

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 December 2012 at 3.00 pm**

PRESENT

Pat Spencer - in the Chair (Chair, ANMC)

Heather Cameron	Chair, AAHP&HCSC
John Ip	Chair, AMC
Val Reilly	Chair, APC
Nicola McElvanney	Chair, AOC

IN ATTENDANCE

Fiona Alexander	Chair, Psychology Advisory Committee
Jennifer Armstrong	Medical Director
Shirley Gordon	Secretariat Manager
Claire Curtis	Health Improvement Lead, Acute (For Item No 60)
Paul James	Director of Finance (For Item No 61)
Ian Reid	Director of Human Resources (For Item No 59)

ACTION BY

55. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Andrew McMahon, Carl Fenelon, Andrew Robertson and John Hamilton.

Mrs Spencer welcomed those in attendance to deliver presentations. She advised that the agenda running order would be changed slightly to allow those presenters to arrive when available.

NOTED

56. 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

57. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 4 October 2012 [ACF(M)12/05] were approved as an accurate record.

NOTED

58. MATTERS ARISING

- (i) Mrs Spencer highlighted the following items discussed at the October 2012 ACF meeting which had been added to the Forum's forward plan for 2013 for updates:-
- Getting Knowledge into Action to Improve Healthcare Quality – Implementing Recommendations of the Strategic Review – Andy Crawford would attend the meeting scheduled for 1 August 2013 to update.
 - Family Nurse Partnership – Rosslyn Crocket and Anne Hawkins would provide an update at the 4 April 2013 meeting.

NOTED

59. NHS Lothian Report

The Area Clinical Forum had received for information a copy of a report comprising a review of the NHS Greater Glasgow and Clyde position in relation to the recent report on the management culture at NHS Lothian. A copy of the NHS Lothian report had also been circulated previously. Mrs Spencer introduced Mr Ian Reid, Director of Human Resources, who was attending the meeting to address this issue.

Mr Reid advised that the report on the management culture at NHS Lothian was issued in May 2012. The report set out a series of conclusions under a number of key headings which included changes of leadership style, values, culture and organisational development, re-establishing trust and confidence, performance management, targets and accountability, embedding policies, risk and reputation and mapping the future.

Mr Reid pointed out that the purpose of the NHS Greater Glasgow and Clyde review of the document was to assess its position against these conclusions and propose actions where these appeared to be required. Both the NHS Board's Staff Governance Committee and the Area Partnership Forum had had the NHSGGC review for comment and it would later be submitted to the Corporate Management Team for further consideration.

Mr Reid referred to the various initiatives undertaken by NHSGGC to ensure appropriate and effective staff governance procedures were in place. These included ongoing implementation of FTFT, a review of the whistleblowing policy and a review of various PIN Guidelines including Dignity at Work. In addition, mechanisms had been implemented to improve the reporting of any bullying and harassment of staff.

Mrs Spencer suggested that there were lessons contained in the NHS Lothian report that all NHS Boards seriously needed to reflect upon. Mr Reid acknowledged that there were practises within NHSGGC that could be done better but these were being

addressed. Additionally, the Staff Survey had indicated a number of areas requiring improvement. He believed that NHSGGC had much better indicators of poor practice than had existed within NHS Lothian.

In response to a question from Mrs Alexander, Mr Reid confirmed that data on bullying and harassment was published. This data, along with data on race, gender, disability and other indicators was regularly submitted to the Staff Governance Committee and Area Partnership Forum for consideration. The use of an on-line exit survey for leavers was noted but it was suggested that a face-to-face interview with leavers would be more beneficial. Mr Reid confirmed the NHS Board was looking at this.

Mrs Spencer stressed that staff needed to feel properly engaged and able to speak up when necessary. She noted that, in the Staff Survey, NHSGGC had not scored particularly well in these areas. Mr Reid advised that NHSGGC had recently conducted its own FTFT Staff Survey and that it had been designed to be more sensitive to capturing such issues.

It was suggested that, within secondary care, many staff did not feel properly engaged by management. Mr Reid recognised the need to involve staff more in local processes but he believed the mechanisms were in place for clinicians to work with managers in an open and frank environment. The need to restore trust and confidence in a more personalised form than outlined in the paper was stressed.

In response to a question from Ms Cameron regarding the consideration of using an external company to undertake the Board's "Health Check", Mr Reid confirmed that this had been considered but felt not needed. Through the use of focus groups, FTFT and local governance/processes available internally, it was considered that this could be done by the Board itself. Ms Cameron pursued a point discussed at a previous ACF meeting when discussing FTFT and that was the opportunity to provide comments anonymously. The ACF had felt that when staff were made to identify themselves it may put them off providing comments to FTFT and the same principles may apply in providing comments to this. She wondered if there would be any advantage in having a period of anonymity for this purpose. Mr Reid explained that anonymous letters/complaints were difficult to address and there was uncertainty about what could be done with the information received on an anonymous basis. He considered that there were sufficient layers of management at the NHS Board to undertake this exercise without using anonymity. He added, however, that the FTFT staff survey recently circulated had been anonymous. The Forum would be interested to see the results of this when concluded. Dr Armstrong alluded to the Junior Doctor's questionnaire which, although submitted anonymously, was a useful model to look at trends. This model was used by the GMC and encompassed a Green/Red Flag System – results of which were submitted to local NHS Boards for action. She agreed, however, that there were many downsides to allowing anonymous submissions as often they could be vexatious or raise unfounded allegations.

Ian Reid

Mr Reid agreed that there was no quick fix to any of this particularly in changing an organisation's culture. FTFT was the umbrella for people management and systems within the Board and evidence suggested that good people management and staff engagement resulted in better outcomes in the workplace.

In response to a question from Ms Cameron concerning the fast track staff pools in place from October 2012, Mr Reid reported that these were staff, nominated by Directors, who had the leadership knowledge, skills and behaviours to be developed to Director level.

Dr Ip commented on the political environment which played a significant role in which the NHS functioned and operated. It had to be recognised that targets, benchmarks and/or trajectories were fine if based on the best need for patients.

Mrs Spencer thanked Mr Reid for attending the meeting to address this important issue. She trusted that the NHS Board would take the views expressed by members in a positive way and act upon them accordingly. It was agreed that Mrs Spencer collate comments on behalf of the ACF and submit these to Ian Reid and Catriona Renfrew as the draft report (and comments received) would be considered by the Board's Corporate Management Team before going back to the Staff Governance Committee.

Pat Spencer

NOTED

60. CEL (1) 2012 – UPDATE

Mrs Spencer welcomed Claire Curtis, Health Improvement Lead, to the meeting to update members on ongoing developments in the implementation of CEL 1 (2012).

Mrs Curtis reminded the Forum of the Health Promoting Health Service (HPHS) concept which was that every healthcare contact was a health improvement opportunity. Hospitals were a key setting for incorporating health improvement into day to day activities and interactions, taking advantage of opportunities to change behaviours among patients, visitors and staff. It was important that hospitals were seen as exemplars in promoting and improving health. The HPHS approach aimed to support the development of a health promoting culture and embed effective health improvement practice within NHS Scotland.

Mrs Curtis explained that the national monitoring and evaluation framework had been developed and she would circulate this to ACF members for information. Boards were asked to report annually, in each of the next three years, in relation to progress against the actions highlighted in CEL (1) 2012. Boards would be held to account by the Scottish Government and had to also detail progress in terms of achievement of the actions as part of the Annual Review assessment.

Although there had been no additional information released in terms of the ACF's role in taking this work forward, Mrs Curtis led the Forum through the areas of action and associated local performance so far as follows:-

- Smoking – Cessation Service and Policy
- Alcohol
- Breast Feeding
- Food and Health
- Health Working Lives
- Sexual Health
- Active Travel
- Physical Activity

In terms of how the ACF championed the HPHS in NHSGGC, members discussed the opportunities but also recognised the practicalities in taking this work forward in a useful productive way. The approach agreed needed to be targeted to make it practical and meaningful. It was agreed that members consider how best the ACF could influence and drive this work forward and submit their comments to the Chair before 20 December 2012. Mrs Spencer would then collate views and report back directly to Claire Curtis.

**All Members/
Pat Spencer**

Mrs Spencer thanked Claire for her input at the meeting and looked forward to working with her to take this work forward in the future.

(Post Meeting Note – Monitoring and Evaluation Framework circulated by email to all members on 7 December 2012 for consideration).

NOTED

61. PRESENTATION – DIRECTOR OF FINANCE, PAUL JAMES

Mrs Spencer welcomed the NHS Board's Director of Finance, Paul James, to the meeting to outline the Board's financial and saving plans.

Mr James reported that as at the end of period 7 (to 31 October 2012), the NHS Board was reporting an expenditure outturn of £0.4M in excess of its budget. At this stage, however, the NHS Board considered that a year-end break-even position remained achievable. Given that NHSGGC was a £2.95B organisation, he considered that this demonstrated good financial management across the organisation. He led the Forum through further information in relation to expenditure in acute services, NHS partnerships and corporate services. The savings plans had been challenging, however, some flexibility had been worked up in-year particularly in relation to a review of spending and an unanticipated gain in prescribing patterns.

In looking ahead, it was expected that, in 2013/14 and 2014/15, NHSGGC would receive a 2.8% uplift from the Government on core funding. There would be many challenges including the increasing energy prices and implementing treatment time guarantees and he anticipated a significant impact from 2015/16 onwards with the comprehensive spending review.

In response to a question concerning the Clinical Services Review (and ongoing service redesign work) and how much flexibility there was to get monies released to support this work, Mr James confirmed that work was ongoing to look at how best this could be delivered. Before modelling work would be undertaken, there had to be an understanding of the impact of the redesign of services and associated ramifications. He confirmed that his finance colleagues were engaged with the Clinical Services Review team to understand the longer term commitments being made.

Members discussed the impact of health and social integration on Board budgets. Mr James agreed that there would definitely be an impact but remained uncertain as guidance had yet to be released. It was expected, however, that Local Authorities would input their social work budgets but it remained unclear about what percentage of the health budget would go towards the integration model.

Mrs Spencer thanked Mr James for his most informative presentation. Mr James welcomed the opportunity and agreed to provide a further update at a meeting mid-2013. The secretary would make the necessary arrangements.

Secretary

NOTED

62. CLINICAL SERVICES REVIEW

Members had discussed the developments and progress towards the next stages of the Clinical Services Review at their earlier informal session. Ongoing engagement was being facilitated via all the professional advisory committees.

NOTED

63. AREA CLINICAL FORUM – 2012/13 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ongoing ACF meeting plan for 2012/13 and were encouraged to make suggestions for forward planning of ACF activities

The Secretary was asked to include Paul James (to update on finance) and Ian Reid (to update on the NHS Lothian Report) to be scheduled for 2013.

Secretary

NOTED

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

Mrs Spencer had discussed this with members at the informal session. The last national ACF Chairs Group meeting with the Cabinet Secretary had been held on 28 November 2012. Discussion had focussed on Board Annual Reviews and the Cabinet Secretary's view on needing more time with ACFs, nursing numbers / capacity, accountability of Boards, patient pathways and innovation as well as advisory structure resource / capacity.

The ACF Chairs meeting had looked at infrastructure delivery groups, integration and HPHS.

NOTED

65. BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS

The advisory committees each provided a brief update on their most recent topics of discussion and activities from their meetings. This was useful in looking at any cross profession themes and ongoing learning of each others business.

NOTED

66. 2013 ACF MEETING DATES

Members were asked to note their meeting dates for 2013.

All to Note

NOTED

67. ANY OTHER BUSINESS

No other business items were raised.

NOTED

68. DATE OF NEXT MEETING:

Date: Thursday 7 February 2013

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