

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 3 June 2010 at 2.00 pm**

PRESENT

Clive Bell - in the Chair (Joint Chair, ADC)

Nicola McElvanney	Chair, AOC
Gerry Hughes	Joint Vice Chair, APC
Val Reilly	Joint Vice Chair, APC
Ruth Forrest	Chair, APC
Mary McEwan	Vice Chair, AAHP&HCSC
Kevin Hanretty	Chair, AMC

IN ATTENDANCE

Shirley Gordon	Secretariat Manager
Andrew Robertson	Chairman, NHS Greater Glasgow and Clyde
David McCall	Consultant in Dental Public Health
Adele Pashley	Chair, Psychology Advisory Committee
Isobel Brown	Information Governance Manager (for Minute No. 22)
Juli McQueen	Head of Organisational Development (Corporate Services) (for Minute No. 23)
John Hamilton	Head of Board Administration
Scott Bryson	Pharmaceutical Advisor
Robert Calderwood	Chief Executive, NHS Greater Glasgow and Clyde

ACTION BY

21. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Gillian Halyburton, Maggie Darroch, Alan McDevitt, Pat Spencer, Brian Cowan, Rosslyn Crocket, Anne Hawkins and Linda de Caestecker.

Mr Bell welcomed Ms I Brown in attendance to deliver a presentation to the Forum on information governance. He also welcomed Mrs J McQueen in attendance to discuss opportunities for Area Clinical Forum members development.

NOTED

22. PRESENTATION – ISOBEL BROWN - CURRENT INFORMATION GOVERNANCE TOPICS

Mr Bell welcomed Isobel Brown to talk through current information governance issues as they impacted on NHS Scotland and, in particular, how they were being addressed by NHS Greater Glasgow and Clyde.

Ms Brown outlined that information governance was a way for organisations and employees to continuously improve the quality of healthcare and safeguard high standards of care. It provided a framework to bring together all of the requirements, standards and best practice which applied to the handling of personal information.

Ms Brown summarised the role and remit of the Information Commissioners Office and explained that it had the power to impose substantial fines on organisations that deliberately or recklessly committed serious breaches of the Data Protection Act. The severity of fines against organisations depended on a number of factors, such as, if the breach was deliberate or the data controller knew, or ought to have known, that the breach would be likely to cause significant damage or distress and the data controller failed to take reasonable steps to prevent the breach.

In order to ensure the Board's information was kept confidential and secure (and to minimise the risk of a breach occurring), Ms Brown described a number of measures put in place as follows:-

- Policies – all information governance and IT security policies had been revised and were available on Staffnet.
- Risk Management – the Board had invested in a policy and risk assessment management solution as a foundation to a governance risk and compliance programme. This software would allow the Board to enforce a response to a policy and provide a full audit trail.
- Training – five e-learning training modules had been developed. A paper was to be presented to the Information Governance Steering Group recommending that two of these modules were made compulsory for all staff. These modules were data protection and information security.
- Encryption – an encryption programme was undertaken last year and all Greater Glasgow and Clyde owned laptops were encrypted or replaced with new encrypted laptops.
- USB Flashdrives – only Greater Glasgow and Clyde encrypted USB Flashdrives were allowed for the storing of all business information.
- Blackberrys – all Blackberrys would be encrypted over the next few weeks.
- Auto-forwarding – NHS Greater Glasgow and Clyde had improved the security of their email servers. All auto-forwarding facilities would be switched off, as the transfer of data from the Board's own mail servers to any other (including NHS.net) was not secure.

The Forum discussed, in detail, the importance of IT security. Members appreciated that the aim of the measures described was not to create barriers or affect day-to-day working but simply to heighten security measures. With this in mind, Ms Brown described how communications would be launched for all staff and this would include information within the Core Briefs and regular updates on Staffnet. With such a large workforce, it would be essential that local management ensured adherence to information governance policies as non compliance "breachers" would be notified to Human Resources. She also confirmed that IT staff were looking at a number of cost effective solutions particularly for staff who worked across many sites and those who worked from home.

Ms Brown referred to the launch of the information sharing protocol which was a legal document between NHS Greater Glasgow and Clyde and its local authority partners. This was a critical document in outlining information governance requirements in terms of the sharing of information between both agencies. The official launch would be held shortly.

Mr Bell thanked Ms Brown for the interesting and hugely significant presentation which had encouraged excellent debate.

NOTED

23. ACF DEVELOPMENT EVENT – DISCUSSION LED BY JULI MCQUEEN, HEAD OF ORGANISATIONAL DEVELOPMENT

Mr Bell welcomed Juli McQueen to discuss development of the Area Clinical Forum and its members.

Mrs McQueen referred to the recent CEL 16, issued on 11 May 2010 by the Scottish Government, which focused on raising the profile of Area Clinical Forums across Scotland in terms of Board-wide engagement and function and the anticipated engagement with the Quality Strategy. Mrs McQueen was keen to obtain an understanding of the aspirations of the Area Clinical Forum particularly in relation to:-

- Development support required to be most effective as an Area Clinical Forum. This could include how the Forum planned and communicated its activities, engaged with stakeholders, identified and planned its priorities and worked together to capitalise on a range of strengths and experience.
- Aspects of individual (professional/constituency) development needs that may be identified in line with the revised Area Clinical Forum guidance. This may include personal effectiveness, influencing and collaboration and how individual development aligned to succession planning.
- Increasing and developing organisational understanding. Consideration could include the general understanding of key redesign initiatives, the role and function of key groups and individuals and new or changed strategic initiatives.

The Forum discussed this in detail and it was recognised that the overall drive had to be from Area Clinical Forum members and its Chair. One challenge would be to develop closer links with the Board and its Senior Management Team recognising the wealth of knowledge (as a clinical advice group) held by the Area Clinical Forum. In terms of the Board taking forward the Quality Strategy, workforce planning, service redesign and financial challenges, members agreed that the Forum, within its multi-disciplinary environment, had much to offer. In progressing, it would be paramount that members shared responsibilities in taking forward major strands of strategic work in order to meet the escalating expectations of the respective advisory committees, the NHS Board and the Scottish Government. With this in mind, it was suggested that the Area Clinical Forum and the professional advisory committees should consider how best to “market” themselves.

Mr Calderwood agreed that this renewed focus on Area Clinical Forums provided an increased opportunity for members to connect better at Board level. Given the size of the organisation, it was not always, however, the case that one sole senior director had responsibility for progressing major strategic aims.

This often fell to a range of senior directors/operational managers who had overall accountability. With this in mind, he suggested the Area Clinical Forum utilise its Workplan to invite relevant local operational managers to discuss proposals to take forward national strategy. This would also provide Area Clinical Forum members with an opportunity to feed into this process. This arrangement existed at the moment but members cautioned that timing was key as often they were not consulted early enough and played more of a reactive than proactive role. Mr Calderwood recognised this and referred to the relationship the Board had with the Area Partnership Forum – perhaps comparisons and lessons learned could be drawn from this success and shared with future Area Clinical Forum negotiations. Members would be delighted to see this being taken forward for discussion at a future development event in terms of how best the Board could build, (more formally, the Area Clinical Forum and the Professional Advisory Committees) into Board business in a similar way to the mechanism that existed just now for the Area Partnership Forum.

**Clive Bell / Juli
McQueen**

Regarding the other obligations within the CEL, it was reported that the Secretary would revise the existing Area Clinical Forum Constitution to be more in line with the suggestions made in the CEL. The Director of Communications had also been asked how best the work of the Area Clinical Forum could be included into the Board's communication strategy which was one of the other requirements.

To aid understanding of the Board's financial situation, Mr Calderwood suggested that the Area Clinical Forum invite Mr Griffin (Director of Finance) to its next meeting scheduled for 5 August 2010. It would be useful at that meeting for Mr Griffin to give a summary of the current financial situation and then at the Area Clinical Forum meeting on 7 October 2010 give an outline of how the Board's financial challenges were being taken forward.

**Secretary/Douglas
Griffin**

24. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum [ACF(M)10/02] held on Thursday 1 April 2010 were approved as an accurate record.

NOTED

25. AREA CLINICAL FORUM – 2010 WORKPLAN

Members were asked to note the Area Clinical Forum Workplan 2010. The Board's Annual Review 2010 had been confirmed as 1 November 2010. Accordingly, slots had been arranged for the Area Clinical Forum's August and October meetings to get organised. Mr Bell reported that, it had been agreed at the National Area Clinical Forum Chairs Group that lessons learned/feedback from other Annual Reviews would be circulated to Area Clinical Forum Chairs. This would be useful to know prior to NHS Greater Glasgow and Clyde's Annual Review on 1 November 2010.

NOTED

26. ADVISORY COMMITTEE CHAIRS - UPDATES

(i) Area Optometric Committee – Nicola McElvanney reported that the last AOC meeting had been held on 19 April 2010. Topics of discussion at that meeting included the following:-

- The Quality Strategy
- Guidance on the Handling of confidential and sensitive information
- Eye Care Review Steering Group Update
- Optometry Scotland update
- Representation from the education sector at future AOC meetings
- Comments made by the Chief Executive to the Scottish Parliament's Finance Committee as quoted in the Scotsman newspaper of 12 May 2010 - Ms McElvanney discussed this in detail with Mr Calderwood and it was agreed that he would submit to her a copy of the transcript that was taken.

**Robert
Calderwood/
Nicola
McElvanney**

(ii) Area Pharmaceutical Committee – Ruth Forrest confirmed that the last APC meeting had been held on 21 April 2010 where discussion surrounded:-

- Pandemic Flu
- Non Prescription pad
- Keep Well project
- Implementing the Quality Strategy
- Chronic Medication Service – Gerry Hughes raised concern about a launch conducted on 11 May 2010 by the Cabinet Secretary at a pharmacy in NHS Greater Glasgow and Clyde. Locally, it had not been anticipated that this launch would take place on that day and it was not until 2 weeks later that the necessary paperwork was received by local pharmacies. This had caused operational difficulties with local pharmacies. This had presented a challenge and the feeling that community pharmacy had not properly been engaged to launch this service. It was recognised that any of the Professional Advisory Committees could make representation to the Scottish Government Health Directorates at any time if they had concerns about how national actions impacted on their profession.
- Provision of Stoma appliances
- Review of control of entry arrangements

Gerry Hughes

(iii) Psychology Advisory Committee – Adele Pashley reported that there had not been a further meeting of the PAC since the last ACF meeting.

(iv) Area Medical Committee – Kevin Hanretty reported that the last AMC meeting had taken place on 21 May 2010. Topics of discussion included:-

- Use of electronic records and use of the Clinical Portal
- Weight management and surgery for morbid obesity
- Acute bed availability for emergency admissions
- SCI Store hospital test results and General Practitioner involvement
- Management of referrals – case record availability

(v) Area Allied Health Professional and Health Care Scientists Committee – Mary McEwan confirmed that the AAHP&HCSC last met on 27 May 2010. At that meeting they had discussed:-

- Launch of the Quality Strategy
- Redesign of AAHP services
- Election of a new Chair and Vice Chair – Mr Bell, on behalf of the Area Clinical Forum, thanked both Margaret Hastings and Mary McEwan for their contribution to Area Clinical Forum meetings. He wished them both well in their future endeavours and looked forward to working with the newly elected Chair and Vice Chair.

(vi) Area Dental Committee – Clive Bell confirmed that the last ADC meeting had been held on 20 May 2010. Topics of discussion included:-

- New dental centres for Clyde
- Childsmile Programme
- Dental IT within NHS Greater Glasgow and Clyde
- Oral Health Directorate changes
- Orthodontic appeals process

NOTED

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

Mr Bell reported that a Board seminar had been held on 1 June 2010. Presentations had been delivered on the Oral Health Directorate and PMS Computer Systems. Discussion had also surrounded the imminent start of the Vale of Leven inquiry, redesign of services (finance and local development plans) and ongoing negotiations regarding the Glasgow City CHCPs.

He had also attended a meeting of the Area Clinical Forum National Chairs Group in Stirling on 2 June 2010. The Group had discussed the 18 week referral to treatment programme, the Quality Strategy and ACF's input to Board Annual Reviews.

28. ANY OTHER BUSINESS

Gerry Hughes raised the ongoing situation of the medicines shortage. Although concerns were ongoing within Primary Care, Mr Bryson confirmed that pharmaceutical company quota limitations were not affecting medicine supplies to secondary care patients. In exceptional situations where some patients were being referred back into the hospital system as the only means of obtaining a specialised medicine, community pharmacy shortages were being met by secondary care. This situation had been reported to Community Pharmacy Scotland to be taken forward as part of the national negotiations on this issue. Mr Bryson suggested this be further discussed at the next meeting of the APC CP Subcommittee.

**Scott Bryson/
Gerry Hughes**

29. DATE OF NEXT MEETING

Date: Thursday 5 August 2010

Venue: Dalian House

Time: 2 - 4 pm