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<p align="center">MINUTE of MEETING of the AREA CLINICAL FORUM</p> Board Room, Assynt House, Inverness	<p align="center">23 January 2020 – 1.30pm</p>	

Present

Margaret Moss Area Nursing, Midwifery and Allied Health Professionals Committee (Chair)
 Eileen Anderson, Area Medical Committee
 Linda Currie, Area Nursing, Midwifery and Allied Health Professionals Committee (video conference)
 Ann Galloway, Psychological Services Advisory Committee
 Jim Law, Psychological Services Advisory Committee
 Stephen McNally, Raigmore
 Laura Menzies, Area Nursing, Midwifery and Allied Health Professionals Committee
 Al Miles, Area Medical Committee
 Calum Murray, Area Pharmaceutical Committee
 Wil Nel, Clinical Director West
 Adam Palmer, Employee Director
 Manar Elkazindar, Area Dental Committee
 Catriona Sinclair, Area Pharmaceutical Committee
 Iain Thomson, Adult Social Work and Social Care Advisory Committee
 Colin Farman, Area Health Care Science Advisory Committee
 Alex Javed, Area Health Care Science Advisory Committee

In Attendance

Deborah Jones Director of Strategic Commissioning, Planning and Performance
 Fiona Hogg, Director of Human Resources and Organisational Development
 Heidi May, Nurse Director
 Chris Morgan, Programme Manager, Clinical and Care Strategy
 Boyd Robertson, Chair NHS Highland (item 2 only)
 Paul Shercliff, Service Planning Manager
 Christine Thomson, Committee Administrator
 Boyd Peters, Medical Director (from item 3.3)

1 WELCOME AND APOLOGIES

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

Apologies were submitted from Lorien Cameron-Ross, Paul Davidson, Frances Jamieson and Clare Watt

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2 INTRODUCTION OF BOYD ROBERTSON, CHAIR OF NHS HIGHLAND

Boyd Robertson advised that his interim appointment as Chair of NHS Highland had now been made substantive and confirmed that non – executive Board members had agreed to attend the ACF on a rotational basis. He stressed the need for the ACF to represent the views of clinicians and advised that the Board recognised the time constraints of clinicians attending meetings of the ACF. It was generally considered that it would be a positive move to strengthen 2 way dialogue between members of the Board and the ACF.

3 DISCUSSION ITEMS

3.1 UPDATE ON CLINICAL STRATEGY – REVISED PROPOSALS

Deborah Jones gave a presentation on the revised proposals for the clinical strategy. Key feedback had indicated that there was a need to fully integrate health and social care and to knit together primary care and community care services. The concept of one hospital delivered across 4 sites was seen as an acceptable concept. In addition there was a need to seek integrated mental health provision. It was stressed that services required to be delivered consistently and in the most cost effective way possible. There was a need to create a strategy to transform services while potentially saving money and to create standard pathways using consistent systems and processes and applying the principles of realistic medicine in order to provide sustainable and resilient 7 day services that meet the needs of the population and the diversity of Highland remote and rural communities.

The focus of the revised approach rested on 5 key areas: planned care; unplanned care; mental health; maternity, obstetrics and first 1000 days; and complexity, frailty and end of life care. Cross cutting themes were noted as adult social care, eHealth and digital, estates and facilities, and clinical and care role redesign.

The importance of communication and engagement was stressed with actions including the identification of resource to support the development of messaging and facilitation of engagement sessions; engagement in the process of development; communication with staff, stakeholders and public; use of internet as a single point of truth for all parties regarding the development of strategy; communicating a channel for questions and answers; sharing monthly reports with all parties. Facilitated sessions with patient groups, staff forums, and consultation meetings with external stakeholders would be arranged.

Some concerns were raised around flow and it was suggested that more clinical engagement was required. The need for engagement between strategic and operational level was stressed and it was noted that in order to manage the work adequate resource would be required. Priority areas would require to be identified with a rolling programme looking at strategy as an ongoing process.

It was generally considered that more clinical representation was required. Ann Galloway stressed that mental health should be inclusive of mental wellbeing and that physical and emotional well being runs through everything. She stressed that psychology had not been represented at any meetings to date. Workstream Leadership Teams would identify the membership of the groups.

It was agreed that a member of Deborah Jones team provide an update to a future meeting.

The Forum

- **Noted** the update
- **Agreed** that a further update be provided to the next meeting of the Forum

3.2 CULTURE PROGRAMME

Fiona Hogg gave an update on the Culture Programme to date.

She advised that a Culture Programme Board had been set up which had met 3 times, initial engagement sessions had taken place, external support was in place for investigations and mediation, courageous conversations training had been launched, a CEO bulletin and team brief set up, a health and wellbeing strategy group had been set up and the culture commitment plan had been drafted. It was stressed that all options had different functions and there was a need to identify why a particular route would be chosen. Work was also underway to agree a pathway for priorities and concerns.

The Once for Scotland implementation was being used to deal with the outstanding grievances.

Some concern was expressed as to how to deal with individuals who no longer were employed in the organisation and it was noted that for current cases the correct route to follow would be to use the bullying and harassment policy by talking to the manager, HR and trade union, but for historical cases the route to follow would be the healing process. In cases of doubt Fiona Hogg should be contacted.

It was agreed that a further update be provided to the next meeting of the Forum.

The Forum Agreed that Fiona Hogg be invited to the next meeting of the Committee to provide an update.

3.3 HEALTH & CARE (STAFFING) (SCOTLAND) BILL

Heidi May advised that the evidence was growing of the impact of insufficient staff in the NHS, particularly in nursing. She advised that each additional patient a nurse has to look after, over and above their current workload was associated with a higher rate of death, a longer length of stay, a higher risk of nurse burnout and higher risk of poor quality care. Conversely, if the workload was reduced by one patient then this lowers the risk of the patient dying, lowers the risk of readmission, reduces the length of stay and reduces nurse burn out. A similar situation existed regarding medical staff, with over half of the doctors in training advising that they worked beyond rostered hours regularly, felt tired and suffered from lack of sleep.

She advised that data quality was an issue which required attention.

It was noted that the Bill became an Act in May 2019 and preparations could now be made with key actions to be implemented and Boards considering the staffing levels required in each Board.

The scope was noted as covering all clinical professions and care staff employed in health and social care. Work force tools had been developed with nursing and midwifery which were nationally validated and required to be used. Heidi May stressed that the Act gave everyone the ability to influence staffing levels. Additional funding had been given to put staff in place to support the enactment of the Act and the lead on this was Fiona Hogg supported by Heidi May. A nursing and midwifery implementation group existed to ensure that nurses, midwives and AHPs would be fully ready for enactment of the Act.

It was agreed that the presentation be circulated to members of the Forum.

The Act therefore placed a duty on Boards to provide professional advice on staffing levels and ensure appropriate staffing at all times, with an escalation process in place should this advice be ignored or it be established that the Board was unable to meet the requirement of the calculated workforce. It was stressed that clinical leadership roles should have adequate time to undertake this leadership role.

It was further noted that the government were indicating that Boards only worked with agreed agencies.

It was noted that a common staffing method was required to reach a conclusion as to the number of staff required. Validated tools and quality indicators were required and the need to engage with staff, managers and unions was stressed. Excellence in Care aimed to ensure standard outcome measures in every Board in Scotland. An annual report would also be published by Scottish Government.

Health Care Improvement Scotland would have a responsibility to ensure monitoring was in place and also have the power to demand compliance with reporting responsibilities. This related also to care services.

It was noted that guidance was currently being developed and the Programme Board was in the process of being set up with issues, logs of risks and communication plans being established.

The need to consider service redesign and ensure training is in place was noted with Heidi May stressing that when staff were trained locally there was more chance of them staying with the organisation.

Fiona Hogg stressed the need to think long term and identify how to ensure a sustainable trained workforce. She considered that the Programme Board should report through clinical governance as opposed to staff governance.

It was further noted that this Act did not pertain to independent contractors but that the Boards would be held accountable indirectly. Guidance was being built which would cover Board staff visiting practices.

Adam Palmer queried whether there was acknowledgement that the Board may have to staff appropriately or do less than at present. The demographics of both patients and staff was noted together with the effects of Brexit in terms of attracting and retaining staff were noted. It was further noted that the pool of those of workforce age was diminishing and considered that if the service could not be delivered it would require to be redesigned.

No discussion had taken place on penalties for breaking the Act but it was noted that HIS have authority to ensure Boards engage.

The Forum thereafter:

- **Noted** the presentation
- **Agreed** that members will share this widely with their respective Advisory Committees for cascade and discussion with clinical staff

3.4 DRAFT ANNUAL OPERATING PLAN 2020-2023

Paul Shercliff gave an update on the annual operating plan. It was noted that some initial

feedback had been received and that ongoing clinical and managerial engagement would be welcome. Three main areas of the plan were highlighted, these being: strategic, such as clinical and care strategy, culture fit for the future and workforce plan; tactical such as Caithness redesign , Badenoch and Strathspey redesign , Skye Lochaber and Wester Ross redesign and elective care centre; and operational such as reduction of TTG., reduction in waiting times. The first draft had been submitted in December 2019 with the second draft due to be submitted to Scottish Government on 14 February and the final draft by early March 2020. Any further comments should be passed to Paul Shercliff. Ann Galloway highlighted the fact that learning disability was missing from the document and that some of the data regarding the amount of sessions for CBT given in the section on mental health services was incorrect and needed amending. Catriona Sinclair advised that there were several challenges for pharmacy which had not been included in the document.

Margaret Moss expressed concern over the impact of the PMO on the long-term sustainability of services where service redesign and modernisation would require reinvestment of some funding to create and staff new models of care. In these situations savings could be made but quality, safety and sustainability required to be considered with the same rigour. It was noted that where significant re-investment may be required for service redesign this required consideration through joint clinical financial discussions. It was suggested that more engagement was required on quality and safety and noted that all quality improvement leads had been transferred from operational areas to the PMO. It was noted that the Board ensures quality is delivered through the balanced score card which is presented to the Clinical Governance Committee. In addition each operational unit has a patient quality and safety group chaired by clinicians. Further there is a clinical governance and care agenda and exception report which is presented to each meeting of the Clinical Governance Committee. It was considered that a presentation on the balanced score card and Discovery at a future meeting would be helpful for better understanding of clinical data that reflects quality and safety.

The Forum Noted the update.

At this stage Margaret Moss advised that this was Christine Thomson's last meeting of the ACF and thanked her for her assistance to the Forum over the years and wished her well in her retirement.

4 DRAFT MINUTE OF ACF MEETING HELD ON 21 NOVEMBER 2019

The previously circulated minute of meeting held on 21 November 2019 was agreed.

The Forum thereafter Agreed the minute.

4.1 Updated Attendance record

The previously circulated updated attendance record was noted.

The Forum Noted the updated attendance record.

5 MATTERS ARISING

5.1 Area Dental Committee – Director of Dentistry

Margaret Moss had written to the Medical Director and Chief Executive and received confirmation that progress was taking place on this matter, working with the interim Director of Dentistry.

6 FEEDBACK FROM HIGHLAND HEALTH & SOCIAL CARE COMMITTEE

6.1 Minute of Meeting of 7 November 2019

There had been no ACF representation at the meeting.

7 ASSET MANAGEMENT GROUP

7.1 Minute of Meeting of 19 November 2019

7.2 Draft Minute of Meeting of 17 December 2019

There had been circulated minutes of the meetings of the Asset Management Group of 19 November 2019 and 17 December 2019 which were noted. Peter Cook had undertaken to update the medical equipment list.

The Forum Noted the update.

8 REPORTS/MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES

8.1 Area Nursing, Midwifery and AHP Advisory Committee, Minute of Meeting held on 19 November 2019

The previously circulated minute of the meeting held on 19 November 2019 was noted. It was reported that discussions were taking place on how to reinvigorate the Committee.

8.1.1 Area Nursing, Midwifery and AHP Leadership Committee, Note of Meeting held on 3 December 2019

The previously circulated note of the meeting held on 3 December 2019 was noted.

8.1.2 Area Nursing, Midwifery, and AHP Leadership Committee, Meeting held on 7 January 2020

8.2 Area Dental Committee, Minute of Meeting of 13 November 2019

The previously circulated minute of the meeting held on 13 November 2019 was noted.

8.3 Area Medical Committee

8.3.1 Minute of meeting held on 17 September 2019

The previously circulated minute of the meeting held on 17 September 2019 was noted.

8.3.2 Draft Minute of Meeting held on 19 November 2019

The previously circulated minute of the meeting held on 19 November 2019 was noted and it was highlighted that the membership from the hospital side of the Committee were experiencing difficulty in attending meetings on Tuesday afternoons.

8.4 Area Optometric Committee

There had been no meeting since the last meeting of the Area Clinical Forum.

8.5 Area Pharmaceutical Committee

8.5.1 Minute of Meeting held on 18 November 2019

The previously circulated minute of the meeting held on 18 November 2019 was noted with the challenges of recruitment and retention being highlighted.

8.6 Psychological Services Advisory Committee

8.6.1 Draft Note of Meeting held on 7 November 2019

The previously circulated draft note of the meeting held on 7 November 2019 was noted. The SBAR on neuropsychological services within NHS Highland which had previously been circulated to members of the Forum would be considered as a substantive item at the next meeting of the Forum.

8.7 Adult Social Work and Social Care Advisory Committee

There had been no meeting since the last meeting of the Area Clinical Forum.

8.8 Health Care Science Forum

It was noted that the first meeting of the revised Area Health Care Science Forum had taken place and that approval had been given to Colin Farman, Alex Javed and Peter Cook to attend on the ACF on a rotational basis. A constitution was currently being developed. Discussion had taken place on the new Health Care Science Strategy being developed by the Scottish Government. Meetings would be held monthly in the first instance. Heidi May stressed the importance of ensuring that the Health Care Science Strategy feeds into the Board's Clinical and Care strategy. Margaret Moss welcomed the fact that Health Care Sciences would now be full members of the Forum.

The Forum Noted the updates from the Professional Advisory Committees..

9 NHS HIGHLAND BOARD MEETING

9.1 Highland Financial Position

It was noted that this paper was not yet available but would be published on the website with the Board meeting papers. Boyd Peters advised that progress had been made and that there was confidence that further improvements would be made.

9.2 Infection Prevention and Control Report and Annual Workplan

The infection prevention and control report was noted

9.3 Chief Executive's and Directors' Report

The Chief Executive's and Directors' Report was noted.

9.4 Attraction Recruitment and Retention Strategy Update

The previously circulated report by Sharon Hammell was noted and it was agreed that she be invited to the next meeting of the ACF.

9.5 Community Planning – Early draft

The early draft report was noted and it was agreed that Cathy Steer be invited to a future meeting of the Forum.

The Forum Noted the Board papers

10 FOR INFORMATION

10.1 Dates of Future Meetings

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

The Forum Noted the items for information.

11 ITEMS FOR FUTURE ACF MEETINGS

Items for future meetings were noted as follows:

- 11.1 Overview of UHI activity from a research/education and innovation perspective
Presentation by Sandra McRury**
- 11.2 Personalising Realistic Medicine – summary of PRM event – Rebecca Helliwell**
- 11.3 Health Promoting Health Service – Bev Green**
- 11.4 Performance Framework – Donna Smith**
- 11.5 NHS Assurance Framework - Ruth Daly**
- 11.6 CAG – discuss at advisory committee meetings in the first instance**
- 11.7 Service Level Agreements**
- 11.8 Whole System flow- Katherine Sutton**

12 ANY OTHER COMPETENT BUSINESS

There was no other competent business

13 DATE OF NEXT MEETING

The next meeting will be held on 5 March 2020 at 1.30pm in the Board Room, Assynt House Inverness.

The meeting closed at 4.40pm