

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Clinical Forum held on Thursday 12 February 2026 at 2pm Via Microsoft Teams

Present

Dr Morven McElroy (in the Chair)

Anita Belbin	Kathy McFall
Dr Lucy Gamble	Fiona Smith
Helen Little	

In Attendance

Dr Scott Davidson	Medical Director (Deputising on behalf of Professor Angela Wallace)
Mr Joel Martin	Secretariat Officer (Minutes)
Mr Neil Mcseveny	Deputy Director of Communications (for item 7)
Ms Louise Russell	Secretariat Manager (Observer)
Mr Jonathan Todd	Head of Information Management (for item 6)

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1.	Welcome And Apologies		
	<p>The Chair welcomed those present to the February 2026 meeting of the Area Clinical Forum.</p> <p>Apologies were noted on behalf of:</p> <ul style="list-style-type: none"> • Josh Miller • Sarah Freel • Denise Wilkinson • Sarah Thomson • Anne Thomson • David Mccoll • Margaret Doherty 		

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	<ul style="list-style-type: none"> • Elaine Vanhegan • Steven Meldrum • Angela Wallace <p><u>NOTED</u></p>		
2.	Declarations Of Interest		
	<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>		
3.	Minutes Of Previous Meeting		
	<p>The Forum considered the minutes of the Area Clinical Forum meeting of 11 December 2025 [ACF(M) 25/06] and were content to approve as an accurate record of proceedings.</p> <p><u>APPROVED</u></p>		
4.	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 members that this action remained ongoing, however, work had taken place to progress the action. The Area Pharmaceutical Committee (APC) and Hospital Sub Committee (HSC) were reviewing their Terms of Reference and Membership and work to create a visual summary/infographic was ongoing.</p> <p>Work would remain ongoing with the Chair, Ms Kathy McFall and the Secretariat Team in relation to this action.</p> <p><u>ONGOING</u></p> <p><u>NOTED</u></p>		Chair/ Secretariat
5.	Executive Update on Ongoing Board Business		
	<p>Verbal update provided by Dr Scott Davidson, Medical Director</p> <p>In the absence of Nursing Director, Ms Angela Wallace, Dr Scott Davidson provided a verbal update on Ongoing Board Business.</p>		

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	<p>This included an update on the implementation of a Safety and Public Confidence Oversight Group, update on system resets, the success of Hackathon 5.</p> <p>Dr Davidson advised members that closing statements regarding the Scottish Hospital Inquiry (SHI) had been made. He touched on the media interest and noted that there was a focus on providing support to staff and patient confidence in the Hospital.</p> <p>Dr Davidson reported that a Safety and Public Confidence Oversight Group was in the process of being established, to be co-chaired by Sir Lewis Ritchie and the Chief Executive, Ms Jann Gardner. In addition to this, Dr Davidson noted that the formation of the group intended to strengthen the governance framework and provide assurance of the safety of the Hospital in order to build public confidence. The group was expected to meet in advance of the SHI final report.</p> <p>Dr Davidson added that the group membership would be made up of Executive and Non-Executive Directors, representatives from Infection Control, Estates, Healthcare Improvement Scotland, whistleblowers and families from the SHI. Dr Davidson advised that there would be four Sub-Groups and these groups would consider matters regarding public confidence, estates and facilities, leadership and culture, and the SHI recommendations.</p> <p>In relation to the system reset, Dr Davidson advised that the reset enabled NHSGGC to maintain position during the peak of the flu outbreak. He noted that although reset 2 didn't provide as much benefit as anticipated, the importance of reviewing lessons learned from that period, identifying effective approaches and areas of improvement was recognised. Dr Davidson further reported that there was a focus on safe and effective weekend patient discharge. He stated that during the system reset there had been an increase in 4-hour standard discharge, however, the 12 hour waiting time had decreased.</p> <p>Dr Davidson reported that the Hackathon 5, which focused on women's health, gynaecology, neonatology and paediatrics, had been positive. Emergency gynaecology pathways were being considered, alongside maternity and remote monitoring regarding care close to home. He highlighted the success of paediatrics through the use of blue light therapy and OPA in order to assist with jaundice babies.</p> <p>In terms of the Flow Navigation Centre (FNC) plus, handling neonatology calls would be considered, in addition to monitoring sodium and potassium levels with DOCLA in the community. A HIS Mental Health and Wellbeing report in relation to Skye House was due to be received the week beginning 16 February 2026. Dr</p>		

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	Davidson reported that an external review had been commissioned, with the final report expected at the end of February or beginning of March. An action plan would be developed to capture the learning and actions from the external review.		
	Lastly, Dr Davidson reported that a staff survey regarding vaccinations would be considered by Public Health ahead of next winter to drive vaccination status.		Dr Davidson
	In response to a question regarding how NHSGGC were taking note of which pieces of equipment made the greatest impact during the system reset period and whether consideration was being given to prioritising future investment in those items, Dr Davidson advised that a review of KPI data would be required to understand the true benefit. He added that there was still a lot of work to be done in relation to improving the figures regarding weekend discharges.		
	In response to a question regarding funding and allocation for the Reduced Working Week (RWW), the Forum noted that Dr Davidson would request feedback from colleagues. The Chair noted that a request would be made for a speaker to attend the April meeting.		Dr Davidson/S ecretary
	The Forum discussed understanding the current position in relation to subnational planning work. It was agreed that this item would be added to the next agenda.		Secretary
	The Forum were content to note the update.		
	<u>NOTED</u>		
6.	Digital Strategy		
	Verbal update by Mr Jonathan Todd, Head of Information Management		
	Mr Jonathan Todd provided an overview of the paper, noting that it had been considered at various Committees, including the Finance, Planning and Performance Committee. He notified members that Ms Denise Brown, Director of Digital Services, was retiring at the end of the financial year and that her post had been advertised, therefore the introduction of a new Director of Digital Services was pending. He also noted that Mr Neil Warbrick, Head of Digital Innovation, had moved on to a seconded post.		
	The NHSGGC Digital Strategy was approved by the NHSGGC Board in December 2022. Good progress had been made on the delivery of the Strategy in support of the NHSGGC Transforming Together Programme, Annual Delivery Plan and Digital Strategy objectives. Mr Todd added that a digital platform had been procured and implemented to enable virtual care and clinical pathways in		

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	<p>support of NHSGGC Interface Division including FNC+ and Hospital at Home, enabling faster discharge and remote motoring of long-term conditions to reduce admissions, whilst an eTriage system had been procured and implementation regarding this was underway to enable triage and redirection at the ED front door across all sites.</p> <p>A Microsoft Copilot AI-based assistant had been fully deployed, with support provided for all Digital Services staff in relation to using this assistant. This allowed for building skills on its use in administrative tasks, and exploring and sharing use-cases, with this increasing productivity. Deployment of the co-developed Nursing Inpatient Digital Clinical Notes had taken place, with over 250,000 digital care plans completed, supporting person centred care plans. Four hospices also recently went live on NHSGGC's TrakCare patient management system, improving transition of care and enabling organisational boundaries to be minimised.</p> <p>Over 100 staff participate in digital programme delivery governance groups, and over 330 staff participate in the Digital Champions Network. Four projects had been recognised both in the UK and globally through awards from industry peers.</p> <p>Since approval of the Strategy, new local and national initiatives had added further strategic requirements. These had been reviewed, aligned with the broader Strategy and incorporated into the annual Digital Delivery Plans.</p> <p>Many national programmes had experienced delays or reduced scope of delivery, which in turn impacted NHSGGC's implementation plans, with either local solutions being required or an extension of existing systems in order to combat this. However, the Strategy remained relevant and appropriate, subject to future sub-national requirements, with implementation managed through the yearly Digital Delivery Plan process.</p> <p>Ms Kathy McFall enquired about the Digital Dermatology Project and whether an update could be provided regarding this. Mr Todd agreed to find out the status of this and provide feedback.</p> <p>The Forum were content to note the update.</p> <p>NOTED</p>		Mr Todd/ Secretary
7.	Winter Communications Update		
	Verbal update by Mr Neil Mcseveny, Deputy Director of Communications		

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	<p>Mr Mcseveny stated that the objective of the Winter Communications Plan was to deliver targeted communications to inform the public about the correct care pathways, promote vaccination uptake and support patient flow. He added that a number of campaigns had been delivered such as 'Think ABC before A&E', 'Right Care, Right Place', vaccination campaigns for both staff and public, flu messaging during peak infections and targeted campaigns for students and men.</p> <p>Mr Mcseveny advised that the ABC campaign utilised a range of communication channels, including social media, print materials, the website, and digital assets such as videos and news angles. During the winter and festive period, campaign activity was targeted towards issues commonly presented at A&E, for example, gravy burns over Christmas. The vaccination campaign used a multi-channel approach. There were frequent updates to staff via Core Briefs, Trackcare and Portal prompts, Director level communications and fliers to promote drop-in clinics. In terms of public communications, there were various media pieces with BBC Reporting Scotland and STV news and social media promotion.</p> <p>Mr Mcseveny noted that student campaigns had taken place by means of digital methods, for example TikTok and promoting FNC Plus via PR campaigns. This included a number of posters in Glasgow Subway. Mr Mcseveny highlighted that there had been a 553% increase in page views to the Student Hub on the website, which was an increase on the previous year during the same period.</p> <p>It was noted that men were more likely to attend A&E in the first instance. A campaign had started to take place with football clubs in local areas and this would be developed further. Due to hospital restrictions, the previously annual 'Home for Christmas' campaign did not take place. In place of this, updated posters were distributed across all wards, whilst a press release was issued alongside 'Home for Lunch' content, which reached more than 44,000 people.</p> <p>In terms of results gathered from the campaigns, over 3.3 million impressions had been made, with a total reach of 2.15 million across social media platforms; over 110,000 engagements, with an engagement rate of approximately 3.32% per impression; more than 225,000 IPNs (newsletters) opened; website users increased by 165%, with an increase in page views of 75% when compared to winter 2024/25 and vaccination page views rose by 60%, which included a 200% increase for childhood vaccination content.</p> <p>Mr Mcseveny added that a Communications Working Group was to be implemented soon and invited members who might be interested to register their interest.</p>		

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	The Forum were content to note the update.		
	<u>NOTED</u>		
8.	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 reported that she was in the process of standing down from her position as Chair of the Area Dental Committee (ADC) and Mr David Mccoll would stand in as Chair for the next meeting of the ADC.</p> <p>Dr Belbin highlighted issues regarding paediatric referrals waiting times, as there were cases where children with chronic pain had been forced to wait more than a year to get a general anaesthetic appointment. Prominent issues were listed as general anaesthetic waiting times for children who required dental extractions and children with a number of decaying teeth, with some children waiting over a year to be treated.</p> <p>Concerns regarding the ADC membership structure were also raised.</p> <p>Dr McElroy thanked Dr Belbin for her efforts during her time as Chair of the ADC.</p> <p>As Dr Belbin was no longer serving as Chair of the ADC, a vacancy had arisen for the position of Vice Chair on the ACF. Dr McElroy invited members to consider whether they wished to express an interest in the role and advised that time would be given for members to reflect before confirming any nominations.</p> <p><u>Area Psychology Committee</u></p> <p>Dr Lucy Gamble stated that Mr Steven Meldrum would take over as Chair of the Area Psychology Committee (APC) after she had officially stepped down from her role as Chair.</p> <p>Dr Gamble commented on access to bursary training and stated that there had been some misunderstanding amongst staff regarding how to access this training. Dr Gamble added that information regarding this had been put into a report which would be circulated with relevant members of staff upon its completion.</p> <p>Dr Gamble enquired about the potential use of Artificial Intelligence (AI) to assist with the process of reviewing job applications and whether this had been used by members in this capacity within their specific fields.</p>		

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	<p>Ms Helen Little stated that she had been involved in discussions regarding the use of AI in governance or direct clinical-related activity and that the guidance which had emerged from those conversations was to avoid the use of AI in this context. Ms Little added that she would inform Dr Gamble in due course regarding the specific advice which she had received regarding avoidance of the use of AI within this capacity.</p> <p><u>Area Allied Health Professions Committee</u></p> <p>Ms Kathy McFall stated that she had taken up the role of Healthcare Scientist for a Safer Staffing Group.</p> <p>The Committee Terms of Reference had to be considered further, with Ms McFall to contact Dr McElroy directly in relation to this. It was agreed that Ms McFall would gather more information in relation to this and report back to members at the next meeting of the ACF.</p> <p>Ms McFall added that she would be stepping down from her position as Chair of the Area Allied Health Professions Committee at the end of March 2026 but stated that she would be content to remain in her position until a replacement had been found.</p> <p>Dr McElroy added that she would take action to work with the Hospital Sub Committee.</p> <p><u>Area Medical Committee</u></p> <p>Dr McElroy informed members that the Area Medical Committee (AMC) had met on 16 January 2026 and that during this meeting, conversation took place regarding vaccinations and the West of Scotland Sub National Level Group rollout. Discussion also took place regarding the community team in relation to EMIS.</p> <p>Dr McElroy added that discussions regarding Hackathons, Virtual Hospital and the Reduced Working Week would take place at future meetings of the AMC.</p> <p>The Committee were content to note the updates.</p> <p><u>NOTED</u></p>		Dr McElroy
9.	Closing Remarks and Key Messages for the Board		
	<p>The Chair thanked members for their attendance and for the presentations and updates provided.</p> <p>Dr McElroy advised members that any topics of interest should be notified to her in advance of the next meeting. Consideration would</p>		

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	then be given to including an item on the agenda for the forthcoming meeting of the ACF.		
	Ms Fiona Smith enquired about sub national planning work and what the current position was regarding this.		
	Dr McElroy stated that an item would be added to the agenda for the next meeting of the ACF in order to allow for detailed discussion regarding sub national planning.		Secretary/D r McElroy
	Members enquired about whether Chief Executive, Professor Jann Gardner, might be approached to provide an update regarding this.		
	Ms Kathy McFall asked about restructure at Directorate level and whether this could be discussed at a later meeting of the ACF.		
	<u>NOTED</u>		
10.	ACF Members Only – Open Discussion		
	The Chair invited members to discuss any issues they wished to raise to the group.		
	<u>NOTED</u>		
11.	Date and Time of Next Meeting		
	The date and time of the next scheduled meeting of the Area Clinical forum is Thursday 16 April 2026 at 2.00pm via Ms Teams.		