

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 4 April 2013 at 3.00 pm**

PRESENT

Nicola McElvanney - in the Chair (Chair, AOC)

Heather Cameron	Chair, AAHP&HCSC
Samantha Flower	Vice Chair, AAHP&HCSC
Val Reilly	Chair, APC

IN ATTENDANCE

Fiona Alexander	Chair, Psychology Advisory Committee
Shirley Gordon	Secretariat Manager
Andrew Robertson	NHS Board Chairman
Eleanor Anderson	Consultant in Public Health Medicine (for Minute No 18)
Claire Curtis	Health Improvement Lead (for Minute No 17)
Jennifer Armstrong	NHS Board Medical Director
Rozanne Suarez	Team Secretary

ACTION BY

13. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Andrew McMahon, John Ip, Maggie Darroch, Linda de Caestecker, Rosslyn Crocket, John Hamilton, Carl Fenelon and Kenny Irvine.

As this was the first meeting for Samantha Flower since she was elected Vice Chair of the AAHP&HCSC, introductions were made around the table.

NOTED

14. 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

15. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 7 February 2013 [ACF(M)13/01] were approved as an accurate record.

NOTED

16. MATTERS ARISING

- a) It was noted that there were various actions for Pat Spencer, however, as she was unwell, at the moment, it was likely that these had not been progressed. It was agreed that these be carried forward to the June 2013 ACF meeting.
- b) Fiona Alexander reported that no written summary of the third and voluntary sector Clinical Services Review event had been issued yet. She would pursue this with Lorna Kelly, Head of Policy, and, when available, would circulate this to ACF members for information.

Pat Spencer

Fiona Alexander

NOTED

17. PRESENTATION – CEL 1 (2012) - UPDATE

Ms McElvanney thanked Claire Curtis for attending the ACF meeting to provide an update on progress made to meet the requirements of CEL 1 (2012). Mrs Curtis explained that the Board was currently finalising its annual report on progress of the CEL 1 document for the Scottish Government which was due to be submitted by 30 April 2013. The template had been received and had been much more narrative-based than expected (as opposed to data/tables). She would circulate this to the ACF for information following its submission to the Scottish Government.

Claire Curtis

She led the Forum through some of the performance measures, highlighting reds, ambers and greens. She explained that some red areas were due to the NHS Board not having reporting systems in place resulting in limited / no progress being made. The Scottish Government, however, had offered reassurance around this, explaining that, at the moment, it was a benchmark exercise so the reds that could not be reported due to systems not being in place would not be challenged. She also explained that some of the topics would now be collated nationally rather than with each individual NHS Board to avoid duplication of effort. She highlighted that, although the CEL documents asked for performance around topic-specific areas, NHSGGC's approach had been much more generic and Forum members agreed this was more beneficial in terms of taking forward overall patient health improvement.

Frustratingly, no further guidance had been received to clarify exactly what the ACF's role was in taking the aspirations of the CEL forward. Although the CEL itself highlighted ACF's as champions of this work, no further information had been provided on how best to achieve this. The fact that Mrs Curtis had regular links and attended ACF meetings to inform of the CEL progress was, in itself, further ahead than other NHS Boards.

Mrs Curtis led the Forum through information on the health-related behaviour training currently being undertaken and the publication of “Raising the Issue” leaflet. This involved training for staff who would benefit most and the NHS Board could facilitate two training sessions per week for 12-15 members of staff per session. The Forum discussed who would benefit most from the first phase of the training and it was agreed that Allied Health Professionals (and mental health) should be first targeted. Forum members commended the information contained within the leaflet which provided an excellent summary of what was expected of staff, particularly as any intervention with a patient should be regarded as an opportunity to inform patients of health improving activities. It was agreed that Mrs Curtis liaise further with Heather Cameron to take forward the practicalities of targeting the relevant groups/wards/departments encompassing Allied Health Professionals.

**Heather
Cameron/Claire
Curtis**

The ACF welcomed the update and looked forward to hearing how the training progressed in terms of taking forward the overall aspirations within the CEL document.

NOTED

18. FRANCIS REPORT

Ms McElvanney welcomed Eleanor Anderson in attendance to notify the ACF of actions being taken by NHSGGC since the publication of the Francis Report.

Dr Anderson explained that the report of the public enquiry into the Mid Staffordshire NHS Foundation Trust was published in February 2013. It contained wide-ranging recommendations in relation to all aspects of healthcare delivery including matters of governance and culture at organisational levels. The report called for a fundamental change in culture whereby patients were put at the centre of healthcare delivery and made 290 recommendations covering a broad range of issues relating to patient care and safety in the NHS. Although the report was clearly based on the English Department of Health configuration (and did not readily, overlay the NHS Scotland model of single system NHS Boards), many of the recommendations required progression and/or development by national and external agencies.

Dr Anderson defined a number of broad key themes which would require strategic review by the Board and Corporate Management Team around the following:

- Culture, leadership, HR practice and communication
- Scrutiny and assurance on clinical services at Board level
- Engagement of clinical specialists in management structures and decisions

As the first phase (and to support this broader strategic review), a recommendation had been submitted to the Board’s Clinical Governance Forum and Corporate Management Team that a Group be set up within NHSGGC to undertake a high level scoping exercise setting out NHSGGC’s position, systems, policies and guidelines against the relevant recommendations. This would be achieved in liaison with a wide range of key stakeholders.

The aim of this piece of work was to ensure that care provided by NHSGGC was of the highest quality, safe and centred on the needs of patients. This would

be achieved by ensuring that NHSGGC had robust systems and structures to monitor services and maintain a patient-centred culture at all levels of the organisation. Accordingly, the Group would review the report and its recommendations, seek the views of clinicians and describe relevant NHSGGC arrangements and practices and compare these with the report identifying any areas where the position in NHSGGC was either absent or insufficient. Any identified gaps would be further explored to develop recommendations about how to address these findings.

ACF Members welcomed the approach being taken by NHSGGC but thought it essential that the Board look at a broader range of clinical groups (not just medics and nurses). Dr Anderson agreed and welcomed the opportunity to have an ACF representative on the Group.

It was also regarded as a real opportunity to be proactive in doing a “health check” locally. It was considered that this report and its recommendations should not be considered in isolation particularly since, in NHS Scotland, the Lothian Report was published not that long ago. To ensure a joined-up process, it was suggested that these recommendations be considered together to ensure services and processes were more patient-centred.

Members recognised that, in an organisation like the NHS, targets and trajectories were essential to deliver the service but to meet people’s aspirations there had to be an equal focus on people skills. Dr Anderson referred to a lot of work ongoing locally to ensure NHSGGC’s services were fundamentally patient-driven.

Mr Robertson cautioned that the service had to strike a balance in reacting to such reports so that there was no overreaction but similarly no complacency. He was content with the Board’s response in that the mapping out and scoping exercises were very measured in looking at overall patient pathways. In this regard he was happy that the Employee Director and Area Clinical Forum representative would add a Non-executive Board Member slant to the work of the Group. In striking a balance, he considered it a given that patients expected good clinical care but they must also get this matched with dignity and respect from staff. Members agreed that although it was easier to measure form, function and process than to measure staff behaviours, to make leaps in overall performance, an organisation’s culture had to be right.

Dr Armstrong alluded to the meeting scheduled for 11 April 2013 when the Group would undertake a gap analysis. She agreed to update on this at the ACF’s June meeting.

June agenda item

NOTED

19. CLINICAL SERVICES REVIEW

Dr Armstrong summarised the work being undertaken by the Clinical Services Review Steering Group that was currently developing models of care. She referred to work ongoing to thoroughly define “acute” care, “interface” care and “community” care and discussions so far had been really interesting in how better a service could be delivered. What was essential was getting information systems up and running to support any preferred model.

She reported that the next Hampden event was scheduled for 19 April 2013 (12:30pm to 5pm) with 150-200 invitees. It was hoped that the models would

continue to be developed following that meeting. During discussion, the following points were made:

- Information and knowledge sharing concerning individual patients across all professions was essential and had to be improved.
- Social care and how the NHS interacted with social care was a big issue.
- Where budgets sat should not necessarily reflect where staff was located.
- Pharmacy should harmonise sooner rather than later.
- The Clinical Portal was pretty advanced and had the capability to do a lot more – hopefully when some teething problems had been sorted out, its capacity could be better utilised.
- Dr Armstrong alluded to a Spanish model of care that the Board was currently looking at which was very interesting in how it played out with patient care.

The ACF was most impressed with the progress being made and the commitment and drive of the Steering Group to take this work forward. It would continue to get updates at each meeting.

NOTED

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

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

It was agreed that the following be added to the meeting plan:-

- Francis Report – update on Phase 1 – to be added to 06/06/13 agenda
- FTFT Survey results – the Secretary to invite Ian Reid to a future meeting to discuss

**June 2013 Agenda
Secretary**

NOTED

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

In the absence of Pat Spencer it was agreed to defer this item to the June 2013 meeting. Ms McElvanney confirmed that she had attended the NHS Board meeting held on Tuesday 19 February 2013.

NOTED

22. 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.

a) **AOC** – Nicola McElvanney reported that the last AOC meeting was held on 11 March 2013. Topics of discussion included the following:-

- Independent Prescribing for Optometrists
- Dry Eye Protocol
- Specialist Diagnostic Equipment in Optometry
- Patients’ Rights Scotland Act 2011
- Area Optometric Committee Work Plan
- Membership Issues
- West of Scotland Teach and Treat Clinics
- Glaucoma Guidelines
- Eye Care Integration Project update
- Independent Prescribing for Optometrists within NHSGGC

b) **APC** –Val Reilly reported that the last APC meeting was held on 20 February 2013. Topics of discussion included the following:-

- Presentation from the Royal Pharmaceutical Society on the Integration of Adult Health and Social Care and RPS Guidance on Multi-Compartment Aids
- “Let’s See if We Can Help”
- Shared Access to CNS PCR
- Person-Centred Care Framework Response
- Annual Review Letter from the Minister
- Building a National Response to Adverse Events
- Elections/Subgroup Membership
- Sandyford Development Phase III
- Prescribing in General Practice in Scotland
- Chronic Pain Clinics
- Clinical Services Review Update

c) **PAC** – Fiona Alexander reported that the PAC had met last month and had discussed the following:-

- CEL 1 (2012)
- Clinical Services Review
- Prevention of Suicide and Self-harm – Day Event
- Francis Report
- FTFT Staff Survey Results
- Membership issues

d) **AAHP&HCSC** – Heather Cameron confirmed that the last meeting scheduled for 21 March 2013 had been cancelled. In the meantime Samantha Flower had been elected the Committee’s Vice Chair and elections would shortly be taking place to ensure the Committee was constitutional.

NOTED

23. ANY OTHER BUSINESS

No other business items were raised.

24. DATE OF NEXT MEETING:

Date: Thursday 6 June 2013

Venue: Meeting Room A, J B Russell House

Time: **2 – 5pm**

2 – 3pm – informal ACF members only meeting

3 – 5pm – formal ACF business meeting