

	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	 NHS Highland na Gàidhealtachd
DRAFT MINUTE of MEETING of the AREA CLINICAL FORUM	9 January 2025 – 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair (Chair)
 Alex Javed, Area Healthcare Science Forum
 Annette Grier, Area Optometric Committee
 Calum Fraser, Area Optometric Committee
 Eileen Reed-Richardson, NMAHP Advisory Committee
 Kara McNaught, Team Manager, Adult Social Care
 Malcolm Mathieson, Area Pharmaceutical Committee
 Peter Cook, Area Healthcare Science Forum

In Attendance

Boyd Peters, Medical Director (from 1.45pm)
 Fiona Davies, Chief Executive (Item 4.1)
 Gareth Adkins, Director of People and Culture (Item 4.2)
 Tim Allison, Director of Public Health
 Karen Doonan, Committee Administrator (Minutes)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting, apologies were received from Paul McMullan, Kitty Millar, Helen Eunson, Linda Currie, Grant Franklyn, Andrew Strain.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 29th August 2024 and 31st October 2024

The minutes were taken as accurate and correct.

The Forum **noted** and **approved** the minutes.

3. MATTERS ARISING

There were no matters arising.

4. ITEMS FOR DISCUSSION

4.1 Fiona Davies – Chief Executive

F Davies introduced herself to the forum and thanked the chair for inviting her to speak to the forum. She went on to explain what she had taken from the recent Annual Review that had taken place which was that the Forum would like to have sight of planned pieces of

work that was ongoing within the organisation and how the work would feed into the wider workplan.

There were various pressures within the system caused by patients who were not being cared for in the most appropriate places e.g. patients who remained in a hospital setting where a community setting would be more appropriate. This had resulted in many services under intense pressure and becoming more fragile as a result. Many of the specialist services were having challenges recruiting to posts and this was adding to the system pressures. Focus had been placed on these areas to address the pressures being experienced.

There had been challenges to the vaccination delivery model and there had been a lot of work done over the course of 2024 to ensure that the service was able to deliver where it was most needed by the public.

F Davies went on to explain how the Together We Care Strategy was being utilised to help by focusing in on areas to address the pressures without adding to them. Lots of discussion had taken place regarding the seven areas that were being focused upon. Work was also ongoing regarding the process required to develop the next strategy to tackle health inequalities and the health outcomes of the population.

Focus had also been put on the Integrated Health and Social Care services in North Highland with a paper having gone to the Highland Council and also the Joint Monitoring Committee in December which would be discussed in the Board Meeting later in January as there would be a change to the governance model used in NHS Highland, a move away from the Lead Agency model

The Chair highlighted the challenges to the Forum in what to look at and advise upon due to the changes that were occurring within the organisation. Some changes were happening very fast whilst others were happening at a very slow pace. She queried how the flow of information going through the Forum could be managed more effectively.

F Davies agreed that one of the ongoing challenges was communication however, work was underway to address this, she cited the work that the Director of People and Culture had undertaken around Corporate Governance.

K McNaught queried the work that had been done by Meridian and stated that whilst not all work being done could go through the Forum awareness of the work would be beneficial. F Davies stated that the organisation itself was complicated but co-ordination across the organisation was vital.

G Adkins explained that Meridian sat within the value efficiency workstreams and there were conversations regarding productivity and efficiency taking place. He went on to explain Engagement HQ, a platform that the organisation had recently invested in to assist in improving communication across the organisation and suggested the Head of Communications and Engagement could attend a future meeting to provide and update.

Action: Ruth Fry and the Chair to discuss the Engagement HQ platform offline.

The Forum **noted** the update.

4.2 Confidential Contacts – Gareth Adkins, Director of People and Culture

G Adkins outlined the discussions that had taken place over the last year in relation to the Confidential Contacts and the Guardian Service which provides an independent and neutral service for staff who wish to raise concerns. Discussions had taken place around moving to a different model, moving the service inhouse or a blend of both.

A short life working group (SLWG) which included staffside representatives looked at the options with moving the service inhouse being the preferred option. This paper was brought to the Forum for awareness. As the Area Partnership Forum formally represented all staff the decision would be signed off at that Forum.

K McNaught queried the end date of the Guardian Contract (25th July) and whether there would be any gaps whether there would be no service available to staff. G Adkins agreed that the timescales were short and explained that whilst there was a potential risk work was being done to mitigate this, there was potential to negotiate with the Guardian Service to extend the service.

The Forum **noted** the update.

4.3 Integrated Patient Record Systems – Iain Ross, Head of e-Health

I Ross spoke to a short presentation wherein it was highlighted:

There was concern around a lack of single clear access to patient records across many contracted groups with variations appearing between North Highland and Argyll and Bute. There are various timescales involved when addressing the access required by the different contracted groups and a need to be aware of the risks involved in the sharing.

There had been various work done over the past two years including:

- Workshops led by different groups within clinical and non clinical staff in order to identify and understand the concerns
- There had been a Visioning event held last May
- A visit to Dr Grays Hospital to understand the approach that NHS Grampian had taken
- Discussions had taken place with many different groups and individuals across the organisation.

It was noted that there was no proposal to replace what already exists with one digital system that covered all care settings. What was proposed was to improve on the existing single digital record systems within a care setting which would all be linked by a patient centric information repository which would be Care Portal. It was noted that Care Portal may be replaced by the National Unified Record solution once this was available.

The focus of work being done at present was in Acute Care with it being noted:

- NHS Highland would adopt TrakCare Electronic Patient Records (EPR) across all hospitals over the next 18 – 24 months across all clinical staff
- Patient contexts links would be added for HEPMA and Care Portal
- NHS Highland would establish a digital skills programme across all staff groups
- NHS Highland would adopt a TrakCare first policy to avoid non integrated being procured.
- Morse Acute would be removed at the correct time.

Regarding Dentistry and Optometry access to Care Portal could be provided under the right controls which would be:

- Caldicott – what clinical information should be accessed
- Senior Information Risk Owner (SIRO) – what safeguards were in place to protect the information

It was noted that work was ongoing with Pharmacy with the correct access controls to be put in place, this model would now be used for both Dentistry and Optometry. C Fraser queried how this would be progressed for Optometry and I Ross explained that a named person from the management team was required in order that the processes could be mapped out to obtain permission from SIRO.

The Chair highlighted that frustration may have grown due to the lack of communication to those who would be using the systems and I Ross explained that once Pharmacy access had been trialled across a couple of sites more communication would be sent out

however it was challenging to put timescales within said communication. C Fraser queried whether I Ross would be available to come to the next Area Optometric Committee to discuss further and this was agreed.

Action: C Fraser to invite I Ross to the next Area Optometric Committee meeting.

M Mathieson queried the connectivity and the amount of digital transformation and whether the network was strong enough to cope with the delivery of the digital platforms. I Ross stated there was work going on in the background to upgrade the network within the budget provided. It was noted that having the staff updated in digital skills prior to the roll out of the digital solutions across the network.

Action: any advisory committee wishing more information to contact I Ross directly.

The Forum **noted** the update.

4.4 Wheelchair Service Continuity – Peter Cook, Head of Medical Physics and Bio Engineering

P Cook spoke to the circulated update and explained issues were being experienced as the wheelchair and specialist seating service, part of assistive technology services was based at the Longman Industrial Estate. They had received a notice to quit by the end of May 2025, necessitating action as detailed in the circulated paper which was first reviewed by the senior leadership team.

He highlighted that the wheelchair service faced significant challenges and a paper is planned for the executive director's group for assistance whilst seeking input from professional advisory groups including the Area Clinical Forum. He emphasised the service's continuity was crucial, given its impact on around 4,000 patients in Highland, including those with complex conditions like multiple sclerosis and cerebral palsy.

He noted the service faced workflow issues due to the separation of wheelchair clinics and the storage area and a recent service evaluation recommended co-locating services for better accessibility. However, lease negotiation led to the current landlord issuing a notice to quit. Options for continuity included another commercial site or storage at the back of Raigmore.

He also indicated that a service interruption or suspension was likely, as early as the end of February, lasting around two months which would affect the supply and assessment of wheelchairs.

Forum members shared the concerns highlighted and sought clarity on whether any work had been undertaken to identify whether the alternate sites would be suitable, P Cook confirmed nothing had been scoped out and formalised at this stage.

The Forum **noted** the Update

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 24 September 2024 and 27 November 2024

There were no additional comments.

5.2 Adult Social Work and Social Care Advisory Committee meeting - 5 September 2024

The Chair noted that the last meeting had been cancelled due to quoracy issues and the next meeting is planned for February 2025 where a review around the agenda content

and membership would be discussed.

5.3 Area Pharmaceutical Committee meeting –7 October 2024 and 9 December 2024

There were no additional comments.

5.4 Area Medical Committee meeting – 15 October 2024 and 17 December 2024

There were no additional comments.

5.5 Area Optometric Committee meeting – 28 October 2024

The Chair highlighted that committee had spent some time discussing the Care Portal and its implications alongside any concerns which the Head of eHealth alleviated earlier in the meeting.

5.6 Area Nursing, Midwifery and AHP (NMAHP) Advisory Committee meeting – 26 September 2024 and 21 November 2024

The representative for NMAHP highlighted that committee had continued to discuss the Health and Social Care Staffing act and its wider implications on the sector alongside the ongoing challenges in recruitment and retention of staff.

5.7 Psychological Services Meeting – no meeting held.

5.8 Area Health Care Sciences meeting

The representative highlighted there were positive scoping discussions around the governance framework for life sciences where recruitment and retention noted as a continued challenge in biomedical science. He noted that a job description was being reviewed for the post of training manager and the role would cover all laboratories across NHS Highland which aimed to improve training structure and staff development.

The Forum **noted** the circulated committee minutes and feedback provided by the Chairs.

6 ASSET MANAGEMENT GROUP

There were no additional comments

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – Minute of meeting held on 26 September 2024 and 6 November 2024

Kara McNaught, Team Manager, Adult Social Care

There were no additional comments

The Forum **noted** the circulated minutes.

8 Argyll and Bute IJB minutes

There were no additional comments.

9 Dates of Future Meetings 2025

13 March

1 May

3 July

4 September

9 November

10 FUTURE AGENDA ITEMS

**Leadership and Culture Framework update
Update on the Meridian Improvement/Efficiency Work**

11. ANY OTHER COMPETENT BUSINESS

None

12 DATE OF NEXT MEETING

The next meeting will be held on 13 March January 2025 at **1.30pm on Teams.**

The meeting closed at 4.10pm