

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 5 August 2010 at 2.00 pm**

PRESENT

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

Patricia Spencer	Vice Chair, ANMC
Gillian Halyburton	Chair, ANMC
Heather Cameron	Chair, AAHP&HCSC
Roger Carter	Vice Chair, AAHP&HCSC
Gale Leslie	Representative, AOC
Kevin Hanretty	Chair, AMC
Val Reilly	Vice Chair APC

IN ATTENDANCE

Shirley Gordon	Secretariat Manager
Andrew Robertson	Chairman, NHS Greater Glasgow and Clyde
Brian Cowan	Medical Director
Ian Nicol	Interim Head of Performance and Corporate Reporting (for Minute No. 33)
Lyndsay Lauder	Head of Workforce Planning and Development (for Minute No. 31)
Douglas Griffin	Director of Finance (for Minute No. 32)
Adele Pashley	Chair, Psychology Advisory Committee
John Hamilton	Head of Board Administration

ACTION BY

30. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Maggie Darroch, Gerry Hughes, Linda de Caestecker, Robert Calderwood, David McCall and Rosslyn Crocket.

Mr Bell welcomed guest speakers, Lyndsay Lauder, Ian Nicol and Douglas Griffin. He also introduced the newly elected Chair and Vice Chair of the Area Allied Health Professions and Health Care Scientists Committee, Heather Cameron and Roger Carter respectively. On behalf of the Area Clinical Forum, he welcomed them to their first meeting and looked forward to working with them in the future.

NOTED

31. PRESENTATION – LYNDSEY LAUDER - WORKFORCE PLANNING AND DEVELOPMENT IN NHSGGC

Mr Bell welcomed Lyndsay Lauder to talk through workforce development in its broadest sense across NHS Scotland and, in particular how it was addressed by NHS Greater Glasgow and Clyde.

Mrs Lauder described how workforce development:-

- Designed the future workforce, not just understanding but influencing by ensuring that workforce considerations combined with service and financial planning.
- Developed the future workforce including education, commissioning, staff development plus the recruitment and retention processes.
- Delivered the future workforce by ensuring management action plans were delivered, processes were effective, clinicians were engaged and best practice was shared.

She outlined how this was done locally making best use of current staff, contributing to the delivery of effective and efficient services whilst responding to Government Policy and targets. A local Workforce Plan was needed as NHS Greater Glasgow and Clyde had 44,000 staff (the biggest NHS employer in the UK) and its workforce costs accounted for 60% of its budget. She led the Forum through some of the demographic changes taking place in NHS Greater Glasgow and Clyde in terms of the projected population change between 2010 and 2015. With this in mind and in this time of significant change in the workplace, she highlighted the challenges nationally, regionally and locally for workforce planning in NHS Scotland. Given such challenges, joint work was undertaken with finance and service planners, service providers, clinicians, local authorities and education providers to attempt to ensure workforce predictions were as accurate as possible.

In terms of the way forward for workforce development, Mrs Lauder outlined some of the concepts and models being explored including changing roles, a focus on teams not professionals, competencies not numbers, a flexible and affordable workforce with increased capacity and reduction in duplication. In taking this forward, new entry routes to the NHS and new career pathways would form a strategic approach. It was anticipated that this may include appropriately trained support workers, flexible career pathways and increased partnership working to create educational solutions. The rationale for this revised career framework was the need to change roles, focus on competency and optimum use of skills and a skill mix change required in all areas especially nursing and midwifery. As such, in taking this radical new approach forward work would be undertaken with services, staff and partners to model detailed skill mix changes required to understand and plan for wider implications for care teams. Obviously, financial costs would be identified as would timed transition plans to ensure staff were clearly and effectively communicated with. She confirmed that there would be partnership/trade union involvement in the formation of the transition plan.

Mrs Lauder described the evaluation and impact assessment that would be undertaken following the practical implementation which would focus on wards in the Acute Division. This would include monitoring patient experience, clinical quality indicators, and external evaluation of the demonstrator sites and of accredited workforce measurement tools.

In summing up, Mrs Lauder emphasised that patient safety and quality of care was the NHS Board's central focus. This had to be delivered by a fully trained, competent and affordable workforce with transferrable qualifications at each level of the career framework. Partnership working was essential to its success.

In response to a question from Mrs Spencer, Mrs Lauder confirmed that evidence gathering articulated to local Board intelligence and was derived from local services in terms of what they were planning, what they required and what their aspirations were in relation to service re-design. She described in further detail the role of the HNC/HND support worker and referred, in particular, to a supported pilot already undertaken in the Rehabilitation and Assessment Directorate.

Mrs Pashley asked about the robust supervision structures that would be needed to support the role of the support workers. Mrs Lauder confirmed that although staff groups may be compiled of a different skill mix, the number of staff would remain unchanged, therefore, the supporting/mentoring role would exist as it did currently. She did confirm however, that if this appeared an issue, it would be picked up at the impact assessment and evaluation stage.

Ms Cameron asked about workforce numbers set for Allied Health Professionals as these were not set nationally. Mrs Lauder confirmed that each NHS Greater Glasgow and Clyde Directorate/Partnership had a workforce plan and professional leads fed information into that. This was to ensure that each was consistent Board-wide in terms of numbers, roles, skill mix and job families. She recognised that in shifting the balance of care workforce planning had to match this aspiration.

Mrs Halyburton expressed the anxieties from the Area Nursing and Midwifery Committee and confirmed that workforce planning was discussed at each of their meetings. Given the size of the nursing and midwifery profession, they looked forward to receiving the outcomes from the pilots being undertaken.

Mr Robertson wondered what form of engagement would be useful to Mrs Lauder in the future with the Area Clinical Forum. The debate had raised many interesting points and it would be important to plan and structure that engagement in the future to generate good ideas and work with clinicians in making these happen. Mrs Lauder agreed and would consider how further to engage with each of the statutory advisory Committees and especially the Area Clinical Forum. She would ensure that such engagement was built into the workforce planning programme and agreed, initially, to attend the April and October 2011 Area Clinical Forum meetings.

Lyndsay Lauder

Mr Bell thanked Mrs Lauder for the interesting and hugely significant presentation which had encouraged excellent debate. He looked forward to seeing her at future Area Clinical Forum meetings as agreed.

NOTED

32. CURRENT FINANCIAL SITUATION - DOUGLAS GRIFFIN, DIRECTOR OF FINANCE

Mr Bell welcomed Mr Griffin to talk to the Forum about the current financial situation both nationally and locally in terms of how it impacted on NHS Greater Glasgow and Clyde.

Mr Griffin thanked the Forum for the opportunity to provide an overview of the key elements of the Board's financial plan.

He firstly set the broader context of the national financial challenges particularly within the Public Sector. He referred to the “Independent Budget Review” Report issued in July 2010 which considered the challenges and choices faced in public finances. This comprehensive report offered options and underlined the absolute need to secure financial responsibility to boost economic growth and revenues in Scotland. In terms of the national budget and what implications this may have for the NHS Board, Mr Griffin stated that the impact of this would be assessed when known and shared during the course of the year in the context of reviewing progress with the achievement of the financial plan for 2010/11.

The NHS Board had submitted a draft financial plan to the Scottish Government Health Directorate in March 2010 as required as part of the Local Delivery Plan submission.

Mr Griffin took members through the financial plan and referred to a numbers of key elements which included the following:-

- The projection of expenditure growth – £80.6m – this being a range of additional expenditure commitments which would require to be met in 2010/11. These were viewed as unavoidable and, in many cases, were existing cost pressures where expenditure was already underway.
- A cost savings programme which would release £57m in 2010/11 to contribute towards achieving a financial breakeven outturn in 2010/11.
- An acknowledgement that despite the efforts made to generate recurring cost savings in 2008/09 and 2009/10, the financial year 2010/11 would still inherit a £18.1m deficit from 2009/10.
- The Scottish Government Health Directorate’s confirmation of a general uplift of funding of 2.15%.

Individual cost savings targets had been agreed with each NHS Board Partnership and with each Directorate within the Acute Services Division and would be incorporated into the service budgets for 2010/11. The NHS Board had also identified a number of area wide “Strategic Reviews” which were believed capable of releasing cost savings in 2010/11. These strategic reviews included a review of corporate functions, a review of Service Level Agreements with other NHS Boards, Corporate HQ relocation, a review of occupational health, a review of prescribing practices, a review of the Board’s redeployment register including voluntary severance and a review of tangible assets and annual building depreciation charges.

Mr Griffin referred to the key assumptions and risks, particularly around access targets, prescribing cost growths, energy costs and pay growth. He highlighted the financial planning process for 2011/12 and described the assumptions and financial challenges that would face the Board in 2011/12.

Mr Hanretty welcomed the excellent level of honesty and reality from Mr Griffin particularly in highlighting the challenges. These challenges had been a topic of discussion at all of the advisory committees and all were keen to support the Board and be proactive in identifying options for service re-design and cost savings.

Mr Bell thanked Mr Griffin for the discussion which had been exceptionally thought provoking in these difficult financial times. It was agreed that Mr Griffin would return to the Area Clinical Forum meeting scheduled for 2 December 2010 to discuss this matter further.

**Douglas Griffin/ 2
December ACF
Agenda**

NOTED

33. ANNUAL REVIEW PREPARATION

Mr Nicol described the process and the key preparatory dates for the Board's Annual Review which was scheduled to take place on 1 November 2010. The Minister and Senior Scottish Government Executives were scheduled to meet with the Area Clinical Forum between 9:45a.m. and 10:30a.m. that day. He led the Forum through the process undertaken last year and the criteria for selection of the topics raised by the Area Clinical Forum. He explained that Jo Gibson, Head of Performance and Corporate Reporting, was due back shortly from maternity leave and would be the key lead for the Area Clinical Forum for this event.

DECIDED

- That the Secretary ask each of the six statutory advisory committees to nominate one person to attend the Area Clinical Forum's slot at the Annual Review. Each advisory committee should also be asked to submit a list of topics they would like raised on the day.
- That, at the Area Clinical Forum meeting scheduled for 7 October 2010, members peruse the list of topics submitted with a view to compiling a short list of around 6 key topics.

Secretary

**7 October 2010
ACF Agenda**

34. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum [ACF(M)10/03] held on Thursday 3 June 2010 were approved as an accurate record.

NOTED

35. MATTERS ARISING

- (i) In respect of Minute Number 23, the Secretary reported that, to date, only 6 Area Clinical Forum member's Survey's for Area Clinical Forum development had been returned to the Head of Organisational Development (Corporate Services). The closing date for returns was Friday 13 August 2010 and all members were encouraged to complete these for return by that date to ensure a good spread of feedback was received.
- (ii) In respect of Minute Number 26(i), the Area Clinical Forum noted a communication between the Area Optometric Committee and the Chief Executive concerning his attendance at the Parliamentary Finance Committee on 11 May 2010 on the issue of the budget strategy for 2011/12 onwards.

All Members

36. AREA CLINICAL FORUM CONSTITUTION

Members were asked to note an updated version of the Area Clinical Forum's constitution for approval. Very small changes had been made to reflect CEL(16) issued by the Scottish Government on 11 May 2010. Members discussed the changes that had been reflected and suggested some further small amendments. The Secretary agreed to reflect these in the constitution and circulate a final copy to all members for information.

Secretary

One of the other requirements of the CEL was that "NHS Boards develop a communication strategy to support and promote the work of the Area Clinical Forum and the professional advisory Committees". The Board's Associate Director of Communications had confirmed that a single communications strategy covered the whole Board. The latest strategy covered the period 2007-10 and she was, therefore, in the process of preparing a new draft strategy to take the Board forward to 2013. She would reflect the requirement of the CEL on promoting the role of the Area Clinical Forum in this draft. The Area Clinical Forum welcomed this inclusion.

NOTED

37. AREA CLINICAL FORUM – WORKPLAN

Members were asked to note the Area Clinical Forum's Workplan. As discussed earlier, it was agreed that Douglas Griffin and Lyndsay Lauder be added to the workplan at mutually convenient dates in the future.

Secretary

NOTED

38. NHSGGC AND PHARMA

Members were asked to note an article and correspondence submitted by Pat Spencer that had appeared in a Journal of the American Medical Association entitled "Physicians and the Pharmaceutical Industry - is a Gift Ever Just a Gift?".

There was discussion on the current policy within NHS Greater Glasgow and Clyde governing staff and pharmaceutical representatives. With regard to nurse educational development, it was acknowledged in a range of areas, there had been a heavy dependence on the pharmaceutical industry. Restrictions on the role of pharmaceutical companies had an effect on areas of nurse development as the Board was not stepping in to fill the gaps. There was also a lack of clarity and understanding to what extent input from pharmaceutical companies was appropriate.

Mr Hamilton referred to the Board's Code of Conduct which applied to all staff. This was easily accessible from Staffnet and Section 18 addressed the issue of working with suppliers of clinical products. This covered the creation of appropriate and transparent relationships between the NHS and clinical suppliers or potential clinical suppliers. It supported and underpinned the establishment of a common understanding on the joint working with suppliers of clinical products, provided examples of good practice and a framework in which to conduct such relationships in a responsible and transparent way.

Dr Cowan also referred to work being led by Catriona Renfrew to establish a comprehensive and formal system and process for NHS Greater Glasgow and Clyde to engage in joint working with the pharmaceutical industry which benefited both parties and ultimately patient care. Following conclusion of this work, he agreed to report the outcome to the Area Clinical Forum.

Brian Cowan

NOTED

39. ADVISORY COMMITTEE CHAIRS - UPDATES

- (i) Psychology Advisory Committee – Adele Pashley reported that the last PAC meeting had discussed the following:-
- Agenda for Change – some appeals for staff were still outstanding.
 - The Quality Strategy.
 - Clinical leadership
 - Scottish Mental Health Research.
- (ii) Area Medical Committee – Kevin Hanretty reported that the last AMC meeting had taken place on 16 July 2010. Topics of discussion had included:-
- Electronic Records and the use of the Clinical Portal.
 - Ongoing concerns about district nursing and phlebotomy.
 - Proposed future arrangements for Primary Care and Community Services in the City of Glasgow.
 - Maternity Services Review: Antenatal Care.
 - New centralised hospitals switchboard.
- (iii) Area Optometric Committee – Gale Leslie reported that the next AOC meeting was scheduled for 9 August 2010 where topics of discussion would include:-
- Audit of the quality of referrals from optometry to ophthalmology: East and West Dunbartonshire pilot.
 - Proposed future arrangements for Primary Care and Community Services in the City of Glasgow.
 - Ongoing concerns about optometric representation on the NHS Greater Glasgow and Clyde Eyecare Services Group.
- (iv) Area Allied Health Professional and Health Care Scientists Committee – Heather Cameron confirmed that the AAHP&HCSC had not met since the last Area Clinical Forum meeting.
- (v) Area Nursing and Midwifery Committee – Gillian Halyburton reported that the most recent ANMC meeting had discussed:-
- Workforce planning
 - Review of practice development
 - The role of the Area Clinical Forum and how the ANMC could support its development.
 - Advanced nursing practice roles
 - Best practice statements
 - NHS Greater Glasgow and Clyde and Pharma

(vi) Area Dental Committee – Clive Bell confirmed that the Area Dental Committee meeting taking place on 5 August 2010 would discuss:-

- Future management and remit of the Oral Health Directorate.
- Proposed future arrangements for Primary Care and Community Services in the city of Glasgow.

NOTED

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

Clive Bell reported that the last Board Seminar had focused discussion around the following topics:-

- Scottish Patient Safety Programme
- Vale of Leven – C.Diff Inquiry
- General update on the development of CH(C)Ps throughout NHS Greater Glasgow and Clyde.

NOTED

41. ANY OTHER BUSINESS

(i) Update on Progress – Patient Rights (Scotland) Bill

The Area Clinical Forum had received an update on the above Bill. The Bill was still at stage one of the Parliamentary process and was being scrutinised by the Scottish Parliament Health and Sport Committee. Further information would continue to be circulated as progress developed.

NOTED

42. DATE OF NEXT MEETING

Date: Thursday 7 October 2010

Venue: Room E, J B Russell House

Time: 2 - 4 pm