

Borders NHS Board



Meeting Date: 3 December 2020

Approved by:	Iris Bishop, Board Secretary
Author:	Iris Bishop, Board Secretary
AREA CLINICAL FORUM MINUTES 23.06.2020	
Purpose of Report:	
The purpose of this report is to share the approved minutes of the Area Clinical Forum with the Board.	
Recommendations:	
The Board is asked to note the minutes.	
Approval Pathways:	
This report has been prepared specifically for the Board.	
Executive Summary:	
The minutes are presented to the Board as per the Area Clinical Forum Terms of Reference and also in regard to Freedom of Information requirements compliance.	
Impact of item/issues on:	
Strategic Context	As per the Area Clinical Forum Terms of Reference. As per Freedom of Information requirements compliance.
Patient Safety/Clinical Impact	As may be identified within the minutes.
Staffing/Workforce	As may be identified within the minutes.
Finance/Resources	As may be identified within the minutes.
Risk Implications	As may be identified within the minutes.
Equality and Diversity	Compliant.
Consultation	Not Applicable.
Glossary	-

MINUTE of meeting held on

Tuesday 23rd June 2020 – 13:00 – 14:00

Via Microsoft Teams

Present: Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
Dr Kevin Buchan (GP/Area Medical Committee Chair/ACF Vice-Chair) (KB)
Nicky Hall (Area Ophthalmic Committee) (NH)
Peter Lerpiniere (Associate Director of Nursing for MH, LD & Older People) (PL)
Dr Cliff Sharp (Medical Director) (CS)
Dr Caroline Cochrane (Psychology) (CC)
John McLaren (Employee Director) (JMCL)
Kate Warner, Minute Secretary (KW)
Kim Moffat, Minute Secretary (KM) from September ACF meeting

Apologies: Paul Williams (Allied Health Professionals) (PW)
Ehsan Alanizi (Area Dental Advisory Committee) (EA)
Jackie Scott (Medical Scientists) (JS)

Guest Ralph Roberts (Chief Executive) (RR)

1 PRESENTATION – RECOVERY AND RE-MOBILIZATION PLANS FOLLOWING COVID19 PANDEMIC – RALPH ROBERTS, CHIEF EXECUTIVE NHS BORDERS

Ralph Roberts (RR) presented the NHS Borders Recovery and Re-mobilisation Plan; discussing the next phase of the plan and asking for feedback from ACF. Main points from presentation:-

- Funded spend due to Covid19 has been mainly on creating digital space; moving staff around the system; PPE and other one off spend. It is unclear what funding will be available from Scottish Government going forward for recovery, estimated at £600-700,000, and this may be managed locally. There will be a review at the end of June. Next challenge will be to bring staff back; contact tracing; testing; PPE and other costs going forward which may not be funded.
- It cannot be assumed that funding for areas such as waiting time, winter allocation, and PCIP will continue to flow until this has been assessed.
- The first draft of the recovery plan has been signed off by Scottish Government with the 2nd iteration due end of July. The plan covers the period from now to March 2021. Input will be required from services on winter activity, staff working and wellbeing. RR stressed the need for a clinically led recovery with safe services supporting staff and patients.
- Building on current digital space, maintaining standards and ensuring inequalities are addressed to be equitable.
- Public Health – continue to support contact tracing.
- Review of staff and public engagement.
- Request for feedback on lessons learned from all professional advisory groups (action).
- The importance of clinically led decisions and a balance of risk and benefit to achieve realistic medicine. Other benefits include quicker decision making and improvement of continuity plans.

Questions:-

AW asked about flu vaccination as this will be a massive undertaking if groups to be vaccinated are increased and also potential Covid vaccination in 2021; CS agreed that this would be critical this winter and that the UK may be behind as orders are usually placed late spring. RR confirmed that Public Health is working on this as a whole system solution and how this will be done collectively. It has been discussed that the testing tent could become a vaccination tent if required. AW will forward the Flu Vaccine SLWG Tor to ACF members for information. AW commented on

the Clinical Prioritisation Group and stressed that all professional advisory groups should be involved in this. RR asked for feedback from the groups at any time and he can facilitate conversations and presentations with individual advisory groups and committees. AW thanked RR for his presentation which was noted by ACF.

ACTION: Forward the Flu Vaccine SLWG Tor to ACF members for information (KW); AW will raise flu vaccination and prioritising vaccinations for care home staff with National Director of Pharmacy/Scottish Government meeting (AW)

2 APOLOGIES and ANNOUNCEMENTS

AW welcomed those present to the meeting and acknowledged the apologies listed above. AW commented on Microsoft Teams, either as member or guest, and the features available to facilitate the meeting. AW introduced ACF's new minute secretary/administrator Kim Moffat who will take over from KW for the September meeting.

3 DRAFT MINUTE OF PREVIOUS MEETING 03.03.2020

The Minute of the previous meeting, held on 3rd March 2020, was read and approved as an accurate record of the meeting with no changes.

ACTION: Update and remove draft; available to IB in committees drive for NHS Borders Board (KW)

4 MATTERS ARISING AND ACTION TRACKER

Action Tracker updates:-

#68 Hold this action until later in the year (KM)

#69 Invite Dr A Howell to future meeting to present "Realistic Medicine" later in year (KM)

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

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

#71 Complete #73 Complete; #75 Complete ; #76 Complete

5 ACF ANNUAL REPORT

The Area Clinical Forum Annual Report 2019-20 was available with the papers and ACF approved the report. This will be included in Board papers on 2nd July.

ACTION: Send to IB for Board meeting and upload to Intranet ACF microsite (KW)

6 EU WITHDRAWAL UPDATE

AW reported that there have been no meetings and no significant updates to share. Some of the Brexit medicines stockpile has been put to use during Covid19 – AW will update with any new information on replenishing this stockpile.

7 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

Clinical Governance Committee (CGC) has been meeting over Teams with the last face to face at start of pandemic. AW reported that the agendas have focused on Resus, availability of PPE and the R number coming down; these are key for a number of clinicians. PL commented that the emphasis has been on maintaining oversight as services change quickly. PL felt that it was worth noting the amount of guidance people have had to respond to and trying to maintain that confident

clinical governance while services are changing. CGC have been supportive of this and the risks associated. New policies have had to be implemented at short notice and there have been around 200 different guidelines just in infection control and PPE alone. AW highlighted her thanks to everyone at this difficult time. ACF noted this update.

8 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

NH reported on the Public Governance emails which have been circulated instead of meeting – there has not been an actual meeting recently. ACF noted this update.

ACTION: NH to forward the email to KW/KM which will summarise plans going forward.

9 NATIONAL ACF CHAIRS MEETING: FEEDBACK

AW reported on ACF Chairs meetings held 3rd June 2020. AW attended the Teams meeting but had a clash with DOPs meeting; agenda largely reflecting Boards experiences and mainly PPE. AW asked how the ACF members felt about PPE and their access to it. KB felt that primary care stock has been available but at poorer quality and fit than they would prefer. There has been discussion as to whether patients should be wearing PPE to come into practices and would this need to be provided. NH reported that Opticians are reopening next week and have PPE available to wear on re-opening. Dental have returned for emergency appointments only to date. PL commented on nursing staff deployed into care homes where infection control procedures may not be as robust and staff may not be as well informed. Director of Nursing now has responsibility for care homes as a result of Covid19 and there is to be a significant education programme for nursing and care staff working together to minimise risk. Different guidelines early in the pandemic have led to challenges. Lessons have been learned and this will inform future practice. KW will circulate the National Chairs ACF as soon as they are available. ACF noted this update.

10 NHS BOARD PAPERS: DISCUSSION

As the June Board meeting had been moved to 2nd July, the Board papers were not available. The agenda focuses on Covid19 update; test and protect; Care Homes; Remobilisation plan; clinical governance and HEI. NHS Borders corporate objectives have recently been refreshed with views from staff via emails and Intranet. There will be a turnaround programme status update. ACF noted this update.

11 PROFESSIONAL ADVISORY COMMITTEES

11(a) Area Dental Advisory Committee (EA) – no update available; RR will forward the minute of June meeting to AW. Practices are beginning to reopen slowly and for emergencies.

11(b) Area Medical Committee/GP Sub Group (KB) – reported that there had been good discussion around flu vaccinations and how they can move forward with this. Patients are beginning to put pressure on GPs to give answers to their treatment and this is becoming an issue. He requested that communications be sent to give information to the public to set expectations. A Primary Care – Secondary Care Interface Group is planned and how this will be funded is being discussed.

11(c) Area Ophthalmic Committee (NH) – reported that the meeting had been cancelled. She and Geoff Mason attended the last GP Sub meeting to discuss working with practices and also have

discussed with Grant Laidlaw how they can work better with the Ophthalmology BGH department. Next week Opticians will be easing out of lockdown. NH asked about the increase in flu vaccines expected and RR answered that this was to minimise activity in the system and create more capacity.

11(d) Area Pharmaceutical Committee (AW) – the next meeting of APC is not until July; however AW reported on feedback from community pharmacists and their experience during the Covid pandemic so far. They feel that the service was badly impacted as they rushed to be able to fulfil prescriptions that were not always required in greater numbers. Use of inhalers, for example, increased even for those who had not used for years. This is now returning to normal but community pharmacies were supported by the Board to reduce patient facing hours to be able to cope with the prescription workload. Supervised opioid replacement therapy service was stopped and this has had no negative consequences; this is now being risk assessed for those patients who need to go back to the previous supervised service. Community pharmacists have offered to support the flu vaccination programme.

11(e) Allied Health Professionals Advisory Committee (PW) – no update available.

11(f) BANMAC (PL) – reported on the meeting held 3rd June which had a predominantly Covid agenda to discuss experiences; staff have been working differently and have been flexible and responsive throughout the pandemic so far. A positive experience was that nursing staff have valued the opportunity for supervision which was not in place before Covid. In some areas of nursing this is standard practice but not routinely across acute staff. Staff felt valued and able to have a positive impact on their practice. There is a proposal to take this forward to continue in future. Other professions could also learn from this and there will be a report available.

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

11(h) Psychology (CC) – reported on the success of the Wellbeing Service changes set up to help staff during Covid19 and how well this has been received and used. CC commented that the mental health service in partnership with occupational health have been conscious of continuing to help staff manage stress. There is a question over how this will be funded going forward. CC reported on the re-deployed staff used to triage in primary care and the review to see if possible to take this forward. The service has moved to Near Me with a high degree of acceptability; however, they are aware that there are inequalities such as not having a private space, learning disability or no access to technology that requires support. CC also pointed out that the needs of people who have had Covid needs to be considered and supported. JMacl agreed with the importance of this support and will discuss further with CC.

ACF noted the updates available.

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

12 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

ACF requested that the following feedback go to the next Board meeting:

1. Request for clarification on use of PPE going forward and plans to not lose the support and engagement of the public.
2. Plans for Flu Vaccination.
3. PL requested that continuation of supervision for nursing staff be raised with the Board.

ACTION: Create feedback report for Board meeting to be held on 2nd July 2020 (KW)

13 ANY OTHER BUSINESS

AW will ensure that ACF members are kept informed about the formation of new clinical groups.

DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 29th September 2020 at 13:00 via Microsoft Teams. In meantime, any papers of relevance will be forwarded for feedback - particularly regarding the new Clinical Group.

ACTION: Presentations for future meetings – to be arranged:-

- Public Protection presentation (new Public Protection Consultant Nurse – PL to advise)
- Realistic Medicine (Dr Annabel Howell)