

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Clinical Forum held on Thursday 11 April 2024 at 2pm Via Microsoft Teams and the Boardroom

Present

Dr Anita Belbin (in the Chair)

Karen Brazier	Morven McElroy
Margaret Doherty	Kathy McFall
Mark Fawcett	Josh Miller
Sarah Freel	Anne Thomson
Fiona MacKay	Denise Wilkinson
David McColl	

In Attendance

Jennifer Armstrong	Medical Director
Scott Davidson	Depute Medical Director
Gillian Duncan	Corporate Executive Business Manager
Jane Grant	Chief Executive
Helena Jackson	Head of Health and Care (Staffing) (Scotland) Act Programme
Joyce Robertson	Secretariat (Minute)
Angela Wallace	Nurse Director

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11.	Welcome And Apologies		
	<p>The Chair welcomed those present to the April meeting of the Area Clinical Forum, chaired remotely via MS Teams.</p> <p>Apologies were noted on behalf of :</p> <ul style="list-style-type: none"> - Jane Burns - Tony Donegan - Helen Little - Lesley Rousselet - Fiona Smith 		

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	- Gail Caldwell		
	<u>NOTED</u>		
12.	Declarations Of Interest		
	The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.		
	<u>NOTED</u>		
13.	Minutes Of Previous Meeting		
	The Forum considered the minute of the Area Clinical Forum meeting of 08 February 2024 [Paper 24/03, ACF(M)].		
	The Forum was content to approve the minutes as an accurate record of proceedings.		
	<u>APPROVED</u>		
14.	Matters Arising		
	a) Rolling Action List		
	The Chair noted there was no updates to the Rolling Action List.		
	<u>NOTED</u>		
15.	Audiology Update		
	S Davidson spoke to the previously circulated paper [24/05 – Audiology Update], highlighting the following:		
	<ul style="list-style-type: none"> - The purpose of the paper is to provide a Paediatric Audiology Service update, including actions taken in response to the National Review in August 2023. - 57 recommendations have been integrated into an action plan. - Equipment purchased in 2023 has been found to be very sensitive and returned to supplier. - Clinical governance risk actions are in place and have been completed. - Recommendations are reviewed on quarterly basis – the last formal review was undertaken at the end of January. - Staffing model is under development and delivery is anticipated in quarter one of 2024-25. - No matters to escalate at this time. 		

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	<ul style="list-style-type: none"> - Clinical governance issues arising in-service are met with robust clinical governance structure. - For completeness, action plan is attached, providing levels of detail and scrutiny, and risk assessment considered. - Equipment SBAR has been produced and is working its way through the system. <p>The Forum was content to note the update.</p> <p><u>NOTED</u></p>		
16.	On-Going Board Business Update including COVID-19 Update		
	<p>J Grant provided a verbal update which would include current and future position. The following points were noted:</p> <ul style="list-style-type: none"> - Pressure across all services, including GP practices and Contractors. - Bed occupancy in acute remains high. - Elective programme has continued over winter – praise given to colleagues. - All additional winter capacity closed in the last few days, additional beds remain open from last year and efforts are being made to close these. - Delayed discharges have been consistently high, circa 300-320. - It is expected that the Board will break even financially in 2023-24 and credit was given to all for their efforts, however non-recurring money has been an important aspect and the deficit is climbing. - Emergency demand is high and ED performance has been challenged, discussions underway with Scottish Government. - Sickness absence has been high – GGC is below 6% this week with efforts to reduce this to 5% - national average is 4%. - Cancer performance targets are challenging, with referrals substantially higher than 2020. Discussions are ongoing with colleagues to progress. - Spring vaccination programme has started in care homes. <p>Future:</p> <ul style="list-style-type: none"> - The financial position for the coming year is difficult, with a higher recurring gap than last year. - Budget of 4.4bn must be maximised on. - All HSCPs budgets have been approved by IJBs with a hybrid mix of challenges. 		

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	<ul style="list-style-type: none"> - Primary Care Strategy is going through Board Governance just now. <p>In response to questions on the implementation of the reduced working week, J Grant responded that this was an ongoing issue, with different approaches being taken by national/territorial boards and between rostered/non-rostered staff. Reduction in working hours to be allocated as soon as possible in a half hour block. Where implementation is not immediate, staff will be paid additionally. Scottish Government have indicated a volume of funding will be allocated to support the transition but further discussions are required on practical implementation and next steps.</p> <p>The Forum was content to note the update.</p> <p><u>NOTED</u></p>		
17.	Health and Social Care Staffing Act – Update		
	<p>H Jackson gave a presentation [24/06 – HCSSA Update], highlighting the following:</p> <ul style="list-style-type: none"> - Board agreement gained for testing all chapters/duties - staff-side colleagues have been instrumental in design and decision making and a Programme Board has been established with intent to meet monthly. - Quarterly reports submitted to Scottish Government with the last report submitted at the end of March. - First formal report due to be submitted to Scottish Government in April 2025. - Guidance will be provided for Dental, Optometry, Pharmacy and GPs. - Testing live at moment the role of HIS – recent unannounced visits have included questions on the act. - Views of staff are important; openness and transparency encouraged. - Next steps are to continue testing duties and progression of Action Plan. <p>The Forum was content to note the update.</p> <p><u>NOTED</u></p>		
18.	Quality Strategy Update		
	<p>A Wallace gave a presentation on Quality Strategy [24/07], highlighting the following:</p>		

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	<ul style="list-style-type: none"> - Input from previous Quality Strategy has been captured and will be built on with as much input from colleagues as possible. - Engagement has been sought widely across the system with thoughts gathered on how people want to work on quality improvements going forwards. - An international advisory group was set up involving quality members from across the globe. - Surveys have been sent out to the public, staff, patients and services users, gathering 1000s of data points. - Work will continue over the next few months in time to complete a trajectory for the Board in June. - Focus on kin-centred care, which expands on person centred care, kindness is a key aspect of the new quality model. - Thanks given to the Communications Team for their involvement. - Ongoing development: confirmation of draft strategy and EQIA. - A follow-up online event will be scheduled, to bring people together as the final product nears completion. <p>Discussion followed on the role of the patient in evolving quality healthcare strategies and the potential benefits of widespread public understanding of the need for responsible use of most appropriate services. It was noted that this public message is at the core of the strategy and that the Communications Team were engaging with the public on this.</p> <p>D McColl noted that Contractor's do not receive staff engagement surveys and that this would be a good avenue to communicate viewpoints.</p> <p>The Forum was content to note the presentation.</p> <p><u>NOTED</u></p>		
19.	Moving Forward Together Implementation Update		
	<p>J Armstrong gave a presentation on 'Moving Forward Together', highlighting the following:</p> <ul style="list-style-type: none"> - The presentation was not circulated due to the fact it is new and was only presented to FP&P days ago. - The presentation provides a recap of where we are now, and work to-date. - The strategy was developed in 2018 through extensive communications with public and staff. - A vision has been developed which provides a blueprint for change in the next 10-30 years, including clinical visions and 		

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	<p>consideration of GGCs 10 million square feet of estates, taking into account demands on services and a changing complex demographic profile.</p> <ul style="list-style-type: none"> - Goals for the next 5-20 years: <ul style="list-style-type: none"> • Changes in care flow navigation, redirection, and flow through front door – incorporating digital apps within the next 2-5 years. • Streamlining newer services like Hospital at Home (HaH) and Community Urgent Assessment. - Long term goals: <ul style="list-style-type: none"> • Full implementation of triage before presentation with target operating models: planned care; urgent care and cancer care. • Empowerment: giving the public the tools they need to take increasing responsibility for healthcare planning e.g. biometrics to monitor illness remotely and confidence to work with health professionals. - Artificial intelligence is already being implemented in some fields and this needs to be analysed further for efficacy before expanding, with potential benefits for: <ul style="list-style-type: none"> • Frail elderly (virtual access teams). • X-rays. • Pathology. • MH intervention. - Sustainable urgent care and provision of more urgent care locally, as well as increasing input from Social Care Services with expectation of additional Health Centres. - Investment in community based care and digital hubs in deprived areas, in order to deliver care closer to home. - Vision has been developed with 5-600 clinicians and has been presented to Scottish Government, who have written to all boards to ask them to develop their own clinical vision. - Consideration is being given to socioeconomics, demand, strategy, infrastructure and finance. <p>A Belbin welcomed the positive vision and commended the idea of increasing community based care. M Fawcett agreed, and commented that AI upgrades are required for community care, to allow services to communicate more efficiently. Brief discussion was given to further potential benefits in the areas of cancer treatment and Primary Care.</p> <p>The Forum was content to note the presentation.</p> <p><u>NOTED</u></p>		

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20.	Brief Update from Each Advisory Committee on Salient Business Points and Minutes to Note		
	<p>The Chair invited members to raise any salient issues regarding the following Committees:</p> <p><u>Area Medical Committee</u> No business to raise. The Forum was content to note the paper.</p> <p><u>Area AHP & Healthcare Scientists Committee</u> No business to raise. The Forum was content to note the paper.</p> <p><u>Area Optometric Committee</u> No business to raise. The Forum was content to note the paper.</p> <p><u>Area Dental Committee</u> A Belbin provided the following update: Much discussion over SCI gateway and referrals. Cancellation of domiciliary care course remains problematic as introduction of Det1 has changed conditions. Edinburgh University Therapists' course cancelled which will increase staffing challenges. The Forum was content to note the update.</p> <p><u>Area Psychology Committee</u> No update provided due to apologies. The Forum was content to note the paper.</p> <p><u>Area Pharmaceutical Committee</u> No business to raise. The Forum was content to note the paper.</p> <p><u>Area Nursing and Midwifery Committee</u> M Doherty updated that the Committee had focused on quality assurance, quality strategy and nursing strategy. The Forum was content to note the update.</p> <p><u>NOTED</u></p>		
21.	Annual Report 2023-24		
	Deferred until June meeting.		

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22.	Area Clinical Forum ToR Review		
	Deferred until June meeting.		
23.	Closing Remarks and Key Messages for the Board		
	The Chair thanked everyone for their attendance and the presentations provided.		
24.	Date and Time of Next Scheduled Meeting		
	The next meeting would be held on 13 June 2024, via MS Teams and the Boardroom		