

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
Area Clinical Forum  
held on Thursday 09 October 2025 at 12pm  
Via Microsoft Teams**

**Present**

Dr Morven McElroy (in the Chair)

Anita Belbin	Josh Miller
Angela Wallace	Kathy McFall
Fiona Smith	Lucy Gamble
Helen Little	

**In Attendance**

Ali Marshall	Depute Director of Planning
Elaine Hamilton	Lead Nurse Care Home Collaborative
Ross Jack	Secretariat (Minute)

			<b>Action</b>
<b>40.</b>	<b>Welcome And Apologies</b>		
	<p>The Chair welcomed those present to the October 2025 meeting of the Area Clinical Forum:</p> <p>Apologies were noted on behalf of:</p> <ul style="list-style-type: none"> <li>• Anne Thompson</li> <li>• Sarah Freel</li> <li>• Scott Davidson</li> <li>• Steven Meldrum</li> </ul> <p><b><u>NOTED</u></b></p>		
<b>41.</b>	<b>Declarations Of Interest</b>		
	<p>The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.</p> <p><b><u>NOTED</u></b></p>		

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			<b>Action</b>
<b>42.</b>	<b>Minutes Of Previous Meeting</b>		
	<p>The Forum considered the minute of the Area Clinical Forum meeting of 14<sup>th</sup> August 2025 [ACF(M) 25/04] and were content to approve as an accurate record of proceedings.</p> <p><b><u>APPROVED</u></b></p>		
<b>43.</b>	<b>Matters Arising</b>		
	<p><b>a) Rolling Action List</b></p> <p>The Forum considered the Rolling Action List</p> <p><u>Discussion surround subcommittee membership.</u></p> <p>The Chair emphasised the importance of reviewing subcommittee membership and terms of reference to maintain relevance and effectiveness, especially in medical areas where engagement had been challenging. Revitalising these structures, such as the hospital subcommittee, was a priority.</p> <p>Dr Belbin raised specific concerns about the Area Dental Committee, highlighting difficulties in consistency in attendance and actions.</p> <p>Ms Smith raised a broader concern about governance clarity across subcommittees, questioning whether there was a shared purpose among the various committees and suggested that clearer alignment of agendas and terms of reference could help unify professional voices.</p> <p>Ms Little noted that both herself and Ms McFall had encountered similar challenges within the AHP and Healthcare Scientist space. She noted that joining mid-cycle can make it difficult to understand a committee's remit and suggested that a formal induction process would help new members understand how their work fits into the broader governance structure. Ms McFall supported the discussion and proposed creating a high-level visual summary or infographic to clarify the purpose and scope of each subcommittee. She offered to help develop this resource to support members in understanding their role and contribution.</p> <p><b><u>NOTED</u></b></p>		Ms McFall
<b>44.</b>	<b>Executive Update of Ongoing Business</b>		
	Professor Angela Wallace, Executive Nursing Director, provided a verbal update.		

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	<p>Professor Wallace said that she had recently attended a Finance, Planning, and Performance Committee where the Board reviewed performance across several areas, including unscheduled and scheduled care, with a particular focus on cancer services. The Board was not yet assured that cancer performance was where it needs to be and held a detailed deep dive into this area. The winter plan, reviewed at both the Executive Group and Board meetings, was noted as particularly robust this year. Professor Wallace also provided an update on the Scottish Hospitals Inquiry, with oral evidence sessions currently underway. On the topic of innovation, Professor Wallace shared progress on hackathon initiatives, including upcoming cultural events and a Board seminar dedicated to organisational culture.</p> <p>Professor Wallace emphasised that the challenges facing the system were not solely about performance metrics but also reflected a rising level of need, acknowledging staff frustrations around feeling undervalued and under-resourced.</p> <p>Ms Smith voiced her support for Professor Wallace's reflections, praising the multidisciplinary approach of the Interface Division. Ms McFall suggested inviting the Interface Division to a future Clinical Forum meeting to improve communication and alignment, which was supported by the Chair and others. The Chair agreed to coordinate planning for this session, recognising the value of hearing directly from Ms Lorraine Cowie, Director of Interface, and her team, especially given their openness to system-wide solutions and commitment to multidisciplinary engagement.</p> <p>The Forum were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Secretariat  Chair
45.	Annual Review Debrief		
	<p>The Forum discussed the meeting held on 8 September 2025 and noted it was a productive session, more balanced and positive than in previous years, and that they appreciated the Ms Jenni Minto MSP's understanding. Ms Jenni Minto MSP was receptive, and while outcomes were pending, the conversation was constructive. Professor Wallace was invited to clarify the scheduling process and confirmed that a formal summary letter would follow, capturing key points and feedback, which would be shared once received.</p> <p>The Forum were content to note the update.</p> <p><b><u>NOTED</u></b></p>		

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46.	AHP Update		
	<p>The Forum received a presentation provided by Ms Pauline Johnson (Corporate AHP Team) and Ms Jane Dugeon (Practice Education Manager), focusing on the AHP Delivery Plan's workforce and education elements.</p> <p>Ms Johnson shared updates on workforce planning, highlighting that the current plan was halfway through and focused on growing AHP capacity through education aligned with national strategy. She presented data from May 2025 across twelve professions and introduced a tool that tracked key indicators like sickness absence and training, showing positive results. She also described a three-year leadership development investment across strategic, digital, and person-centred areas, with a focus on Quality Improvement. A new programme for team leads was also being developed to support leadership and staff retention.</p> <p>Ms Dugeon then discussed future workforce planning, stressing the value of AHPs' varied experiences. She explained how the AHP Strategic Education Oversight Board supported career development from entry-level to advanced roles, including support workers. Key initiatives included mentoring, Flying Start sessions, and a new educator role to lead a support worker community. She introduced the EPiP module to boost digital and academic skills and shared how flexible education models were helping transitions into podiatry and occupational therapy. The Return to Practice programme had helped 22 AHPs rejoin the workforce since 2023.</p> <p>To build research capacity, Ms Dugeon presented the AHP addendum to the GGC Research Strategy, aiming to strengthen partnerships and align funding. Plans included an annual showcase to highlight student research and efforts to create clearer career paths that combined clinical and academic roles. National workstreams were helping define advanced practice and career progression and collaboration with universities continued to support access to relevant courses. Ms Dugeon also shared patient stories to highlight compassionate care and progress toward QI goals, including a target to increase AHPs confidence in QI methods by 50% by 2026. Ms Dugeon introduced a new SharePoint site to support QI collaboration and ended the presentation with a summary of achievements aligned with national and local strategies.</p> <p><b>NOTED</b></p>		
47.	Winter Planning		
	Ms Ali Marshall, Depute Director of Planning, provided a verbal update.		

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	<p>Ms Marshall explained that this year's approach had been streamlined, with a strong focus on collaboration with senior system leaders and alignment with ongoing transformation programmes.</p> <p>The plan outlined seven key priorities, including the establishment of escalation huddles, the Interface and Care Programme (including virtual ward capacity and FNC+), and the protection of planned and cancer care services. It also included commitments to urgent care improvement, flow commissioning, and seven-day working. These priorities were supported by high-impact actions and milestones designed to deliver cumulative impact across urgent and planned care workstreams.</p> <p>Ms Marshall highlighted the introduction of a new Whole System Escalation and Decompression Framework to manage patient flow and demand. This framework would incorporate recent developments from the national Coordination and Oversight Unit (COU), with updates to be reflected in the next iteration of the plan submitted to the Board.</p> <p>The plan also included contingency measures for short-term acute bed capacity, preparedness across the European care system to support patients closer to home, and a significant vaccination programme already underway. Staff wellbeing and resilience remained central, with enhanced access to resources and a targeted communications campaign. Ms Marshall noted that the team was working closely with communications colleagues to improve messaging to both staff and patients, building on previous campaigns.</p> <p>Winter monitoring would run from November to March, and performance would be tracked through existing reporting frameworks to avoid duplication.</p> <p>The Forum were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>48.</b>	<b>Care Home Strategy Update</b>		
	<p>Ms Elaine Hamilton, Lead Nurse Care Home Collaborative, presented the paper.</p> <p>The report reflected on the impact of the model across 178 care homes, led by local collaborative care home support teams across the six Health and Social Care Partnerships, and supported by the Care Home Collaborative. Ms Hamilton emphasised that model continued to deliver high-quality, person-centred care, underpinned by strong governance, education, and quality improvement.</p>		

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	<p>Key achievements included strengthened governance arrangements now aligned with the national My Health, My Care, My Home framework. This had brought together key stakeholders through the Care Home Framework Group and three active subgroups focused on priority areas, best practice sharing, and improvement activity. Over the reporting period, 175 assurance visits were conducted across 165 care homes using a revised assurance tool. Analysis from these visits highlighted improvements in infection control, resident care, and workforce culture. Additionally, more than 2,700 staff across 114 care homes participated in education and training sessions.</p> <p>Dr Belbin highlighted challenges in delivering dental care within these settings. She stressed the importance of educating management and staff, while also advocating for better pay to attract skilled carers, particularly praising nursing students for their competence and dedication.</p> <p>Ms Hamilton acknowledged Dr Belbin's concerns, reinforcing that HSCP teams were actively engaged with care homes in their areas. These teams were aware of which homes were performing well, and which were challenged, and that they intervene with support where needed. Ms Hamilton emphasised the importance of collaboration between HSCPs, regulated commissioned services, and initiatives like the Care Home Collaborative, which has been instrumental in identifying needs and providing targeted resources. Leadership had been highlighted as a key factor in staff retention and quality of care, with well managed homes showing fewer recruitment and retention issues.</p> <p><b><u>NOTED</u></b></p>		
<b>49.</b>	<b>Brief Update from Each Advisory Committee on Salient Business Points and Minutes to Note</b>		
	<p><u>Area Psychology Committee</u></p> <p>Dr Lucy Gamble provided an update on a key item discussed at the last meeting around transparency in funding for training and development, particularly bursaries for courses. The Committee had expressed concern about inconsistencies in how funding was awarded, with similar roles receiving different levels of support. There was agreement that clarity was needed on whether funding should come from individual services or central bursary schemes, and that managing expectations was important. Kathy noted that some rejections stem from the belief that funding should be internal to the service, not external bursaries.</p>		

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	<p><u>Area Dental Committee</u></p> <p>Dr Belbin highlighted the shortage of dental technicians, exacerbated by high qualification requirements and limited training opportunities, making it difficult to recruit for NHS roles.</p> <p><u>Area Pharmaceutical Committee</u></p> <p>Mr Miller shared that Ann Thompson, who was previously VC of the committee, had stepped down, prompting a discussion about clarifying this forum's terms of reference, specifically whether representation should be by chairpersons, nominated individuals, or both. Mr Miller confirmed that the forum was due to review its terms of reference outlining the forum's vision and strategy were outdated and that there was ongoing uncertainty around the appointment of a permanent Director of Pharmacy.</p> <p><u>Area Allied Health Professions Committee</u></p> <p>Ms McFall provided a brief update on the Workforce Wellbeing effect for both AHPs and Healthcare Sciences, with feedback from the Scottish Government expected in early December. A vacancy for the Healthcare Science Lead in NHS GGC was flagged, with Professor Wallace confirming that recruitment was underway, although consideration was being discussed in making the role full-time to align with other health leadership positions. The Forum agreed the item should be reinstated on the rolling action list to ensure continued visibility.</p> <p>Ms McFall briefly mentioned a neurodiversity pathway update, which had caused concern among GP practices due to their frontline role, advising that this was being monitored, and further updates would be shared as they became available.</p> <p>The Chair advised a review of the operational policy and protocol for travel was currently underway, but could not recall the named individual, and while progress was being made, acknowledged that reaching a consensus would take time.</p> <p><b><u>NOTED</u></b></p>		
50.	<b>Annual Cycle of Business</b>		
	<p>The Forum was reminded to review the Annual Cycle of Business, which would run through to February 2026, to ensure all strategic planning updates and themed reports were covered. Members were encouraged to flag any missing items.</p> <p><b><u>NOTED</u></b></p>		

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			<b>Action</b>
<b>51.</b>	<b>Closing Remarks and Key Messages for the Board</b>		
	The Chair thanked members for their attendance and for the presentations and updates provided.		
<b>53.</b>	<b>Date and Time of Next Scheduled Meeting</b>		
	The next meeting would be held on 11 <sup>th</sup> December 2025 at 2pm, via MS Teams.		