ACF (M) 21/06
Minutes: 65-77

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Clinical Forum On Thursday 9 December 2021 at 2pm, via MS Teams

PRESENT

Dr Lesley Rousselet
(in the Chair)

Dr Jane Burns	Chair of the APsychC
Dr Anita Belbin	Vice Chair of the ADC
Ms Lucy Gamble	Vice Chair of the APsychC
Dr Ruth Hamilton	Chair of the AAHP and HCS
Dr Simon Kidd	Chair of the ADC
Mr Ian Millar	Chair of the APC
Dr Alistair Taylor	Chair of the AMC
Mrs Jane Grant	Chief Executive
Dr Jennifer Armstrong	Medical Director

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Gail Caldwell	..	Director of Pharmacy and Prescribing
Dr Scott Davidson	..	Deputy Medical Director - Acute Services
Ms Donna Hunter	..	Chief Nurse / Head of Service – Public Protection
Ms Lorna Kelly	..	Director of Primary Care
Ms Fiona MacKay	..	Director of Planning
Ms Anne MacPherson	..	Director of HR&OD
Dr Margaret McGuire	..	Director of Nursing
Dr Paul Ryan	..	Non-Executive Board Member
Ms Fiona Smith	..	Director of AHPs
Ms Jennifer Haynes	..	Corporate Services Manager (Minute)

			ACTION BY
65.	**WELCOME AND APOLOGIES**		
	Dr Lesley Rousselet welcomed those present to the meeting of the Area Clinical Forum, which was held remotely via MS Teams. **NOTED**		

66.	**DECLARATIONS OF INTEREST**		
	Dr Rousselet invited members to declare any interests in any of the items being discussed. There were no declarations made. **NOTED**		
67.	**MINUTES OF THE PREVIOUS MEETING OF THURSDAY, 27 OCTOBER 2021**		
	The Forum considered the minute of the Area Clinical Forum meeting of Thursday 27 October 2021 [ACF (M) 21/05] and were content to approve the minutes as an accurate record. **APPROVED**		
68.	**MATTERS ARISING**		
a)	**ROLLING ACTION LIST** The Forum reviewed the items detailed on the Rolling Action List [Paper No. 21/21] and the following matters were discussed: Healthcare Quality Strategy: Culture and Leadership Dr Rousselet raised third party contractors accessing Public Protection and TURAS modules, and confirmed she would ask about that under the relevant item. CAMHS Representative Dr Rousselet suggested that a CAMHS representative should be organised for the next meeting. Dr Rousselet also mentioned the recent Board Develop Session about sustainability, and asked whether the Forum would like to have a future item on this topic. Both Dr Taylor and Mr Millar described meetings they had attended with a sustainability element, which they had found useful. Secretary to update the Rolling Action List. **NOTED**		**Secretary**
69.	**COVID-19 UPDATE**		
	Mr Best, Chief Operating Officer, provided an update on the current position with respect to COVID-19 in the Acute Sector. Mr Best described the new variant, and how NHSGGC is responding.		

	Mr Best described a reduction in the number of inpatients in NHSGGC acute hospitals, with 126 positive inpatients, and 7 in-patients with COVID-19 in Intensive Care Units. The number of new cases was 14 the previous day, which was a reduction on recent numbers. Mr Best described continued pressure on A+E Departments, with 250 patients attending the Royal Hospital for Children the previous day. Many children attending were presenting with respiratory symptoms, which was thought to be linked to the period of school closures during lockdown. Mr Best also described a slight upturn in staff absent from work for COVID-19 illness, as well as situations in other Health Boards where entire departments had contracted the virus, were therefore absent from work, and neighbouring Health Boards had been contacted for support. It was thought this could be related to the approaching festive season, and socialising outside of work. Mr Best described that there was confidence that the numbers of inpatients would continue to decrease. He explained that 5 wards were currently closed with COVID-19, and an additional 2 wards at Glasgow Royal Infirmary closed with norovirus, which was normal for the time of year. The volume of ward closures was reducing, and the focus was on supporting front line staff with winter pressures, as well as encouraging staff to get both COVID-19 booster and flu jabs. Mr Best further elaborated that acute colleagues were working with Public Health, colleagues in WoS Boards, and the Golden Jubilee National Hospital, to maximise capacity opportunities. Dr Rousselet thanked Mr Best for the COVID-19 update. Members were content to note the update, and were assured by the information provided. **NOTED**		
70.	**Update on Ongoing Board Business, QEUH/RHC Case Note Review and Oversight Board Reports Action Plan**		
	Mrs Grant, Chief Executive, provided an update in respect of ongoing Board business, as well as matters concerning the QEUH / RHC. Mrs Grant described winter pressures and unscheduled care pressures, as well as noting that although COVID-19 figures in hospitals were decreasing, positive cases in the community were rising. She described that NHSGGC continued to manage urgent cancer and surgery cases, against a backdrop of climbing waiting lists, which would be closely managed over winter. Mrs Grant confirmed that RMP4 had now been signed off by the Scottish Government, and would be going to the Board Meeting on 21 December 2021, and then in public domain.		

	Mrs Grant noted that in the last 2 weeks, there had been further media attention about the QEUH/RHC. She confirmed there was active dialogue with the Scottish Government, and the senior leadership team wished to do everything possible to support clinical staff, who were doing an outstanding job. Dr Rousselet described the support to from sub committees, and that their thoughts and thanks went out to all those working hard on the QEUH/RHC issues. Dr Rousselet also noted her appreciation of Mrs Grant's honesty and candour during her updates, and for keeping the forum up to date. Mrs Grant in turn thanked the Forum for their support. Members were content to note the update from the Chief Executive on ongoing Board business. **NOTED**		
71.	**WINTER PLANNING AND UNSCHEDULED CARE UPDATE**		
	The Forum received a presentation by Ms MacKay, Director of Planning, regarding winter planning. Ms MacKay described that winter pressures were linked with the remobilisation plan. Ms MacKay noted that assumptions were considered, including non COVID-19 demand increasing, and that patients would present late, with higher acuity. There had also been an assumption that COVID-19 would continue to be an issue, and therefore the green and red pathways would remain. It was also assumed that unscheduled care in acute hospitals would be back at pre-pandemic levels, and that would impact elective care. Ms MacKay noted that a lot of planning had gone into prevention and vaccination (both COVID-19 and flu), and test and protect. In terms of primary care, Ms MacKay noted the high demand and workforce capacity issues. COVID-19 pathways remained in place, to protect staff and patients, as did support to care homes, with funding in place to help support that agenda. Ms MacKay discussed urgent care, with efforts to predict activity, and keep people coming for the right care, at the right place, at the right time. She described that this included redirection from A+E departments, which launched in November 2021. Ms MacKay said there were a number of activities underway, including in the RHC and community, with emphasis on workforce. There were 577 newly qualified nurses recruited, and funding in place from the Scottish Government to recruit more Health Care Support Workers.		

	Ms MacKay confirmed the full RMP4 was going to the Board Meeting on 21 December 2021. Dr Davidson. Deputy Medical Director, then presented on unscheduled care, also emphasising the right care, right place, right time agenda. Dr Davidson noted the opportunity to transform how unscheduled care is delivered. The primary focus of Stage 1 was flow navigation, and with that now embedded, focus was moving to Stage 2. Dr Davidson confirmed that the structure of this work in NHSGGC was a dedicated General Manager, with subgroups, redirection work streams, and a steering group. Flow navigation went live in December 2020, expanded to include paediatrics in June 2021, and is delivered by Consultants, GP and Advanced Nurse Practitioners. Dr Davidson confirmed that from September 2021, the number of referrals began to decline. The referrals come from NHS24, and the position was not unique to NHSGGC. Dr Davidson confirmed that there had been 16,276 attendances to the Flow Navigation Centre since it opened, with 32% calls closed, preventing face-to-face attendances at an Emergency Department (ED) or Minor Injury Unit (MIU). 24% of patients continued to be referred to ED, but that should improve as additional pathways are embedded. For Phase 2, Dr Davidson noted that larger pathways with historically high ED / MIU presentations were the focus, which were musculoskeletal, superficial head injury, cellulitis and abdominal pain. Dr Davidson also confirmed that Phase 2 was about supporting pathways, with, for example, the Scottish Ambulance Service, care homes, pharmacies and GPs. The Scottish Government were also keen to look at interface care, and had given non-recurring £2.5m to support this. Dr Davidson also noted that redirection was now in place, which is about advising patients who present at EDs to attend an alternative, more appropriate service for their needs. Dr Davidson confirmed that it was important that this was done in a collaborative, constructive and supportive way. Dr Davidson confirmed there had been a recent and soft launch of redirection, and the benefits would be monitored. Dr Taylor agreed with Dr Davidson's comments on effective communication, noting that there have, historically, been issues with the interface between primary and secondary care. Dr Davidson said he felt it was incumbent on secondary care to ensure that GPs do not have to make multiple calls, and to make sure processes are as simple and streamlined as possible. Mr Millar noted that whilst community pharmacy was helpful for many patients, sometimes patients are not suitable for pharmacy. It was therefore important to have established two-way communication		

	channels. Dr Davidson agreed, confirming that was one of the main purposes of flow navigation for that very thing. Ms Caldwell agreed, noting work on improving integrative pathways. Members welcomed the presentation and were provided with assurance by the information provided. **NOTED**		
72.	**PUBLIC PROTECTION UPDATE**		
	Ms Hunter, Chief Nurse and Head of Service for Public Protection, was invited to give a verbal presentation, to update the Forum on key issues. Ms Hunter explained that historically, the unit had been solely for child protection, but since the beginning of 2021, also included adult protection. With regards to child protection, Ms Hunter described new national guidance, and the unit had been delivering training staff. The main changes that had come with the new guidance were around responsibility for protecting children, and supports for collaborative working. Ms Hunter also explained that Getting It Right For Every Child (GIRFEC) language was embedded in the guidance. Ms Hunter explained that she was part of the national implementation group for the new guidance, which would be rolled out over the next 18-24 months. Scottish Government facilitators were in place to support to roll out, to ensure consistency across Scotland. Ms Hunter noted that the number of child protection referrals had risen by 53% since the beginning of the pandemic, and that the number continued to rise. An additional 4 nurses for 1 year fixed term were in place. As per the new guidance, health, social care and police should meet within 24 hours of a referral. In reality, the unit was achieving that within 5-6 days, but with the new staff in place, it was now 24-48 hours. Expert clinical supervision will also restart. Ms Hunter confirmed that they had been advised by Fiscal that there will be Fatal Accident Inquiry for a child. She had met with colleagues in the Central Legal Office, but was yet to be advised of the specifics of the case. With regards to adult protection, Ms Hunter confirmed that there was a new Lead Nurse in post, and training was being offered throughout the organisation, however, uptake had not been high, so evenings and weekend dates have been offered, as well as 7 minute video briefings. There had also been engagement with staff to ask what they would find helpful, and actions taken as a result.		

	Staff from the unit had also been completing a specialised Adult Protection course at Stirling University, meaning an additional 4 staff will be dual trained in both child and adult protection. Ms Hunter also mentioned a specific case review and action plan to ensure learning for Adult B, who had been in receipt of care from community and acute. Dr Hamilton asked who the named person (under GIRFEC) would be for a child that is home schooled. Ms Hunter confirmed she would speak to education colleagues for a clear answer to this question. Dr Rousselet described that some contractors, such as optometrists, have had concerns about children they have seen, and a potential lack of clarity on who to contact, as NHSGGC staff net resources were not accessible to them. Ms Hunter noted that the unit were happy to do training, and that the Public Protection website was currently being updated, so that by January 2022, there will be clear links for local contacts. Dr Taylor noted that there can be limited Learnpro access, and Ms Kelly confirmed that there were a certain amount of accounts for contractor group access. Dr Kidd also noted the difficulty for GPs and dentists accessing such resources. Dr McGuire noted the duty of care and responsibility of the Board to ensure all staff have access to training, so this matter would be taken to the national group via NES. Members welcomed the presentation and were provided with assurance by the information provided. **NOTED**		**Ms Hunter**
73.	**PRIMARY CARE IMPROVEMENT PLANS**		
	Ms Kelly, Director of Primary Care, delivered a presentation on progress with Primary Care Improvement Plans. Ms Kelly described that the transformational change programme for GPs, which aimed to improve access, address inequalities and improve population health over a 10 year period. This was around redefining the GP role, for patients who most need them. Ms Kelly confirmed that the priorities were the vaccination programme, pharmacotherapy, community treatment and care services, urgent care, community link workers and additional professional roles. The programme was brought in in 2018 under the GMS contact, and was therefore well underway, but had been impacted by COVID-19 and remobilisation, although this had also brought some increased opportunities. There was also an affordability gap, so all priorities could not necessarily be achieved for every practice.		

	Ms Kelly confirmed that as part of this work, 500 staff have been recruited over all priority themes. For pharmacotherapy, all practices have access, although there were issues in equity. All childhood and flu childhood vaccinations had transferred. Ms Kelly confirmed the programme was on track to meet March 2022 commitments, with some specific exceptions. In terms of the differences the programme was making, Ms Kelly confirmed that the extended MDT was now an established part of core general practice provision, and there had been a positive impact on the use of GP time, linked to key priority areas. Next steps and priorities included delivering workforce service model trajectories to meet the revised contractual commitments. Dr Taylor noted that he felt the programme had been helpful, but that its achievement had been limited thus far. He felt there was still a lot of work to move forward, but did note his view that the Board and HSCPs had worked well with GPs. Ms Smith made reference to musculoskeletal services, and when looking at workforce strategy, this was a challenge in terms of remodelling and delivery. Ms Smith noted that whole system approaches can create convoluted routes. Ms Kelly agreed, but noted that it was not just about advanced practice, but about all practice. Dr Armstrong asked about cervical screening in primary care. Ms Kelly confirmed this had been paused for a period, but was now back up and running, although there were challenges with overall demand. Mr Millar commented on the development of pharmacotherapy, and the issue of retaining trained and knowledgeable staff. Ms Kelly confirmed this was part of workforce planning and support. Dr Burns made reference to adult mental health in terms of variability, and some third sector services not running during COVID-19. Ms Kelly acknowledged this point, and the variability of referrals and knowing where to refer to was discussed. Dr McGuire discussed advance nursing practice, and the good governance around it. New advance practice roles need go through Dr McGuire and the NMAP team. Dr Taylor raised concerns about GPs being the default community position, but that there were not enough GPs, and that statistics did not necessarily give the true picture. Ms Kelly thanked Dr Taylor, noting that this was being monitored, and the task was to unpick the consequences of demand and what that means. Members welcomed the presentation and were provided with assurance by the information provided. **NOTED**		

74.	**CULTURE AND COLLECTIVE LEADERSHIP UPDATE**		
	Ms MacPherson, Director of HR&OD, was invited to deliver a presentation on Culture and Collective Leadership. Ms MacPherson noted that this work began in February 2019, following agreement to establish a Culture Framework for NHSGGC. This would apply learning from the Sturrock report, with a leadership on staff wellbeing and resilience, which had become particularly important during the pandemic. Ms MacPherson noted that the Culture Framework was about having clear and consistent organisational messages to staff, and having managers and clinical leads with effective leadership skills. It was also about building trust and integrity, listening to staff, and regularly reviewing the efforts. The priorities for 2020/21 had been agreed by the Corporate Management Team, and work such as Investors in People, Celebrating Success and Civility Saves Lives was well underway. There was also a pathway in place for management and leadership skills development. Ms MacPherson confirmed that as part of this wok, employee engagement and experience had been considered, through whistleblowing, iMatter and Collaborative Conversations. There were also additional activities delivered, such as the staff mental health and wellbeing plan, peer support, and coaching. Members welcomed the presentation and were provided with assurance by the information provided.		
75.	**BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS AND MINUTES TO NOTE**		
	Dr Rousselet invited the Chairs of each Advisory Committee to give an update on salient points of business. <u>Area Allied Health Professionals ad Health Care Scientist Committee</u> Dr Hamilton confirmed that Ms Helen Little had agreed to become the Vice Chair, so would attend the Area Clinical Forum going forward. <u>Area Medical Committee</u> Dr Taylor noted the primary care presentation Ms Kelly had delivered, as well as mentioning a presentation the Hospital Sub Committee had received on sustainability.		

	Area Dental Committee Dr Kidd offered his thanks to NHSGGC for the seamless delivery of the vaccine programme this year. He also mentioned the remobilisation of dental services, and his disappointment of Scotland's application of the APC guidance, which is different to the other home nations. This has had an impact on repeat prescriptions and the general anaesthetic list for children. Area Psychology Committee Dr Burns confirmed there were long waits for CAMHS, Trauma Services and CMHT. Vacancies were a factor in this issue, as there were not enough eligible candidates to recruit into vacant positions. Area Pharmaceutical Committee Mr Millar discussed the environmental impact of inhalers and changes to pharmaceutical independent prescribers, which had posed challenges. Area Optometric Committee Dr Rousselet described that there had been a number of meetings over the previous few weeks, progressing discharge for glaucoma patients. **NOTED**		
76.	**CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD**		
	Dr Rousselet thanked all of the members and the Executive Team for their expertise and contribution, and reiterated the support to the Executive Team and the Board for their handling of issues related to infection at the QEUH/RHC. Dr Rousselet wished the Forum a happy Christmas.		
77.	**DATE OF NEXT MEETING**		
	Thursday 10 February 2022 at 2.00pm		