GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Area Clinical Forum

held in Meeting Room A, J B Russell House, Corporate Headquarters,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Thursday 4 August 2011 at 2.00 pm

PRESENT

Pat Spencer - in the Chair (Chair, ANMC)
Heather Cameron Chair, AAHP&HCSC
Roger Carter Vice Chair, AAHP&HCSC
Carl Fenelon Vice Chair, APC
Jacqueline Frederick Joint Chair, ADC
Alan McDevitt Chair, AMC
Nicola McElvanney Chair, AOC
Nancy Reid Vice Chair, ANMC
Val Reilly Chair, APC

IN ATTENDANCE

Shirley Gordon Secretariat Manager
Brian Cowan Medical Director, NHS Greater Glasgow and Clyde
Rosslyn Crocket Nurse Director, NHS Greater Glasgow and Clyde
Jo Gibson Head of Performance (for Min No.33)
John Hamilton Head of Board Administration
Juli McQueen Head of Organisational Development, Corporate Services (for Minute No. 32)
Adele Pashley Chair, Psychology Advisory Committee
Andrew Robertson Chairman, NHS Greater Glasgow and Clyde

30. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Kenneth Irvine, Scott Bryson, Robert Calderwood, Linda de Caestecker and Anne Hawkins.

Mrs Spencer welcomed the Area Clinical Forum members and, in particular, the guest speakers. She reported that the formal Area Clinical Forum business meeting would take place until 4.00 pm. Thereafter, an informal session with Area Clinical Forum members only would be held between 4.00 pm and 5.00 pm to plan ahead.

NOTED
31. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 2 June 2011 [ACF(M)11/03] were approved as a correct record.

NOTED

32. DISCUSSION – REFLECTION ON AREA CLINICAL FORUM DEVELOPMENT EVENT

Members were asked to note the discussion points from the Area Clinical Forum development session held on 20 January 2011. This was initially considered at the Area Clinical Forum meeting held on 3 February 2011 and an extract from that Minute was also attached for information. The Chair welcomed Juli McQueen to lead on a discussion on how best members could progress this work.

Mrs McQueen briefly summarised the purpose of the development session held in January 2011. Ultimately, it was to review the role and remit of the Area Clinical Forum looking at the expectations and challenges for members and putting these in some context and to prioritise and agree next steps. She led the Forum through some of the common themes and issues raised from that session including the importance of establishing a more robust and interactive relationship with the NHS Board. She took members through some of the actions agreed from the session as well as some which had been identified as more long term aspirational developments.

Mrs Spencer confirmed that the Chief Executive had been supportive of a follow up Area Clinical Forum development event but she was keen that before this was arranged, specific outputs and deliverables had to be identified. This was particularly apparent given that some of the actions agreed from the January 2011 session had yet to progress and she hoped that this confirmed the need for a more dynamic work plan for the Area Clinical Forum. She also alluded to some recent national Area Clinical Forum Chairs Group activities which seemed to include increasingly feeding into national Government policy matters. In terms of overall NHS Board governance, the Forum’s role was not to implement the policy but rather, to oversee/monitor its implementation. Given this, there was a view that, as the Area Clinical Forum represented such a huge group of healthcare professionals, there was a role for the NHS Board to identify/select some policies for the Area Clinical Forum to monitor at local level. All members agreed that the skill lay in finding the right issues for the Area Clinical Forum to hold the NHS Board to account on.

Mrs McQueen recognised these challenges and hoped that a further development session would be able to identify gaps in current Area Clinical Forum activities and expectations as laid out in the Scottish Government’s CEL (as well as aspirations from individual members and their respective Advisory Committees). By way of comparison, she reported that she had held development sessions with three of the Advisory Committee’s so far and all were struggling with the same issues.

DECIDED

- That it would be useful to have a facilitated follow up development event for the Area Clinical Forum.

- That Mrs Spencer liaise with Mrs McQueen over when this would be best conducted and what format it should take.

All to Note

Pat Spencer/
Juli McQueen
33. **ANNUAL REVIEW 2011 PREPARATION**

Members were asked to note that the NHS Board’s Annual Review 2011 would be held on 17 October 2011. In previous years the Area Clinical Forum had a slot with the Cabinet Secretary (usually around 45 minutes). Normally, one representative from each Advisory Committee (either the Chair or Vice Chair) attended this meeting representing the Area Clinical Forum. Given the tight timeframe each Advisory Committee raised one topic for discussion for a five minute period.

The Scottish Government Health Directorate had advised (in guidance) that this year’s format would be different. Annex 11 of the guidance referred specifically to the slot with Area Clinical Forums. Given this, the Area Clinical Forum was asked to consider, for discussion, the joint format for the Annual Review with the Area Partnership Forum (APF) and the suggested strategic (and joint) focus on key clinical, workforce, partnerships and staff governance issues within the overarching quality outcomes of staff feeling supported and engaged in safe healthcare. The Forum was also required to discuss the requested one page overview summarising the Area Clinical Forum’s work, its impact and how the CEL 16 guidance had been implemented.

Mrs Gibson commented that the challenge for this year’s joint event between the Area Clinical Forum and Area Partnership Forum would be in agreeing topics. Mrs Spencer agreed and suggested that both Forums look at commonalities in their agenda discussion items and then agree on topics that impacted on both. This view was echoed by all members and it was recognised that to make this an effective one hour slot with the Cabinet Secretary, both Forums had to be comfortable about the topics. In terms of who would attend the meeting itself, Mrs Gibson explained that, in the past, the Area Clinical Forum and Area Partnership Forum had taken different approaches. She suggested that once the topics had been firmed up, both Forums decide who best should attend from each on the day.

In terms of who would attend the meeting itself, Mrs Gibson explained that, in the past, the Area Clinical Forum and Area Partnership Forum had taken different approaches. She suggested that once the topics had been firmed up, both Forums decide who best should attend from each on the day.

In taking this forward, members discussed at length some proposed multi-disciplinary topics to raise that consistently arose and impacted significantly across all professional groups. Two significant areas were as follows:-

- Workforce planning and skill mix
- Discharge planning from Secondary Care to Primary Care and associated HEAT targets.

With these in mind, it was agreed that Mrs Spencer meet with the Chair of the Area Partnership Forum (Donald Sime) to negotiate on the topics raised by them. Mrs Gibson and Ian Reid (Director of Human Resources) would assist in this process.

Mrs Spencer also confirmed that the National Area Clinical Forum Chairs Group meeting was scheduled to be held on 7 September 2011. Given that these Annual Review proposals had been debated significantly at a national level (and not particularly well received), she was keen to await the outcome of that discussion before progressing further locally. This approach was supported.

Mrs Gibson also suggested that before further work be done on the two topics identified, Mrs Spencer and Mr Sime think about the following criteria:-
• Were the topics (and associated local issues) something that the Scottish Government Health Directorate could do something about?
• If so, what?
• What could the Cabinet Secretary ask at the Annual Review slot in terms of these topics?

DECIDED

• That following the national Area Clinical Forum Chairs Group meeting on 7 September 2011, Mrs Spencer organise an extraordinary meeting of the Area Clinical Forum to talk through further the Annual Review slot with the Cabinet Secretary.

[Post meeting note – this extraordinary meeting will be held on Thursday 15 September 2011]

• That Mrs Spencer liaise further with Mr Sime, Mrs Gibson and Mr Reid over the topics selected and who should attend on the day.

[Post meeting note – this meeting has been confirmed for 1 September 2011]

• That the topics be further worked on and discussed in greater detail at the next Area Clinical Forum meeting scheduled for 6 October 2011.

• That all Advisory Committee Chairs and Vice Chairs consider particular topics discussed at their respective Advisory Committee meetings that could add value to the required “one page overview briefing summarising the work and impact of the Area Clinical Forum in the previous months….” as required by the Scottish Government Health Directorate.

34. CONSULTATION ON SAFE AND SECURE HANDLING OF MEDICINES

It was agreed that each Advisory Committee’s response to the above consultation be submitted to the Area Clinical Forum for information. In this regard, members were asked to note the Area Nursing and Midwifery Committee’s response.

NOTED

35. QUALITY POLICY DEVELOPMENT GROUP – IMPROVING CARE FOR OLDER PEOPLE ACROSS NHS

Members were asked to consider the paper entitled Improving Care for Older People across NHS Greater Glasgow and Clyde which was endorsed at the first meeting of the newly formed Quality and Performance Committee on 5 July 2011. Improving care for older people had been identified as a key priority for NHS Greater Glasgow and Clyde to improve both quality of care and ensure that care was more person centred. As such, Area Clinical Forum members were asked to actively participate in taking this approach forward by engaging with (and raising the profile of) the content within their respective Committees, Professional Groups and Clinical Groups.

Ms Crocket advised that in taking this forward across the organisation in a systematic and comprehensive way, this would be integrated as a core element of the emerging Corporate Change Programme and to the NHS Board’s response to the National Quality Strategy. The approach would focus on simple and practical changes which
could be made across the organisation to improve the care of older people wherever they came into contact with NHS Board services.

Ms Crocket set out the 4-step approach as follows:-

- **Step 1** – review existing sources of literature including reports from the Scottish Public Services Ombudsman, Mental Welfare Commission, Fatal Accident Inquiries, patient focus/public involvement activity, patient surveys, ward-based audits, complaints and evidence of good practice.

- **Step 2** – hold a workshop event involving Public Partnership Forum members with a focus on older people; voluntary/advocacy organisations, e.g. Age Scotland and NHS Board staff including those involved in older people’s services.

  The purpose would be to share experiences of older people’s care from a patient/staff carer perspective and jointly agree a list of issues where change could lead to older people having a better experience with the NHS.

- **Step 3** – include the list for change as a central theme for the launch of the Corporate Change Programme in using specific defined projects where applicable. This could include clinical governance, organisational development, corporate inequalities, learning and education, professional development and individual and organisational performance management arrangements. This should include engagement with the relevant wards, departments and teams and it would be important to ensure effective multi-professional engagement and team arrangements when in place across the Board as part of the Change Programme.

- **Step 4** – develop a new approach to monitoring and evaluation of the changes and whether the action identified by the previous steps had had an impact.

In response to a series of questions, Ms Crocket clarified the following:-

- An engagement event (workshop) would be arranged – this was Step 2 in the process. The Area Clinical Forum would be involved in this.

- The NHS QIS Dementia Standards would get updated and used as the basis of inspection. Health Improvement Scotland was now leading on this work and reviewing the Standards accordingly. Boards would be asked to look at these standards in a self assessment approach. Thereafter, inspection visits (to Acute sites only) would be conducted. It was understood that these inspections would take a similar approach to that of the Healthcare Environmental Inspections (HEI). Following the self assessment, scrutiny and inspections, NHS Boards would be expected to form plans to take forward any recommendations.

- Clinical treatment and clinical care would both be measured.

- It would be useful to have the input of the clinical lead for older people’s psychology service (Susan Cross) to this work. Mrs Crocket agreed to contact Ms Cross directly.

- It was suggested that Ms Crocket also take this paper to the Area Partnership Forum for their consideration.
As this work progressed, Ms Crocket agreed to keep the Area Clinical Forum up-to-date with developments.

NOTED

36. AREA CLINICAL FORUM – 2011 WORKPLAN

Members were asked to note the ongoing Area Clinical Forum Workplan 2011 and were encouraged to make suggestions for forward planning of Area Clinical Forum activities.

DECIDED

That the Secretary revise the Workplan given members suggestions and Area Clinical Forum priorities.

37. ADVISORY COMMITTEE CHAIRS – UPDATES ON RECENT RELEVANT BUSINESS

(i) Area Allied Health Professionals and Healthcare Scientists Committee – Heather Cameron confirmed that the AAHP&HSCS had not met since the last Area Clinical Forum meeting. Their next meeting (which included a development session) was scheduled to be held on 25 August 2011.

(ii) Area Optometric Committee – Nicola McElvanney reported that the last AOC meeting had been held on 13 June 2011. The topics of discussion included the following:-

- Constitutional review
- Optometric Communications within NHS Greater Glasgow and Clyde and the hopeful establishment of an AOC website
- The modernisation of the Eye Casualty Service
- Optometric input into the Glasgow Formulary
- The Safe and Secure Handling of Medicines for Primary Care – consultation document

(iii) Area Medical Committee – Alan McDevitt reported that the last AMC meeting had been held on 17 June 2011 with the following topics discussed:-

- Secretarial support in hospital departments
- Modernisation of the Eye Casualty Service
- Access to the Clinical Portal
- The Safe and Secure Handling of Medicines for Primary Care – consultation document
- NHS Greater Glasgow and Clyde Staffnet and Primary Care usage
- The use of theatre utilisation spreadsheets
- Referrals at Inverclyde Royal Hospital and Royal Alexandra Hospital
(iv) Area Pharmaceutical Committee – Val Reilly confirmed that the last APC meeting had been held on 22 June 2011 where the following matters had been discussed:-

- APC development session
- APC workplan
- Sexual Health Blood Borne Virus Framework
- Seasonal flu vaccine distribution consultation
- Methadone consultation
- Good guidance practice in prescribing medicines and devices
- Chronic medication service
- Control of entry to pharmaceutical lists

(v) The Psychology Advisory Committee – Adele Pashley confirmed that the PAC last met on 15 June 2011 when they discussed the following:-

- Draft list of psychology therapies as issued by ISD
- Right to treat
- Activity of clinical psychologists
- Professional leadership structure
- Agenda for change
- Supervision for trainees
- Turnover of representatives on the PAC and its constitution
- Evaluation of the continuous professional development (CPD) form

(vi) Area Nursing and Midwifery Committee – Nancy Reid reported that the last ANMC meeting had been held on 28 June 2011 where the following matters had been raised:-

- Taking forward actions from the ANMC development day and its associated workplan
- The Committee’s communication and engagement plan – a copy of which was circulated to members for their information.
- Mental welfare commission – Mrs V Report: dignity and nutrition for older people.
- Employment of statutory registered professionals policy
- Standards of care of Dementia Scotland
- Learning network: Releasing Time To Care (RTTC)

(vii) Area Dental Committee - Jacqueline Frederick reported that the last ADC meeting had been held on 14 July 2011. The following issues had been raised:-

- NHS Scotland Quality Strategy
- Installation of Local Decontamination Units within NHS Greater Glasgow and Clyde’s General Dental Practitioner practices
- Washer/disinfector Programme
- Clinical Waste Disposal
- Flood damage at Glasgow Dental Hospital
• Electronic Referrals
• Paediatric Care Pathway
• Childsmile Programme
• The safe and secure handling of medicines for Primary Care consultation document

NOTED

38. UPDATE FROM THE ACF CHAIR ON ONGOING BOARD/NATIONAL ACF BUSINESS

Mrs Spencer reported that the next national Area Clinical Forum Chairs Group meeting was scheduled for 7 September 2011.

She had attended the NHS Board meeting on 28 June 2011 and the NHS Board seminar on 2 August 2011. She summarised discussions from both.

NOTED

39. ANY OTHER BUSINESS

(i) GMC Call for Evidence on Doctors Roles and Responsibilities in Child Protection

The above consultation document had been distributed to all Area Clinical Forum members on 25 July 2011. Mrs Spencer asked that all Advisory Committees feed comments back to her. She would then collate an Area Clinical Forum response and respond before the closing date of 29 August 2011.

NOTED

(ii) Employment of Statutory Registered Professionals Policy

The above Policy had been circulated to all Area Clinical Forum members on 28 July 2011. It had been ratified as a system wide Policy in February, but in recent weeks some service managers/professionals had raised concerns with some of the processes contained within the document. Mrs Spencer had met with Ian Reid (Director of Human Resources) and provided some feedback from a nursing perspective. Obviously, this Policy applied to other professional staff and Mrs Spencer sought views/comments on the content. Members were asked to provide Mrs Spencer with feedback. She would then collate an Area Clinical Forum response to Mr Reid.

NOTED
(iii) **HEAT Target Proposals**

Mrs Spencer reported that Jo Gibson was co-ordinating comments and pulling together a response on behalf of the Board on the HEAT Target proposals. This would be considered by the Corporate Management Team on 18 August 2011. Mrs Spencer asked that all Advisory Committees consider this and feed comments back to her. She would collate these and duly respond to Mrs Gibson by 15 August 2011.

NOTED

(vi) **Single Prescription and Administration Record for Scotland**

Mrs Spencer referred to the above consultation document. She agreed to circulate it to all members and encouraged their feedback.

NOTED

(v) **Patient Rights (Scotland) Act 2011 – Consultation on Secondary Legislation**

Mrs Spencer referred to the above consultation. This would be circulated to all Area Clinical Forum members who were asked to provide comments directly to Lorna Kelly (Head of Policy) who was collating comments on behalf of NHS Greater Glasgow and Clyde.

NOTED

40. **DATE OF NEXT MEETING:**

Date: Thursday 6 October 2011

Venue: Room A, J B Russell House

Time: 2 - 3 pm – informal Area Clinical Forum members only meeting
      3 -5 pm – formal Area Clinical Forum business meeting