


<i>DRAFT</i>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	
MINUTE of MEETING of the AREA CLINICAL FORUM Board Room, Assynt House, Inverness	2 July 2020 – 1.30pm	

Present

Margaret Moss Area Nursing, Midwifery and Allied Health Professionals Committee (Chair)
Eileen Anderson, Area Medical Committee
Jonathan Ball, Area Medical Committee
Eddie Bateman, Area Dental Committee
Manar Elkhazindar, Area Dental Committee
Ann Galloway, Psychological Services Advisory Committee
Frances Jamieson, Area Optometric Committee
Heidi May, Nurse Director (until 3pm)
Kayrin Murray, Area Nursing, Midwifery and Allied Health Professions Committee (from 3.20pm)
Boyd Peters, Medical Director (until 3pm)

In Attendance Anna McInally, Board Services Assistant

1 WELCOME AND APOLOGIES

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

Apologies were received from Emma Watson, Adam Palmer, Linda Currie, Peter Cook, Colin Farman and Catriona Sinclair.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2 ITEMS FOR DISCUSSION

2.1 Culture Fit For The Future Update

Manar Elkhazindar provided an overview of the recent meetings of the Culture Fit for the Future Programme Board. Ms Elkhazindar advised a number of activities had commenced to improve culture within NHS Highland but targets had not been assigned to the programme to monitor progress. Moreover, the activities had not yet identified the causes of inappropriate behaviour. A draft 100 Day Action Plan had been drafted in response to the Argyll and Bute Culture Review but no start/ finish dates had been assigned to the plan. At the most recent meeting of the Programme Board, Ms Elkhazindar tabled a report and an additional meeting was expected to fully debate the paper. It was agreed the paper would be circulated to the Forum following the meeting and feedback should be provided directly to Anna McInally by July 31 2020.

Thereafter, there was a discussion regarding the Culture Programme Board. Those who attended the Programme Board suggested the number of projects and solutions initiated may unintentionally confuse those seeking support and was potentially diluting efforts and it would be more beneficial to focus on a small number of activities. Moreover, it was suggested that staff who continue to experience bullying, were still unclear of the support available. It was suggested the Programme Board was too large and required streamlining to ensure it remained responsive and agile. Concerns were fed back during the meeting and Fiona Hogg, Director of Human Resources and Emma Pickard, Culture External Advisor were receptive to the feedback provided by members.

Margaret Moss advised the majority of the work undertaken to date had been preparatory and was very good but the embedding was yet to begin and would need time. Ms Moss agreed the number of new support services could confuse people and the volume of communication had become overwhelming amongst everything else during the COVID period.

The Forum Noted the update.

2.2 Organisational Structure / Remobilisation Plan

In Pam Dudek's absence, Margaret Moss led the discussion regarding the remobilisation plan and the organisational restructure.

There was a detailed discussion regarding the Clinical Expert Group (CEG) and its relationship with the Advisory Committee Structure. Pam Dudek had sought feedback from the Area Clinical Forum regarding the Terms of Reference for CEG to clarify the link between the Group and the Forum. CEG was originally established to provide quick clinical advice on national COVID-19 guidance and had evolved during COVID-19 to have over forty members to provide a specific clinical perspective when required. It was anticipated CEG would be part of the new Structure to provide clinical guidance to the System Leadership Group (tactical) but it would not have unchecked decision making powers. It was suggested there should be a discussion at CEG to understand how they would operate in a non-emergency environment and, thereafter, a discussion with the Forum to understand the relationship between CEG and the Advisory Committees. The latter having a strategic role while the former is operational. It was agreed the paper outlining the role of the Clinical Expert Group and professional advisory committees would be circulated for the comments to enable Ms Dudek to include the feedback as part of the restructure. The new structure would be tabled at the Board on 23 July for noting.

With regards to the Remobilisation Plan, the original draft was being revised in collaboration with the Annual Operating Plan to create one single plan. The revised plan will be circulated to the Forum and a short meeting with Pam Dudek would be held to discuss this Plan.

Margaret Moss advised a gathering had been planned for stakeholders delivering community and acute services across Inverness to discuss service configuration to maximise keeping patients at home. A Thoughts Board was circulated as part of a "collective sense-making" exercise in respect of an enhanced community model. Members of the Forum were asked to transfer the feedback submitted as part of Item 2.3 into the Thoughts Board and return to Anna McNally by 10 July 2020. Members of the Forum were invited to the gathering.

With regards to palliative care, Kenny Steel, Chief Executive of Highland Hospice had approached the Board to work in partnership around end of life care in Highland and there was a Change Fund opportunity for the next three years for both bodies. Heidi May advised Hugo van Woerden was leading palliative care prior to his departure and Kate Patience-Quate had been involved. Ms May agreed to confirm all aspects of the palliative care workstream was still being progressed. The Forum was asked to consider who might work

with Pam Dudek to support the joint work with the Highland Hospice. Suggested names would be submitted to Margaret Moss for forwarding to Pam Dudek.

2.3 COVID-19 Learning and Feedback from Advisory Committees

Area Dental Committee

Eddie Bateman provided an overview on the circulated report. On 23 March, the Chief Dental Officer ordered the immediate cessation of all face-to-face dental work and dentists were given the authority to remote prescribe antibiotics. Urgent Dental Care Centres staffed by GDP and PDS dentists were established to provide emergency care. Mr Bateman advised the teams worked well together and there was great support from the pharmacy colleagues to aid remote prescribing. Moreover, the response by NHS Highland was exemplary, the centres were set up rapidly, the communication and information from management was excellent and the leadership was very supportive.

Nationally, there were concerns regarding the financial viability of practices. The support packages given to practices from the NHS vary from £20 to £40,000 depending on NHS commitments. Furthermore, many general dental practitioners were excluded from the Self-Employed Support Scheme because their profits were over the £50,000 net profit threshold. In Scotland, dental practices were allowed to reopen but aerosol generating procedures (AGPs) were still prohibited and it was the responsibility of the Urgent Dental Care Centres to provide such treatment. There was a disparity in relation to the regulation of AGPs – Private practices in Scotland were regulated by Healthcare Improvement Scotland and were able to offer AGPs but NHS inspected practices were unable to offer such procedures. This irregularity had resulted in NHS practices providing AGPs to private patients.

There were concerns regarding PPE provision, prior to COVID-19, general dental practitioners were responsible for PPE but due to supply issues, the NHS took over providing supplies. The supplies were limited to ten patients per day and there was no guidance to advise whether it would increase despite the national framework suggesting routine dental work would recommence on 13 July 2020 with the exception of AGPs.

With regards to oral cancer screening, there were serious concerns regarding the lack of screening because routine appointments had been suspended. Referrals to Oral Surgery at Raigmore Hospital had reduced to around one tenth of normal.

With regards to trainee dentists, vocational training for newly qualified dentists was cut short by around six months and the futures for a number of newly qualified dentists were uncertain because practices were not recruiting because of the financial uncertainty.

At a national level, there had been issues regarding Chief Dental Officer communications and the tendency for guidance to be shared on social media in draft form before being issued to dentists.

In terms of hospital dentistry, the department at Raigmore would be adapted in preparation for AGPs and social distancing. It was likely this work would result in breaches in the Treatment Time Guarantee and there was no guidance from the Chief Dental Officer regarding the recovery of hospital dentistry.

Recent events had provided an opportunity to reform dental remuneration. As the service returns to normal, there would be increased costs for PPE, it was estimated PPE for an AGP will cost £45 per patient and downtime was required following an AGP which would reduce the number of patients seen each day. There were limited opportunities for remote consultation given its nature.

Manar Elkhazindar suggested routine dentistry should not have ceased completely, there

should have been a short pause to prepare surgeries and ensure adequate PPE provision. Mr Bateman suggested local dental clinics should have been allowed to provide emergency dental care to avoid excessive patient travel but confirmed all decisions were taken in accordance with national guidance.

Boyd Peters advised the decisions taken at a national level were based on the modelling which suggested the virus would infiltrate 80% of the population. Moreover, the decision to limit the PPE was likely to reserve stocks for the clinical areas treating COVID-19 patients.

Area Medical Committee

Eileen Anderson provided an overview of the implications of COVID-19 for secondary care clinicians. The feedback advised the restructure of the Intensive Care Unit was very good and the department was organised very well. Concerns were raised in relation to the number of procedures cancelled at short notice and this was perceived as knee jerk reaction to the pandemic. Moreover, concerns were raised regarding the quality of the face masks which were particularly problematic for those who wear glasses.

With regards to Near Me, feedback suggested it had been very useful during the pandemic and some patients preferred remote consultations. However, there had been insufficient back up staff to fully utilise Near Me.

One of the biggest challenges for the future would be the reduced capacity to undertake scans and radiographs because of the cleaning involved.

With regards to general practice, staff worked very flexibly and redesigned surgeries where required. A number of general practice staff worked in the COVID-19 Assessment Hubs and Assessment Centres with general practitioners taking the role of Senior Decision Maker. With regards to care homes, practices were assigned to a specific facility to reduce footfall. Throughout the pandemic, most practices were able to provide a number of routine activities but adapted to take account of PPE and social distancing. The ongoing situation had impacted staff morale and fatigue.

Going forward, there were concerns regarding the transfer of workload from secondary care to general practice which was not resourced and had therefore created pressure in the service. Moreover, there are concerns about the potential healthcare debt which had accumulated while services were suspended and long term implications. The resumption of services like the chronic pain management service, cervical screening and the flu vaccination programme would be explored given the new infection control requirements.

Area Optometric Committee

Frances Jamieson advised since 23 March opticians had only provided emergency and essential care. Opticians had provided remote consultations, remote prescribing and where appropriate referral to the emergency eye treatment centre. During the pandemic, practices had received monthly financial support payment.

Clinicians felt the method of referring into the eye assessment centre was good and generally the technology worked well. There were some communication issues, there were occasions doctors referred patients to opticians without appreciating the practices were closed.

During the pandemic there were changes to the national referral process, now entry level opticians were able to refer to independent prescribing opticians which had meant opticians could refer within practices. The change to the regulations had been very helpful and it was hoped the temporary change would be retained going forward.

The treatment centres had closed and practices were reopening for emergency and essential care only. Practices would lose the monthly financial support unless there were justifiable reasons for remaining closed, for example, the sole practitioner was shielding. Practices had been given a four week supply of PPE and it was unclear whether PPE would regularly be supplied.

There were business viability concerns because of the reduced capacity in practices because of cleaning and PPE. Urgent and emergency care would be priority which would result in fewer patients having routine screening. Moreover, the reduced number of routine appointments would result in reduced retail sales.

Going forward to streamline the referral process, opticians have requested access to the Care Portal.

Nursing, Midwifery, AHP Advisory Committee

On behalf of Linda Currie, Kayrin Murray provided an overview of the circulated report. During COVID-19, there had been great team working, a good uptake of mobile working and an increase in volunteers. There had been an increase in digital working and groups to provide patient care. The main issues had been around the lack of IT equipment, network connectivity issues and staff shortages due to shielding and isolation. There were issues regarding the overlap between professional leadership and management which had been difficult. Moreover, there were concerns regarding staff wellbeing due to fatigue, isolation and trauma due to the recent pandemic.

Going forward, there were opportunities for greater use of telehealth. There would be challenges given the new ways of working and reduced capacity due to social distancing and staff absences.

Psychology Advisory Committee

Ann Galloway provided an overview of the circulated report. During the pandemic, there had been increased use of remote consultation to assess patients and it had proved successful. Moreover, remote and telephone consultations had addressed the waiting list and was particularly popular amongst the working age population. The use Near Me and telephone consultations enabled staff to see more patients than normal as there were travel time required. There were issues with the quality of the connection and a shortage of laptops.

Going forward, new ways of would be required and it was anticipated a degree of home working would be retained.

Following the updates from the Professional Advisory Committees, it was agreed Margaret Moss would request feedback from the executive team around evaluation of the Gold, Silver and Bronze Command structure, similar to the updates provided by the Advisory Committees.

The Forum Noted the updates.

3 DRAFT MINUTE OF MEETING HELD ON 4 JUNE 2020

The Forum **approved** the Minute of 4 June 2020.

3.1 Updated Attendance Record

The Forum **noted** the Attendance Record.

4 MATTERS ARISING

There were no matters arising.

5 ASSET MANAGEMENT GROUP

5.1 Minute of Meeting of 18 March 2020

The circulated minutes of the meeting of the Asset Management Group of 18 March 2020 were noted.

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

6.1 Area Nursing, Midwifery, and AHP Leadership Committee Note of Meeting held on 12 March 2020

No update.

6.2.1 Area Dental Committee Minute of Meeting of 5 February 2020

The circulated minutes of the meeting of the Area Dental Committee of 2 February 2020 were noted.

6.2.2 Area Dental Committee Draft Minute of Meeting of 10 June 2020

The circulated minutes of the meeting of the Area Dental Committee of 10 June 2020 were noted.

6.3 Area Medical Committee Draft Minute of held on 9 June 2020

The circulated minutes of the meeting of the Area Medical Committee of 9 June 2020 were noted.

6.4 Psychological Services Advisory Committee Draft Note of Meeting held on 4 June 2020

The circulated minutes of the meeting of the Area Psychological Committee of 9 June 2020 were noted.

7 NHS HIGHLAND BOARD MEETING 2020

It was agreed Margaret Moss would provide a short briefing to the Forum following Board Meetings to ensure the members were kept apprised of Board business.

7.1 Highland Financial Position as at June 2020

The Financial Position was noted.

7.2 Infection Prevention and Control Report and Annual Workplan 2020/21

The Infection Prevention and Control Report and Annual Workplan were noted.

8 3 SEPTEMBER AGENDA AND DISCUSSION OF ITEMS FOR FUTURE MEETINGS

It was agreed the following items would be added to the Agenda for 3 September:

Culture Fit For The Future

The Guardian Service

Remobilisation / Organisational Structure
Performance Framework

It was agreed the following items would be added to the Agenda for 29 October:

Realistic Medicine
Research at UHI
Care Portal

9 FOR INFORMATION

9.1 Dates of Future Meetings

3 September 2020
29 October 2020
17 December 2020

The Forum Noted the remaining meeting dates in 2020.

10 AOCB

There was a brief further discussion regarding Culture Fit for the Future, specifically the Argyll and Bute survey review. Ms Anderson advised at the most recent meeting of the Culture Programme Board, it was suggested the culture survey would not be undertaken in North Highland. Ms Moss advised there had previously been discussion at the Board regarding the roll out of the survey across North Highland (perhaps with some small changes and she thought this would be happening but did not know the timescale. Ms Moss agreed to speak with Fiona Hogg and confirm to the Committee what was happening.

Eileen Anderson wanted to express her thanks to Mark Wilde for his efforts with the Culture Programme, saying the group who worked collaboratively on the Healing Process would not have achieved their outcomes without his leadership and support.

11 DATE OF NEXT MEETING

The next meeting will be held on 3 September 2020 at 1.30pm in the Board Room, Assynt House Inverness.

The meeting closed at 4.45pm