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MINUTE of MEETING of the AREA CLINICAL FORUM	05th May 2022 – 1.30pm Microsoft TEAMS	

Present

Alan Miles, Area Medical Committee (in the Chair)
 Elspeth Caithness, Employee Director (from approximately 2.20pm)
 Ian Thomson, Adult Social Care and Social Work Advisory Committee
 Linda Currie, Associate AHP Director, A & B
 Willem Nel, Clinical Representative (West)
 Manar Elkhazinder, Area Dental Committee
 Ian Thomson, Adult Social Care and Social Work Advisory Committee
 Helen Eunson, Area Nursing, Midwifery and Allied Health Professionals Committee

In Attendance

Nathan Ware, Governance and Assurance Co-ordinator
 Karen Doonan, Committee Administrator (Minute)
 Andrew Paton, Radiographer, Mid Argyll & Bute (Item 7)

1 WELCOME AND APOLOGIES

A Miles explained that he was stepping in to Chair the meeting as C Sinclair was not able to attend nor were the vice chairs. The meeting at this point was not quorate. (This changed when E Caithness joined the meeting at approximately 2.20pm when item 4 was being discussed).

Apologies were received from Alex Javed, Catriona Sinclair, Boyd Robertson and Heidi May.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 17th March 2022

As the meeting was not fully quorate at this point the minutes could not be accepted as correct.

3. MATTERS ARISING

Update of Vice Chairs – Nathan Ware

The ACF Terms of Reference (ToR) have been accepted by the Board so there are now two vice chairs for this committee. There was also a query around the NMAHP ToR and these were also passed by the Board.

A Miles stated that he had not received any invites to the Culture Update Group nor the Whistleblowing Standards group as of yet. The invite was to be circulated around the whole committee.

Action : N Ware to check up on the invites and report back.

A Miles stated that he was due to take an SBAR back to this committee in respect of Public Waiting Times but this had not been completed yet as after having a conversation with L Cowie NHS Highland are currently working on this. This will be actioned within the next 2 months.

4. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

4.1 Area Dental Committee meeting held 30th March 2022.

A Miles asked if the dental students who were due to qualify would address the recruitment issues within dental. A Elkhazinder explained that the students had already been held back for the past year as it was felt they did not have the requisite clinical experience but it is hoped that they are now ready to be recruited and appointed. It was anticipated that everything could go back to normal in due course.

4.2 Area Optometric Committee meeting held on 25th April 2022

There was no one in attendance from this committee and no final minutes as the committee had met just a few days prior to this committee. The minutes for this meeting would be presented at the next committee meeting.

4.3 Area Healthcare Sciences Forum

There was no one present to report back to committee and no report was submitted.

4.4 Area Nursing, Midwifery, and AHP Advisory Committee minute of 25th March 2022

The meeting was not quorate so there are no minutes for this meeting. L Currie explained that there were challenges getting attendance at the committee and this had led to conversations around how the committee was functioning and whether it was serving its purpose. The question was asked how this could be addressed.

A Miles stated that perhaps questions from the committees reporting to the ACF around what they were being asked to do would be helpful. This would see a two-way communication occur that perhaps was not happening with the reports/minutes coming to committee but no further questioning from the ACF to the committees themselves. This would then see issues taken to the Board meetings from the ACF and allow a flow of communication upwards. He went on to say that if the Board asked questions of the ACF then this would also help make sure the information and “asks” were a two-way flow. D Park agreed and asked if this could be fed back to H May and B Peters via N Ware.

I Thomson stated that social work had recently restructured their sub committees so that each agenda item was a question that needed to be answered. This helped in the sharing of information and the actions required to address what was required. This helped stimulate

the discussions at the meetings. In terms of the information coming from the Board it may be helpful if the Board ask questions of the ACF and this would prevent it becoming merely an information sharing exercise only.

Discussion was had around the impact or non-impact of virtual meetings and whether this played any part in attendance or non-attendance of committee members. A Miles stated that in respect of the GP Sub Committee it helped, as the GP's who attend are geographically distanced from one another. He stated that a mixed model where some attended in person and some remained linking in remotely perhaps was not the answer and GP Sub would look at holding a once a year physical meeting to improve networking, with the rest being virtual. I Thompson reported that they had increased attendance due to the meetings being held virtually and would continue to meet virtually.

Action: N Ware to feedback to H May and B Peters and report back to committee.

4.5 Area Medical Committee held on the 22nd March 2022

A Miles reported that Dermatology had a backlog that was not understood and was being explored by the Medical Director.

With regards to the Covid Helpline for the community this service had taken 20,000 calls over the pandemic with only 3% of those calls resulting in a hospital admission.

The NHS Private Interface was discussed. This is something that GP's struggle with, it is where private medical health care interacts with the NHS. Patients go to private health care to start treatments or to access services then come to GP's asking for similar. There is no policy that covers dealing with these issues in Scotland. This is a complicated area and in the ACF committee were those who came across this in their various departments. A Miles asked if there was therefore any shared learning with regards to problems that had arisen and how they were solved.

M Elkhazinder stated that within dentistry this was a huge problem as there were a lot of patients who did not only go to private dentistry but often accessed dentistry out with the country. These patients then come to the NHS asking for solutions to problems that have occurred which often cannot be fixed due to the difference in systems that are used in different countries. This problem has been raised with the Chief Dental Officer and the guidance was to deal with the acute part of the problem. Infections for example could be treated but reparative work was not something that could be offered. It was noted that this was an increasing problem due to the NHS waiting lists.

D Park stated that if nothing was done to address this it would leave clinicians to make decisions on their own. Perhaps there was some way of addressing this from an NHS Highland point of view to begin with as there was no national guidance in respect of the problem. There was a need to make decisions that were reasonable and a balance had to be achieved. After discussion it was agreed that taking this question to the Board was the next step.

Action: D Park to speak with B Peters and to feed back to the Board the discussion to see if there is an option for the committee to look into this further. N Ware to check into this further.

4.6 Adult Social Work and Social Care Advisory Committee – meeting due to be held on the 7th April was cancelled.

4.7 Psychological Services have had no further meetings.

4.8 Area Pharmaceutical Committee - next meeting to be held in June.

5. ASSET MANAGEMENT GROUP

5.1 Verbal Update

No one was present to give feedback on this item.

6. HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

Ian Thompson and Catriona Sinclair

6.1 Minute of the meeting of 6th March 2022

I Thompson explained that due to other commitments he did not attend the last committee meeting but Claire Watt had attended in his place. There was a governance concern on the agenda with regard to care homes and the assurance around this. There is a lot of stress within the care home sector and is something that NHS and Adult Social Care have tried to provide assistance with. There have been various gaps in what has been provided. The challenges are such that the workforce are now exhausted and many of them are leaving for other sectors as a result. Stresses have increased with the removal of subsidies to assist with Covid, the increase in the cost of heating etc is adding more stress to this.

There are professional concerns around the quality of care that is available. A Miles asked if this had been flagged at a national level and I Thompson said that he would check with his colleagues and report back. D Park said he had been involved in discussion with Scottish Government and he stated that the larger care homes were more resilient, in NHS Highland they were more remote and rural and therefore smaller, and the buildings themselves were often much older. As legislation has changed this has seen additional pressures placed on the upkeep of the care homes structures themselves which has added more pressure. Due to this Highland is a greater risk as there are fewer alternatives available.

A Miles asked W Nell for a brief update on the new hospital on Skye. W Nell stated that the care home issue on Skye has seen at least 50 percent of the care homes now close. This has an impact on the entire system. There is to be repair work done to the floors of the new hospital. There has been very positive feedback from both patients and staff with regard to the hospital itself. However, staffing the hospital has been challenging as the hospital covers more floor space and is laid out differently which requires more staff to be available than previously. There was a crisis meeting held earlier on in the day on how to manage this issue. There are not enough staff to cover the way that they are working at the moment. The patient safety risk has risen due to the way that staffing has been done, with the old hospital this was not an issue, it is mainly due to the layout of the new hospital.

The new renal unit has also changed how things are done, this is a service that is allowing a good quality of life for the patients and was much needed.

The Forum noted the circulated minutes and the feedback.

7. DISCUSSION ITEMS

Leadership and Management in Healthcare – Andrew Paton, Radiographer, Mid Argyll & Bute

A Paton spoke to his presentation. He explained that he had joined a mini course on Leadership and Management after certain events had occurred in his workplace. This resulted in him writing an essay based on the findings of the Sturrock Report. The

presentation was based on his essay. This looked at the healing process ongoing within NHS Highland. A Paton felt that there was no significant change in his immediate working environment so began to study how other organisations have addressed this.

Once the essay was marked he felt that it was good enough to share and a virtual meeting was had with E Pickard, Culture Advisor. It was important to look at different ways to address the culture in NHS Highland and how anyone working within the organisation could make a difference. Increasing staff engagement was vital in the process. A lot of the workforce have not been part of the healing process and this was a missed opportunity to make things better for everyone.

He had been looking at different models that were used by different organisations and seeing if they would work across multi disciplinary organisations. All levels of staff no matter what level should be able to contribute to a good working environment. The Professional Excellence model uses shared decision making and governance and enables all staff to have a voice and make a contribution to a better working environment. This would allow for more structure and a more embedded way that staff could work professionally.

M Elkhazinder asked how it was possible to involve staff more as most staff did not wish to take responsibility for decision making and many staff would not step forward to interact at any level and asked whether the model addressed these issues. A Paton explained that one of the models, the magnet model, did as it collapsed the hierarchy and permitted colleagues to talk to one another from the ground up. It focused on shared governance and decision making which involved all colleagues regardless of their status in the organisation.

L Currie highlighted the NMAHP committee and the lack of membership for this committee. They had recently reviewed the constitution for the committee and were looking at how they can make the committee a good way of feeding back from staff at all grades. This presentation was presenting some solutions to how this could be done. It revealed that that there is more work to be done in relation to the structures that offer shared governance, they need to be more widely known about and interacted with.

It was agreed that it was important that the Culture Group began to look at what is needed in relation to shared governance. I Thomson asked if there was any research that showed which model worked better in certain places as this may give a clearer picture also.

D Park thanked A Paton for his presentation and the information within it. Looking at different models is a step forward but the work still has to be done to change behaviour within an organisation. It is important to create an atmosphere where people could feel confident to participate.

A Paton stated that when he looked at the training modules for managers, there was no module covering the learning that managers required from the Sturrock Report, and suggested that all manager's training should have this embedded within it.

Action: D Park to follow up with F Hogg and E Pickard with regard to the discussion today.

Further information and contact details were circulated in addition to this presentation to committee members.

8 Dates of Future Meetings

7th July 2022

1st September 2022

3rd November 2022

9 FUTURE AGENDA ITEMS – For Discussion

10. ANY OTHER COMPETENT BUSINESS

11 DATE OF NEXT MEETING

The next meeting will be held at **1.30pm on Thursday 7th July 2022 via Teams.**

The meeting closed at 3.10pm