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ACF(M) 25/06
Minute 51 – 62



NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Clinical Forum held on Thursday 11 December 2025 at 2pm Via Microsoft Teams

Present

Dr Morven McElroy (in the Chair)

Anita Belbin	Josh Miller
Sarah Freel	Fiona Smith
Lucy Gamble	Angela Wallace
Helen Little	Denise Wilkinson
Kathy McFall	

In Attendance

Ms Kim Donald	Corporate Services Manager - Governance
Mr Ross Jack	Secretariat (Minute)
Ms Claire MacArthur	Director of Planning

			Action
51.	Welcome And Apologies		
	<p>The Chair welcomed those present to the December 2025 meeting of the Area Clinical Forum:</p> <p>Apologies were noted on behalf of:</p> <ul style="list-style-type: none">• Mark Fawcett <p>The Chair informed members that the meeting would be recorded, and the recording would be replaced with the formal approval of the minute. The Committee were content with this.</p> <p><u>NOTED</u></p>		
52.	Declarations Of Interest		

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	<p>The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.</p> <p><u>NOTED</u></p>		
53.	Minutes Of Previous Meeting		
	<p>The Forum considered the minute of the Area Clinical Forum meeting of 9th October 2025 [ACF(M) 25/05] were content to approve as an accurate record of proceedings.</p> <p><u>APPROVED</u></p>		
54.	Matters Arising		
	<p>a) Rolling Action List</p> <p>The Forum considered the Rolling Action List.</p> <p><u>Minute 06 – Discussion Surrounding Subcommittee Membership</u></p> <p>The Chair advised that work was ongoing with other subcommittees while suggesting that Mr Josh Miller might provide details later in the agenda in relation to the APC. The Chair noted that the previous APC meeting was productive, offering valuable learning points that might apply across other subcommittees.</p> <p>The Forum were content to note the update.</p> <p><u>ONGOING</u></p> <p><u>NOTED</u></p>		
55.	Executive Update of Ongoing Business		
	<p>Professor Angela Wallace, Executive Nursing Director, provided a verbal update.</p> <p>Professor Wallace provided an update on the current flu situation, noting that the peak had arrived earlier than anticipated across the UK. Guidance was issued on Friday for staff in clinical areas to wear masks and encourage patients and visitors to do so, where appropriate. Current figures noted around 200 flu cases in hospital, with 10–13 wards closed, mostly due to flu, COVID or suspected gastroenteritis. Capacity was being managed through cohorting and system-wide efforts, including the recent system reset, which aimed to reduce occupancy and improve flow by extending services and increasing staffing. However, staff absence due to flu had impacted</p>		

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	<p>these efforts. Vaccination uptake and further planning were also highlighted. Professor Wallace concluded by mentioning the sub-national planning approach but deferred discussion for later.</p> <p>Ms Fiona Smith noted that staff were cautious about mask use but highlighted inconsistencies in mask availability at front-door areas, with Clyde sites better stocked than others. She recommended ensuring masks were accessible for volunteers, who might be more vulnerable, and confirmed that the volunteer manager had been asked to order masks. Dr Denise Wilkinson raised staff concerns about visiting policies, noting uncertainty around the decision not to restrict visiting despite general comfort with mask guidance. She suggested reinforcing communication to reassure staff and patients. Professor Wallace explained that visiting restrictions were avoided over the weekend to prevent anxiety for patients and families, given limited staff to support such changes. She confirmed that the team was monitoring flu trends and acknowledged challenges with staff compliance, agreeing that additional guidance was needed while managing significant feedback on these issues.</p> <p>Professor Wallace reported that the recent Primary and Community Care Hackathon in Paisley was successful, generating innovative ideas and strong engagement, with rapid follow-up actions planned. She also highlighted the Culture Hackathon, sponsored by the People Committee, which aimed to strengthen governance and drive cultural change through practical toolkits and action plans. Ms Helen Little commended the planning team and shared insights from her MSK session on reducing unnecessary orthopaedic referrals and improving patient flow, noting that a funding bid had been submitted and a test of change was in progress. Ms Fiona Smith reflected on the value of the Primary and Community Care Hackathon for connecting leaders and reinforcing end-to-end pathways, emphasising the need for improved flow and integration between services. She also noted positive cultural discussions during the event. Ms Kathy McFall suggested formal invitations to forums for future hackathons to ensure broader representation.</p> <p>Ms Claire Macarthur thanked everyone for their contributions to Hackathon 3, noting it was the largest and most complex to organize. Write-ups for Hackathons 3 and 4 were in progress, and feedback forms had been circulated to help improve future events. She advised that Hackathon 5 was scheduled for 30 January 2026, focusing on Women and Children's services, with three themes: maternity, women's health, and developing a vision for a world-leading paediatric and neonatal hospital. Invitations would be sent out shortly with an aim for around 150 attendees, Ms McArthur encouraged forum members to confirm representatives promptly to meet notice requirements, she advised that planning would begin shortly, and volunteers for involvement were welcome.</p>		

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	<p>The Forum were content to note the update.</p> <p><u>NOTED</u></p>		
56.	Update from Director of Planning		
	<p>Ms Claire MacArthur, Director of Planning provided a presentation.</p> <p>Ms MacArthur presented an update on the GGC the Way Forward programme, part of the Transforming Together portfolio and a key response to the HIS ED review. The programme addresses critical themes such as staffing, facilities, patient flow, escalation, incident reporting, culture, and communication. Engagement had been extensive through staff conversations, site visits, questionnaires, and ongoing meetings with ED consultants. Of 193 improvement actions, 146 had been completed, including major recruitment to meet Safe Staffing Act requirements, facility upgrades, enhanced adverse event review processes, external mediation support, and cultural initiatives like the recent hackathon. She advised that governance was maintained through monthly sector reports to the Whole System Group chaired by the COO and rotational updates to the Executive Oversight Group chaired by the Chief Executive, ensuring visibility and accountability.</p> <p>Ms MacArthur also highlighted progress under System Reset 1, which aimed to reduce occupancy below 93% and improve flow through new discharge pathways, virtual hospital expansion, and enhanced weekend staffing. Despite flu-related pressures, occupancy briefly dropped below target, and performance remained stronger than other Boards. Positive feedback included improved cross-system collaboration and senior clinical visibility, though communication ahead of Reset 1 was limited. Planning for System Reset 2 was underway, with a focus on better engagement, scalability of pathways, and embedding successful interventions, such as weekend staffing and equipment provision, into business-as-usual models. Additional initiatives include expanding intermediate care and discharge beds, virtual wards, and support services like Red Cross wrap-around care to prevent delays. Digital improvements, including front-door triage and OPAT expansion were progressing, alongside cultural and staff well-being measures. She acknowledged recruitment challenges and the need for continuity beyond short-term resets.</p> <p>Mr Josh Miller expressed support for System Reset but raised concerns about limited communication ahead of Reset 1, noting that frontline teams had little notice, which reduced opportunities for quality improvement work and planning alternative approaches. He also questioned the scalability and continuity of new pathways, such</p>		

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	<p>as hypertension and headache, given their small patient numbers, and highlighted the challenge of asking teams to deliver additional capacity when they already operate at full effort year-round. Ms MacArthur acknowledged these points, explaining that Reset 1 was implemented rapidly in response to urgent pressures but confirmed that Reset 2 will allow more planning, engagement, and additional pathways, including frailty, cardiology, and mental health. She emphasised that building the Interface Care Division and recruiting senior clinical roles was ongoing and invited Mr Miller to share QI ideas with her team ahead of Reset 2.</p> <p>Further from the committee focused on the positive impact of Reset 1 and the importance of evaluating which interventions should become permanent. Ms MacArthur confirmed ongoing tracking of investment impacts, monthly reporting to governance, and a forthcoming survey to gather wider feedback to shape Reset 2.</p> <p>The Forum were content to note the update.</p> <p>NOTED</p>		
57.	Brief Update from Each Advisory Committee on Salient Business Points and Minutes to Note		
	<p><u>Area Dental Committee</u></p> <p>Dr Anita Belbin noted a key issue was the inability to elect a new chair, as her term had ended but no nominations had been received. Dr Belbin explained that the role was perceived as difficult, with meetings often revisiting topics already covered in LDC discussions, leading to low engagement. New members from PDS and hospital services lack experience to take on the role, and the tone of meetings had sometimes been discouraging. The Chair acknowledged the difficulty and committed to meeting Dr Belbin for a follow up before the next session to explore solutions. She suggested learning from Lanarkshire APC's approach to rebuilding its committee and agreed to add this to her action list.</p> <p><u>Area Allied Health Professions Committee</u></p> <p>Ms Kathy McFall raised concerns about the lack of progress on appointing a Healthcare Science Lead and the Scottish Government's proposal for a Scientific Director, noting that the absence of a lead risks GGC missing key national conversations. Professor Angela Wallace explained that the post could only be advertised as a secondment due to current arrangements and confirmed readiness to proceed once a date was agreed with the Chief Healthcare Science Officer. She acknowledged the gap and confirmed discussions were ongoing at Chief Executive level, with</p>		Chair

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	examples from other boards informing the approach. Ms McFall highlighted that operational meetings for healthcare science were not currently happening, creating a lack of direction. Professor Wallace agreed to take an action to review interim support and ensure representation in key forums, with the Chair suggesting this be added as an update for the next meeting. The group also noted the need to discuss the sub-national planning proposal at a future meeting, given its potential impact on clinical governance.		
	The Forum were content to note the updates.		
	<u>NOTED</u>		Prof. Wallace
58.	Vaccination Update		
	This update was provided at Minute 55 and would return for further discussion at the next meeting.		
	Mr Josh Miller raised concerns about low uptake and reduced visibility of peer vaccinators. Professor Angela Wallace offered to share peer immuniser data and acknowledged challenges in flu vaccine communication and uptake, particularly in Glasgow she committed to improve awareness and reporting through core briefs and follow-up actions.		
	The Forum were content to note the update.		
	<u>NOTED</u>		
59.	Health and Social Care Staffing Act		
	Helena Jackson, Head of Health and Care (Staffing) (Scotland) Act Programme.		
	Ms Jackson provided a presentation to update on the Health and Care Staffing (Scotland) Act implementation, confirming the shift from programme delivery to an oversight phase focused on embedding processes. Quarterly assurance reporting was now established, with Q3 returns due by 8 January to inform the annual report in April. She outlined progress on the Workforce Business Systems Programme, which integrates e-rostering, SafeCare for real-time staffing and risk escalation, as well as future modules such as Allocate Rota and e-job planning. Ms Jackson advised that Clyde sites were live with nursing and midwifery rostering, with expansion planned for HPS and medical teams in early 2025. SafeCare Light was being deployed in areas without full rostering, and legislative staffing tools were transitioning from SSTS to SafeCare. Storyboards had been developed to illustrate improvement journeys, and updated SOPs and guidance were available online. Ms Jackson		

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	<p>also highlighted monitoring of protected learning outcomes and confirmed that reporting processes were embedded and validated through governance structures. While reasonable assurance had been achieved, substantial assurance would require full deployment of workforce systems. Communications remained a priority, with resources and good practice examples shared via the Health and Care Staffing website, which continued to grow in engagement. Future plans included collaborative communications with RCN and Unison to promote the Act and its benefits.</p> <p>Ms Fiona Smith raised concerns about inconsistent representation of all professions in quarterly reports and whether staffing escalations reached professional directors, citing lack of evidence. Ms Jackson acknowledged variation across areas, noting strong engagement in the North Sector but challenges elsewhere, and highlighted ongoing work with HSCPS to strengthen multi-professional teams with real-time escalation processes. She emphasised SMT responsibility for discussing and recording issues on Datix and agreed to review a speech and language therapy staffing example next quarter.</p> <p>Helen Little raised concerns about visibility of staffing data in non-hosted areas and reliance on manual processes, while Ms Jackson acknowledged cultural and system challenges, emphasising that quarterly reports should capture priority concerns and that confidence in reporting was still developing. Both agreed improvements will come through better systems and subgroup collaboration.</p> <p>Kathy McFall emphasised the importance of incorporating professional leads into risk escalation processes, suggesting review of HSCP risk documents for inclusion. She noted the complexity of safer staffing systems and the learning curve involved, praising Helena's leadership. Ms Jackson reinforced that risk management should be embedded within existing governance structures rather than creating new processes, aligning with the organization's risk strategy. The Chair thanked Helena for her input and confirmed future follow-up sessions.</p> <p>The Forum were content to note the update.</p> <p><u>NOTED</u></p>		
60.	Closing Remarks and Key Messages for the Board		
	The Chair thanked members for their attendance and for the presentations and updates provided.		
61.	ACF Members Only – Open Discussion		

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	The Chair invited members to discuss any issues they wished to raise to the group.		
62.	Date and Time of Next Scheduled Meeting		
	The next meeting would be held on 12 th February 2026 at 2pm, via MS Teams.		