

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 7 April 2011 at 2.00 pm**

PRESENT

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

Nicola McElvanney	Chair, AOC
Val Reilly	Vice Chair, APC
Heather Cameron	Chair, AAHP&HCSC
Gerry Hughes	Vice Chair, APC
Nancy Reid	Vice Chair, ANMC
Patricia Spencer	Chair, ANMC
Roger Carter	Vice Chair, AAHP&HCSC

IN ATTENDANCE

Shirley Gordon	Secretariat Manager
Adele Pashley	Chair, Psychology Advisory Committee
Andrew Robertson	Chair, NHS Greater Glasgow and Clyde
Robert Calderwood	Chief Executive, NHS Greater Glasgow and Clyde
Anne Hawkins	Director, Glasgow City CHP (for Minute No.14)
Lyndsay Lauder	Head of Workforce Development (for Minute No. 13)
Lorna Kelly	Head of Policy (for Minute No. 15)

ACTION BY

10. APOLOGIES

Apologies for absence were intimated on behalf of Ruth Forrest, Kevin Hanretty, Maggie Darroch, David McCall, Rosslyn Crocket, Brian Cowan, Scott Bryson and John Hamilton.

NOTED

11. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum [ACF(M)11/01] held on Thursday 3 February 2011 were approved as a correct record.

NOTED

12. MATTERS ARISING

- (i) In respect of Minute Number 3, Val Reilly confirmed that further information was awaited regarding the consistent provision of Pharmaceutical Services within Hospices across NHS Greater Glasgow and Clyde. Furthermore, actions were being linked with the National UK Strategy.
- (ii) In respect of Minute Number 4, Ms McElvanney provided an update on the eye care review pilot projects which had been undertaken in NHS Greater Glasgow and Clyde.
- (iii) In respect of Minute Number 6, Mr Bell had duly spoken to the Joint Chair of the Area Partnership Forum (Donald Sime) regarding the formation of the Area Partnership Forum agenda and how this was prioritised. He shared this with the Area Clinical Forum to consider if any lessons or good practice could be adopted for future Area Clinical Forum agendas.

NOTED

13. UPDATE ON WORKFORCE PLANNING AND DEVELOPMENT IN NHS GREATER GLASGOW AND CLYDE

Mr Bell welcomed Lyndsay Lauder, Head of Workforce Development in attendance to update Forum members on workforce planning and development.

Mrs Lauder described the current workforce and gave an outline of the changes envisaged over the next year and beyond. In terms of employees, NHS Greater Glasgow and Clyde employed 39,000 head count staff (excluding doctors in training). 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. Mrs Lauder also summarised changes taking place with the Acute Services Review, within Mental Health and within Primary Care. All of this redesign was accompanied by the challenge of redesigning the workforce in a way that was fit for purpose and affordable in the years ahead. With this in mind, she explained that the workforce plan 2010/11, had been developed using the NHS Scotland six steps methodology and the NHS careers framework. All service and workforce plans were “live” documents. They, therefore, changed and developed in response to internal and external pressures and, as a result, the plan would be refreshed and updated regularly and, as a minimum, on an annual basis.

Mrs Lauder set out NHS Greater Glasgow and Clyde’s workforce intentions for the year 2010/11. She reflected the themes and trends emerging from service, financial and workforce plans and explained that the workforce plan underpinned redesign strategy. In terms of staffing projections, the prediction was a net decrease of 1252 whole time equivalents across 5 job families and this would deliver an annual cost saving of £37m which was a significant element of the total £57m cost saving required in 2010/11. These workforce changes would be achieved through turnover, vacancy management, redesign of services and a small number of early retirements. There may also be voluntary severance programmes in areas of the service undergoing significant change and restructure and where the potential for redeployment was restricted.

Any such voluntary severance programmes would be agreed and implemented in partnership with the staff side and would be managed in accordance with NHS Greater Glasgow and Clyde's workforce change policy. As confirmed to all NHS Scotland staff in May 2010 by the Cabinet Secretary for Health and Wellbeing, there would be no compulsory redundancies in any NHS Boards.

Ms McElvanney asked where the optometry profession fitted in to the workforce plan. Mrs Lauder considered that optometry would sit in section 5.5 "other therapeutic staff".

In response to a question from Mrs Spencer regarding work underway to compare patient activity in individual hospital sites across NHS Greater Glasgow and Clyde in relation to nursing and midwifery, Mr Calderwood explained that this was undertaken in accordance with guidance issued by the Scottish Government Health Directorate concerning staffing norms.

In terms of overall progress with staffing reductions, Mrs Lauder reported that administrative and management roles had gone as expected but nursing and midwifery roles were slower than anticipated. She confirmed that this was due mainly to low staff turnover and fewer arising vacancies. In response to a question, she confirmed that this "stagnation" was similar across the whole of NHS Scotland with all Boards in the same position as NHS Greater Glasgow and Clyde.

In response to a question from Mr Bell, Mr Calderwood outlined the Board's budget implications and planning assumptions to 2015/16. He described the many cost implications including the ramifications of agenda for change, the drugs bill rising, VAT increased to 20% and fuel bills increased. In looking to the Holyrood Election in May 2011, many of the political party's manifestos had been issued and Mr Calderwood summarised the key comparisons as they related to health. To breakeven in 2011/12, NHS Greater Glasgow and Clyde had a £55m saving to make and operational Directors were working on various workstreams to meet this challenge – especially looking at service redesign, fewer staff and/or less premises as described earlier.

Mr Bell thanked Mrs Lauder for this insight into the workforce plan and for the interesting debate that had taken place. The Area Clinical Forum looked forward to a further update at its 6 October 2011 meeting.

**October 2011
Agenda Item**

NOTED

14. GLASGOW CITY CHP ARRANGEMENTS

Mr Bell welcomed Anne Hawkins, Glasgow City CHP Director in attendance to outline arrangements in the newly formed Glasgow City CHP and explain the Partnership's Scheme of Establishment.

Mrs Hawkins summarised Glasgow City CHP managed services and its governance and joint planning arrangements. She explained that the CHP would operate in three sectors – North East, North West and South. The Sectors would have their own management teams, clinical and professional leadership arrangements, public partnership forums and comprehensive engagement with Primary Care contractors through locality groups. Mrs Hawkins alluded to some of the financial restrictions described earlier by Mr Calderwood. This also presented as one of the challenges ahead for the Glasgow City CHP. She led the Forum through some of the other challenges which included addressing health inequalities and redesign of services in order to deliver the Primary Care Framework and HEAT Targets.

Mrs Hawkins also took the opportunity to outline some of the comments received in response to the Mental Health Partnership Review. She thanked those advisory Committees that had responded and confirmed that most comments were reasonably supportive. A Board paper would be considered at the 19 April 2011 Board meeting on the outcome of the review.

In response to a question concerning the governance arrangements of the three sectors, Mrs Hawkins reported that she was hopeful membership of locality groups would extend to all professions. To date, the three sectors were functioning differently but the benefits of multi-disciplinary working could not be overlooked. On this point, Mrs Spencer commented that consistency in approach was essential and wondered whether the governance arrangements needed to be more prescriptive to ensure more collaborative working. Mrs Hawkins described the processes and functionality of the Groups to be established but cautioned that independent contractors were not employees and, as such, negotiations within these three sectors were going at different paces at the moment.

Ms Cameron asked what stage the Allied Health Professionals redesign document was at. Mrs Hawkins reported that an update would be available following a meeting taking place on 4 May 2011.

Mr Carter wanted to ensure that the patient's journey was considered in its totality and that the interface between CHPs and Acute Services could work more effectively to meet targets. Mrs Hawkins agreed and outlined a number of activities ongoing at the moment where working more closely together was achieving results particularly in areas such as medicine, care for the elderly and accident and emergency.

Mr Bell thanked Mrs Hawkins for this update and looked forward to seeing developments progress with the new Glasgow City CHP.

NOTED

15. AREA CLINICAL FORUM – 2011 WORKPLAN

Members were asked to note the Area Clinical Forum Workplan 2011. Furthermore, Mr Bell welcomed Lorna Kelly, Head of Policy, in attendance to assist Area Clinical Forum members in looking at forward planning alongside the NHS Board's cycle of strategic activities. Mrs Kelly had submitted the draft corporate plan 2011/13 by way of background reading of future strategic NHS Board direction/activities/priorities and challenges.

Area Clinical Forum members were in agreement that the challenge of identifying future areas of involvement was that each advisory committee operated very proactively under its own professional umbrella. Historically, that had always been the case in NHS Greater Glasgow and Clyde and a difficulty in bringing such professionals together in an Area Clinical Forum was in reaching any consensus views. The Area Clinical Forum was very valuable in sharing knowledge and understanding of professional issues within NHS Greater Glasgow and Clyde but members were keen that their activities mirrored the Board's business more actively. All of the constituent committees of the Area Clinical Forum met and operated very differently and given such variability, it was often difficult to be cohesive as one Forum.

Members discussed the benefits of restructuring their agenda into three clear segments, namely, presentations on topics of common interest by invited speakers, updates from each professional grouping and areas of work where the Area Clinical Forum could make a cohesive constructive view to the NHS Board. Such areas of common ground could include the Quality Strategy and meeting the financial challenges.

Given that the Advisory Committee elections were taking place over April/May 2011, the new Area Clinical Forum Chair and Vice Chair would be elected at its next meeting scheduled for 2 June 2011. As such, it would be important that the newly elected members define exactly how they wished to progress their business.

NOTED

16. ADVISORY COMMITTEE CHAIRS - UPDATES

- (i) Area Optometric Committee – Nicola McElvanney reported that the last AOC meeting was held on 7 February 2011. Topics of discussions included:-
- Glasgow Formulary and hypromellose drops.
 - AOC membership Review.
 - Community Eye Care Project – NHS Network connectivity to community optometrists.
 - Direct referrals to Consultant Ophthalmologists.
 - Optometric Learning network.
- (ii) Area Pharmaceutical Committee - Val Reilly confirmed that the last Area Pharmaceutical Committee meeting had been held on 23 February 2011 where members discussed the following:-
- Community Pharmacy Clinical Governance Team.
 - Community Pharmacy Palliative Care Service Update.
 - Mechanisms for the APC to feed into Clinical Governance agendas.
 - A suggested APC development day.
 - Control of entry regulations.
 - Pricing of branded medicines.
- (iii) Area Allied Health Professionals and Health Care Scientists Committee – Heather Cameron reported that the AAHP&HCSC last met on 24 February 2011. The Committee had discussed the following:-
- Regulation of support workers.
 - Primary Care Framework.
 - AHP redesign.
 - Clinical leadership review.
 - Releasing potential action plan.
 - Ongoing membership issues and attempted links with an executive director.
- (iv) Psychology Advisory Committee – Adele Pashley reported that the PAC last met on 16 March 2011 when they had discussed the following:-

- Mental Health Partnership Review.
 - Psychology professional lead posts.
 - Quality Strategy and Challenges.
 - Pre Sectorship model.
 - Area Clinical Forum development day.
- (v) Area Nursing and Midwifery Committee – Patricia Spencer reported that the last ANMC meeting was held on 22 February 2011 and members discussed the following:-
- Area Clinical Forum development day feedback.
 - ANMC workplan
 - Feedback from the professional network
 - Professional Leadership Review
 - Skill mix pilot programme Board feedback.
 - Council for Healthcare Regulatory excellence - inappropriate sexual behaviour.
 - Best practice statements
- (vi) Area Dental Committee – Clive Bell confirmed that the last ADC meeting had been held on 10 March 2011 where members had discussed the following:-
- The provision of endodontic services
 - New dental centres for Inverclyde and the Vale of Leven
 - Washer/disinfector programme.
 - Childsmile Programme.
 - Installation of local decontamination units within NHS Greater Glasgow and Clyde General Dental Practitioner practices.
 - Dental outreach chairs.
 - Prescribing controlled dental drugs.

NOTED

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

Mr Bell confirmed he had attended the Quality Policy Development Group meeting on 24 February 2011, the Board's seminar on 1 March 2011 and would be attending the NHS Board meeting on 19 April 2011. Furthermore he had attended the Area Clinical Forum National Chair's Group Meeting.

NOTED

18. ANY OTHER BUSINESS

(i) Health Care Scientists Activities

Roger Carter summarised activities taking place with Health Care Scientists and reported that the week commencing 14 March 2011 was Health Care Scientists awareness week.

NOTED

(ii) Pharma and NHS Greater Glasgow and Clyde

Patricia Spencer confirmed that this matter had been discussed at the Board's Corporate Management Team and Catriona Renfrew would keep her informed of activities as they progressed.

(iii) Chairman Demitting Office

Clive Bell reported that this would be his last meeting as Chair of the Area Clinical Forum as his term of office as joint Chair of the ADC was coming to an end. He thanked all members for their contribution to the Forum during his term of office as Chair and looked forward to seeing how the Area Clinical Forum evolved in the future.

NOTED

19. DATE OF NEXT MEETING

Date: Thursday 2 June 2011

Venue: Room A, J B Russell House

Time: 2 - 4 pm