

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 1 August 2013 at 2.30 pm**

**PRESENT**

Heather Cameron - in the Chair (Chair, AAHP&HCSC)

Nicola McElvanney	Chair, AOC
Val Reilly	Chair, APC
Jacqui Frederick	Joint Chair, ADC
Stephen Dewar	Joint Vice Chair, APC
Sandra McNamee	Chair, ANMC

**IN ATTENDANCE**

Fiona Alexander	Chair, Psychology Advisory Committee
Shirley Gordon	Secretariat Manager
Jennifer Armstrong	NHS Board Medical Director
John Hamilton	Head of Board Administration
Rosslyn Crocket	NHS Board Nurse Director
Doug Mann	Head of OD (FTFT) – For Minute No 46
Andy Crawford	Head of Clinical Governance – For Minute No 49

**ACTION BY**

**40. ELECTION OF NEW CHAIR AND VICE CHAIR**

Members were asked to elect a Chair and Vice Chair in accordance with paragraphs 7 (a) and (b) of the ACF's Constitution. For ease of information, members noted the constitution and the current membership list which included new Chairs and Vice Chairs of the respective Advisory Committees since their elections earlier this year. The current Chair, Pat Spencer's term of office as an NHS Board member, ended on 30 June 2013. As she had been off ill, it was agreed to elect an interim Chair and Vice Chair of the ACF at its June 2013 meeting (Heather Cameron and Nicola McElvanney were respectively elected).

Given this, the ACF was asked to conduct its formal election:-

- **Chair** – Interested members were asked to let the Secretary know if they wished to intimate an interest in the position of Chair. If more than one person put themselves forward, an election would be held by secret ballot (as per the constitution). The appointment was for a period of two years until 31 March 2015. Heather Cameron responded by confirming her intention to stand as Chair. As Heather was the only name received, the ACF was asked to formally approve her as Chair.

DECIDED

That the ACF fully endorsed and supported Heather Cameron being elected Chair until 31 March 2015.

**Heather Cameron**

- **Vice Chair** – Interested members were asked to put themselves forward as candidates for the position of Vice Chair. If more than one person put themselves forward, an election would be held by secret ballot (as per the constitution). This was for a period of two years until 31 March 2015.

DECIDED

Nicola McElvanney proposed Val Reilly as Vice Chair and this was seconded by Heather Cameron. Val Reilly was, therefore, appointed as Vice Chair of the ACF until 31 March 2015.

**Val Reilly**

**41. APOLOGIES**

Apologies for absence were intimated on behalf of John Ip, Samantha Flower, Andrew McMahon, Andrew Robertson and Linda De Caestecker.

Heather Cameron welcomed Sandra McNamee to her first ACF meeting as newly elected Chair of the ANMC.

NOTED

**42. DECLARATION(S) OF INTEREST(S)**

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

**43. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Area Clinical Forum held on Thursday 6 June 2013 [ACF(M)13/03] were approved as an accurate record.

NOTED

**44. MATTER ARISING**

- a) In relation to Minute Number 36, Area Psychology Committee Representation on the ACF, Fiona Alexander reported that this was moving forward and discussions were taking place with the Head of Board Administration. She would keep the ACF advised on developments to have the Area Psychology Committee included as full members of the ACF rather than observers.

**Fiona Alexander**

NOTED

**45. GETTING KNOWLEDGE INTO ACTION TO IMPROVE HEALTHCARE QUALITY – IMPLEMENTING RECOMMENDATIONS OF THE STRATEGIC REVIEW**

Heather Cameron reported that Linda De Caestecker had since advised that this did not need discussed with the ACF at this stage – she would be in touch at a future date.

NOTED

**46. FTFT SURVEY RESULTS**

Heather Cameron welcomed Doug Mann, in attendance to talk through the FTFT Survey results.

Mr Mann reminded members of the principles of FTFT and explained that, in order to obtain some quantitative measures of its impact, a survey was launched after a year of activity. This provided an opportunity to monitor progress in some areas that were common to those measured during the National NHS Survey in 2010.

Mr Mann reported that nearly 4000 staff responded to the survey and led Forum members through a brief resume of the questions asked and the responses. Comparisons had been drawn with the 2010 Survey and the results extracted into Directorates/Partnerships and shared with local groups of staff.

Forum members considered the information at large and within their own staff groupings and the following points were raised:-

- Mr Mann understood that, to ensure the survey results were discussed at local level, Senior Management Teams (SMTs) and local Organisational Development (OD) advisors had been tasked with disseminating the information. In terms of feedback that this had been actioned, Mr Mann understood from the OD advisors that this was the case.
- Mr Mann agreed that a 4000 staff return rate was lower than expected but still statistically valid. He acknowledged that it would be important to find ways to encourage more staff to respond to future surveys.
- Members commented that there had been some concerns from staff around confidentiality as some questions were quite targeted. Mr Mann had similarly heard these concerns and the Forum recognised that this was an indicator of the NHS Board's culture in that staff did not feel confident to respond (perhaps in any negative way). Members agreed this was a message in itself if staff had reservations of being identified.
- Forum members noted that many of the results did not make comfortable reading with some very disappointing results and a disconnect between clinical and management groups.
- In terms of the survey reaching independent contractor groups, Mr Mann confirmed that the purpose of the survey, this time around, was to reach the 38,000 NHSGGC-employed staff.

- Going forward, Mr Mann alluded to many of the objectives dovetailing with those of the Francis Report. Given these overlaps, many of the objectives of FTFT were being integrated with Francis outcomes. This was seen as a very positive development.

Dr Cameron thanked Mr Mann for his honest summary of the results and how best FTFT could now be taken forward. Mr Mann, in turn, offered to visit any Committee/Groups to discuss FTFT and/or the survey results in further detail. He asked Forum members to contact him direct if this suggestion was useful.

**Doug Mann/  
All Members**

NOTED

#### **47. FRANCIS REPORT – UPDATE ON PHASE 1**

Dr Armstrong described the Phase 1 process, looking at the Francis Report recommendations that may apply to NHSGGC. She explained that an event had been held on 4 July 2013, the main purpose of which was to reflect on the initial findings of the Francis Review Team in terms of the current position across NHSGGC. The facilitator at that event had summarised the outcomes from each of the groups and would be presenting these to the Corporate Management Team (CMT) meeting scheduled for 15 August 2013.

This information would be shared with the ACF as the review group moved forward into Phase 2.

**Jennifer Armstrong**

Mr Hamilton also alluded to a complaints handling event arranged for 14 August 2013 which would look in detail at any improvements NHSGGC could make to its complaints handling (a key theme to come out of the Francis Report). Again, the ACF would be kept abreast of developments.

**John Hamilton**

Heather Cameron welcomed these pursuits which clearly illustrated the NHS Board's commitment to progress, in a positive way, many of the Francis recommendations. Dr Armstrong agreed to keep the ACF up to speed with ongoing developments.

**Jennifer Armstrong**

NOTED

#### **48. CLINICAL SERVICES REVIEW UPDATE**

Dr Armstrong led the Forum through a discussion paper entitled "Emerging Service Models" and reminded members that NHSGGC had embarked on an ambitious programme looking at the shape of clinical services beyond 2015 to make sure the NHS Board could adapt to future changes, challenges and opportunities. She described the key aims of designing a new strategy and reported that the first stage of the programme focussed on developing the case for change and a shared understanding of the challenges across the system that needed to be addressed in planning for 2015 and beyond.

The second stage had been to determine the Service Models required to support care and ensure services were fit for purpose as the NHS Board planned for services beyond 2015. She set out the emerging conclusions clinical groups had developed over the last five months and brought together those emerging conclusions to set out a whole system approach to care. The aim was that this would promote discussion to shape the final version of the models through wider engagement with the final Service Model proposals being produced by

early August 2013.

Dr Armstrong encouraged the ACF to contribute to the discussion, either as a Forum or within the respective advisory committees.

**All Members**

Dr Armstrong described an “interface service” that was needed from the current community/hospital admission service model that existed at the moment. In providing this, a key aim would be to support people in the community and agree, thereafter, what exactly acute inpatient care would look like. Such a model was underpinned by access to primary care and community services being available 24/7 through a single point of access.

Dr Armstrong agreed that consistent standards of care had to be put in place across all systems which would maximise patient outcomes. This also applied to care being provided in the most appropriate setting and environment for patients, compatible with the delivery of safe and effective care including in the community, where appropriate.

In response to a question, Dr Armstrong agreed it was paramount that patients were managed in an area designated for their acuity of illness by a “generalist” with early input from a high volume specialist. This would see changes in the roles and responsibilities for many staff including AHPs and Specialist Nurses.

Dr Cameron thanked Dr Armstrong for the excellent summary and encouraged all the advisory committees to feed into the discussion process during August 2013 commenting, in particular on:-

**All Advisory  
Committees**

- The emerging models;
- The issues which had biggest implications for current services;
- What does the NHS Board need to do to support these changes?

NOTED

#### **49. ADVERSE INCIDENTS UPDATE**

As Andy Crawford arrived, Heather Cameron agreed to take Andy’s item earlier in the Agenda to allow him to leave.

Mr Crawford explained that the NHS Board’s Significant Clinical Incidents Policy was being reviewed in accordance with the issue of Healthcare Improvement Scotland (HIS) publishing the new National Clinical Incident Framework. Unfortunately, this Framework had not yet been published and he expected the new policy to be considered by the September 2013 Quality and Performance Committee meeting. He briefly summarised the process undertaken in conducting the Policy Review and Implementation Plan. Mr Crawford reported that NHSGGC had provided extensive feedback, through the National Consultation from HIS, on building a national approach to learning from adverse events through reporting and review. Complementary to this development process, HIS had now completed their inspection visit to review NHSGGC’s arrangements and to audit samples of significant clinical incidents. This report was now due for publication and comments had been fed back on an embargoed version of the report to ensure accuracy and proper clarity around some issues. NHS Board members would be provided with a copy of this report when it was available.

The Forum recognised the importance in learning from Adverse Incidents as well as conducting the reviews. It was essential, therefore, that the Policy was balanced in terms of the appropriate rigour and transparency required together with informing and involving patients and relatives. Mr Crawford agreed and highlighted some areas of development to be as follows:-

- Supporting staff;
- Engaging with patients and families;
- Management of incidents;
- Learning from incidents.

In line with the above challenges, Dr Armstrong explained that the NHS Board had recently established a DATIX working group and had appointed a project manager. This was in light of a number of concerns and issues raised about the use and functionality of DATIX. The concerns covered a wide range of issues including IT/technical issues and wider process issues so it was hoped that the Short Life Working Group would scope and oversee an improvement project. This was welcomed by the ACF.

Dr Cameron thanked Mr Crawford for the update and Dr Armstrong agreed to keep the ACF up to speed when the Framework was issued by HIS (and, as such, the Board's Policy would be able to be finalised) and with the DATIX review project group.

**Jennifer Armstrong**

NOTED

## **50. ANNUAL REVIEW PREPARATION – 2013**

Members were asked to note the SGHD guidance regarding the ACF slot on 18 November 2013 at the NHS Board's Annual Review. In particular, the ACF was asked to focus thinking on the section entitled "The Next Stage" which committed the ACF to consider the following:-

- a) Prepare a short overview briefing paper to summarise the work and impact of the ACF in the previous 12 months;
- b) Agree topics for discussion;
- c) Confirm attendance.

In respect of (c) above, the Secretary confirmed the following attendees:-

- Val Reilly
- Nicola McElvanney
- Fiona Alexander
- Heather Cameron

In respect of (a) above, Heather Cameron confirmed that she would begin working up a draft paper and would circulate her initial thoughts for everyone's comments.

**Heather Cameron**

In terms of (b) above, members were asked to consider multi-disciplinary topics that were appropriate and met the Minister's draft outline agenda which had already been distributed and covered the following:-

- The Quality Strategy;
- Clinical Governance;

- Patient Safety;
- Securing Efficiencies and Improving Quality;
- Workforce Planning;
- Service Redesign.

In the past, the ACF had taken two different approaches to its conduct of proceedings at the A/R meeting. In past times, each Consultative Chair was asked to think of 2/3 topics and got a five minute slot to discuss these. More recent times had seen multi-professional topics selected that covered the Minister's themes and these were discussed in terms of how they touched each profession / Committee providing an opportunity to showcase good practice / highlight challenges. Members were asked to think about their preference in terms of both these approaches.

**All Members**

DECIDED

- That members think about the two approaches above and let Heather Cameron know of their preferred approach for this year.
- That Heather Cameron circulate her initial draft paper for all members' consideration.
- That all members consider topics they may wish to bring up bearing in mind they had to stick to the Minister's Outline Agenda as highlighted above.

**All Members**

**Heather Cameron**

**All Members**

The Secretary reported that Tricia Mullen would attend the ACF meeting scheduled for Thursday 3 October 2013 to help finalise the ACF's plans.

**51. REDRAWING OF HEALTH BOARD BOUNDARIES – APRIL 2012**

John Ip had circulated a paper highlighting the ramifications of the Health Secretary's announcement in early June 2013 concerning the redrawing of NHSGGC boundaries.

This matter had been considered by the NHS Board at its meeting held on 25 June 2013 where it had been agreed to establish a joint planning group to oversee the realignment of the boundaries and to manage the impact of the changes. Dr Armstrong alluded to the planning and debate going on at the moment to take this complex piece of work forward. She reported that Catriona Renfrew was chairing the joint planning group but, in response to a question, she was not sure if independent contractors were represented on this group. Nicola McElvanney agreed to contact Catriona to pursue and clarify this matter.

**Nicola McElvanney**

NOTED

**52. AREA CLINICAL FORUM – 2013/14 MEETING PLAN AND FORWARD PLANNING**

Members were asked to note the ongoing ACF Meeting Plan 2013/14 and were encouraged to make suggestions for forward planning of ACF activities.

In light of the Annual Review preparation which was likely to take up a substantial amount of time at the ACF's 3 October 2013 meeting, it was agreed to try and rearrange the Paul James (update on Board's finances) and Claire Curtis (CEL Update) slots to another time. Furthermore, it was suggested that an update on the Caring Behaviours Group be provided to the ACF at its 5 December 2013 meeting.

DECIDED

- That Paul James would attend the ACF meeting scheduled for 3 April 2014 instead of 3 October 2013.
- That Claire Curtis would attend the ACF meeting scheduled for 5 December 2013 rather than 3 October 2013.
- That an update on the Caring Behaviours Group be added to the 5 December 2013 meeting.

**Secretary**

**Secretary**

**Secretary**

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

Heather Cameron reported that the next National ACF Chair's Group was scheduled for 5 September 2013 and she hoped to attend. She would provide an update of that meeting at the next ACF meeting scheduled for 3 October 2013.

**Heather Cameron**

From the last minutes which had recently been circulated, she reported that the integration of health and social care seemed to be high on their agenda. In terms of what was happening within NHSGGC, Ms Crocket reported that Mr Calderwood was involved, at Government level, regarding these new organisations as was Paul James who was represented on the Finance Groups. She understood the Schemes of Establishment were being set up and anticipated to be in shadow form from April 2014. Anne Hawkins had agreed to delay her retirement until April 2014 to lead the project of integration with Glasgow City Council.

NOTED

**54. BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS**

Members were asked to note salient business items discussed recently by the following respective Advisory Committees:-

- APC
- ANMC
- APsyC
- AAHP & HCSC – had not met since last ACF.
  
- AOC – was cancelled.
- ADC – was cancelled.

NOTED



**55. DATE OF NEXT MEETING**

Date: Thursday 3 October 2013

Venue: Meeting Room A, JB Russell House

Time: **2 - 2:30pm** Informal Session for ACF Members only

**2:30 - 4:30pm** Formal ACF Business Meeting