

NHS Borders - Area Clinical Forum



MINUTE of meeting held on

Tuesday 25th June 2019 – 17:00-18:01

BGH Committee Room, Borders General Hospital

Present: Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
 Nicky Hall (Area Ophthalmic Committee) (NH)
 Peter Lerpiniere (Associate Director of Nursing for MH, LD & Older People) (PL)
 Pamela Gordon (Allied Health Professionals) (PG)
 Dr Kevin Buchan (Area Medical Committee) (KB)
 Dr Cliff Sharp (Medical Director) (CS)
 John McLaren (Employee Director) (JMCL)

Iris Bishop (NHS Borders Board Secretary) (IB)
 Kate Warner, Minute Secretary (KW)

1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting. AW welcomed Dr Kevin Buchan, GP, who joins Area Clinical Forum as the Chair of Area Medical Committee and commented that it was welcome news this committee is again up and running. Apologies had been received from Dr Graeme Eunson (deputy for Area Medical Committee); Jackie Scott (Medical Scientists) and Dr Caroline Cochrane (Psychology)

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest for this meeting.

2 DRAFT MINUTE OF PREVIOUS MEETING 05.03.2019 & MATTERS ARISING

The Minute of the previous meeting, held on 2nd April 2019, was read and approved as an accurate record of the meeting with no changes.

ACTION: Remove draft; send to IB for NHS Borders Board (KW).

3 MATTERS ARISING AND ACTION TRACKER

Action Tracker updates:-

#68 HOLD this action until later in the year (KW)

#69 Invite Dr A Howell to a future meeting to present "Realistic Medicine" (KW) reschedule for September meeting

#70 On-going - Forward update from professional advisory committee to KW if unable to attend (ALL)

#71 On-going - Create update from Public Governance Committee (in Board papers) (KW)

#72 On-going - Send minutes from Professional Advisory Group after each meeting to KW (ALL)

#73 Ask, by email, if 08:30 – 09:30 Thursday every fortnight (alternate fortnight to Clinical Alliance) would be suitable for members to attend Area Clinical Forum meeting. Only issue being Board papers would not be available immediately before. (KW)

4 AREA CLINICAL FORUM CHAIR ELECTION

IB attended ACF to administrate the Election of ACF Chair. IB reviewed the election process and announced that Alison Wilson would stand down after three years as Chair of ACF. There were

two nominations - Dr Kevin Buchan (Area Medical Committee) and Alison Wilson (current Chair for re-election). Each nominee had five minutes to speak of their experiences and what they hoped to bring as Chair of ACF. Dr Kevin Buchan (KB) spoke first followed by Alison Wilson (AW). IB thanked the two nominees for their input and asked if there were any questions from the committee. PL asked each nominee a question about improving clinical engagement. Voting commenced and votes were counted/checked by IB.

IB announced that Alison Wilson had been re-elected as Chair of Area Clinical Forum and also suggested that it would be appropriate to also vote for a Vice Chair. This was done and KB was selected and agreed to be Vice Chair of Area Clinical Forum. Both were congratulated on their appointments.

ACTION: Clarify if the Vice Chair can represent Chair as a non executive member of the Board if AW unable to attend and if that would entitle them to a vote (IB-KW). Forms for appointments will be sent to Chair and Vice Chair for completion (IB)

5 AREA CLINICAL FORUM ANNUAL REPORT 2018-19

ACF Annual Report was approved with no changes.

ACTION: Update with no draft watermark, pdf and upload to Intranet. Forward to IB Board Secretary (KW).

6 EU WITHDRAWAL UPDATE

AW reported that there has not been any move to resurrect the weekly feedback meetings at this time. The Brexit Working Group meet and Lorna Paterson attends from NHS Borders. ACF noted this update.

7 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

AW reported on the meeting held on 31st May where there had been positive feedback from the recent inspection of Community Hospitals apart from recommendations highlighting the fabric of the buildings; a draft report is due out next month. An independent report indicated that hand hygiene in four BGH wards was poor. Work was undertaken and has improved from 27 to 57%. There has been improvement in training compliance for PMAV and Moving & Handling training. Changes to annual patient safety report and whistleblowing in place; nationally there is to be a non executive role to cover whistleblowing. JMcl commented that there is no update to this as yet but was considered a key priority after the Sturrock Report and draft guidance should be out soon for discussion. ACF noted this update.

8 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

The recent Public Governance Meeting was cancelled and there were no papers available through the Board papers.

ACTION: Check Board papers each meeting for the Public Governance Committee minute and forward relevant items for report (KW).

9 NATIONAL ACF CHAIRS MEETING: FEEDBACK

AW reported that there was no minute available yet for the meeting held on 5th June. The agenda covered ACF role within Integrated Joint Board (IJB); Lifecurve presentation; National Planning Board/National Clinical Strategy presentation; and the work following the Gosport report was

reviewed. Ways to achieve improved clinical engagement was discussed. AW asked to meet with KB and Rob McCulloch-Graham to work through how engaged we are with IJB and to review what other boards are doing. ACF noted this update.

ACTION: Forward previous National ACF Chairs' meeting minute to ACF and follow with June minute when available (KW)

10 NHS BOARD PAPERS: DISCUSSION

NHS Board papers were forwarded by email to ACF when they were made available. AW had reviewed all papers in preparation for the Board meetings on 27th June. She commented on the financial turnaround and transformation work; NHS Borders are forecasting £1.9 million overspend at end of May. Savings are required of £12.4 million and currently there are savings plans in place for £5.4 million of this. The next stage is to look at larger items/savings and long term savings that can be made over two or three years. Restructuring of primary care and using a multi-professional approach is included in this. In IM&T, there have been positive developments in Trakcare and Road to Digital. Clinical Governance have struggled to recruit to Infection Control and Clinical Governance posts and are shortlisting now. Healthcare infection have not achieved cDiff target and hand hygiene is being reviewed now. AW has asked for ACF and sub committees to be acknowledged further by the Board in annual review. There is to be a focus on whistleblowing. ACF noted this update.

11 PROFESSIONAL ADVISORY COMMITTEES

11(a) Allied Health Professionals Advisory Committee (PG) – PG reported that there has not been a meeting as yet and that the Committee are awaiting the AHP management review before recommencing. JMcl suggested that having an active AHP Advisory Committee would enable the management review to be pushed forward. JMcl agreed that he would work with PG to help with this process through Area Partnership Forum.

11(b) Area Dental Advisory Committee (no representative) – no update available.

11(c) Area Medical Committee/GP Sub Group (KB) – KB reported that the AMC are once again up and running with new elections for chair and vice chair. New contract has been main focus of discussion for GP Sub Group and an Executive division has been formed to engage locally with the Board and drive forward the new contract. They are experiencing improved relationships and good conversations. The Primary Care Improvement Plan has been rewritten and shared with the Board and Integrated Joint Board; there are eight strands to the plan and they are pushing forward those areas that can be achieved. There has been an affordability concern for the plans. AW commented that there was a presentation from Zena Trendell about a year ago and it would be useful to have an update presentation on this at a future meeting.

11(d) Area Ophthalmic Committee (NH) – NH reported there has been no meeting since last ACF meeting in April. At the last meeting, AOC discussed forming a sub-group to put together a form for GPs regarding changes in Ophthalmology. NH agreed to contact GP Sub Group to give a presentation from Optometry and clarify how a mutual arrangement between Ophthalmology and GP practices can be formed.

11(e) Area Pharmaceutical Committee (AW) – AW reported on APC meeting held 23rd April. The application for Pharmacy at Tweedbank has not been progressed by the Primary care Contract Team and AW will follow this up as the Board should be in the 90-day consultation period now where the views of local community are sought. APC have been kept up to date with the work of the PMO and Turnaround Team as well as the Efficiency Plans for prescribing savings. A small number of Pharmacies so far have conducted medication reviews and there has

been excellent feedback from patients. Pharmacotherapy project is moving on; recruitment has been successful so far and online training discussed. A new training model for Technicians has been adopted and they will be trained across GP practice, primary care, community pharmacy and secondary care enabling them to have skills across all areas and choose where they wish to work. The Minor Ailment Scheme is under review.

11(f) BANMAC (PL) – PL reported on the meeting held on 13th May 2019 where committee received two presentations on child protection and also the changing role of school nurse. He reported that the role of school nurse has changed to include vaccination and an active role in supporting pupil mental health which is very positive. Turnaround has been discussed and in terms of workforce, reviewing the role of non clinical nurses – the Clinical Alliance and BANMAC will have a role in any review. Other topic discussed was RESPECT and its role in DNR CPR.

11(g) Medical Scientists (JS) – no update available

11(h) Psychology (CC) – no update available

ACF noted the updates available.

ACTION: All Advisory Committee representatives to send an update if unable to attend (KW-ALL).

ACTION: Presentation – update on Primary Care Improvement Plan – future meeting (KB/KW)

12 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

1. Positive news about Area Medical Committee re-forming and KB being new Chair of this Committee.
2. KB wished AW to raise the ground level concerns that he has encountered, from people working in community, about turnaround and the financial difficulties and he would like a commitment from the Board to allay the fears and uncertainty that people may have about the stability of their jobs. They need frequent and appropriate information. AW agreed to address this in the Turnaround section of the Board meeting.

KB's point raised some discussion from ACF on the communications for turnaround and JMCL commented that there is a plan in place with regular Updates and Staff Shares, with information on the Intranet and with responsibility for disseminating to staff with their line managers. However, he is also aware that the messages do not always come through to all the staff and this is why there is a program of visits to Community Hospitals and that the Turnaround Team have committed to visit any team that require the message to be delivered directly to them. CS commented that there is a no redundancy policy within NHS Scotland and whilst this gives stability to the workforce there may be changes to the services provided; that there will be reform and that jobs may change. PL commented that staff are looking for a level of certainty and it was agreed that the Partnership office and Communications could be used to reassure and offer continuous messaging.

ACTION: Forward ACF Minute to NHS Borders Board meeting (KW); Forward ACF attendance sheet to NHS Board Secretary (KW).

13 ANY OTHER BUSINESS

NH reported that she attended the Clinical Alliance meeting held on 13th June 2019 as a representative of ACF and found the meeting positive. She commented that the Alliance seems to be in the early stages and working on data required. Meeting every fortnight is too often for her schedule but she would be keen to attend when there are pertinent items on the agenda. She requires 3-4 weeks' notice to book meeting at this time of the day and will discuss with the meeting administrator. KB reported that Dr Rachael Mollart attends to feedback to GP Sub Group and others were encouraged to attend when possible.

DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 3rd September 2019 at 17:00 in the BGH Committee Room.