

Minutes of the 43 meeting of the BDA England Board (EB) held on Friday 16 July 2021 via Teams from 10:00 – 12:00

Present:

Julie Abayomi (JA)	Board Chair
Belinda Mortell (BM)	Board Member
Gill Shinkwin (GS)	Board Member
Christian Lee (CL)	Board Member
David Simms (DS)	Board Member
Rasleen Kahai (RK)	Board Member
Tabitha Ward (TW)	Board Member
Diana Markham	Board Member
Kate Hall (KH)	Board of Directors Link

In Attendance:	James Sandy (JS)	BDA, Policy Officer (England)
	David Inglis (DI)	BDA, Professional Practice Policy Officer

Item

ACTION

43/1 Welcome & Apologies - Introduce David Inglis (EPP)

JA welcomed DI to the meeting and members provided a short introduction. DI outlined his role within the Education, Policy & Practice (EPP) Team and that he has taken over the role previously undertaken by Chloe Adams.

Apologies were received from Fiona McCullough (FMc) and Tanya Rumney (TR).

43/2 Minutes of previous meeting, 14 May 2021

The minutes were approved.

43/3 Workforce Survey Report (EPP)

JS placed the discussion in context. England Board (EB) members had been circulated with a draft of the workforce survey report which was approved by the Board of Directors (BoD) in January 2021. Work is currently being undertaken to rewrite the draft and publish it for members in the monthly digest. EB were asked to consider how the Board could support future surveys and also draw upon its findings to align with forthcoming positioning and projects.

GS highlighted that she had recent experience of serious staff shortages. The data in the report is good and needs to be fed back to the departments and 'multi' leads within teams. There is also a need to be more visible about these findings. A one-page summary of the key elements would be a useful tool which could sit alongside something that outlines our requirements and offer, as well as improving understanding of dietitians' roles. RK supported these points.

43/3
continued

CL commented that population size, demographic changes and variable caseloads were important factors and the report needed to look at percentage shifts over time. This would allow for a consideration of how large the change might be since the last report. It also needed more detail on the demand data within these areas & services. It is not clear how the NHS benchmarking work looks in comparison within a similar timeframe and a growing workforce. Snapshots in key areas (such as diabetes & oncology) could provide quick data wins. The report should also consider the safe caseload aspects which are really important.

KH highlighted that safe caseloads and general data shifts are not currently factored in to the workplans of BDA specialist groups. There is a gap in work around the theoretical aspects for more dietetic support.

BM recently identified details of 110 recruitment vacancies which is a very high number. This could be used as a marker when considering why we are struggling to fill vacancies.

JA agreed that we could collect this information to help develop a barometer of the market, jobs and overall demand.

GS questioned how accurate or up to date the workforce data coming from trusts actually is. She suggested that in the East of England Plan for 35 PCN Dietitians was matched with no increase in training places or students coming through into the profession.

DM asked if we are losing members within the profession and commented that although there are still grants within the NHS the number of vacancies and high level of retirement were factors. Also, people may feel disenchanted with the roles and workloads.

RK noted that most of her friends and colleagues were moving into roles outside of the NHS and that placements are diversifying.

TW added that in recent job searching she had seen an uplift in the numbers of jobs not within the NHS. This diversification and the growing number of university courses and course providers (such as Birmingham, Hull, Winchester, MMU, Glyndwr) are important factors for future surveys to consider.

BM suggested that future NHS capacity will rely on a good provision of placements.

JA noted that whilst centres had previously been restricted in relation to the fee that they charged they are now free to vary that, but it is still constrained by the number of available placements.

RK added that Covid had really complicated things on the ground and that physical space and contact had become real issues to placements practically.

JA agreed adding that long covid was also having an impact in placements provision, cover arrangements and return to work.

CL asked where the current formula that is applied to calculate placements came from and what the four requirements applied are? It seems that HEI don't ask for people to stipulate on ratio/numbers. They are more focused on supply.

43/3 JS agreed to try and clarify the framework that is devised to allocate
continued placements and the process by which it is arrived at and applied.

In response to a question from DS, CL confirmed that at present placements are mixed between physical and mental health settings.

RK added that the structures are not always supportive of the student and that there is a real need to embed this into the culture of the roles.

DI confirmed that the workforce survey focused on just NHS staff initially, but the intention was to look at diversification.

43/4 Appointments and EB Membership

a. TUNEC Rep- Update

JS advised that in relation to the Trade Union representative AB confirmed at a recent meeting that the Employment Relations Committees (ERC) still exist for each Country Board and they should appoint a member. Whilst a nomination had been sought via TUNEC (the new Trade Union National Executive Committee) and a potential candidate identified (though declined), it is now necessary to further clarify this appointment.

b. Co-Opted Members

At its meeting on 14 May this Board agreed that to approach Tanya Rumney to be co-opted as a member for the life of the primary care project. As the Board's nominated representative on the UK wide primary care working group, it was felt co-option would help formalise and strengthen existing links, as well as provide clearer designation.

The EB approved the appointment of Tanya Rumney (TR) as a co-opted member of the England Board.

Lindle Hindle (LH) remains the second co-opted member.

c. Deputy Chair role- Update

At its meeting on 14 May this Board agreed to seek expressions of interest from members to undertake the role of Deputy Chair (currently vacant), as required by the constitution and in parallel to discussions taking place with regards to the scope, remit and support of the Country Board Deputy Chair roles within BDA.

One nomination was received and Belinda Mortell was unanimously appointed by the Board.

JA congratulated BM on her appointment and thanked her for taking up the post.

43/5

Attendance at Other meetings- Standing Item (including KH to update on Board of Directors (BoD) and Links Update Members Meeting)

KH provided a short update following the Board of Directors meeting (354) on 6 July 2021. The main issues were:

- It was announced that Vera Todorovic has died. Vera worked extensively across the profession and was a founding, and continuing editor of the PENG Guide
- Personal Indemnity Insurance. Najia Qureshi (Education, Practice and Policy) confirmed that we now have a fully renegotiated insurance which better reflects current practice and is clearer in terms of the implications post Brexit on practitioner cover
- A brief update on the AGM plans were shared. The AGM ran on Wednesday 7 July
- Andy Burman (Chief Executive) confirmed that the appointments committee had recommended Caroline Bovey to the role of Chair Elect after successful interview. This has been ratified by BoD
- A number of vacancies are due to be filled including a student rep on BoD, dietetic support worker representative on BoD and country board chair roles including Scotland and Wales (both of which are currently negotiating co-opting candidates)
- The awards committee is underway fulfilling a number of nominations currently. The 2021 awards event will take place on 4 November and nominations, including a number of new categories, are now open. RK encouraged members to nominate RD's, particularly those from minority backgrounds
- BoD endorsed a weight stigma memo and elimination weight stigma guidelines (Appendix A). Initially these were due to be for internal use but the Board discussed their leadership responsibilities in this matter and have asked for widespread dissemination of papers including to other professional organisations

DI added that it was possible that Health Education England (HEE) could provide a contribution to the support worker award.

43/6

H&SC Bill- Update (briefing paper and verbal)

JS provided a brief overview of the Bill's main elements and its progression through parliament to date.

Two briefings were provided for members prior to the meeting and form (Appendix B & C)

43/7

Dietetic roadmap consultation

BDA is still awaiting feedback from HEE on this primary care focused consultation pending evaluation. The Board agreed to defer the item to its next meeting.

43/8

Allied Health Professions Federation (AHPF) – Update

JS provided a brief update:

RCSLT are continuing to lead lobbying efforts on prescribing rights and will share a progress update soon.

The AHP Policy Officer Group will discuss probing amendments on the NHS Bill in early Autumn and then make recommendations to the AHPF Board.

BDA have asked for clarity in relation to the suggestion that Fit Note signatories could be revised to include wider AHP colleagues. There has been limited engagement from DHSC & DWP on this. It is also more pressing for particular AHPs.

AHPF has agreed to respond to the consultation on mandatory vaccination for NHS staff when it is issued.

The AHPF Board has agreed the AHPF should sign up to the Equally Well Charter which seeks to promote and support collaborative action to improve physical health among people with a mental illness. It is hosted in the UK by the Centre for Mental Health in partnership with Rethink Mental Illness.

AHPF have agreed “Optimising the contribution of the Allied Health Professions support workforce: a statement” (Appendix D)

43/9

EB Workplan- Progress to date

JS gave a short update on the revised workplan which takes in completed actions and current projects. The current workplan is stored in the [EB Dropbox](#) file.

BM introduced a project idea “Home Grown Dietitian” which seeks to address difficulties with placement provision and reluctance to take on more than one student in most settings.

The “Home Grown Dietitian” Ideas Paper can be found as Appendix E.

JA supported this suggestion and noted it was a timely project. CL added that he absolutely wanted to encourage Learning Disability and Mental Health Dietitians to adopt this. He asserted that there are, however, a limited number of entry level jobs within Mental Health at present.

JA asked if this would take in simulation and skills in the same way that are used across the other AHPs. These could provide good example to draw from.

DS thought the idea was a very good one and highlighted some work locally to look at placements within the third sector. Much of this will depend on good relationships and rapport at a local level.

DI agreed that the focus needed to be on encouraging more placements, but also work was needed to look at creating more (and a wider range of) providers. He had some experience in Northern Ireland with training leaders via workshops and in identifying support through alternative provision/settings. He also suggested that Menna within the EPP team would be the best contact for this project.

43/9 continued BM replied that using the North West as a model for this project could help pull the different strands together on an appropriate scale.

KH asked how many placements are we aware of that stay in their place of study? This also links to future leadership roles and could create promotional & communications opportunities.

BM agreed that a 'media pack' or one page outline could be used to help sell the benefits of students and placements.

DI highlighted that there had been a recent BDA webinar on placements within alternative settings: <https://www.youtube.com/user/BritishDietetic>

The paper was approved with RK & GS volunteering with help BM & JS with the next stage of scoping out the project.

43/10 Feedback from Attendance at Meetings

JS summarised some of the key elements of the National Food Strategy (Pat 2) Briefing he attended (13 July 2021):

The strategy will take a very interventionist position on both taxation and trade restrictions.

There will be a focus on social prescribing and locally accredited schemes for change in the food system.

The narrative will hang on breaking the 'junk food cycle' and recognising the 'invisibility of nature' (within the financial system). Recognising the value of nature- not just corrective taxation & intervention

Meat is likely to be the commercial and public battlefield (aiming for a 'protein transition')

- Cut methane production
- Reduce processed food intake
- Nudge approach through supermarkets and Gov procurement
- Standards within trade deals

Key Recommendations will include:

- A reformulation tax on wholesale sugar and salt
- Reinvesting £1Bn from the tax into Healthy fruit & veg
- School support via practical on the ground and inspection level
- Call for evidence of changes and impact at a local level

Likely media interest:

- 30% meat reduction recommendation
- Wholesale reformulation tax
- Health inequalities

The final version of '[The National Food Strategy: The Plan](#)' was release on 15 July. The BDA have welcomed the plan and are now considering how to respond to the detail of the proposals.

43/11 **AOB**

TW updated EB members that she had been invited to a meeting with the North East Branch Committee to discuss links.

JA informed the Board that she has been asked to attend the [International Congress of Dietetics 2021](#) in September and the [EFAD Congress 2021](#) in October.

JA also reported that The Nutrition Society Conference in 2023 will be held in Liverpool.

43/12 **Date and times of next meeting and CLOSE of Meeting**

Wednesday 8th September 2021 (via MS Teams) at 2pm.

Meeting Closed 12.01pm

Appendices:

Appendix A: BDA Weight Stigma Communications Guidance, June 2021.

Appendix B: The Health and Care Bill debate on Second Reading in the House of Commons (Dehavilland).

Appendix C: The Health and Care Bill [Bill 140 of 2021-22]: Summary, House of Commons Library Research Briefing, 12 July 2021.

Appendix D: "Optimising the contribution of the Allied Health Professions support workforce: a statement", Allied Healthcare Professional Federation, July 2021

Appendix E: "Home Grown Dietitian" Ideas Paper, BM, July 2021.

(All files are uploaded to England Board Dropbox File).