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<b>MINUTE of MEETING of the AREA CLINICAL FORUM</b>	<b>29 April 2021 – 1.30pm</b> <b>Microsoft TEAMS</b>	

**Present**

Margaret Moss, Area Nursing, Midwifery and Allied Health Professionals Forum (Chair)  
 Eileen Anderson, Area Medical Committee  
 Eddie Bateman, Area Dental Committee  
 William Craig-MacLeman, Area Nursing, Midwifery and Allied Health Professionals Committee  
 Linda Currie, Area Nursing, Midwifery and Allied Health Professionals Committee  
 Manar Elkhazindar, Area Dental Committee  
 Helen Eunson, Area Nursing, Midwifery and Allied Health Professionals Committee  
 Frances Jamieson, Area Optometric Committee  
 Alex Javed, Area Healthcare Sciences Forum  
 Stephen McNally, Clinical Representative (Raigmore Hospital)  
 Alan Miles, Area Medical Committee  
 Adam Palmer, Employee Director  
 Catriona Sinclair, Area Pharmaceutical Committee  
 Ian Thomson, Adult Social Care and Social Work Advisory Committee  
 Wendy Van Riet, Psychological Services Advisory Committee

**In Attendance**

Albert Donald, Non-Executive Board Member  
 Heidi May, Nurse Director (from 3:10pm to 4pm)  
 Boyd Peters, Medical Director (from 3:30pm)  
 Charles Bloe (Item 2 only)  
 Annie MacLean (Item 2 only)  
 Cathy Shaw (Item 2 only)  
 Tom Elrick, Programme Director for Unscheduled Care (Item 8.3 only)  
 Veronika Burgess, Board Administrator

**To be noted: the order of items was rearranged due to presenter availability, so will not match the order on the Agenda.**

**1 WELCOME AND APOLOGIES**

The Chair welcomed those present to the meeting and thanked them for attending.  
 The Chair introduced Albert Donald who is attending the meeting as a Non-Executive Board Member.

Apologies were received from Tim Allison.

**1.1 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**2. SHARING SUCCESS**

The Chair introduced Charlie Bloe, Annie MacLean and Cathy Shaw. They had been invited to share their achievements and experiences.

C Bloe, lead nurse for cardiac services at Raigmore Hospital, provided an overview of the work completed in cardiology that resulted in the UK Cardiovascular Specialist Nurse of the Year award. He explained that when patients experience a heart attack, and live more than 90 minutes away from a Cath Lab, a drug called a clot buster will be administered; research has shown that every one minute of delay in administering a clot buster reduces the patient's life expectancy by 11 days. Seven years ago only 17% of patients were receiving a clot buster by a paramedic with the main barrier being the interpretation of the ECG. C Bloe and his team set up a system that allows a paramedic to transmit the ECG to the Coronary Care Unit who then respond and provide specialist diagnostic advice within minutes. As a result about 96% of patients now receive a clot buster in the community by a paramedic; with around 3,500 ECGs received by the Coronary Care Unit a year. This service has also now been extended to GPs.

In response to questions from the Forum members, C Bloe confirmed that the shelf life of the clot buster drug is 2 years, with the vast majority never used; Pharmacy provides the drug to rural practices and paramedic crews. It was noted that even though a majority of the drugs are discarded the long term cost savings and health benefits by those who receive the drug would outweigh this.

A MacLean, district nurse in West Lochaber, provided an overview of her role. She covers 5 remote communities over an area of around 500 square miles; last year she completed the Queen's Nursing Program and now has the title of Queen's Nurse in Scotland. Completing this program has encouraged her to use her voice and share the value and importance of district nursing. She has found that people's perception of district nursing and the reality of it can be two very different things, as such she feels it is important that the true complex role is known and appreciated. A MacLean confirmed that recruitment to these roles is difficult.

Eileen Anderson commented regarding the radiology intervention service which requires certain services to be provided in the patient's home, but there are difficulties with finding district nurses with the ability and training to complete this; she enquired if A MacLean had any recommendations on how to handle this. A MacLean commented that a lot of times district nurses do not have the time to upskill or take on extra training, but if there was a patient that came onto the district nurses caseload with those particular needs then there would be a discussion as to how to train up the staff; this would be on an individual team basis. She suggested that it would be beneficial to link with the lead nurses to enquire about this.

C Shaw, the lead practitioner for the remote and rural support team, provided an overview of her role. This team consists of advanced nurse and paramedic practitioners that cover the Highlands in both out of hours and in hours; the team also supports single handed GP practices and out of hours urgent care. Four years ago this team consisted of 5 members; during this time C Shaw has worked to develop relationships to promote the team and there is now a team of 17. As a result of the work undertaken to build and retain the team C Shaw was nominated for the Leader of the Year, and has also had articles published.

Ian Thomson expressed his appreciation for the emotional and psychological support provided by this team to his care response team on Skye during a recent covid outbreak. In response to a question about training, C Shaw agreed that training is very important and she would like to further develop relationships with the acute hospitals for training. She advised that they are involved with the Rural Advanced Practitioner Pathway which is about to launch, this is primarily focused on the additional skills needed in the remote areas.

On behalf of the Forum members the Chair expressed her thanks to all three staff members for their hard work and commitment and the time taken to present today.

### **3. DRAFT MINUTE OF MEETING HELD ON 4 MARCH 2021**

The minute of the meeting held on 4 March 2021 was **approved**.

#### **4. MATTERS ARISING**

The Chair raised the item of the Advisory Committee flyer that was discussed at the March meeting. The final draft was forwarded to the Communications Team who provided a final version. This final version was circulated to the Forum members via email and no further changes were requested. The flyer will be part of the Weekly Round-Up email being sent out to all staff tomorrow.

**Action:** Veronika Burgess to forward the final version to Forum members for their use.

#### **5. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS**

##### **5.1 Area Dental Committee meeting held on 31 March 2021**

Eddie Bateman spoke to the circulated minutes of the meeting and provided a further update. He advised that there is an election planned for 6 June. It is currently still unknown as to when dental therapy schools will graduate, but it is not expected to be this summer. The dental therapy vocational training scheme has been extended until the end of November. The funding model is not any further forward; practices are still on emergency support payments of an average of 85% of their previous 12 months prior to covid, however this will change shortly to a tiered system of emergency funding. The current thinking is that these support payments will continue for another year before an interim payment system comes in approximately April 2022 which is expected to last for 3 years.

E Bateman confirmed that he is content that NHS Highland is providing the needed assistance and support.

**The Forum noted the minute and update.**

##### **5.2 Area Nursing, Midwifery, and AHP Advisory Committee meeting held on 25 March 2021**

Linda Currie spoke to the circulated minutes of the meeting and provided a further update. Following on from the discussion had at the March ACF meeting around the Agile Nursing Workforce paper, she advised that after discussion with the Advisory Group it was agreed that it isn't normal practice or within the constitution for the group to review papers such as these that come through the leadership committee.

**The Forum noted the minute and update.**

##### **5.3 Psychological Services Advisory Committee meeting held on 15 April 2021**

Wendy Van Riet spoke to the circulated minutes of the meeting and provided a further update. She advised that the biggest item at the moment is the current Scottish Government funding that will soon be available for psychological therapies and CAMHS. Discussion is underway to complete business cases and gap analysis to ensure there will be full benefit from this funding. It was noted that one of the difficulties will be the requirement and recruitment of extra staff.

**The Forum noted the minute and update.**

##### **5.4 Area Pharmaceutical Committee meeting held on 12 April 2021**

Catriona Sinclair provided an update; minutes from the meeting were not yet available. She advised that the Director of the Royal Pharmaceutical Society in Scotland had attended the meeting and spoke regarding her aspirations for the Society.

C Sinclair also spoke to the SBAR she had submitted regarding community pharmacy access to electronic patient records; this had been circulated separately to the Forum members via email. This access is essential for patient safety purposes and to reduce

clinical risk. Access needs to be not just for reading purposes, but also for recording purposes so all interventions/notes can be recorded into the system. She confirmed that the Area Pharmaceutical Committee is asking for support from the ACF in regards to this SBAR.

The Chair agreed that this is an issue to be highlighted to Clinical Governance, along with a discussion with eHealth in regards to what support they can offer.

Linda Currie advised that a similar situation is being looked at in regards to AHP in Argyll and Bute, and she agreed that a meaningful discussion about IT strategy between the ACF and eHealth would be very useful and very important.

The Chair agreed that a meeting with eHealth should be arranged; to be discussed from a clinical perspective and a whole Committee approach to be taken. As a result of the discussion solutions can then be looked at for all areas.

Manar Elkhazindar suggested that each specialist group make a summary of their difficulties for discussion at the meeting with eHealth.

It was also suggested that Donald Peterkin, Data Protection Officer, be involved in this meeting.

**Action:** An additional meeting of the ACF to be organised with appropriate eHealth and data protection staff within the next month to fully discuss these issues. A summary of issues/suggestions from each specialist group to be gathered prior to this meeting.

**The Forum noted the update.**

#### **5.5 Area Optometric Committee meeting held on 19 April 2021**

Frances Jamieson provided an update; minutes from the meeting were not yet available. In regards to access to Care Portal, she confirmed that the Optometric Advisor had been in discussions with eHealth. Ophthalmology will soon be receiving a new electronic patient record called Open Eyes; this is being piloted in Grampian; it is currently unknown how this will relate to Care Portal. They are looking at ways to encourage recruitment to the Committee including use of the flyer and a bitesize communication.

**The Forum noted the update.**

#### **5.6 Adult Social Care and Social Work Advisory Committee meeting held on 19 April 2021**

Ian Thomson spoke to the circulated minutes of the meeting and provided a further update. He noted that the Independent Review of Adult Social Care in Scotland Report suggests significant structural change for social care and there is the need to be aware and sensitive to the potential for concern from staff.

I Thomson confirmed that he will provide an overview of the report at the July ACF meeting.

**The Forum noted the minute and update.**

#### **5.7 Area Healthcare Sciences Forum meeting**

Alex Javed provided an update; there has been no formal meeting held. He confirmed that service development and professional development have been continuing and progressing. Discussions will be held regarding a unified approach to enable better representation under the new acute structure; find a way to receive more recognition to allow more input.

**The Forum noted the update.**

#### **5.8 Area Medical Committee meeting held on 23 March 2021**

Eileen Anderson provided an update; minutes from the meeting were not yet available. An overview of what had been discussed at the meeting was provided; this included the following items:

- The Remobilisation Plan
- CT scanning requests from GPs and the difficulties associated with this.
- Urology times (TTGs); getting worse month by month.
- Emergency detention in the community and the issues involved with this. Neil McNamara to seek update and discuss this at the Interface Group.
- Orthopaedics; letter regarding elective orthopaedic surgery and the long standing waits.
- Rural General Hospital Board; disappointment expressed that the focus of the board seems to be on statistics rather than the issues. AMC to have sight of the output from this board.

Ian Thomson commented regarding emergency detention in the community; social work recognise the difficulty of this for GPs, in the past there were psychiatric emergency plans with the routes for people needing hospital treatment and places of safety, but this has broken down and is an area that is being looked at.

Stephen McNally confirmed that the cancer figures are not just covid related, this is something that has been slipping over the last five years; this pathway and waiting times are a point of focus.

The Chair confirmed that the orthopaedics issue had also been discussed at a recent Clinical Response Group / Clinical Interface meeting. At this meeting, among other issues, the lack of openness around the waiting times was discussed, and what could be done to actively support those who are waiting. The Board is also acutely aware of the situation and working to find solutions. Adam Palmer confirmed that this issue was further discussed at the System Leadership team meeting; one of the actions mentioned was a two to three year plan for orthopaedics associated with the National Treatment Centre. Stephen McNally advised that there are currently 2000 joint replacements on the waiting list. Orthopaedics have restarted elective work this week, with a gradual increase and full return to activity planned for 28 June. S McNally further confirmed that all of the elective services have been affected, and this is an issue across the UK.

**Action:** Nick Abbott, Lead for Cancer, to be invited to an upcoming ACF meeting to discuss the challenges associated with cancer diagnosis, treatment and waiting times.

**The Forum noted the update.**

The delay in producing advisory committee meeting minutes was discussed. The Chair advised that this had been raised with the Clinical Governance Committee with the feedback being that a review of secretarial support will soon be undertaken to ensure gaps are identified and there is appropriate support.

## **6. ASSET MANAGEMENT GROUP**

### **6.1 Minute of Meeting of 17 February 2021**

**The Forum noted the minute.**

## **7. HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE**

### **7.1 Minute of Meeting of 3 March 2021**

Ian Thomson provided an update from the meeting held yesterday, 28 April 2021. A wide-ranging paper on the position of adult social care after the ongoing impact of covid was discussed; one of the areas highlighted was the need for the review of professional practice governance arrangements. I Thomson will keep the ACF informed and updated on this.

**The Forum noted the minute and update.**

**Members took a short break at 3:30pm. The meeting reconvened at 3:35pm.**

## 8. DISCUSSION ITEMS

### 8.1 Culture Update / Whistleblowing Standards Implementation Oversight Group

Manar Elkhazindar provided a culture update. An update was received from the Culture Metrics and Tools workstream; the data already obtained was not collated in a standardised manner so an external company is now being used. This company will send a set of validated questions to all staff which can be repeated at 6 or 12 months to assess the improvement. The contract with the external company is for one year. The next step is to arrange a comms and engagement plan and review the standardised questions. The Chair confirmed that the baseline culture survey is planned for the end of May/early June; this will be sent to all NHS Highland employees as well as Argyll and Bute Health and Social Care Partnership including council staff.

Eileen Anderson provided an update from the whistleblowing standards implementation oversight group. It was noted that the meetings for this group clash with the Culture Board meetings. There will be another Ask Me Anything session held regarding the whistleblowing standards, this will be publicised in due course. Communications are to be ongoing to include new staff; standards need to be available and understood by all who deliver NHS services. Meetings will now be minuted going forward.

Albert Donald, Whistleblowing Champion, provided a further update on the whistleblowing standards. The standards were introduced on 1 April nationally. In NHS Highland there is a process in place for reporting, for recording, for investigating and for confidential contact through the Guardian Service. There is still work to be completed regarding implementation for the Health and Social Care partnership, contractors, volunteers, medical trainees, students. The Independent National Whistleblowing Office has recognised and accepted that Boards have not been able to implement all of the standards on 1 April with the proviso that there is a plan in place to implement the outstanding items. Effective ongoing communication is extremely important going forward and should be included in the staff induction process and publicity. This is important for staff and their wellbeing and safety but there is also the link between staff and patient safety and care.

M Elkhazindar enquired about the staff induction process. A Donald confirmed that the induction process as a whole has been raised at the Staff Governance Committee for further discussion, A Donald will raise this again at the next meeting. Heidi May confirmed that she will also raise this issue with the Executive Directors Group.

**Action:** Forum members to cascade the whistleblowing information to advisory groups and staff under these areas to ensure the information is received by all staff.

**The Forum noted the update.**

The Chair reminded Forum members that the draft Communications and Engagement Strategy had been circulated via email for review and feedback; comments to be forwarded to Veronika Burgess by no later than 12 May 2021.

### 8.4 Committee Structures

The Chair advised that there has been discussion around the development of system leadership and there is a strong commitment from the Board to this. There will be a trialling of a short development program with the Executive Directors Group, Deputy Directors of Medicine, Nursing, Midwifery and AHPs, Head of Adult Social Care, ACF Chair and one representative from each Advisory Committee. This program will include an introductory one hour briefing session, a one day event on 15 June, and a follow up session; this will be facilitated externally by the King's Fund. The aim is to roll out a similar program across the wider system to build a culture of system leadership.

**Action:** Veronika Burgess to forward further details regarding the program to Forum

members. Each Advisory Committee to nominate one representative to attend by no later than Wednesday 5 May 2021.

### **8.3 Urgent Care Programme**

Tom Elrick, Programme Director for Unscheduled Care, presented a slide presentation (copy provided to Forum members) which addressed the following areas:

- National agenda for redesigning urgent care; two phase programme
- Phase 1 – Flow Navigation Centre
- Phase 2 – Comprehensive Flow Management Initiatives; admission avoidance, discharge planning and care co-ordination
- Unscheduled Care Strategy – Programme Structure
- Initial successes; daily huddle, improvement in delayed discharges, frailty model development, remobilisation objectives, understanding system activity
- Immediate priorities; launch of new discharge planning process, legacy delayed hospital discharge management, engaging with primary care, finish system bed review, agree frailty and falls pathway, complete review of ambulatory care, support care at home contract process, support review of community hospitals

In response to questions from Forum members, T Elrick provided the following further information:

Discharge to assess; the flexibility to receive any patient within the capacity is very important and had helped make this program a great success. As a result of the success the hope is to secure long term funding to expand the service further, which will hopefully include changing current temporary posts to permanent positions

System bed review; the process has been to look at the waiting list, look at what is needed to work through the list in a safe manner, and what the impact would be on the medical division and beds. As a long term proposal they are looking at community beds to see what could be done to support community hospitals to take on slightly more complex patients.

Early intervention and preventative work; to begin with there will need to be a dual running process where the community services are enhanced along with additional resources for discharge etc until this is cleared. This model approach will be over 5 years. Looking to shift emphasis to and support primary care; the flow wanted is to manage patients at home/place of residence, then community hospital, then acute. Ultimately the goal is to have a larger percentage of staff outside of the hospital; with all discharge planning services sitting outside the hospital, with regular updates and plans in advance provided.

Theatre capacity; T Elrick confirmed that theatre capacity is being looked at already, and he feels the plans in place are appropriate and at the moment this model could not add any more value to it.

On behalf of the Forum members the Chair expressed her thanks for the presentation and information, and extended an invitation to a future meeting to provide an update.

### **8.2 Long Covid Update**

Linda Currie provided an update on long covid. At the end of last year the CRG asked a group of clinicians to establish a group to research long covid and follow up services. She confirmed there are established pathways, triage screening tools and educational resources in place that can be harnessed. The group have drafted a plan which outlines an NHS Highland wide service that would provide a coordinating virtual hub for referrals for those who have been medically screened and assessed. The hub would screen a patient and identify if they were suitable for self-management, whether they needed a facilitated program or if they would require to be referred into local teams. The hope is to pull in most of the work into the virtual hub if at all possible.

This plan has been reviewed and discussed by the Executive Directors Group. L Currie confirmed that meetings are currently taking place with finance and Chief Officers to start an implementation discussion to progress the work; possible this will be a phased

approach. The funding is still to be agreed.

In response to questions from Forum members, L Currie confirmed the following: Currently a start date / timescale can't be provided until the funding, recruitment of staff etc is complete; hoping to have the service up and running as soon as possible. A clinician survey was completed and infection rates were looked at which provided a rough estimate of approximately 270 patients in North Highland and 130 in Argyll and Bute with long covid symptoms. Nationally the understanding is that 10% of people can have symptoms of long covid.

The Chair confirmed that long covid is included in the remobilisation plan, is on the Clinical Governance Committee agenda, and the EDG group is very supportive.

The Chair expressed her thanks to L Currie for the presentation and for her hard work as an advocate for long covid.

## **8.5 Integrated Performance and Quality Reporting System (IPR) – Discussion and Feedback from Advisory Committees**

The February 2021 and March 2021 IPRs were circulated to Forum members for review. There were no comments or feedback raised.

## **9. FOR INFORMATION**

### **9.1 Dates of Future Meetings**

1 July  
2 September  
4 November

## **10. FUTURE AGENDA ITEMS – For Discussion**

- Independent Review of Adult Social Care in Scotland Report (Ian Thomson)
- Clinical and Care Strategy (Boyd Peters)

The following agenda items were also suggested:

- Cancer diagnosis, treatment and waiting times (Nick Abbott, Lead for Cancer)
- Sharing Success – to be kept as a standing item with Advisory Committees to provide suggestions for presenters.

**Action:** Intensive Care Unit and Infection/Acute Medicine staff who presented at the March Board Meeting to be invited to the July ACF meeting to present.

**Action:** Future meeting to include social care team who worked during the outbreaks in care homes.

## **11. ANY OTHER COMPETENT BUSINESS**

Manar Elkhazindar enquired about the pathway for referring patients to other Health Boards. Boyd Peters confirmed that there are agreements in place for a variety of services that can be delivered in other Health Boards; where agreements don't exist there is an extra contractual referral arrangement where a panel will look at how best to manage the request for referral. There is a form regarding this on the intranet. Safe Haven can also be contacted for advice or support.

## **12. DATE OF NEXT MEETING**

The next meeting will be held at **1.30pm on Thursday 1 July 2021. Venue to be confirmed.**

**The meeting closed at 5:10pm**