

## Borders NHS Board



Meeting Date: 4 February 2021

<b>Approved by:</b>	Iris Bishop, Board Secretary
<b>Author:</b>	Iris Bishop, Board Secretary
<b>AREA CLINICAL FORUM MINUTES 29.09.2020</b>	
<b>Purpose of Report:</b>	
The purpose of this report is to share the approved minutes of the Area Clinical Forum with the Board.	
<b>Recommendations:</b>	
The Board is asked to <b>note</b> the minutes.	
<b>Approval Pathways:</b>	
This report has been prepared specifically for the Board.	
<b>Executive Summary:</b>	
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.	
<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	As per the Area Clinical Forum Terms of Reference. As per Freedom of Information requirements compliance.
<b>Patient Safety/Clinical Impact</b>	As may be identified within the minutes.
<b>Staffing/Workforce</b>	As may be identified within the minutes.
<b>Finance/Resources</b>	As may be identified within the minutes.
<b>Risk Implications</b>	As may be identified within the minutes.
<b>Equality and Diversity</b>	Compliant.
<b>Consultation</b>	Not Applicable.
<b>Glossary</b>	-

## MINUTE of meeting held on

Tuesday 29<sup>th</sup> September 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 Caroline Cochrane (Psychology) (CC)  
Paul Williams (Allied Health Professionals) (PW)  
Kim Moffat, Minute Secretary (KM)

### Apologies:

John McLaren (Employee Director) (JMCL)  
Ehsan Alanizi (Area Dental Advisory Committee) (EA)  
Jackie Scott (Medical Scientists) (JS)

### Guests

June Smyth (Director of Strategic Change & Performance) (JSm)  
Lisa Adams (Public Health Registrar) (LA)  
Kirsty Kiln (Public Health Registrar) (KK)

## 1 PRESENTATION – Update on COVID-19 Remobilisation Plan (incorporating update on Flu Vaccination Programme and Winter Planning)

The Chair welcomed June Smyth and the Public Health Registrars to the meeting.

June Smyth (JSm) presented an update on the Covid-19 remobilisation plan, along with an update on the Flu Vaccination programme and winter planning.

- Update on Remobilisation plans and outline next steps and challenges
- Submitted on 25/5 and 31/7
- Informal discussion with Scottish Government (SG), further feedback is imminent
- Won't be able to remobilise to pre Covid levels so will prioritise utilising national guidance
- Mandatory services – Test & Protect, Winter and Flu
- Remobilisation levels were signed off by recovery group and noted in the presentation
- To go above these levels would require additional resources (includes staff not just finance)
- The winter planning is a whole system response; supporting hospital discharges are central to our response with 'discharge to assess' and increased community re-ablement.
- SG have not confirmed Winter planning funding as yet, plans are therefore made using existing resources, with options to flex if funding becomes available.
- Flu vaccine – outlines the responsibility of the Health board and GPs. Much more complex than before. 20 venues for mass vaccinations.
- Finance: revised Q1 forecast submitted to SG to include C19 bed capacity, Winter plan, Redesigning urgent care (RUC), savings forecast.
- Summary of Covid costs to date, overall cost to respond to Covid is £14.03m.
- Key challenges: Challenging winter period, Flu programme, Covid resurgence plan, ITU. Size and scale of ITU has particular constraints due to its layout. The clinical team are reviewing this, as Covid patients (4) in ITU will impact on electives and waiting times.
- Workforce – mandated staff, need 120 WTE staff for essential mandated services. Adverts out for this. If we are unable to recruit, we need to be clinically lead (Medical Director Lynn McCallum is leading on this) to see where changes / staffing changes can be made.
- Next steps: getting SG feedback, review plans and revisit other plans that may need looking at.

AW thanked June for the presentation and commented that Pharmacy has challenge around the EU Exit, which shouldn't be underestimated as we have used up medicine supply in response to Covid.

PL asked if staff sickness rates in 1<sup>st</sup> Covid wave were not as bad as anticipated? How is this factored into second wave? Staff burned out and under pressure, as demonstrated in the 'Collecting Your Voices' (CYV) presentation from Phil Lunts.

JSm: Phil Lunts has been in touch with Human Resources and is looking at trigger points to stand up/stand down certain processes, especially that services need to remain open, this must be built in.

KK described the recent Public Health exercises on managing cross border Covid outbreaks, and asked for thoughts on running an exercise on how a further Covid Wave would impact on services?

JSm: Very helpful to inform planning

PW: Agreed, stating that it would be helpful to get tangible examples to see how this would affect PACS.

AW commented that the effort from staff cannot be underestimated especially due to flu vaccinations.

NH asks if enough information is reaching the community? Waiting times information would be helpful, what services are still going ahead?

AW asks what is the current state of play with opticians and if they are back to a normal working pattern. NH advised that routine work is going ahead and opticians are working through a 4 month backlog; and are working on capacity to address this.

## **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. Paul Williams was welcomed and it was noted this was his first ACF meeting.

## **3 DRAFT MINUTE OF PREVIOUS MEETING 23.06.2020**

The Minute of the previous meeting, held on 23<sup>rd</sup> June 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 (KM)

## **4 MATTERS ARISING AND ACTION TRACKER**

Action Tracker updates:-

#68 Hold this action until later in the year (KM). It was decided to close this action as it will not be possible to do this for quite some time.

#69 Invite Dr A Howell to future meeting to present "Realistic Medicine" later in year (KM). There is dedicated funding for Realistic Medicine and a new RM lead is to be confirmed. AW to go to Lynn McCallum, Medical Director, on this issue.

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

AW: pick up again with CC and PW

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

AW: asks members to send minutes/notes of their meetings to Kim if unable to attend ACF.

#77 Invite Claire Smith (check contact) to ACF to present Safe Staffing (AW) reschedule in due course (AW and KW)

#78 Invite new Public Protection nurse consultant – presentation on public protection.

#79 Forward Flu Vaccine SLWG ToR to ACF – COMPLETE KW

#80 Raise flu vaccine and staff vaccination in care homes at DOPs/SG meeting – AW – In Progress - COMPLETE AW.

## **5 NHS BORDERS ANNUAL REVIEW – ACF REPORT**

The Area Clinical Forum overview briefing for NHS Borders was compiled and provided to June Smyth, for inclusion in the Annual Review briefing pack. This has been circulated to ACF members via the Agenda for today's meeting. No comments from ACF members, therefore this is accepted.

## **6 EU WITHDRAWAL UPDATE**

There is concern from Pharmacy colleagues as increased use of medicines due to Covid. Further work to be done to ensure stock levels are optimum.

## **7 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK**

Currently in-between meetings as the Board was moved forward due to Remobilisation plan sign off. The next Clinical Governance meeting is this Friday 2<sup>nd</sup> October. The comments from the last meeting were that there were 40 Covid positive deaths in the BGH and there was concern on the capacity to manage the Covid patient cohort.

## **8 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK**

No comments.

ACF noted this update.

**ACTION:** Public governance update from June Smyth to be shared prior to next meeting. KM

## **9 NATIONAL ACF CHAIRS MEETING: FEEDBACK**

AW reported on ACF Chairs meetings held 2<sup>nd</sup> September 2020. AW missed the meeting a few weeks ago. No comments.

ACF noted this update.

## **10 NHS BOARD PAPERS: DISCUSSION**

The Board met last week on Thursday 24<sup>th</sup> September. AW asked if all ACF members received the Board papers and if not then please advise and these can be sent on.

ACF noted this update.

## **11 PROFESSIONAL ADVISORY COMMITTEES**

11(a) Area Dental Advisory Committee (EA) – no representation

11(b) Area Medical Committee/GP Sub Group (KB) – reported that SMSC not as functional as it could be, but starting to gain more traction. Splitting AMC and GP Sub to different nights to avoid one long evening of meetings. Continue to function and provide service to the contract, MH goes live on Oct 5<sup>th</sup>. Completed the physio strand, pushing for a functioning CTAT system.

How do we remobilise in Covid? (GPs) some at level 2 and some at level 1 – impossible to return to normality for GPs and Primary Care which will be a huge issue going into winter.

11(c) Area Ophthalmic Committee (NH) – advised that there had not been a meeting since last time. Routine work is allowed, in the ‘new normal’. Chair of committee is in talks with BGH to introduce community optometry clinics. Better access to sky gateway. Requesting feedback as to timescales for items.

AW agrees, we need to keep communication to public as key.

11(d) Area Pharmaceutical Committee (AW) – there was a virtual Teams meeting at the end of July, focused on recovery and remobilisation. Some pharmacy plans – focused on patients on serial prescriptions to get thru flu/winter period, to save time and allow community pharmacists to focus on other work.

Pharmacy 1<sup>st</sup> soft launch; comes into more focus in Oct. Remote working has been set up, supporting practises around repeat prescriptions. Concerns going into winter (heavy prescription traffic) and EU exit regarding managing stock and prescription volumes over coming months.

11(e) Allied Health Professionals Advisory Committee (PW) – advised that he is new in post, establishing structure. Finding way through remobilisation, big portion of AHPs had to support Acute. Aiming to retain services but also supporting BGH. Lots of work going on in background. National picture is similar.

Some positives out of first Covid response have been the usefulness of AHPs in their supporting role.

The new clinical service manager in PACS (which will have optometry within their remit), so links in with NH’s point on feedback and communication. PW will aim to distinguish clinical component alongside operational management. AW agreed that AHP support during Covid 1<sup>st</sup> wave was very helpful.

11(f) BANMAC (PL) –

Last meeting focused on impact of Covid on nursing workforce. Positive descriptors about it, but also lots of pressure on staff. Lots of learning being had by nursing staff, always ready and prepared to help. Impact on staff to be seen during winter.

PL and PW to discuss if AHP advisory committee and BANMAC can merge; will feedback to next ACF. PL wants to ensure the right clinical voices are represented in this group.

11(g) Medical Scientists (JS) – no rep.

11(h) Psychology (CC) – no rep.

ACF noted the updates available.

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

## 12 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

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

1. Communication to community/Independent contractors, so patients are kept informed on waiting times etc

## 2. Concerns on backlog and winter pressure

**ACTION:** Create feedback report for Board meeting to be held on 3<sup>rd</sup> December 2020 (KM)

### 13 ANY OTHER BUSINESS

NH reiterated the point on communication on hospital services/waiting times as this would be very useful

#### DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 1<sup>st</sup> December 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 (presenter TBC)