

**Draft Minute of the Meeting of the Area Clinical Forum held on
Thursday 14 April 2022 at 2.00pm via MS TEAMS**

PRESENT

Mrs M Lees	Chair, Area Allied Health Professions Advisory Committee (Chair)
Dr A Campbell	Chair, Area Psychological Services Advisory Committee
Ms C James	Member, Area Allied Health Professions Advisory Committee (Vice Chair)
Dr J McGuire	Member, Area Healthcare Sciences Advisory Committee
Ms K Taggart	Chair, Area Healthcare Sciences Advisory Committee
Mrs M Russell	Nursing & Midwifery Advisory Committee (from item 5)
Dr K McIntyre	Chair, Area Medical Advisory Committee
Mr F Munro	Chair, Area Ophthalmic Advisory Committee
Dr J Burns	Executive Medical Director

IN ATTENDANCE

Mr P Cannon	Board Secretary
Ms K Cormack	Director of Quality (item 4)

APOLOGIES

Dr S Percival	Ex-Officio Member of the Area Dental Advisory Committee
Mr A Macintyre	Chair, Area Pharmaceutical Advisory Committee

1. WELCOME

Mrs Lees welcomed Members to the meeting. She also welcomed Karon Cormack who was attending for the items on quality.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF MEETING OF 17 FEBRUARY 2022

The draft Minutes of the meeting held on 17 February 2022 were approved as a correct record.

4. LANARKSHIRE QUALITY APPROACH

Mrs Lees welcomed Ms Cormack to cover to issues related to Quality.

The first was in relation to never events, for awareness, and it was noted that we were now starting to record never events. Nationally there is an agreed list of events, the definition being where procedures were not followed, or where staff went outwith safety procedures.

This is now being monitored and tracked via DATIX so that there is a more robust capture and follow up system in place to ensure that lessons are learned. Dr Burns stated that the concept has been around for a long time, but the challenge has been rapidly recording the incident and cascading the learning from the issue quickly.

Kirsty McTaggart raised that SNBTS practitioners were no longer involved in local blood transfusion never event investigations, which was impacting on the quality of the investigation. Ms Cormack was aware of this and had taken it up with SNBTS colleagues.

The second paper was an update on the revision of the Quality Strategy implementation plan which was focused on monitoring and evaluating over the past five years, and also planning a new Strategy from April 2023. Ms Cormack indicated that she will return to the Forum in the Autumn with an update on how the Strategy was developing. Forum Members were encouraged to cascade the questions in the paper about the diagrammatical representation of the Strategy for feedback to Ms Cormack.

Dr Burns highlighted that she would also encourage feedback on whether the approach was seen as a non-judgemental approach, seeking to learn not blame.

Mrs Lees also commented on the co-production approach which she felt was a helpful approach.

5. COVID-19 UPDATES

Members noted a suite of information relating to Covid Public Health data and the Board's own reports.

Dr Burns reported that the number of covid positive patients in the community was reducing, but this was taking longer to impact on other services, with the number of patients in Acute Hospitals still high, but there were signs that this was reducing slowly. The Board remained in black status across the whole system, but this was being reviewed, and the key metrics used were also improving.

In relation to the vaccination programme, it appears that this is providing a high degree of cover, and in view of the community data and Hospital acuity, the Board had decided to open up Hospital visiting from the coming weekend.

Mrs Lees also referred to a number of papers related to Covid-19, including Care Homes, Test & Protect, Acute Activity Impact, and a vaccination programme update.

In relation to the Care Homes report, Mrs Lees highlighted the closure of one Home, and Dr Burns agreed that recent enhanced oversight during COVID has been a positive development for patients and staff.

In relation to Test & Protect, Mrs Lees reminded colleagues that there had been an announcement on 15 March 2022, that the routine population wide testing regime was ending this month.

Mrs Lees also drew attention to the paper on the impact on acute activity, and of being in full capacity. Dr McIntyre and Dr Burns both reflected on the current wave which is more

infective than before, but not as serious in terms of harm. However, because restrictions were being eased the numbers of patients and staff exposed to Covid, and testing positive, and having to isolate, was having a significant impact on how community and hospital services could continue to function. Mrs Lees also reflected that each NHS Board is different in terms of recovering their elective programmes, and some NHS Boards were further ahead. NHS Lanarkshire was particularly hard hit as levels of deprivation and inequality were high even before the pandemic and these conditions were exacerbated. Dr McIntyre also reflected that the sustained nature of the pandemic in the central belt was different from that experienced by most NHS Boards. Dr Burns stated that P1 – P3 patients should not be disadvantaged because of geography, and these discussions were being taken forward nationally to achieve a degree of equity of access to treatment.

Dr Burns highlighted that it was proving difficult to maintain all services in all three Hospital sites, without any potential to ring fence and protect services in any one Hospital.

Mrs Russell also highlighted that Realistic Medicine should be at the fore of discussions about future priorities and service provision.

In relation to the vaccination programme Mrs Lees highlighted the success of the service, and an Autumn booster campaign was being discussed. Dr Burns paid credit to the way that the programme had been rolled out in Lanarkshire.

6. RECOVERY ISSUES

Each Member was invited to contribute comments on their own areas in relation to recovery issues, bearing in mind that the pressures on services brought about by the pandemic was leaving little space to plan for any meaningful recovery.

7. BOARD REPORTS (March 2022)

Members were provided with copies of a number of Board papers (March 2022) for information, which were noted, including the Whistleblowing Q2 Report, an update on Equality Networks, a briefing note on the consultation on the National Care Service, and the Corporate Risk Register.

In relation to Whistleblowing, Mrs Lees highlighted that this was very necessary but staff should be able to speak up without resorting to the Whistleblowing procedure. The challenge for all practitioners was to make safe spaces for difficult discussions to take place. Dr Burns suggested that this topic be linked to the relaunch of the Quality Strategy, by demonstrating that the Board has a non-judgmental learning culture. Mrs Russell added that the term had negative connotations, and added that she was discussing with University partners how to raise concerns or highlighting positive behaviours (see it, say it, do it). Mrs Lees also mentioned the introduction of Safety Culture Cards at regular meetings to encourage feedback and for concerns to be raised. Ms McTaggart also highlighted civility workshops which have been run across all three Hospital sites.

In relation to the Equality Network update, Mrs Lees reported that a new Non Executive, Colin Lee, had a working background Equality & Diversity work, and was bringing different perspective to debates, and discussions.

National Care Service Responses – it was agreed that the proposals heralded significant changes to current services and structures with many issues still requiring to be resolved. Dr Burns expressed anxiety about the structures that are proposed, and the lack of clarity for the oversight of professional governance.

Corporate Risk Register – Mrs Lees has taken over as chair of HQAIC, Dr McIntyre highlighted that the Winter Plan 21/22 risk needed to be maintained, and paid tribute to Dr Hawthorn for all his efforts in relation to the OOH service. It was important to maintain a wide pool of OOH workforce, and PCIP delivery will need to identify how staffing gaps would be filled in the future either of a short term nature or systemic.

8. MONKLANDS REPLACEMENT PROJECT UPDATE

Mrs Lees provided a verbal update and it was noted that the Board was the newly established Committee was beginning its work and will meet for the first time this month. Of particular note was the decision made by Scottish Government to purchase the land at Wester Moffat which had the effect of securing the long term future of the project, and also mitigating a number of risks to the programme in terms of reducing the construction programme and the overall costs.

9. STAFF WELLBEING

Members provided updates in relation to wellbeing issues.

Mrs Lees commented on the length of time that staff have had to maintain services without looking at service development and professional development. Dr McIntyre highlighted that opportunities should be built upon for team working, and staff encouraged to participate in social events such as the Kilt walk. Alison mentioned that in her profession they have a *coffee catch up* once a month, which staff enjoy. She added that many staff now feel that they need to formalise hybrid working arrangements that have evolved so that there is a degree of certainty in the future about what is expected of them. Ms McTaggart mentioned that wellbeing staff ran mindfulness and other wellbeing sessions, and that was very positively received by her colleagues. Dr Burns acknowledged that a flexible approach to hybrid working for individual areas to determine what works well for them. All Members also acknowledged that TEAMS working can be detrimental if there is no time for peer support or a healthy exercise regime.

10. UPDATES FROM PROFESSIONAL ADVISORY COMMITTEES

Members provided updates in relation to the issues being address in recent meetings.

Allied Health Professionals Committee – Mrs Lees provided an update and highlighted discussion at the Committee about accommodation, remobilisation, and mental health updates. She specifically highlighted the interim report from Dr Hilary Cass into gender identity in children, which she would discuss off line with clinician colleagues.

Dental Committee – no report was available, albeit the Committee was meeting regularly.

Healthcare Sciences Committee - Ms Taggart highlighted that the Scottish Health Science Award awarded the Scottish Microbiology and Virology Network an innovation award, which

include NHS Lanarkshire. In relation to education initiatives the Golden Jubilee Centre for Sustainable Delivery, as part of a once for Scotland approach to early cancer diagnostics and workforce, are concentrating on Medical Physics, Clinical Engineering and the Biochemistry Clinical Scientist trainee posts, out to advert shortly. It was also noted that the Primary Care Dashboard (Atlas of Variation) went live in April 2022, which provides data on workload by GP Practice, and a useful national benchmark. Ms McTaggart added that the service has access to NES Bursary funding for post graduate courses, which closed on 4 April, but NHS L also fund applications and the closing date was 31 May 2022, mainly used to support band 3 Undergraduate degrees courses.

Optometric Committee - Mr Munro highlighted national changes, including the introduction in 2023 of a low vision service, for people for permanent vision loss, Mr Munro highlighted the role played by NHS Lanarkshire in shaping the national provision. LENS activity continues to increase, with a further 30 practitioners being trained. There will be a national managed glaucoma where patients are discharged from hospital to the care of named optometrist, with 9 qualified to undertake this already. An anterior eye disease management programme will be introduced in January 2023 which will see patients with this condition being treated in the community, and release GP and Hospital time in managing these patients. It was also noted that Emergency Care Summaries are available for prescribing Optometrists who now have access to the information through the clinical portal.

Medical Committee - Dr McIntyre reported that they had met recently, and the main discussion / priority is remobilisation. He also mentioned the work being taken forward in mental health pathways and CAMHS changes which were welcome and positive.

Nursing & Midwifery Committee - Ms Russell reported that the main focus of the Committee has been to ensure that the Committee is representative of the wide range of registrants, and to that end a meeting was arranged for 4 May 2022 to reconstruct the Committee and the supporting sub structure.

It was also noted that the newly qualified practitioner (student nurses and midwives) preference survey elicited 542 survey responses, from 7 Universities, for graduates to come to NHS Lanarkshire from October 2022.

Pharmaceutical Committee - there was no update as Dr Macintyre was unable to join the meeting

Psychological Services Committee - Dr Campbell provided an overview of the recent issues discussed by the Committee. It was noted that the profession was being encouraged to participate in the consultation on national quality standards for psychological services and psychological therapies. Digital groups up and running and making good progress. Mind Matters, especially sleepio, which is proving very popular and well evaluated. It was also noted the Dr Garry Tanner, as Director, was retiring and he was being succeeded by Patricia Graham from 6 June 2022.

11. ANY OTHER COMPETENT BUSINESS

Dr Burns reported on the criminal case against Dr Singh, who was found guilty in 54 of 65 sexual assault charges with 9 not proven, and 2 were found not guilty. Sentencing will be determined at a later date.

12. DATE OF NEXT MEETING

The next meeting will be held on Thursday 23 June 2022 at 2.00pm by Teams.

DRAFT