

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Area Clinical Forum  
held in Meeting Room B, JB Russell House, Gatnavel Royal Hospital,  
on Thursday 5<sup>th</sup> December 2019**

**PRESENT**

Mrs Audrey Thompson (in the Chair)

Dr Gayle Cooney	Vice Chair of APsychC
Dr Cerys MacGillivray	Vice Chair of ACF
Dr Lesley Rousselet	Vice Chair of AOC
Dr Yas Aljubouri	Joint Chair of ADC
Dr Ruth Hamilton	Chair of AAHP&HSC
Ms Joanne Findlay	Vice Chair of AAHP&HSC
Ms Kathy Kenmuir	Vice Chair of ANMC

**IN ATTENDANCE**

Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Dr Scott Davidson	..	Deputy Medical Director, Acute
Mr Jonathan Best	..	Chief Operating Officer
Dr Jennifer Armstrong	..	Medical Director
Mrs Geraldine Mathew	..	Secretariat Manager
Ms Debbie Schofield	..	Public Health Programme Manager (For Item 68)

		<b>ACTION BY</b>
<b>66.</b>	<b>WELCOME AND APOLOGIES</b>	
	Apologies for absence were intimated on behalf of Ms Claire Ritchie, Ms Julie Murray, Ms Julie Tomlinson, Mr Iain Miller, Ms Gail Caldwell, and Ms Pamela Joannidis.	
	<b><u>NOTED</u></b>	
<b>67.</b>	<b>DECLARATIONS OF INTEREST</b>	
	The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.	
	<b><u>NOTED</u></b>	
<b>68.</b>	<b>HEALTH PROMOTING HEALTH SERVICE (HPHS)</b>	
	The Chair welcomed Ms Debbie Schofield, Public Health Programme Manager, to the meeting. Ms Schofield provided a presentation on Health Promoting Health Service Implementation across NHSGGC Hospitals. She provided a background of the work and noted the CMO Letter (3) 2018 which contained	

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<p>guidance and a self-assessment tool. The updated guidance included a reduction on the emphasis on monitoring data, as was the challenge with previous HPHS frameworks, and a greater focus on leadership, governance and setting of clinical priorities at Board level. She also noted the review of the Acute Health Improvement and Inequalities Group. The ethos of the work was centred on viewing every healthcare contact as a health improvement opportunity.</p> <p>Ms Schofield provided an overview of progress made in 2018/19 and noted that NHSGGC had the highest number of health improvement and inequalities interventions nationally, with over 25,000 interventions recorded. £12m of total financial gain was achieved for people through referrals from Acute Services to the Money Advice Service.</p> <p>She also noted the challenges including the size and scale required for routine individual needs assessment and support; alignment of interventions with clinical priorities; improvement of clinical leadership to impact on practice; a system-wide coordinated action on themes; and tailored interventions in clinical pathways.</p> <p>A review of the Acute Health Improvement and Inequalities Group (AHIG) was undertaken, with key areas of note including strengthening of connections amongst clinical leads and robust priority setting. A workshop session took place on 11<sup>th</sup> December 2019, attended by Mr Jonathan Best, Chief Operating Officer, to consider the top priorities. Feedback received from the session indicated that priority should be given to communications, visibility and ensuring that communications with patients were clear and easily understood.</p> <p>Mrs Thompson thanked Ms Schofield for the presentation. She noted that the Area Clinical Forum welcomed the opportunity to be involved in this work and it was agreed that the presentation slides would be circulated to the respective Sub Committees. Mrs Thompson invited comments and questions from members.</p> <p>Dr Aljubouri commented on links with independent contractors such as Dentists and Opticians. He felt that a clear and uncomplicated referral process was key to promoting this with independent contractors, who were ideally placed to assist with this work.</p> <p>In response to questions from members in respect of the links created with Mental Health, Ms Schofield assured members that this area remained a priority. She recently met with key colleagues, where it was agreed that management of clinical interventions remained a top priority. Consideration was being given to hosting a workshop for Mental Health to explore how links could be reinforced.</p> <p>Discussion took place about the opportunity to strengthen health improvement messages through Optometrist training, particularly in respect of mental health training and drug and alcohol training. Dr Rousselet suggested that a consistent approach could be achieved by working with NES to develop training packages.</p> <p>This led to further discussion about independent contractor access to the clinical portal. Members highlighted the importance of safe care for patients and safe support for practitioners and felt that regulated access to the clinical</p>	
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	<p>portal would enhance this.</p> <p>In summary, Ms Schofield agreed to share the outcomes of the workshops held to members, along with the presentation slides provided, which would be circulated to Sub Committees, for further discussion and identification of leads.</p> <p><b><u>NOTED</u></b></p>		<b>Ms Schofield</b>
<b>69.</b>	<b>MINUTES OF THE PREVIOUS MEETING OF THURSDAY 3<sup>RD</sup> OCTOBER 2019</b>		
	<p>The Forum considered the minute of the Area Clinical Forum Meeting of Thursday 3<sup>rd</sup> October 2019 [Paper No. ACF(M)19/05] and were content to approve these as an accurate record, subject to the following amendments:-</p> <p>Item 53 – Apologies and Welcome – Ms Kenmuir had given apologies for the meeting. In addition, there was a spelling error corrected in paragraph 2.</p> <p><b><u>APPROVED</u></b></p>		
<b>70.</b>	<b>QEUH AND RHC INTERNAL REVIEW UPDATE AND NHS SCOTLAND ESCALATION</b>		
	<p>Dr Armstrong provided an update on progress of the Internal Review of QEUH and RHC. The three work streams of the Review including the Clinical Outcomes Review; Facilities and Environmental Impact Review; and the Capacity and Flow Review, were complete and had been presented to the appropriate governance committee for consideration. The full Internal Review report will be presented to the NHSGGC Board meeting on 17<sup>th</sup> December 2019.</p> <p>On 22<sup>nd</sup> November 2019, NHSGGC were escalated to Level 4 of the NHS Board Performance Framework, in respect of two areas, those being infection prevention and control; and communications and engagement. An Oversight Board had been established, and Prof Fiona McQueen, Chief Nursing Officer, Scottish Government, had been appointed by the Cabinet Secretary for Health and Sport, Ms Jeane Freeman, to chair the Oversight Board. Two Sub Groups of the Oversight Board had been established to consider infection prevention and control; and communications and engagement. Prof Craig White had been working with NHSGGC to provide support to patients and families, and had been appointed as chair of the communications and engagement sub group.</p> <p>Mr Best provided further information on the escalation process within NHS Scotland Boards. He noted that the NHS Board Performance Framework consisted of 5 levels. Approximately 60% of Boards in Scotland were positioned at some level of the Framework at any given time, for various reasons. He highlighted the challenges associated with the escalation to Level 4, particularly the distress this has caused patients and families. Mr Best noted that the safety of patients remained the top priority.</p> <p>On 26<sup>th</sup> November 2019, members of NHSGGC Board, met with the Cabinet Secretary for Health and Sport, Ms Jeane Freeman, and Mr Malcolm Wright, the Director General Health and Social Care. Board members heard from Ms Freeman about the escalation to Level 4 and were given the opportunity to</p>		

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	raise concerns and questions in respect of this decision.		
	<b><u>NOTED</u></b>		
<b>71.</b>	<b>QEUH AND RHC ISSUES</b>		
	<p>Dr Scott Davidson, Deputy Medical Director, Acute, provided a presentation to members which provided an overview of infection prevention and control governance and accountability framework within NHSGGC, the role of the Incident Management Teams (IMTs), the 2018/2019 incident and actions undertaken. In addition, the presentation also noted water quality and control, and patient communication and engagement, and whistleblowing procedures.</p> <p>In conclusion, Dr Davidson advised that NHSGGC was fully aware of the issues identified. He confirmed that there had been no single source of infection identified, infection rates remained within expected levels, and that there were robust monitoring processes in place to prevent and control infection. In respect of whistleblowing and communications with patients and families, Dr Davidson noted that there was limited ability to respond to media inquiries and reports, due to confidentiality. He clarified that concerns had not been raised through the appropriate whistleblowing channels.</p> <p>Mrs Thompson thanked Dr Davidson for the presentation and the level of detail provided. She noted that members had received regular updates on this as this had developed. Mrs Thompson invited comments and questions from members.</p> <p>In response to questions from members in relation to additional guidance released by the Chief Nursing Officer of Scottish Government in 2019, and if the additional communication step included in that guidance would have resulted in less media attention, Mr Best assured members that communications to patients, families and carers was open and transparent, and there were regular press releases. Mr Best emphasised that rebuilding trust and confidence of the public was a key priority.</p> <p>Discussion took place about whistleblowing and that staff did not report concerns through the whistleblowing process. Members were keen to ensure that this was explored further to identify the reasons why staff did not choose to raise concerns through the appropriate channel and if there were any barriers to them doing so.</p> <p>Mrs Thompson informed members that the Staff Governance Committee receive a regular report on whistleblowing and that this report had been shared with Sub Committees. Dr Cooney noted that the Area Psychology Committee had provided feedback. Ms Kenmuir noted that it would be important in the context of the Annual Review to ensure that a process was in place to ensure the flow of information to Sub Committees, any subsequent actions taken, and clear articulation of what actions were taken in respect of whistleblowing and consideration of any barriers.</p> <p>In response to questions from members in relation to the iMatter results of the teams concerned, Mr Best highlighted that an improved response rate and action planning was achieved, the results of which were favourable. Ms Kenmuir suggested that improved communications and positive discussions</p>		

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<p>with senior staff may help to improve the culture of the organisation.</p> <p>Members agreed to discuss whistleblowing further with their respective Sub Committees and Mrs Thompson asked members to highlight that there was clear support from the Executive Team to all staff with regards to raising issues or concerns. In addition, Mr Best agreed to attend any of the Sub Committee meetings to discuss this subject, should members feel this was useful.</p> <p>Dr MacGillivray enquired about the NHS Board Performance Framework and it was highlighted that this was available online. Mr Malcolm Wright's letter to NHSGGC was circulated to all staff via the Core Brief. Members agreed to share this information with their Sub Committees and also agreed to reinforce the message to members that the environment is safe.</p> <p>Mr Best advised members that the care of patients and staff remained the top priority for the organisation. He assured members that there were robust governance processes in place. He acknowledged the impact of recent events on staff and considered positive leadership as key to supporting staff through this.</p> <p>Mrs Thompson highlighted to members that both herself, as Chair of the Area Clinical Forum, and Mrs Dorothy McErlean, Chair of the Area Partnership Forum, had been invited to attend meetings of the Oversight Board, which would take place weekly. The Terms of Reference for the Oversight Board was being developed. Mrs Thompson noted that the Oversight Board had acknowledged the pressure staff and the Executive Team were under.</p> <p>Discussion took place about the growing pressures on staff due to increased winter demand. Mr Best advised that additional bed capacity had been opened to address this.</p> <p>Ms Millar provided an overview of areas being progressed to address winter demand by Health and Social Care Partnerships (HSCPs). She was pleased to note a more joined up approach had been taken and work continued with HSCP colleagues, Acute colleagues and colleagues from the Scottish Ambulance Service, to address the unscheduled care demand. Joint work continued in respect of the Unscheduled Care Plan to undertake a medium to long term approach in the context of the Moving Forward Together programme. Ms Millar agreed to circulate the Winter Plan to members for information and agreed to provide an overview at a future meeting.</p> <p>In addition to winter pressures, discussion also took place regarding Brexit and the impact of this on staff who are EU nationals. Dr Hamilton noted that Ms Elaine Vanhegan, Head of Corporate Governance and Administration, had led work in respect of Brexit planning. Boards were asked to complete occupation codes information for return to the Scottish Government, and Dr Hamilton had raised an issue in respect of Nuclear Technicians, as almost half of all Nuclear Technicians were Portuguese. However it was unclear if this issue had been addressed in the return submitted to Scottish Government. Mrs Thompson agreed that it would be useful to invite Ms Vanhegan to provide an update on Brexit planning preparations at the next meeting in February 2020. Mrs Thompson also agreed that Prof Linda de Caestecker would be invited to attend a future meeting to provide an update on whistleblowing.</p> <p><b>NOTED</b></p>	<p><b>Ms Millar</b></p> <p><b>Secretary</b></p> <p><b>Secretary</b></p>
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<b>72.</b>	<b>UPDATE FROM CHIEF EXECUTIVE ON ONGOING BOARD BUSINESS</b>		
	Covered under item 69.  <b><u>NOTED</u></b>		
<b>73.</b>	<b>HEALTH AND CARE (STAFFING) SCOTLAND ACT 2019 UPDATE</b>		
	Members noted the paper circulated for information and would anticipate an update on progress at a future meeting.  <b><u>NOTED</u></b>		<b>Secretary</b>
<b>74.</b>	<b>NATIONAL AREA CLINICAL FORUM CHAIRS GROUP</b>		
	Mrs Thompson provided an overview of discussions at the National Area Clinical Forum Chairs Group.  <b><u>NOTED</u></b>		
<b>75.</b>	<b>UPDATE FROM THE ACF CHAIR ON ACUTE SERVICES COMMITTEE AND CLINICAL AND CARE GOVERNANCE COMMITTEE</b>		
	Mrs Thompson provided an overview of discussions at the Acute Services Committee meeting of 17 <sup>th</sup> November 2019. She noted that the next meeting of the Clinical and Care Governance Committee would take place on 1 <sup>st</sup> December 2019.  <b><u>NOTED</u></b>		
<b>76.</b>	<b>BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS AND MINUTES TO NOTE</b>		
	Members reviewed the Brief Update from Advisory Committees and the topics discussed at their most recent meetings.  <b><u>NOTED</u></b>		
<b>77.</b>	<b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>		
	The Chair summarised the key messages for NHSGGC Board and noted that:  <b>1. Health Promoting Health Service</b>  The Forum received a presentation by Ms Debbie Schofield, Public Health Programme Manager. The presentation provided an overview of implementation of the approach throughout NHSGGC hospitals. The Committee welcomed the approach to maximise every healthcare contact as health improvement opportunity. Members were keen to offer their support and agreed to circulate the presentation given to their respect professional committees, with a view to obtaining information on possible opportunities and to discuss the potential to identify champions to be involved.		

	<p><b>2. NHSGGC Escalation</b></p> <p>Mr Jonathan Best, Chief Operating Officer, provided members with an overview of the current position. He explained that NHSGGC had been placed on level 4 of the NHS Scotland Performance Framework, in respect of two areas, those being, Communications and Engagement and Infection Prevention and Control. He advised that an Oversight Board was being established, and would be chaired by Prof Fiona McQueen, Chief Nursing Officer, Scottish Government. Mrs Thompson noted that she had been asked, as ACF chair, to attend the meetings along with Mrs McErlean, Chair of Area Partnership Forum.</p> <p><b>3. Queen Elizabeth University Hospital (QEUH) Infection Control</b></p> <p>Dr Scott Davidson, Deputy Medical Director, Acute, provided a presentation on the current infection control position and the recent media reports. The Forum were content to note the presentation and were assured by the information provided.</p> <p><b>4. Update from Advisory Committee on Salient Business Points and Minutes to Note</b></p> <p>The Forum received an update from each of the Advisory Committee Chairs on key topics discussed at the most recent Committee meetings.</p> <p>Winter Planning was raised by the Area Nursing and Midwifery Committee. Susan Miller, Interim Chief Officer Glasgow City HSCP and Jonathan Best confirmed that joint acute and community plans were developed for all areas. It was agreed to ask for a review of effectiveness of the plans at the next meeting.</p> <p>The Area Psychology Committee noted that the Psychology Review paper had been presented to the CMT with all recommendations agreed. Dr MacGillivray, Chair of the Area Psychology Committee, and Mrs Grant are due to meet to discuss the review paper and recommendations in more detail.</p>	
<b>78.</b>	<b>DATE OF NEXT MEETING</b>	
	Thursday 13 <sup>th</sup> February 2020, 2.00pm, Boardroom, JB Russell House	