

AREA CLINICAL FORUM

Minutes of the meeting held on Thursday 25th February 2021 at 4pm via Microsoft Teams.

Present

Ms Edna Mary Watson, Chair of ACF [EMW]
Amanda McDermott, Chair of ANMAC [AM]
Jacquie Whitaker, Vice Chair of ANMAC [JW]
Susan Laidlaw, Vice Chair of Area Medical Committee [SL]
Wayne Badier, Chair of Area Dental Committee [WB]

In attendance

Michael Dickson (agenda item 9) [MD]
Mrs Pauline Moncrieff, Minute-taker

1. Apologies for Absence

Apologies for absence were received from Denise Morgan.

2. Declaration of Interests

Ms Watson declared an interest in agenda item 6 as author of the paper.

3. Draft minute of the meeting on 15th December 2020

The minutes were approved with the addition of 2 minor corrections. It was confirmed the meeting had been quorate with 4 members being present and in paragraph 2 on page 2 the words "in theory" should be removed. **ACTION: Mrs Moncrieff**

EMW asked that the notes of the meeting on 11 June 2020 be circulated for information and comment. *(The meeting had not been quorate but notes were taken and these were already tabled at the meeting on 15th Dec for noting)*

4. Matters Arising

The following Matters Arising were discussed:

- Realistic Medicine – on the agenda for this meeting
- Appointment of new ACF Chair – on the agenda for this meeting
- Clinical Governance Review – AM said that ANMAC had discussed this at their meeting and had fed back comments to Kathleen Carolan. This is on the agenda for the next meeting too to allow members time to go back to their teams for more detailed feedback. SL reported that there was also a 3rd workshop taking place on 15th March 2021 and invites would be going out shortly.
- Remobilisation Plans and progress – on the agenda for this meeting. EMW and AM would explore the logistics of hosting a joint ACF and APF session on topics affecting the workforce. **ACTION: Ms Watson/Mrs McDermott**
- Dates for 2021/22 have been circulated to members

5. Remobilisation Plan and progress

EMW advised that Elizabeth Robinson was unable to attend today, but had provided the presentation recently given to the recent IJB and NHS Shetland Board Meeting. The Board is required to submit its Remobilisation Plan to SGov by mid-March after which time there will be further opportunities to comment. EMW talked through the presentation on topics including:

- Living with Covid

SL gave an update on the Covid-19 vaccination programme saying it was proceeding well at a local level with input from many people. It was possible to run 2 clinics in Lerwick with a 3rd in Scalloway opening next week as well as at Hillswick and practices on the islands but the limiting factor was vaccine supply. Approx 9,000

people have been vaccinated (almost half the adult population) and approx. 300 have had their 2nd dose. Work is almost complete to vaccinate the highest priority groups such as care home residents and the team has begun calling all high risk groups such as unpaid carers. By the end of March it was hoped to be vaccinating the priority group aged down to 50. It was currently possible to administer 2nd doses after around 8-12 weeks. It was anticipated the rest of the adult population would be vaccinated once there was a more consistent vaccine supply (around April or May). It was possible to call people in to the mass vaccination clinics with a few days' notice which means it's possible to use the vaccine quickly and run clinics flexibly. The programme is run with a personalised approach which makes it possible to vaccinate people in their own homes for example. EMW congratulated SL and her team on the huge achievement in a relatively short space of time.

- Primary and community based care
- Whole system approach to mental health and wellbeing
- Planned care and clinical prioritisation
- Redesign of urgent care

AM reported that 'Same Day Emergency Care' was still a new concept and the data available was still quite limited. However, it had reduced A&E breaches and also admissions to the wards on day case and inpatient basis so has been a positive development. It has been predominantly medical so far and work is underway to explore expanding the patient groups who might use SDEC to include surgical.

On the topic of women's health, JW reported that she represented remote and rural areas on the Scottish working group looking at SCOTSTAR transfers.

- Addressing inequalities and embedding innovation

Much of this builds on work being done within community planning whilst recognising that many issues already identified had been made worse due to the pandemic. Progress around prevention and early intervention had also already begun and will now be developed in the knowledge it will be more of a necessity than before the pandemic.

- A sustainable workforce
- Staff wellbeing and resilience

EMW invited members to comment on the plan and feed any comments back to Elizabeth Robinson. AM said there was a piece of work being done around minor injuries flow streams through A&E which should be included.

ACTION: All

6. Update on Nursing Models for Islands with Small Populations – Engaging Communities in Developing Sustainable Service Models for the Future

EMW explained that about 18 months earlier a piece of work had begun looking at non-doctor islands and the nursing model. There were a number of challenges to consider, including the model at that time not being working time compliant. By October 2020, 3 of the 4 non-doctor island posts was vacant (Skerries, Fair Isle and Fetlar). Building on the previous work done with Bressay, a community conversation was started with each of the islands, starting with the three with vacancies.

EMW described the options worked up with the community in Fair Isle which have been shared with the other islands for consideration as part of the present phase of community consultation. The paper has been presented to IJB who were supportive of moving forward with whichever model the islands chose because it was recognised that it might not be a single model across all non-doctor islands.

The preferred option of the Fair Isle community was option D which was for a resident Band 6 nurse and utilises the waiver that allows them to work up to 48 hours per week but have the split in the job variable to allow it to be tailored to the needs of individual islands eg. more clinic time in the summer when more visitors might be on island. Skerries preferred option A with a resident nurse on island with no call commitment, but with Thurs-Tues pattern due to more people being on the island at the weekend. Fetlar have indicated option B as their preferred option with a 2 weeks/2 weeks off on pattern on rotation.

It was hoped that work could move forward in the next 4-6 weeks to a place where recruitment on all posts can begin, but if not the post for Skerries could be advertised as they have made their preferred option clear.

EMW invited members to pass comments on the paper to her and she would update ACF on progress at the next meeting. **ACTION: Ms Watson**

7. Chief Executive update

EMW welcomed Mr Dickson to the meeting explaining that due to the pandemic and three ACF meetings being postponed last year, this was the first opportunity for the Chief Executive to attend.

MD said it was still unclear what the final outcome of the pandemic would be in terms of what services the organisation delivers as well as how it delivers them. There would also be consequences as a result of necessary changes made and there were now a new set of challenges.

SGov have committed to fund NHS Shetland's covid spend which means it can balance its books and enter the next financial year in a position of 'zero base'. The Board will be in the difficult position of break-even, but still required to find efficiencies alongside the ongoing covid related work such as vaccinations, contact tracing etc.

There is an acknowledgment from SGov that there needs to be a shift in thinking around the ways of working such as targets for perhaps the next few years. This year (2021/22) will be critical for Shetland as an island community and there are some unique opportunities. It may be possible to create a staffing structure that could potentially span the islands without taking away the principle of needing robust services on island.

MD expressed his thanks to all the clinical teams that have worked exceptionally hard during the pandemic. He also thanked Ms Watson for everything she had done in her role as ACF chair. Her advice and support was always very helpful and welcome. EMW replied that it had been a pleasure to be ACF Chair for the past 6 years and ACF members were a committed team.

In response to a question, MD said MS Teams had made it possible to divide his time between Shetland and Orkney and to do both roles. Due to purdah, recruitment for the post of Chief Executive for NHS Orkney will be delayed till the new Cabinet Secretary for Health has been appointed. There are advantages to the two boards working together from a financial perspective and where there are opportunities to share non patient facing services it gives both boards more resources to spend elsewhere. There is no plan to merge boards or put executive responsibility together. The timescale for recruitment would be the end of May for advert with appointment by July/July followed by a notice period of 3 months, so a new CE would be in post for Sept/Oct time.

8. NHS Shetland Annual Review 2019/20 – feedback letter

EMW said the letter was generally positive and explained that normally ACF would actively participate in the Annual Review process, but due to the pandemic it entailed a

conversation between Claire Haughey the Minister for Mental Health, and the Board Chair and Chief Executive. On behalf of ACF they asked a few specific questions and EMW said she would circulate what was submitted for the committee's info.

ACTION: Ms Watson

EMW added that normally the ACF Chair would submit a report on what the committee had done over the previous year and any particular topics of concern.

9. Confirmation of Appointment of new ACF Chair

EMW confirmed that the new Chair of the Area Clinical Forum was Mrs Amanda McDermott and formal handover would take place tomorrow (26th Feb) as EMW's terms ends on Sunday 28th Feb. EMW wished AM well in her new role as ACF chair.

Standing Items

10. Realistic Medicine

SL reported that previously she and Dr Pauline Wilson had shared the role of clinical lead for Realistic Medicine but Dr Wilson had stepped down in order to take on some additional responsibility for medical education.

Nationally realistic medicine had been paused due to the pandemic but work was now beginning to step up again looking at lessons learned from the pandemic and what to take forward from this eg. personalised care, shared decision making and innovation.

Another theme was around staff welfare and looking after staff ie. compassionate management and Schwartz Rounds debriefs for staff. A bid had been submitted for funding for this work but was unsuccessful. However, it had been possible to progress some work eg. Trim training.

All boards are currently doing a stocktake of projects and SL is working on an action plan for 2021/22. Included in that is the work around a whole systems pathway for diabetes and the plan is to look at some other long term conditions to see how similar pathways could be developed.

Two other topics in the action plan which are also in the Remobilisation Plan are long covid and pain management.

- Long covid: Much work has been done nationally that would not be appropriate here due to our small numbers such as having a dedicated specialist team. However, locally we should develop a pathway for patients from self-help through to primary and secondary care.
- Pain management: NHS Orkney are already looking at a realistic medicine approach to this and locally we will also be looking at developing a pathway with a holistic approach including self-help, psychological support etc.

SL explained work was taken forward by the Realistic Medicine Steering Group which is comprised of colleagues with an interest in the topic, but the membership needs to be refreshed due to some leaving. Following the successful Realistic Medicine Symposium held 2 years ago, it had been planned to hold another in 2020 but then postponed. The group is now looking at how that can happen again in 2021.

SL said she was chairing one of the sessions at the next Clinical Strategy Workshop with realistic medicine as the theme.

There are some specific pieces of training that we should be doing and promoting around shared decision making in particular and also around value based practice.

Nationally there is debate about whether it should be Realistic Medicine or Realistic Healthcare, but the feeling is that it will remain the unchanged for the time being as most people already recognise what the term means.

SL said she would bring the draft Realistic Medicine action plan to the next meeting of ACF for information and discussion. **ACTION: Dr Laidlaw**

When reviewing the membership of the steering group, individual PACs will be contacted with a view to recruiting people with an interest to join. It was agreed it would be beneficial for a member of ACF to formally join the steering group.

11. Feedback from Board Standing Committees

- Board meeting on 16 February 2020

- HAI report was very good and demonstrated excellent compliance
- Finance paper reported that SGov would fund the board's spend on covid
- 4th Consultant Surgeon post was approved
- Capital Programme update reported on how much work the estates team had achieved both in terms of planned work plus extra covid related work
- Remobilisation plan (as discussed early in this meeting)

- Endowment Committee held on 16 February 2020

Trustees were informed that most donations are still for the MRI Scanner Appeal which has resulted in the appeal reaching its target with money still coming in. Kathleen Carolan will be working with the communications team to issue a statement for all staff updating them on the appeal and explaining the next steps etc. Approved spends from the Charities Together funds for staff wellbeing were: Speedcrafting sessions and a gym fitness programme (this was approved in principle pending further info).

In response to a question from SL around vacancies on the Board of NHS Shetland, EMW said there was one (created when Shona Manson became Whistleblowing Champion) but all public appointments had been put on hold due to the pandemic. Recruitment would now be further delayed due to purdah.

12. Feedback from Professional Advisory Committee

ANMAC last met on 20/1/21 and discussed filling vacant committee roles. Members considered the Clinical and Care Strategy and agreed the points to feed back to Kathleen Carolan. The Clinical Governance Framework redesign was discussed and will be discussed further at the next meeting.

AMC have not met for some time. Dr Susan Bowie is still the chair and SL is the Vice Chair but Dr Bowie had expressed a wish to stand down from this role. SL said she would speak to Dr Bowie with a view to identifying if anyone was willing to take on the role of AMC chair when Dr Bowie retires. **ACTION: Dr Laidlaw**

ADC WB said the committee still had not met, but it was hoped to convene a department meeting soon and to include ADC business as way to move this forward.

For Information

13. NHS Circulars – for information

14. Any Other Business

AM thanked EM for everything she had done in her time as ACF Chair.

15. Date and time of next meeting

The next meeting would take place on Thursday 22nd April 2021 at 4pm on Teams.