

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the  
Area Clinical Forum  
held in the Conference Room, Dalian House  
350 St Vincent Street, Glasgow  
on Thursday 8 October 2009 at 2.00 pm**

**PRESENT**

Dr C R Bell - in the Chair (Joint Chair, ADC)

Patricia Spencer	Vice Chair, ANMC
Gillian Halyburton	Chair, ANMC
Gale Leslie	Chair, AOC
Kevin Hanretty	Chair, AMC
Gerry Hughes	Vice Chair, APC
Margaret Hastings	Chair, AAHP & HCSC
Nicola McElvanney	Vice Chair, AOC
Ruth Forrest	Chair, APC

**IN ATTENDANCE**

Shirley Gordon	Secretariat Manager
Stefan Morton	Hand Hygiene Co-Ordinator (for min No.32)
Craig Williams	Consultant Micro-Biologist (for min No. 32)
Adele Pashley	Clinical Psychologist (representing the advisory committee in Clinical Psychology)
Catriona Renfrew	Director of Corporate Planning and Policy / Lead NHS Director Glasgow City CHCPs (for min No. 34)
Andrew Robertson	Chairman, NHS Greater Glasgow and Clyde
Michelle McArthur	Team Secretary (for min No. 32)

**ACTION BY**

**30. APOLOGIES & WELCOME**

Apologies for absence were intimated on behalf of Rosslyn Crocket, Val Reilly, Scott Bryson and John Hamilton.

Mr Bell welcomed both Stefan Morton and Craig Williams in attendance to deliver a presentation on hand hygiene.

He also welcomed Gerry Hughes (Vice Chair, APC), Kevin Hanretty (Chair, AMC) and Adele Pashley (representing the advisory committee in Clinical Psychology) to their first meeting of the Area Clinical Forum.

Mrs Hastings reported that Tom Downie (Vice Chair, AAHP & HCSC) had since resigned and a new Vice Chair would be elected at the Committee's 26 November 2009 meeting. She would notify the Area Clinical Forum of the appointment accordingly. On behalf of the Area Clinical Forum, Mr Bell thanked Mr Downie for his input and contribution to the Area Clinical Forum throughout his 2 year appointment.

**Margaret  
Hastings**

NOTED

**31. MINUTES**

The Minutes of the meeting of the Area Clinical Forum [ACF(M)09/3] held on Thursday 6 August 2009 were approved as an accurate record pending the following amendment:-

- Page 6, 3<sup>rd</sup> paragraph, 5<sup>th</sup> line, “It was *agreed* that.....” be amended to read “It was *suggested* that.....”.

NOTED

**32. PRESENTATION – HAND HYGIENE**

Mr Bell welcomed both Stefan Morton and Craig Williams, in attendance to deliver a presentation on hand hygiene.

Mr Morton began by giving a brief overview of the Hand Hygiene Campaign which was part of the global challenge set by the World Health Organisation (WHO) to tackle patient safety. As part of this (and at the request of the SGHD), the Board conducted bi-monthly audits which involved random visits to Wards and Departments to scrutinise hand hygiene compliance. Mr Morton explained the main focus of the Campaign was to educate staff in the five key components for hand hygiene; namely, before patient contact, before aseptic task, after body fluid exposure risk, after patient contact and after contact with patient surroundings. He led the Forum through the bi-monthly audit and illustrated comparisons between February 2007 and July 2009. The July 2009 audit showed a stark improvement overall in NHS Greater Glasgow and Clyde and within each professional group including medical, nursing and allied health professionals. Over and above these results locally, nationally within NHS Scotland, a similar improvement had been recorded.

Mr Morton summarised current work that was ongoing indicating that hand hygiene was part of the overall measures put in place to reduce healthcare associated infection (HAI). Part of the Board’s responsibility to reduce HAI included a monitoring report being submitted to the formal NHS Board meeting bi-monthly outlining the Board’s position and performance in relation to:-

- S.aureus Bacteraemias
- C. Difficile
- Surgical site infections
- Hand hygiene compliance
- Monitoring of cleaning service

In terms of the future, Mr Morton emphasised that it was paramount to improve and sustain compliance. This would increasingly involve public involvement and the ongoing improvement in the visibility of staff compliance. Staff training was being undertaken by Infection Control Teams to raise awareness. Furthermore, Mr Morton reported on the content of some of the new staff e-training modules to address infection control at local Ward/Department level.

Ms Spencer asked how the current audits were carried out. Mr Morton explained that Wards were selected randomly to be audited. They had no pre-knowledge or warning that the audit would be taking place and staff were advised that the audit was on local public health practices in order to be as covert as possible. On arrival at a Ward/Department, Mr Morton would select a vantage point and observe practices. This would include all bed areas and a patient’s environment and be mainly task orientated.

It was intended that these audits would be extended into non-acute settings such as Mental Health and more locally within CH(C)Ps. This was at an early stage at the moment, but it was anticipated that the same practices, as currently existed within Acute Services, would be rolled out and redesigned as appropriate for within Mental Health/Community environments

Mrs Hastings welcomed this approach within community environments but highlighted, however, that often within community settings there were physical barriers such as sink provision and inappropriate tap styles. Mr Morton was aware of these restrictions and confirmed that fabric considerations would be discussed with the Facilities Directorate. In response to a question, Mr Morton confirmed that alcohol based hand rubs were appropriate to use for hand hygiene.

In respect of the 287 GP practices within NHS Greater Glasgow and Clyde, an engagement process had begun with local Infection Control Teams recognising that GPs were independent contractors. Practicalities would be ironed out before any GP/Patient audits were undertaken within these environments.

Ms Forrest recognised the positive improvements made and welcomed the visibility of the results locally. She highlighted, however, that often it was the same professional team(s) who persistently did not comply and this was often **visiting** consultants/members of staff. Mr Morton noted that this point had been consistently raised by staff but recorded that overall responsibility lay with Ward/Department Line Managers and Senior Charge Nurses.

Mr Bell thanked Mr Morton for the interesting and informative presentation. Dr Williams suggested coming to a future Area Clinical Forum meeting to discuss the MRSA Screening Project. This was welcomed and was included in the ACF Workplan for 1 April 2009.

**Craig Williams/  
Secretary**

NOTED

### **33. MATTERS ARISING**

- (i) Mr Bell reported that he had not yet received his formal appointment letter from the SGHD. He had been in discussions with John Hamilton (Head of Board Administration) regarding this matter and it had transpired that there were currently legislative difficulties at the Scottish Public Appointments Unit with stakeholder appointments. This would hopefully be resolved in early 2010 but, in the meantime, Mr Bell was able to attend formal NHS Board meetings representing the ACF but would be unable to vote until formally appointed.
- (ii) The Area Dental Committee had duly invited Ysobel Gourlay from the Anti-microbial Management Team to present on the overview of anti-microbial prescribing but tailored more towards dental prescribing. Ms Gourlay had agreed to attend the Area Dental Committee meeting scheduled for 12 November 2009.
- (iii) The ACF's Annual Review preparation meeting had taken place on 15 September 2009 with the ACF slot being rehearsed. This would be discussed fuller later on in the agenda.

- (iv) Members were asked to note a letter sent to Adele Pashley (Consultant Clinical Psychologist) from the Secretary of the Area Medical Committee in connection with psychology representation within the professional advisory committee structure of NHS Greater Glasgow and Clyde. There had been a suggestion that formal representation for Clinical Psychology should be sought through the auspices of the Subcommittee in Psychiatry. This matter was discussed at the August 2009 meeting of the Area Medical Committee where it was considered inappropriate for Clinical Psychology to be represented within the Medical Advisory Structure.

As an alternative, it was suggested that formal representation be sought either as a separate entity or as part of the AAHP & HCSC. Ms Pashley thanked the Forum for giving this matter consideration. She explained that clinical psychology had no existing link into the Board. She briefly described the role of clinical psychology within community and acute services and explained that although it was a small profession there were over 300 clinical psychologists in NHSGGC and, as such, she considered it important to seek a suitable way to link with the Board.

Mr Bell confirmed that any formal membership to the Area Clinical Forum would require a change to its constitution as membership comprised the Chairs and Vice Chairs of the statutory area professional committees only. He suggested, however, that meantime Ms Pashley be welcome to attend ACF meetings as an observer. As such, the Secretary was asked to include Ms Pashley to the circulation list for Area Clinical Forum communications and agendas. Ms Pashley thanked the Forum for their understanding and looked forward to attending future meetings.

**Secretary/  
Ms Pashley**

NOTED

#### **34. ANNUAL REVIEW PREPARATION**

Members were asked to finalise discussion on the Area Clinical Forum slot at the Annual Review on 19 October 2009. The Area Clinical Forum representatives were meeting the Cabinet Secretary at 9:45am for 45 minutes – this would be held in Board Room 2.

The Area Clinical Forum representatives would be as follows:-

- AMC – Kevin Hanretty
- ADC – Clive Bell
- AOC – Gale Leslie
- APC – Ruth Forrest
- ANMC – Pat Spencer
- AAHP & HCSC – Margaret Hastings

Ms Renfrew summarised the topics that would be raised by each Committee as submitted to the SGHD as follows:-

- AOC – Independent prescribing for Optometrists and IT issues
- ADC – Installation of Local Decontamination Units in dental premises.
- APC – Development of career framework for pharmacists and allied healthcare professionals.
- AMC – The impact of the current financial situation on the future plans of NHSGGC in regard to the implementation of its Acute Services Review and MMC issues.
- AAHP & HCSC – 18 weeks referral to treatment.
- ANMC – Senior Charge Nurse Review.

Ms Forrest explained that she had been contacted by the Head of the Prescribing Support Unit (Kate McKean) who had been contacted by the SGHD in connection with the pharmacy submission. It had transpired that a working draft document had been submitted rather than the final agreed document. As such, Ms Forrest had forwarded on the revised statement for SGHD information.

Ms Renfrew agreed to discuss this with Ms McKean to ensure that the Board's submission to the SGHD reflected what would be being raised. Ms Renfrew highlighted, however, that although a summary of the topics had been submitted, the purpose was to discuss these matters with the Cabinet Secretary by way of a dialogue and, as such, the summaries simply gave an overview and a prompt for the day itself.

**Catriona  
Renfrew**

Mr Bell was keen to agree a running order for the day and the following was agreed:-

- First – Introductions and ADC topic –Clive Bell
- Second – AOC topics – Gale Leslie
- Third – ANMC topic – Pat Spencer
- Fourth – AAHP & HCSC topic – Margaret Hastings
- Fifth – APC topic – Ruth Forrest
- Sixth – AMC topics – Kevin Hanretty

NOTED

### **35. AREA CLINICAL FORUM – 2010 WORKPLAN**

Members were asked to note the ACF Workplan and make suggestions for future topics for 2010 meetings. The following was suggested:-

- It was noted that Kevin Hill would attend the 3 December 2009 meeting to discuss the role of the Oral Health Directorate.
- 4 February 2010 – Adele Pashley to discuss the role of the advisory committee in clinical psychology.
- 1 April 2010 - Dr Craig Williams to attend to discuss the MRSA Screening Project
- 3 June 2010 – Margaret Hastings to discuss current information governance topics

NOTED

### 36. ADVISORY COMMITTEE CHAIRS - UPDATES

- (i) Area Nursing and Midwifery Committee – Gillian Halyburton updated on topics discussed at the last ANMC:-
- A development session had been held which was successful and a Workplan had since been drafted on how to work closer with stakeholders, forming biographies on each Committee member and taking forward a Board wide communication about the role of the Committee.
  - Annual Review.
  - H1N1
  - Primary Care Strategy and Nursing representation on the Steering Group.
  - Agenda for Change and nursing grades.
  - Policy Reviews.
- (ii) Area Optometric Committee – Gale Leslie updated on topics discussed at the last AOC including the following:-
- Ophthalmic casualty – where?
  - Change to the constitution.
  - Clinical governance.
  - Funding from NES.
  - Annual Review preparation.
  - Diabetic retinal screening and the high percentage on non attendance at appointments.
- (iii) Area Allied Health Professions and Health Care Scientist Committee – Margaret Hastings reported on the following topics discussed at the last AAHP & HCSC meeting:-
- Implementation of long term conditions framework.
  - Health care scientists and NES funding.
  - Primary Care Strategy.
  - Annual Review preparation.
  - Allied health professions redesign within Greater Glasgow & Clyde.
  - Provision of services within the ACHs.
  - Referral to treatment.
  - Election of a new Vice Chair.
- (iv) Area Pharmaceutical Committee – Ruth Forrest reported on the following topics discussed at the last APC meeting:-
- Impact of the Medicines (Pharmacies) (Responsible Pharmacist) Regulations.
  - Pandemic Flu planning.
- (v) Area Medical Committee – Kevin Hanretty reported on items discussed at the last AMC as follows:-
- Clinical implications of the H1N1 outbreak.
  - NHSGGC Winter Plan 09/10 Progress Report.
  - Vision for the Vale of Leven Hospital.

(vi) Area Dental Committee – Clive Bell reported on the following topics discussed at the last ADC meeting:-

- Childsmile.
- Annual Review preparation.
- Remuneration of dental practitioners attending dental advisory meetings.
- LDU installation
- H1N1 and service provision.

NOTED

### **37. UPDATE FROM THE ACF CHAIR ON ONGOING BOARD/NATIONAL ACF BUSINESS**

Mr Bell had attended the Board seminar on Tuesday 6 October 2009 where the following topics had been discussed:-

- Preparing for 2010 – this was a discussion around the financial implications for the NHS Board and focussed on the cost savings plan.
- The Director of Public Health – Annual Report – this rehearsed the Board's performance in relation to Public Health.

NOTED

### **38. ANY OTHER BUSINESS**

- (i) Gerry Hughes asked about the vaccination programme as it impacted on NHS staff. He was advised that, within the community, each CH(C)P had a lead co-ordinating person for flu planning and vaccinations. Part of their role was to co-ordinate, within their locality, site specific areas where the vaccination would be provided. For NHS staff, it was not the case that they had to attend their own GP for the flu vaccination. Staff could attend any one of these sessions for a vaccination within their own working area. It was confirmed that a central database would be held to hold the names of everyone who have had the flu vaccinations.

NOTED

### **39. DATE OF NEXT MEETING**

Date: Thursday 3 December 2009 (*Presentation from Kevin Hill on the Oral Health Directorate*)

Venue: Dalian House

Time: 2 - 4 pm