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DRAFT MINUTE of MEETING of the AREA CLINICAL FORUM	7th July 2022 – 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair (Chair)
 Frances Jamieson (Vice Chair)
 Alan Miles, Area Medical Committee
 Elspeth Caithness, Employee Director
 Ian Thomson, Adult Social Care and Social Work Advisory Committee
 Alex Javed, Area Healthcare Science Forum
 Willem Nel, Clinical Representative (West)
 Manar Elkhazinder, Area Dental Committee
 Eileen Anderson, Area Medical Committee
 Helen Eunson, Area Nursing, Midwifery and Allied Health Professionals Committee

In Attendance

Boyd Peters, Medical Director
 Gerard O'Brian, Non-Executive Director
 Nathan Ware, Governance and Assurance Co-ordinator (until 2.15pm)
 Karen Doonan, Committee Administrator (Minute)
 Caroline Morrison, ELD Manager (Item 7.3)

1 WELCOME AND APOLOGIES

The chair welcomed everyone to the meeting. Apologies were received from Catriona Dreghorn, William Craig-Macleman, Linda Currie, Heidi May and Stephen McNally.

Due to time constraints the chair introduced C Morrison and took item 7.3 first. The rest of the Agenda was taken in order.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 5th May 2022

The Chair thanked A Miles for stepping in to chair the meeting of the 5th May as she was unable to attend. The minutes were accepted.

3. MATTERS ARISING

Representation for Health and Social Care Committee meetings.

The Committee were advised that there is a need for someone to attend the Health and Social Care Committee (HHSCC) as I Thomson is not always able to attend.

The Committee agreed that the dates of the HHSCC will be circulated so a rota could be created.

Action: K Doonan to circulate the dates of the Health and Social Services Care Committee around this committee.

Review of Covid

The Chair advised that there was a request to check if NHS Highland intend to review Covid policy; it was confirmed that this will be looked at as part of the National review.

Private NHS Interface

The Chair stated that there are national and local issues with respect of this. M Elkhazinder expressed concern that a journalist had contacted the Dental Department around private patients transferring to NHS care after reading the minutes of the last meeting online. It was confirmed that all minutes from this committee are available in the public domain.

A Miles advised that the Deputy Chief Executive was going to discuss this with the Medical Director and the Board around having a policy in place. A Miles expressed concern that Safe Haven may become overwhelmed.

B Peters confirmed it was not possible to have one policy in place as there were issues that NHS Highland couldn't help with if patients had gone private initially. He confirmed it was necessary to determine what was being asked of NHS Highland and take it from there.

He also advised that this was work that interface groups needed to look at to try to find solutions.

A Miles stated that a list of guidelines would be helpful. He explained that this subject had been discussed at the Area Medical Committee and feedback from some patients was that going private was the only option to get the treatment required and then come back to NHS Highland.

In discussion the following points were made:

- A list of potential scenarios where this could occur should be created for GP's.
- This could be done by means of a Short Term Working Group enabling further discussion.
- The issue isn't unique to NHS Highland but is rather a National issue.

B Peters confirmed that it may be more appropriate for this to be discussed in detail at the Area Medical Committee.

4. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

4.1 Area Dental Committee meeting held on 1st May 2022.

M Elkhazinder highlighted the need for action to be taken around access to general anaesthesia sessions. It has been causing a lot of issues around patient appointments being cancelled. It would now take more than 18 months to clear these rearranged appointments.

M Elkhazinder advised she would ask the Committee to compile a list of recommendations at the upcoming meeting.

4.2 Area Optometric Committee meeting held on 25th April 2022

F Jamieson stated that the Area Optometric Committee were discussing topics to bring to the GP Sub Committee after July as there were regulations incoming that will see inter referral between Optometrists and Independent Prescribing Optometrists that will have an

impact on referrals overall.

Some themes for discussion would be:

- Communication between the GP Sub Committee.
Communication between the Area Pharmacy Committee.

A Miles advised that an SBAR should be brought to the GP Sub Committee but the recommendation section remains blank which would allow for more balanced discussions to take place.

4.3 Area Healthcare Sciences Forum

A Javid stated the forum is still trying to get up and running. Discussions are ongoing on how to formalise the Health Care Science Lead role as this is currently being shared between three people. There is some reconfiguration across Scotland however some concerns have been raised via the Chief Executive. Whilst the changes would not affect the day to day working it may have an impact on the collaborative working process in place.

B Peters suggested it should be discussed further offline to address those concerns.

4.4 Area Nursing, Midwifery, and AHP Advisory Committee minute of 26th May 2022

There were no questions.

4.5 Area Medical Committee held on the 7th May 2022

A Miles gave a brief update of the meeting:

- New GP contract was discussed and the flaws with implementing it, this was due to lack of monies and lack of staff as everyone is competing for the same staff across Scotland.
- Discussions have been ongoing around Covid recovery.
- Discussions continued to move forward around recruitment and retention.
- There were The AMC heard that there are ongoing difficulties recruiting groups of staff such as nurses and it was noted that NHS Highland doesn't appear to be flexible around pay scales recruiting managers are no longer able to offer the top point of the pay scale to attract new staff.
- It was also raised that newly Nurses are paid £13 per hour, by comparison McDonalds staff are paid £11 an hour. AMC were interested to learn what influence does NHS Highland have towards Agenda for Change pay scales to make them more competitive.
- It was asked what action can NHS Highland take to help address the shortage of housing for newly appointed staff; This included improving working conditions and potential incentives to aid the recruitment of staff.

The Chair advised that these questions were a National issue and not just unique to NHS Highland but suggested a more generic question covering these points could be given to HR / Director of People & Culture with some feedback requested.

B Peters explained that NHS Highland were perhaps more affected in certain areas due to the Geographical challenge but there are issues that NHS Highland has no control over.

A Miles asked how this could be fed back to the AMC, the Chair advised that they would now be given to F Hogg (Director of People & Culture) who would provide feedback.

4.6 Adult Social Work and Social Care Advisory Committee held on 9th June 2022

Discussions continued around self-directed support. I Thomson confirmed that the potential for self-directed support is not being realised across Scotland. This was mainly due to the recruitment and retention issues so there is a pressing need to look at different ways of giving support.

4.7 Psychological Services have had no further meetings.

4.8 Area Pharmaceutical Committee held on the 13th May 2022

There were no additional questions raised, this was the final meeting of the current committee, once Election results have been confirmed a new membership will be formed.

5. ASSET MANAGEMENT GROUP

5.1 Verbal Update

A Javed stated that he hadn't attended the last meeting of the group but was present at the May meeting. There were discussions around the financial allocations for the coming year. There is additional funding for National Infrastructure which is being managed through the Equipment Purchasing Advisory Group.

6. HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

Ian Thompson and Catriona Sinclair

6.1 Minute of the meeting of 29th June 2022

I Thomson stated that there is a lot of stress within the Care Home sector due to the recruitment and retention of staff which has resulted in a reduction of available care at home. It was noted that the system has a dependency on paid and unpaid carers.

The Forum noted the circulated minutes and the feedback.

7. DISCUSSION ITEMS

7.1 Together We Care

B Peters spoke to the Together We Care Strategy document. The Chair noted it was important the committee got involved and provided feedback so the Strategy process involved everyone.

In discussion the following was noted:

- The Strategy was now out for consultation and the slides should be shared with colleagues so everyone can review and provide feedback. The timeline for consultation was four weeks.
- An Annual Delivery Plan (ADP) will also be part of how NHS Highland delivers it's objectives moving forward.
- It is anticipated it will be a 'living' document
- There was some concern over some of the wording used such as 'patient' and 'patient experience' which certain sectors don't use.
- Queries were raised around financial support for the project although it was noted that a clear direction of travel was established to bring our Strategy together and address issues such as future funding etc.
- The proposed Strategy 'term' would be 5 years covering 2022-2027.

Actions: B Peters to send presentation to K Doonan who would share to committee members.

7.2 IPQR – see above this was for information.

7.3 Leadership and Management Development – Caroline Morrison, ELD Manager.

C Morrison spoke to the circulated presentation.

In discussion this covered:

- Leadership and Management Development Update

A Miles asked how this was being audited and how it would be known the training delivered what was expected. C Morrison explained that there is an evaluation process for each module within the program. She explained that everyone who attended the training was either sponsored or nominated and it would be good to go back and have a reflective conversation with them.

I Thomson asked what percentage of people were going through the training. He stated that it was good that those involved could have discussions about issues arising and work together to resolve them as this would help in changing culture. C Morrison confirmed that numbers were low going through this training but 60% of those coming through were levels one and two but they were able to take on 18 for each of the four levels.

In terms of capacity, they could have accommodated twice this amount for level one and level two.

M Elkhazinder stated that the lead for Medical Appraisal, Barbara Chandler had recently circulated information around a three day mentoring and coaching programme and whether this is an overlap so should be merged together. C Morrison advised she would follow this up.

- Courageous Conversations

These were made role mandatory in March 2020.

Numbers are now increasing so they have now opened more sessions to all staff and not just those in a supervisory/managerial role.

A Miles stated that an e-learning module would make it more widely available to everyone. and asked if there were any plans to have this as part of the induction process or somewhere that staff who had protected learning time could go to access.

C Morrison stated it was a challenge to embed in corporate induction. She noted that whilst some colleagues would feel comfortable with a courageous conversation there will be those who need some help.

W Nell commented on the fact that people are normally uncomfortable having a courageous conversation with someone at a senior level rather than their peers. He asked if it were possible to tailor e-learning to give colleagues the confidence needed to have conversations at this level.

C Morrison advised she'd take this away to review with the team of facilitators.

- Overview of Team Conversations

C Morrison this was due to be soft launched at the end of last year but due to the pandemic had not been. To date there has been no opportunity to relaunch this due to the pressures within the system but it was more about staff engagement, listening and understanding what is going on within the teams.

A Miles stated that this looked like a very useful tool especially coming out of the pandemic but raised concerns around the logistics of allowing staff to have the discussions when there was shortage of staff and increasing pressure within the organisation. C Morrison advised there was work ongoing to identify the how this could be introduced.

M Elkhazinder asked how dynamic the teams were within the organisation and how a change in manager affects the dynamic of the team, subsequently impacting those conversations. C Morrison noted there didn't seem to be a recurrence of conversations having to take place but perhaps iMatter was the way that this was addressed should there be any issues.

Action: K Doonan to share slides and further information around committee.

8 Dates of Future Meetings

1st September 2022

3rd November 2022

9 FUTURE AGENDA ITEMS – For Discussion

The Chair advised that Neil McNamara and Arlene Johnstone may speak to the committee about the Mental Health Strategy in September. Also, Sharon Pflieger who is lead on Sustainability and Green Medicines Project will come along to discuss this further.

The Chair stated she hoped that Out of Hours could be brought to the November meeting and if anyone had any other ideas of topics to be discussed to contact her directly.

It was agreed that Together We Care would become a standing agenda item.

10. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

11 DATE OF NEXT MEETING

The next meeting will be held at **1.30pm on Thursday 1st September 2022 via Teams.**

The meeting closed at 4.10pm