

## **AREA CLINICAL FORUM**

Minutes of the meeting held on Thursday 12<sup>th</sup> August 2021 at 4pm via Microsoft Teams.

### **Present**

Amanda McDermott, Chair of ANMAC [AM] (Chair of ACF)  
Wayne Badier, Chair of Area Dental Committee [WB]  
Krupa Muni, Vice Chair of Area Dental Committee [KM]  
Claire Rogers, Vice Chair of Area Healthcare Scientists Committee [CR]  
Jacquie Whitaker, Vice Chair of ANMAC [JW]

### **In attendance**

Michael Dickson, Chief Executive (agenda item 11) [MD]  
Pauline Moncrieff, Minute-taker

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

Apologies for absence were received from Dr Susan Laidlaw, Jo Robinson, Sue Clarke, Dawn Smith and Denise Morgan.

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

There were no declarations of interest.

### **3. Draft minute of the meeting on 24<sup>th</sup> June 2021**

The draft minutes were approved by Wayne and seconded by Jacquie.

### **4. Matters Arising**

The following matters arising were discussed:

#### Area Medical Committee Feedback

AM reported that she had had a conversation with Dr Susan Laidlaw who was planning to meet with Dr Susan Bowie, Chair of AMC to discuss her formal resignation from the committee. AM will follow up with SL for an update. **ACTION: AMcD**

#### Whistleblowing

Shona Manson had not attended the previous meeting of ACF and as all members had received the whistleblowing presentation in another forum, it was agreed not necessary to reschedule this. There is also information available to all staff on the intranet.

#### Feedback from National ACF Chairs meeting

AM confirmed that the presentation on Workforce Wellbeing had been uploaded to the ACF folder on Teams.

### **5. Framework for the Implementation of Isolation Exemptions for Health and Social Care Staff (Circular DL(2021)22)**

AM reported this had been approved through APF and the guidance had already been used when still in its extremis stage. JW explained the circumstances in practice which had centred around a covid positive patient on a non covid ward.

AM said that the letter in the pack was already out-of-date because it states 'the framework will assist health and social care employers to determine the appropriate in-extremis conditions in which they can ask appropriate staff if they are willing to return to support service delivery'. What has changed is that boards no longer need to be in-extremis to enact the guidance so it remains voluntary for an employee to come back if they have been a contact. It will become business as usual from Monday 9<sup>th</sup> August.

AM said it had been essential otherwise there would have been too high a patient-nurse ratio and it would have been necessary to find patients a bed elsewhere.

AM asked members to note that the appendices will be updated and to share with their PAGs and teams if they wish. **ACTION: Members to share with PACs**

**6. Papers for the NHS Shetland Board Meeting on 17 August 2021 (previously circulated in separate email)**

AM explained that Non-Executive Board Members had just had an informal meeting to discuss the board papers. Highlighted was the Quality Strategy and explained the context around the provision of additional planned care and the Vanguard theatre suite which will come up to Shetland to provide 3 months additional services.

Board Members had discussed the cross-over between NHS Shetland postholders who are covering posts in NHS Orkney. Clarity had been sought around the planned exit strategies so further discussion was expected on this at the Board Meeting.

The challenge of GP recruitment was discussed and acknowledged that it was a national issue, but NHS Shetland had recently experienced problems with locums being unable to travel due to being contact traced which then affected service provision. The problem of sourcing accommodation for key workers was highlighted and Non-Execs are seeking information from the executive directors regarding what conversations are being had with the SIC and Hjalmland Housing.

**Standing Items**

**7. Realistic Medicine Update**

Dr Laidlaw was unable to attend to provide an update this month. AM said there was not currently a huge amount on work going on around realistic medicine due to competing priorities and nationally this is not a programme of work back to usual yet.

**8. Feedback from National Area Clinical Forum Chair's meeting**

AM said there was no update because there had not been a meeting since the last ACF in June. There would be an update at the next ACF as there will have been 2 national meetings by then.

**9. Feedback from Board Standing Committees**

AM said that feedback from standing committees had been removed from the agenda for those where AM was not a member eg. Audit Committee. However, all approved minutes for these meetings can be accessed via the pack of board papers which is circulated to ACF members for info and available on the board's website. AM would be able to update ACF on Board and Endowment Committee meetings.

**10. Feedback from Professional Advisory Committee**

**HCS** – CR said the group had not met yet and therefore there was no update.

**APC** – There was no-one from APC present to provide an update.

**ADC** – WB said ADC were planning a meeting but the format had not yet been agreed. The initial proposal is to do it on Teams and if this was not popular then next month and alternative would be explored.

**ANMAC** – JW said there was a meeting was next week so there was no update since the last ACF. AM said the ANMAC agenda was concentrating on updating the governance around polices which have expired.

## 11. Chief Executive Update

Michael Dickson reported that there was a new Cabinet Secretary in post and will be publishing their 100 day programme for government. One of the key issues that clinical staff should be aware of is the announcement of the National Care System and the messages it sets out around IJBs and the delivery of community services, the role and responsibilities around care homes, mental health etc. It is unclear how any restructuring might affect Shetland due to its size, but there could be some form of framework where people receive a certain standard of care nationally, and probably a reformed IJB with services continuing with a stronger commissioning intent but being provided from the places they currently are. With regard to the timescale, MD said it was likely the enabling legislation would go to parliament this year but, would have a multi-year impact at least till the end of this parliament.

NHS Shetland has received funding for its current covid costs 2021/22 which is very helpful, but 2022/23 and beyond will be much more challenging. The board will continue to see capital investment for buildings and critical to that will be the development of the National Treatment Centres in delivering elective services which will be more of a mainland board challenge particularly around staffing. The first one of these will open in 2022 in Highland and the last one will be in Grampian in 2025.

MD reported that work was progressing in terms of proposals for a new GBH and social care campus. Any staff who are interested are welcome to visit the Balfour Hospital in Kirkwall to see first-hand what does and doesn't work as well there. The unique challenges with a new health and care campus in Shetland are going to be the impact of Brexit which is making materials incredibly difficult to acquire, and the pandemic which has slowed down production lines across the world. There are also other large scale development project already scheduled in Shetland, namely the Viking windfarm and the Knab site so the last thing would be a new hospital and social care campus.

There was discussion about the site of a new hospital and whether there would be public consultation on this. MD said no decision had been made and the issue of practicality had to be considered, for example transportation and connectivity but also the requirement to be close the main population base. There are only 3 or 4 possible locations in and around Lerwick where it a new health and care campus might be built but there would not be a public consultation because it would not viable.

MD said that SGov would support a plan which incorporates as much of the current estate as possible but could also encompass a new police station, a new ambulance station and ideally as many of the community buildings as we could bring together into an integrated community hub.

MD reported that there are ongoing negotiation around pay settlement which would be an interesting discussion.

MD invited ACF members to consider ways in which NHS Shetland and NHS Orkney could work in partnership and collaborate in a way that makes sure both boards can continue to deliver to their communities. Shared areas where this would potentially be an advantage would be around governance, quality or clinical outcomes perspectives. AM suggested that this could be discussed in more detail at the next meeting of ACF before providing MD with a response.

**ACTION: PM to include on next agenda**

APPROVED 7 October 2021

**For Information**

**12. NHS Circulars – for information**

**13. Any Other Business**

There were no further items of business.

**14. Date and time of next meeting**

The next meeting would take place on Thursday 7<sup>th</sup> October 2021 at 4pm on Teams.

There was no further business and the meeting closed at 5.00pm.