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| | Assynt House<br>Beechwood Park<br>Inverness IV2 3BW<br>Tel: 01463 717123<br>Fax: 01463 235189<br>www.nhshighland.scot.nhs.uk/ | NHS Highland |
| **MINUTE of MEETING of the AREA CLINICAL FORUM**<br>Board Room, Assynt House, Inverness | **5 March 2020 – 1.35pm** | |

**Present**

Margaret Moss Area Nursing, Midwifery and Allied Health Professionals Committee (Chair)
Eileen Anderson, Area Medical Committee
Eddie Bateman, Area Dental Committee
Lorien Cameron-Ross, Area Medical Committee
Peter Cook, Area Healthcare Science Forum
Linda Currie, Area Nursing, Midwifery and Allied Health Professionals Committee (Videoconference)
Ann Galloway, Psychological Services Advisory Committee
Frances Jamieson, Area Optometric Committee (from 1.45pm)
Jim Law, Psychological Services Advisory Committee
Stephen McNally, Raigmore
Kitty Millar, Clinical Representative (Argyll and Bute)
Wil Nel, Clinical Director West (Videoconference)
Adam Palmer, Employee Director
Manar Elkhazindar, Area Dental Committee
Catriona Sinclair, Area Pharmaceutical Committee
Iain Thomson, Adult Social Work and Social Care Advisory Committee

**In Attendance**

Paul Davidson, Deputy Medical Director (Community Services)
Sharon Hammell, Head of Strategic Change and Engagement (from 2.00pm)
Fiona Hogg, Director of Human Resources and Organisational Development
Brian Mitchell, Board Committee Administrator
Chris Morgan, Strategy Development Programme Manager (Item 3.1)
Katherine Sutton, Head of Acute Services (Item 2.1)

## 1 WELCOME AND APOLOGIES

Margaret Moss took the Chair and welcomed those present to the meeting.

Apologies were submitted from Colin Farman, Paul Hawkins, Alex Javed, Boyd Peters and Clare Watt.

## 1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

## 2 DISCUSSION ITEMS

### 2.1 Whole System Flow

K Sutton gave a presentation to members in relation to whole system flow and unscheduled care. Referencing the six Essential Actions relating to improving unscheduled care, she outlined the results of the last Raigmore Hospital Day of Care Survey (October 2019). This Survey had highlighted issues relating to bed occupancy and delayed discharge numbers, patient age profile, length of stay and number of boarders. It was noted this data had previously led to the establishment of a Post-Acute Ward, with Social Care the key element when seeking to reduce the number of patients with very long hospital stay. It was reported 1% of patients had a stay of over 100 days, this consuming 30% of the overall occupied bed days for the period. The key findings relating to Community Hospitals were also highlighted, with 71% occupancy on the day and similar discharge issues being faced in relation to alternative care and guardianship. K Sutton went on to advise the Winter Plans for 2019/2020 had been based on these Day of Care survey results and had prioritised rapid access to Care at Home capacity in the Inverness areas; block purchase of Care Home beds; development of a coordination facility/hub; and provision of additional community hospital capacity. Care at Home and care home capacity issues were having a direct impact on Hospital flow. During discussion, it was advised the recently opened care home in Inverness had initially indicated it did not wish to provide for NHS patients and as such discussion was being held as to providing alternative models of care such as delivery within patient homes. L Cameron-Ross urged consideration of the Nairn community model as a positive example of what could be achieved.

Reflecting on survey results, it was noted 1% of patients were occupying 30% of Raigmore Hospital bed days and 168 patients were considered to be in the wrong place of care on the day. Other matters to be further considered related to the demography of patients and the wider population being served given elderly patients in hospital lose both muscle mass and function. There was insufficient capacity to accommodate current clinical practice models. Alongside Dr E Watson, Clinical Director consideration was being given as to how best to redesign acute, community and social care services to meet existing need. Work would be coordinated through the relevant PMO Flow workstream, involving appropriate Clinical leadership and based on a multi-disciplinary team approach that would seek to achieve multiple marginal gains and inform the NHSH Clinical Strategy. K Sutton advised she welcomed the generation of ideas for consideration for inclusion within the relevant pipeline.

There followed discussion, during which members heard as to the impact on clinicians of a hospital operating at 98% capacity. There was agreement as to the need to address issues relating to emergency flow and ensure appropriate resource across all hospital functions. It was suggested additional Radiology capacity would be of real benefit and in response. K Sutton suggested consideration of relevant testing activity outwith hospital or at alternative points in the treatment cycle. The adoption of the Clinical and Care Strategy approach was welcomed, with issues relating to recruitment in to the care sector being highlighted as a concern. It was suggested streamlined assessment activity would help with patient flow. It was noted matters relating to Adults with Incapacity legislation and guardianship were not considered to be major contributory factors in Highland. It was suggested the impact of health and social care integration on social worker resource should be further considered.

In terms of moving forward, K Sutton stated there were a number of suggested areas where a redesign of services may have a beneficial impact on hospital flow such as the adoption of both community pre-habilitation and rehabilitation services with a view to reducing existing lengths of stay. Consideration would also require to be given as to whether the provision of community services should continue to be privately led or provided in-house. A Palmer welcomed potential consideration of in-house Care at Home provision. A discharge lounge approach had also been suggested. L Currie stated consideration of re-ablement activity etc had to include Allied Health Professions as part of the wider conversation around potentially

disinvesting in one area to invest in another and in response K Sutton encouraged her to get involved in seeking to redesign what was considered to be an outdated service model. She emphasised funding could be made available for relevant service redesign activity, subject to appropriate bids.

**The Forum:**

- **Noted** the presentation content.
- **Agreed** further service redesign ideas be relayed to K Sutton.
- **Agreed** the presentation provided be disseminated to Professional Advisory Committees.

### 2.2 Attraction, Recruitment and Retention

S Hammell gave a short presentation to members in relation to improving NHSH staff attraction, recruitment and retention activity, outlining relevant initiatives and advising as to relevant quick wins, as well as anticipated medium and long term impacts. She highlighted aspects relating to ensuring best value; development of an Attraction, Recruitment and Retention (ARR) Strategy; long term planning; "Grow Your Own" activity and working with strategic partners in relation to matters such as housing provision. She advised discussion was ongoing with Scottish Government in relation to developing national recruitment campaigns. The importance of aligning any ARR Strategy to the Culture Programme Action Plan was also emphasised. An outline of relevant component enablers was also provided.

During discussion, specific recruitment challenges were referenced, such as in relation to Radiology and in response S Hammell advised there was a need to take advantage of existing staff members and their individual stories to highlight and emphasise the positive NHS Highland working environment and supportive innovation culture. Recent improvements in relation to culture and behaviour were recognised, and it was agreed the sharing of positive staff experiences and the highlighting of high levels of staff retention, could only be beneficial in recruitment terms. It was confirmed opportunities for developing international recruitment activity were being considered. The view was expressed that the issues highlighted in this and previous discussion had shown the need to better understand the wider labour market, and variation between areas including across diverse Highland locations and communities. There was need to consider if there was sufficient supply available to meet current demand, with improved workforce planning activity required.

C Sinclair highlighted the need to increase current Pharmacist training numbers at this time and took the opportunity to highlight an overall ageing NHS workforce. She emphasised the importance of being able to attract greater numbers of young staff and suggested positive stories be taken from the current younger staff cohort to help in that area. It was stated the University of the Highlands and Islands (UHI) had a key role to play. M Elkhazindar suggested the low level of private practice work available in Highland could be impacting on senior clinician recruitment and suggested consideration of proactive 'head hunting' activity. The need to be more proactive overall in relation to recruitment was accepted although it was stated the methods involved would require further detailed consideration. Reference was also made to recent incentivisation activity in England, relating to Nursing Students; and the success of "golden hellos" for new Vocational Dental Trainees. Welcoming the ideas generated in discussion, S Hammell indicated a desire to strengthen current clinical engagement with this topic and undertook to seek to develop this aspect further.

**After discussion, the Forum otherwise:**

- **Noted** the presentation content.
- **Agreed** a short working session with Sharon at the next ACF meeting be allocated to further generation of clinical ideas and discussion to support this work.

## 3 STANDING ITEMS

### 3.1 Development of the NHSH Clinical and Care Strategy

C Morgan gave a presentation to members, providing an update on relevant Strategy development structure; and advising as to the overall programme approach, completion of key February 2020 milestones, agreement of relevant individual workstream leadership and associated roles, outline of workstream focus areas and the plan for relevant March 2020 activity. He advised March 2020 would see acceleration of Workstream development, including finalising plans to deliver strategic recommendations, finalising focus areas, gathering focus area teams, and production of SBARs for communicating on the areas of focus. The Strategy Development Team would focus on finalising materials for staff, stakeholder and public engagement then planning and commencing the same. C Morgan went on to emphasise there were a number of strategic changes being implemented across NHS Highland at that time and as such relevant activity planners would be brought together to ensure appropriate synergy and help inform future discussion/plans.

During discussion, C Morgan re-emphasised current improvement activity should continue, with the caveat that silo working should be avoided where possible and in recognition of the need to link to relevant workstream activity where appropriate. It was important to recognise such existing work may be changed by or subsumed into relevant wider workstream activity. The Chair raised previous references to development of a clinically led, managerially enabled approach, questioning how this would be achieved and suggested use of the phrase 'triumvirate' be dropped in favour of one that reflected more of a multi-disciplinary approach. P Davidson confirmed the need for wider clinical inputs had been recognised. In concluding discussion, C Morgan thanked members for their respective input and requested the detail of his presentation be utilised for wider groups and discussion. He confirmed he would look to further engage with both Governance and Professional Advisory Committees, while attending meetings of this Forum as and when appropriate.

**After discussion, the Forum:**

- **Noted** the presentation content.
- **Agreed** the presentation be passed to Professional Advisory Committees for discussion.

**C Morgan left the meeting at 3.20pm.**

### 3.2 Update on Culture Activity

F Hogg advised the Culture Programme Board was now operational, meeting on a four weekly basis. The Board was providing relevant oversight, taking appropriate learning and ensuring a flexible approach is taken when designing underlying support structures. As the work of the Board matured, progress was expected to accelerate significantly. Representatives on the Programme Board were expected to provide feedback where appropriate. She went on to advise that the Argyll and Bute Culture Review had been launched and would run to 27 March 2020, promotion in relation to which was also underway. The aim is to gain a better understanding of staff experience and it was confirmed any emergent actions would be applied across all NHS Highland. Members were asked to encourage staff members to participate in the relevant Survey process. An external Culture Advisor had been appointed to oversee progress, provide challenge and drive actions forward. Additional external expertise would be drawn upon as required. It was reported the preparation of plans for the developing Healing Process were now well advanced and it was hoped the inclusion of an external process and representative would help to alleviate any trust issues that may remain. It was hoped the relevant process would be launched by end April 2020. The Area Clinical Forum would continue to be updated on

relevant progress through feedback from Forum members who share ACF representation on the Culture Programme Board.

During discussion, members welcomed the encouraging progress being made and heard the proposed bespoke Healing Process which would be accessible to individual staff members concerned. It would also seek to outline relevant roles, responsibilities and requirements placed on managers and leaders. Hearing that frontline staff had yet to witness a change in behaviour at that level, F Hogg stated senior staff would be encouraged, rather than instructed, with clarification given as to the relevant expectations in this area. She stated it was important to promote Courageous Conversations and help all staff to build on those skills. M Moss emphasised the need for effective communication and cascading of information around all aspects of this activity, including the NHS Board commitment to improve internal culture and behaviour, and suggested managers may require assistance to develop their respective skills in this area.

M Elkhazindar sought an update on the membership of the Culture Programme Board, querying whether this included new and junior staff members. In acknowledging the progress being made in relation to an effective Healing Process, she asked how the wider NHS Board would seek to ensure past behaviours were not being continued. She further asked whether there were associated consequences for those who did continue with such unacceptable behaviour. F Hogg emphasised the importance of organisations having formal processes in place, for when informal/early intervention processes were unsuccessful in resolving matters, and stressed the complex balance requiring to be struck. While cultural elements were acknowledged as complex to address, everyone was seeking to achieve the same goal. Further updates would be presented to future meetings of the Forum.

**The Forum otherwise Noted** the updated position and welcomed progress to date.

**The meeting adjourned at 3.50pm, at which point F Hogg left the meeting, and reconvened at 3.55pm.**

## 4 DISCUSSION ITEMS

### 4.1 SBAR on Neuropsychological Services

Dr Galloway spoke to a circulated SBAR document and gave presentation to members in relation to NHSH Neuropsychological Services. Outlining national recommendations relating to appropriate staffing levels for Acute, Specialist Community, and Stroke Neuropsychological Services she advised, in NHS Highland this would be 5.1wte, with the current staffing level at 1.25wte, only including 0.65wte of a Consultant Neuropsychologist. Dr Galloway went on to provide the context for raising this matter at Area Clinical Forum level, advising as to relevant Local Development Plan (LDP) Standards and stating these were not being met, with in some cases extremely long patient waits to be seen. It was stated this position was not one that had recently emerged, with historic data showing performance against target had been 0% in June of 2016. The situation had not improved and J Law advised he had been providing service cover for some period of time, with wider staff morale at a very low ebb and stress levels extremely high. Existing service resource levels were inadequate.

In outlining associated consequences of the existing position, it was stated clinicians were of the belief that patients were being harmed by the inability of the Service to offer any meaningful neuropsychological input, with under-resourcing a high risk position for both patients and the wider service. Without resource NHSH would never meet government requirements, achieve clinical/professional standards and continue to provide sub-optimal care for a complex client group. The absence of comprehensive services could mean patients did not receive full and effective treatment, would continue to present for ongoing

treatment and would increase the overall cost of care to that individual. Such additional strain on NHS services increased relevant expenditure. The more cost effective solution would be to increase neuropsychological resource to an appropriate level. In conclusion, Dr Galloway advised Area Clinical Forum support was being sought in relation to raising the matter to NHS Board level as an urgent and priority need requiring action, and to support a bid for securing adequate funding and resource.

During discussion, A Galloway stated there was need to not only consider issues relating to financial resource, but also those around the associated managerial and wider service structure, referral pathway criteria and existing ways of working. Noting the absence of a service within the Argyll and Bute area, members stated any future bid for resource would be required to articulate such a service gap in the context of an SLA agreement with NHS Greater Glasgow and Clyde. With current service performance levels acknowledged as unacceptable, members sought more context as to the current position. It was advised there had been long-term concerns that Neuropsychological services did not sit within the broader psychological service framework and as a result had been the subject of numerous previous bids for increased resource without success. A Palmer sought advice as to whether there would be a readily available supply of relevant, appropriately skilled individuals and was advised this was the case. As to whether additional staff resource was the only option for achieving service improvements, Dr Galloway stated whilst this would resolve service delivery issues around low level cases, the same did not apply for the more complex cases hence the need to ensure referral criteria was a major part of any future discussion.

M Moss advised any escalation of this matter would require further articulation of the current position, providing detail of what the Neuropsychological Service is and does. The historic position should be outlined and this should include any and all previous service change considerations and actions. It would be important to provide an update on any referral pathway considerations to date and on the point previously raised regarding possible financial resource redistribution, identify where this could be taken from and outline the associated anticipated impact. This would enable further consideration as to how the matter could be most appropriately taken forward by the Chair in association with Dr P Davidson, as Executive Lead and raised at NHS Board level, recognising the newly introduced process for Executive Directors Group (EDG) advance consideration of matters.

**After discussion, the Forum:**

- **Noted** the reported position in relation to Neuropsychological services.
- **Agreed** the Chair should raise the matter as a concern at the next NHSH Board meeting and seek to discuss further with Dr P Davidson and Dr A Galloway how the matter may be appropriately escalated.

## 5 MATTERS ARISING

There were no matters discussed in relation to this Item.

## 6 FEEDBACK FROM HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

There were no matters discussed in relation to this Item.

## 7 ASSET MANAGEMENT GROUP

There had been circulated draft Minute of Meeting held on 22 January 2020.

**The Forum Noted** the circulated draft Minute.

## 8 REPORTS/MINUTES AND PROGRESS ON WORKPLANS FROM PROFESSIONAL ADVISORY COMMITTEES ETC

### 8.1 Area Nursing, Midwifery and AHP Advisory Committee - Minute of Meeting held on 14 January 2020

The Forum **Noted** the circulated Minute of the Meeting held on 14 January 2020.

### 8.1.1 Area Nursing, Midwifery and AHP Leadership Committee - Notes of Meetings held on 7 January and 4 February 2020

The Forum **Noted** the circulated Notes of Meetings held on 7 January and 4 February 2020.

### 8.2 Area Dental Committee - Minute of Meeting of 13 November 2019

The Forum **Noted** the circulated Minute of the Meeting held on 13 November 2020.

### 8.3 Area Medical Committee - Minute of Meeting held on 19 November 2019

The Forum **Noted** the circulated Minute of the Meeting held on 19 November 2020.

### 8.4 Area Optometric Committee

The Forum **Noted** there had been a meeting held on 3 February 2020, the Minute from which was not yet available. It was reported there had been discussion in relation to Care Portal access, with the matter scheduled for discussion at the next Area Clinical Forum meeting.

### 8.5 Area Pharmaceutical Committee – Draft Minute of Meeting on 20 January 2020

The Forum **Noted** the circulated draft Minute of the Meeting held on 20 January 2020.

It was reported there had been similar discussion in relation to Care Portal access and requirements for both SCI Store letter access and feedback on referrals. P Davidson advised there were associated network issues involved at that time.

**The Forum Agreed** to invite J Docherty to address the next meeting in relation to Care Portal access.

### 8.6 Psychological Services Advisory Committee - Draft Minute of Meeting held on 6 February 2020

The Forum **Noted** the circulated draft Minute of the Meeting held on 6 February 2020.

### 8.7 Adult Social Work and Social Care Advisory Committee – Minute of Meeting held on 10 February 2020

The Forum **Noted** the circulated Minute of the Meeting held on 10 February 2020. It was reported there had been discussion in relation to Personal Outcome Plan Review activity. The matter was considered to relate to Health and Social Care issues and would be raised with Mr C Morgan, Project Manager out with the meeting.

### 8.8 Health Care Science Forum – Note of Meeting held on 23 January 2020

The Forum **Noted** the circulated Note of Meeting held on 23 January 2020. P Cook advised members the meeting had been well attended, with relevant Terms of Reference for the Forum having now been agreed.

**The Forum otherwise:**

- **Noted** the updates from the Professional Advisory Committees.
- **Agreed** the Committee Administrator circulate Professional Advisory Committee Terms of Reference documents to P Cook to help inform any future discussion in this area.

## 9 NHS HIGHLAND BOARD MEETING – 31 March, 2020

There was no discussion held in relation to this Item.

### 9.1 Feedback from Board Development Session held on 24 February 2020

There was no discussion held in relation to this Item.

## 10 FOR INFORMATION

### 10.1 Dates of Future Meetings

30 April 2020
2 July 2020
3 September 2020
29 October 2020
17 December 2020

**The Forum Noted** the remaining meeting dates in 2020.

## 11 ITEMS FOR FUTURE ACF MEETINGS

Items for future meetings were noted as follows:

- **Consider topics for discussion from each Advisory Committee**
- **Update on Culture Programme – Fiona Hogg (September)**
- **Update on the School of Health Social Care and Life Science, University of Highlands and Islands - Sandra McRury (September/October)**
- **Personalising Realistic Medicine – Rebecca Helliwell (July)**
- **Community Planning and clinical engagement – Cathy Steer**
- **Presentation on Discovery and Balanced Score Card – George McCaig**
- **Medical Device Management Group – Peter Cook**
- **NHS Highland Draft Assurance Map – Ruth Daly (July)**
- **Attraction, recruitment and Retention – follow up 1 hour workshop with Sharon Hammell (July)**

## 12 ANY OTHER COMPETENT BUSINESS

### 12.1 Coronavirus Readiness Arrangements

P Davidson took the opportunity to seek feedback from members as to the level of information currently being provided to Clinical Specialties and overall position in relation to development of relevant preparedness plans. A Palmer advised he was also in the process considering this insofar as it applied to all staff members.

In response, members stated that in addition to improved communications processes more generally, and specifically in relation to this matter, there was also a need for an increase in the level of face mask fit testing being undertaken. Members reported using the Health Protection Scotland (HPS) website for up to date advice and this was agreed to be the most useful source of information..

P Davidson encouraged continued use of the HPS website, advising the Health Protection Team were currently handling hundreds of telephone calls daily. He emphasised the importance of staff awareness and the development of appropriate contingency plans should matters escalate quickly. Highlighting the importance of ensuring heightened public awareness, M Elkhazindar sought an update in relation to Patient Focussed Booking (PFB) arrangements and was advised no changes were being implemented at that time. NHS Scotland remained in Containment mode and would continue to be guided by Scottish Government. In terms of any potential effect on GP practices, P Davidson advised relevant Pandemic Flu/Resilience Plans were in place and should individual Practices have to close then processes existed for ensuring appropriate "buddying" arrangements. Plans for funding any associated locum expenditure had yet to be clarified. The issue of supply contingencies was also referenced. Members acknowledged a number of issues had yet to be clarified.

It was stated Public Health Consultants had overall responsibility in relation to Outbreak Management arrangements and as such any concerns should be relayed to Drs K Oates and J Wares. The need for clear, concise staff messaging was reiterated by members and it was suggested an FAQ approach be adopted to address the relevant 'what if' questions. If the advice was to be that staff members should access the latest information from Public Health, BBC, and HPS then that message should be relayed to all staff at the earliest opportunity.

**The Forum otherwise Noted** the current position.

### 12.2 Establishment of an NHS Highland Executive Director Group

Having heard as to arrangements being introduced by the new Chief Executive, for the early scrutiny of NHS Board and Committee reports, serious concern was expressed that such a process appeared to be at odds with previous discussion with the Cabinet Secretary regarding the ability of staff members to raise matters directly to NHS Board level. M Elkhazindar emphasised the Area Clinical Forum had only just reviewed their Constitution, subsequently approved by the NHS Board, and this had included an element relating to the ability of the Forum "to escalate any issues to the NHS Highland Board if serious concerns are identified about the quality and safety of provision of care in the services delivered across NHS Highland".

The Chair emphasised Executive membership and attendance at all Area Clinical Forum meetings had been sought via the Chief Executive and was already to be enhanced, with a Non-Executive NHS Board member expected to attend each meeting moving forward. This would heighten awareness of any relevant issues at NHS Board level. The concern expressed by members would be discussed with the Chief Executive who was to be invited to attend the next meeting.

**The Forum:**

- **Noted** the position.
- **Sought** to invite the new Chief Executive, Paul Hawkins to attend the next meeting.

## 13 DATE OF NEXT MEETING

The next meeting will be held on 30 April 2020 at 1.30pm in the Board Room, Assynt House Inverness.

**The meeting closed at 5.05pm**