

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 2 February 2012 at 3.00 pm**

**PRESENT**

Nicola McElvanney - in the Chair (Chair, AOC)

|                      |                  |
|----------------------|------------------|
| Nancy Reid           | Vice Chair, ANMC |
| Val Reilly           | Chair, APC       |
| Carl Fenelon         | Vice Chair, APC  |
| Jacqueline Frederick | Joint Chair, ADC |
| Maggie Darroch       | Vice Chair, AOC  |

**IN ATTENDANCE**

|                  |  |
|------------------|--|
| Shirley Gordon   | Secretariat Manager  |
| Andrew Robertson | Chairman, NHS Greater Glasgow and Clyde                              |
| Adele Pashley    | Chair, Psychology Advisory Committee                                 |
| Donald Sime      | Employee Director  |
| Fiona McCluskey  | Senior Nurse Advisor, New South Glasgow Hospitals (for Minute No. 4) |
| Heather Griffin  | Project Manager, New South Glasgow Hospitals (for Minute No. 4)      |

**ACTION BY**

**1. APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Pat Spencer, Heather Cameron, Roger Carter, Rosslyn Crocket, Brian Cowan and John Hamilton.

Ms McElvanney welcomed Area Clinical Forum members to the formal session and thanked them for their input to the earlier one hour informal session. She also welcomed the guest speakers, in attendance to discuss the new South Glasgow Hospitals Project and joint work with the Area Partnership Forum respectively.

NOTED

**2. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Area Clinical Forum held on Thursday 1 December 2011 [ACF(M)11/06] were approved as an accurate record.

NOTED

### 3. MATTERS ARISING

- (i) In respect of Minute No. 54 (i), and in Heather Cameron's absence, it was agreed that she update the Area Clinical Forum on the workforce planning event at their next meeting scheduled for April 2012.
- (ii) In respect of Minute No. 54 (ii), and in the absence of Pat Spencer, it was agreed that she update the Area Clinical Forum on the national Area Clinical Forum Chair's Group meeting developments held on 7 December 2011 at their next meeting scheduled for 12 April 2012.
- (iii) In respect of Minute No. 56, it was noted that Doug Mann was scheduled to attend the Area Clinical Forum meeting on 12 April 2012 when he would hopefully be better positioned to explore other sources of access to Staffnet for contractor groups.
- (iv) In respect of Minute No. 61 (i), Val Reilly confirmed that, alongside Pat Spencer, she attended the Quality Policy Development Group meeting held on 16 December 2011 in the Marriott Hotel. This had focused on improving care for older people. It started with setting the scene and had gone on to be conducted in workshops looking at what could improve an older person's experience of the NHS and what actions should be taken by NHS Greater Glasgow and Clyde to improve their care.

**Heather  
Cameron**

**Pat Spencer**

**Doug Mann**

NOTED

### 4. PRESENTATION – NEW SOUTH GLASGOW HOSPITALS PROJECT

Ms McElvanney welcomed Fiona McCluskey and Heather Griffin, in attendance to deliver a presentation on the new South Glasgow Hospitals Project. Ms Griffin began by outlining the scope of the project explaining that it comprised of a new:-

- Adult Hospital – with 1109 beds, state of the art critical care, A&E and diagnostic facilities alongside 20 in-patient theatres and out-patient and medical day facilities.
- Children's Hospital – with 256 beds, state of the art critical care, A&E and diagnostic facilities alongside 9 theatres and out-patient and medical day facilities.
- Laboratory/facilities management building – providing services such as blood sciences, genetics, pathology and mortuary.

She led the Forum through various artists impressions and illustrations of what was being built, looking specifically at some ariel views. Ms McCluskey went on to show further context of the buildings particularly around the main entrances, overall design and floor by floor layout (as well as service provision on each floor). She highlighted the adult ward floor layout and children's ward floor layout pointing out dedicated areas such as bedrooms, socialisation spaces, stores/equipment, waiting areas, cleaning/utility areas, lifts and lobbies and, specific to the children's hospital, play spaces.

In terms of a project timetable, she reported that the laboratory building was nearing completion, aiming for formal handover on 10 March 2012. Completion of the adult and children's hospitals would be Spring 2015 with an operational date in summer 2015. Completion, demolition of surgical block and completion of landscaping would be Summer 2016.

In response to a series of questions, the following points were clarified:-

- There would be circa 3,500 spaces. This included 3 multi-storey car parks, surface parking and A&E parking.
- In total, 10,000 staff would work on the site on completion.
- In accordance with the NHS Board's Organisational Change Policy, many staff would be moving from other sites following their closure such as the Victoria Infirmary, Western Infirmary, Mansionhouse Unit, Yorkhill Hospital and other wards on the current Southern General Hospital campus.
- On completion of the new Children's Hospital, the current Yorkhill Hospital would close. Ward layout in the new hospital would balance privacy and dignity of patients and/or their families with clinical care. Unlike the adult hospital where all rooms were single and en-suite, some wards in the Children's Hospital would hold a maximum of 4 children per room.

Ms McElvanney thanked Ms McCluskey and Ms Griffin for the presentation which had been of great interest to Forum members particularly in identifying progress so far and future service provision from the Southern General site.

*[Post meeting note – the slides used were duly circulated to all members by email on 3 February 2012]*

NOTED

## **5. AREA PARTNERSHIP FORUM – AREA CLINICAL FORUM UPDATE AND DISCUSSION OF AREAS OF COMMON INTEREST, FUTURE JOINT APPROACHES AND PREPARATION FOR ANNUAL REVIEW**

Ms McElvanney welcomed Mr Sime, Employee Director and Chair of the Area Partnership Forum to the meeting to talk through some areas of mutual interest given the Cabinet Secretary's decision in 2011 to combine both the Area Clinical Forum and Area Partnership Forum slots at Annual Review meetings.

Mr Sime explained that the Area Partnership Forum comprised representatives from recognised Trade Unions who met with the Board's Senior Management Team to discuss strategic Board issues especially those that impacted on staff. In this regard, he agreed that there were many areas of common interest between the Area Partnership Forum and Area Clinical Forum.

He referred to a raft of Board business where there was an overlap/shared responsibility between both Forums such as Facing The Future Together (FTFT), the Quality Strategy and the NHS Board's ongoing financial challenges. Although there was an overarching interest in such issues, the Area Partnership Forum's interest was slanted more towards the impact on staff whereas the Area Clinical Forum's interest was slanted more towards clinical and professional groups/employees.

Mr Sime alluded to the Cabinet Secretary's decision in 2011 to change the format of the Board's Annual Review. Prior to that, both Forums had a separate 45 minute slot with the Cabinet Secretary. In 2011, they were jointly given a one hour slot so it was paramount to identify areas of common interest with a very short time devoted to raise unique issues specific to each Forum. Furthermore, it had been agreed that there would be a ministerial review every second year with NHS Boards. On the alternate year, the Board would be required to conduct an Annual Review itself not chaired by the Cabinet Secretary.

NHS Greater Glasgow and Clyde's joint session with the Cabinet Secretary in 2011 had gone well and it would be important to build on that momentum. As such, it had been agreed that Mr Sime would attend some Area Clinical Forum meetings with Mrs Spencer similarly attending some Area Partnership Forum meetings to gain a wider understanding of each others roles so that the one hour slot at the Annual Review could be maximised.

Ms McElvanney, as an independent contractor, had been disappointed by the Cabinet Secretary's decision to combine both the Area Clinical Forum and the Area Partnership Forum slots at the Annual Review. She had preferred the previous approach whereby at the Area Clinical Forum's slot, each Advisory Committee had around 5 minutes to raise an issue pertinent to their own profession. She had missed this approach with the new combined format. Nonetheless, she agreed that, given this, it was crucial that mutual topics be agreed in advance that impacted on the Area Clinical Forum (and all its representative professions) and the Area Partnership Forum. Mr Sime agreed with this point and suggested a joint Area Partnership Forum/Area Clinical Forum meeting in the future to facilitate both groups getting to know each other better in a more informal setting prior to the formality of the Annual Review. This suggestion was something both Forums could think about.

**Pat Spencer/  
Donald Sime**

On reflection, Mrs Reid considered the combined meeting with the Cabinet Secretary to be worthwhile and thought it beneficial to raise issues common to both Forums.

Both Forums awaited confirmation from the Scottish Government on the date for this year's Annual Review and whether it would be hosted by the Cabinet Secretary or conducted by the NHS Board itself. Once the date had been confirmed, both Forums would commence negotiations and work together to ensure the slot was as worthwhile as possible.

**Pat Spencer/  
Donald Sime**

NOTED

## **6. CONSULTATIVE REVIEW OF CLINICAL GOVERNANCE FRAMEWORK AND STRATEGY**

This consultative review document was circulated to all Area Clinical Forum members by email on 5 December 2011. An update was provided from each of the Advisory Committees on their respective responses:-

- ANMC – response was attached for information.
- AOC – response tabled for information.
- APC – no response was submitted as a similar Framework had been considered by the APC at its meeting in August 2011.

- ADC – had duly responded and this would be circulated by Jacqueline Frederick for information.
- Psychology Advisory Committee – had responded and this would be circulated by Adele Pashley for information.

**Jacqueline  
Frederick**

**Adele Pashley**

NOTED

**7. HEALTH PROMOTING HEALTH SERVICE: ACTION IN HOSPITAL SETTINGS**

Members were circulated with the above documentation which was in CEL 01 (2012), dated 16 January 2012 from the Chief Medical Officer for Scotland.

Members discussed the implications of the CEL particularly in relation to those actions pertinent to the Area Clinical Forum. The following points were raised:-

- The arguments for health promoting health services were well rehearsed but, within hospital settings, there was no current standard practice which possibly resulted in a lack of consistency in overall service provision.
- Although all health professionals provided advice to patients they came into contact with, this had to be seen to be time/situation sensitive. Some independent contractors, in particular, would not want to be seen to be intrusive when seeing a patient. An example of this would be when a patient attended a community optometrist they would not wish to be inundated with questions about smoking, alcohol, diet and exercise at the time of their eye examination. Striking a balance was crucial to taking this work forward.
- Key to the success of this would be understanding when a healthcare professional provided advice and how this was given recognising limited time with the patient and not circumventing the proper referral routes to expert services such as smoking cessation and alcohol/drug agencies.
- In accepting that healthcare professionals did regularly discuss health promoting health services with patients (over and above what they were actually treating a patient with), it was paramount that each healthcare professional provided the exact same information to avoid any level of misunderstanding of the advice. Giving a patient differing information would discredit that information given.
- Was this another level of stress on clinical staff? Individual judgements needed to be made by staff at appropriate times given the circumstances in which they saw patients.
- Was there a danger of information overload for patients if all healthcare professionals they encountered offered health promoting advice? Staff (and the organisation) had to be realistic in how this was delivered.
- There was a difficulty in always signposting people to the right place particularly as funding for some agencies was now being withdrawn. How was it possible to ensure clinicians were kept up to date with current and accurate listings for such agencies?

- It was important to not over burden patients when being treated by raising lots of other health issues at a time when they may already be under significant stress.

In summary, members were supportive of the idea but wondered how realistic it was to put into practice. It was noted that it was Mrs Spencer's intention to ascertain the Board's process for embedding this work and of local expectation on how the Area Clinical Forum could best contribute or champion it. Following this clarity, Area Clinical Forum members would have a better idea on how best to take this work forward given that they had specific actions as noted in paragraphs 7 and 8 of the CEL document.

**Pat Spencer**

NOTED

## **8. AREA CLINICAL FORUM – 2012/2013 MEETING PLAN AND FORWARD PLANNING**

Members were asked to note the ongoing Area Clinical Forum meeting plan for 2012/13 and were encouraged to make suggestions for forward planning of Area Clinical Forum activities. It was noted that the overarching themes for the Area Clinical Forum workload in 2012 were as follows:-

- Workforce Plan
- Corporate Change Programme – FTFT
- Quality Strategy
- Strategic Clinical Leadership Network

The Secretary reported that the Director of Finance, Paul James, had agreed to attend the meeting scheduled for 6 December 2012 to present on the Board's financial performance and ongoing challenges. This would be added to the meeting plan.

**Secretary**

NOTED

## **9. UPDATE FROM THE AREA CLINICAL FORUM CHAIR ON ONGOING BOARD / NATIONAL AREA CLINICAL FORUM BUSINESS**

In the absence of Mrs Spencer, Mr Robertson made reference to the following:-

- On 8 and 9 December 2011, the NHS Board had had a development away day session. This had provided an excellent opportunity to take stock of the last year and to plan ahead for 2012 and beyond. The sessions afforded the opportunity to also begin to talk about Acute Services from 2015 to 2020.
- On 19 December 2011, the NHS Board had received confirmation from the Cabinet Secretary of her decision not to approve the NHS Board's proposals for in-patient rehabilitation services for the East of Glasgow. The NHS Board had sought to achieve a balance between the delivery of high quality in-patient care whilst maintaining local accessible daycare and out-patient services and felt that the proposals put forward would deliver this. The NHS Board would, however, now revisit its plans for older people's services within the East of the City to ensure that it delivered sustainable services within Lightburn Hospital as a vibrant component of this.

- The NHS Board's Medical Director, Brian Cowan was due to retire and the NHS Board had appointed Dr Jennifer Armstrong to replace him. She would take up post at the beginning of April 2012 but would spend some time with the NHS Board prior to then as part of her induction. The Area Clinical Forum looked forward to meeting Dr Armstrong in due course.

NOTED

**10. ANY OTHER BUSINESS**

- (i) Val Reilly highlighted to Area Clinical Forum Members that the Home Office had advised that changes to legislation which would allow independent prescribers to prescribe controlled drugs would not be enacted until October 2012.

NOTED

- (ii) Val Reilly referred to a protocol the APC had established for managing consultations. She agreed to circulate this around members for information.

**Val Reilly**

*[Post meeting note – this was duly circulated to Area Clinical Forum members by email on 3 February 2012]*

NOTED

**11. DATE OF NEXT MEETING:**

Date: Thursday 12 April 2012

Venue: Meeting 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