

## **AREA CLINICAL FORUM**

Minutes of the meeting held on Thursday 22<sup>nd</sup> April 2021 at 4pm via Microsoft Teams.

### **Present**

Amanda McDermott, Chair of ANMAC [AM] (Chair of ACF)  
Jacquie Whitaker, Vice Chair of ANMAC [JW]  
Susan Laidlaw, Vice Chair of Area Medical Committee [SL]  
Wayne Badier, Chair of Area Dental Committee [WB]  
Simon Boyd, Vice Chair of Area Pharmaceutical Committee [SB] (*till 4.45pm*)

### **In attendance**

Kathleen Carolan (agenda item 9) [KC]  
Pauline Moncrieff, Minute-taker

AM welcomed members to the meeting which was her first as Chair of ACF. She explained that Dawn Smith is the Chair of the newly formed professional advisory committee for the Healthcare Scientists. As this was only formed on 21<sup>st</sup> April, Dawn would be representing that committee at the next ACF meeting in June.

### **1. Apologies for Absence**

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

### **2. Declaration of Interests**

There were no declarations of interest.

### **3. Draft minute of the meeting on 25<sup>th</sup> February 2021**

The draft minutes were approved by Susan Laidlaw.

### **4. Matters Arising**

The following Matters Arising were discussed:

- Feedback from PACS - AM said she had sent an email to the Chairs of all the PACs but had not yet had a response from the AMC. SL said she had not had a chance to speak to Dr Bowie but still intended to do so to find out establish who would be taking over as Chair of AMC. **ACTION: Dr Laidlaw**
- Realistic Medicine – Dr Laidlaw circulated the action plan to members for info.
- Remobilisation Plans – AM said she had spoken briefly with the Chair of APF regarding the logistics of hosting a joint ACF and APF session on topics affecting the workforce. AM would provide a further update at the next meeting. **ACTION: AMcD**

### **5. Prevention, Reduction and Management of Patient Falls in Hospital policy**

AM said ACF members were invited to comment before the document progressed to the next stage. The policy is refresh of two previous NHS Shetland policies with the addition of some detail from the NHS Grampian policy. It includes an update of the risk assessment and care planning in falls management in hospitals.

Members had no questions on the content and were content with the refreshed policy.

### **6. Falls Risk Assessment and Falls Prevention Care Plan**

AM reported that this had already been presented at ANMAC and the Falls Managed Clinical Network to review because the new care plan and risk assessment would be in place of the stratified tool which is currently used within the wards. ACF members noted the paper.

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**7. Discharge Protocol for Hospital Patients in Shetland**

AM said this document had been discussed at a variety of groups recently and there were some amendments to be made around the discharge checklist for staff in line with the Daily Dynamic Discharge. Mary McFarlane has provided an update for the section around pharmacy responsibilities and social work have also provided some updates. A statement around capacity assessments and charges for social care packages are still to be received. AHPs have updated a section on waiving of charges on leaving hospital. ACF members were invited to comment on the content of the policy. **ACTION: All**

**8. Papers for the NHS Shetland Board Meeting on 27 April 2021  
(previously circulated in separate email)**

There were no comments or questions on the Board papers on behalf of any of the professional advisory committees.

**Standing Items**

**9. Chief Executive Update**

Mr Dickson was unable to attend so there was no update this month.

**10. Realistic Medicine Update**

SL shared the action plan with ACF members adding that there would be project and admin staff starting in the near future which would be able to progress some pieces of work. The Realistic Medicine Steering Group should be meeting in the next couple of weeks and it was hoped to encourage some new people to join the group as a number had now left the organisation. SL had done a presentation on Realistic Medicine at the last Clinical Strategy workshop highlighting this as a theme throughout the strategy going forward. SGov had recently produced a draft action plan for the overall national plan and SL will share this with ACF once it is finalised. SL hoped to be able provide an update on the Steering Group meeting at the next ACF. **Action: Dr Laidlaw**

**Chief Medical Officer's Annual Report**

SL said this had just been published and shared the link on Teams with ACF members for info. The themes within the report being looked at from a realistic medicine viewpoint include personalised care, sustainable workforce and green environmental issues eg. reducing waste.

**11. Feedback from Board Standing Committees**

- Audit Committee held on 30<sup>th</sup> March 2021
- Special Audit Committee held on 15<sup>th</sup> April 2021

AM said she would clarify if this information needed to come to ACF because it may be a historic agenda item because EMW had been a member of these committees. ACF members would still get this information through the board papers. **ACTION: AMcD**

**12. Feedback from Professional Advisory Committee**

**ANMAC** - AM reported that Kathleen Carolan had attended the last meeting to discuss the Nursing and Midwifery Professional Assurance Framework. Members also discussed the Falls Policy and the Discharge Policy. The governance structure for clinical governance is currently being reviewed and the terms of reference for that are on the agenda for today's meeting.

**ADC** - WB said the committee still had not met, but it was hoped to convene a meeting within the next month or two.

**APC** – SB said there was a meeting that evening which would be the first for approximately a year. Lisa Robertson's two year term as chair is coming to an end so she will be standing down and SB would take over as Chair for two years from the next meeting in 3 months' time.

**HCS** – Dawn Smith will be the chair of the newly formed Healthcare Scientists group with Claire Rogers as Vice Chair.

AM said that she was aware there were other PACs who are entitled to sit at ACF and it was hoped to encourage some more membership. SL explained the other groups included optometrists who used to go through NHS Grampian, and psychologists but in the past due to their small team they did not have their own PAC. The CHCP structure had probably changed but there was a social work professional group which Denise Morgan represents on ACF. Denise gets the ACF papers only and attends when there is anything concerning social work.

**AMC** - SL reported that AMC had not met for some time. A draft constitution for the AMC had been written which included a formal GP sub-committee but it had never actually reported in to AMC. There is an active Consultants Group but it is not recognised as part of an advisory group in the same way as the others. There is a piece of work to be done to formalise this structure and refresh the AMC membership as there are several new doctors in the organisation since AMC met last. AM said she had emailed the AMC Chair but had not yet had a response so she would be happy to help with any discussion around standing up this committee again and encouraging some new membership.

**ACTION: Dr Laidlaw/AMcD**

AM will ask Linda Gunn or Lisa Watt about the optometrists group. **ACTION: AMcD**

### For Information

#### **13. NHS Circulars – for information**

#### **14. Any Other Business**

SL gave an update on the current situation around Covid-19. The main points were:

- There is low prevalence in Shetland but more sporadic cases are expected when things being to open up, people mix in hospitality and in households. This coupled with travel make it harder to control the spread.
- As long as the Track and Trace team can identify cases, trace contacts and advise to isolate, then hopefully any spread can be stopped.
- Asymptomatic testing has increased hugely recently with more to come.
- Healthcare staff have lateral flow testing to do twice weekly and in Shetland around 60% of staff are doing this which is around double the rest the Scotland.
- From Monday 26<sup>th</sup> April, any member of the public will be able to order lateral flow tests online or by phone. Pre-arrival testing is encouraged for people who are travelling to the Scottish islands in particular to try to pick up anybody who might be infectious before they get here.
- There is also other workplace testing including food producers and third sector.
- Vaccination – NHS Shetland is doing really well but SL said it was frustrating not to have enough vaccine to proceed as quickly as was possible.
- NHS Shetland is nearly the highest in Scotland with nearly 40% of people having had their second dose and about 70% who have had their 1<sup>st</sup> doses.
- Increasingly complexity around changes to clinical issues concerning the use of AstraZeneca, potential clots and identifying people who may not be able to have the vaccine, the younger age group needing to have the Pfizer vaccine.
- Pregnant women are now offered the vaccine as routine rather than only those at higher risk.
- Ongoing work around mixing the types of vaccine for two doses
- No detail available to date on provision of a booster dose and whether this will be a different vaccine or the same ones as doses 1 and 2 to try to cover variants.
- Track and Trace capacity is in place till between March and June 2022.

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- Lot of work continuing with care homes and there is an Enhanced Assurance Group which meets weekly which is led by the DPH and oversees close scrutiny of the care homes with input from the Infection Prevention and Control Team and also community nursing. Work is not just looking at Covid but expanded to also look at other aspects of care in care homes.
- The GBH has managed influxes of inpatients periodically when there has been an outbreak and can now transfer patients south if required which was not possible this time last year.

In response to a question from AM, SL said the Lighthouse Lab is still providing the government scheme for PCR testing so NHS Shetland still send tests there. If tests are from symptomatic people, the team tend to prioritise these as needing an NHS test which gets a result back more quickly. If a test can go to the Lighthouse Lab then the team try to do that rather than use the NHS labs. Care home staff are required to do a PCR test every week plus 2 lateral flow device tests so their PCR tests go to a hub in Grampian which is better because they get less false positives results.

### 15. Operational Clinical Governance Group – Terms of Reference

Mrs Carolan explained how the proposed future Clinical, Care and Professional Governance structure from June 2021 brought together all of the chairs of the NHS clinical governance groups in an operational forum that would allow members to spend more time showcasing work on behalf of a particular committee on a rolling basis. Due to the number of committees represented, it was expected this would be once a year for each particular committee and at each meeting share an exception report of things that committee is doing, the challenges and things for celebration.

The new Operational Clinical Governance Group, would agree what to bring to the Joint Governance Group eg. problem solving or showcasing work with a wider audience. There would be a direct route from the Operational Group into the Clinical Governance Committee itself so it was hoped this would be a more streamlined approach in that you would not be required to go through the JGG for everything. Having the clinical group chairs together there is the opportunity for networking and wider situational awareness of what is going on in the different strands of governance.

Mrs Carolan explained the current structure and how it reports assurance to the board and to the council but that it was not doing so effectively. Members were shown a slide illustrating the new proposed structure which reinstates a more traditional looking Clinical Gov Committee back into the Board. Instead of there being a Clinical Governance Committee for the IJB, they are going to take some of their assurance work into the IJB Audit Committee.

If the proposal is acceptable to the PAGs, the intention is to revise the ToR for the CCPGC and agree them at the Board that it would revert to something that supported this structure.

AM said that ANMAC had already looked at the new structure and were in agreement. ACF members were asked to send comments back directly to her by the beginning of June and she would respond to KC in time for the board paper. **ACTION: All**

### 16. Date and time of next meeting

The next meeting would take place on Thursday 24<sup>th</sup> June 2021 at 4pm on Teams.

There was no further business and the meeting closed at 5.10pm