ACF(M)11/05
Minutes: 41 - 51

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 6 October 2011 at 3.00 pm

PRESENT

Pat Spencer - in the Chair (Chair, ANMC)

Jacqueline Frederick	Joint Chair, ADC
Heather Cameron	Chair, AAHP&HCSC
Nicola McElvanney	Chair, AOC
Roger Carter	Vice Chair, AAHP&HCSC
Nancy Reid	Vice Chair, ANMC
Val Reilly	Chair, APC
Andrew McMahon	Chair, AMC

IN ATTENDANCE

Shirley Gordon	Secretariat Manager
Kath Gallagher	Planning and Development Manager, Corporate Inequalities Team (For Minute No. 44)
Andrew Robertson	Chairman, NHS Greater Glasgow and Clyde

ACTION BY

41. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Carl Fenelon and Adele Pashley.

Mrs Spencer welcomed Area Clinical Forum members and, in particular, the guest speaker, Kath Gallagher to the meeting. She reported that, due to a prior commitment, Lyndsay Lauder (Head of Workforce Planning) and Chris Carron (Workforce Planning Manager) had delivered their presentation to Area Clinical Forum members at their earlier informal session.

She reminded members that all future Area Clinical Forum meetings would have an informal session between 2.00 pm and 3.00 pm. Thereafter, a formal business meeting would be held between 3.00 pm and 5.00 pm.

NOTED

42. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 4 August 2011 [ACF(M)11/04] were approved as a correct record.

NOTED

43. MATTERS ARISING

(i) In respect of Minute No. 33, Mrs Spencer reported that the extraordinary Area Clinical Forum meeting arranged for Thursday 15 September 2011 to talk through further the Annual Review slot with the Cabinet Secretary had not taken place due to low numbers confirming their attendance.

(ii) In respect of Minute No. 35, Mrs Spencer reported that the workshop event involving Public Partnership Forum members with a focus on older people, voluntary, advocacy organisations and NHS Board staff including those involved in older people's services had not yet been arranged. It was likely to be finalised and held sometime in mid-November / early December 2011.

(iii) In respect of Minute No. 39 (v), Mrs Spencer reported that she was due to meet with the Head of Policy (Lorna Kelly) to discuss the Patient Rights (Scotland) Act 2011. No Area Clinical Forum member had forwarded comments in respect of this consultation.

NOTED

44. PRESENTATION – EQUALITIES ACT – OVERVIEW AND PROFESSIONAL /ORGANISATIONAL IMPLICATIONS

Ms Gallagher explained that the Equality Act 2010 served to strengthen, harmonise and streamline 40 years of equalities law. The Act brought together more than 116 separate pieces of legislation into a single source and ensured that everyone who was protected under law from discrimination, harassment or victimisation was afforded the same level of protection. The Equality Act 2010 introduced the concept of "protected characteristics", referred to in previous legislation as equality groups or equality strands.

She explained that the protected characteristics were age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. The Equality Act 2010 brought a uniform level of protection from discrimination and people were protected against direct discrimination, indirect discrimination, discrimination arising from disability, harassment, third party harassment, victimisation, discrimination by association and discrimination by perception.

In terms of what this meant for public sector services, the Equality Act 2010 included instruction for legal compliance for public sector organisations. This was split between a general duty and a set of specific duties. Ms Gallagher explained, that essentially, the requirement to provide quality-focused and patient centred care hadn't changed. As many of the routines employed within the NHS, however, were based on historical models, that in themselves may have discriminatory elements, it was imperative that legislative risk reviews were undertaken.

It was no longer appropriate or legally compliant to wait until breaches of legislation occurred and then deal with them on a case by case basis. As the largest public sector employer in the UK, it was important that NHS Greater Glasgow and Clyde appreciated that, as an organisation, it would deal with many people with very different beliefs and values. A good deal of the legislation protected against discrimination or harassment arising from individual behaviour so it was vital that every member of staff understood their role in creating an inequality sensitive health service.

Ms Gallagher reported that in identifying areas of risk, ideally, every service should be in a position to confidently demonstrate compliance but, as with any organisation, there would be functions or services that posed greater risk than others. She cited some examples, as follows, of possible areas that may indicate a review would be needed:-

- Services with explicit exclusion criteria
- Un-reviewed service protocols
- Services that were configured on a gender basis
- Services based in older buildings
- Parallel services for people with a protected characteristic
- Services with high demand and throughput pressures
- Services with high "did not attend" rates
- Services subject to cost savings

NHS Greater Glasgow and Clyde had developed a tool to help staff identify potential risk areas. The "10 Goals for an Inequalities Sensitive Health Service" helped analyse and describe risks of discrimination and the various levels of confidence required within the service to evidence compliance.

Ms Gallagher went on to describe, in further detail, the public sector equality duty regarding age (2010) and the ban on age discrimination (2012). As age was a protected characteristic, the legislation was set up to address older people's concerns, ageist attitudes, discrimination and poor treatment where there was evidence of significant and pervasive discrimination. There would be no exceptions to the ban on age discrimination for health and social care so organisations needed to consider whether their design and delivery of services could be objectively justified to the satisfaction of a court if challenged. Ms Gallagher qualified this by describing the Objective Justification Test (OJT) explaining that different treatment because of age, could sometimes be justified. The ban aimed to end assumptions on whether an older patient should be referred for treatment based solely on their age rather than on their individual need and fitness level.

In response to a question concerning the retirement age of 65, Ms Gallagher explained that a person could not be obliged to retire from an organisation at 65. This applied to NHS Greater Glasgow and Clyde too and the decision making was a personal one to each individual. The Forum discussed the implications this had on the workforce.

Mrs Spencer asked if any Board had been challenged, so far, under equalities legislation. Ms Gallagher replied by confirming in the negative but that the Human Rights Act had been used. She alluded to the importance of looking at "at risk areas" to address these prior to the Act being effective from April 2012.

Ms Cameron asked about how awareness would be raised to ensure understanding of the legislative requirements across all staff in NHS Greater Glasgow and Clyde to ensure a service did not fall foul.

Ms Gallagher acknowledged that work was needed to make sure all staff were aware of this and E-Learning modules would be established. She also encouraged staff to conduct an Equalities Impact Assessment (EQIA) within their own service in order to identify any areas for improvement. In doing so, she referred to the guide for managers which had been prepared and summarised the Equality Act 2010 and the ramifications therein.

Mrs Spencer thanked Ms Gallagher for the presentation which had been both thought provoking and had encouraged interesting debate. She asked that the slides used be circulated to all members so that those not in attendance would be aware of the implications. **Secretary**

[Post meeting note – Kath Gallagher's slides were duly circulated to Area Clinical Forum members on 7 October 2011]

NOTED

45. PRESENTATION – WORKFORCE PLANNING

Due to another commitment, Mrs Lauder and Mr Carron had delivered their presentation on the 2011 Workforce Plan to the earlier informal Area Clinical Forum session.

Mrs Lauder described the current NHS Greater Glasgow and Clyde workforce and gave an outline of the changes envisaged over the next year and beyond. NHS Greater Glasgow and Clyde employed circa 40,000 headcount staff (excluding doctors in training) with approximately 30,000 employees within the acute division, 3,000 in mental health services, 6,500 in the CH(C)Ps and the remaining 550 in corporate services. As such, NHS Greater Glasgow and Clyde was the largest employer in Scotland and the largest NHS employer in the UK.

NHS Greater Glasgow and Clyde was currently undergoing a significant clinical change programme which was supported by a capital investment programme in its facilities which would transform healthcare delivery in the West of Scotland. The Acute Services Review would see services delivered on fewer sites with increased technology and greater synergy between services resulting in reduced bed numbers and reduced lengths of stay. The implementation of the Mental Health Strategy had also resulted in a reduction in long stay in-patient facilities with an increase in specialist services to support clients living in the community. In Primary Care, the development of the CH(C)Ps had resulted in new service delivery models and the emergence of new roles spanning health and social care. All of this was accompanied by the challenge of redesigning the workforce in a way that ensured a high quality, fit for purpose and affordable service in the years ahead.

Mrs Lauder described workforce planning as designing, developing and delivering the further workforce to meet future service needs in line with three key criteria, affordability, availability and adaptability. The Workforce Plan had been developed using the NHS Scotland six steps methodology and the NHS Career Framework. Both of these workforce models enabled NHS Greater Glasgow and Clyde to take a coherent view of the workforce across all job families and staff groups. The Career Framework, in particular, was a critical tool for modelling and implementing workforce change and the NHS Board was promoting and encouraging the use of this tool. Mrs Lauder reported that all service and workforce plans were "live documents" and changed and developed in response to internal and external pressures. As a result, the Workforce Plan would be refreshed and updated regularly and, as a minimum, on an annual basis.

Local workforce planning activity was managed within CH(C)Ps and the Acute Division. In addition, there were workforce plans which focused on cross sector issues and plans based on service delivery models. These were typically developed by local project teams. Local plans must be signed off by local Management Teams and Partnership Forums as part of the development process. Joint workforce planning across acute and community was also necessary to facilitate the rotation of posts between sectors and the development of new roles with a cross sector remit.

NHS Greater Glasgow and Clyde was committed to agreeing and delivering workforce plans in full partnership with the Trade Unions and had established processes and mechanisms for achieving this in addition to the Area Partnership Forum and local Partnership Forums. Mrs Lauder explained that all service redesign in NHS Greater Glasgow and Clyde must be supported by a Project Initiation Document (PID) which captured the main workforce implications of each redesign as well as the cost implications and an initial Equalities Impact Assessment. The information from these PIDs in combination with the data from local workforce plans, formed the basis of the single system NHS Greater Glasgow and Clyde Workforce Plan. The PIDs and summary information from the PIDs were shared with the Area Partnership Forum and with the Workforce Challenges Sub-Group to facilitate continuing dialogue about workforce change.

The final draft of the Workforce Plan was presented to the Staff Governance Committee on 6 September 2011 and was approved whilst recognising staff side concern and unwillingness to co-sign the plan. The Plan had now been published on NHS Greater Glasgow and Clyde's website.

Ms Lauder referred to a workforce planning event scheduled for 28 October 2011 and would welcome Area Clinical Forum representation.

Mrs Spencer thanked Mrs Lauder for the workforce planning update which was critical in looking ahead, not only for the Area Clinical Forum, but all of the respective advisory committees.

DECIDED

- That Heather Cameron be the nominated Area Clinical Forum representative to attend the workforce planning event on 28 October 2011. **Secretary**

[Post meeting note – Lyndsay Lauder has been duly notified of Heather's attendance at this event]

- That the two tabled papers, as presented by Ms Lauder, be circulated to all Area Clinical Forum members. **Secretary**

[Post meeting note – both documents were duly circulated to Area Clinical Forum members on 7 October 2011].

46. ANNUAL REVIEW 2011 PREPARATION

Members had been asked to consider the framework for the conduct of the Area Clinical Forum/Area Partnership Forum slot at the Annual Review on 17 October 2011.

Mrs Spencer reported that she had received conformation from the following members in connection with their attendance on the day:-

Pat Spencer	Nicola McElvanney
Nancy Reid	Heather Cameron
Val Reilly	Carl Fenelon
Kenneth Irvine	

Given the strict timeframe for the one hour slot (which was being shared with the Area Partnership Forum) it would be important to be well rehearsed.

Mrs Spencer explained that the Health Promoting Health Services document was still included as part of the Area Clinical Forum contribution because it identified the Area Clinical Forum as having an implementation overview role through professional networks. She was keen to clarify the Cabinet Secretary's perspective on this. The Workforce Plan was a joint topic with the Area Partnership Forum and there would be the opportunity to raise positive aspects from a professional level perspective and any concerns members had.

Members discussed the slot in detail and it was agreed that Ms McElvanney and Mrs Reilly prepare a paragraph on the development of the Area Clinical Forum focussing on the positives regarding escalation of all advisory structures/engagement with Board/engagement with constituents and the connotation of meaningfulness. Ms Cameron and Ms Reid would prepare a paragraph on clinical leadership around the identification, profiling and need for such, both as an Area Clinical Forum and within each of the professions. It was Mrs Spencer's understanding that there would be an opportunity to raise/reinforce other points throughout the meeting. She was conscious that as this was a new approach, dictated to by the Scottish Government Health Directorate, she was keen that the Area Clinical Forum reflect on the benefits (or otherwise) of this participation.

DECIDED

That, the Area Clinical Forum prepare their slot as outlined above and meet to rehearse, in more detail, particularly around time taken to deliver. **Secretary**

[Post meeting note – the 7 members attending the Annual Review slot will meet on Tuesday 11 October 2011 at 5.30 pm to fine-tune the Area Clinical Forum's contribution].

47. DISCUSSION – ONGOING AREA CLINICAL FORUM DEVELOPMENT

Members reflected on the findings from the development survey analysis undertaken with all Area Clinical Forum members in August 2010 as well as the findings from their development session held on 20 January 2011. They were conscious that the tone and direction of the Area Clinical Forum had changed significantly since the election of a new Chair, Vice Chair and membership from June 2011. As such, members were keen to let the new membership bed down before having another development event. This would allow time for the new Forum to get up to speed with its role (both collectively and as individual members). A further event would afford the opportunity to review progress and it was agreed that further thought be given to this around about June/August 2012.

There was general recognition that with increased expectation came increased demand and members were conscious that, in raising the profile of the Area Clinical Forum and the advisory committees, individual and collective workload may increase.

DECIDED

That the Area Clinical Forum consider the need for a further development event in mid 2012 and this be reflected in their forward planning. **Secretary**

[Post meeting note – this has been duly recorded in the Area Clinical Forum forward plan].

48. AREA CLINICAL FORUM – 2011/12 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ongoing Area Clinical Forum meeting plan 2011/12 and were encouraged to make suggestions for forward planning of Area Clinical Forum activities. Some amendments were suggested and the Secretary agreed to **Secretary** reflect these on the plan. Mrs Spencer alluded to four key themes for 2012, namely, Workforce Plan, Corporate Change Programme, Quality Strategy and Strategic Clinical Leadership Network and asked members to consider their own advisory committee's activities and how they fitted into this.

[Post meeting note – 2011/12 meeting plan duly updated and will be reconsidered at the December 2011 Area Clinical Forum meeting].

NOTED

49. UPDATE FROM THE AREA CLINICAL FORUM CHAIR ON ONGOING BOARD/NATIONAL AREA CLINICAL FORUM BUSINESS

Mr Robertson had already alluded to the last NHS Board Seminar where the topics of discussion had included:-

- Prison Healthcare Transfer – noting progress, issues and risks in the transfer of prison healthcare from the Scottish Prison Service to the NHS from 1 November 2011.

- Modernising and improving mental health services in West Dunbartonshire – particularly looking at the Christie Ward at the Vale of Leven Hospital.

- The recommendation made by the NHS Board to the Cabinet Secretary that Lightburn Hospital be closed and that in-patient rehabilitation beds be transferred to Stobhill Hospital and day hospital/out-patient services be transferred to Glasgow Royal Infirmary.

- Progress on the development of the new South Glasgow Hospitals including ongoing discussions with the facilities to be provided there by Glasgow University.

In addition to this, Mrs Spencer updated on the presentation given by Dr Cowan and Ms Crocket on the Vale of Leven Hospital Inquiry. She agreed to circulate the link to the Vale of Leven Hospital Inquiry's website so that all Area Clinical Forum members could refer to their transcripts. **Secretary**

[Post meeting note – the link for this website was duly circulated to Area Clinical Forum on 7 October 2011].

Furthermore, Mrs Spencer updated on some activities taking place at the national Area Clinical Forum members Chairs Group as follows:-

- A new Chair had been elected – Jane MacKay from NHS Ayrshire and Arran.
- Leadership development event
- NHS Boards Annual Reviews
- NES – getting knowledge into action
- Healthcare Scientists event and how all NHS Boards structured their advisory committees to facilitate the inclusion of healthcare scientists.

NOTED

50. ANY OTHER BUSINESS

(i) Mrs Spencer reported that, at future informal Area Clinical Forum sessions, all Chairs/Vice Chairs would have an opportunity to raise key issues being discussed from their respective advisory committees. Given time constraints at today's meeting, however, this had been cut short. As such, the advisory committee Chairs in attendance gave a brief summary of their ongoing activities and areas of discussion.

NOTED

(ii) Ms Cameron reported that the AAHP&HCSC had been notified that it was the intention of the Nurse Director (Rosslyn Crocket) to attend future meetings to afford a link into NHS Board business. This was an excellent development.

NOTED

51. DATE OF NEXT MEETING:

Date: Thursday 1 December 2011

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