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DRAFT MINUTE of MEETING of the AREA CLINICAL FORUM	Thursday 16 August – 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair (Chair)
 Alan Miles, Area Medical Committee (from 1.45)
 Alex Javed, Area Healthcare Sciences Forum
 Eileen Reed Richardson, NMAHP Advisory Committee
 Frances Jamieson, Area Optometric Committee
 Gillian Valentine, Associate Director of Midwifery
 Helen Eunson, NMAHP Advisory Committee
 Kara McNaught, Team Manager, Adult Social Care
 Linda Currie, NMAHP Advisory Committee
 Zahid Ahmed, Area Dental Committee (from 1.45pm)

In Attendance

Albert Donald, Non Executive Director
 Garret Corner, Non Executive Director
 Lorraine Cowie, Head of Strategy (Item 4.2)
 Gareth Adkins, Director of People and Culture (Item 4.3)
 Patricia Hannam, Pharmacist (Item 11.2)
 Stephen McCabe, Clinical Director, North Highland HSCP (Item 11.2)
 Karen Doonan, Committee Administrator (Minutes)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from E Caithness, G Franklyn, A Turnbull-Dukes and B Peters.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 4 July 2024

The minutes were taken as accurate and correct.

The Forum **approved** the minutes.

3. MATTERS ARISING

People and Culture Portfolio Board - L Currie and H Eunson agreed to attend this committee as Area Clinical Forum (ACF) representatives.

4. ITEMS FOR DISCUSSION

4.1 GP Wait Data – Lorraine Cowie, Head of Strategy

A full dashboard had now been created and a paper had gone to the Acute System Leadership Team (SLT). This item would be added to the October agenda for this forum.

Action: Committee Administrator to add to October Agenda.

The Forum noted the update.

4.2 Annual Delivery Plan (ADP) – Lorraine Cowie, Head of Strategy

L Cowie spoke to both the ADP and the medium-term plan, in a short presentation it was highlighted:

- ADP detailed all high level actions for 2024/25 for both North Highland and Argyll and Bute. The plan was fully aligned to guidance provided by Scottish Government, internal processes would appear as appendices.
- The plan was developed collaboratively with teams and services across the organisation, priorities and key challenges were identified.
- The Medium Term Plan identified areas where strategic design and change was required.
- Argyll & Bute were in the final year of their plan, they had identified actions which would be implemented through a phased approach and included in their new plan. A new Joint Strategic Plan (JSP) would be developed during 2024/25 and implemented 2025/26, priorities beyond 2024/25 had not been established. It was noted that the changed financial landscape may impact on the 2024/25 plans.
- Together We Care (TWC) was aligned with NHS Scotland Recovery Drivers and the key highlights for each Together We Care workstream were shared.
- Wider reporting into the Integrated Performance and Quality Report (IPQR) reflected all TWC themes. A paper had gone to the Clinical and Care Governance Committee ensuring alignment with quality. Formal reporting on the progress of ADP and Medium Term Plan would commence with a report going to the Finance, Resources and Performance Committee in September.
- Quarterly reporting to Scottish Government would recommence, the first report to be submitted in early September.
- Reporting within Argyll and Bute would continue with 6 monthly awareness into the IPQR.

F Jamieson requested more information around the inclusion of optometry into the IPQR. L Cowie gave the example of the ophthalmology pathway to illustrate how the service was supported, going on to explain how this was reported in the IPQR. F Jamieson invited L Cowie to present to the next Area Optometric Committee meeting to be held in October. As L Cowie was leaving NHS Highland to go to Scottish Government within the next 4 weeks, she declined the invitation personally but advised F Jamieson to contact the Strategy and Transformation team.

Action: F Jamieson to contact Strategy and Transformation Team inviting them to present to committee.

A Miles congratulated L Cowie on her new role within Scottish Government, and suggested the paper be discussed at a GP Sub Committee meeting. L Cowie outlined work that had been done in collating data on prescribing rates and benchmarking, she suggested the GP Wait Data would also be useful for discussion. It was agreed that L Cowie and A Miles meet offline to discuss this further prior to L Cowie's departure from NHS Highland.

Action: L Cowie to contact A Miles offline to discuss data further.

The Chair highlighted that much of the data collected in respect of pharmacy and dentistry had been secondary care focused and welcomed the collection of primary care data. The importance of having the involvement of the Area Pharmaceutical Committee, the Area Dental Committee, and the Area Optometric Committee was highlighted, and it was noted that their input as Independent Contractors would be invaluable. The example of patients attending Accident and Emergency and the importance of identifying between hospital care and community care was used when citing the work being done in Integrated Service Planning. Gathering data from different services would enable NHS Highland to deliver these services in a more efficient way.

The Performance Team had created a dashboard that was used by the Allied Health Professionals (AHPs) in Argyll and Bute. A group called Safe Quality Care had been set up which was looking at collecting audit quality data, it was hoped that collection of data would begin next year with data input into InPhase in due course.

The Chair queried how the forum could be more involved in the delivery and the changes outlined within the IPQ. It was noted that an ADP annual planning group would be set up to look at the IPQR in more detail to work in partnership and identify ways forward.

The Chair thanked L Cowie for her attendance at the Forum and the Advisory Groups and wished her success in her new role within Scottish Government.

The Forum **noted** the update.

4.3 Confidential Contacts Options Appraisal Short Life Working Group – Gareth Adkins, Director of People and Culture

G Adkins spoke to the paper circulated and within the paper it was noted:

- The Guardian Service was the current contracted service with the confidential contacts part of the service.
- Staff side had stated a formal position of being in support of the confidential contacts service being offered within a different model.
- The paper outlined an options appraisal, to remain with the Guardian Service, moving the service in house or having a network of various services offered.
- It was important to maintain the confidentiality of the service and have staff able to flag concerns whilst remaining in line with the Whistleblowing service offered.
- The service would sit within the corporate directorate but distinct from the people function.

G Adkins explained that the ask from the forum was to provide two representatives to sit on the Short Life Working Group (SLWG) going forward.

K McNaught queried the consultation process to date and the process by which staff side had reached their opinion. It was noted that there was no wide consultation process at this stage as the service was not being removed, the proposal was regarding how to continue to provide it. Management did not get involved in the process of how staff side reached their decision. It was noted that there would be different views about the service as feedback had been both positive and negative.

H Eunson queried the cost of a service noting that the current service was not funded and as it was a cost to the organisation asked if cost was a driver. G Adkins explained that whilst cost was a factor it was not a driver, it was important that any service offered gave value whilst maintaining quality. In discussion it was noted that there had been concerns raised around the Guardian Service and whether it met the needs of staff. In response to queries around the usage of the staff it was noted that around 200 staff had used the service with the service costing the organisation around £200,000.

As the organisation had a whistleblowing service already, maintaining confidentiality and independence was already in place with a small number of confidential contacts established. Moving the service in house would see the organisation expand what was already in place.

In discussion the outcomes of the referrals were touched upon with it being noted that these are noted but could not be discussed due to confidentiality. Work in the SLWG would start as soon as the members of the group were identified, the group would go through the process over the coming months.

Members of the forum interested were asked to contact the Chair directly. The paper would be circulated widely to give those absent an opportunity to join.

Action: Committee Administrator to circulate the paper to the wider forum.

The Forum noted the update.

4.4 Dress Code Policy – Catherine Stokoe, Infection Control Manager.

L Currie explained that the policy had gone to the Nursing, Midwifery and Allied Health Professionals Advisory Committee (NMAHP) for discussion. There was a need to share this policy widely to ensure that those the policy applied to were aware of the changes that had been made.

In discussion it was highlighted that wording in the policy was not correctly with A Miles citing that the policy did not apply to Independent Contractors and H Eunson also citing the errors regarding staff working in mental health.

L Currie stated that whilst she was happy to feedback comments to C Stokoe there was a need to be aware of policy reviews to prevent policies being ratified without proper consultation. To this end she had asked that relevant policies go to the NMAHP Advisory group to ensure wider consultation in the future.

Action: L Currie to feedback to C Stokoe

The Forum noted the Update

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 31 July 2024 Meeting

Z Ahmed highlighted Cone Beam Computed Tomography (CBCT) within Secondary Care citing that this service was no longer available to NHS Highland patients as the medical equipment required to be replaced. This had caused an inequality for patients who cannot travel to or pay to have access to this service which was available in other Boards. He also highlighted the increased paediatric patient waiting list. The Chair asked for an SBAR to be submitted to the forum.

5.2 Adult Social Work and Social Care Advisory Committee – next meeting 5th September 2024

5.3 Area Pharmaceutical Committee – 12 August 2024 meeting

An update on a drone pilot within the Scottish Islands was discussed at the meeting. A member of committee was leading the work being done and updates would continue to be received by committee.

5.4 Area Medical Committee – 18 June 2024 meeting

As there was no draft minute for the August meeting available A Miles gave a short update of what had been discussed:

- There had been an update on the enhanced service contracts – nine contracts agreed between NHS Highland and the Local Medical Committee (LMC). Practices were generally happy with the revised terms of the contract with NHS Highland being the first Board in Scotland to offer a revised contract.
- Discussion was had around the sustainability of medical leadership within the organisation. A Miles would write a letter on behalf of GP Sub Committee to C Copeland to ensure that the Board is aware of the concern.

A Miles explained that he would be stepping down from the position of Chair of the GP Sub Committee due to other commitments and the process of electing a new Chair was now underway. It was noted that the Chair of GP Sub Committee would also hold the position of Chair of LMC, and this was a busy role to step into. He went on to stated that this would therefore be his last forum meeting. The Chair thanked A Miles for his contribution to this forum and wished him well in his new role.

5.5 Area Optometric Committee meeting – next meeting 28 October 2024

F Jamieson queried how the roll out of Care Portal for Pharmacy had gone with the Chair explaining that the roll out had been put on hold due to Governance issues. The levels of access to patient information by pharmacy was still being discussed in attempt to resolve any issues with it being noted that there was more than one Board involved in the project.

5.6 Area Nursing, Midwifery and AHP Advisory Committee – 25 July 2024

L Currie explained that the committee had had good discussions, they also had success with the inclusion of Allied Health Professionals (AHPs) in some of the testing of the tools for the Health and Care Staffing Act. Committee had discussed the Dress Code Policy and had established a good flow of information between committee, this forum and the NMAHP leadership committee. The Chief Nursing Officer had requested to meet the Chairs of all NMHAP advisory committees in a national meeting to be held in Edinburgh.

5.7 Psychological Services Meeting – no meeting held.

5.8 Area Health Care Sciences meeting – no meeting held.

The Forum **noted** the circulated committee minutes and feedback provided by the Chairs.

6 ASSET MANAGEMENT GROUP

No update

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – Minute of meeting held on 10 July 2024

Kara McNaught, Team Manager, Adult Social Care

K McNaught explained to the forum that the next meeting would be held on 4th Sept and asked if any members would like her to update specifically from the agenda which she would circulate to the forum.

Action: K McNaught to circulate agenda to the forum

The financial position of NHS Highland and in particular the challenges in providing support for adults with disabilities involving complex needs was highlighted. The Learning and Development Assurance Plan was presented to the committee which outlined some of the positive work being done in respect of adults with disabilities and annual health checks. Also discussed was the feedback from the Adult Support Inspection which highlighted the challenges involved with the increase in adults support and protection incidents within care homes which resulted in large scale investigations.

A Chief Officer Report was due to be presented to a future committee meeting, the audit covered delayed discharges with several actions which had identified areas for improvement. A development session had taken place which had focused on the challenges and pressures around delayed discharges. C Copeland had presented to committee on frailty and there had been a discussion on this and care home facilitation.

A Miles highlighted a pilot that had been run by the hospice in Inverness after the hospice had identified that one in three patients in Raigmore Hospital were in their last year of life. Patients were discharged home to die with support and the pilot established that it was 100 times more cost effective to discharge patients this way. There was no funding to continue this service from NHS Highland. K McNaught stated that the pilot was called Sunflower Home Care, the contract still existed with the hospice as the provider, but she was unsure of further details. It was noted that the pilot was 100 percent funded by Highland Hospice.

The Forum **noted** the circulated minutes.

8 Argyll and Bute IJB minutes

There were no queries raised.

9 Dates of Future Meetings

1.30pm	1.30pm
2025/26	2026/27
09/01/2025	07/05/2026
13/03/2025	02/07/2026
01/05/2025	03/09/2026
03/07/2025	05/11/2026
04/09/2025	07/01/2027
06/11/2025	11/03/2027
08/01/2026	
05/03/2026	

The Forum **agreed** the above dates.

10 FUTURE AGENDA ITEMS

The Chair highlighted that the Chief Executive had expressed interest in attending the forum however diary commitments had prevented this. It was hoped that she may be able to attend the next forum meeting.

Leadership and Culture Framework update - October meeting
GP Wait Data – October meeting

National Care Service – this was currently out to consultation but would come to a future meeting.

Members of the forum were encouraged to contact the Chair directly with suggestions for future agenda items.

11. ANY OTHER COMPETENT BUSINESS

11.1 NHS Highland Annual Review 19 November 2024

The Chair advised that this was a hybrid meeting which was to be held in Lochgilhead. Further information would be circulated in due course.

11.2 Update on NHS Highland's Position regarding Weight Management Medication, Patricia Hannam, Pharmacist

A Miles outlined the demand experienced by GPs in respect of the weight loss medication citing that as no pathway had been defined it was not possible for the medication to be prescribed. It was noted that there was no capacity within primary care to prescribe nor to oversee patients requiring this medication.

S McCabe highlighted the costs involved to Boards highlighting the importance of recognising that patients would be on this medication for life. Obesity was a disease that could not be controlled by lifestyle alterations on their own. It was noted that as a multi-disciplinary approach was called for the pathway would be complex. In discussion it was noted the challenges of patients going to private clinics to obtain this medication was causing further national challenges including supply.

The Chair queried the ask of the forum today with S McCabe clarifying that it was to support and accept the SBAR. Further discussion covered the costs involved in both treating obesity and the savings that could be made in providing a solution for many obese patients. It was noted that this was an international problem with obesity increasing within the general population worldwide. L Currie suggested that a group be set up with members with the expertise required to identify how the work could be moved forward and this was agreed by the forum.

The Forum agreed with the SBAR in principle and suggested S McCabe to come back to committee when more work had been completed.

P Hannam explained that the SBAR had gone to the Executive Directors Group (EDG) with a suggestion to take it to this forum for further guidance. She was unclear how to take this forward as there was no pathway in place. The Chair stated that the forum whilst supporting the SBAR submitted, could give no further guidance on the next steps.

P Hannam expressed her frustration in finding the correct route for the SBAR with the Chair suggesting taking the SBAR to B Peters, Medical Director as setting up a pathway would involve making clinical decisions which were out with the remit of the forum.

Action: P Hannam to send SBAR to B Peters for further discussion/action

The forum agreed the SBAR in principle.
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12 DATE OF NEXT MEETING

The next meeting will be held on Thursday 31 October at **1.30pm on Teams.**

The meeting closed at 3.35pm