

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
Area Clinical Forum  
Held via Microsoft Teams  
On Thursday 9 June 2022 at 2.00 pm**

**PRESENT**

Dr Lesley Rousselet (in the Chair)

Dr Anita Belbin	Dr Jane Burns
Dr Ruth Hamilton	Mr Ian Millar
Ms Helen Little	Ms Laura Sweeney

**IN ATTENDANCE**

Dr Jennifer Armstrong	..	Medical Director
Ms Margaret Doherty	..	Public Protection Lead Nurse (Adult Protection)
Ms Kim Donald	..	Corporate Services Manager – Governance
Mr William Edwards	..	Chief Operating Officer
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Fiona Smith	..	Director of Allied Health Professions
Professor Angela Wallace	..	Nurse Director
Ms Gillian Duncan	..	Secretariat (Minute)

		<b>ACTION BY</b>
<b>25.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>Dr Lesley Rousselet welcomed those present to the meeting of the Area Clinical Forum which she was chairing remotely via MS Teams.</p> <p>Apologies for absence were intimated on behalf of Ms Gail Caldwell, Ms Jane Grant, Simon Kidd, Elaine Love, Ian Millar and Dr Alastair Taylor.</p> <p>Dr Rousselet welcomed Professor Angela Wallace to her first meeting as Nurse Director. Dr Rousselet also welcomed Ms Helen Little who was attending the Forum in her capacity as Vice Chair of the Area Allied Health Professions and Healthcare Scientists Committee.</p> <p><b>NOTED</b></p>	

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		<b>ACTION BY</b>
<b>26.</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>27.</b>	<b>MINUTES OF THE PREVIOUS MEETING OF THURSDAY 21 APRIL 2022</b>	
	The Forum considered the minute of the Area Clinical Forum meeting of Thursday 21 April 2022 at 2.00 pm [ACF (M) 22/02] and were content to approve the minutes as an accurate record.	
	<b><u>APPROVED</u></b>	
<b>28.</b>	<b>MATTERS ARISING</b>	
	<b>a) Rolling Action List</b>	
	<u>No 59 – Whistleblowing Review and New Whistleblowing Standards</u>	
	Ms Kim Donald, Corporate Services Manager, would attend the October meeting to provide an update on this. This item would be closed.	Secretariat
	<u>No 53a – Healthcare Scientist Professional Lead</u>	
	Dr Hamilton advised that there had been no further engagement with the Healthcare Scientists regarding this and Dr Wallace would be asked to provide an update when she joined the meeting. This would remain on the RAL as ongoing.	Secretariat
<b>29.</b>	<b>COVID-19 UPDATE</b>	
	Dr Rousselet invited Mr William Edwards, Chief Operating Officer, to provide an update on the current position within Acute Services.	
	Mr Edwards advised that although there had been a steady decline in the number of inpatients over recent weeks, there had been a slight increase in numbers in the past week. Mr Edwards advised that similarly the number of staff absent had been decreasing but this had also started to show an increase.	
	Mr Edwards reported that hospital occupancy was still high at around 97% across NHSGGC although this varied by site and throughout the day. He further advised that ED performance remained challenging with	

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		<b>ACTION BY</b>
	<p>recent performance at around 75% across NHSGGC, although again this varied by site. Mr Edwards said that this was a similar picture across Scotland and provided reassurance that these were being monitored with measures in place.</p> <p>Overall, Mr Edwards said that the position in acute services had been more positive but the challenge would be balancing recovery alongside unscheduled care demand.</p> <p>Dr Rousselet asked if there was any sense of the challenge moving into the autumn. Mr Edwards said that forecasting was still on the basis of elective recovery but this was being continually monitored. Dr Armstrong agreed with Mr Edwards’s overview and said it was difficult to predict the next few months.</p> <p>Dr Rousselet said that the Area Optometric Committee had discussed the challenge of managing long waits and ensuring community patients were kept informed of waiting lists. She said there had also been a discussion on how community optometry could assist and one of their actions had been to think about asking the Scottish Government about plans to revise the pathway for check-ups. However, she also said that the rollout of services planned for 2022/23 had been paused which was an additional challenge.</p> <p>The Forum were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>30.</b>	<b>PUBLIC PROTECTION</b>	
	<p>Dr Rousselet invited Ms Margaret Doherty, Public Protection Lead Nurse (Adult Protection), to introduce the paper on Public Protection [Paper 22/11] which provided an update on Public Protection (Child Protection and Adult Protection). This paper had also been presented to the Clinical and Care Governance Committee on 8 June 2022.</p> <p>Ms Doherty reported that since the start of the COVID-19 pandemic there had been an increase in referrals regarding child protection which equated to an increase of 40% in Interagency Referral Discussions (IRDs) and an increase of 85% in advice line calls. Ms Doherty advised that the Learning and Education Strategy now included Adult Support and Protection and different levels of training were available to staff. She said the aim was to create a network of people who had completed training and encourage sharing learning and experiences.</p> <p>Ms Millar said that notification of an Adult Support and Protection (ASP) Inspection in Glasgow City had been received and this would commence in July 2022. She advised that work was underway with corporate</p>	

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		<b>ACTION BY</b>
	<p>colleagues in the Board in preparation for this as well as liaison with colleagues in Inverclyde HSCP who had previously been through this process.</p> <p>Dr Rousselet said there had been continuing uncertainty amongst optometrists in the community around training in public protection. Ms Doherty advised that NHS Education for Scotland (NES) were developing a professional training module aimed at Level 2 which should be available soon.</p> <p>Ms Little asked why there were differences across the HSCPs as to the primary reason for IRDs. Ms Millar said that the work in the HSCPs had been focused more on child protection registration and she reported that the reasons for registration remained consisted and were mainly related to neglect. Ms Millar said that there had been no consequential increase in child protection referrals and a deep dive was being undertaken to ensure that the thresholds had not changed.</p> <p>Professor Wallace agreed that it would be important to use data to gain a better understanding of the trends and this had been discussed at the recent Child Protection Forum. She said that there was also work underway on training and what the barriers to this were, for example, were staff being given the space to complete this.</p> <p>Dr Belbin said that there was no CPD benefit attached to TURAS and Learnpro and thought that adding this might encourage staff to complete it. Dr Rousselet agreed and said that this had been discussed previously as a barrier to training. She also said it was important not to over-estimate the benefit of training and wondered if it would also be beneficial to share experiences with professional groups to encourage them to intervene.</p> <p>Professor Wallace said she was very impressed with the work that had been undertaken. She said she was aware that the previous Nurse Director, Dr Margaret McGuire, had been working with finance colleagues to find a sustainable and recurring solution and she assured Ms Doherty that she was now following this up.</p> <p>It was agreed that the Forum would stay up-to-date on this work and any follow-up as required.</p> <p>The Forum were content to note the paper.</p> <p><b>NOTED</b></p>	

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		ACTION BY
31.	<b>BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS AND MINUTES TO NOTE</b>	
	<p>Dr Rousselet asked each Advisory Committee Chair to provide a brief update.</p> <p><u>Area Allied Health Professions and Healthcare Scientists Committee</u></p> <p>Dr Hamilton provided the following update:</p> <ul style="list-style-type: none"> <li>- Ms Helen Little had been welcomed as the new Vice Chair of the Committee.</li> <li>- National approaches to AHP staffing were being explored.</li> <li>- A programme board for Health and Care (Staffing) Scotland Act 2019 had been established and there was a healthcare science representative on this.</li> <li>- The issue around increasing travel expenses had been raised centrally as this was a Scottish Government responsibility.</li> </ul> <p><u>Area Medical Committee</u></p> <p>No update was provided.</p> <p><u>Area Dental Committee</u></p> <p>Dr Belbin provided the following update:</p> <ul style="list-style-type: none"> <li>- There had been a 12 week supplier package put in place which would run to the end of June to assist in getting back on track with the number of patients being seen, although it was noted this was only for examination, treatment would take longer. There had been no notification as to what would happen at the end of this.</li> <li>- There were concerns raised about the limited career progress in dental nursing which was causing shortages in staffing.</li> <li>- Waiting lists for consultant reports or oral medicine issues were challenging. Dr Rousselet asked if there had been any improvement in the child anaesthetic waiting list with a move away from general anaesthetic. Dr Belbin said that there were other devices but these were not suitable for most children.</li> </ul> <p><u>Area Psychology Committee</u></p> <p>Dr Burns provided the following update:</p> <ul style="list-style-type: none"> <li>- Recruitment to key posts was underway from the Mental Health Recovery and Renewal fund which would assist with long waits. However, as a number of these posts had been filled internally, they could leave gaps in other areas.</li> </ul>	

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		<b>ACTION BY</b>
	<ul style="list-style-type: none"> <li>- There were concerns around accommodation as some services had had difficulty in finding appropriate accommodation; particularly new and expanded services including the Psychological Therapies Group service and Perinatal service based at the Mother and Baby Unit.</li> <li>- The Occupational Health service had appointed a number of psychologists to improve access for staff to mental health support.</li> </ul> <p><u>Area Optometric Committee</u></p> <p>Dr Rousselet provided the following update:</p> <ul style="list-style-type: none"> <li>- The enhanced referral scheme was on hold and this had stalled the rollout of expected services, particularly community support for the long waits in glaucoma services and there were concerns about vision loss in this group of patients. Some optometrists had undertaken additional training to deal with these patients but had not yet been engaged to do so.</li> </ul> <p>Ms Sweeney said that COVID recovery funding for glaucoma services had been used in Inverclyde but this had been wound up as national funding was available.</p> <p>Dr Armstrong said that work was ongoing locally and nationally on setting out an agreed pathway for glaucoma patients and this was also looking at shared care as a back-up. She suggested contacting Jim Bretherton, the Clinical Services Manager for Ophthalmology, to look at how to jointly address this issue and identify new models of care. She also advised linking with Ashley McCann who was the Regional Planning Manager responsible for optometry and ophthalmology.</p> <p><u>Area Nursing and Midwifery Committee</u></p> <p>No update was provided.</p> <p><u>Area Pharmaceutical Committee</u></p> <p>No update was provided</p> <p>The Forum were content to note the updates.</p> <p><b><u>NOTED</u></b></p>	

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		<b>ACTION BY</b>
<b>32.</b>	<b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>	
	<p>Dr Rousselet invited Professor Wallace to provide an update on the identification of a Healthcare Scientist Lead. Professor Wallace advised that work was ongoing with Mr Edwards and Mr Arwel Williams, Director of Regional and Diagnostics, about how best to progress this. She advised that this had also been discussed with Dr Armstrong and Mrs Jane Grant, Chief Executive, and provided assurance that everyone was keen to ensure this was in place quickly. Professor Wallace apologised that this had taken some time but said it was important to ensure this was right and she would be happy to have a conversation with Dr Hamilton and other colleagues out with this meeting. Dr Hamilton thanked Professor Wallace for the update and advised that she would welcome a discussion on this.</p> <p>Dr Rousselet said that she would aim to touch base with those Committees not present at the meeting and pass on the key messages from the meeting.</p> <p>Dr Rousselet thanked members for attending and closed the meeting.</p>	
<b>33.</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	The next meeting would be held on Thursday 11 August 2022 at 2.00pm.	