be some practices that will not be able to continue with the full vaccination program; but at the moment the plans are adequate and will be kept under review going forward.

Linda Currie provided the Forum with information about the work being completed around long Covid. The Clinical Response Group asked for a group of clinicians to look at long Covid; in response a multidisciplinary primary and secondary care group was established the end of 2020 to look into this, as well as hearing from colleagues across the UK. As a result a potential plan to support those with long Covid, as well as projections around figures, will soon be presented.

L Currie confirmed that any updates and communications in regard to this work will be brought to a future ACF meeting.

The Forum noted the updates.

5. ASSET MANAGEMENT GROUP

5.1 Minute of Meeting of 21 October 2020

The Forum noted the minute.

5.2 Minute of Meeting of 18 November 2020

The Forum noted the minute.

5.3 Minute of Meeting of 16 December 2020

The Forum noted the minute.

5.4 Minute of Meeting of 20 January 2021

The Forum noted the minute.

6 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

6.1 ACF Representatives

A call for two ACF representatives for the Highland Health and Social Care Committee was previously sent via email.

The Chair confirmed that she will attend as a representative, and asked if any other members were interested.

Ian Thomson expressed his interest, and will speak to the Chair offline for further information and to confirm dates and arrangements.

7 DISCUSSION ITEMS

7.1 Culture Update

Manar Elkhazindar provided a verbal update. The meetings and discussions are continuing.

The Vision, Values and Objectives group has split into workstreams and each workstream is dealing with a different matter. It was noted that high level discussions are also ongoing at Board level that may impact on the group's discussions; they will make sure that these discussions are in alignment and not contradicting.

The groups are also looking at developing a process regarding engagement with the organisation as a whole and with the community.

M Elkhazindar confirmed that the Argyll & Bute report will be available and discussed in March, and will be reported to the ACF following this.

The Forum noted the update.

7.2 Whistleblowing Standards Implementation Oversight Group – Input and Feedback Mechanisms

Eileen Anderson provided a verbal update. The group is working well, and the aspirations are great. The timescales for implementation are quite tight, implementation is meant to be by April. The group discussed the need for clarity and simplicity regarding what to do if someone raises a concern, how to do it, and what level it is appropriate to escalate it to; also discussed the different routes for raising issues, and the risk that these different routes could cause a loss of clarity and oversight. They looked at the differences in raising an issue with respect to improvement in the service and blowing a whistle.

The Forum noted the update.

7.3 NHS Highland One Year Strategy (attached)

Boyd Peters and David Park provided a verbal update.

B Peters provided the Forum with some background to the strategy. While the biggest plan that is coming out this year is the Remobilisation Plan that describes what needs to happen for the coming year in a detailed way, the intention of the One Year Strategy is to have a document that references the Remobilisation Plan, but also looks at the wider work of building a proper strategy and framework.

B Peters advised that there will soon be a position advertised for a role to support this strategy and manage the development of a properly consulted on and developed strategy for NHS Highland.

D Park advised that it is useful to look at the Remobilisation Plan and One Year Strategy side by side. The Remobilisation Plan is set with the next financial year in mind, but recognising that a fuller, developed strategy will take consultation and time the One Year Strategy establishes the values and aspirations. Both documents are still in draft and development.

Input and feedback, in particular what is missing, where more weight is needed and any errors, was encouraged. An email address was provided for feedback. Comments to be received within the next couple of weeks if possible.

Ian Thomson commented regarding the opportunity to think at a very detailed level in terms of day to day and organisational decisions, yet at the same time use it as an opportunity to come up with a slightly different shape of service delivery for the future, try to balance both parts of this, not just recreate what was there in the past but come up with a shape of service that is a better fit for the future.

D Park agreed that this is an opportunity for a reset, and to look at the opportunities that are there, both big and small.

Eileen Anderson commented regarding continuing the current strategy of working from home, and how this may cause extra pressure for those who remain at the office. She suggested an audit of productivity.

B Peters agreed that this won't be setting a direction that applies to everybody all the time, or one that is inflexible or doesn't make sense. They are looking to make sense of what were the good changes from 2020, and which of these changes can continue.

Action: Veronika Burgess will provide the Forum with the email address for feedback. Forum members to take the document back to their Committees for their review also.

The Forum noted the update.

7.5 Clinical Response Group

Emma Watson provided a verbal update. A copy of the current Terms of Reference for the Clinical Response Group was provided for the Forum's information.

The Group is currently meeting weekly; they were originally meeting daily as the workload was so extensive. They have a healthy membership of mid 40s and regularly have more than 20 colleagues in attendance each week.

E Watson provided detail on some of the areas the Group has reviewed:

- During the second wave they have been looking at the new therapies for Covid, when these would be introduced, and approving the policies and protocols for implementing.
- Long Covid and what was needed as a Health Board to support the population.
- Getting clarity on how Covid patients are managed in all of the settings, in particular in the acute settings.
- Patient testing pathways, infection control pathways.
- Looking at the most recent guidance coming out of Government and if this is applicable to Highland and if so how it will be implemented.
- Medicine grab bags and support to the out of hours team to ensure that the right palliative care drugs are received in care homes.
- One of the next pieces to be looked at is balancing the ongoing working with Covid with the Remobilisation Plan and how the clinical colleagues across Highland view that.

Al Miles enquired regarding how membership is decided.

E Watson confirmed that membership is a mix of colleagues in formal leadership roles and interested colleagues who have asked to join. Presently no one has been denied membership if they have expressed interest.

Eileen Anderson enquired about CRG representation and feedback to the Hospital Sub Committee.

E Watson confirmed that there are CRG members on the Hospital Sub Committee, and she would be happy to present a regular update at the Hospital Sub Committee if they would like this.

Action: Veronika Burgess to forward the Clinical Response Group Action Tracker to the Forum for their information.

The Forum noted the update.

7.7 ACF and Advisory Committee Engagement

7.7.1 Communication to Professionals

7.7.2 NMAHP Bite Size

The Chair introduced this item. It has been highlighted in the past that there are

challenges with getting membership on Committees, and encouraging engagement. There are also challenges associated with communicating with colleagues and the wider possible membership.

The Forum was provided with a draft flyer and a copy of the NMAHP Committee's Bite Size document for review and feedback in relation to meeting these challenges.

The Forum provided the following feedback:

Flyer:

- The email address for Frances Jamieson is incorrect – should be frances.jamieson1@nhs.scot
- The email address for Eddie Bateman is incorrect – should be edward.bateman1@nhs.scot
- The email address for Adult Social Care and Social Work is incorrect – should be claire.watt6@nhs.scot
- The contact for Medical to be broken down into Primary and Secondary Care; Eileen Anderson for Secondary Care and Jonathan Ball for Primary Care.
- Contact details for Psychological Services to be added

Al Miles commented that one area that assisted with membership on the GP Sub Committee was NHS Highland working with the GP Sub Committee on remuneration rates so that practices were prepared to release an individual for the period of time and the individual was remunerated for their time. The second area that has assisted is the providing of a report from the Committee meetings to all practices, this has encouraged feedback, interest and awareness of the Committees.

Eddie Bateman commented that the Area Dental Committee has had a lot of good feedback from the creation of a WhatsApp group to encourage engagement.

The Forum agreed that the use of social media can be very beneficial but also can be challenging and problematic and comes with risk.

The Forum had no objections to the use of the flyer, and the use of a report similar to the NMAHP Bite Size.

Action: Veronika Burgess to amend the noted typos and inaccuracies and forward to the ACF for their final review.

7.8 NHS Highland Board Meeting - Key Issues for Noting

A document prepared by Margaret Moss outlining the key issues for noting from the 26 January 2021 NHS Highland Board meeting was circulated to the Forum.

The Forum noted the update.

7.6 Remobilisation Plan 2021-2022 (attached)

Caroline Champion, Service Planning Manager, attended the meeting to make a note of any suggested changes.

Boyd Peters provided an introduction. The Remobilisation Plan covers a great range of topics, and changes will be made continually as time goes along. Members were encouraged to look at what is missing, and focus on what needs to be done as the organisation comes out of the pandemic.

Colleague feedback that has been already provided includes making sure that staff wellbeing is factored in both now and into the future; and recognising that the demands on the organisation may be different going forward with, for example, greater amount of mental health issues and cancers that present late.

Ian Thomson commented regarding section 12.6 under Adult Social Care; the targets and performance that are included are now historic so this will need to be updated to present a more accurate position.

Action: Forum members to look at the sections of the Plan that are relevant to them and their Committees. Feedback to be provided via email to Caroline Champion. Veronika Burgess will provide contact details and timelines for review.

8 FOR INFORMATION

8.1 Dates of Future Meetings

29 April
1 July
2 September
4 November

9 ANY OTHER COMPETENT BUSINESS

No issues raised

10 FUTURE AGENDA ITEMS – For Discussion

- Integrated Performance and Quality Reporting System (IPR) – Discussion and Feedback from Advisory Committees
- Sharing Success

The following agenda items were also suggested:

- Adult Social Care Report (see item 4.6)
- Detailed update on long Covid from Linda Currie
- Unscheduled Care Redesign

11 DATE OF NEXT MEETING

The next meeting will be held at **1.30pm on Thursday 29 April 2021. The meeting will be held on Teams.**

The meeting closed at 3:55pm