

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the  
Area Clinical Forum  
held in Room B, J B Russell House, Corporate Headquarters,  
Gartnavel Royal Hospital,  
1055 Great Western Road, Glasgow, G12 0XH  
on Thursday 7 October 2010 at 2.00 pm**

**PRESENT**

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

Patricia Spencer	Vice Chair, ANMC
Ruth Forrest	Chair, APC
Gerry Hughes	Vice Chair, APC
Roger Carter	Vice Chair, AAHP&HCSC
Heather Cameron	Chair, AAHP&HCSC
Kevin Hanretty	Chair, AMC
Val Reilly	Vice Chair APC
Nicola McElvanney	Chair, AOC

**IN ATTENDANCE**

Shirley Gordon	Secretariat Manager
Adele Pashley	Chair, Psychology Advisory Committee
Jo Gibson	Head of Performance (for Minute No 44)
Lorna Kelly	Head of Policy (for Minute No 45)
Rosslyn Crocket	Nurse Director
Richard Copland	Director of Health Information and Technology (for Minute No 44)
John Hamilton	Head of Board Administration
Scott Bryson	Pharmaceutical Advisor

**ACTION BY**

**41. APOLOGIES & WELCOME**

Apologies for absence were intimated on behalf of Gillian Halyburton, Andrew Robertson, Brian Cowan and Linda de Caestecker.

Mr Bell welcomed guest speakers, Jo Gibson (in attendance to discuss the Annual Review) and Lorna Kelly (in attendance to discuss the Quality Strategy).

NOTED

**42. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Area Clinical Forum [ACF(M)10/04] held on Thursday 5 August 2010 were approved as an accurate record.

NOTED

#### 43. MATTER ARISING

In respect of Minute Number 33, Mrs Gibson confirmed that the Area Clinical Forum's slot at the Annual Review on 1 November 2010 would be held between 9:00 and 9:45 am, in J B Russell House.

NOTED

#### 44. ANNUAL REVIEW PREPARATION

Members were asked at their August 2010 meeting to discuss with their respective Committees the Board's Annual Review meeting scheduled for 1 November and, in particular, agree one representative from each statutory committee to attend on the day and a list of topics they would like to bring up. Confirmation of attendees had been received as follows:-

- AMC – Kevin Hanretty
- ADC – Clive Bell
- AOC – Nicola McElvanney
- APC – Ruth Forrest
- ANMC – Patricia Spencer
- AAHP&HCSC – Heather Cameron

Furthermore, the lists of topics received from each Committee were noted. The topics were discussed at length with each Committee representative outlining the detail and issues associated with them. Mrs Gibson reported that the information had to be submitted to the Cabinet Secretary's office that evening.

In terms of presentation and delivery on the day, various formats were discussed and their pros/cons explored. It was agreed that Clive Bell would make the introductions and set the scene. Thereafter, each representative would talk to their topic(s) for a maximum of 5 minutes. This would leave around 10/15 minutes discussion at the end with the Cabinet Secretary. Within each topic, the speaker should be explicit on how it related to the theme(s) agreed. Representatives should also prepare to discuss with the Cabinet Secretary CEL (16) 2010 as issued by the Scottish Government on 11 May 2010.

With the above in mind, the following was agreed:-

The presentation would have three overarching and interlinked themes of:-

- The potential of the Quality Strategy for improving patient care
- Changes to the workforce numbers and skill levels
- Leadership and professional development within clinical groups.

The topics to be discussed were agreed as follows:-

1. **Area Medical Committee** – concern about the reduction in medical middle grade workforce over the next few years, particularly in obstetrics and gynaecology, neonatology, anaesthetics and intensive care. How would this be addressed and services provided in the future? Would Consultants provide the service? On presentation at A&E, who would patients first see?
2. **Area Dental Committee** – possibility of using funding slippage from the new proposed dental centres for NHSGCC, particularly the Inverclyde Royal

Hospital Dental Centre, to support the completion of the decontamination process within General Dental practices. The Area Dental Committee wished any investment to be value-for-money and not ring-fenced for any under utilized facilities. Any funding to dentistry should be directed where it was needed most and where patients would see benefits. Could monies be redirected in a more efficient way within the community?

- 3a. **Area Optometric Committee** – Welcome the recent decision to progress with electronic linking of optometrists and the Board. Have already begun plans to ensure clinical engagement in the development of the Board’s bid. This would help hugely in communication links between primary and secondary care and, in particular, with direct referrals. Richard Copland would be leading on the bid process and, if successful, would lead on how best installation should be conducted throughout NHS Greater Glasgow and Clyde.
- 3b. **Area Optometric Committee** – ability of qualified optometrists to prescribe, however, frustrations around mentoring within hospital placements to complete the course. Further concerns that there were no prescription pads for independent optometric prescribers to use.
- 4a. **Area Pharmaceutical Committee** – following the very successful implementation of a Clinical Portal in Acute Services and very high levels of clinical usage, the Board now intended to explore opportunities for a portal linking community clinicians as well. Richard Copland would be the Lead for this work and organise a meeting to progress the bid.
- 4b. **Area Pharmaceutical Committee** – following the observation by the Royal College of Practitioners in Edinburgh that a single prescription and administration chart for medicines in Scottish hospitals may promote improvements in patient safety, the Cabinet Secretary may be interested to know that this already existed within all NHS Greater Glasgow and Clyde hospitals. A new prescribing and administration chart was designed and implemented by a multidisciplinary team in an initiative led by the PPSU. The chart had been designed to support medicines reconciliation and the appropriate use of anti-microbials among other benefits as well as to support the safe prescribing and administration of medicines in our hospitals.
- 5a. **Area Nursing and Midwifery Committee** – development work with the Area Nursing and Midwifery Committee showcasing best practice models.
- 5b. **Area Nursing and Midwifery Committee** – concern regarding professional leadership structures in community nursing. Workforce development and tools to look at staff numbers were being widely used but where did leadership fit into this? There was a gap in the nursing structure within NHS Greater Glasgow and Clyde incurring a missing level of guidance to nurses. Such anxieties were also apparent at community nursing level.
6. **Area Allied Health Professions & Healthcare Scientists Committee** – welcome the Quality Strategy but concerns about ability to deliver its aspirations in light of planned cuts to senior clinical workforce. Similar concerns on leadership (as to that of the ANMC) particularly as there was no Director at Board level with leadership responsibilities for AAHP&HCS professions. Within this grouping, professionals tended to tackle local issues in their individual groupings rather than under the umbrella of Allied Health professionals.

DECIDED

That each of the attendees at the ACF slot work on their topics as outlined above for raising on the day.

**Annual Review  
Attendees**

**45. QUALITY STRATEGY UPDATE AND FUTURE OF GOVERNANCE ARRANGEMENTS OF THE NHS BOARD**

Given the overlapping similarities in the next two agenda topics “Quality Strategy Update” and “Future of Governance Arrangements of the NHS Board”, it was agreed that these be taken together and discussed as one.

Ms Crocket led the Forum through the proposals for revised arrangements to further reinforce the Board’s existing focus on the quality of services delivered to patients and how engagement was undertaken with patients and the public.

Such proposed arrangements would compliment clinical governance and would focus on the patient experience, delivering person centred care and public involvement rather than the delivery of safe and effective care which would remain within the clinical governance and related patient safety arrangements. She outlined the Group to be established as “a Quality Policy Development Group” and its key areas of responsibility. She set out the proposed Group membership which was to include the Chair of the Area Clinical Forum. The Group would be supported by the Board’s Head of Policy and be a core part of the corporate planning architecture with other framework processes routinely reporting to the CMT and Board to ensure an appropriately high profile on quality issues. It would also ensure regular reporting to the Board’s Performance Review Group on the set of quality indicators being developed in relation to the national Quality Strategy and the Board’s local quality performance measures.

The Forum welcomed the opportunity to be involved with the work of this new Group and thought it gave an excellent opportunity to be further engaged at Board level.

Mr Hamilton referred to a discussion paper entitled “Future Approach to Governance” recently issued to Boards by the Scottish Government. This provided the opportunity to contribute to the development of the revised and updated guidance for governance arrangements in NHS Scotland. Comments were sought by 15 October 2010.

Mr Hamilton led the Forum through the consultation document and explained that, locally, the Board Chairman was keen to review and restructure standing committees of the NHS Board. At the same time, there would be a revision of the number of Non Executive members and their role.

Members discussed this and recognised that, in the current financial climate, reviews and restructures were necessary. This had to be conducted in a way that identified what could be changed/stopped/not started that would not affect patient safety. The patient’s experience was discussed briefly and many of the benefits identified from complaints and lessons learned from general feedback from patients.

Mr Hamilton would welcome any comments on the consultation document prior to the Board submitting its response before the closing date.

**All Members**

NOTED

**46. REVIEW OF DISTRICT NURSING SERVICES IN GLASGOW**

Rosslyn Crocket introduced the above paper, the purpose of which was to discuss an approach to reviewing the district nursing services in Glasgow City. By way of background, she outlined the pivotal role provided by district nursing services and the challenge for staff to respond to the needs of their patients in a way they would like. It was now time to fundamentally review district nursing services to ensure consistency of service delivery across the city which was evidence based and responsive to the needs of patients.

Ms Crocket outlined the proposed aims of the review explaining that it was essential to fully understand the current service. The base-line information was necessary to then go on and redesign the service in a planned and consistent way. To ensure the success of the review, it was essential to have people with the right skills. With regards to the base-line information required, particularly the analysis of the information, the view was that expertise was not available in NHS Greater Glasgow and Clyde. It was proposed, therefore, to tender for this very specific piece of work following the rules and regulations of procurement.

In taking this review forward, it had to be in an open and transparent way and in partnership. To that end, a project Board would be established and supported by a Steering Group. Running in tandem with establishing these structures, engagement and discussion on the review would take place with the Area Partnership Forum and Area Clinical Forum to ensure wide engagement and contributions to the developing project plan.

In response to a question, Ms Crocket confirmed that other groups would be afforded the opportunity to contribute, particularly the Area Nursing and Midwifery Committee and the General Practitioner Subcommittee.

NOTED

**47. AREA CLINICAL FORUM – 2010/11 WORKPLAN**

Members were asked to note the Area Clinical Forum Workplan 2010/11. Suggestions were welcomed on future topics for 2011 and these should be forwarded to the Secretary.

NOTED

**48. ADVISORY COMMITTEE CHAIRS - UPDATE**

(i) Psychology Advisory Committee – Adele Pashley reported that the last PAC meeting had discussed the following:-

- New professional leadership and links with the PAC
- Review of the constitution
- Quality Strategy
- Glasgow City CHP discussion paper
- Agenda for Change reviews
- Mental Health research network

- (ii) Area Nursing and Midwifery Committee – Pat Spencer reported that the following topics had been discussed at the last ANMC meeting :-
- Scottish Patient Safety Programme
  - A commissioned literature search on leadership articles. The intention being that a critique would be written up.
  - Glasgow City CHP discussion paper
- (iii) Area Pharmaceutical Committee – Val Reilly reported on the following topics:-
- APC workplan
  - Urinary tract information pilot in community pharmacy
  - Annual Review
- (iv) Area Allied Health Professionals and Health Care Scientists Committee – Heather Cameron confirmed that the following topics had been discussed at the last AAHP&HCSC meeting.
- Annual Review
  - Quality Strategy
  - Glasgow City CHP discussion paper
  - Various constitutional and membership issues
- (v) Area Optometric Committee – Nicola McElvanney reported on the following topics discussed at a last AOC meeting:-
- Ophthalmic casualty services
  - Referrals from optometry to ophthalmology – East and West Dunbartonshire pilot
  - Eye care Services Group
  - Paediatrics optometry
  - Glasgow low vision service
  - Diabetic retinal screening group
- (vi) Area Medical Committee – Kevin Hanretty reported that the last AMC meeting had taken place on 17 September 2010 and the following topics were raised:-
- Maternity services
  - Centralised switchboard
  - Consultation paper on the future of in-patient rehabilitation services in East Glasgow
  - Winter planning
- (vii) Area Dental Committee – Clive Bell confirmed that the following topics had been raised at the last ADC meeting:-
- Childsmile programme
  - Glasgow City CHP discussion paper
  - Annual Review
  - Orthodontic appeals
  - Root canal treatment

NOTED

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

Clive Bell reported on topics recently discussed at the August NHS Board meeting, the 21 September 2010 Performance Review Group meeting and the most recent NHS Board Seminar. Discussion had surrounded the following:-

- Glasgow City CHP. It had since been announced that Anne Hawkins had been appointed as CHP Director, Alex MacKenzie as North West Sector Director, David Walker as South Sector Director and Mark Feinman as North East Sector Director.
- An update on the new Southside Adult and Children's Hospitals and laboratory project
- Progress on the vision for the Vale of Leven Hospital
- An update on the Christie Ward since the fire damage – looking at implications and challenges
- Financial monitoring and challenges that lay ahead
- Corporate Development

Pat Spencer had attended the last National ACF Group meeting with the Cabinet Secretary where discussion had surrounded:-

- The ACF guidance document CEL(16)2010
- Board Annual Reviews
- Workforce Issues – such as middle grade medical staff/other staff roles

NOTED

**50. DATE OF NEXT MEETING**

Date: Thursday 2 December 2010

Venue: Room E, J B Russell House

Time: 2 - 4 pm