

<i>DRAFT</i>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a>	
<b>MINUTE of MEETING of the AREA CLINICAL FORUM</b>	<b>6<sup>th</sup> July 2023 – 1.30pm</b> <b>Microsoft TEAMS</b>	

### **Present**

Catriona Sinclair (Chair)  
 Frances Jamieson, Area Optometric Committee (Vice Chair)  
 Kara McNaught, Team Manager, Adult Social Care  
 Al Miles, Area Medical Committee  
 Zahid Ahmad, Area Dental Committee (from 3.45pm)  
 Patricia Hannam, Area Pharmaceutical Committee  
 Helen Eunson, NMAHP Committee  
 Catriona Dreghorn, NMAHP Committee

### **In Attendance**

Boyd Peters, Medical Director (from 2.20pm)  
 Ann Clark, Non-Executive Director (until 3.50pm)  
 Joanne McCoy, Non-Executive Director  
 Tim Allison, Director of Public Health & Policy (from 2.20pm)  
 Louise Bussell, Nurse Director (from 2.20pm)

Helen Robertson, NHS Highland NTC, Item 4.1  
 Lorraine Cowie, Head of Strategy, Item 4.2  
 Ruth Daly, Board Secretary, Item 10  
 Karen Doonan, Committee Administrator (Minute)

## **1 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. Apologies were received from C Fraser and A Javed.

### **1.1 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **2. DRAFT MINUTE OF MEETING HELD ON 9 March 2023**

The minutes were taken as accurate and correct.

**The forum approved the minutes.**

## **3. MATTERS ARISING**

There were no matters arising.

## **4. ITEMS FOR DISCUSSION**

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

#### **4.1 NTC Update** – Helen Robertson, NHS Highland National Treatment Centre

H Robertson spoke to her presentation. H Eunson congratulated H Robertson and colleagues on the move to the National Treatment Centre (NTC). H Robertson stated that patient feedback with regards to the actual building itself was very positive with many patients stating how tranquil they felt attending the building for treatment. A Miles highlighted the issue with regards to paperwork being sent back to GP Practices instead of an Immediate Discharge Letter (IDL) and asked if there was an established formal route for GP's to feedback to the NTC regarding any issues that arise and H Robertson stated that the NTC were keen to hear feedback and she would look into this.

- It was noted that there was a Kindness & Civility Champion within the building, to enable colleagues to highlight detrimental behaviours
- Distributed Leadership model within the building, this allows colleagues to make decisions and be supported in doing this.
- Model empowers staff and this is promoted further through the NTC through promotion material that is placed in team bases.

Discussion was had around the monitoring of the feedback and how effective the teams are by checking various strands of work and determining the resilience of the model being used. This involves questionnaires and various other methods of communicating which will then be collated to establish how things are going and what requires to be adjusted. This allows for learning to drive the model.

Discussions were had around the cataract waiting lists and H Robertson explained that once there were more colleagues recruited then the number of patients of the cataract waiting list would reduce as they opened more theatres within the NTC.

An open invitation was given to committee for those who wished to visit the NTC and be shown around the new centre, with H Robertson asking those who were interested to get in touch with her directly.

#### **4.2 Cancer Performance & Quality** – Lorraine Cowie, Head of Strategy

L Cowie spoke to her presentation.

- Cancer referrals have been increasing significantly
- Target for initial consultation is 14 days
- Many aspects of cancer services are dependent on other Boards
- Recruitment and retention, an ongoing issue
- Dependency on other Boards is a risk
- Remote and rural is a challenge due to distances travelled etc

Discussion was had around the challenges around Oncologists who are a specialised discipline, cancer referrals are increasing, new treatments are becoming available and cancer services will need more funding. There will be challenging conversations to be had which will feed into the redesign process.

Discussion was had around the support from and to other Boards within cancer services. It was noted that due to the size of other Boards there was more resilience built into their services. The shortage of specialist colleagues is a nationwide issue and affecting all Boards. Recruitment within the radiology service was discussed with it being noted that recruitment has been successful within this service. NHS Highland do not operate an on-call service within radiology, and this is seen as a benefit by applicants.

It was noted that other Boards with resilience built in can navigate the training of new colleagues in a way that Highland cannot due to the way that NHS Highland is structured. There is a need to look at the wider picture within Scotland also, there is also a need to give the patient the reasons as to why they may require to travel to other parts of Scotland to receive their treatment.

### 4.3 Auditor General's Review

A Miles explained that this document was discussed at a previous Area Medical Committee (AMC). Concerns are around the provision of services and non-provision of services within NHS Highland due to lack of funding by Scottish Government. AMC is not aware of any Board response to this paper and there is no direction been given around provision of services. There was also a query as to how the Board were going to engage with the public about provision of services due to financial constraints.

H Eunson on behalf of NMAHP also supported the ask of the AMC for direction and a response from the Board. Discussion was had around interaction with the public and whether the Board could have the necessary interaction with the public that was being asked for. It was noted that whilst there was the 5-year Strategy plan there needed to be more interaction and feedback from the public in response to services and their delivery.

A Clark explained that this report had been highlighted at Audit Committee who were aware of the report. NHS Highland has gone from doing reasonably well in comparison to other Boards but has recently regressed from this, this is due to external influences mostly with it being noted the cost of the pandemic and inflation in general is adding to the pressures experienced by the Board. Where there is opportunity to redesign services then there are conversations that are being had with the public. There is a need to do more to identify the medium- and long-term picture and this is something that requires to be done in conjunction with Scottish Government. It was important that clinicians were appropriately involved in the discussions in order that redesign was clinician led and it was important that the processes in place worked to allow this to happen and where there were processes that did not work that they were identified and rectified.

The Chair stated that H Cooper was to participate in a Board Development session to discuss further the financial aspects. It was noted that L Cowie was presenting to committee today and this was highlighted as a good way to address the situation that cancer services are in.

Discussions were had around the need to have assurance from the Board that there was a strategic plan in place to address the various issues within the services. It was noted that there had been a few instances where it appeared that service issues had been addressed but did not appear to be part of a wider plan. Discussions covered the need to have clinicians and managers in a place where they feel supported to make the decisions and take the actions that are required. Many clinicians do not have the necessary experience required in respect of service redesign and have the conversations that require to be had.

It was noted that Scottish Government have a survey open at this time regarding remote and rural services and that they are actively looking for feedback from the public.

[Healthcare in Remote & Rural Areas \(parliament.scot\)](https://www.parliament.scot/Healthcare%20in%20Remote%20&%20Rural%20Areas)

Discussions were had around the transformation process and the redesign of services; it was noted that this is both an international and domestic issue. Involving the public at a deeper level would perhaps be more beneficial than a more general question to the public with what services they wish to have. Committee noted that this was a complex and challenging issue that there were no clear answers to.

- How do we quantify the work that is already being done
- How do we gain the feedback from the public with regards to services
- Report been written by former Chief Nursing Officer for B Peters and L Bussell which requires to be launched. Identifies various areas to be looked at further.

- Need to understand where the services are at currently in order to then identify how to go forward.
- Need for equality of service as much as possible.

B Peters outlined the key questions from the Care Quality Commission (CQC) that England use:

- Safety – putting in safeguards and monitoring risks
- Effectiveness – outcomes, supporting staff
- Caring – challenging to measure but can be done through patient surveys. How do we look after each other as well as patients.
- Well led – how well are teams led? Patient facing teams' culture is vital

Discussions were had around patient feedback and the need to listen to those who do not have a loud voice. It is important to note that the NHS was founded to provide care to those who would not be able to afford it. It is important to address this when redesigning services and looking at transformation. There was also a need to focus on what is done at this time which has good feedback and then look at moving forward with these services as well.

It was highlighted the need to support teams as many colleagues were reporting stress and tiredness, support needs to be in place to address this within the teams affected. Information needs to flow up as well as down to ensure good communication.

B Peters proposed putting the report that both himself and L Bussell were looking at to be added to the agenda for the next meeting. This was supported by committee.

**Action:** K Doonan to add this item to the agenda to the next meeting.

## **5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS**

### **5.1 Area Dental Committee meeting – 29 March & 31 May 2023**

The Chair noted there would be no update due to no member of the Area Dental Committee in attendance of the meeting. It was noted that there would be a Dental contract update provided at the next Area Clinical Forum for oversight into the issues in Dentistry.

**Action:** The Chair to contact Dental to discuss further.

### **5.2 Adult Social Work and Social Care Advisory Committee – 30 March & 25 May 2023**

K McNaught spoke to the circulated minutes of the meetings and noted:

- New members had been informed of how the Committee linked into the Area Clinical Forum. Broader updates had been provided on the Highland Health and Social Care Committee and how it linked into the leadership team.
- Annual Delivery Plan and Together We Care Strategy discussions had been held to determine what it would mean for the committee. Feedback had been received stating there was a disconnect in terms of the strategy and how it had been applied operationally.
- The Vice Chair had attended the May meeting to provide updates from the Board. The May meeting had seen a high level of participation from members and attendees.

- At the next meeting there would be discussions on the self-directed support strategy and implementation project.

### 5.3 Area Healthcare Sciences Forum meeting - No Meeting took place

It was confirmed that no meeting had taken place. B Peters provided a verbal update to inform the Forum that there would be a forthcoming National Audiology Report on Geological services and this links to a significant issue raised in Lothian.

### 5.4 Area Pharmaceutical Committee – 10 April & 12 June 2023

The Chair of the Committee spoke to the circulated minutes noting that the General Pharmaceutical Council's had issued guidance on the gender reassignment challenges and committee noted that the BMC has also had similar discussions. The committee would communicate further with GPs to coordinate information for providing guidance for patients. Prescriptions from private clinics based within and out with the UK create professional decision-making challenges within community pharmacy.

### 5.5 Area Medical Committee meeting – 21 March & 6 June 2023

A Miles spoke to the minutes of the meeting and noted:

- There had been a recurring issue around the Nephrostomy training for community nurses and it was noted that the Nursing Director would investigate.
- Discussion was had regarding issues with the pay of junior medical staff and hospital workers, with the Hospital Sub-committee highlighting that this had affected the retention of staff. BMA Industrial Action had been discussed with junior doctor industrial action put on hold.
- Investigation & Treatment Rooms(ITR) and Community Treatment & Care Centre (CTACC) services could be merged in order to maximise the finite budgets applicable to both.
- Environment and Sustainability had been made a standing item on the agenda with K Arrow being invited to discuss realistic medicine and the environment.
- The Committee Chair would be leaving the organisation and Hospital Sub-Committee had been tasked with appointing a new Chair.

The Chair took the opportunity to thank E Anderson for all her hard work on both the Hospital Sub Committee and this committee and wished her well for the future.

**Action:** The Chair to contact K Arrow to invite to committee.

The Chair advised that the pilot that saw recycling of inhalers had now been withdrawn nationally.

### 5.6 Area Optometric Committee – 17 April 2023

F Jamieson spoke to the circulated explaining that the Optometric Committee meet twice per year, with the next meeting being held in October. The following points were noted:

- Delays were noted in the Organisation of a direct Optometry to Stroke Clinic pathway.
- Discussion was had about raising the issue of charging patients for non-attendance at short notice appointments. Data would be collected to provide evidence to support how costly missed appointments are for optometrists.
- Care Portal is still not accessible for optometry within the organisation

F Jamieson asked committee for advice on who can be contacted regarding administrative support for the meeting of the Optometric Chairs across various Boards. After much discussion the advice was to connect to colleagues in dentistry to see how they are supported in this.

## **5.7 Area Nursing, Midwifery, and AHP Advisory Committee – 25 May 2023**

H Eunson stated that the May meeting was a short one, L Currie was not available to Chair the meeting and P Chapman had stepped in to Chair for this meeting.

- Looking at how to increase membership for the committee
- Hoping to have discussions with L Bussell around the new professional structure and the priorities.
- Discussions around the 4 reps to attend ACF as two reps are stepping down
- Ongoing discussions around the Terms of Reference (ToR) to enable more front-line clinicians to attend the meeting.

L Bussell welcomed the conversations to discuss structure and priorities.

Action: H Eunson to contact L Bussell's P.A to discuss further.

## **5.8 Psychological Services meeting – No Meeting took place**

The Forum **noted** the circulated committee minutes and feedback.

## **6 ASSET MANAGEMENT GROUP**

## **7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE**

### **7.1 Minute of the Meeting of 15 March & 26 April 2023**

There had been a development session, and a further meeting in June. K McNaught explained that the meetings were very in depth and whilst she could update on all that transpired in the meetings it may not be all relevant to committee. She asked committee for further guidance on what to bring from these meetings to future committee meetings so that the update was more structured.

**Action:** The Chair to look through previous minutes to identify the key areas to report to committee on.

**Action:** All to identify key areas to feed back to committee

**The Forum is asked to note** the circulated minutes

## **8 Dates of Future Meetings**

31/08/2023

02/11/2023

## 9 FUTURE AGENDA ITEMS

Kate Arrow – Environment & Sustainability

Healthcare Science - audiological services

Dental - new contract

B Peters & L Bussell – report

Heledd Cooper – development session for finances

The Chair asked if any member had anything else they wished added to contact her directly.

B Peters asked if it was appropriate that the advisory committees that fed into this committee could make their views known of what was discussed at this meeting and these comments/views be collated by the Chair to take to the Board. The Chair agreed but also stated that to do this information needs to go to the advisory committees but said information is not available yet.

**Action:** Chair to discuss offline further with B Peters.

## 10. ANY OTHER COMPETENT BUSINESS

### NHS Annual Review – 29 Sept 2023

Ruth Daly, Board Secretary

The Chair explained that the next meeting which is scheduled for the end of August is too late for the information that is required by Scottish Government. R Daly explained that the review is returning to the format that was there before the pandemic.

- Jenny Minto, Minister for Public Health is attending in person, and the review will be held in Inverness all day
- The ACF involvement will be for one hour in the morning. This will be available online and in person.
- A venue is yet to be confirmed
- Hot topics need to be identified for the meeting to be discussed further at the meeting
- Scottish Government need to know what the topics are, who is attending whether in person or virtually
- K Doonan will write out to member of this committee to request names of those who wish to attend
- Need briefing paper from the Chair well in advance
- Public meeting will take place in the afternoon, and all are welcome to attend
- Information requested to be with R Daly no later than the end of this month

## 11 DATE OF NEXT MEETING

The next meeting will be held on the 31 August 2023 at **1.30pm on Teams.**

**The meeting closed at 4.10pm**