

APPROVED 25/02/21
AREA CLINICAL FORUM

Minutes of the meeting held on Tuesday 15th December 2020 at 4pm via Microsoft Teams.

Present

Ms Edna Mary Watson, Chair of ACF
Mr Wayne Badier, Chair of Area Dental Committee
Mrs Amanda McDermott, Chair of ANMAC
Ms Jacquie Whittaker, Vice Chair of ANMAC

In attendance

Dr Kirsty Brightwell, Medical Director *[from 5pm]* (item 6 & 7)
Mrs Kathleen Carolan, Director of Nursing & Acute Services (items 6, 7 & 8)
Mrs Carolyn Hand, Board Secretary (item number 5)
Mrs Pauline Moncrieff, Minute-taker

1. Apologies for Absence

Apologies for absence were received from Jo Robinson and Denise Morgan.

2. Declaration of Interests

There were no declarations of interest made.

3. Draft minute of the meeting on 16 January 2020

The minutes were approved by Ms Watson and Mr Badier who were present at the January meeting.

Draft minutes of the meeting on 11 June 2020

That meeting had not been quorate and the notes were tabled for information.

4. Matters Arising

The following Matters Arising were discussed:

- Patient Travel Policy – no further progress
- Realistic Medicine – to be added to the next ACF agenda **ACTION: Pauline**
- Annual Operating Plan – progress has been delayed due to Covid-19

5. Appointment of Chair of Area Clinical Forum

Ms Watson explained that prior to the pandemic she had been approaching the end of her 2nd two year term of office as Chair of Area Clinical Forum but due to the pandemic, the recruitment process was put on hold. SGov then decided to extend all board appointments for 6 months meaning Ms Watson has been in an extended position which comes to an end on 28th Feb 2021 meaning it is now time to commence the recruitment process.

Mrs Hand described the recruitment process for the nomination of the ACF Chair saying it had been written into the constitution due to the fact that that person would then de-facto become a board member representing ACF and would also become a Trustee of the endowment fund.

In terms of nominations, Mrs Hand said written submissions should be with her by Friday 15th January (giving members 4 weeks). This relatively short deadline was unavoidable given the timescale set by SGov. Mrs Hand encouraged members to consider applying for the position saying it was an important role and new voices on the board were always welcomed. Ms Watson had done an excellent job for the past 4 years and will be a real loss in terms of continuity, but this was an opportunity for someone else to have that input.

In response to a question from Mrs McDermott regarding the time commitment of the role, Ms Watson said that ideally there should be time dedicated, but this had proved difficult this

year due to work pressure. ACF Chair came with a payment for the individual's time in the Non-Executive Director aspect of the role and equates to a time commitment of approximately one day per month.

Ms Watson said instead of having the payment, she had explored the possibility that the ACF Chair could have that as backfill for some of her normal role, but this had not been feasible at the time.

Mrs Hand added that one challenge Ms Watson had faced as ACF Chair, particularly in more recent months, was engagement across of the PACs. ACF should be the mechanism for feeding to the board via the ACF chair and the board is keen to promote that whether through more proactive agenda management or providing admin support to these PAC meetings to allow them to function.

Ms Watson said that ACF Chair was an official board position whose function was to provide independent multi professional advice to the NHS board, as well as challenging decisions. Members agreed that there was perhaps not enough understanding across the organisation that ACF Chair has this key role to play and therefore the danger was that staff contributed their views through other groups who do not have this strong position in the board. The role also has a national perspective and involvement in the national ACF Chairs Group will enhance the post holder's level of knowledge in the wider Scottish health service.

Mrs Hand reported that the local Area Pharmaceutical Committee had met again in recent weeks and Chris Nicolson, Director of Pharmacy, had suggested ways to increase membership of the committee whilst being conscious there are similar issues in Orkney. Another concern Chris had was that pharmacy does not have a voice at the board due to the fact that APC is not feeding through ACF in the proper way. It was also suggested that Shetland and Orkney consider having a shared Area Pharmaceutical Committee. The proposal would be worked up with the Board Secretary in Orkney and also Scottish Gov colleagues.

Mrs Hand said the proposal was in its very early stages and a further discussion with Chris would be needed to firm up the details but ACF members were invited to comment in principle at this early stage. The proposal was technically feasible and the chair of APC would then be eligible to become an NHS Shetland or NHS Orkney's board member. One solution suggested by the ACF Chair in Orkney is to have a joint committee with a co-chair arrangement to avoid a position where an NHS Orkney pharmacist was sitting on the NHS Shetland board or vice versa.

In response to a question from Mrs McDermott around the potential need for two vice chairs, Mrs Hand said this was a possibility. However, in theory by having two chairs there would then be the correct number of people to allow the APCs to function. However, the problem remained of there not being enough senior pharmacists who understood the national position in either board to make the each of the APCs viable.

Mrs McDermott asked if this proposal reflected the wish of pharmacists in each board or was it a solution to the issue of APC viability. Mrs Hand said Chris had been in discussion with colleagues in the pharmacy teams in Shetland and Orkney around common issues of concern eg. the impact of Brexit on the pricing and logistics of purchasing medicines. Chris was planning to meet with chairs of both boards and Mrs Hand would follow this up with him to ascertain the outcomes of these meetings. **ACTION: Mrs Hand**

Ms Watson sought assurance that ACF was not being asked to endorse the APC chair becoming ACF chair in order to have pharmacy represented on the board. Mrs Hand reassured members that ACF remained the vehicle to have APC voice at the board and so joining the two APCs to make them work would mean that they would function as they

should. Ms Watson suggested there may be some way that ACF could provide more support to APC locally to help it back up on its feet.

Mrs Hand said after speaking to the board chairs, it was expected Chris would be keen to produce the final proposal before he retires on 24th Dec. Ms Watson said she would try to have a conversation with Chris and share any outcome with committee members.

ACTION: Ms Watson

Mrs Hand said she will take forward the nomination process for the new ACF chair by contacted all eligible members by email very soon.

ACTION: Mrs Hand

6. Clinical Governance Review

Mrs Carolan described the scope and content of the review and explained it has been undertaken because the current clinical and care governance structures had been in place since 2014. The team are looking at how successful the 'once for Shetland' approach has been in line with the review of the IJB's Scheme of Integration.

One of the documents that underpins the review is the Clinical Care and Professional Governance Framework which was put together in 2014 and has been updated annually. It explains the roles, responsibilities, the remits of groups within our clinical governance structure including the advisory committees (of which ACF is the primary one) as well as the types of assurance data that you would expect to see at different levels of the governance structure.

Mrs Carolan described the current Clinical, Care and Professional Governance structure and the challenges with it before describing the possible structure, the possible benefits and next steps.

ACF members were asked to discuss the framework within their respective advisory groups and feed back comments as part of the review process. In particular, Mrs Carolan said it would be useful to know who chairs the operational groups, ideas on how to get the best professional leadership, how to conduct joint risk and how PACs would like to utilise the Joint Governance Group.

ACTION: all

Mrs McDermott confirmed she would add this to the agenda for the next ANMAC meeting to discuss as a group and feed back their views to Mrs Carolan.

ACTION: Mrs McDermott

Members had a brief discussion on the information in the presentation and agreed the new proposed structure should serve both organisations better and enable more focussed discussion in each group.

Ms Watson said that as well as ACF members discussing the review with their respective PACs, they should individually consider how the framework could be shaped and how it could best work in practice. All comments should be returned by Monday 18th January.

ACTION: all

7. Remobilisation Plans and progress

Ms Watson said after speaking to some of the ACF chairs at the national meeting, it was evident that at some of the larger boards had a more collegiate approach to how the Remobilisation Plans were developed. Members were asked to consider if there was anything else that ACF could do to help organisationally in order to progress the remobilisation work or to highlight any gaps.

Mrs Carolan said Brian Chittick and colleagues had written an operational update paper which might be helpful as a position statement for PAC chairs information. An important issue for ACF to consider was the workforce, and in particular how ACF could help support

practitioners in all settings to be resilient through 2021. Boards will be faced with the double challenge of delivering the increasing drive to provide 'business as usual' services alongside the pandemic against the balance of a collectively fatigued workforce. Mrs Carolan offered to circulate the update paper to members. **ACTION: Mrs Carolan**

Dr Brightwell said that occupational health is service for staff and there is a role to play for employers including how to destigmatise this. A collective ACF and APF sense of the understanding what that employer's role is would be helpful and how best to provide that.

Ms Watson suggested that this might be a topic for a joint ACF and APF workshop session and perhaps widen the representation beyond chairs and vice chairs of PACs in order to engage with as many staff groups as possible.

Mrs McDermott said it would be helpful to also tap into the resources that Staff Development have with regard to tools and training to support staff from different routes. Members agreed it would be useful to hear from Sally Hall what these services will afford the board and how to deploy them. Mrs Carolan said there was a new service to come on stream with confidential listeners and the challenge is finding the best way to make staff aware of what support there is available, signposting them to it and encouraging them to seek help without feeling stigmatised.

Mr Badier said he aware that there were some staff within the dental department who have had to take time off due to stress but there was no obvious solution. The service is short staffed and the waiting list is ever increasing which adds to the stress for staff.

Ms Watson agreed to follow up these points with Sally Hall and the APF chair about the possibility of having a joint session to explore the range of issues affecting the workforce which the board may wish to invest in plus how ACF can support and promote it across the PACs. Once a plan for the session has been worked up a list of invitees can be finalised.

ACTION: Ms Watson

With regard to remobilisation in general, Mrs Carolan said feedback had been generally positive with the challenge being how the board articulates to SGov what the organisation's position is around the local priorities which may result in NHS Shetland moving forward at a different pace. Ms Watson added that ACF can have a voice in driving the agreed local priorities with SGov whilst acknowledging the differing national priorities.

Dr Brightwell said it was important to have routes like ACF to discuss issues with staff so that no clinician or member of staff feels they have to bear the brunt of making these decisions. Members were asked if there was any way to ensure a representative view of AMC was obtained. Ms Watson said there had been representation from all the professional groups at ACF and covid had interrupted that due partly to people giving their time to other groups being set up looking at some clinical priorities. There is also the issue of level of personal commitment and the issue was about how to support people to return.

8. Clinical & Care Strategy

Ms Watson said that some members may have already participated in the workshops and this was an opportunity to receive an update on progress, emerging themes and whether there was anything ACF could do to support attendance and participation in the process.

Mrs Carolan said that in terms of the programme for the Clinical and Care Strategy refresh, to date there had been very good engagement, 2 workshops had been held with a third planned. The next stage was about how to get wider engagement outside of professional stakeholders, for instance colleagues who are working in the community (including the 3rd sector) to explore getting the engagement toolkit into the public domain to enable people to use it in order to give some feedback.

There was wide discussion about ACF could support the process.

- assist some of the topic specific workshop sessions by PACs being involved either as facilitator or giving some in-depth feedback that can be built into the strategy.
- assist in having in-depth conversations with staff within teams or professional committees perhaps using practical examples to bring out the issues.
- Host intra-professional conversations with AMC and LMC around professional understanding, what is achievable, alternative ways of working etc

Dr Brightwell said the primary care conversation will be led by Dr Dylan Murphy and part of the next piece of work would be around interface working with secondary care.

In answer to a question from Ms Watson about how the information was being captured, Mrs Carolan said the last session had been recorded and some analysis of the discussion would be carried out. Slides from the presentations were available and a webpage has been created for the Clinical and Care Strategy, the address for which was in last week's staff newsletter. A thematic analysis could be produced for ACF to inform future discussions.

There was discussion about dental services, the work already done to date on the Dental Strategy and how best to ensure this is included in the process. Mr Badier said it would be advantageous to be part of joint conversations and learning from others experiences.

Dr Brightwell said it would be advantageous to collectively start thinking forward 10 years in terms of how all primary care departments may need to shift into a different way of working. Dr Brightwell will follow up with Dr Dylan Murphy and can contact ACF separately.

ACTION: Dr Brightwell

It was agreed that ACF members would go back to their own PACs and consider how they could contribute to the review and also think if there were other groups that should be consulted as part of looking at the strategic direction for the next 5 years. **ACTION: all**

Mrs Carolan and Dr Brightwell were invited to put forward identified emerging themes where ACF could facilitate multi professional conversation and encourage engagement.

ACTION: Mrs Carolan & Dr Brightwell

9. Provisional ACF meeting dates for 2021/22

Ms Watson explained there was a typo in the dates listed and all should read 2021/22 as opposed to 2020/21. Pauline will issue diary invites to the committee for all these dates. If

ACTION: Pauline

Currently the schedule is to have a Thursday meeting to tie in the week before the board meeting to enable an opportunity to discuss the papers and raise issues identified at individual PACs that member wish the ACF chair to raise at the board meeting.

Standing Items

10. Feedback from national ACF Chairs meeting, 2 December 2020

Ms Watson explained that meetings normally take place on a quarterly basis in March, June, Sept and December. December was the first real meeting since last December due to the pandemic, the June meeting being cancelled and the September meeting have a very small number of people present.

There were specific concerns from people such as healthcare about workforce challenges and perhaps organisations needing to have more active recruitment.

Most of the meeting focussed on the redesign of urgent care and Ayrshire & Arran piloting the 'same day emergency care' approach to which there had been early positive feedback. There was discussion around transport issues in some board areas about how people were getting to those services now but on the whole it seemed to be working reasonably well.

Other topics included remobilisation plans within each of the areas and flu vaccination which has had a really high uptake across Scotland this year. There was discussion about the Covid-19 vaccination and at the time of the meeting there hadn't been a vaccine approved but this was greatly anticipated.

Ms Watson repeated that for the ACF Chair, the national meeting was a really useful opportunity to gain an understanding of national priorities.

11. Papers for the Board Meeting on 15 December 2020

Ms Watson explained that because today's meeting had been rescheduled, the date had coincided with today's board meeting. The papers had been circulated to members last week and no comments had been received. All items on the agenda went ahead according to plan.

- The new Consultant Paediatrician post was approved.
- There was lots of acknowledgment of good work that people are doing despite the challenges and despite people being tired.
- The HAI report had very good results both in terms of clinical practice and also estates, cleanliness and the state of facilities.
- The financial picture is that the board has a significant overspend but some of this is expected to be picked up by SGov as a result of backfill Covid-19 funding.
- The Winter Plan was approved today with just a couple of sections to be finalised. There will be a tabletop exercise via MS Teams on Monday to test the community side of the resilience.
- The Public Protection Committee annual report and the Child Poverty Action plan were both presented and there was good discussion about both of these.
- Alison Irvine, Dr Pauline Wilson and two patients spoke about diabetes and their experience of the local service.
- The Medical Director from Healthcare Improvement Scotland linked at the end of the meeting said how valuable he had found it and praise the board's approach of having a service described along patient experience of that service within the meeting.

12. Feedback from Board Standing Committees

- Audit Committee meetings on 24 November and 29 September 2020

Apart from the normal business an internal audit report had been completed of the mental health service which clearly showed a significant number of gaps and concerns. There is a specific piece of development work being done with the mental health team, the result of which will be reported both to the Audit Committee and to the board at the end of that process.

- Endowment held 6 October 2020

The major headline was the fact that the MRI Scanner appeal had reached its official public total of £1.6M, but obviously fundraising still continues and plans will be progressed around moving forward with procurement etc.

13. Feedback from Professional Advisory Committee

ANMAC Mrs McDermott said there had been a meeting on 9 November and was her first as chair since Alison Mustard's retirement. Members had reviewed the constitution and will be approved at the next meeting. Vacancies were agreed along with memberships to be refreshed in order to address lack of attendance. An email has been sent out looking for new members to ANMAC with one responder to date. ANMAC dates for 2021/22 were also agreed for next year.

ADC Mr Badier said there had not been a meeting since the last ACF but felt the time was right to look at organising a meeting soon. There would need to be a push to get more people involved but morale within the department was low with dentists very busy.

Ms Watson suggested holding a Clinical Strategy session might help but acknowledged that if staff were already feeling stressed then they may feel overwhelmed by this. She added that if there was anything she or ACF could do to help then ADC should not hesitate to ask.

For Information

14. NHS Circulars – for information

15. Any Other Business

The national announcement of £500 for all healthcare staff and the detail of that is still being worked through.

16. Date and time of next meeting

The next meeting would take place on Thursday 25th February 2021 at 4pm on Teams.