

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Area Clinical Forum  
Teleconference/Boardroom  
on Wednesday 1 April 2020**

**PRESENT AT TELECONFERENCE**

Mrs Audrey Thompson (in the Chair)

|                     |                                       |
|---------------------|---------------------------------------|
| Dr Gayle Cooney     | Vice Chair of APsychC                 |
| Dr Alastair Taylor  | Chair of AMC                          |
| Dr Lesley Rousselet | Vice Chair of AOC                     |
| Mr Ian Miller       | Chair APC                             |
| Dr Ruth Hamilton    | Chair of AAHP & HCS                   |
| Mr P Ivins          | Chair of AOC                          |
| Ms Heather Cameron  | Chief AHP (as representative of AHPs) |

**IN ATTENDANCE**

|                       |    |  |
|-----------------------|----|--|
| Ms Jane Grant         | .. | Chief Executive - Boardroom, JBR         |
| Dr Jennifer Armstrong | .. | Medical Director – Boardroom, JBR        |
| Prof John Brown CBE   | .. | Chairman - Teleconference                |
| Mr Jonathan Best      | .. | Chief Operating Officer - Boardroom, JBR |
| Dr Margaret McGuire   | .. | Director of Nursing - Teleconference     |
| Mrs Lorraine Bulloch  | .. | Secretariat – Boardroom, JBR             |

|            |  | <b>ACTION BY</b> |
|------------|--|------------------|
| <b>16.</b> | <b>WELCOME AND APOLOGIES</b>   |                  |
|            | Apologies for absence were intimated on behalf of Dr Cerys MacGillivray and Ms Kathy Kenmuir.  |                  |
|            | <b>NOTED</b>   |                  |
| <b>17.</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>NOTED</b>   |                  |
| <b>18.</b> | <b>MINUTES OF THE PREVIOUS MEETING OF THURSDAY 13<sup>th</sup> FEBRUARY 2020</b>   |                  |
|            | The Forum considered the minute of the Area Clinical Forum Meeting of Thursday 13 February 2020 [Paper No ACF (M) 20/01] and were content to |                  |

BOARD OFFICIAL

|            |   |                      |
|------------|---|----------------------|
|            | <p>approve the minutes as an accurate record. Dr Hamilton and Dr Rousselet were present at the previous meeting and confirmed the minute.</p> <p><b><u>APPROVED</u></b></p>   |                      |
| <b>19.</b> | <b>UPDATE FROM THE CHAIRMAN TO THE AREA CLINICAL FORUM MEMBERS.</b>   |                      |
|            | <p>Professor Brown provided a personal thank you to Area Clinical Forum members and Ms Grant's Senior Management Team for efforts within COVID-19 circumstances.</p> <p>Professor Brown stated that the decision had been taken by Board members to temporarily suspend the NHSGGC Board and governance committees and establish an Interim Board to provide a governance structure. However, the importance of the Board to continue to take action in line with Scottish Government Policy with plans to meet the demands of the Pandemic of COVID-19. The Area Clinical Forum and Area Partnership Forum would continue to meet regularly to provide support to Ms Grant and Executive Team.</p> <p>Professor Brown asked for Area Clinical Forum members to pass on a thank you from the Chairman and the Board to Advisory Committees which helped keep Ms Grant and the Management Team informed. Mrs. Thompson would cascade a thank you message to all of the Advisory Committees.</p> <p><b><u>NOTED</u></b></p> | <b>Mrs. Thompson</b> |
| <b>20.</b> | <b>UPDATE FROM THE CHIEF EXECUTIVE ON ONGOING BOARD BUSINESS</b>  |                      |
|            | <p>Ms. Grant reiterated the comments from Professor Brown and thanked staff for going beyond the call of duty with all professions being outstanding in COVID-19 circumstances.</p> <p>Ms. Grant outlined the current governance structure for COVID-19 with the Strategic Executive Group (S.E.G.) who meet daily for key decisions and planning. There were 3 tactical Sub Groups established (Acute, HSCP and Communications) each with a few Operational Groups. The Incident Management Team (IMT) report directly to S.E.G. and the Scottish Government.</p> <p>Ms. Grant advised that the Mobilisation Plan had been submitted to the Scottish Government, however, NHSGGC continued to liaise regarding detail.</p> <p><b><u>NOTED</u></b></p>  |                      |
| <b>21.</b> | <b>WEEKLY UPDATE TO BOARD MEMBERS BY THE CHIEF EXECUTIVE</b>  |                      |
|            | <p>Ms. Grant provided a summary of the weekly update to Board members and advised that the elective programme had been cancelled to release bed capacity, with the exception of urgent cancer patients. Ms. Grant reported that challenges with staffing levels had been addressed and provided an update on the Primary Care Escalation Plan, including Pharmacy, Optometry, Mental</p>  |                      |

BOARD OFFICIAL

|  |                         |
|--|-------------------------|
| <p>Health, Learning &amp; Disability, Prison Health, the Oral Health Continuity Plan, Addictions, and Residential and Home Care.</p> <p>Mr. Best provided an Acute update and explained the Mobilisation Plan had been presented to the Acute Tactical Group chaired by both Mr. Best and Dr Scott Davidson, Acute Deputy Medical Director. Mr. Best reported that the Acute Tactical Group met every Monday, Wednesday and Friday and participate in daily teleconferences at 8.30am. There was also a daily update regarding unscheduled care.</p> <p>Mr. Best advised that due to the elective programme cancellation during COVID-19 circumstances, there would be a plan developed to “collapse” wards and bring back on stream as demand grows.</p> <p>Mr. Best reported that 3000 staff were absent from work with COVID -19 related issues of which 1500 staff were self-isolating, however, figures had started to reduce.</p> <p>Members of the ACF voiced concerns regarding Personal Protective Equipment (PPE) and clarity on guidance. The Executive Team noted the concerns from staff regarding PPE and Dr Armstrong advised that there would be updated advice from Public Health England. The advice was expected imminently and would be reviewed by HPS. There was discussion on the importance of public health measures such as distancing, hand washing and surface cleaning. There had been concerns raised on the amount and quality of PPE that had been provided to ensure that appropriate PPE was used based on the risk exposure and the procedure under taken.</p> <p>Dr Hamilton raised a specific issue regarding visors and was advised to contact Mr. Mark White, Director of Finance, for specific services. Mr. Best advised that a Standard Operating Procedure (S.O.P.) would be created for reusable visors. There was also an issue raised by an ACF member on the quality of GP visors. Ms Grant will take this forward with Mr. White.</p> <p>Mr. Best explained that the main sites had commenced a red and green split door policy to eliminate cross contamination. Dr Armstrong confirmed that Primary Care had adopted a similar pathway in a cohort of Assessment Centres and that a vital step before any treatment or consultation was undertaken would be to check for symptoms of the patient and household members.</p> <p>Ms. Grant reported that discussion had taken place with the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) regarding PPE guidance (flowchart) and that guidance would be issued by the end of the week.</p> <p>Dr McGuire reported that guidance was being developed for a range of topics including volunteers, students, upskilling and bereavement and this would follow in due course. ACF members asked for clarity on the redeployment of staff, especially for those who would not able to provide services from home. Mr. Best requested that members contact their respective Director regarding redeployment ideas to be discussed at the Acute Tactical Group. Dr McGuire noted that work was being carried out in the S.O.P. with all of the relevant information and national guidance issued by the end of the week.</p> | <p><b>Ms. Grant</b></p> |
|--|-------------------------|

BOARD OFFICIAL

|            |  |   |
|------------|--|---|
|            | <p>Ms. Grant provided an update relating to media coverage and Scottish Government regarding the NHS Louisa Jordan facility. Discussions were ongoing regarding the number of beds and types of patients that would be treated within the facility. Ms Jill Young had assumed the role as Lead for the facility and would provide a briefing note. It was anticipated that the key issue would be staffing resource.</p> <p><b><u>NOTED</u></b></p>  |   |
| <b>22.</b> | <b>CORRESPONDENCE FROM THE AREA MEDICAL COMMITTEE</b>  |   |
|            | <p>Dr Taylor thanked Ms. Grant and Dr Armstrong for their input which was very helpful with appreciation noted from the Area Medical Committee (AMC). Dr Taylor reported that indemnity was the biggest issue that didn't appear to be addressed.</p> <p>Dr Armstrong stated that there would be clear guidance for Primary Care in the occurrence of a COVID-19 surge. The Primary Care Sub Group would take forward "Ceiling of Care" Community Assessments and provide advice on care planning. Dr Armstrong strongly advised that all Clinicians document any decisions that were made in respect of patient care.</p> <p>Ms. Grant advised that NHSGGC had raised the "Death in Service" question with the Scottish Government to consider, however, this would be taken forward nationally.</p> <p><b><u>NOTED</u></b></p> |   |
| <b>23.</b> | <b>CORRESPONDENCE FROM THE AREA OPTOMETRIC COMMITTEE</b>   |   |
|            | <p>The Area Optometric Committee had raised whether the supply of medicines could be provided for Optometrists to distribute directly to patients. Dr Armstrong requested that the AOC and Pharmacy Services provide ideas/ suggestions regarding prescribing and governance. Mrs. Thompson would link in with Mr. Ivins and collate the information to take forward with Ms Gail Caldwell, Director of Pharmacy, in the HSCP Tactical Group for a clear strategy to be developed.</p> <p><b><u>NOTED</u></b></p>  | <p><b>Mr. Ivins<br/>Mrs.<br/>Thompson</b></p> |
| <b>24.</b> | <b>FEEDBACK FROM AREA PHARMACEUTICAL COMMITTEE - AVAILABILITY TESTING OF COMMUNITY PHARMACY</b>  |   |
|            | <p>Ms. Grant advised that she was working with the Scottish Government regarding testing for COVID-19. Dr Armstrong reported that Drive Thru Centres would increase over the coming weeks. The priority would be for staff to be tested that have family members with symptoms (14 day isolation) to allow staff to return to work as soon as possible. The testing would be rapidly increased to test NHS and HSCP workers. The National Testing Strategy would then be taken forward.</p> <p><b><u>NOTED</u></b></p>   |   |
| <b>25.</b> | <b>A.O.C.B.</b>  |   |

BOARD OFFICIAL

|            |   |   |
|------------|---|---|
|            | <p>Professor Brown requested ideas for action from the ACF for Mrs. Thompson to take forward with members. Professor Brown also noted that it would be helpful to communicate to staff that the governance system within NHSGGC remained in place.</p> <p>Mrs. Thompson suggested that due to the current COVID-19 circumstances that ACF Members reconvene in 4 weeks for a teleconference with Executive Team and ACF members were in agreement. Mrs. Thompson would provide members with an update on governance arrangements and review. Some members noted that more frequent updates may be helpful (2 weekly). The detail would be confirmed.</p> <p><b><u>NOTED</u></b></p> | <p><b>Mrs. Thompson</b></p> <p><b>Mrs. Thompson</b></p> <p><b>Secretariat</b></p> |
| <b>26.</b> | <b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>   |   |
|            | <p>ACF members support professional committees and raised concerns in the committee regarding PPE, recognising work in communications, concerns, staffing, resting and capacity. All Committee Chairs and Vice Chairs to pass on thanks from the Chairman and the Executive Team to all staff.</p>  |   |
| <b>27.</b> | <b>DATE OF NEXT MEETING</b>   |   |
|            | 4 weeks TBC   |   |