

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 February 2014 at 2.30 pm**

PRESENT

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

Fiona Alexander	Chair, APsychC
Kathy Kenmuir	Vice Chair, ANMC
Nicola McElvanney	Chair, AOC
Sandra McNamee	Chair, ANMC
Johanna Pronk	Vice Chair, APsychC
Val Reilly	Chair, APC

IN ATTENDANCE

Jennifer Armstrong	NHS Board Medical Director
Andy Carter	Head of Staff Governance (For Minute No 07)
Rosslyn Crocket	Nurse Director, NHSGGC Board
Shirley Gordon	Secretariat Manager
Patricia Mullen	Head of Planning and Performance (For Minute No 08)
Andrew Robertson	Chair, NHSGGC Board

ACTION BY

01. APOLOGIES

Apologies for absence were intimated on behalf of Andrew McMahon, Jacqui Frederick, Morven Campbell, John Ip, Samantha Flower, Kenneth Irvine, Linda De Caestecker, Robert Calderwood and John Hamilton.

NOTED

02. 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

03. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 3 October 2013 [ACF(M)13/05] were approved as an accurate record.

NOTED

04. MATTERS ARISING

There were no matters arising from the Minutes that were not included as substantive items on the agenda.

NOTED

05. ANNUAL REVIEW 2013

The ACF was asked to note a letter dated 27 November 2013 to the NHS Board's Chairman, Andrew Robertson, from the Cabinet Secretary for Health and Wellbeing, Alex Neil MSP. This summarised the main points discussed and noted actions arising from the Annual Review and associated meetings held on 18 November 2013.

The letter recorded the constructive discussion held with the Area Clinical Forum and highlighted the continued meaningful contribution the Forum had to the NHS Board's work as well as the effective links with the Senior Management Team. ACF members agreed that the one hour slot with the Minister had given a full opportunity to engage with various topics and points of interest to the various professional advisory committees. All-in-all, members considered this to have been a positive experience and noted the Annexe to the Minister's letter which recorded the main action points from the Annual Review.

NOTED

06. CLINICAL SERVICES REVIEW - UPDATE

Dr Armstrong summarised the activities ongoing with the Renfrewshire / Paisley Work Programme (which formed part of the overall Clinical Services Review) and highlighted the following points:-

- Clinical leads were being recruited for Primary and Secondary care. Once appointed, three Senior Managers would follow.
- Early work for the Senior Management Team would include stratifying the population and mapping out all services across the interface of both primary and secondary care.
- Bridge funding had been provided for 1-2 years so the Programme model needed to prove itself to be sustainable.
- All 13 GP practices in the locale had signed up to the Programme.
- The Programme provided the opportunity to look after patients in different settings and it would be for the Senior Management Team to come up with solutions for a new whole-system approach which may then be rolled out. As the solutions would be the work of Primary and Secondary care teams in Renfrew/Paisley, they should be well tested and informed as the Programme progressed.
- A review of the Programme would be undertaken prior to further roll-out across NHSGGC.

On a more general note, Dr Armstrong confirmed that NHSGGC could expect to be given the keys of the new South Glasgow Hospital in January 2015. This would sharpen the focus for how soon the NHS Board would see the realisation of this key milestone in the modernisation of Glasgow's Acute Hospital

provision and the scale of the challenge that lay ahead with the planned migration of services and staff into this world class facility. Once NHSGGC got the keys, a comprehensive commissioning programme for 12 weeks would begin, to familiarise NHS staff with the new hospital and also to install fixtures, furnishings and equipment. Thereafter, a phased migration would get underway with a target of being fully operational by the end of July 2015.

Dr Armstrong also alluded to the Seven Day Working Taskforce being set up and led by the Scottish Government. Both Mr Calderwood and she had been invited to be members of this Taskforce.

In response to a question from Dr Cameron, Dr Armstrong referred back to the case for change in the early stages of the Clinical Services Review and the work undertaken by the seven workstreams at that time. It was that work that would form the basis of the initial start-up with the Renfrew / Paisley Programme but she agreed that, following the review of the Programme, the models needed to work across the whole of NHSGGC; that would be the test on whether they were “radical” changes.

In response to a question concerning third sector involvement, Dr Armstrong agreed that many issues could be learned from the third sector (who worked very differently) and their involvement would be critical.

In taking this Programme forward, Mr Robertson agreed that it was very exciting but referred to the unprecedented political interest over the next four years which, in Scotland, would see a 2014 referendum, in 2015 Westminster elections, in 2016 the Holyrood elections and in 2017, local council elections.

Dr Armstrong would continue to update the ACF as the Programme developed.

NOTED

07. STAFF SURVEY RESULTS

The ACF welcomed Andy Carter to the meeting to update on the results of the Staff Survey 2013.

Mr Carter reported that the NHS in Scotland had performed four previous Staff Surveys in 2002, 2006, 2008 and 2010. The 2013 version was the fifth staff opinion survey. The survey questions had not always been the same but there was a reasonable degree of congruence between the latest survey and the one before. The process was useful in testing staff attitudes and employees’ sense of purpose and wellbeing.

The 2013 survey was launched on Monday 27 May 2013 and ran for six weeks, closing on Friday 5 July 2013. The 2013 Staff Survey was run by ISD and available to complete online and in paper form. 7018 NHSGGC responses were completed online with 496 in paper.

Mr Carter led the ACF through the survey response levels by area and highlighted the four statements/questions which resulted in NHSGGC performing better than the NHS Scotland average. Furthermore, he referred to the five statements/questions which suggested signs of progress locally when comparing the same (or a similar) question asked in 2010. He highlighted the five most positive results for NHSGGC as follows:-

- I am happy to go the extra mile at work when required;
- I am clear what my duties and responsibilities are;
- I get the help and support I need from colleagues;
- I still intend to be working in my Board in 12 months' time;
- I understand how my work fits into the overall aims of my Board.

Overall, across the majority of questions/statements, NHSGGC survey participants responded less positively to the 2013 staff survey than to the 2010 survey and Mr Carter referred to some of the least positive results for NHSGGC.

Mr Carter explained that the results for the 2013 Staff Survey had been supplied to individual service areas. As with previous Staff Surveys, results varied by service area, by site, by staff group and by protected characteristics. Service areas were in the process of analysing their own results and would be using existing Facing the Future Together (FTFT) and Staff Governance platforms to develop local improvements plans, in conjunction with staff side colleagues. A number of different committees would be reviewing the 2013 Staff Survey results in the course of the coming weeks. The Staff Governance Committee, in particular, would look at the results at its meeting held on 18 February 2014 and would consider a Board-wide improvement plan to pick up on areas which might benefit from some corporate interventions.

ACF members recognised that the line management role was crucial and, from feedback within members' local teams, recognised that face-to-face engagement could not be underestimated. Given the advancements in technology, there was often an over-reliance on email/digital methods of communication but often face-to-face discussions with staff were essential.

In response to a question concerning the FTFT survey results, Mr Carter reported that the analysis from these would be compared with the national Staff Survey results and considered by the Corporate Organisational Development Group.

On the point of face-to-face communication made earlier with staff, the point was made that e-KSF did not support this either as its modus operandi was online. Mr Carter recognised some of the frustrations around this and explained that, although work was ongoing to refresh the way personal development/appraisals were undertaken, e-KSF would remain in place for at least a further two years.

NOTED

08. REVISED LOCAL DEVELOPMENT PLANNING

The ACF welcomed Tricia Mullen, in attendance to outline NHSGGC's response to the 2014/15 Local Delivery Plan Guidance issued on 9 December 2013.

Ms Mullen outlined NHSGGC's planning and policy structures that supported the contribution to the delivery of the 2020 Vision for Health and Social Care. The NHS Board's Corporate Plan set out the strategic direction of the organisation in line with that 2020 Vision and was supported by planning and policy frameworks which identified actions in key activity areas – all of which were translated locally and incorporated within Local Development Plans and these, in turn, were used to inform the priorities of Community Planning

Partnerships Single Outcome Agreements.

Ms Mullen explained that the Local Delivery Plan was the delivery contract between the Scottish Government and NHS Boards in Scotland. It provided assurance and underpinned NHS Board Annual Reviews. Local Delivery Plans focused on the priorities for the NHS in Scotland and supported delivery of the Scottish Government's National Performance Framework, the Health and Social Care Outcomes that were being developed in partnership and the 2020 Vision for high quality and sustainable health and social care. Local Delivery Plans were part of NHS Scotland's Performance Framework that had evolved since 2007 in line with public service reform in Scotland. They had supported NHS Boards to transform waiting times for patients who continued to benefit from ongoing improvement; to take decisive action to tackle healthcare associated infections; to prioritise and tackle alcohol abuse and the impact it had on positive outcomes; and to achieve sound financial management.

Every year, the Local Delivery Plan evolved to support the delivery of Scottish Government priorities, for example, 2013/14 saw the introduction of the NHS Board contribution to Community Planning Partnership plans and 2014/15 was no different. The Local Delivery Plan had to support NHS Boards to embed the performance gains that had been delivered over the last five years. It also had to support NHS Boards achieve the transformational change required to deliver NHS Scotland's ambition to be world leader in quality care and its 2020 Vision described through the route map. Integrating health and social care to put patients, their families and carers at the centre was fundamental. These changes all required the NHS in Scotland to be exemplar in partnership working and NHS Boards would work with Community Planning Partnerships to identify and deploy resources in accordance with the expectations of the agreement on joint working on community planning and resourcing. Ms Mullen explained that this year was seen as a transitional year towards achieving this and the local delivery plan would have seven key elements which were underpinned by finance and workforce planning as follows:-

- Improvement and coproduction plan;
- Strategic assessment for Primary Care;
- NHS Board contribution to Community Planning Partnership plans;
- HEAT risk management plans and delivery trajectories;
- Chronic pain management plan;
- Stroke care action plan;
- Learning Disabilities action plan.

NHSGGC had aligned the above and more to the established Board-wide planning architecture that currently operated across the Board. These documents were NHSGGC's draft 2014/15 Local Delivery Plan submission to the Scottish Government.

In response to a question, Ms Mullen explained that the Local Delivery Plan needed to be signed off *before* the NHS Board's Financial Plan which meant that the resource implications were unknown. Feedback on the draft Local Delivery Plan was due back from the Scottish Government by 14 March 2014 for sign off by the end of March 2014. The NHS Board's Financial Plan was scheduled to be signed off, following negotiation with the Scottish Government, by the end of June 2014.

NOTED

09. INTEGRATION UPDATE

As Catriona Renfrew was unable to attend the ACF meeting, it was agreed to defer this item to the 10 April ACF meeting (Catriona has confirmed her availability to attend this meeting).

In the meantime, Mr Robertson described the ongoing progress and confirmed the continued intention to leave flexibility within the shadow arrangements to ensure that they could accommodate any reshaping of the Bill and related regulation and guidance as national policy continued to develop. He outlined the proposed series of changes to the existing CH(C)P Schemes of Establishment which the NHS Board Chief Executive and Chief Executives of East Renfrewshire, Inverclyde and West Dunbartonshire Councils had concluded was the appropriate approach to deliver the objective of beginning the transition from CH(C)Ps to the new bodies while retaining sustainability. He confirmed that the amended Schemes of Establishment would not constitute the full integration plans that needed to be developed and submitted to the Scottish Government because that process would not be in place until the legislative process was complete. The proposed changes had been considered by the three CH(C)P Committees and Councils enabling due process to be completed to establish Shadow HSCPs from April 2014. In addition to these changes to the Schemes of Establishment, the job descriptions for the three CH(C)P Directors had been revised by the NHS and Council Chief Executives to reflect the move into the new integration arrangements.

NOTED

10. CARING BEHAVIOURS GROUP UPDATE

Ms Crocket explained that a lead appointment had been made to drive this work forward. Up until that appointment had been made, capacity wise, it had been difficult to gain much momentum but she described that caring behaviours were now part of NHSGGC's recruitment and interview profile measures. Furthermore, work had begun to look at in-house training and induction to identify ways of highlighting caring behaviours/attitudes/dignity/respect. As well as that, work was ongoing with Glasgow Caledonian University and the West of Scotland University to look at their undergraduate programmes and how they focused on these key areas in teaching. A review of the National Code for Healthcare Support Workers had begun and necessary revisions would be made to incorporate the spirit of caring behaviours.

In response to a question, Ms Crocket agreed that it would be paramount to link this into the NHS Board's appraisal system.

Ms Crocket also alluded to much of the work ongoing to gather patient feedback as this was key for staff seeing how their behaviours impacted on patients. She recognised that caring behaviours, however, were not always exclusively related to patients but that they impacted on direct reports/colleagues/managers and in taking this agenda forward to encompass patients and staff, work had to be done to look at the NHS Board's overall culture.

NOTED

11. CEL (1) 2012 - UPDATE

The ACF was asked to note an update paper provided by Claire Curtis on recent national and NHSGGC developments to support the Health Promoting Health Service. Nationally, local ACFs had been challenged to encourage promotion of professional development in generic health improvement. As part of the year 1 submission, NHSGGC's ACF had been key to promoting this training to acute clinical staff. This had primarily focused on allied professional staff in relation to the physical activity pledge. A working group had been established in order to deliver the pledge throughout NHSGGC and this was chaired by the Clinical Services Manager (Dietetics). Through this group, it had been agreed by all allied health professional leads and the Health Improvement team (Public Health) that a training calendar would be produced to train all allied health professional staff. This would be mainly delivered through team-protected learning times.

NOTED

12. AREA CLINICAL FORUM 2014/15 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ongoing ACF meeting plan 2014/15 and were encouraged to make suggestions for forward planning of ACF activities.

Some suggestions were made which the Secretary would take forward with relevant presenters / guest speakers. It was also agreed, however, not to overfill the forward plan so that time could be devoted to the discussion of general ongoing business.

Secretary

NOTED

13. REVIEW OF REMIT AND CONSTITUTION

Members were asked to note an email communication from the Head of Board Administration, John Hamilton. This explained that, every second year, NHSGGC carried out a formal Annual Review of the membership and remit of the standing committees of the NHS Board. An informal review was undertaken last year where each standing committee reviewed and confirmed any changes to its remit. This year, Mr Hamilton sought confirmation that each standing committee remit had been considered by a meeting and any changes notified to him in order to allow him to submit a paper for the Audit Committee in March, and, thereafter, the NHS Board meeting in April.

During 2013, an amendment was made to the ACF constitution allowing the Chair and Vice Chair of the Area Psychology Committee to be full members (rather than observers). Apart from that amendment, members agreed that the remit and membership remained fit for purpose and should be forwarded to Mr Hamilton for inclusion in the Corporate Governance documents.

Secretary

NOTED

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

Due to the inclement weather, Dr Cameron was unable to attend the last National ACF Chairs Group meeting. She led members through key topics discussed at the last NHS Board meeting and Board Seminar.

NOTED

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

Members were asked to note salient business items discussed recently by the respective advisory committees.

NOTED

16. ANY OTHER BUSINESS

The NHS Board's Bereavement Policy was out for consultation and Heather Cameron would circulate this for comments which were due back by 28 February 2014. It was agreed that Johanna Pronk collate ACF members' comments and duly respond before the closing date.

**H.Cameron/
J.Pronk**

NOTED

17. DATE OF NEXT MEETING

Date: Thursday 10 April 2014

Venue: Meeting Room A, J B Russell House

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

2:30 – 5:00pm Formal ACF Business Meeting