

AREA CLINICAL FORUM

Notes of the meeting held on Thursday 20th April 2023 at 4pm via Microsoft Teams.
The minutes of the meeting were transcribed from a recording.

Present

Amanda McDermott, Chair of ANMAC [AMcD](Chair of ACF)
Ms Amanda Harrison, Chair of AHPs Committee [AH]
Dr Deepa Shah, Chair of Area Medical Committee [DSh]
Ms Sarah Dempster, MCN Co-ordinator, Public Health Department [SD] (*item 5*)
Michael Dickson, Chief Executive [MD] (*item 20*)
Pauline Moncrieff, Board Business Administrator (Minutes)

1. Apologies for Absence

Apologies for absence were received from Jacquie Whitaker, Dawn Smith, Simon Boyd, Denise Morgan, Dr Susan Laidlaw and Claire Rogers.

Due to the number of apologies, the meeting was not quorate but those present agreed to have an informal catch-up instead.

2. Declaration of Interests

There were no declarations of interest.

3. Draft minute of the meeting on 25th August 2022

The draft minutes were approved with no amendments.

Draft informal notes from meeting held on 29th September 2022 (not quorate)

The draft informal notes were noted.

4. Matters Arising

There were no matters arising from the previous minutes.

5. Managed Clinical Networks presentation by MCN Co-ordinator

Sarah Dempster, MCN Co-ordinator gave a presentation on the 3 new managed clinical networks set up this year (Frailty MCN, Respiratory MCN and Cardiovascular), some as an extension of work already taking place.

Each MCN will be chaired by a lead clinician with SD's post a fixed time contract for 12 months to undertake the project management work and support. The MCN Co-ordinator post is hosted in public health and reports informally to the Realistic Medicine Group and formally to the operational Clinical Governance Group.

The expected deliverables in the 12 months are to identify areas for pathway development and look at streamlining clinical and care pathways, look to develop business cases to support change and identify 'spend to save' opportunities which lead to improved patient experiences in a way that is sustainable.

DS asked if there was funding available for nursing and clinician's time to participate in the MCNs work. SD said there was no specific MCN budget, but this was an issue that she would feedback to the MCN Steering Group as an identified potential barrier to people's participation.

ACTION: SD to feed back to MCN Steering Group

SD added that the likely time commitment for people involved may not be fixed to set meetings but could be an opportunity for colleagues to network and she would be happy to help facilitate whatever involvement works for everyone within the time limits of the project.

DS suggested it would helpful to send out an email to primary care colleagues making it clear that if they were unable to attend the MCN meetings, they can still contribute to the project. SD agreed to contact Lisa Watt to think about how to communicate the information to people giving them the opportunity to participate in a way that works for them.

ACTION: SD to contact Lisa Watt, Primary Care Manager

6. Educational Activities Offered by the Pharmaceutical Industry and Private Health Providers

DS presented this item on behalf of Dr Chloe Evans. The SBAR had progressed to a Position Statement which had been shared with ACF members just before the meeting.

The guidance is not intended to cover individuals attending education in their own time and the recommendation would be that NHS staff would not promote or circulate details about educational events from the pharmaceutical industry or private health providers (whether there were remotely or not). In addition, if there were offers of educational events to be held, they would be declined if they were intended to be taking place on NHS Shetland premises.

One proviso was that if there was no alternative educational source on a specific training need other than through either private health providers or Pharmaceutical industry industries, then it could be considered, but discussion with a senior manager was required before this would be arranged. The sponsorship of educational events should all be declined.

ACF was being asked to consider if it was happy to proceed with the proposal and the next steps to it becoming operational. AM commented that there were no objections expected but suggested that the paper be circulated by email to all members of ACF for comment (with a deadline of 4/5/23) before a formal response was fed back to the operational governance group.

ACTION: PM

There was discussion on who would progress this as Dr Chloe Evans was no longer in her role as AMD. It was agreed this would sit with the Operational Clinical Governance Group and Dr Kirsty Brightwell in the first instance. DS agreed to get in touch with Dr Brightwell once comments from ACF members were received.

ACTION: DS

7. GBH Refurbishment/Replacement Initial Agreement

AMcD explained this item had been added to the agenda for members' information by Dawn Smith who was unable to attend. There was also a paper by Kathleen Carolan being presented to the Board on 25/4/23 which members could review and comment on.

8. Guidance to support the appointment of temporary medical staff via the Bank, Locum agency, or worker as a Sole Trader or via a Personal Service Company

The guidance had been submitted to ACF by Kathleen Carolan and members were invited to give their views on the draft policy presented.

It was decided to circulate the draft policy again by email to all ACF members to give them the opportunity to comment before feeding back to Kathleen to progress through the governance channels for approval for the paper. It was agreed to send this in the same email as item 6, giving the deadline for comments as 4/5/23.

ACTION: PM

9. Implementation of the new National Profiles for Nursing Clinical Support Workers

AMcD presented the paper which sets out a SBAR for Band 2 to 3 HCSW roles to be reviewed. This work has completed and following the AfC review of the band 2 job descriptions back in 2020 and essentially the difference was if the HCSW was doing anything other than personal care for a patient, for example taking observations, then that was the difference between a Band 2 and 3 in simple terms. All of NHS Shetland's HCSWs are working in the ward environment and are expected to take observations hence the requirement to review all the

clinical support workers that were working at Band 2 level to consider if they were carrying out tasks more fitting in the Band 3 role and pay uplifted to recognise that within AfC. Work is still underway for bank staff but it is believed in community settings where clinical support workers are employed, it is normal that they are employed at Band 3 because many of them work independently.

10. Shared Decision Making: National Institute for Clinical Excellence (NICE) guideline (NG197) – Endorsed by Scottish Intercollegiate Guidelines Network (SIGN)

AMcD said this email had been shared by Dr Susan Laidlaw some time ago for information which had also included links to the NICE guidelines for people to review around the topic of shared decision making.

11. Membership of Area Clinical Forum (resignation of ADC Chair)

AMcD said she needed to have a conversation with pharmacy around their ability to be able to send a Rep from their professional advisory committee. In addition, Wayne Badier has left his post as the chair of the Dental Professional Advisory Committee so AMcD will also contact professional colleagues within that service to see if there is an update for ACF. There is no Vice Chair of the AHP Committee but Cathrine Coutts may stand in after AH leaves.

ACTION: AMcD to contact dental re. ADC and pharmacy re. APC representation

12. Area Clinical Forum meeting dates 2023/24

PM confirmed that dairy invites had been sent to all ACF members for the coming year and that these correspond to the dates for Board Meetings (to allow ACF to review the papers before the meetings). Everyone noted the dates for 2023/24.

Standing Items

13. Realistic Medicine Update

Dr Susan Laidlaw was unable to attend the meeting but had provided an update (posted in the Teams chat).

Members noted the challenge of recruiting lay representation for pieces of work and Edna Mary Watson was working on reinvigorating PFPI but it had proven very difficult to find people to commit to engagement/volunteering.

14. Greener Practice and Sustainability

AMcD said she had recently attended the national Green Theatres Programme launch which had been very interesting and as a result of that, there are a few work streams happening locally with one of our junior doctors starting a quality improvement project around reduction of Entonox use across the site. Desflurane has already been removed from use in hospital locations across Scotland.

There are a few workstreams involving NHS Shetland staff including exploring the reduction of single use items and going back to surgical instruments that are capable of being sterilised locally. The board is keen to be an early adopter of moving to 'rub instead of scrub' for hand preparation. A lot of research has been done around this which supports that decontamination is just as good as scrubbing. AMcD confirmed that microbiology colleagues were on board with the move to testing this change of practice and teams were waiting on the information to be passed through from the national team.

Work is ongoing with Jamie Watt around recycling and segregation of waste.

DS reported that from the primary care side, there had been a big focus on inhalers last year which I think the Research MCN will be continue to progress. Work is ongoing around green health and natural health interventions and the big focus of the Primary Care Greener Practice

Group has decided to undertake is on frailty this year. The next meeting of the group will focus on a deprescribing and medication review workshop as useful education. There is an informal fun event for group members and their families coming up in acknowledgement of the fact that more creative ways were needed to engage people.

AH reported that the physiotherapy service was planning to do another walking aid amnesty to enable them to be recycled.

15. Urgent and Unscheduled Care Redesign

AMcD said that due to the number of resource issues that exist across the organisation, it was uncertain how much progress could be reported to ACF members at this meeting.

Brian Chittick is the lead for the national work around urgent and unscheduled care redesign. The different areas of work include being discharged without delay, out-of-hours support and non-acute settings. From the board's perspective, it was looking at increasing ANP led models, but this will take a significant amount of time to redesign. Kim Anderson has secured funding for some additional posts but then recruitment is the challenge.

16. There have been no national ACF Chairs meetings since the last ACF.

17. Papers for Board Meeting, 25th April 2023

AMcD informed members that the agenda and papers were available on the board's website and anyone with comments or questions they wish raised should get in touch with her before the meeting.

18. Feedback from Board Committees – Board Meeting, 14th February 2023

19. Feedback from Professional Advisory Committees

AHPs – AH reported that the group were looking at the new stroke guidelines and their impact on the service locally including how they can be implemented. The Health & Care Professions Council have changed the Standards of Proficiency for all allied health professionals and updates are still being received but indications are that it is not a massive change and more about how work is evidenced.

ANMAC – AmcD said the committee had discussed giving some professional opinion around the policy for confirmation of death by registered healthcare professionals. The paper had been presented by Kim Anderson outlining that there were 3 nurses now trained to support GP practices on confirmation of death. ANMAC made some minor suggestions and the paper should be progressing to the final stages of approval process now.

[AH left the meeting at 16:47]

20. Chief Executive Update

MD reported that was a new Cabinet Secretary for NHS Recovery, Health and Social Care (Michael Matheson) who was previously a Minister for Public Health in 2011-2014. He is familiar with the NHS and his national messages so far include having to be able to do more because the picture is that NHS Scotland is not yet back at pre pandemic levels of activity. The Board's A&E performance continues to track much lower than it did previously and the impact of just 5% shift in the performance of a couple of the larger boards would change the picture across Scotland dramatically.

A big focus areas is what winter looks like for the coming year and there is an expectation the winter plan will be produced by the end of June. The board has an opportunity to understand from clinical colleagues what would be useful to support our winter preparation preparedness.

At a more local level, there is a Board Development Session taking place soon for the entire board to think about what it wants from a future board leadership and transition (which ties in with MD's announcement that he will be leaving to go to Scottish Ambulance Service as their Chief Executive).

Finally, all 3 island boards been asked to attend and speak to the Health and Sport Committee in relation to what more Scottish Government can do to help boards support services in the rural locations such as the island communities. Members were invited to submit to MD any key messages that they wish to be put forward to that committee.

The year-end financial picture is becoming clearer and there will be an understandable focus next year on sustainability from a financial perspective moving into 23/24.

The exec team today to talk through the CGI report and how to prioritise and take the project forward and work is now underway scoping out what the consequences will be and avoid conflict or duplication.

AMcD raised the issue of workforce modelling and asked what SGov and NHS Scotland were doing to increase the numbers of people qualifying that will be able to support the system in either 3-7 years' time to take account of the numbers of staff who have left the healthcare profession since the pandemic. MD said the SGov's focus was on reducing the level of attrition that exists in the current university courses. There is a national workforce group trying to increase progress, but further work is needed to understand and articulation what the gap is between the numbers of staff leaving the NHS and those joining; and then to quantify the strategies that SGov is taking forward to fill that gap.

21. Date and time of next meeting: The next meeting would take place on Thursday 15th June 2022 at 4pm on Teams.

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