

NHS Ayrshire & Arran



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| Meeting: | Ayrshire and Arran NHS Board |
| Meeting date: | Monday 23 May 2022 |
| Title: | Area Professional Committee Annual Reports for 2021-2022 |
| Responsible Director: | Ms Claire Burden, Chief Executive, NHS Ayrshire & Arran |
| Report Author: | Mr Adrian Carragher, Area Clinical Forum Chair |

1. Purpose

This is presented to the Board for:

- Awareness
- Decision:

To approve Professional Committee Constitutions/Terms of Reference, in particular:

- To approve changes to the Area Optical Professional Committee membership categories to ensure broad representation.
- To approve the addition of two new members to the Area Dental Professional Committee, one to represent Dental Care Professionals (DCPs) within Primary Care and one to represent DCPs within Hospital Dental Service/Public Dental Service to ensure broad representation. A business case in support of the proposal is attached at Appendix 9.
- To approve extension to ACF Chair's term of office as the Area Healthcare Science Professional Committee Chair to 31 March 2024, to allow him to fulfil the four year term and ensure a staggered approach

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

Rebuilding our National Health Service (2001) emphasised that NHS Boards should draw on the full range of Professional skills and expertise that exists in all parts of their local NHS system. These professions should provide advice on clinical and other professional matters. CEL 16 (2010) Area Clinical Forums (ACFs) suggested that NHS Boards further develop and enhance the role of ACFs and the individual Area

Professional Committees which advise on profession specific issues. The current Professional Committee structure was formed in 2001 and an additional Committee, the Area Healthcare Science Professional Committee, was added in 2011.

2.2 Background

ACFs and their constituent members have a key role in supporting the implementation of the key dimensions of the Health and Social Care delivery plan (2016), the development of the Integration Joint Boards and the implementation of other key strategic documents such as: National clinical strategy, Realistic Medicine, a Vision for Nursing, Prescription for Excellence, National Active and Independent Living Improvement Plan, both AHP and HCS delivery plans and National Workforce Plan. This will ensure that our staff can support services and planning as we look ahead to care for our citizens.

It should be noted that the ACF Chair and Chief Executive agreed on 16 March 2020 that in response to the unprecedented position due to Covid-19, both Professional Committees and the ACF should be stood down in order to ensure staff were focused on the immediate challenges of Covid-19 and could support services and planning and put in new ways of working to care for and support our local citizens throughout the period of the pandemic. ACF meetings resumed in June 2020 and Professional Committees in July 2020, and both have continued to meet through MS Teams since then. The work plans of the constituent members of the ACF are expected to be influenced by the experiences and the consequences of the past 12 months with a specific focus on the need to support the organisation's Recovery Plan.

Following the derogation previously agreed by the Area Clinical Forum on 12 June 2020, as some Committees had not been able to fully conclude the election process in 2020 for reasons relating to the nomination and voting process, the derogation was extended to 31 March 2022, and further extended to 31 July 2022 for business continuity. An election process will take place from April 2022 with new Professional Committee members taking up their roles on 1 August 2022.

To allow the ACF Chair to complete a four year term of office and to ensure a staggered approach, it is proposed that his role as Area Healthcare Science Professional Committee Chair be extended to 31 March 2024. AHCSPC and ACF members have supported this proposal.

Developing ACFs within this broader strategic context aims to harness the knowledge, skills and commitment of clinicians across NHS Scotland.

Throughout the year the ACF has been involved in a range of consultations and discussions, helping to influence and support the NHS Board in its ongoing development with particular focus on the work required during critical points in the pandemic, at the same time as supporting and influencing at a Scottish level through the National ACF. The ACF is committed to continuing this support. The strength of the ACF lies in the multi-disciplinary nature of its membership and the cross-cutting themes from all Professional Committees over the year are described below. In addition, the support of the Chief Executive and other Executive Officers is recognised and valued by ACF members.

2.3 Assessment

ACF and Professional Committees are keen to continue to support and engage in taking forward the Board's 10 year strategic vision, Caring for Ayrshire.

- The support of senior management for the Professional Committee structure is important and welcomed, but not always equal across the Committees.
- ACF and the Professional Committees continue to be involved in a range of improvement programmes across the professions.
- ACF is keen to strengthen relationships between the ACF, the Professional Committees and the Integration Joint Boards.

2.3.1 Quality/patient care

The engagement and participation of ACF and Professional Committees in taking forward Caring for Ayrshire will positively impact on quality of care and services.

2.3.2 Workforce

Workforce issues are a cause for serious concern for the ACF and the Professional Committees and the ACF is taking a proactive approach to engage with the HR Director on strategic workforce issues. This is also well understood at the national ACF level. However, it should be noted that individual ACF members and in some cases Professional Committees are also proactive in their discussions with colleagues nationally at NES and Scottish Government to ensure that these concerns are understood and acted upon as appropriate.

2.3.3 Financial

There is no financial impact.

2.3.4 Risk assessment/management

This report has been informed by the contribution of the members of the Area Professional Committees and has been approved by each of these Committees.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed as this is an internal report on Area Professional Committee activities.

2.3.6 Other impacts

The Scottish Government Health and Social Care Directorate stipulates close involvement of clinical staff in leading and developing services.

2.3.7 Communication, involvement, engagement and consultation

This report has been informed by the contribution of the members of the Area Professional Committees and has been approved by each of these Committees.

2.3.8 Route to the meeting

This has previously been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- The reports have been considered and approved by the relevant Professional Committee members either at their meeting or via email due to the meeting schedule.

2.4 Recommendation

Members are asked to:

- Be aware of the work of the Area Professional Committees during 2021-2022 and continue to support this work in the future.
- To approve changes to the Area Optical Professional Committee membership categories to ensure broad representation.
- To approve the addition of two new members to the Area Dental Professional Committee, one to represent Dental Care Professionals (DCPs) within General Dental Services in Primary Care and one to represent DCPs within Hospital Dental Service/Public Dental Service to ensure broad representation.
- To approve extension to ACF Chair's term of office as the Area Healthcare Science Professional Committee Chair to 31 March 2024 to allow him to fulfil the four year term and ensure a staggered approach
- To be aware of the challenge that exists for those professionals who wish to contribute to Board's strategic agenda and organisational development.
- To be aware that Professional Committees are keen to support the NHS Board's Mobilisation planning in response to Covid-19 as well as the Caring for Ayrshire programme and support and build on new ways of working. The Covid-19 pandemic has required many rapid changes in working practices, including greater use of digital technology in delivering services, and it will be important to continue to support and further develop this work.
- Acknowledge the work of all staff who in many areas have gone beyond what could and should be expected of them in order to do everything to keep the citizens of Ayrshire safe and, when needed, to support those who became critically ill as a result of the pandemic. This was done selflessly and at times at significant risk to themselves, colleagues and families.

3. List of appendices

The following appendices are included with this report:

- Appendix 1, Area Allied Health Professions Professional Committee
- Appendix 2, Area Dental Professional Committee
- Appendix 3, Area Healthcare Science Professional Committee
- Appendix 4, Area Medical Professional Committee
- Appendix 5, Area Nursing and Midwifery Professional Committee
- Appendix 6, Area Optical Professional Committee
- Appendix 7, Area Pharmaceutical Professional Committee
- Appendix 8, Area Psychology Professional Committee
- Appendix 9, Area Dental Professional Committee – business case to support proposal for two new Dental Care Professional representatives

NHS Ayrshire & Arran Area Allied Health Professions Professional Committee

Annual Report for 2021/22

1. Summary

1.1 The Area Allied Health Professions Professional Committee (AAHPPC) of the Board has continued to meet regularly during the pandemic to consider key areas relevant to AHPs as well as to communicate and report on relevant matters, including feedback on Board papers, through the Area Clinical Forum (ACF). The Associate Director for AHPs, Ms Emma Stirling, attends meetings on a regular basis and her input is welcome and provides the opportunity to liaise on key matters affecting AHPs.

1.2 Key Messages

- Rehabilitation Commission Phase 1 (6 highest priorities) with development of Phase 2 involving more AHP services.
- AHP recruitment challenges regarding the workforce, particularly for specialist posts, due to short term funding and fixed term posts.
- AHPs need to be able to flex up or flex down services as required as remobilisation continues to maintain professional standards of care.

2. Remit

2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

3. Membership

3.1 The Committee's membership during the reporting period was as follows:

Ms Louise Sinclair, Podiatry representative (Chair)
Ms Suzanne Kean, Dietetics representative (Vice Chair)
Ms Ruth Barclay-Paterson, Dietetics representative
Mr Darren Brand, Orthoptics representative
Ms Nicola Gault, Radiography representative
Mrs Vivienne Goldie, Occupational Therapy representative
Ms Caryn Gray, Podiatry representative
Ms Madelaine Halkett, Physiotherapy representative
Ms Christine Wallace, Physiotherapy representative (casual)
Mr David Hamilton, Arts Therapies representative
Ms Stephanie Robertson, Radiography representative
Ms Marion Sloan, Orthoptics Representative
Mrs Jane Stewart, Speech and Language Therapy representative
Ms Gemma Taylor, Physiotherapy representative

Ms Katrina Walker, Speech and Language Therapy representative
 Ms Alison Wallace, Occupational Therapy representative

Following the derogation previously agreed by the Area Clinical Forum on 12 June 2020, as some Committees had not been able to fully conclude the election process in 2020 for reasons relating to the nomination and voting process, the derogation had been extended to 31 March 2022, and further extended to 31 July 2022 for business continuity. An election process will take place from April 2022 with new members taking up their roles on 1 August 2022.

Mr David Hamilton left the Committee due to his retirement and there are now two vacancies for Arts Therapies.

The Associate Director for AHPs (or an AHP Manager) is in attendance at meetings.

4. Meeting

4.1 The Committee met on six occasions between 1 April 2020 and 31 March 2021. An additional meeting was scheduled to take place on 11 June 2021 with the Nurse Director to discuss AHP workforce pressures. However, as a quorum was not present, an informal discussion took place. The meeting scheduled to take place on 27 January 2022 was cancelled due to service pressures. The meeting on 24 March 2022 did not have a quorum present and an informal discussion took place.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

| Member | Dates | | | | | | |
|---|----------|-----------------------|----------|----------|----------|-----------------------|-----------------------|
| | 20/05/21 | 11/06/21 Inquorate | 12/08/21 | 30/09/21 | 25/11/21 | 27/01/22 Cancelled | 24/03/22 Inquorate |
| Louise Sinclair (Chair) | Y | Y | | Y | Y | | Y |
| Suzanne Kean (Vice Chair) | Y | Y | Y | Y | | | Y |
| Ruth Barclay-Paterson | Y | Y | | Y | Y | | |
| Darren Brand (rotates attendance with Marion Sloan) | Y | | | | | | |
| Nicola Gault | Y | Y | Y | Y | Y | | |
| Vivienne Goldie | Y | | Y | Y | | | |
| Caryn Gray | | | | | | | |

| | | | | | | | |
|---|----|---|----|----|----|----|----|
| Madelaine Halkett | Y | | -- | -- | -- | -- | -- |
| David Hamilton (stood down 12-Aug-2021) | | | -- | -- | -- | -- | -- |
| Stephanie Robertson | Y | | Y | | Y | | |
| Marion Sloan | -- | | -- | -- | -- | -- | -- |
| Jane Stewart | Y | | | Y | | | Y |
| Gemma Taylor | | | Y | Y | | | |
| Katrina Walker | Y | Y | Y | | Y | | Y |
| Alison Wallace | Y | | | Y | | | Y |
| Christine Wallace (covering during Madelaine Halkett's absence) | -- | | Y | | Y | | |

5. Committee Activities

- 5.1
- AHP Workforce and Risk Group and Nursing Director's Professional Leadership meetings – The AAHPPC Chair attends these meetings.
 - AHP Staff Wellbeing Group – The AAHPPC Vice Chair attends these meetings.
 - AHP individual governance meetings - a representative from each discipline attends.
 - Engagement with Associate Director for AHPs on Local Authority arrangements for AHPs to access sites, such as schools, to ensure provision of consistent services access across Ayrshire.
 - Committee members arranged a meeting with the Nurse Director, Prof Hazel Borland, and the Associate Director for AHPs, Ms Emma Stirling. This provided the opportunity to discuss the Committee's concerns relating to AHP workforce planning/People Strategy; Acute waiting times; pressures facing AHP services due to the COVID-19 pandemic and deteriorating patients; winter pressures; the need for good communication with AHPs; as well as the need for an equitable approach in providing funding and opportunities across all AHP services.
 - Discussions regarding staff self-isolation due to COVID-19 with a view to supporting consistency across services.

6. Priorities for 2022/23

- 6.1 The committee's priorities include our continual support for the Caring for Ayrshire model to reform the delivery of services. To support staff as well as patient care in our commitment to provide the healthiest life possible for the people of Ayrshire and Arran.

Committee members fully supported plans to put in place AHP professional standards and the aim to achieve an equitable approach in providing funding and opportunities across all AHP services.

Rehabilitation Framework - consideration was being given to ways of predicting future service needs, as well as future workforce requirements to meet these demands. Therefore, the committee is keen to have involvement with phase 2 of the Rehab Commission and to ensure the use of workforce planning tools to tackle the remobilisation of services.

The committee is keen to be involved in staff wellbeing and to seek assurance that this is being considered and acknowledged across AHP professions when planning services and deploying staff.

7. Chair's Comments

- 7.1 I would like to thank committee members for their support of the professional committee. This year has continued to be a challenge with the continual impact of the Covid-19 pandemic still impacting on staffing levels. I am thankful for their efforts to be active within the committee despite their increasing work commitments due to remobilisation of services.

A thank you to new members of the committee Stephanie Robertson and Christine Wallace, for stepping in to allow representation from across AHPs.

I would like to thank all AHPs that have supported services across the Board for their significant contribution, often going above and beyond their duty of care. I would also like to thank Angela O'Mahony, Committee Secretary, whose support is fundamental to the Committee.

As a committee we welcome the new CEO, Claire Burden, on her appointment and welcome her to Ayrshire and Arran. We are looking forward to inviting her to attend a future AAHPPC meeting.

Louise Sinclair
Chair – Area Allied Health Professions Professional Committee
March 2022

NHS AYRSHIRE & ARRAN

AREA ALLIED HEALTH PROFESSIONS PROFESSIONAL COMMITTEE

CONSTITUTION AND TERMS OF REFERENCE

1. Title

The Committee will be called the “Ayrshire and Arran Area Allied Health Professions Professional Committee” (AAHPPC).

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Allied Health Professions Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992) 17 and NHS Circular Gen (1999) 26.

The Committee shall represent the following professions: -

Arts Therapists (Art, Music, Dramatherapy)
Dietitians
Occupational Therapists
Orthoptists
Orthotists & Prosthetists
Physiotherapists
Podiatrists
Radiographers
Speech and Language Therapists

2. Functions

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on: -

- The health and professional service needs of the local population
- Professional Issues which impinge on patient care
- The creation and maintenance of effective and ongoing communication with key AHP stakeholders e.g. Associate Director for AHPs and AHP senior managers.
- The creation and maintenance of effective links with all other Area Professional

Committees

- Any other professional and other functions as may be prescribed in future under the above acts and guidance
- Where appropriate the professional implications associated with contracts for the provision of these services

In so doing the Committee will reflect all AHPs professions locally and not any single profession, faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting the business of the Area Professional Committees to ensure a co-ordinated approach on clinical matters among the different professions and within the component parts of the local NHS system (acute services, primary care, health improvement etc) private practitioners and local authorities;
- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- Sharing best practice among the different professions and actively promoting multi-disciplinary working – in both health care and health improvement;
- Engaging widely with local clinicians and other professionals, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical perspective on the development of the Strategic Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

3. Membership

- 3.1 The Committee will be representative of the whole of each profession in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than two voting members from each of the professions listed under section 1 to reflect as best as practicable the diversity of the profession and hence representation. Those professions who provide services locally and are not employed in Ayrshire and Arran shall attend in a non-voting/advisory capacity.

Associate Director for AHPs will be advised of meetings and they, or another AHP senior manager, may be present in an “in attendance” capacity.

4. Roles and Responsibilities of Members

Each member represents and acts on behalf of their entire professional group. Engagement with professions will involve both early proactive involvement and consultation. For further details of roles, responsibilities and communication systems see AAHPPC Induction Pack.

5. Method of Elections

5.1 Election of Ordinary Member

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

- The number of places available on the Committee and the professions requiring representation should be notified by the Chair of the Committee to the Corporate Business Manager.
- The Committee Secretary will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular Committees.
- Current members of the Committee may stand for re-election if their term of office is due for renewal.
- Nomination forms will be sent out by the Committee Secretary, to all individuals inviting interest. Forms, including guidance on the role and remit of Committee membership, must be signed by an individual's line manager in order to indicate service support, competence and capacity. It will contain a deadline date allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.
- Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.
- Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:
 - Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.
 - A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.
 - All ballot papers should be returned to the Corporate Business Manager, NHS Ayrshire & Arran, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.
 - Votes will be counted by the Corporate Business Manager in the presence of two independent witnesses.
 - Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.
 - Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.

The Corporate Business Manager will notify the nominees and the Chair of the

Professional Committee, of the outcome of the election within 5 working days.

5.2 Election of Chair and Vice Chair

- The Officer standing down should give the Committee 6 weeks notice, of their intention. This should be submitted in writing to the Corporate Business Manager.
- Following the announcement an e-mail will be circulated, by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.
- Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in the particular role.
- Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:
 - Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.
 - Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.
 - The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.
 - The Committee meeting will then commence with the successful candidate taking up their new role. Where feasible a period of “handover” will provide support for the incoming Chair from the out-going Chair
 - Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair of the Committee, this will rotate among Committee members according to a pre-agreed set period of time.

6. Co-option of Members

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

7. Tenure of Office of Members

The terms of office of members of the Committee will be 4 years (commencing Feb/March in the relevant year). Where occasional vacancies have not occurred,

half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election.

8. Election of Officers

Prior to the first regular meeting in April every other year, the Committee will identify those eligible for re-election and elect from its members, a Chair and Vice-Chair to serve a term of 2 years. The Chair and Vice Chair will be eligible for re-election for a further term of 2 years.

In order to maintain continuity and to succession plan, these positions should not be vacated simultaneously, and therefore in the first year the Vice Chair will be elected for one year and thereafter eligible for two years.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

9. Executive Members

The Chair and Vice Chair will comprise the Executive of the Committee. The Executive will be empowered to consult with key stakeholders as appropriate and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

10. Casual Vacancies

A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.

Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.

A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated, and, thereupon, a casual vacancy will be declared.

11. Representation on the Area Clinical Forum

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Chair or Vice Chair of the Area Professional Committee on the Area Clinical Forum as full members.

12. Committee Decision

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

13. Meetings

Meetings will usually be held on an 8-weekly basis to synchronise with the NHS Board meeting calendar, but this can be varied at the discretion of the Chair.

The Committee has the right to alter or vary these arrangements to cover holiday months or other circumstances.

Apologies

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary at the earliest opportunity.

Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point 5 of this Constitution.

Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

14. Quorum

Representation from 5 professions will be deemed a quorum.

15. Notice of Meetings

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee at least 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

16. Minutes

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

17. Extraordinary Meetings

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

18. Administrative Support

Administrative support to the Committee will be provided through the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

19. Conduct of Meetings

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

20. Sub-Committees

The Area Professional Committee may appoint ad hoc Sub Committees as appropriate to consider and provide advice on specific issues.

21. Delegated Authority of Sub-Committees

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Sub-Committee Constitutions.

22. Alteration To Constitution

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 14 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

23. Confidentiality

All members of the Committee will be responsible for maintaining the confidentiality of NHS Ayrshire & Arran documents, whilst liaising appropriately in order to fulfil the Committee role and remit. The Chair will rule where necessary to advise on the confidentiality of documents.

24. Conflict of Interest

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

25. Area Clinical Forum

The Chair or Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

26. Expenses

Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

27. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

| Version: | Date: | Summary of Changes: | Approved by |
|----------|------------|--|-------------------------|
| 1.1 | 22/03/2018 | Clarification of stakeholders and those in attendance. | NHS Board 21/05/2018 |
| 2.0 | 30/07/2020 | Additional wording under “Election of Officers” to clarify process to fulfil ACF Chair role. | NHS Board 17/08/2020 |
| 3.0 | 25/03/2021 | Annual review of Terms of Reference – no changes. | NHS Board 24/05/2021 |
| 3.1 | 24/03/2022 | Annual review of Terms of Reference | NHS Board |

NHS Ayrshire & Arran Area Dental Professional Committee

Annual Report for 2021/22

1. Summary

- 1.1 The Committee's activities, once again, were dominated with discussion on how best to adapt and move forward to optimise dental services in the shadow of the COVID 19 pandemic. Dentistry has had and is still having major operational challenges as a result of significantly reducing patient throughput and trying to adapt to ever changing infection control guidance to operate safely. Unfortunately, the norm of high patient throughput and reliance on high frequency aerosol generating procedures as a backbone of dental treatment, has meant remobilisation pace is limited. However, adaptation to the evolving data and infection guidance has allowed the dental teams to make gains into the significant volume of treatment backlog.

In spite of much of Primary Cares' operational and fiscal levers being governed at a national level, the Committee has been very active in offering advice and information to the Director of Dentistry to influence national decision making via the office of the Chief Dental Officer. Furthermore, many Committee members have engaged directly with local and national steering groups to help navigate and plan the uncharted territory of 'pandemic dentistry'. It is acknowledged that it is likely that there will be significant workforce pressures as we emerge from the initial COVID response. This is likely to be in both GDP and DCP groups with reported reductions as much as 10% from these professional body pools. Formation of the new Dental Directorate may better align the resources that Board has at their disposal to offer more integrated care.

The Public Dental Service, having provided a vital 'lifeboat' during the initial phases of the outbreak, are beginning to refocus back to their primary role as a 'specialist' service. However, it is acknowledged the significant increase in unregistered patients and those with access issues is impairing the remobilisation. Various strategies have been discussed by the Committee to address these issues.

Progress has been made over the year in paediatric general anaesthetic waiting list. Due to the backlog and redeployment, it was significant concern that the waiting for GA child extractions was causing significant morbidity in this vulnerable patient group. Novel approaches from hospital based services have been able to reduce this waiting list to almost pre pandemic waiting times which is a huge success. Other innovative approaches are being discussed using the newly formed directorate to address the oral surgery waiting lists as prioritisation still lies with cancer and urgent cases.

Our Dental Public Health colleagues have had a pivotal role in contact tracing our dental teams and have been invaluable in disseminating risk assessment guidance to our primary care colleagues. The committee has discussed that many of the well oral health initiatives that historically have been very effective have been recommenced and their work is ongoing.

The Committee has been regularly supported by representatives of Senior Health Board management. The invaluable input from positive attendance by Consultants in Dental Public Health, members from Dental Management including the Director of Dentistry, Head of Primary Care and OOH services and Associate Medical Director for Primary Care. They have all added value to the Committees discussions regarding the difficult remobilisation strategy in an ever changing pandemic backdrop.

1.2 Key Messages

- Dental Services are still significantly impacted due to pent up demand for treatment and changes in workflow as a direct result of IPC guidance to reduce the transmission of COVID 19.
- Service redesign would be welcomed at a national and local level in order to overcome some of the challenges moving forward with COVID 19.
- Ayrshire and Arran still provides a robust dental service for its residents in spite of the ongoing challenges.
- There is likely to be retention and recruitment issues regarding the dental workforce nationwide
- Secondary care still has challenges with waiting list for oral surgery and IV sedation specifically. However, significant inroads have been made in the GA paediatric list which was recently a cause of major concern.
- The Public Dental Service is still seeing a high number of unregistered / problematic access patients exacerbated by poor data sharing at a national level.
- Ongoing discussion between the Committee and various other groups to improve and cement clinical record within Primary Care.
- Newly developed communication strategies have been well received between the committee, management and the local professions.

2. Remit

2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

3. Membership

3.1 Due to Ayrshire and Arran's derogation of membership of the Professional Committees, the composition is unchanged from last year and there is still a single GDP vacancy. The aspiration is that a DCP member will be added to each of the GDS and PDS/HDS components the Committee. This is due to the fact that as a professional body, this group are completely unrepresented at a board level although they make up the majority of the dental workforce. Furthermore, with the evolution of the dental directorate, professional engagement with this cohort will be essential.

4. Meeting

- 4.1 The Committee met on six occasions between 1 April 2021 and 31 March 2022. These meetings were conducted digitally over Microsoft Teams due to continuing COVID restrictions
- 4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

| Member | Dates | | | | | |
|-----------------|---------|---------|---------|----------|---------|---------|
| | 18/5/21 | 10/8/21 | 28/9/21 | 23/11/21 | 25/1/22 | 22/3/22 |
| Malcolm Balfour | Y | Y | Y | Y | Y | |
| Hardeep Basi | Y | Y | Y | Y | Y | Y |
| Peter Byrne | Y | Y | Y | Y | Y | Y |
| Debbie Boyd* | Y | | DV | | DV | |
| Ed Coote | Y | Y | Y | Y | Y | Y |
| Nikki Cowan | Y | | Y | Y | Y | |
| Ian Donaldson | Y | Y | | | | |
| Lorna Murphy | | Y | Y | Y | | Y |
| Iain MacFarlane | | Y | Y | Y | Y | Y |
| Gillian Ward | Y | Y | Y | | | |

*Drazsen Vuity attended on a number of occasions on behalf of Debbie Boyd

5. Committee Activities

- 5.1 Most of the normal activities of the Committee have been dominated with remobilisation and adaptation to the ever changing pandemic landscape.
- Continued discussion regarding optimisation of board resources to support dental teams
 - Participation in national dental remobilisation strategies and planning.
 - Progression of the Digital communication strategy with both local and national groups
 - Cementing intra professional communication channels.
 - Discussion regarding how remobilisation activities integrate into the wider agenda for transformational change

6. Priorities for 2022/23

- 6.1
- Ensuring our local teams are well supported through what is likely to become a difficult period.
 - Support the remobilisation of Primary and Secondary Care to re-establish comprehensive dental services for the citizens of Ayrshire.
 - Participation in service redesign at both local and national level to utilise the resources available.
 - Continued engagement at both local and national level in regards to digital progression of information sharing.
 - Cementation of communication channel established during COVID as conduits for professional engagement.
 - Resourcing and reinvigorating oral health initiatives in order to compensate for the hiatus in well-established prevention based activity.

7. Chair's Comments

- 7.1 It has been another difficult year for dental services as a whole, however, locally our teams have got behind and fully supported the remobilisation effort. Dentistry probably more than most will struggle to return to pre pandemic working patterns and patient throughput due to the data and risk profile of the profession as a whole. The Committee and contributing attendees have been very proactive with novel approaches to these challenges. Although, many of the fiscal and operational constraints have been cemented at a national level, especially for independent contractors, the collective board teams have tried to move 'local levers' to best adapt to the pressures in the system to make gains. Although, there may be a pessimistic projection of travel for the profession post pandemic, the local spirit and engagement gives us much to be proud of and it a great source of encouragement that the future can in fact be bright. The Chair wishes to personally thank both members and those in attendance for their dedication and participation over the last year.

Peter Byrne
Chair – Area Dental Professional Committee
22/03/2022

NHS Ayrshire & Arran

Area Dental Professional Committee

Constitution and Terms of Reference

1. Title

The Committee will be called the “Ayrshire and Arran Area Dental Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Dental Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The Committee is elected by and representative of the dental practitioners of the area administered by the Area NHS Board for Ayrshire and Arran for the purposes of Section 13(1) of the National Health Service (Scotland) Act 1972, and being the Committee recognised by the Secretary of State for Scotland for the purpose of Section 16(1) of that Act.

It will carry out the functions prescribed for Area Dental Committees under the National Health Service (Scotland) Act 1972 and subsequent Acts, and any rules, orders or regulations made there under.

2. Functions

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on:-

- The dental health and professional service needs of the local population
- Issues which impinge on patient care
- To create and maintain effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the above acts and guidance
- Where appropriate the implications associated with contracts for the provision of these services

In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting the business of the Area Professional Committees to ensure a co-ordinated approach on clinical matters among the different professions and within the component parts of the local NHS system (acute services, primary care, health improvement etc);
- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- Sharing best practice among the different professions and actively promoting multi-disciplinary working – in both health care and health improvement;
- Engaging widely with local clinicians and other professionals, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

3. **Membership**

The Committee will be representative of the whole profession in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than twelve voting members to reflect as best as practicable the diversity of the profession and hence representation.

The members must provide or are involved in treatment within NHS Ayrshire & Arran and membership will be made up of:

1. Seven General Dental Practitioners who provide the full range of NHS treatments for all patient categories or Specialist Primary Care Dental Practitioners listed to provide NHS services.
2. **One Dental Care Professional from NHS Primary Care**
3. Three Dentists from Public Dental Services
4. Two Dentists from Hospital Dental Services.
5. **One Dental Care professional from either the PDS/HDS**

Members must be of good standing within the Dental Profession.

If insufficient members of any class are nominated or willing to accept office to attain the foregoing representation, then a member from another branch may be elected in lieu.

The Director of Dentistry, representation from dental public health and representation from dental management will be invited to attend every meeting of the Committee in an ex-officio capacity.

4. Method of Elections

4.1 Election of Ordinary Member

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

- The number of places available on the Committee and the professions requiring representation, should be notified by the Chair of the Committee, to the Head of Corporate Governance.
- The Corporate Department will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular Committees.
- Current members of the Committee may stand for re-election if their term of office is due for renewal.
- Nomination forms will be sent out by NHS Ayrshire and Arran Corporate Department, to all individuals inviting interest. Forms will contain deadline date allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.
- Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.
- Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:

Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.

A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.

All ballot papers should be returned to the Head of Corporate Governance,

NHS Ayrshire and Arran, Corporate Department, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.

Votes will be counted by the Head of Corporate Governance in the presence of two independent witnesses.

Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.

Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.

- The Head of Corporate Governance will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within 5 working days.
- Should vacant seats remain following this process, nominations to the remaining seats will be sought at the Annual General Meeting.

4.2 Election of Chair, Vice Chair and Professional Secretary

- The Officer standing down should give the Committee 6 weeks' notice, of their intention. This should be submitted in writing to the Head of Corporate Governance.
- Following the announcement an e-mail will be circulated, by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.
- Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in the particular role.
- Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to.

Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.

Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.

The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.

The Committee meeting will then commence with the successful candidate taking up their new role.

- Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair of the Committee this will rotate among Committee members according to a pre-agreed set period of time.

5. Co-option of Members

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

6. Tenure of Office of Members

The terms of office of members of the Committee will be 4 years (commencing 1 April in the relevant year). Half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election.

7. Election of Officers

At its first regular meeting in April every other year, the Committee will elect from its members, a Chair and Vice-Chair to serve a term of 2 years. The Chair and Vice Chair will be eligible for re-election for a further term of 2 years but thereafter, unless approved by the Board, will be required to demit office for at least one term.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year Term of Office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership Terms of Office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

8. Executive Members

The Chair and Vice Chair will comprise the Executive of the Committee. The Executive will be empowered to consult and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

9. Casual Vacancies

- A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.
- Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated and, thereupon, a casual vacancy will be declared.
- Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.
- A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

10. Representation on the Area Clinical Forum

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Chair and/or Vice Chair of the Area Professional Committee on the Area Clinical Forum as full members.

11. Committee Decision

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

12. Meetings

Meetings will usually be held on an 8-weekly basis to synchronise with the NHS Board meeting calendar, but this can be varied at the discretion of the Chair.

The Committee has the right to alter or vary these arrangements to cover holiday months or other circumstances.

Committee Members

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary.

Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings.

Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

13. Quorum

A quorum shall consist of six elected and voting members.

14. Notice of Meetings

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

15. Minutes

Draft minutes will be issued to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

16. Requesting Meetings

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

17. Administrative Support

Administrative support to the Forum will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

18. Conduct of Meetings

Version: 3.1

Date Approved:

Status: Draft for approval

Page: 7 of 9

Author: Mr Peter Byrne, ADPC Chair

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

19. Sub-Committees

The Area Professional Committee may appoint ad hoc Sub Committees as appropriate to consider and provide advice on specific issues.

20. Delegated Authority of Sub-Committees

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Standing Sub-Committee Constitutions.

21. Alteration To Constitution

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 21 days' notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

22. Confidentiality

All members of the Committee will be responsible for maintaining the confidentiality of NHS Board documents. The Chair will rule where necessary to advise on the confidentiality of documents.

23. Conflict of Interest

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

24. Access

The Chair and Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

25. Expenses

Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

26. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

| Version: | Date: | Summary of Changes: | Approved by |
|----------|------------|--|--|
| 1.0 | 21/05/2018 | Clarification of stakeholders and those in attendance. | ADPC 20/03/2018 ACF 18/05/2018 NHS Board 21/05/2018 |
| 2.0 | 11/08/2020 | Additional clarification to election process (item 8) | ACF 31/1/2020 ADPC NHS Board 17/08/2020 |
| 3.0 | 23/03/2021 | Annual Review of ToR | NHS Board 24 May 2021 |
| 3.1 | 22/03/2022 | Annual review of ToR. Change to membership (item 3) | ADPC 22/03/2022 NHS Board |

NHS Ayrshire & Arran Area Healthcare Science Professional Committee

Annual Report for 2021/22

1. Summary

- 1.1 Despite the ongoing challenges of the pandemic, our second year living and adjusting to life with COVID, the Area Healthcare Science Professional Committee has continued to meet.

This has proven to be difficult at times and has on occasion resulted in meetings that have not been quorate, however, this is directly attributable to the demands on services and the fluctuating situation with staffing levels not only within Healthcare Science but across all aspects of health and care services.

The Committee and indeed the health and care system in general, remains indebted to staff from the Healthcare Science disciplines for their commitment and effort throughout this period, noting that this is likely to continue for some time.

1.2 Key Messages

- The Committee continues to note the dedication and effort of staff over the last year and the resolve that they continue to show to ensure Services are recovered and work is undertaken to restore them to their pre-pandemic performance levels.
- The sizeable challenge that lies ahead to bring Services back to their pre-pandemic levels of performance and the need for radical change in the way these are delivered, linking this to the Organisation's strategic plan, Caring for Ayrshire.
- Work carried out at a national level by the Scottish Government's Healthcare Science Leads Group to develop a clear role for a Board level professional lead for Healthcare Science.

2. Remit

- 2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

No change or update to the Terms of Reference are proposed in this report.

The Committee continues to provide a professional voice of support from the scientific community to the work of the Organisation which now is focussing on not

only the recovery plans of the Organisation but the strategic view and plan for the future of health and care in Ayrshire, Caring for Ayrshire.

This plan is at the heart of the recovery work of the Organisation as well as the map for future service delivery and will be critical to the successful recovery and restoration of our Services.

Membership

- 3.1 The Committee had 2 vacancies and one casual vacancy (since August 2021) for 2021/22 but these would be included in the upcoming elections.

The Committee will as of April 2022 begin the previously paused process of elections to Committee positions.

4. Meeting

- 4.1 The Committee met on five occasions between 1 April 2021 and 31 March 2022.

- 4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

| Member | Dates | | | | | |
|------------------|---------|------------------------------|-----------|----------|---------|---------|
| | 18/5/21 | 10/8/21 | 28/9/21 | 23/11/21 | 25/1/22 | 22/3/22 |
| Adrian Carragher | Y | Y | Cancelled | Y | Y | Y |
| David Dickie | | Y | | Y | Y | |
| Kirsty Galt | Y | | | Y | Y | |
| Kate McCluskey | | Y | | Y | | Y |
| Debbi McEwan | | | | | | |
| Jim McGarvie | | | | Y | | |
| Holly McKenzie | | Y | | | | Y |
| Pauline Paul | Y | Left employment with NHS A&A | | | | |
| Lynsey Porter | Y | Y | | Y | Y | |
| Callan Thain | | | | | | Y |

5. Committee Activities

- 5.1 The Committee has operated a reduced agenda to ensure the demands on members has been minimal including the postponement for the second year of the annual Healthcare Science event that has previously been a showcase for the different disciplines that make up the Healthcare Science profession. It has focussed on the general wellbeing of members and staff and the need to support the ongoing delivery of services.

6. Priorities for 2022/23

- 6.1 Priorities for the coming year include (but are not limited to):

- Supporting the Organisation in its recovery and the work associated with this and Caring for Ayrshire.

- A clear understanding and defining of staffing within each of the discrete disciplines along with the pressures in these areas and the actions required to ensure sustainability and safe levels of staffing.
- The appointment of an NHS Ayrshire & Arran Lead Healthcare Science Officer.

7. Chair's Comments

7.1 This past year has continued to prove challenging for Service as a whole with the effects of the continuing pandemic being felt not just within professional lives and Service but at a personal level too where life as we previously knew it continues to be disrupted.

As we have adjusted towards living with COVID socially, this has brought new challenges and pressures to professionals who themselves are members of our community. They are the individuals charged with the responsibility of delivering care and service to their fellow citizens timeously, in as safe a manner as possible and to the highest of standards regardless of what pressures may or may not be apparent within the system as a whole.

This is not an easy nor a comfortable place to be at times which I acknowledge and again thank all staff within the Healthcare Science family for their continued and ongoing efforts and diligence over this last year.

Adrian Carragher
Chair – Area Healthcare Science Professional Committee
25/04/2022

NHS Ayrshire & Arran

Area Healthcare Science Professional Committee

Constitution and Terms of Reference

1. Title

The Committee will be called the “Ayrshire and Arran Area Healthcare Science Professional Committee” (AHCSPC).

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Healthcare Science Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of Professional Advisory Committees to include the provision of advice to NHS Boards. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992) 17 and NHS Circular Gen (1999) 26.

2. Functions

The function of the Committee is to advise, at the NHS Board’s request, or on its own initiative, on the provision of clinical and scientific services and in so doing reflect the views of the professions locally.

The functions shall include:

- Provide advice to the Board on service development, impact and risk assessment of policy and service initiatives.
- Provide the Board with a clinical and scientific perspective on the development of the Local Delivery Plan and strategic objectives.
- Share experience in demand management and approaches to process improvement.
- Foster engagement between Healthcare Scientists (HCS) and workforce planners.
- Develop cross-profession links for sustainable clinical teams and role development.

- Promote multidisciplinary working.
- Share experience and practice development to assure best patient care and clinical governance.
- Improve and unify approaches to professional engagement by Healthcare Scientists.
- Promote HCS leadership in quality assurance of all diagnostic measurement.
- Develop appropriate links with community health partnerships.
- Act as a local horizon-scanning resource for Healthcare Scientists.
- Link with national debate and the Scottish Forum for HCS.
- Maintain a local network of experts to report on local HCS matters.
- Identify opportunities for research in the context of local needs.
- Support engagement with education providers.
- Build a HCS profile at career events.

In so doing the Committee will reflect all HCS professions locally and not any single profession, faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting the business of the Area Professional Committees to ensure a coordinated approach on clinical and scientific matters among the different professions and within the component parts of the local NHS system (acute services, primary care, health improvement etc) private practitioners and local authorities;
- Providing the Area Clinical Forum with a clinical and scientific perspective on the development of the Strategic Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical and scientific input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

3. Membership

3.1 Membership will be open to all Healthcare Scientists working in NHS Ayrshire & Arran. Healthcare Scientists are members of the professional groups and associated scientific disciplines shown in Appendix 1. Other disciplines may be included as appropriate.

3.2 Membership of the Committee will comprise of:

- a) Up to four members elected by their professional peers, from each of the three sections defined in Appendix 1, namely Life Sciences, Physiological Sciences and Physical Science.
- b) The Board nominated HCS Lead (in an “in attendance” capacity, without voting rights).

3.3 Each member of the Committee will also have an alternate from the same professional group who will attend meetings, in the absence of the main member. The main member should advise the alternate of progress, and of availability for meetings.

3.4 Persons other than members, may be invited to attend for discussion of specific items, but will not have the right to vote. Notwithstanding this, members of the individual professions may attend for the purpose of professional development.

4. Roles and Responsibilities of Members

Each member represents and acts on behalf of their entire professional group / strand. Engagement with professions will involve both early proactive involvement and consultation.

5. Method of Elections

5.1 Election of Ordinary Member

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

- The number of places available on the Committee and the professions requiring representation should be notified by the Chair of the Committee to the Head of Corporate Governance.

- The Committee Secretary will make contact with all individuals practising in the particular field identified, where relevant, taking due cognisance of the subspecialisation on particular Committees.
- Current members of the Committee may stand for re-election if their term of office is due for renewal.
- Nomination forms will be sent out by the Committee Secretary, to all individuals inviting interest. Forms, including guidance on the role and remit of Committee membership, must be signed by the Profession's Head of Service in order to indicate service support, competence and capacity. It will contain a deadline date allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.
- Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.
- Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:
- Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.
- A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.
 - All ballot papers should be returned to the Head of Corporate Governance, NHS Ayrshire & Arran, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.
 - Votes will be counted by the Head of Corporate Governance in the presence of two independent witnesses.
 - Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.
 - Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.

The Head of Corporate Governance will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within five working days.

5.2 Election of Chair and Vice Chair

- The Officer standing down should give the Committee six weeks' notice, of their intention. This should be submitted in writing to the Head of Corporate Governance.
- Following the announcement an e-mail will be circulated, by those providing administrative support to the Committee within five working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.
- Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in the particular role.
- Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:
 - Numbered ballot papers will be distributed to those attending on the day that are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.
 - Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.
 - The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.
 - The Committee meeting will then commence with the successful candidate taking up their new role. Where feasible a period of "handover" will provide support for the incoming Chair from the outgoing Chair.
 - Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair of the Committee, this will rotate among Committee members according to a pre-agreed set period of time.

6. Co-option of Members

The Committee may co-opt up to two additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every six months. Co-opted members will act in an advisory capacity.

7. Tenure of Office of Members

The terms of office of members of the Committee will be four years (commencing Feb/March in the relevant year). Where occasional vacancies have not occurred, half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort.

8. Election of Officers

Prior to the first regular meeting in April every other year, the Committee will identify those eligible for re-election and elect from its members, a Chair and Vice Chair to serve a term of two years. The Chair and Vice Chair will be eligible for re-election for a further term of two years but thereafter, unless approved by the NHS Board, will be required to demit office for at least one term.

In order to maintain continuity and to succession plan, these positions should not be vacated simultaneously, and therefore in the first year the Vice Chair will be elected for one year and thereafter eligible for two years.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

9. Executive Members

The Chair and Vice Chair will comprise the Executive of the Committee. The Executive will be empowered to consult with key stakeholders as appropriate and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

10. Casual Vacancies

A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.

Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.

A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated, and, thereupon, a casual vacancy will be declared.

11. Representation on the Area Clinical Forum

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Chair or Vice Chair of the Area Professional Committee on the Area Clinical Forum as full members.

12. Committee Decision

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

13. Meetings

Meetings will usually be held on an eight-weekly basis to synchronise with the NHS Board meeting calendar, but this can be varied at the discretion of the Chair.

The Committee has the right to alter or vary these arrangements to cover holiday months or other circumstances.

Apologies

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Chair at the earliest opportunity.

Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point five of this Constitution.

Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year

14. Quorum

A quorum shall consist of six elected and voting members, of which all three strands must be represented.

15. Notice of Meetings

The Committee Secretary will distribute the agenda, minutes and notices of meetings to every member of the Committee at least five working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

16. Minutes

Draft minutes will be issued within five working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

17. Extraordinary Meetings

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede

to the request will be final, and must be reported to the next ordinary meeting of the Committee.

18. Administrative Support

Administrative support to the Committee will be provided through the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally, the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

19. Conduct of Meetings

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

20. Sub-Committees

The Area Professional Committee may appoint ad hoc Sub Committees as appropriate to consider and provide advice on specific issues.

21. Delegated Authority of Sub-Committees

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Sub-Committee Constitutions.

22. Alteration To Constitution

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 14 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

23. Confidentiality

All members of the Committee will be responsible for maintaining the confidentiality of NHS Ayrshire and Arran documents, whilst liaising appropriately in order to fulfil the Committee role and remit. The Chair will rule where necessary to advise on the confidentiality of documents.

24. Conflict of Interest

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

25. Area Clinical Forum

The Chair or Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

26. Expenses

Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

27. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

| Version: | Date: | Summary of Changes: | Approved by |
|----------|------------|--|--|
| 1.00 | 11/12/2017 | Clarification of stakeholders and those in attendance. | AHCSPC 05/12/2017 ACF 06/10/2017 NHS Board 11/12/2017 |
| 2.0 | 17/08/2020 | Additional clarification to election process (item 8) | AHCSPC 27/11/2019 ACF 31/1/2020 NHS Board 17/08/2020 |
| 3.0 | 26/04/2021 | Annual review of ToRs – no changes made | NHS Board 24/05/2021 |
| 3.1 | 25/01/2022 | Annual review of ToRs – no changes made | NHS Board |

DRAFT



NHS Ayrshire & Arran Area Medical Professional Committee

Annual Report for 2021/22

1. Summary

1.1 The committee is formed of members from the GP and Hospital subcommittees. The medical director and Deputy Medical Director for Primary Care are also invited. The clinical directors from each of the HSCPs would also routinely be invited, however, there has been vacancies in these roles over recent times. The ongoing Covid pandemic meant meetings were held virtually and with less frequency than normal. The committee strives to review all Board papers in addition to look at challenges of workforce and development of services.

1.2 Key Messages

The pandemic has put strain on the system as a whole. The input from all areas of the clinical community has undoubtedly served us well as we have dealt with the constantly evolving challenges to the best of our abilities. We have jointly come together to make rapid changes to continue to deliver frontline services.

We are deeply concerned about staff retention and wellbeing. This was a concern prior to the pandemic, but has been exacerbated by the impacts of COVID on teams and individuals as well as the undoubted impact on the system. Pension issues and particularly the punitive taxation associated with them (the lifetime and annual allowance limits) are jeopardizing retention of senior colleagues.

We feel it is vital going forward that this committee is central to development of more Board papers at an earlier stage as often we are frustrated that papers are worked up and presented as final papers without a real chance to influence. This feeds into the agenda of clinically led reform to support the delivery of the ambitions of Caring for Ayrshire.

2. Remit

2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

3. Membership

3.1 The Committee's membership during the reporting period was as follows:

Dr Hugh Brown
Mr Roger Currie
Dr Chris Black
Dr Lucie Buck
Dr Rachel Fraser
Dr Tom Hopkins
Dr Hal Maxwell
Dr Crawford McGuffie
Dr Scott McCulloch
Dr Richard Townsley
Dr Aileen Clyde
Dr Lawrence Armstrong

4. Meeting

4.1 The Committee met on five occasions between 1 April 2021 and 31 March 2022.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

| | 27/01/21 | 24/03/21 | 19/05/21 | 11/08/21 | 29/09/21 | 24/11/21 | 23/03/22 |
|-----------------------|----------|----------|----------|----------|----------|----------|----------|
| Dr Hugh Brown | √ | √ | √ | | | √ | √ |
| Mr Roger Currie | √ | √ | x | | | | |
| Dr Chris Black | √ | x | √ | | | √ | √ |
| Dr Lucie Buck | √ | √ | √ | | | x | X |
| Dr Rachel Fraser | √ | √ | √ | | | √ | √ |
| Dr Tom Hopkins | √ | √ | √ | | | √ | √ |
| Dr Hal Maxwell | √ | √ | √ | | | x | x |
| Dr Crawford McGuffie | x | √ | x | | | x | x |
| Dr Scott McCulloch | x | x | √ | | | x | x |
| Dr Richard Townsley | | | | | | √ | x |
| Dr Aileen Clyde | | | | | | √ | √ |
| Dr Lawrence Armstrong | | | | | | x | x |

Meetings on 11/8/21 and 29/9/21 were not quorate and did not proceed.

Mr Currie – demitted post at beginning of November due to new AMD role.
Dr Townsley/Dr Clyde/Dr Armstrong – became members at start of November.

5. Committee Activities

- 5.1 The committee would be keen to reestablish the buddy scheme as restrictions allow although we note that virtual working has facilitated some ongoing but limited clinical conversations.

Members of this committee and the wider medical workforce have contributed to both GP updates and Bitesize learning for primary care. This is now embedded as a key communication framework and educational opportunity within primary care, but facilitates engagement from our secondary care colleagues.

6. Priorities for 2022/23

- 6.1 The significant priority for the coming year will be emerging into a new world in terms of remobilization of services. It is key that the learning from the pandemic plays into the development and redesign of services and in doing so we must strive to build back better using the Caring for Ayrshire approach to deliver more streamlined care to our population.

It is crucial that we build in time for education and wellbeing as we strive to have best medical workforce to deliver high quality care.

7. Chair's Comments

- 7.1 The forthcoming easing of restrictions gives us a chance to progress the work of this committee to deliver on the priorities outlined above after a period of significant challenge. The pandemic has shown the workforce can adapt rapidly and cohesively to respond to challenge, let us not lose sight of this response and build on it for the future.

Dr Hugh Brown
Chair – Area Medical Professional Committee
23/03/2022

**NHS AYRSHIRE and ARRAN
AYRSHIRE & ARRAN AREA MEDICAL PROFESSIONAL COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE**

1. TITLE

The Committee will be called the “Ayrshire and Arran Area Medical Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Medical Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992)17 and NHS Circular Gen (1999)26.

2. FUNCTIONS

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on:-

- The health and professional service needs of the local population
- Issues which impinge on patient care
- To create and maintain effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the above acts and guidance
- Where appropriate the implications associated with contracts for the provision of these services
- In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.
- These functions will support the multi-professional Area Clinical Forum by:
 - Reporting the business of the Area Professional Committees to ensure a co-ordinated approach on clinical matters among the different

professions and within the component parts of the local NHS system (acute services, primary care, health improvement etc);

- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- Sharing best practice among the different professions and actively promoting multi-disciplinary working – in both health care and health improvement;
- Engaging widely with local clinicians and other professionals, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

3. MEMBERSHIP

The membership of the Committee shall be as follows:

- Consultants – elected by and from the Hospital Sub-Committee 6
- General Practitioners – elected by and from the GP Sub-Committee 6
- Director of Public Health or Medical Deputy in attendance (Without voting rights)
- Medical Director or **Deputy Medical Director (Acute Services)** as deputy in attendance (without voting rights)

There shall be two Consultant and two General Practitioner deputy members. Deputies are expected to attend if a principal member is unable to attend.

All members must be actively engaged in National Health Service practice.

4. METHOD OF ELECTIONS

Each profession represented by the Committee shall elect members who must be employed in Ayrshire and Arran. The Committee will canvas and nominate or elect professional members to the Committee in the most appropriate manner for each profession with 6 members from the GP Sub Committee and 6 members from the Hospital Sub Committee.

Hospital Sub-Committee

A Chair will be elected by the Hospital Sub-Committee and will serve as Co-Chair of the Area Medical Professional Committee. Five other members and 2 deputies will be elected from the Hospital Sub-Committee using a single transferable vote system.

GP Sub-Committee

Six members and 2 deputies will be elected from the GP Sub-Committee to serve on the Area Medical Professional Committee. The Chair of the GP Sub-Committee will not automatically serve as Co-Chair of the Area Medical Professional Committee. The GP Sub-Committee will vote to decide who will serve as Co-Chair of the Area Medical Professional Committee once membership has been established.

5. CO-OPTION OF MEMBERS

The Committee may co-opt up to 3 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

6. TENURE OF OFFICE OF MEMBERS

The terms of office of members of the Committee will be 4 years (commencing 1st April in the relevant year). Half of the Committee membership (half Consultant membership and half General Practitioner membership) will be considered for re-election every two years. Committee members will be eligible for re-election.

7. ELECTION OF OFFICERS

7.1 Co-Chairs

There shall be two Co-Chairs, one of whom shall be a member of the Hospital Sub-Committee and the other a member of the General Practitioner Sub-Committee. The candidates for these offices shall be proposed and seconded by the relevant sub-committee. If there is more than one candidate for a particular office, the final choice will be made by the relevant sub-committee using a single transferable vote system.

7.2 Secretary

A Secretary and Deputy Secretary will be elected by the AMPC biennially and shall be eligible for re-election up to a period of four years.

7.3 Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

7.4 It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

8. EXECUTIVE MEMBERS

The Co Chairs, Secretary and Deputy Secretary will comprise the Executive of the Committee. The Executive will be empowered to consult and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any ad hoc sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

A quorum shall comprise two Executive members.

9. CASUAL VACANCIES

- A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.
- Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated and, thereupon, a casual vacancy will be declared.
- Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.
- A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

10. REPRESENTATION ON THE AREA CLINICAL FORUM

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of a nominated representative from the Area Professional Committee on a rotational basis on the Area Clinical Forum as full members.

The Committee will agree which of the Co-Chairs will be put forward for potential selection as Chair of the Area Clinical Forum.

11. COMMITTEE DECISION

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

12. MEETINGS

Meetings will usually be held on a 6-weekly basis to synchronise with the NHS Board meeting calendar, but this can be varied at the discretion of the Chair.

The Committee has the right to alter or vary these arrangements to cover holiday months or other circumstances.

Committee Members

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary.

Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point 5 of this Constitution.

Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

13. QUORUM

Half of the members of the Committee will be deemed a quorum with at least one representative from the GP or Hospital Sub Committee.

14. NOTICE OF MEETINGS

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

15. MINUTES

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

16. REQUESTING MEETINGS

Two members may, by writing to the Co-Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

17. ADMINISTRATIVE SUPPORT

Administrative support to the Committee will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

18. CONDUCT OF MEETINGS

The Co-Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

19. SUB-COMMITTEES

The Area Medical Committee may appoint ad hoc Sub Committees as appropriate to consider and provide advice on specific issues. The GP and Hospital Sub Committees are Standing Committees to consider issues brought forward by the Area Medical Professional Committee and the Area Clinical Forum. Their respective Rules of Procedure are attached as Appendices 1 and 2 respectively.

20. DELEGATED AUTHORITY OF SUB-COMMITTEES

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Standing Sub-Committee Constitutions.

21. ALTERATION TO CONSTITUTION

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 14 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

22. CONFIDENTIALITY

All members of the Committee will be responsible for maintaining the confidentiality of NHS Ayrshire and Arran documents. The Chair will rule where necessary to advise on the confidentiality of documents.

23. CONFLICT OF INTEREST

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

24. ACCESS

The Co-Chairs will represent the Committee at the meetings of the Area Clinical Forum. Either is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

25. EXPENSES

Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the Secretary of State. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

26. PUBLICITY

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

| Version: | Date: | Summary of Changes: | Approved by |
|----------|------------|--|-------------------------|
| 1.0 | 03/2020 | Additional clarification to election process (item 8) regarding ACF Chair role | NHS Board 17/08/2020 |
| 2.0 | 08/04/2021 | Annual review of Terms of Reference – the following changes were made: <ul style="list-style-type: none"> • All references to Chairman changed to Chair • Item 4 – Method of Elections - 2nd line – word “employed” changed to “performing” • Item 10 – Representation on the Area Clinical Forum - 2nd sentence amended to note that “a nominated member of the AMPC.....” | NHS Board 24/05/2021 |
| 2.1 | 23/04/2022 | Annual Review of Terms of Reference – the following changes were made: Item 3, Membership (fourth bullet) change from Associate Medical Director to Deputy Medical Director. Item 5, increase in the number of members who can be co-opted from two to three. | NHS Board |

NHS Ayrshire & Arran Area Nursing and Midwifery Professional Committee

Annual Report for 2021/22

1. Summary

- 1.1 The Committee's role is to advise at the NHS Board's request, or on its own initiative, on the health and professional service needs of the local population and issues which impinge on patient care. In so doing the Committee should reflect the views of the whole profession locally. The Committee continues to value this opportunity to be advised on and respond to key nursing and health issues.

2020/21 has remained challenging within the realms of global pandemic with significant impact on the profession, organisation and the citizens of NHS A&A. This has continued to be the focus of much of the discussion at the committee. The committee has intermittently stood down in response to organisational pressures however have met quarterly on MS teams.

During this year the committee has continued to consider issues relating to nursing practice, such as Caring for Ayrshire, advanced and specialist nursing practice, and safe and effective staffing. Issues related to the impact of coronavirus on staff, such as test and protect, vaccination, remote working and the health and wellbeing services have remained high on the agenda. In addition, they have discussed NHS Board wide issues such as recovery planning, transformational change, digital technology, strategic planning in the partnerships, and the ongoing nursing workforce pressures.

1.2 Key Messages

- The Committee recognises the commitment and determination of the nursing and midwifery community during the Covid pandemic and thanks them for their ongoing efforts
- The Committee welcomes and supports the need for ongoing investment in staff health and wellbeing
- The Committee highlights the success of the organisation wide approach to delivering Covid vaccination programme for the citizens of NHS A&A
- The Committee welcomes and supports the ongoing commitment of the NHS Board to offering all newly qualifying nurses job opportunities and the impact this will have on current nursing workforce challenges and career and development opportunities.
- The Committee wishes to highlight the wide range of improvement work being achieved within nursing.
- The Committee continues to support Caring for Ayrshire, with particular emphasis on the need for prevention and early intervention.

2. Remit

2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

3. Membership

3.1 The Committee's membership is detailed at Appendix 2 to this report.

4. Meeting

4.1 The Committee met on 4 occasions between 1 April 2021 and 31 March 2022.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

| Member | Dates | | | | | |
|------------------------------------|------------------|------------|-------------------------|---------------|-------------------------|------------|
| | 19/05/2021 | 11/08/2021 | 29/09/2021 cancelled | 24/11/2021 | 26/01/2022 cancelled | 23/03/2022 |
| J McKay | Y | Y | | Y | | -- |
| C McCloskey | Y | | | Y | | |
| D Fullarton | Y | Y | | Y | | |
| J Anderson | Y | Y | | Y | | Y |
| P Parker | Y | | | | | |
| R Wilson | Y | Y | | Y | | Y |
| M Boyd | | Y | | | | |
| L Cameron | | Y | | Y | | Y |
| F McKinnon | | Y | | Y | | |
| B McFadzean | | | | | | |
| S McLatchie | | | | Y | | |
| Associate Nurse Director rep | Y P Gilfedder | | | Y D Steele | | |

5. Committee Activities

5.1 Presentations to the committee this year have been paused in line with organisational pressures.

Professional issues

The committee discussed with senior nurses the ongoing workforce issues, such as staff health and wellbeing, recruitment and retention, ensuring appropriate skill mix, the ageing workforce, impact of pensions and CARE scheme, retire and return and the impact of remote working. Work underway recruiting NQP and development of HCSW is acknowledged. In addition, safe and effective staffing, non-medical models of care and the challenges of Advanced and specialist practice were discussed. These are issues the Committee considers the NHS Board needs to continue to address proactively and the committee will continue to raise concerns where it feels these issues are impacting on the quality of care. The Chair of the committee takes part in the NMAHP professional leadership group.

Constitution

The committee had agreed to an extension for one year of the current chair due to the pandemic, however the Chair has now retired with elections pending and it is important that new office bearers are appointed to take the committee forward. There are still spaces left on the committee and we would welcome new members, particularly from areas such as women and children's and mental health. The committee will proactively look to recruit from areas where the knowledge base of the committee is currently lacking.

6. Priorities for 2022/23

6.1 The committee has three priorities going forward:

- To secure Chair and recruit to vacant Committee positions ensuring quorum of ANMPC and wide range of nursing professional advice to NHS Board on health and professional service needs of the local population and issues which impinge on patient care.
- To support the organisation in its approach to the Nursing Workforce challenges
- To support the organisation and workforce as NHS continues to remobilise despite the ongoing challenges of pandemic

7. Committee Comments

7.1 The Committee would like to thank and acknowledge the commitment and contribution of the retiring Chair Dr Janet McKay.

Dr Janet McKay has been steadfast in her approach to supporting the nursing profession being Chair of ANMPC since 2007 and Chair of ACF since 2010, over and above her commitment throughout her career to NHS A&A.

It cannot be underestimated the influence she has had and the support, mentorship and supported professional development she has offered to members of not only the committee but many colleagues across the wider organisation.

Moving forward the committee will continue to provide expert nursing and midwifery advice and would welcome continued support from the Associate/Assistant Directors throughout the coming year to help it to continue to develop a proactive role within the organisation.

Joanne Anderson
Senior Nurse for Primary Care
Member - ANMPC Committee
10/03/2022

NHS Ayrshire & Arran

Area Nursing and Midwifery Professional Committee

Constitution and Terms of Reference

1. Title

The Committee will be called the “Ayrshire and Arran Area Nursing and Midwifery Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Nursing and Midwifery Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means NHS Ayrshire & Arran Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992)17 and NHS Circular Gen (1999)26.

2. Function

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on: -

- The health and professional service needs of the local population
- Issues which impinge on patient care
- To create and maintain effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the relevant acts and guidance
- Where appropriate the implications associated with contracts for the provision of these services.

In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting the business of the Area Professional Committees to ensure a co-ordinated approach on clinical matters among the different professions and within

the component parts of the local NHS system (acute services, primary care, health improvement etc).

- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement.
- Sharing best practice among the different professions and actively promoting multi-disciplinary working – in both health care and health improvement.
- Engaging widely with local clinicians and other professionals, leading to broader participation in the work of the Committee.
- Providing the Area Clinical Forum with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives.
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues.
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

3. Membership

The Committee will be representative of the whole profession in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than fourteen voting members to reflect as best as practicable the diversity of the profession. Representation should be split evenly between both Acute and Health and Social Care partnership functions.

Acute and corporate (7)

i.e., Members could be drawn from medical services, surgical services, specialist nursing services, advanced nurse practitioners Services for older people, midwifery services, paediatric services, Public Health, Health Improvement

Health and Social Care partnerships (7)

i.e., Members could be drawn from: district nursing, practice nursing, children and young people services, prison health services, mental health services, learning disability services and services for older people.

Following an election if the committee agrees that a gap exists in the skills within the committee, they can co-opt additional members from a designated speciality without voting rights as per section five.

Executive Nurse Director or designated deputy without voting rights.

4. Method of Elections

4.1 Election of Ordinary Members

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

- The number of places available on the Committee and the professions requiring representation, should be notified by the Chair of the Committee, to the Corporate Business Manager.
- The Committee Secretary will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular committees.
- Current members of the Committee may stand for re-election if their term of office is due for renewal.
- Nomination forms will be sent out by the Committee Secretary to all eligible individuals inviting interest. Forms will contain deadline date, allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.
- Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.
- Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:
 - Supporting statements and numbered ballot papers will be sent out to all eligible individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.
 - A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.
 - All ballot papers should be returned to the Corporate Business Manager, NHS Ayrshire and Arran, Eglinton House, Ailsa Hospital, Ayr, K6 6AB, by close of business on the deadline date.
 - Votes will be counted by the Corporate Business Manager in the presence of two independent witnesses.
 - Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.
 - Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.
- The Corporate Business Manager will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within 5 working days.

4.2 Election of Chair, Vice Chair and Professional Secretary

- The Officer standing down should give the Committee 6 weeks' notice, of their intention. This should be submitted in writing to the Corporate Business Manager.
- Following the announcement an e mail will be circulated, by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available.

A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.

- Immediately prior to the next meeting those who have indicated their intention to stand will circulate information to the Committee with regard to the contribution they would make in the particular role.
- Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:
 - Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.
 - Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.
 - The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.
 - The Committee meeting will then commence with the successful candidate taking up their new role.
 - Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair of the Committee, this will rotate among Committee members according to a pre-agreed set period of time.

5. Co-option of Members

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

6. Tenure of Office of Members

The terms of office of members of the Committee will be 4 years (commencing 1 April in the relevant year). Half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election.

7. Election of Officers

At its first regular meeting in April every other year, the Committee will elect from its members, a Chair and Vice-Chair to serve a term of 2 years. The Chair and Vice Chair will be eligible for re-election for a further term of 2 years but thereafter, unless approved by the NHS Board, will be required to demit office for at least one term.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

8. Executive Members

The Chair and Vice Chair will comprise the Executive of the Committee. The Executive will be empowered to consult and make recommendations on behalf of the Committee where decisions are required before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any sub-committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

9. Casual Vacancies

- A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.
- Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated and, thereupon, a casual vacancy will be declared.
- Members unable to attend due to reasonable cause may nominate a designated Deputy who may attend meetings without voting rights.
- Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.
- A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

10. Representation on the Area Clinical Forum

The Committee will, pro-actively and as requested by the NHS Board, communicate with, and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Chair and/or Vice Chair of the Area Professional Committee on the Area Clinical Forum as full members.

11. Decision

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all viewpoints.

12. Meetings

Meetings will usually be held on a 8-weekly basis to synchronise with the NHS Board meeting calendar, but this can be varied at the discretion of the Chair.

The Committee has the right to alter or vary these arrangements to cover holiday months or other circumstances.

13. Committee Members

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary.

14. Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point 5 of this Constitution.

15. Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

16. Quorum

Half of the elected members will be considered a quorum.

17. Notice of Meetings

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

18. Minutes

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

19. Requesting Meetings

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

20. Administrative Support

Administrative support to the Forum will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally, the Committee Secretary will ensure that copies of the

minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

21. Conduct of Meetings

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

22. Sub-Committees

The Area Professional Committee may appoint ad hoc Sub Committees as appropriate to consider and provide advice on specific issues.

23. Delegated Authority of Sub-Committees

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Standing Sub-Committee Constitutions.

24. Alteration to Constitution

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 14 days' notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

25. Confidentiality

All members of the Committee will be responsible for maintaining the confidentiality of NHS Board documents. The Chair will rule where necessary to advise on the confidentiality of documents.

26. Conflict of Interest

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

27. Access

The Chair and/or Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. There will be remuneration made available to only one attendee per Committee. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

28. Expenses

Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

29. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

| Version: | Date: | Summary of Changes: | Approved by |
|----------|------------|---|--------------------------|
| 1.0 | March 2020 | Election of Officers | NHS Board 17 Aug 2020 |
| 2.0 | March 2021 | Annual Review of Terms of Reference | NHS Board 24 May 2021 |
| 2.1 | March 2022 | Annual Review of Terms of Reference – no changes made | NHS Board |

Area Nursing & Midwifery Committee

Current Membership

| Acute and Corporate (7 members) | Terms of Office |
|---|---------------------|
| Lorna Cameron | 01/04/18 – 31/03/22 |
| Caroline McCloskey | 01/04/20 – 31/03/22 |
| Margaret McLean | 01/04/20 – 31/03/24 |
| Fiona McKinnon | 01/04/20 – 31/03/24 |
| Vacancy (previously Janet McKay) | 01/04/20 – 31/03/24 |
| Vacancy (previously Susan Wilson) | 01/04/18 – 31/03/22 |
| Vacancy | 01/04/18 – 31/03/22 |
| Partnerships (7 members) | |
| Joanne Anderson | 01/04/20 – 31/03/24 |
| Sarah McLatchie (previously Barbara McFadzean) | 01/04/18 – 31/03/22 |
| Pamela Parker | 01/04/20 – 31/03/24 |
| Alison Toner (previously Darren Fullarton) | 01/04/18 – 31/03/22 |
| Rae Wilson | 01/04/18 – 31/03/22 |
| Vacancy | 01/04/20 – 31/03/24 |
| Vacancy | 01/04/18 – 31/03/22 |
| In Attendance | |
| Jennifer Wilson, Nurse Director (or Associate Nurse Director on a rotational basis) | |
| Secretary | |
| Debbie Miller, Personal Assistant to Nurse Director | |

NHS Ayrshire & Arran Area Optical Professional Committee

Annual Report for 2021/22

1. Summary

1.1 The Area Optical Professional Committee (AOPC) has over the last year spent its time supporting the Board to get back up to full speed after the previous year had been slowed by COVID. Long term we are hoping to work with the Board to improve service to patients by keeping them in community. This requires some work behind the scenes on the digital and shared care side of things.

1.2 Key Messages

- Optometry as a whole has been one of the most resilient primary care providers and we managed to get back to pre-pandemic levels of service as quickly as possible.
- Shared care schemes well administered seem to be the most obvious way we can help reduce strain on NHS waiting lists and also reduce the number of patients presenting to ED or Ophthalmology going forward.
- The digital facilities we require access to ie Clinical Portal seem to have been a stumbling block over the years. To enable us to look after patients in the community we will need access to this but this remains an issue.

2. Remit

2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

3. Membership

3.1 Douglas Orr (Chair until January 2022)
Alistair Duff (Vice Chair, Chair from January 2022)
Alan Beck
Peter Carson
Carol Semple
Gillian Syme

Following the derogation agreed by the Area Clinical Forum in 2021, as it had not been possible to fully conclude the election process in 2021 for reasons relating to the nomination and voting process, Alistair Duff and Gillian Syme have agreed to extend their term of office until the derogation period ends. There are two ongoing vacancies.

Optometric advisor Martin O'Neill is in attendance at meetings. The Director for East Ayrshire Health and Social Care Partnership and/or a Primary Care representative are also in attendance.

4. Meeting

- 4.1 The Committee met on six occasions between 1 April 2021 and 31 March 2022.
- 4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

| Member | Dates | | | | | |
|--|----------|----------|----------|----------|----------|----------|
| | 12/05/21 | 04/08/21 | 22/09/21 | 11/11/21 | 19/01/21 | 16/03/21 |
| Douglas Orr (Chair until Jan 2021) | Y | Y | | Y | Y | Y |
| Alistair Duff (Vice Chair, Chair since Jan 2021) | Y | Y | Y | Y | Y | Y |
| Alan Beck | Y | Y | Y | Y | Y | Y |
| Peter Carson | Y | Y | Y | Y | Y | Y |
| Carol Semple | Y | Y | Y | Y | Y | Y |
| Gillian Syme | Y | | Y | Y | Y | Y |

5. Committee Activities

- 5.1 The Committee has been working closer to the Clinical Director Ophthalmology on how we can improve referrals from primary to secondary care. This will reap rewards over the next few years as Ophthalmology are keen to help train optometrists in appropriate referrals etc.

As mentioned above, the discussion with Digital Services has been slow. We have progressed in the past year with discussions but we would like all relevant optometrists to gain access to Clinical Portal to ensure the very best of care in the community.

The Committee had detailed discussion with the Clinical Director Ophthalmology and the Diabetic Eye Screening (DES) Coordinator about challenges related to lack of DES provision in some areas and work is ongoing to improve geographical spread.

Shared care schemes have continued within five practices throughout the year and this has been positively received. Practices have asked the hospital to confirm arrangements three or four months in advance for planning purposes and

to allow locums to be put in place. Shared care schemes had allowed higher risk nurse led patients to be transferred to shared care when Ophthalmology services had been paused due to service pressures as a result of the Omicron COVID-19 variant.

6. Priorities for 2022/23

- 6.1 The piloting and roll out of Clinical Portal to community Optometrists is a key priority for the Committee in the coming year. This will enable Optometrists to deliver better patient care and support the Board's overall transformation agenda while relieving pressures on Ophthalmology.

We would be keen for the new Optometric advisor roles to be up and running to allow them to help deliver on Board strategy.

Working beside Ophthalmology to keep a close relationship will be vital in helping our patients get the most efficient treatment.

On boarding the new Optometric advisor roles will be vital over the next six months.

7. Chair's Comments

- 7.1 I am delighted to recently take on the role as AOPC Chair from the outgoing chair, Douglas Orr. I hope I can build on the excellent relationships that Douglas has worked on over the years. It has been a tough few years but now is the time to get back to normality on clinical matters and prevent any further increases in waiting times. We are here to help and with some joined up thinking I believe we can deliver.

Alistair Duff
Chair – Area Optical Professional Committee
March 2022

NHS AYRSHIRE AND ARRAN
AREA OPTICAL PROFESSIONAL COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

1. Title

The Committee will be called the “Ayrshire and Arran Area Optical Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Optical Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992)17 and NHS Circular Gen (1996)26.

‘The Committee’ means the Area Optical Committee recognised by the Secretary of State under the provisions of Section 9 of the National Health Service (Scotland) Act 1978 for the area of the NHS Board.

‘General Optical Services’ means the Services referred to in Section 26 of the National Health Service (Scotland) Act 1978, as amended by the Health and Medicines Act 1988.

2. Functions

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on:-

- The health and professional service needs of the local population
- Issues which impinge on patient care
- To create and maintain effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the above Acts and guidance
- Where appropriate the implications associated with contracts for the provision of these services

Specifically, the Committee will keep under review the list of Optometrists undertaking the provision of General Ophthalmic Services.

In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting the business of the Area Professional Committees to ensure a co-ordinated approach on clinical matters among the different professions and within the component parts of the local NHS system (acute services, primary care, health improvement etc);
- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- Sharing best practice among the different professions and actively promoting multi-disciplinary working – in both health care and health improvement;
- Engaging widely with local clinicians and other professionals, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

3. Membership

The Committee will be representative of the whole profession in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than eight voting members to reflect as best as practicable the diversity of the profession and hence representation.

- One Optometrist practising in North Ayrshire
- One Optometrist practising in South Ayrshire
- One Optometrist practising in East Ayrshire
- Two Optometrists practising in NHS Ayrshire & Arran
- One Optometrist who is an Independent Prescriber
- One Optometrist who provides Diabetic Eye Screening services
- One Optometrist who is a new career representative (within 4 years of gaining entry to the General Optical Council register as a qualified Optometrist)

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The following will be invited in an “in Attendance” capacity;

- Head of Primary and Urgent Care ~~and Out-of-Hours Community Response Services~~
- Primary Care Manager – Optometry
- Optometric Advisors

All members must be actively engaged in National Health Service practice.

4. Method of Elections

4.1 Election of Ordinary Member

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

- The number of places available on the Committee and the professions requiring representation should be notified by the Chair of the Committee, to the Corporate Business Manager.
- The Committee Secretary will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular Committees.
- Current members of the Committee may stand for re-election if their term of office is due for renewal.
- Nomination forms will be sent out by Committee Secretary, to all individuals inviting interest.
- Nominees must confirm that they are able to commit to attending AOPC meetings and any other committees which the AOPC is represented on.
- Forms will contain deadline date allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.
- Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.
- Where nominees are insufficient to fill a category of vacancy (either before or after an election process) this vacancy may be filled by an Optometrist from another membership category in lieu.

Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:

- Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.
- A deadline date, allowing two full weeks, will be set for the return of the ballot

papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.

- All ballot papers should be returned to the Corporate Business Manager, NHS Ayrshire and Arran, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.
- Votes will be counted by the Corporate Business Manager in the presence of two independent witnesses.

Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.

Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.

The Corporate Business Manager will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within 5 working days.

~~Should vacant seats remain following this process, nominations to the remaining seats will be sought at the Annual General Meeting.~~

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- 4.2 The Officer standing down should give the Committee 6 weeks' notice, of their intention. This should be submitted in writing to the Corporate Business Manager.

Following the announcement an e-mail will be circulated, by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.

Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in the particular role.

Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:

- Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.
- Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.
- The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.

- The Committee meeting will then commence with the successful candidate taking up their new role.

Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair of the Committee, this will rotate among the Committee members according to a pre-agreed set period of time.

5. Co-option of Members

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

6. Tenure of Office of Members

The terms of office of members of the Committee will be 4 years (commencing 1st April in the relevant year). Half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election.

7. Election of Officers

At its first regular meeting in April every other year, the Committee will elect from its members, a Chair and Vice-Chair to serve a term of 2 years. The Chair and Vice Chair will be eligible for re-election for a further term of 2 years.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

8. Executive Members

The Chair and Vice Chair will comprise the Executive of the Committee. The Executive will be empowered to consult and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

9. Casual Vacancies

A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.

Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated and, thereupon, a casual vacancy will be declared.

Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.

A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

10. Representation on the Area Clinical Forum

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Chair and/or Vice Chair of the Area Professional Committee on the Area Clinical Forum as full member. The Chair and/or Vice Chair can nominate another member to attend the ACF on their behalf but they will have no voting rights.

11. Committee Decision

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

12. Meetings

Meetings will usually be held on a 6-weekly basis to synchronise with the NHS Board meeting calendar, but this can be varied at the discretion of the Chair.

The Committee has the right to alter or vary these arrangements to cover holiday months or other circumstances.

Committee Members

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary.

Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point 5 of this Constitution.

Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

13. Quorum

Half of the members of the Committee will be deemed a quorum.

14. Notice of Meetings

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

15. Minutes

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

16. Requesting Meetings

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

17. Administrative Support

Administrative support to the Committee will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

18. Conduct of Meetings

The Chair will be responsible for the conduct of the meetings and for ensuring, in

close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

19. Sub-Committees

The Area Professional Committee may appoint ad hoc Sub Committees as appropriate to consider and provide advice on specific issues.

20. Delegated Authority of Sub-Committees

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Standing Sub-Committee Constitutions.

21. Alteration To Constitution

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 21 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

22. Confidentiality

All members of the Committee will be responsible for maintaining the confidentiality of NHS Board documents. The Chair will rule where necessary to advise on the confidentiality of documents.

23. Conflict of Interest

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

24. Access

The Chair and Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

25. Expenses

Members of the Committee and Sub-Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

26. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

| Version: | Date: | Summary of Changes: | Approved by |
|------------|-------------------|--|-------------------------|
| 1.0 | Aug 2016 | Addition under Membership of those "in attendance". | NHS Board 22/05/2017 |
| 2.0 | 30/07/2020 | Addition of wording to highlight process to enable ACF Chair to fulfil role. | NHS Board 17/08/2020 |
| 3.0 | 17/03/2021 | Annual review of ToR | NHS Board 24/05/2021 |
| <u>3.1</u> | <u>16/03/2022</u> | <u>Annual review of ToR. Changes made to membership categories to ensure wide representation and reflect diversity of the profession.</u> <u>Addition of bullet point under Method of Elections to allow Committee vacancies to be filled by another membership category.</u> | <u>NHS Board</u> |

NHS Ayrshire & Arran Area Pharmaceutical Professional Committee

Annual Report for 2021/22

1. Summary

- 1.1 During the year the APPC met in line with NHS Board meetings to advise on any professional matters pertaining to pharmacy and patient care. The COVID-19 pandemic caused disruption to the APPC resulting in cancelled meetings, extraordinary meetings and rapidly changing priorities.

The Area Pharmaceutical Professional Committee (APPC) has a statutory function to advise the NHS Board with regard to pharmacy contracts in association with the National Health - Services (Pharmaceutical Services) (Scotland) Regulations 1995. Further to this statutory role, the Committee also appoint contractor and non-contractor members to the Pharmacy Practices Committee (PPC), a Committee that holds the delegated authority of NHS Ayrshire and Arran in relation to the granting of NHS pharmacy contracts within Ayrshire and Arran.

1.2 Key Messages

The Committee has continued to support the transformational change within Primary Care including Achieving Excellence, the national pharmacy strategy. This includes:

- Support the profession which has played a key role with the COVID-19 pandemic including remaining accessible throughout all lockdowns
- Support pharmacist access to appropriate clinical patient information using new technology including Emergency Care Summary
- Support the successful roll out of Pharmacy First
- Supporting the roll out of serial prescribing across A&A

2. Remit

- 2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

3. Membership

- 3.1 The Committee's membership during the reporting period was as follows:

Mr Sam Falconer, APLG Lead, North Ayrshire, Co-Chair
Mr Kerr Maconochie, APLG Lead, South Ayrshire, Co-Chair
Mrs Joyce Mitchell, Managed Service, Vice Chair
Ms Shona Boag, Managed Service Representative
Ms Louisa Burns, Managed Service Representative
Ms Annmarie Crowe, Managed Service, APPC Professional Secretary

Mr Craig Murdoch, Pharmacy Contractors' Committee Representative
 Ms Linzi Milligan, Pharmacy Contractors' Committee Representative
 Ms Laura McMinn, APLG Lead, East Ayrshire (stood down January 2022)
 Mr David Noon, Managed Service Representative (stood down November 2021)
 Mr Wallace Stevenson, Pharmacy Contractors' Committee Representative (stood down Jan 2022)
 Ms Marie Stewart, Managed Service Representative
 Ms Dawn Turpie, Managed Service Representative (joined January 2022)

The Committee is comprised of 12 members, six employees from all areas of NHS Ayrshire and Arran and six representatives from pharmacists working in the community. The community representatives are made up of three representatives of the Area Pharmacy Groups in each Health and Social Care Partnership area and three representatives of the NHS Ayrshire & Arran Pharmacy Contractors Committee.

Derogation agreed by the ACF has delayed any election process of the previous 12 months, therefore limited change within our membership. We do acknowledge, this will lead to an increased change in membership for the 2022-2023 period.

4. Meeting

4.1 The Committee met on six occasions between 1 April 2020 and 31 March 2021.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

| Member | Dates | | | | | |
|--------------------------------|----------|----------|----------|----------|----------|----------|
| | 18/05/21 | 10/08/21 | 28/09/21 | 23/11/21 | 25/01/22 | 22/03/22 |
| Sam Falconer | Y | Y | Y | Y | Y | Y |
| Kerr Maconochie | Y | Y | Y | Y | Y | Y |
| Shona Boag | Y | Y | Y | Y | Y | |
| Louisa Burns | Y | Y | Y | Y | Y | |
| Annmarie Crowe | Y | | | Y | Y | |
| Linzi Milligan | Y | Y | Y | | | Y |
| Joyce Mitchell | Y | Y | Y | | | |
| Craig Murdoch | | | Y | Y | | |
| Laura McMinn stood down Jan 22 | Y | Y | Y | Y | -- | -- |
| David Noon stood down Nov 2021 | Y | Y | Y | Y | -- | -- |

| | | | | | | |
|---------------------------------------|----|----|----|----|---|---|
| Wallace Stevenson stood down Jan 2022 | Y | | | | | |
| Marie Stewart | | Y | Y | Y | Y | Y |
| Dawn Turpie joined Jan 2022 | -- | -- | -- | -- | | Y |

5. Committee Activities

- 5.1 The Committee advised the Pharmacy Practices Committee on one contractual pharmacy application during the year. There is one outstanding case from 2019/2020 which has still to go to hearing.
- 5.2 The Committee had updates from the following:
- Alex Adams, Specialist in Substance Misuse – provided a short presentation on drug related deaths in Ayrshire including the 10 treatment standards which would help to build on best practice as a pilot area.
 - Lynsey Lawless, Principle Pharmacist Clinical Services Scottish Clinical Leadership Fellow – provided an overview of the fellowship, the professions that were participating and the work undertaken during the year through the Scottish Clinical Leadership Fellow, aligned with the commitment of Achieving Excellence and mentored by the Directors of Pharmacy
 - Alex McMillan, Community Pharmacy Advisor – provided an update on Digital Services, with specific reference to Clinical Portal rollout. A steering group had been set up with a clear remit to address information governance and information sharing issues
 - Claire Gray, Senior Primary Care Manager – provided an update on the national Whistleblowing Standards effective from 1/4/21 including where it sat within the Board’s culture, compulsory staff training and what it meant for Primary Care Contractors
 - Jane Hall, Principal Pharmacist (Pharmacotherapy) provided an update on the Pharmacotherapy service including recruitment to the Primary Care Service, an update on Memorandum of Understanding issued by the Scottish Government and workforce planning.
- 5.3 The Committee supported with the following –
- The significant change and challenges brought by the pandemic to all areas of the profession in particular to community and primary care sectors, including safe practice, guidance on PPE usage and patient and colleague care
 - Supported the continued roll out of Pharmacy First in community Pharmacy, with particular reference to recording advice only consultation recording and its importance.
 - Endorsed the roll out of Electronic Care Summary (ECS) in Primary Care, its importance on reducing workload for NHS24 and streamline care for patients. The Professional Committee are fully committed to supporting further use of technology and its roll out to ensure pharmacists get access to the appropriate information to make clinical decisions.

- Support the continued roll out of serial prescribing throughout NHSAA, to support GPs, community pharmacies and patients with repeat prescribed medication
- Supported the roll out of the NHS Flu vaccination service within community pharmacy

5.4 Consultations

The APPC discussed and submitted responses where appropriate on the following national and local consultations:

- GPhC Remote Hearing Consultation
- GPhC Consultation on changes to requirements for training as a pharmacist independent prescriber
- GPhC Consultation on our draft equality, diversity and inclusion strategy
- National Care Service consultation

5.5 Reports from APPC representatives on other Committees

- **Analgesia Working Group** – Fiona Knight represented the APPC until March 2022 where she was replaced by Kerr Maconochie.
- **Patient Group Directions (PGD) Group**- Fiona Knight represented the APPC until March 2022 where she was replaced by Kerr Maconochie. The PGD's for Doxycycline, Amoxicillin and Prednisolone were approved to allow Community Pharmacists to make a supply to patients presenting with or following an exacerbation of COPD.
- **Strategic Planning Groups** – Sam Falconer (North), Kerr Maconochie (South) and Laura McMinn (East) represented pharmacy at the Health and Social Care Partnerships and provided regular updates.
- **Community Pharmacy Screening Group** – Sam Falconer, Kerr Maconochie, Wallace Stevenson, Linzi Milligan, Craig Murdoch, David Noon and Louisa Burns represent the APPC. The Committee meets in line with the APPC to discuss concerns raised about Community Pharmacies. Members provided their professional opinion on a number of cases.

6. Priorities for 2022/23

- ### 6.1
- To continue to support the profession with the vision for the role pharmacy will play within the Caring for Ayrshire programme, and support the transformational change in community and primary care pharmacy.
 - To continue to support and challenge an efficient roll out of serial prescriptions to achieve targets set by pharmacy leadership team.
 - Continue the support of Pharmacy First roll out, particularly encourage pharmacy teams to record all advice and referral consultations
 - Continue to support pharmacists' access to appropriate clinical information, following on from the roll out of ECS

- Continue to support the development of Pharmacist Independent Prescribers and their role within the primary care team, with specific reference to running clinics safely as lockdown eases and Pharmacy First Plus
- Continue to represent the profession on relevant Committees including the Health and Social Care Partnership and PGD sub Committee
- Advise on any contractual issues when they arise.

7. Chair's Comments

- 7.1 We would like to thank Annmarie Crowe, Professional Secretary, Joyce Mitchell, Vice Chair and Angela O'Mahony, Committee Secretary, for their invaluable support throughout the year.

Sam Falconer / Kerr Maconochie
Co-Chair – Area Pharmaceutical Professional Committee
April 2022

NHS Ayrshire and Arran
Area Pharmaceutical Professional Committee
Constitution and Terms of Reference

1. Title

The Committee will be called the “Ayrshire and Arran Area Pharmaceutical Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Pharmaceutical Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area.

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by an NHS Board of a Committee representative of the pharmaceutical profession in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992)17 and NHS Circular Gen (1992)26.

The Public Bodies (Joint Working)(Scotland) Bill, introduced in May 2013, sets out a radical change in the way the NHS, local authorities and the third sector integrate and work together.

The Achieving Excellence Vision and Action Plan, published in 2017, provide the strategic direction for the planning and delivery of NHS Pharmaceutical care.

2. Functions

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on:-

- The health and professional service needs of the local population
- Issues which impinge on patient care
- The creation and maintenance of effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the above acts and guidance
- Where appropriate, the implications associated with contracts for the provision of these services

In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.

- Members will be required to read and respond to various papers and mailings, and may be tasked with completing individual pieces of work from time to time, either individually or as members of sub- committees and short life working groups (SLWGs).

These functions will support the multi-professional Area Clinical Forum by:

- Reporting the business of the Area Professional Committees to ensure a co-ordinated approach on clinical matters among the different professions and within the component parts of the local NHS system (acute services, primary care, health improvement etc);
- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- Sharing best practice among the different professions and actively promoting multi-disciplinary working – in both health care and health improvement;
- Engaging widely with local clinicians and other professionals, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical and professional perspective on the development of the Local Health Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc., and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

3. Membership

- 3.1 The Committee will be representative of all registered pharmacy professionals in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than twelve voting members, to reflect as best as practicable the diversity of the profession and hence representation.

| Category of Membership | Number of Members |
|---|-------------------|
| a) Registered pharmacy employees of NHS Ayrshire & Arran (Members could be drawn from Acute, Public Health, Primary Care, Community Pharmacy, Medicine Utilisation). | 6 |
| b) Pharmacists working in the community in Ayrshire | 6 |

| | |
|--|-----------|
| <p>and Arran</p> <p>Three of whom will be nominees of the Area Pharmacy Groups in each Health and Social Care Partnership area.</p> <p>Three will be nominees of the Ayrshire & Arran Pharmacy Contractors Committee, one of whom will be an independent contractor and one will be an employee of a national multiple.</p> <p>To maintain the balance of the Committee, membership is limited to two per contractor group.</p> | |
| TOTAL | 12 |

The Director of Pharmacy will be invited to attend every meeting of the Committee in an ex-officio capacity unless they have been elected as a substantive member of the Committee.

All Committee members are allowed to be represented by deputies at meetings but they will have no voting rights.

4. Method of Elections

4.1 Election of Ordinary Member

Each profession represented by the Committees shall elect or nominate members who must be practising in Ayrshire and Arran.

To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

4.1.1 “Registered Pharmacy Professions of NHS Ayrshire & Arran”. Pharmacist employees of NHS Ayrshire & Arran

- The number of places available on the Committee and the professions requiring representation should be notified by the Chair of the Committee, to the Corporate Manager.
 - In liaison with NHS Ayrshire & Arran Pharmacy Team the Corporate Manager will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular Committees.
 - Current members of the Committee may stand for re-election if their term of office is due for renewal, up to a maximum of three consecutive terms.
 - Nomination forms will be sent out by NHS Ayrshire and Arran Corporate Department, to all individuals inviting interest. Forms will contain deadline date allowing four full weeks, for return of nomination forms.
 - Where nominations received are equal to places on the Committee an election will not be required and nominees can be appointed a seat with the agreement of the Committee.

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4.1.2 Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:

- Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.
- A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.
- All ballot papers should be returned to the Corporate Manager, NHS Ayrshire and Arran, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.
- Votes will be counted by the Corporate Manager in the presence of two independent witnesses.
- Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.
- Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.
- The Corporate Manager will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within 5 working days.

4.2 Pharmacists working in the community in Ayrshire and Arran

The number of places available on the Committee should be notified by the Chair of the Committee, to the Corporate Manager.

In liaison with NHS Ayrshire & Arran Pharmacy Team the Corporate Manager will make contact with the Chair of the Area Pharmacy Contractors Committee and the Lead Pharmacists of the Health and Social Care Partnerships Pharmacy Groups, seeking nominations of individuals practising in the particular field and area identified, where relevant taking due cognisance of the sub-specialisation on particular Committees

Current members of the Committee may stand for re-nomination if their term of office is due for renewal, up to a maximum of three consecutive terms.

4.3 Election of Chair, Vice Chair and Professional Secretary

The Officer standing down should give the Committee 6 weeks notice, of their

intention. This should be submitted in writing to the Corporate Manager.

Following the announcement an email will be circulated, by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.

Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in the particular role.

Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:

- Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.
- Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.
- The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.
- The Committee meeting will then commence with the successful candidate taking up their new role.
- Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used. In the event that there are no nominations received for the role of Vice Chair and Professional Secretary of the Committee these will rotate among Committee members according to a pre-agreed set period of time.

5. Co-option of Members

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity only, with no voting rights.

6. Nominee representatives of the APPC

From time to time the Committee may be requested to nominate representatives to represent the profession on other committees or groups. The nominees should be agreed at a meeting of the Committee. The term of office of nominees should follow those of the committees or groups that they are attending, but should not exceed the term of office of the Committee members. Nominees should not serve for more than three consecutive terms. Nominees will be required to attend

Committee meetings to provide an update of their work, at regular intervals, and will be required to contribute to the annual report of the Committee.

7. Tenure of Office of Members

The terms of office of members of the Committee will be 4 years (commencing 1st April in the relevant year). Half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election but should not serve for more than three consecutive terms.

8. Election of Officers

The Committee will elect from its members, a Chair, Vice-Chair and Professional Secretary to serve the remainder of their term of office. The APPC Chair role may be undertaken on a shared basis through the appointment of co-Chairs. They will be eligible for re-election for a further term of office but thereafter, unless approved by the Board, will be required to demit that office for at least one term.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of ACF to be fulfilled.

It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

9. Executive Members

9.1 The Chair, Vice Chair and Professional Secretary will comprise the Executive of the Committee. Where the elected Chair is from the managed sector the Vice Chair will be elected from the community pharmacy sector, and vice versa.

9.2 The Executive will be empowered to consult and make recommendations on behalf of the Committee where decisions are required before the next NHS Board meeting and/or meeting of the Committee. No single member of the Executive may make a recommendation without due consultation with the other members of the Executive. The Executive must report all such decisions to the Committee.

The Executive will also endorse any recommendations of any sub committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

9.3 The Professional Secretary will be elected from the Committee as outlined in point 8, and will be a full member of the Executive. The role of the Professional Secretary is to work with the Chair and Vice Chair in providing support to the members on professional matters such as consultations and Pharmacy Practice Committee applications, and also to assist in any response to a request for professional advice from the Board and Partnership Agencies. The Professional

Secretary will also work closely with the Committee Secretary in providing guidance and input where professional matters require to be recorded.

The Professional Secretary will be allowed the appropriate dedicated time required to fulfil the responsibility of the role at the rate agreed with the Board.

10. Casual Vacancies

A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.

Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated and, thereupon, a casual vacancy will be declared.

Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary resign their seat.

A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

11. Representation on the Area Clinical Forum

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum on professional and clinical matters.

The Chair and/or Vice-Chair and/or Professional Secretary will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

12. Committee Decision

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

13. Meetings

Meetings will usually be held on an 8-weekly basis during normal business hours, to synchronise with the NHS Board meeting calendar, but this can be varied at the discretion of the Chair.

The Committee has the right to alter or vary these arrangements to cover holiday months or other circumstances.

Committee Members

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary.

Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point 5 of this Constitution.

Annual Report

The Committee will produce an Annual Report on its work for the year which will include reports from any sub-committees and nominated representatives of the Committee. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

14. Quorum

Half of the members of the Committee will be deemed a quorum. Of that quorum at least two members will be from sections a and b within Section 3 (Membership).

15. Notice of Meetings

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

16. Minutes

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

17. Requesting Meetings

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

18. Administrative Support

Administrative support to the Forum will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area Professional Committees. Additionally the Committee Secretary will ensure

that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

19. Conduct of Meetings

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board as well as to Partner agencies who have sought the professional opinion of the Committee.

The Chair will ensure that the meetings are carried out in an atmosphere of professional respect and dignity encompassing the values of NHS Ayrshire & Arran.

20. Sub-Committees, Short Life Working Groups, Nominated Representatives

The Area Professional Committee may appoint ad hoc sub-committees, SLWGs, and nominated representatives as appropriate to consider and provide advice on specific issues.

21. Delegated Authority of Sub-Committees, Short Life Working Groups, Nominated Representatives

Sub-committees, SLWGs and nominated representatives will have delegated to them such authority as may be agreed by the parent Committee.

22. Alteration To Constitution

Recommendations to alter the Constitution must be approved by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose (which must be quorate – as per Section 13) of which, at least 14 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

23. Confidentiality

All members of the Committee will be responsible for maintaining the confidentiality of NHS Board documents. The Chair will rule where necessary to advise on the confidentiality of documents.

24. Conflict of Interest

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting. Members are required to consider and debate upon the pharmacy professional aspects of any issues brought to the Committee. Where this conflicts with the opinions and

focus of another group associated with a Member, then the Member must note the conflict of interest immediately, and take no further part in the discussion.

25. Expenses

Members of the Committee, sub-committees, SLWGs and nominated representatives, who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

26. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with Director of Pharmacy and the Communications Department of NHS Ayrshire and Arran.

| Version: | Date: | Summary of Changes: | Approved by |
|----------|------------|---|-------------------------|
| 1.00 | 14/08/2018 | Changes to reflect publication of Achieving Excellence and to clarify membership. | NHS Board 08/10/2018 |
| 2.00 | 10/05/2019 | Change to Section 8, Election of Officers, to enable the APPC Chair role to be undertaken on a shared basis by Co-Chairs. | NHS Board 27/05/2019 |
| 3.00 | 30/07/2020 | Additional wording under "Election of Officers" to clarify process to fulfil ACF Chair role. | NHS Board 17/08/2020 |
| 4.00 | 23/03/2021 | Annual review of ToRs – no changes made. | NHS Board 24/05/2021 |
| 4.01 | 25/01/2022 | Annual review of ToRs – item 4.1.1, change title to "Registered Pharmacy Professions of NHS Ayrshire & Arran" . | NHS Board |



NHS Ayrshire & Arran Area Psychology Professional Committee

Annual Report for 2021/22

1. Summary

1.1 The Area Psychology Professional Committee (APsyPC) has representation from all Psychological Service Specialties within NHS Ayrshire and Arran. Members of the Committee continue to work hard to ensure that all constituents have a voice and that best practice and evidence based advice is provided to the NHS Board. The Committee disseminates information to and from the Psychological Service Business Meeting and APsyPC feedback is a standing item on the agenda.

1.2 Key Messages

- Remobilisation from Covid-19 has been the main theme in discussion for the Committee over the last year. Psychology has continued to have an important role to play in managing our response to Covid. For example the dedicated Psychology resource within the Staff Wellbeing service, and also in meeting the mental health needs of patients who have been hospitalised with Covid.
- Significant progress has been made over the last year in waiting time compliance for Psychological therapies due to service innovation (i.e. digital options such as Computerised CBT) and adaptation (i.e. NHS Attend Anywhere), expansion of psychology provision as mentioned above and strategic recruitment. These have been recurring topics of conversation for the Committee.
- A recurring theme for Committee members is helping to embed previous work done to develop NHS Ayrshire & Arran as a trauma-informed organisation and the Committee looks to identify opportunities where a trauma-informed approach is required.
- The Committee is keen to continue the good work in engaging with constituents across all specialties in relation to current priorities.

2. Remit

2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

3. Membership

3.1 The Committee has had a period of significant change in its membership. Dr Kerry Teer stood down as Chair in September 2021 with Dr Maureen Seils elected as Chair in November 2021. In addition, there were changes to three other representative roles.

The Committee's membership during the reporting period was as follows:

Dr Kerry Teer, Child Health Clinical Psychology (Chair) (stood down September 2021)
 Dr Maureen Seils, Adult Mental Health (Vice Chair, Chair since November 2021)
 Dr Allyson McDougall, Clinical Psychology, Learning Disability
 Ms Lorraine O'Rourke, Counselling
 Dr Carolyn Patterson, Clinical Health Psychology (joined November 2021)
 Dr Lisa Ronald, Older Adult Mental Health (joined January 2022)
 Dr Ying Teh, Older Adult Mental Health (stood down November 2021)

The Committee currently has no elected Vice-chair.

A vacancy remains for the Psychological Therapist/CBT representative and Child Health Clinical Psychology representative.

The Director of North Ayrshire Health and Social Care Partnership has an open invitation to attend meetings.

The Committee welcomed Dr Bronagh Reynolds in November 2021, who is in attendance at meetings as an Applied Psychologist with less than two years post-graduate experience.

Following the derogation previously agreed by the Area Clinical Forum on 12 June 2020, as some Committees had not been able to fully conclude the election process in 2020 for reasons relating to the nomination and voting process, the derogation had been extended to 31 March 2022, and further extended to 31 July 2022 for business continuity. An election process will take place from April 2022 with new members taking up their roles on 1 August 2022.

4. Meeting

- 4.1 The Committee met on four occasions between 1 April 2021 and 31 March 2022. The meetings scheduled to take place on 10 August 2021 and 28 September 2021 were cancelled as inquorate.
- 4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

| Member | Dates | | | | | |
|---|----------|-----------------------|-----------------------|----------|----------|----------|
| | 18/05/21 | 10/08/21 Cancelled | 28/09/21 Cancelled | 23/11/21 | 25/01/22 | 22/03/22 |
| Kerry Teer stood down May 2021 | Y | -- | -- | -- | -- | -- |
| Maureen Seils | Y | | | Y | Y | Y |
| Allyson McDougall | Y | | | Y | Y | Y |
| Lorraine O'Rourke | Y | | | | | Y |
| Carolyn Patterson | -- | -- | -- | Y | Y | |

| | | | | | | |
|--|----|----|----|----|----|----|
| joined Nov 2021 | | | | | | |
| Lisa Ronald joined Jan 2022 | -- | -- | -- | -- | Y | Y |
| Ying Teh stood down Nov 2021 | Y | | | Y | -- | -- |

5. Committee Activities

- 5.1 The Committee has remained mindful of the continued need for transformational change in the context of remobilisation from the Covid-19 pandemic and Caring for Ayrshire. Remobilisation/Caring for Ayrshire has remained a standing item on the agenda throughout the year.
- 5.2 The Committee recognises the significant amount of work done over the last year to ensure the patients of Ayrshire receive high quality, safe and effective psychological care in this context and that this has required significant innovation and adaptation. Remobilisation across services has required innovation through use of technology/remote working, for example in the delivery of groups via online platforms. The Committee notes the flexibility and patient choice afforded through the use of digital options and the role of hybrid working going forward.
- 5.3 The Committee is mindful of the ever increasing demand for Psychological interventions and therapies. In the context of Covid and remobilisation we have seen new Psychology provision in specialist services such as Staff Wellbeing and ICU. There has also been growth in the psychology provision in other specialties such as Maternity, Neo-natal and Peri-natal services, Addiction services, Older Adult services (i.e., Care home) and Digital, and the Committee is keen to ensure representation and engagement with our constituents in these services.
- 5.4 The Committee has noted and discussed the significant challenges to recruitment that currently exist for Psychology posts. This brings challenges for continuity of service provision, service development and leadership. This seems to be both a local and national issue, and we are aware is being experienced by other professional groups.
- 5.5 There have been developments in the professional representation of Clinical Psychologists, who form a significant proportion of the Psychological Service workforce, through the emergence of the Association of Clinical Psychologists (ACP) and its recognition by the Health and Care Professions Council (HCPC). The APsyPC is fortunate to have the local ACP rep as a Committee member who keeps the Committee informed of ACP related activities.
- 5.6 The Committee welcomes the ongoing work in developing data systems (i.e. Trakcare) and data analysis provision to support efficient and effective service delivery and workforce planning. The Committee is keen to consider the opportunities this may bring to support innovative ways of delivering psychological care and to ensure accurate recording of the provision of psychological therapies and interventions
- 5.7 The Committee continued to provide advice to the Board with regard to Board papers that

were circulated for comment. Over the past year the Committee has highlighted a number of areas where Psychology is relevant to consider. Most notably the Maternity Strategy, the Climate Change and Sustainability strategy 2021-2032, patient experience/patient stories and the National Care Services Scotland consultation.

The National Care Services Scotland Consultation warranted particular attention and the Committee gathered comments from constituents and fed-back via the Are Clinical Forum. Constituents were particularly concerned about the potential loss of Lead Partnership arrangements going forward in the new proposals.

- 5.8 The Committee has ensured that all its constituents are kept informed of Committee activity by sharing the annual report and having APsyPC as a standing item at Psychological Service Business Meeting.

6. Priorities for 2022/23

- 6.1 The Committee is keen to continue to focus efforts towards remobilisation from Covid. It will be important to continue to support the innovations and adaptations to service delivery and to be mindful of both the benefits and limitations over the longer term period. The Committee is mindful of the additional demand on mental health services as a result of Covid and will be keen to monitor the impact on psychology services as remobilisation progresses. The Committee is also keen to engage with and support new specialist psychology service provision. The Committee is keen to engage with constituents regarding the support in place to enable service delivery and good quality care. This will include, for example, levels of administrative support and the introduction of new data systems such as Trakcare.

7. Chair's Comments

- 7.1 This year has seen a great deal of transition in Committee membership, including changes to the Chair and Vice-Chair role. With the added system pressure it has been difficult for the Committee to take forward any proactive pieces of work. As there is now stable representation across the Committee all members are keen to build on the proactive work undertaken by the Committee in previous years.

8. Conclusion

- 8.1 My thanks to all those who have contributed to the work of the Committee through the year and we look forward to welcoming new members in the coming year. The Committee continues to be indebted to Angela O'Mahony for the high standard of administrative support and guidance provided to the Committee.

The Committee would like to thank all those who contributed to the work of the Committee through the year, particularly Dr Kerry Teer for her term as Chair.

Dr Maureen Seils
Chair – Area Psychology Professional Committee
March 2022

NHS AYRSHIRE & ARRAN

AREA PSYCHOLOGY PROFESSIONAL COMMITTEE

CONSTITUTION AND TERMS OF REFERENCE

1. Title

The Committee will be called the “Ayrshire and Arran Area Psychology Professional Committee”.

For the purposes of this Constitution, unless otherwise indicated, “Committee” means the Ayrshire and Arran Area Psychology Professional Committee, “NHS Board” means the Ayrshire and Arran National Health Service Board and the “Area” means the Ayrshire and Arran NHS Board Area. It shall represent professional matters relating to the provision of psychological and specialist psychological care.¹

The National Health Service (Scotland) Act 1978, as amended by the National Health Service and Community Care Act 1990, makes provision for the recognition by a Health Board of a Committee representative of the professions in its area. The Health Act 1999 further amended the NHS (Scotland) Act 1978 to extend the remit of professional advisory Committees to include the provision of advice to NHS Trusts. The general principles considered suitable for application to such a Committee are set out in NHS Circular Gen (1992)17 and NHS Circular Gen (1999)26.

2. Functions

The Committee’s role is to advise, at the NHS Board’s request, or on its own initiative, authoritatively and promptly on:-

- The health and professional service needs of the local population.
- Issues which impinge on the provision of psychological or specialist psychological care.
- The implications of evidence from psychological research for the delivery of health services in Ayrshire and Arran.
- To create and maintain effective links with all other Area Professional Committees.
- Any other professional and other functions as may be prescribed in future under the above Acts and guidance.
- Where appropriate the implications associated with contracts for the provision of these services.

¹ The definition of the terms psychological care and specialist psychological care is available from the Chair of the Committee

In so doing the Committee will reflect the views of the whole profession locally and not any faction or geographical grouping.

These functions will support the multi-professional Area Clinical Forum by:

- Reporting the business of the Area Professional Committees to ensure a co-ordinated approach on clinical matters among the different professions and within the component parts of the local NHS system (acute services, primary care, health improvement etc);
- Providing input on service design, redesign and development priorities and in this way playing an active role in advising the Area Clinical Forum on potential for service improvement;
- Sharing best practice among the different professions and actively promoting multi-disciplinary working – in both health care and health improvement;
- Engaging widely with local clinicians and other professionals, leading to broader participation in the work of the Committee;
- Providing the Area Clinical Forum with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives;
- Investigating and taking forward particular issues on which clinical input is required on behalf of the Area Clinical Forum, taking into account the evidence base, best practice, clinical governance etc and make proposals for their resolution. The Committee should be pro-active as well as re-active on these issues;
- Advising the Area Clinical Forum on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

3. Membership

- 3.1 The Committee will be representative of the professionals employed within NHS Ayrshire and Arran to provide specialist psychological care in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than ten voting members to reflect as best as practicable the diversity of the profession and hence representation.

The Committee will have representation from applied psychologists in health for the following areas of applied psychology practice:

Adult Mental Health
Child Health
Learning Disabilities
Clinical Health Psychology
Older Adults

Applied psychologists should be eligible for registration as a Chartered Psychologist with the British Psychological Society. In addition to qualified practitioners, members are responsible for representing Assistant and trainee psychologists working within their constituencies.

The Committee will also have representation from the following professional groups providing specialist psychological care within NHS Ayrshire and Arran:

Psychological Therapist/Cognitive Behavioural Psychotherapy Counsellor (with current accreditation with the British Association for Counselling and Psychotherapy or equivalent).

Clinical Associate in Applied Psychology (being a graduate of one of the Masters in Applied Psychology courses approved by NHS Education for Scotland).

There should be at least two applied psychologist members who are eligible for Full Membership of the Division of Clinical Psychology. The Committee shall have the power to nominate two clinical psychologists to join the Committee if there are not two clinical psychologists among the applied psychologist members representing applied psychology practice areas.

This will be reviewed from time to time in liaison with the Board. Only those who are eligible for membership will have voting rights.

If the members of the Committee do not include an applied psychologist with less than two years Post Graduate experience or the most junior member of the Department, the Committee shall have power to invite one or more such applied psychologists to attend meetings of the Committee. Any person so invited shall have no vote, however, at meetings of the Committee.

The Director of Health and Social Care for North Ayrshire Health and Social Care Partnership, or another senior manager, may be present in an "in attendance" capacity.

4. Method of Elections

4.1 Election of Ordinary Member

Each profession represented by the Committees shall elect members who must be practising in Ayrshire and Arran. To ensure continuity within professional groups each Committee will canvas and elect or nominate professional members in the following way:

The number of places available on the Committee and the professions requiring representation, should be notified by the Chair of the Committee, to the Head of Corporate Governance.

The Head of Corporate Governance will make contact with all individuals practising in the particular field identified, where relevant taking due cognisance of the sub-specialisation on particular Committees.

Current members of the Committee may stand for re-election if their term of office is due for renewal.

Nomination forms will be sent out by NHS Ayrshire and Arran Committee

Secretaries to all individuals inviting interest. Forms will contain deadline date allowing four full weeks, for return of nomination forms. A supporting statement should accompany returned forms.

Where nominees received are equal to places on the Committee an election will not be required and nominees can be appointed a seat within the Committee.

Where more nominees come forward than places on the Committee an election will take place and the following process adhered to:

Supporting statements and numbered ballot papers will be sent out to all individuals practising in the designated field. Copies of these papers will also be circulated to the members of the Committee for information.

A deadline date, allowing two full weeks, will be set for the return of the ballot papers. If more than one ballot paper with the same number is received, all papers with the same number will be deemed 'spoilt'.

All ballot papers should be returned to the Head of Corporate Governance, NHS Ayrshire and Arran, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB, by close of business on the deadline date.

Votes will be counted by the Head of Corporate Governance in the presence of two independent witnesses.

Where more than two candidates are nominated for election, a Single Transferable Vote system will be used. Under this system, members of the Profession will be invited to rank the candidates on the ballot paper putting a "1" next to their first choice, a "2" next to their second choice and so on.

Where a member's first choice candidate has too few votes to be elected, their vote will be transferred to their second choice candidate and so on, until a candidate with the most votes is identified and is elected to the vacancy.

The Head of Corporate Governance will notify the nominees and the Chair of the Professional Committee, of the outcome of the election within 5 working days.

4.2 Election of Chair and Vice Chair

The Officer standing down should give the Committee 6 weeks notice, of their intention. This should be submitted in writing to the Head of Corporate Governance.

Following the announcement an email will be circulated by those providing administrative support to the Committee within 5 working days. This will be sent to all members of the Committee seeking nominations for the position available. A deadline of one week prior to the next meeting will be set. Upon receipt of nominations the Committee will be advised of candidates wishing to be considered for the role.

Immediately prior to the next meeting those who have indicated their intention to stand will speak to the Committee with regard to the contribution they would make in

the particular role.

Where one nominee is received the nominee will be appointed to the appropriate vacancy. Where there is more than one nominee, the following process will be adhered to:

Numbered ballot papers will be distributed to those attending on the day who are eligible to vote. Members who are unable to attend on the day should indicate their voting preference to the Committee Secretary prior to the meeting.

Ballot papers should be completed and returned to the Committee Secretary who will act as returning officer.

The Committee Secretary will, in the presence of those members attending on the day, count the votes and announce the result.

The Committee meeting will then commence with the successful candidate taking up their new role.

Where more than two nominees put themselves forward for a position then the Single Transferable Vote system as detailed above will be used.

In the event that there are no nominations received for the role of Vice-Chair of the Committee, this will rotate among Committee members according to a pre-agreed set period of time.

5. Co-option of Members

The Committee may co-opt up to 2 additional members who it considers may have a particular contribution to the work of the Committee. The term of office of co-opted members is at the discretion of the Committee and will be reviewed every 6 months. Co-opted members will act in an advisory capacity.

6. Tenure of Office of Members

The terms of office of members of the Committee will be 4 years (commencing 1 April in the relevant year). Half of the membership of the Committee will be considered for re-election every two years in a staggered membership cohort. Committee members will be eligible for re-election.

7. Election of Officers

At its first regular meeting in April every other year, the Committee will elect from its members, a Chair and Vice-Chair to serve a term of 2 years. The Chair and Vice Chair will be eligible for re-election for a further term of 2 years but thereafter, unless approved by the Board, will be required to demit office for at least one term.

Should a Professional Committee Chair be elected as Chair of the Area Clinical Forum, with agreement from the relevant Professional Committee and Area Clinical Forum and approval of the NHS Board, the term of office of the Professional Committee Chair may be extended to enable the four year term of office of Chair of

ACF to be fulfilled.

It is recognised that this will also require consideration of membership terms of office to ensure that no staff are disadvantaged should they wish to be nominated to join a Committee through the normal election process.

8. Executive Members

The Chair and Vice Chair will comprise the Executive of the Committee. The Executive will be empowered to consult and make recommendations on behalf of the Committee where decisions are required, before the next NHS Board meeting. The Executive must report all such decisions to the Committee for ratification.

The Executive will also endorse any recommendations of any sub Committees of the Committee. Where the Executive cannot endorse the recommendations, the matter must be referred to the Committee for consideration.

9. Casual Vacancies

A member who ceases to be representative of their electoral body will vacate his/her seat on the Committee and a casual vacancy will be declared.

Where a member of the Committee has been absent from three consecutive meetings of the Committee, of which appropriate notice had been given, the Committee may, unless they are satisfied that the member's absence was due to illness or other reasonable cause, declare that the seat on the Committee has been vacated and, thereupon, a casual vacancy will be declared.

Members of the Committee may at any time, by notice in writing by them and delivered to the Committee Secretary, resign their seat.

A casual vacancy will be filled by the appointment of a new representative from the relevant electoral body by the Committee, whose name will be notified to the Committee Secretary forthwith. New representatives will hold office for the remainder of the term of office of the member in whose place they are appointed. Pending this appointment, the proceedings of the Committee will not be invalid by reasons of a vacancy.

10. Representation on the Area Clinical Forum

The Committee will, pro-actively and as requested by the NHS Board, communicate with and advise the Area Clinical Forum in professional and clinical matters. This will be conducted through the attendance of the Chair and/or Vice Chair of the Area Professional Committee on the Area Clinical Forum as a full member.

11. Committee Decision

Where the Committee is asked to give advice on a matter and a majority decision is reached the Chair will report the majority view and will also make known any minority opinion and present the supporting arguments for all view points.

12. Meetings

Meetings will usually be held on a 8-weekly basis to synchronise with the NHS Board meeting calendar, but this can be varied at the discretion of the Chair.

The Committee has the right to alter or vary these arrangements to cover holiday months or other circumstances.

Committee Members

In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Committee Secretary.

Persons not Members of the Committee

The Committee is able to invite persons who are not members of the Committee to attend meetings as outlined in point 5 of this Constitution.

Annual Report

The Committee will produce an Annual Report on its work for the year. This should be presented at an Annual General Meeting and submitted to the NHS Board in May each year.

13. Quorum

Half of the members of the Committee will be deemed a quorum.

14. Notice of Meetings

The Committee Secretary will send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

15. Minutes

Draft minutes will be issued within 5 working days of the meeting to the Committee members. Minutes of all meetings will be submitted, once ratified by the Committee, to the Area Clinical Forum and the Chief Executive of the NHS Board.

16. Requesting Meetings

Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting. The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

17. Administrative Support

Administrative support to the Forum will be provided by the Committee Secretary. This will include the review of policy documents, summarising the documents and ensuring that they are issued for consultation appropriately and to the relevant Area

Professional Committees. Additionally the Committee Secretary will ensure that copies of the minutes, agenda and other relevant papers are prepared and circulated to the relevant Committees.

18. Conduct of Meetings

The Chair will be responsible for the conduct of the meetings and for ensuring, in close consultation with the NHS Board, that the agreed recommendations of the Committee are conveyed to the Area Clinical Forum and the Chief Executive of the NHS Board.

19. Sub-Committees

The Area Professional Committee may appoint ad hoc Sub Committees as appropriate to consider and provide advice on specific issues.

20. Delegated Authority of Sub-Committees

Sub-Committees will have delegated to them such authority as may be agreed by the parent Committee. The parent Committee will approve all Standing Sub-Committee Constitutions.

21. Alteration To Constitution

The Constitution will be altered only by a majority of not less than two thirds of the members present at a special meeting of the Committee called for purpose, of which, at least 14 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so approved will be intimated to each member of the Committee, and to the NHS Board for approval prior to implementation.

22. Confidentiality

All members of the Committee will be responsible for maintaining the confidentiality of NHS Board documents. The Chair will rule where necessary to advise on the confidentiality of documents.

23. Conflict of Interest

Members are elected to act objectively and will declare any possible conflict of interests as soon as possible after the commencement of a meeting.

24. Access

The Chair and/or Vice-Chair will represent the Committee at the meetings of the Area Clinical Forum. The Chair is eligible for nomination for election to the post of Chair of the Area Clinical Forum.

25. Expenses

Members of the Committee and Sub-Committee who incur reasonable expenses will

have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the approval of the First Minister. Payments will only be made as respects the exercise of functions conferred and where they are not met by any other body.

26. Publicity

No member of the Committee will make any official statement in public or to the Press, pertaining to the work of the Committees, without prior consultation with the Chair or Vice-Chair.

| Version: | Date: | Summary of Changes: | Approved by |
|----------|------------|--|-------------------------|
| 1.0 | 15/05/2018 | Committee agreed changes to membership to encourage participation and added Executive Lead. | NHS Board 27/05/19 |
| 2.0 | 30/07/20 | Additional wording under "Election of Officers" to clarify process to fulfil ACF Chair role. | NHS Board 17/08/20 |
| 3.0 | 23/03/2021 | Annual review of ToR – no changes made. | NHS Board 16/08/2021 |
| 3.1 | 25/01/2022 | Annual review of ToR – no changes made. | NHS Board |

NHS Ayrshire and Arran Area Dental Professional Committee (ADPC)

Business Case for Inclusion of Two Additional Members

Author: Peter Byrne Chair ADPC

Background

The ADPC is a Professional Committee that should be representative of both primary and secondary care dental services to forward guidance to both the Area Clinical Forum (ACF) and onward to the NHSAA Board. The committee, in its Terms of Reference, states that

The Committee will be representative of the whole profession in the area and be elected on the basis of merit, knowledge and experience. It will comprise of no more than twelve voting members to reflect as best as practicable the diversity of the profession and hence representation.

This membership has historically been composed of peer elected registered dentists from the independent general or specialist dental practice (GDS), the public dental sector (PDS) and hospital dental services (HDS). This is currently split as 7 members from GDS, 3 from the PDS and 2 from the GDS. This has historically been defined as the significant majority of dental activity happens from within the GDS and is carried out by independent dental contractors.

However, since the incarnation of the TOR for the ADPC there has been significant shifts within dental registrant composition and responsibilities which has had noticeable changes in dental team dynamics and patient interactions. There has been additional direct patient roles for Dental Care Professionals (DCP's) that can be carried out without supervision or prescription of a dentist. Furthermore, dental nurses now make up the vast majority of the dental register where previously they only had a 'casual' relationship with the regulator. Due to these changes over several years it leaves, in the opinion of the committee, the current committee representation, unrepresentative. It has been a longstanding ambition of the committee to improve the diversification to include DCP membership to meet the narrative.

Current Situation

At present, the DCP group, is composed of Dental Nurses, Dental Therapists, Dental Hygienists and Clinical Dental Technician (CDT) and Dental Technicians.

Since the introduction of Direct Patient Access, Hygienists, Therapists and CDTs can examine and treat a patient without the supervision or prescription from a dental as long as it is within their scope of practice and refers, when required, to a Dentist. This has led to the emergence of new operating models of dentistry in the independent and private dental sectors with hygienist/ therapist only practices and CDT practices. At present, there is no engagement with any of these groups as they are not represented on any current health board committee structure

Dental nurses, which outnumber all other dental registrants groups, are essential for dental activity. Due to erosion of the workforce as a result of COVID, nurse levels are at a critical level with a reported drop of 5,000 dental nurse registrants since before the pandemic. This is having a significant direct effect on primary care where dental nurse recruitment and retention is an immediate problem. The committee and Board have always taken an interest in maintaining dental nurse training locally, however, without continuous engagement and communication with this group our interaction ends when dental nurses 'qualify'. As dental Nurses are GDC registrants, most in the independent contractor groups, there is little to no interaction on a Board level as they do not 'fit' into any current representative body. However, with the evolution of the Oral Health Directorate, it appears the best fit is from within the ADPC.

This lack of engagement became acute during the initial phases of COVID 19 where NHSAA attempted to recruit DCPs to aid with the emerging workforce challenges that the pandemic presented. There was no current source of information of the number of DCPs or any contact details. Furthermore, there was no leadership role that could be used as a conduit for dissemination of information when it was required. As only dentist themselves are listed as contractors with the Health Board, it is currently the only group which has direct formal representation

Proposal

The current members of the ADPC propose that in order for the committee to be representative and engage with the local profession in its entirety, we include both a single DCP member for the GDS and a single DCP member the represents the PDS/HDS. Both proposed additional DCP members come from different professional environments and would add individually to diversity of the committee.

These members are **in addition** to the current membership numbers. The committee felt that dilution of the current membership numbers, in consideration of historical membership recruitment and attendance records, that additional membership would be warranted due to increase in representation of a sizeable professional group.

Financial Impact

The current independent contractor members are compensated £175 in addition to any travel expenses for attendance at each of 6 annual meetings. The proposal would require additional funding for one independent contractor member of £1,050 for the year with the addition of any travel expenses. However, historically it is rare that members claim the fee and travel expenses. Furthermore, as a financial impact, it is rare that any meeting has a full attendance so there is a historical underspend for the budget in its entirety.

The PDS/HDS member would be compensated with time in lieu for attendance as agreed with the Director of Dentistry. This mirrors the arrangement that current PDS/HDS members have.