

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Area Clinical Forum  
Microsoft Teams/Boardroom  
on Wednesday 1st May 2020**

**PRESENT AT Microsoft Teams Meeting**

Mrs Audrey Thompson (in the Chair)

Dr Cerys MacGillivray	Vice Chair of ACF
Dr Alastair Taylor	Chair of AMC
Dr Lesley Rousselet	Vice Chair of AOC
Dr David McColl	Co Chair of the ADC
Dr Ruth Hamilton	Chair of AAHP&HSC
Mr P Ivins	Chair of AOC
Ms K Kenmuir	Vice Chair of the AMC
Dr 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 Linda de Caestecker	..	Director of Public Health - Microsoft Teams
Mr Jonathan Best	..	Chief Operating Officer - Boardroom, JBR
Dr Margaret McGuire	..	Director of Nursing - Microsoft Teams
Ms Gail Caldwell	..	Director of Pharmacy - Microsoft Teams
Mrs Lorraine Bulloch	..	Secretariat - Boardroom, JBR

		<b>ACTION BY</b>
<b>28.</b>	<b>WELCOME AND APOLOGIES</b>	
	Apologies for absence were intimated on behalf of Professor John Brown, Dr Gayle Cooney, Mr. Ian Millar, Ms Julie Tomlinson.	
	<b>NOTED</b>	
<b>29.</b>	<b>DECLARATIONS OF INTEREST</b>	
	The Chair invited members to declare any interests in any of the items being discussed. Ms Kenmuir advised members that she would commence a part time post as a Primary Care Advisor in General Practice Nursing for National Services Scotland (NSS).	
	<b>NOTED</b>	

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<p><b>30.</b></p>	<p><b>MINUTES OF THE PREVIOUS MEETING OF FRIDAY 1<sup>ST</sup> APRIL 2020</b></p> <p>The Forum considered the minute of the Area Clinical Forum Meeting of Thursday 1 April 2020 [Paper No ACF (M) 20/03] and were content to approve the minutes as an accurate record, subject to the following items:</p> <p>Item 22. Correspondence from the Area Medical Committee. <i>“Dr Taylor reported that indemnity was the biggest issue highlighted”</i>. Suggested change to <i>“Dr Taylor reported that indemnity was the biggest issue that didn’t appear to be addressed”</i>. In addition, there was a spelling error corrected on the Present table HSC changed to HCS.</p> <p><b><u>APPROVED</u></b></p>	
<p><b>31.</b></p>	<p><b>MATTERS ARISING</b></p> <ul style="list-style-type: none"> <li>• Optometry</li> </ul> <p>Mrs Thompson referred to the paper on the proposal for the direct supply of a limited list of eye preparations via Optometrist during COVID-19.</p> <p>Mr Ivins noted all of the points from the paper and was happy with the response. Mrs Thompson and Ms Caldwell would forward approval of the document to Ms Pamela MacIntyre.</p> <p><b><u>NOTED</u></b></p>	<p><b>Mrs Thompson</b></p>
<p><b>32.</b></p>	<p><b>UPDATE ON CURRENT ACTIVITY LEVELS IN ACUTE SITES</b></p> <p>Mr Best provided an update on current activity levels in Acute Sites and advised members that the Acute Tactical Group governance structure remained in place and continued to work to provide support and stability for staff in the “new normal”.</p> <p>Mr Best advised that there were currently 538 inpatients across NHSGGC, with 44 patients in the Intensive Care Unit (ICU) and the High Dependency Unit (HDU) was almost full in normal capacity. Mr Best explained the red and green door pathway and noted that the system was working well with the Scottish Ambulance Service (SAS).</p> <p>Mr Best advised that staffing remained a concern with staff shielding / self-isolating and confirmed that staff testing would be rapidly increased in the coming weeks. All sites were running daily emergency theatres and cancer services were running with patients appointed within expected trajectory.</p> <p>Mr Best reported that there was a massive exercise underway within Multi-Disciplinary Teams (MDT’s) to ensure that there were sufficient supplies of Personal Protective Equipment (PPE) for staff and to redeploy staff and support the efforts in ICU where there is an extended average length of stay for inpatients. It was noted that the Rest &amp; Recuperation (R&amp;R) Hubs were working well and were supported by Organisational Development and Chaplaincy staff.</p>	

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	<p>A question was raised by a member regarding Board guidance on use of PPE for resuscitation. Dr Armstrong reported that there had been an ongoing debate regarding national guidance and PPE in COVID-19 circumstances. Dr Armstrong had already escalated the issue around inconsistency in published guidance to the Chief Medical Officer's office via the Scottish Association of Medical Directors and outlined the Framework from Health Protection Scotland (HPS) guidance. Discussion ensued from members with different guidance from various governing bodies regarding whether resuscitation was considered an aerosol generating procedure and therefore the type of PPE required. Dr McGuire reported that chest compressions and defibrillation were not considered aerosol generating procedures, however, as a precaution the first responder in Cardio Pulmonary Resuscitation (CPR) would be asked to wear a moisture proof mask, apron and gloves.</p> <p>Dr Armstrong stated to members that NHS Scotland was governed by extant regulations and was obliged to follow Scottish Government and HPS guidance. Ms Grant requested that resuscitation and PPE guidance be discussed at the Acute Tactical Group and the response shared with ACF members.</p> <p>Mrs Thompson would note the concerns from members and Advisory Committees regarding the debate and uncertainty of the national guidance with CPR and PPE to the Interim Board Meeting members.</p> <p>Dr Armstrong would keep members informed of any change in the Board's position with National Guidance.</p> <p><b><u>NOTED</u></b></p>	<p><b>Mr Best</b></p> <p><b>Mrs Thompson</b></p> <p><b>Dr Armstrong</b></p>
<p><b>33.</b></p>	<p><b>UPDATE FROM THE CHIEF EXECUTIVE ON ONGOING BOARD BUSINESS</b></p>	
	<p>Ms Grant reported that there was normal business continuing and noted the continued conclusion work from the escalation to Level 4 related to Infection Prevention and Control, Communications and Performance, and advised that more information would be available in June 2020. Ms Grant also reported that there would be information available from the External Review in the next 6-8 weeks as the finer detail was concluded.</p> <p><b><u>NOTED</u></b></p>	
<p><b>34.</b></p>	<p><b>WEEKLY UPDATE TO BOARD MEMBERS BY THE CHIEF EXECUTIVE</b></p>	
	<p>Ms Grant noted that Mr Best had provided most of the Chief Executive Update under the previous agenda item. Ms Grant emphasised the importance of staff wellbeing and asked members for any further views or ideas to be submitted for discussion at a later date.</p> <p><b><u>NOTED</u></b></p>	

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35.	<b>PERSON CENTRED VIRTUAL VISITING S.O.P.</b>	
	<p>Dr McGuire provided a huge thanks to the Patient Experience Public Involvement (PEPI), Communication and Person Centred Teams for taking this work stream forward. Dr McGuire explained that person centred virtual visiting would be utilised through ipads with Doctors / Senior Charge Nurses using the device as an update for patients and relatives. Dr McGuire reported that a lot of work had been carried out to produce the Standard Operating Procedure (S.O.P.) for the use of ipads and provided an example of how many ipads would be required in Wards across NHSGGC and would confirm with the Endowments Department on how many could be purchased and any additional costs for adding mics, sims etc.</p> <p>The ACF were very supportive of this development and noted the significant input from eHealth.</p> <p><b><u>NOTED</u></b></p>	Dr McGuire
36.	<b>CONFIRMATION OF DEATH</b>	
	<p>Dr McGuire advised that the Confirmation of Death policy was originally a Scottish Government initiative, however, a new process had been implemented during COVID-19 circumstances. Dr McGuire reported that NHSGGC had developed their own S.O.P. and NHS Education Scotland (N.E.S.) would produce a national S.O.P. to follow. Dr McGuire explained that the District Nurse Team had completed the Learnpro module as the first tranche of staff to confirm death of a patient not known to them. Dr McGuire stated that the dissemination of the module to staff would be discussed and approved at the Area Partnership Forum and Corporate Management Team meetings next week with the plans rolled out thereafter.</p> <p>Dr Taylor enquired whether the Confirmation of Death Policy had been raised at the GP Sub Committee and would welcome the teamwork involved as a way moving forward post COVID-19. Discussion ensued by members in evaluating the approach to take forward and Ms Kenmuir noted that there would be a need to be mindful of the full MDT and not work in silos. Dr. Cameron would take forward engagement with AHP's. Dr McGuire described a phased implementation across various professions with feedback from families and would explore discussion with AHP's, however, would initially take forward with District Nurse/Practice Nurse Teams. There would be a need to ensure and review so that the challenge was implemented safely and appropriately and take the views of family members into consideration.</p> <p><b><u>NOTED</u></b></p>	
37.	<b>RECOVERY PLAN</b>	
	<p>Dr Armstrong provided an update on the recovery plans. The Board's Clinical Teams have continued to treat urgent cancer patients, urgent outpatients and</p>	

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	<p>ensure that urgent diagnostics procedures were prioritised. Dr Armstrong explained the governance structure of the Recovery Tactical Group and advised that the group comprised of the Leads from each area, together with Planning, Staff Partnership, Medical Directors and a Clinical Advisory Group. Dr Armstrong requested input on behalf ACF to advise on the recovery plans.</p> <p>Dr Armstrong reported on the ongoing work within Mental Health Services using Apps / digital technology to self-care and also explained the process.</p> <p>Dr Hamilton raised a question in relation to Temperature Monitoring Guidance and social distancing. Dr Armstrong explained that there was an NHSGGC Scientific Technical Advisory Group that comprised of experts as well as a National Group's advice which the Recovery Tactical Group would use to develop guidance.</p> <p>Dr Armstrong informed members of the Royal College of Surgeons England which categorises procedures into degrees based on risk and timescale.</p> <p>Dr Hamilton raised the topic of discussion on Tele ophthalmology and agreed to send the information to Dr Armstrong.</p> <p><b><u>NOTED</u></b></p>	<p><b>Dr Hamilton</b></p>
<p><b>38.</b></p>	<p><b>CAREHOMES</b></p>	
	<p>Prof de Caestecker highlighted the Care homes papers sent out to members and provided an update from the Scottish Government, Public Health, HSCP's and the Care Inspectorate regarding the launch of a programme of virtual visits, Webinars and training in Care homes. Prof de Caestecker provided an update on a programme to test symptomatic residents with information released for testing kits via GP's for Care homes with communication implemented over the weekend.</p> <p>Ms Culshaw reported that collaboration work had been carried out with Public Health, HSCP's and the Care Inspectorate to provide support for Care homes' learning. Ms Culshaw advised that a dynamic document with guidance across the 6 partnerships would be issued once the information had evolved.</p> <p>Dr MacGillivray noted that the media interest in COVID-19 would cause anxiety for staff and families and those fears would need to be allayed to provide a level of reassurance. Dr MacGillivray reported on work carried out by a Psychologist in Glasgow City HSCP and would share the information with Ms Culshaw and Prof de Caestecker to provide guidance for staff, families and residents in Care homes.</p> <p>Ms Caldwell reported on the implementation of protocols using pandemic exemptions in the medicines legislation to improve access to medicines for palliative care. Ms Caldwell had drafted a document that reflected the current environment which had been approved by the COVID-19 Strategic Executive Group (S.E.G). National work was ongoing with the Care Commission to consider a framework for reuse of resident/ patient medicines in an emergency situation where there were no other options to allow supply.</p>	<p><b>Dr MacGillivray</b></p>

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	<b><u>NOTED</u></b>	
<b>39.</b>	<b>STAFF TESTING</b>	
	<p>Prof de Caestecker provided an update on staff and household testing and advised that implementation of the drive thru model would be doubled next week. Prof de Caestecker noted that the Testing Centre at Glasgow Airport was for non HSCP staff and if capacity was full for NHSGGC staff, there would be a referral process, however, would encourage staff to use NHSGGC resource in the first instance. Dr Cameron raised the question of staff awareness of home testing for staff who don't have transport. Prof de Caestecker would assess the prioritisation for staff to utilise testing appointments appropriately and ensure that referral forms for home testing for staff without transport was prioritised.</p> <p><b><u>NOTED</u></b></p>	
<b>40.</b>	<b>BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS AND MINUTES TO NOTE</b>	
	<p><u>Area Dental Committee</u></p> <p>Dr McColl advised that all Dental Practices were closed and patients were being triaged remotely and reported that emergency patients could be seen in one of the hubs.</p> <p><u>Area Allied Health Profession and Health Care Scientist Committee</u></p> <p>Dr Hamilton noted and recognised the hard work of the all specialities over the past few weeks and paid tribute.</p> <p>Dr Hamilton reported significant gaps in services and highlighted leadership within the AHP Directorate.</p> <p>Dr Hamilton highlighted an issue regarding chest physiotherapy and had linked in with Dr Scott Davison, Deputy Medical Director for clarity on Physiotherapy HPS guidance following COVID-19.</p> <p><u>Area Nursing and Midwifery Committee</u></p> <p>Ms Kenmuir reported that she had witnessed outstanding teamwork with a MDT approach and thanked the I.T. Team and William Edwards, Director of eHealth for input with digital technology within Teams.</p> <p><u>Area Optometric Committee</u></p> <p>Dr Rousselet reported that all Practices were closed with no face to face consultations and patients were currently being triaged. Dr Rousselet advised that there had been Optometric recovery discussion regarding backlog volumes, PPE / social distancing and new ways of working in a safe environment.</p>	

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	<p><u>Area Psychology Committee</u></p> <p>Dr MacGillivray updated on new work streams from COVID-19 circumstances and advised there was a staff support line for NHSGGC and HSCP's available to everyone and noted work was being carried out in hubs and process to support staff in inpatient services.</p> <p>Dr MacGillivray reported that there were issues with patient's access to technology and to raise an awareness and keep level of service ongoing. Ms Culshaw advised of funding available for Digital Deprivation and would be happy to share.</p> <p><u>Area Pharmaceutical Committee</u></p> <p>Mr. Ian Millar provided a response and advised that Pharmaceutical Services had adapted and developed new ways of working.</p> <p>Mrs. Thompson raised a question on behalf of Mr. Millar regarding guidance on post COVID-19 infection rehabilitation and where information could be sourced for patients and to provide a consistent message to patients. Mrs. Thompson would query details and provide clarity for members. Other members noted there would be significant demands on recovery in terms of both physical and mental health and would encourage this to be included in recovery planning.</p> <p>Ms Caldwell reported ongoing work carried out to ensure supplies were maintained of palliative care and critical care medicines. Ms Caldwell highlighted the Team working and innovative practice within Pharmaceutical Services to maintain supply across NHSGGC.</p>	<p><b>Ms Culshaw</b></p>
<p><b>41.</b></p>	<p><b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b></p>	
	<p>ACF members acknowledged chest compressions difference in PPE and various guidance. The discussion regarding Care homes and testing was helpful. The ACF recognised that Advisory Committees were full of praise of staff with breakdown of silos and work carried out from eHealth colleagues.</p>	
<p><b>42.</b></p>	<p><b>DATE OF NEXT MEETING</b></p>	
	<p>4 weeks TBC</p>	