



NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Area Clinical Forum
held on Thursday 12 December 2024 at 2pm
Via Microsoft Teams**

Present

Dr Lesley Rousselet (in the Chair)

Ms Anita Belbin	Dr Lucy Gamble
Ms Karen Brazier	Ms Helen Little
Dr Scott Davidson	Ms Kathy McFall
Dr Mark Fawcett	Mr Steven Meldrum
Ms Sarah Freel	Ms Morven McElroy

In Attendance

Ms Aimie Holland	Lead Clinical Improvement Co-ordinator
Ms Helena Jackson	Head of Health and Social Care Staffing Act
Mr Jordan Livingstone	Business and Administration Manager
Ms Abbie Maxwell	Secretariat (Minute)
Ms Ann McLinton	PCHC Programme Manager
Professor Angela Wallace	Executive Director of Nursing

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58.	Welcome And Apologies		
	The Chair welcomed those present to the December meeting of the Area Clinical Forum: Apologies were noted on behalf of: <ul style="list-style-type: none"> - Josh Miller - Denise Wilkinson - Anne Thomson 		
	NOTED		

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59.	Declarations Of Interest		
	<p>The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.</p> <p><u>NOTED</u></p>		
60.	Minutes Of Previous Meeting		
	<p>The Forum considered the minute of the Area Clinical Forum meeting of 10 October 2024 [ACF(M) 24/05].</p> <p>The Forum was content to approve the minutes as an accurate record of proceedings pending the following amendment:</p> <ul style="list-style-type: none"> - Change to page 4 Psychology update: “Ongoing work piloting creation of safe confidential spaces for patients to have access to digital resource e.g. for sessions, who do not have access in daily life” <p><u>APPROVED</u></p>		
61.	Matters Arising		
	<p>a) Rolling Action List</p> <p>The Forum considered the Rolling Action List and agreed that updates would be discussed out with the meeting.</p> <p><u>NOTED</u></p>		
62.	Health and Social Care Staffing Act		
	<p>Presentation provided by Ms Helena Jackson, Head of Health and Social Care Staffing Act Programme. The following points were highlighted:</p> <p>An implementation action plan had been developed and testing continued by introducing activities and actions.</p> <p>Several Short Life Working Groups had been established including Time to Lead Group, Clinical Advice and Assurance Group, Agency Reporting Group and the Real Time Staffing Escalation. The Real Time Staffing Escalation Group was a priority area which required the team to assess some of the tools available and the system for recording staffing in real time as described in the Act.</p> <p>The Forum noted that the Health and Care Support Worker review was ongoing.</p>		

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	<p>Some activities were embedded straight into business-as-usual organisational structures during testing with a subgroup for the common staffing method, becoming part on the Nursing and Midwifery Workforce Group and quality aspects of the Act were closely aligned to the Quality Strategy.</p> <p>A Standard Operating Procedure (SOP) had been implemented in relation to real time staffing, risk escalation and what to expect in terms of any law aspects which may be incorporated. Local areas were encouraged to create a more centralised version of this.</p> <p>The recommendation on the tool was to move straight towards safe care, which would be the defect national tool in the future.</p> <p>HIS were developing safe care to include staffing level tools to move away for SSTS which was becoming an aged system and would be closed in the future.</p> <p>In relation to the Time to Lead Group, an interrelated Standing Operating Procedure (SOP) had been created and published and the focus was to implement this at a local level.</p> <p>Following additional guidance from the Scottish Government on planning in securing the services, work had progressed, and various activities had been considered.</p> <p>Work in relation to independent contractor aspects remained ongoing, and there were still some outstanding queries on this with the Scottish Government.</p> <p>There was hope that the Common Staffing Method Plan would be delivered by the end of December.</p> <p>A workshop had been carried out within the Programme Board, which involved some assurance work, and a position report would be shared with the Corporate Management Team by the end of December.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
63.	Quality Strategy Update		
	Presentation provided by Ms Ann McLinton, PCHC Programme Manager. The following points were highlighted:		

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	<p>The Quality Strategy had been approved at the NHSGGC Board meeting in June 2024, and was titled the Strategy “Quality, Everyone, Everywhere” to be inclusive over everybody within the Board including Patients, Staff, Families and Carers.</p> <p>The Strategy was created to ensure that all patients experienced high quality individualised person-centred care and be recognised as a World Leading Quality Healthcare Organisation. There had been significant engagement and coproduction to achieve the current version of the Strategy. This included feedback from an accelerated design event held in November 2023.</p> <p>An implementation plan had been developed and implementation phases had been split into activities. The approach of implementation and governance of the Strategy had been presented at CMT and Informal Directors.</p> <p>Key deliverables had been developed under each of the 5 priorities which were included within the Quality Strategy.</p> <p>A Design and Development Group had been established as part of the Strategy development phase and after Board approval the group had been re-established to work together to co-design the approach to implementation to launch into the evaluation piece.</p> <p>The monthly newsletter had been re-established and shared within the Core Brief.</p> <p>Work had been taking place with Health Improvement Scotland to develop an evaluation tool which would assist with developing the quality management approach.</p> <p>A different approach to the governance model had been presented to Corporate Management Team in November 2024 which would be used going forward.</p> <p>The Implementation plan would be reviewed annually and reported quarterly throughout the Trajectory and would be influenced by both the Quality Strategy Programme Board and Board Members.</p> <p>The next steps were to ensure there is engagement across the organisation and continue to increase awareness on the quality programmes of work which were being taken forward.</p> <p>The Committee were content to note this update.</p> <p>NOTED</p>	

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64.	Executive Update		
	<p>Verbal update provided by Professor Angela Wallace, Nurse Director and Dr Scott Davidson, Medical Director, Acute.</p> <p>The work on the Winter Plan remained ongoing, which included considering how capacity could be increased in the Community and care for patients out with Acute.</p> <p>It was agreed that an update on Moving Forward Together would be submitted to the Committee in the next few months.</p> <p>HIS inspections remained ongoing across 3 adult Emergency Departments which would be reported on in Spring 2025.</p> <p>Dr Davidson had an action from HIS Inspections relating to Community Glaucoma Service, however, a full update was awaited.</p> <p>All systems remained under pressure, with a focus on preparing for actions within the Winter Plan, preparing for the upcoming holidays and opening extra capacity within Hospitals to assist with the winter surge.</p> <p>A vast amount of work had been carried out to create a Delayed Discharge reset, and a video called “The Last Thousand Days” had been shared to raise awareness on those with serious illnesses in their final days. The Forum noted that the Delayed Discharge position remained challenged, and numbers had increased. The Boards mid-year review with the Scottish Government was due at the end of the week, and Delayed Discharges would be discussed then.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		Dr Davidson/ Secretariat
65.	Annual Review 2024		
	<p>The Committee discussed the issues raised at the recent Annual Review in November, which was an opportunity to shared any concerns or issues with the Cabinet Secretary.</p> <p>There had been discussions relating to the GPIT system, and concerns were noted that that the company had gone into administration.</p> <p>The Committee agreed that it was a positive experience.</p> <p><u>NOTED</u></p>		

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66.	Brief Update from Each Advisory Committee on Salient Business Points and Minutes to Note	
	<p>The Chair invited members to raise any salient issues regarding the following Committees:</p> <p><u>Area Medical Committee</u></p> <p>The GP Subcommittee reported challenges due to the Winter surge.</p> <p>It was agreed that within the Area Medical Committee, that regular updates would be provided on the situation for “Vision”.</p> <p><u>Area Allied and Healthcare Professional & Healthcare Scientists Committee</u></p> <p>Discussions were ongoing regarding engagement within the Committee. The Forum noted that the Terms of Reference had been reviewed and amendments made to the membership.</p> <p><u>Area Optometric Committee</u></p> <p>The Forum noted that Primary 7 screening had stopped, and a letter had been drafted to assist Parents/Teachers with signposting if the child had any issues with their vision.</p> <p>Ongoing delays within the Community Glaucoma Service were noted.</p> <p>There was a new Masters Optometry Course with Glasgow Caledonian University which commenced this year. This would allow all newly qualified Optometrists to graduate as an Independent Prescriber.</p> <p>The Head of Optometry post had now been filled, and the successful candidate was now in post.</p> <p><u>Area Dental Committee</u></p> <p>There had been a study day for all Dental colleagues in December, which received a very positive response.</p> <p>There were ongoing issues in relation to SCI Gateway Referrals, and the Image Exchange Portal for patient imaging.</p> <p><u>Area Psychology Committee</u></p>	Ms McElroy

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	<p>There were concerns regarding the gaps in posts, and delays in recruitment, particularly within Mental Health. The Forum noted that there were no professional leads within some of the Psychology departments.</p> <p>Come concern was raised regarding permanent psychological therapies posts and the decision to not to replace the post.</p> <p>Concerns were also highlighted regarding the prescribing of potentially harmful ADHD medications if the patient had not received a formal ADHD diagnosis.</p> <p><u>Area Pharmaceutical Committee</u></p> <p>There was no update due to apologies.</p> <p><u>Area Nursing and Midwifery Committee</u></p> <p>There was no update due to apologies.</p> <p>The Committee were content to note the updates provided.</p> <p><u>NOTED</u></p>		
67.	National ACF Chairs Group Update		
	<p>Verbal update provided by Dr Lesley Rousselet, Chair of the ACF.</p> <p>New changes had been made across the system, and it was discussed that at subcommittee level they had wished to maintain the focus of interest and had been looking for some of the subcommittees to share lessons learned, good lessons and areas for improvement.</p> <p>The Committee were content to note this update.</p> <p><u>NOTED</u></p>		
68.	ACF Members Only – Open Discussion		
	<p>The Chair invited members to discuss any issues they wished to raise to the group.</p>		
69.	Closing Remarks and Key Messages for the Board		
	<p>The Chair thanked members for their attendance and for the presentations and updates provided.</p>		

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70.	Date and Time of Next Scheduled Meeting		
	The next meeting would be held on 13 th February 2025 at 2pm, via MS Teams.		