ACF (M) 22/02
Minutes: 12 - 24

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Clinical Forum Microsoft Teams / Boardroom On Thursday, 21 April 2022 at 2pm, via MS Teams

PRESENT

Dr Lesley Rousselet
(in the Chair)

Dr Lucy Gamble	Dr Anita Belbin
Dr Ruth Hamilton	Mr Ian Millar
Dr Simon Kidd	Dr Alastair Taylor
Ms Laura Sweeney	

IN ATTENDANCE

Ms Jane Grant	..	Chief Executive
Mr William Edwards	..	Chief Operating Officer
Ms Angela Oneill	..	Deputy Nurse Director - Acute Services
Dr Scott Davidson	..	Deputy Medical Director – Acute Services
Prof Angela Wallace	..	Director of Nursing
Ms Jennifer Rodgers	..	Deputy Nurse Director - Corporate and Community
Ms Gail Caldwell	..	Director of Pharmacy and Prescribing
Ms Fiona Smith	..	Director of Allied Health Professions
Ms Susan McFadyen	..	Director of Access
Dr Martin Culshaw	..	Deputy Medical Director - Mental Health
Prof Colin McKay	..	Chief of Medicine, North Sector
Ms Jacqueline Kerr	..	Assistant Chief Officer - Adults and Northwest
Mr Andrew Gibson	..	Chief Risk Officer
Ms Julie Murray	..	Chief Officer - East Renfrewshire Health & Social Care Partnership
Ms Kim Donald	..	Corporate Services Manager – Governance
Ms Amy White	..	Secretariat (Minute)

			ACTION BY
12.	**WELCOME AND APOLOGIES**		
	Dr Lesley Rousselet welcomed those present to the meeting of the Area Clinical Forum which she was chairing remotely via MS Teams. Apologies for absence were intimated on behalf of Dr Jane Burns, Ms Elaine Vanhegan and Ms Julie Tomlinson. Dr Rousselet welcomed Ms Angela O'Neill, Ms Angela Wallace, Mr William Edwards, Ms Julie Murray and Mr Andrew Gibson. **NOTED**		

13.	**DECLARATIONS OF INTEREST**		
	The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made. **NOTED**		
14.	**MINUTES OF THE PREVIOUS MEETING OF THURSDAY, 10 FEBRUARY 2022**		
	The Forum considered the minute of the Area Clinical Forum meeting of Thursday, 10 February 2022 at 2pm [ACF (M) 22/01] and were content to approve the minutes as an accurate record. **APPROVED**		
15.	**MATTERS ARISING**		
a)	**ROLLING ACTION LIST** The Committee reviewed the items detailed on the Rolling Action List [Paper No. 22/04] and the following matters were discussed: Whistleblowing Review and New Whistleblowing Standards Dr Rousselet advised the newly appointed Corporate Service Manager, Ms Kim Donald would attend the August meeting to provide an update on the Whistleblowing Review and New Standards. ACF Member Priorities and Corporate Risk Register Mr Andrew Gibson was in attendance to provide an update on the Corporate Risk Register. Members were content to close the action. Secretary to update the list. The Forum were content to note the update. **NOTED**		**Secretary**
16.	**COVID-19 UPDATE**		
	Mr William Edwards, Chief Operating Officer provided an update on the current position with respect to COVID-19 in the Acute Sector. Mr		

	Edwards advised significant pressures remain at each of the sites driven by high occupancy. The latest occupancy rates were around 97%, sites under significant pressure were QEUH at 97.8%, RAH at 96.9% and GRI at 95% occupancy. On the 15th March 2022, elective activity was reduced which supported the redeployment of staff and released beds to ensure demand at the front door could be managed. The delayed discharge position continued to be a challenge across GGC with 289 delayed discharges. The delayed discharges combined with occupancy rates and the flow through sites created a number of challenges. Mr Edwards noted when the decision was made to reduce elective activity there was significant staff absence of over 1,000 however the recent figures indicate that it had reduced to 662 and moving forward in a positive direction. Performance for ED targets was 73.1% and the aim would be achieving 95%. The performance at GRI was 55%, QEUH 51% and RAH 61% noting the figures were a consequence of managing demands and pressures within the system. Mr Edwards reported that the overall position was changing in a positive direction and soon there would be discussions on remobilisation for GGC. Dr Rousselet thanked Mr Edwards for the update. There were no questions or comments raised by members. In summary, the Forum were content to note the COVID-19 update. **NOTED**		
17.	**REMOBILISATION & RECOVERY ACROSS NHSGGC**		
	The Forum considered the presentation 'NHSGGC Planned Care' presented by Ms Susan McFadyen, Director of Access and Prof Colin McKay, Chief of Medicine, North Sector. The presentation was to provide a broad overview of outpatient, inpatient and day cases and highlight the key areas of focus. Ms McFadyen advised the elective care delivery had been constrained by different waves of the pandemic with the associated bed and staff demand. The outpatient consultative waiting list was currently 128,495 and for non-consultative waiting times it was almost 99,000 patients. From an inpatient/ day case perspective the number had risen from the position on 1st April 2022 to 37,240. The endoscopy service currently had 12,141 on the new patient waiting list compared to January 2020 when it was at 4,694 which highlighted how things had changed over a two year period. Surveillance patients also had to be considered with endoscopy which was around 17,000. Despite numbers rising staff were fully involved and actively working to maximise the activity that could be delivered.		

There were challenges with the specialities and those with the highest waiting lists include Gynaecology, Ophthalmology, Orthopaedics, Dermatology, ENT, General Surgery. Referrals had returned to pre COVID-19 rates with some specialties higher.

Prof McKay highlighted the need to maximise the capacity available through the reduction in social distancing with the implementation of new infection control guidance however the key challenges with some of the specialities like Gynaecology or ENT would not be overcome for some time. Virtual appointments were introduced and it was likely a blended approach would continue long term. There had been substitution of activity particularly within the surgical specialities during periods of reduced clinical activity.

Prof McKay noted the importance of pathway redesign which was completed and underway within medical specialities with the aim to bring more self-care and opt in pathways with enhanced consultant triage to improve the quality of information to ensure patients see the right service at the right time and attend the minimum number of outpatient appointments as necessary. Prof McKay advised two areas were being considered to generate additional patient capacity; Discharge Patient Initiated Review (PIR) a process which would allow patients rapid access to clinical teams in the event of deteriorating symptoms or other clinical triggers but could remove the need for routine return appointments and Patient Initiated Follow Up (PIFU) for long term condition management. The actions for transformation would require additional nursing roles and investment and was a key component of the work stream.

Ms McFadyen noted the inpatient metrics advising of the increased challenges. Teams had worked hard to accommodate and balance managing urgent patients and those longest waiting patients. Orthopaedics had the highest volume of patients waiting and the challenge was managing clinical prioritisation however with the number of patients categorised as P4 whilst balancing other specialities it becomes problematic. The scale was multifactorial and the challenge was to address all the elements of care to be delivered.

Prof McKay noted the response to the inpatient challenges were to maximise what was available and to increase capacity. Clinical prioritisation to guide assessment of patient urgency was key and to maximise opportunities for day and short stay surgery. Workforce would be a significant challenge with retaining and increasing the workforce within medical and non-medical roles. The aim was to establish a flexible, well trained workforce, with a clear career progression. Digital technology was key to create more efficient patient pathways and to provide patients with better information and advice to help them manage their own condition with improving pre-op patient management.

Prof McKay highlighted the areas where there had been improvement such as expanding Diagnostic Hubs in Urology and the developments in robotic surgery. A challenge was to protect sites from the peaks of

	unscheduled care by creating elective Hubs, there was potential to increase that within GGC at various sites. Prof McKay noted that all key responses would be necessary to make a positive change on the backlog of patients. Dr Rousselet thanked Ms McFadyen and Prof McKay for the update and invited comments and questions from members. There was discussion on the pressures experienced in General Practice because patients had been unable to see specialists and with the pathway redesign it would be difficult for GPs to do more. In relation to referrals, Prof McKay noted work was ongoing to establish a centralised platform which would allow all information on referral guidance to be immediately available to primary care colleagues and would have information on patients getting back into a service who were on the PIFU programme. In summary, the Forum were content to note the presentation which provided the key areas of focus for planned care. **NOTED**		
18.	**MENTAL HEALTH REMOBILISATION UPDATE**		
	The Forum considered the presentation 'NHSGGC Recovery and Renewal Fund' presented by Dr Martin Culshaw, Deputy Medical Director Mental Health and Ms Jacqueline Kerr, Assistant Chief Officer - Adults and Northwest. Ms Kerr provided a background to Mental Health Recovery and Renewal advising SG produced a mental health strategy in 2017 with a review of mental health services which targeted a number of areas in relation to mental health reform and redesign. In 2019, 17million funding was announced nationally to support the development of mental health services. In GGC the funding was used to develop our own mental health strategy and supported areas of unscheduled care, liaised with services within Acute, police custody and prison health services and psychological support to care homes. The benefit of the funding was the development of the mental health assessment units which had been successful in changing the demand from Acute onto specialist mental health services. In 2020, SG announced further funding of 120 million nationally, 1.2 million was to target waiting times and the backlog and £860k was to target increased psychological therapies. Overall the aim was to increase capacity and workforce numbers across mental health including psychologists and therapists with enhanced training delivery. At present 34.1 whole time equivalents had been recruited. Dr Nadine Cossette was commissioned to examine mental health needs of patients hospitalised due to COVID-19. There was a range of screening and scoping of patients and there were around 2,700 patients within the category. A report was completed with proposals to develop a screening, sign posting and brief intervention service for that patient population.		

Ms Kerr reported SG had requested work on eating disorder services with adult and children, 2 years funding had been agreed to address the challenges around the service. Mental Health and Wellbeing in Primary Care was a key focus with funding of £228k for the development of infrastructure, support, planning and implementation. A report was being developed by the 6 HSCPs to set out their proposal. Ms Kerr advised of the non-recurring funding targeted at Post-Diagnostic Services and was used to extend the current commissioned services for Dementia support. Ms Kerr noted it was a complicated arrangement with the funding streams from the SG and governance structures were considered to ensure there was a coordinated approach to the recovery of mental health services.

Currently there was 1 local delivery planned target that was asked of mental health reportable to SG around the delivery of 18 week waiting time to treatment for psychological therapies. Detailed action plans were developed to address the challenges identified and there were robust processes in place to monitor performance.

Dr Culshaw advised GGC were not at the remobilisation phase and contingency planning would remain as a consequence of the ongoing pressures and challenges. Throughout the pandemic there had been a cohort of patients who previously were not involved in mental health services who were now seeking help and those who were already engaging in services, their conditions had deteriorated. There were noticeable increases with CAMHS presentations in relation to deliberate self-harm and eating disorders. Learning disability patient group were vulnerable during the pandemic as community placement interventions was paused and closed. Overall there was a large increase in the demand which was met by a reduction in staffing, availability and bed capacity.

Dr Culshaw advised to mitigate the challenges there was clinical prioritisation in the community and for inpatients with a RAG (Red Amber Green) rating system developed where status would be reviewed weekly. Dr Culshaw highlighted the significant pressure staff had experienced over the past 2 years and the importance of protecting staff and their wellbeing, insuring they were aware all their efforts were appreciated. It was important to ensure the communication was right noting messaging was prepared for patients and GPs advising of the RAG system to offer reassurance. Work was ongoing with pathway redesign and there were plans to increase adult Acute admission with capacity being focused on Stobhill Hospital.

Dr Rousselet thanked Dr Culshaw and Ms Kerr for the update and invited comments and questions from members.

Mr Millar noted discussion within the presentation of developing pilots to test task shifting/ sharing within pharmacy and advised it would be helpful for further information for discussion at the Area Pharmaceutical Committee. Ms Kerr agreed to share the report with Mr Millar.

	There was discussion around a system wide approach and the opportunities the pandemic had created such as community pharmacy networks to support more timely discharge from hospital. It was highlighted that the existing workforce was used in different ways to build healthcare capacity as a consequence of the pandemic and there were opportunities for pharmacy to adopt new ways of working. Dr Culshaw noted the importance of balance between roles and the need to ensure all posts were attractive going forward. Dr Gamble agreed with Dr Culshaw advising newly qualified staff were going to specialist services or private practice and core services were significantly impacted by the difficulties the specialist services were experiencing with their waiting times and movement of patients. In summary, the Forum were content to note the presentation which provided the key areas of focus for Mental Health Recovery and Renewal. **NOTED**		
19.	**CARE HOME UPDATE**		
	The Forum considered the paper 'Care Home Update' [Paper No. 22/05] presented by Ms Jennifer Rodgers, Deputy Nurse Director - Corporate and Community. Ms Rodgers advised across NHSGGC there were currently 186 registered care homes and the Board Nurse Director had professional oversight from April 2020 which was extended and there were no changes to the Chief Officer's roles and accountabilities. Over the past 2 years work was completed to build on the governance, assurance and professional leadership of the care homes specifically around assurance, improvement and professional leadership. The Care Home Assurance Tool (CHAT) visits were introduced in response to the impact of COVID-19. The visits provided additional specific infection control, nursing support and guidance to care homes in the provision of high quality personalised care for residents. The care homes were responsible for the action plans however were supported by HSCPs and the Care Home Collaborative Team. The visits were 6 monthly or by exception more frequently. Ms Rodgers noted the governance structures which were outlined within the report. Ms Rodgers advised after a year of the CHAT visits and working with HSCPs there was a development session and the Care Home Collaborative (CHC) was developed. The CHC was a collaboration between all 6 HSCPs and was multi-disciplinary and multiagency including representation from the Care Home Managers, HSCP representatives, Scottish Care and Care Inspectorate. Ms Rodgers highlighted the success was the collaboration and effort to improve		

	together with the overall shared purpose of enabling residents to live their best possible lives. The 6 HSCP oversight groups provided intelligence to drive forward 5 key priority work streams; Infection prevention Control, Food Fluid and Nutrition, Person Centred Care, Right Care Right Place and Tissue Viability. Ms Rodgers advised there was significant improvements with Infection Prevention and Control team and they have a referral system in place to support care homes with COVID-19 outbreaks or for education which was welcomed by care homes and the HSCPs. Recruitment had been a challenge, Ms Rodgers highlighted that the post for a Tissue Viability nurse had been posted 3 times. Ms Rodgers noted in conclusion there had been a great deal of work completed around care homes which had robust leadership and rigorous professional and care governance. There was positive progress and key to the success was the joint working across HSCPs, the Care Home Collaborative and other key stakeholders such as the Care Inspectorate. Dr Rousselet thanked Ms Rodgers for the update and invited comments and questions from members. Ms Murray advised teams had to be careful as care home managers had felt under intense pressure with police investigations and media reports. There was a lot of work to ensure care homes understood the role of the Care Home Collaborative which was supportive and not a regulation role. There were twice weekly meetings where collaborative nurses attended to provide targeted training and offer specialist advice. In summary, the Forum were content to note the framework, governance processes and the positive early results. **NOTED**		
20.	**BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINES POINTS AND MINUTES TO NOTE**		
	Area Allied Health Professions and Healthcare Scientists Committee Dr Hamilton advised the previous meeting was held on 17th March 2022. There was a presentation on the Care Home Collaborative which was a useful engagement that enabled connections to be built between the AAHP professions such as speech and language therapy and podiatry. There was discussion on the challenges experienced with recruitment and retention and the concept of expanded roles. AAHP had been supporting nursing roles for some time and had created backlogs within their own specialisms. Dr Hamilton advised staff using their own car for NHS business was highlighted with the rise in fuel prices. Ms Grant noted the concerns		

	were raised through the Area Partnership Forum and Ms Anne MacPherson was taking the action forward with SG proactively. There was a general rise in complaints noted with patients not understanding why restrictions such as social distancing were causing long waits for appointments. A future engagement was arranged with the Head of Sustainability. Dr Hamilton highlighted it was almost 3 years without having a professional lead for Health Care Scientists. It was a significant staff group across the Board and the only one without a professional lead. Dr Hamilton requested that the action remained on the RAL until a Healthcare Science lead was in post. Ms Wallace advised she had taken over the action from Dr McGuire and would discuss further with Dr Hamilton. The Forum were content to add the action to the RAL. <u>Area Medical Committee</u> Dr Taylor reported the last Area Medical Committee meeting was held 18th March 2022 and the focus was COVID-19 update noting community assessment centres had now closed. Patients with COVID-19 in communities were now being cared for by GP practices which had created additional challenges. <u>Area Dental Committee</u> Dr Kidd advised the Committee were due to meet again early May. Discussion at the previous meeting was around challenges with remobilisation of dental services with IPC restrictions on aerosol procedures. Restrictions were eased and there were now non-restrictive pathway protocols that were useful in general dentistry which had increased capacity. SOP were yet to be embedded however practices were starting to see throughput. There was positivity around the day to day work with the changes for practices in waiting areas with social distancing however the funding challenge remained ongoing. Dr Kidd noted the messaging nationwide could be clearer around masks in healthcare settings as patients were becoming frustrated with miscommunication. Staff recruitment and retention was difficult, noting many dental nurses left through the pandemic as working with full PPE on a low salary was not appealing. Dentists were also leaving dentistry or retiring and last year there were no dental graduates to recruit at a loss of 120 into the system. <u>Area Psychology Committee</u> Dr Gamble advised at the previous meeting discussions were around the workforce and that trying to retain staff in core teams were challenging. CAMHS highlighted that although the pandemic created greater challenges their difficulties pre-existed that. There were changes to specialist services and the criteria noted particularly within the trauma		

	service which impacted on their waiting list and there were many frustrated service users for being moved around the system. <u>Area Pharmaceutical Committee</u> Mr Millar advised at the meeting held 16th February there was discussion on a pharmacy based service for COVID-19 Antiviral treatments for non-hospitalised patients. There was liaison between community pharmacy and the Acute sector to ensure patients received treatment in their homes whist there was a surge of COVID-19 cases. It was a positive development that involved a great amount of work. Recruitment of pre-registration pharmacy technicians was highlighted noting the new qualification was at a higher level, with clinical work involved and would have a positive impact in years to come. The East Renfrewshire Care at Home Service Medication Policy was discussed and positively received. Mr Millar offered reassurance to Dr Kidd that the recommendation to switch to Penicillin from Amoxicillin for bacterial infections in the mouth was highlighted to the Committee. <u>Area Optometric Meeting</u> Dr Rousselet advised the previous meeting on 28th March was a positive meeting. There were no complaints from patients and the focus was on communication of new services to be introduced. The Chair thanked members for the updates from the respective Advisory Committees and the Forum were content to note the update provided. **<u>NOTED</u>**		
21.	**CORPORATE RISK REGISTER**		
	The committee considered the paper 'Corporate Risk Register' [Paper No 22/07] presented by the Chief Risk Officer, Mr Andrew Gibson. Mr Gibson advised the report was to provide an update on the current Corporate Risk Register, with specific reference to risks relevant to the Area Clinical Forum. Mr Gibson reassured the Forum that the challenges discussed at the meeting were reflected in the Corporate Risk Register. The report was a point in time report, which changed regularly and could be tracked at future meetings on the changes over time. The Corporate Risk Register comprised of 22 risks and each risk was aligned to the most appropriate standing assurance committee for ownership and management. In addition the full Corporate Risk		

	Register was reported to the Audit & Risk Committee on a quarterly basis. Dr Rousselet thanked Mr Gibson for the update. There were no questions or comments raised by members. In summary, the Forum were content to note the Corporate Risk Register. **NOTED**		
22.	**REVIEW OF TERMS OF REFERENCE**		
	The committee considered the paper 'Area Clinical Forum Terms of Reference' [Paper No 22/08] presented by the Chair, Dr Lesley Rousselet. Dr Rousselet invited comments and questions from members. Dr Taylor noted concerns with section '3:11 – Officers of the Forum' and highlighted members were not elected onto the Forum it was a membership of Chairs and Vice Chairs of Advisory Committees and the maximum term of 4 years was not necessarily required. Dr Rousselet agreed to discuss the comment further with Ms Elaine Vanhegan. **NOTED**		**Dr Rousselet**
23.	**CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD**		
	Dr Rousselet invited members to raise any other competent business. No other business was raised and Dr Rousselet thanked members and the Executive Team for their expertise and contribution and closed the meeting. **NOTED**		
24.	**DATE OF NEXT MEETING**		
	Thursday, 9 June 2022 at 2PM.		