

ACF (M) 22/04  
Minutes 34 - 59

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
Area Clinical Forum  
Held on Thursday 11 August 2022 at 2pm  
Via Microsoft Teams and the Boardroom**

**PRESENT**

Dr Lesley Rousselet (in the Chair)

Dr Anita Belbin	Mr Ian Millar
Dr Jane Burns	Ms Laura Sweeney
Dr Ruth Hamilton	Dr Alastair Taylor
Dr Simon Kidd	Ms Julie Tomlinson

**IN ATTENDANCE**

Ms Anne Harkness	Director of Public Health/ Vaccinations
Ms Fiona Smith	Director of Allied Health Professions
Mr Allen Stevenson	Interim Chief Officer, Inverclyde HSCP
Professor Angela Wallace	Executive Director of Nursing
Mr William Edwards	Chief Operating Officer
Ms Ray Howard	Secretariat Officer (Minute)
Ms Gillian Duncan	Secretariat

			<b>ACTION BY</b>
<b>34.</b>	<b>WELCOME AND APOLOGIES</b>		
	<p>The Chair welcomed those present to the meeting of the Area Clinical Forum, chaired remotely via MS Teams. The Chair also welcomed guests Professor Angela Wallace, Mr William Edwards and Mr Allen Stevenson.</p> <p>Apologies for absence were intimated on behalf of Mrs Jane Grant, Dr Jennifer Armstrong, Ms Gail Caldwell and Ms Helen Little.</p> <p><b><u>NOTED</u></b></p>		
<b>35.</b>	<b>DECLARATIONS OF INTEREST</b>		

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			<b>ACTION BY</b>
	The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.  <b><u>NOTED</u></b>		
<b>36.</b>	<b>MINUTES OF PREVIOUS MEETING – 9 JUNE 2022</b>		
	The Forum considered the minute of the Area Clinical Forum meeting of Thursday 9 June 2022 [ACF (M) 22/03].  An amendment to agenda item 31 was requested and the Forum was content to approve the minutes as an accurate record, subject to the amendment.  <b><u>APPROVED</u></b>		Ms Howard
<b>37.</b>	<b>MATTERS ARISING</b>		
a)	<b><u>ROLLING ACTION LIST</u></b>		
	The Forum considered the Rolling Action List (RAL) and the following updates were provided:  <u>No 53a – Healthcare Scientist Professional Lead</u> It was advised that there had been an update on the job description being added to Job Train and the deadline was 19 <sup>th</sup> August 2022. It was stated that the advert would be circulated and that there had already been contact from good candidates.  The Forum was content to close item 53a and approve the RAL.  <b><u>APPROVED</u></b>		Ms Howard
<b>38.</b>	<b>COVID-19 UPDATE</b>		
	The Chair invited Mr Edwards, Chief Operating Officer, to provide an update on the current position with Acute Services.  Mr Edwards stated that in terms of the current situation, the aim had been to balance and remobilise elective, and manage the front door pressures. There had been 263 patients in hospital who tested positive for COVID-19 as of today. In July 2022, there had been less COVID-19 positive patients and less pressures arising from COVID-19. As a result there are now 9 closed wards which had presented a challenge as 28 beds were unable to be used.		

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		ACTION BY
	<p>The hospital occupancy rate had been high across GGC with QEUH at 96%, Paisley at 93.7% and the GRI at 94.1%.</p> <p>Staff absences had slightly decreased in July 2022 but were still high due to COVID-19 and Long COVID-19 absences; which had caused system pressures.</p> <p>The Forum asked what had been done to support staff who had been suffering with Long COVID-19. In response, it was stated that Occupational Health had and would support staff as part of a Long COVID-19 group. The Long COVID-19 short life working group had been working on a test of what Long COVID-19 support would look like, and how to manage it, along with physiotherapy programmes. A SEG had been produced on the matter, and submitted.</p> <p>The Forum asked what the staff absences levels were pre COVID-19. In response, it was explained that the numbers provided only included COVID-19 related absences and not annual leave. The focus continued to be on maximising resources.</p> <p>The Forum noted that during the winter pressures last year, GGC had been running at almost 30% absences which was higher than predicted.</p> <p>The Forum discussed staff wellbeing, can acknowledged the heightened impact of working during COVID-19.</p> <p>In terms of the Health and Care staffing programme, two Area Clinical Forum (ACF) members had attended a meeting of the Health and Care Staffing Programme Board on the 2<sup>nd</sup> August 2022 on behalf of the ACF, and there had been a new Scotland Act introduced regarding staffing levels. The framework was clear on reporting and the roles. Colleagues would have a pathway to aid them in getting up to speed, and resources would be distributed.</p> <p>The Forum raised the issue of staff absences affecting patient care. It was stated that GGC had been struggling to fill vacant clinical posts and that administration posts had started to become a challenge also. In response, the members added further that Dentistry had also been struggling to fill vacancies.</p> <p>The Chair stated that Optometry had also raised concerns as they had been told to schedule more time for headache and facial lesion patients.</p>	

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		ACTION BY
	<p>The Forum stated that some staffing issues were discussed at the Health and Care Staffing Programme Board meeting and that there had been some positives but also a lot of gaps across all disciplines. It was explained that colleagues at the Health and Care Staffing Programme Board meeting had suggested that GGC not become a test site but that a further discussion would be had and an update would be brought to a future Forum.</p> <p>The Forum was content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>39.</b>	<b>WINTER PLANNING</b>	
	<p>The Chair invited Professor Wallace, Executive Director of Nursing, to provide an update on Winter Planning.</p> <p>Professor Wallace said that every year there had been a national learning event on the back of the previous winter plans and results. Planning colleagues and Mr Edward's team had been working on the care around Winter Planning and it had been an ongoing project. Staff were well supported throughout the winter and placing them in the right places, would be essential.</p> <p>It was added that a number of processes had been put in place for the winter. A fortnightly Executive Group SEG had, and would, continue to check the progress of Winter Planning and COVID-19. There was a winter plan with capacity and additional capacity. The previous bed expansion winter plan had been flexed up and down depending on bed needs.</p> <p>A pathway that had been focused on was the Falls Pathway and the team had looked at what could be done before and during winter; as well as what could happen to the KPIs.</p> <p>The Forum noted that there had been an important piece of work undertaken across SASS NHS. The Flu Navigation Centre had been used to help prevent people from presenting at the Emergency Department (A&amp;E) in an unscheduled manner. It had been proposed that appointments could be scheduled for people so that they would not have an unscheduled presentation. That would relieve the pressures on the Emergency Department staff and enable the patients to not be transported in an urgent way to the hospital. A roll out would be started this month with a rapid pace approach. Data and evaluation from the Falls Pathway could be used to aid other pathways.</p>	

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		ACTION BY
	<p>The Forum stated that not all falls patients attend the Emergency Department but that many would attend or call their GP Surgery. GP Surgeries had not had the capacity for unscheduled care and had often had patients attending that should have gone to A&amp;E, causing a delay in their treatment. It was explained to the Forum that the pathway would not go back to the GP Surgeries and that it would be closely monitored.</p> <p>The Forum asked if there had been adequate reporting on the patients that had used the Navigation Hub and what their outcomes were. Recording the patients' outcomes and the effectivity of the navigation hub would be essential in evaluating the efficiency. In response, it was stated that every day there had been a number of people arriving at the Emergency Department that did not need to be there. The aim would be to ensure that anyone who could be planned, would be.</p> <p>The Forum noted that the report would be circulated to the members.</p> <p>The Forum was content to note the update.</p> <p><b><u>NOTED</u></b></p>	Ms Howard
<b>40.</b>	<b>Flu and COVID-19 Vaccination Update</b>	
	<p>The Chair invited Ms Harkness, Director of Public Health/ Vaccinations, to introduce the paper on 'Flu and COVID-19 Vaccination Update' as well as provide a verbal update.</p> <p>The Programme would be launched on 5<sup>th</sup> September 2022, with the first two weeks reserved for Health and Social Care Staff to receive their vaccinations. HSCP would begin vaccinating care home residents and vulnerable people, then vaccinating senior citizens. There was also a conditional offer for pharmacies to administer the Flu vaccine, as well as the possibility of an additional site in East Renfrewshire. People, who fitted the criteria, would receive a blue letter through their door advising them to book their vaccinations. The booking portal would open on 22<sup>nd</sup> August for Health and Social Care staff to book, and they would be able to book near their home or near their workplace. The portal had been created with simplicity and ease of use.</p> <p>The Forum questioned who would administer the vaccines, as previously, Dental staff, Nursing students and Cabin Crew had been hired and trained to administer the Covid vaccines.</p>	

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		ACTION BY
	<p>In response it was explained that there were a number of permanent vaccination staff and that more staff were being recruited. All registered vaccinators had been approached, and bank staff had been contacted also.</p> <p>There had been teams vaccinating throughout the summer with COVID-19 boosters and other vaccines, so there was still a strong active workforce. They were aware that there could be an overlap with vaccinators also being staff nurses, and that would be monitored and managed accordingly.</p> <p>The Forum noted that groups Asylum Seekers had moved into two hotels in Inverclyde, and it was asked how vaccinations and treatment would be delivered to them. In response it was explained that anyone who was in the country was entitled to a vaccination whether they were register with a GP Surgery or not. There was a mobile vaccinations team who could hold a pop-up vaccination service in Inverclyde for Flu, COVID-19 and other vaccinations such as MMR.</p> <p>The Forum was content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>41.</b>	<b>UNSCHEDULE CARE UPDATE</b>	
	<p>The Chair invited Mr Edwards and Professor Wallace to provide verbal updates on Unscheduled Care.</p> <p>Mr Edwards informed the Forum that the published target in Scotland for compliance was 95% and that it had been very challenging. The GGC has been at 68.4% compliance which is in line with NHS Scotland.</p> <p>Professor Wallace stated that there had been delayed discharges across all areas and that areas that would normally only be open during the winter, had already opened.</p> <p>The Directors and nursing staff had been working hard to recruit more staff while trying to stabilise a system that was under pressure. Resources had been used to help recruit staff as well as stabilise staff and their teams. Staff Wellbeing had and would continue to be a top priority.</p> <p>The Chair raised the issue that pressures in secondary care had made their way to Optometry and that they had been hearing</p>	

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			<b>ACTION BY</b>
	<p>patients talk about delays and issues with their treatment and staff had been struggling to deal with the complaints.</p> <p>The Forum was content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>42.</b>	<b>EXECUTIVE UPDATE ON ONGOING BOARD BUSINESS</b>		
	<p>The Chair invited Mr Edwards to provide a verbal update on Ongoing Board Business.</p> <p>Mr Edwards informed the Forum that the Scottish Government Guidance that had come out around long wait patients. The guidance stated that we would need to have no patients waiting more than two years by the end of August 2022 for out patients, which we had been on target for. The focus would then shift to reducing the wait time to no more than 18 months by December 2022.</p> <p>A plan had been made to reduce the majority of TTG wait times by September 2022, however there are several challenging specialties such as: ENT, Orthopaedics and Surgical Paediatrics. The starting point was significant and we had had previously 3000 to reduce from.</p> <p>The Forum stated that there had been issues with public awareness on the length of waiting times. Patients had been known to repeatedly call GP Surgeries and Hospital Secretaries, just to check that their referral had been submitted and they were on the appropriate waiting list. A number for patients to call and check on their waiting list status, was suggested. In response it was stated that there was a webpage form that patients could use to get an estimate on their waiting time by searching via their NHS Board and speciality. The webpage form would create an air of transparency that had not been present before.</p> <p>The Chair raised the issue of practitioners needing to know what waiting times were applicable so that they could properly counsel their patients on them.</p> <p>The Forum was content to note the update.</p> <p><b><u>NOTED</u></b></p>		

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			ACTION BY
<b>43.</b>	<b>NATIONAL AREA CLINICAL FORUM CHAIRS GROUP UPDATE</b>		
	<p>The Chair informed the Forum that there had not been a meeting of the National Area Clinical Forum Chairs Group (NACFCG), since the last Area Clinical Forum (ACF) meeting on the 9<sup>th</sup> June 2022.</p> <p>The Chair added that the NACFCG would have a meeting in September 2022 and therefore there would be an update at the next ACF meeting on 13<sup>th</sup> October 2022.</p> <p>The Forum was content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>44.</b>	<b>BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS AND MINUTES TO NOTE</b>		
	<p>The Chair asked each Advisory Committee Chair to provide a brief update.</p> <p><u>Area Medical Committee</u></p> <p>No update was provided.</p> <p><u>Area AHP &amp; Healthcare Scientists Committee</u></p> <p>No update was provided.</p> <p><u>Area Optometric Committee</u></p> <p>Ms Sweeney provided the following update:</p> <ul style="list-style-type: none"> <li>- Patients had been sent to Ross Hall for cataracts and Clinicians had been unsure how best to communicate with the patients.</li> </ul> <p>The Forum discussed the issues with providing follow-up consultations with patients that had received private treatment but no private follow-up care. It was stated that the issue could be raised at the National Area Clinical Forum Chairs Group.</p>		

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		ACTION BY
<p><u>Area Dental Committee</u></p>	<p>Dr Kidd provided the following update:</p> <ul style="list-style-type: none"> <li>- Since the 1<sup>st</sup> April 2022, there had been a sharp increase in general dental services and that had an impact on secondary care.</li> <li>- Many of the preventative care programmes such as ‘Childsmile’ that had been on hold until now, had been back in force with a restart of consultations.</li> <li>- The Area Dental Committee (ADC) and the General Dental Practitioners Subcommittee (GDPSC) had asked when in person meetings would commence again.</li> </ul> <p>The Forum replied that the current aim had been to do hybrid meetings and that currently the boardroom in JB Russell could only contain 10 - 12 people, with social distancing.</p>	
<p><u>Area Psychology Committee</u></p>	<p>No update was provided.</p>	
<p><u>Area Nursing and Midwifery Committee</u></p>	<p>Ms Tomlinson provided the following update:</p> <ul style="list-style-type: none"> <li>- Work had been ongoing about targeted improvement work in wards, when it had been highlighted that there had been instances of a single Registered Nurse on shift for the whole ward.</li> <li>- Positive feedback had been received from inspections. A short life working group had started a SOP due to the inspections.</li> <li>- Royal College of Nursing awards and nominations had been sitting at 40.</li> <li>- Sexual Health services had been meeting demands post Covid.</li> <li>- Colleagues at Glasgow Caledonian University (GCU) had confirmed placements and received positive evaluations.</li> <li>- Care Home update: A Vice Chair would be elected at the next meeting, and the committee would encourage more young colleagues to join the committee.</li> </ul>	

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			<b>ACTION BY</b>
	<p><u>Area Pharmaceutical Committee</u></p> <p>Mr Millar provided the following update:</p> <ul style="list-style-type: none"> <li>- Compliance aids had been used in packing medication for different times of the day, to aid patients. There had not been a proper assessment completed before initiating the compliance aid with the patient. A plan had been put together for a proper assessment process.</li> <li>- A meeting was held on vaccinations and they received a presentation on Care and Frailty, and on how to streamline the care in order to get help to the people who need it the most.</li> </ul> <p>The Forum was content to note the updates.</p> <p><b><u>NOTED</u></b></p>		
<b>45.</b>	<b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>		
	<p>The Chair informed the members that Ms Tomlinson would chair the next Area Clinical Forum meeting on 13<sup>th</sup> October 2022.</p> <p>The Chair thanked the members and guests for attending and closed the meeting.</p> <p><b><u>NOTED</u></b></p>		
<b>46.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>		
	<p>The next meeting would be held on Thursday 13 October 2022 at 2pm, via MS Teams and the Boardroom.</p>		