

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 10 April 2014 at 2.30 pm**

PRESENT

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

Fiona Alexander	Chair, APsychC
Morven Campbell	Vice Chair, AOC
Jacqueline Frederick	Joint Chair, ADC
Sandra McNamee	Chair, ANMC
Johanna Pronk	Vice Chair, APsychC
Val Reilly	Chair, APC

IN ATTENDANCE

Shirley Gordon	Secretariat Manager
Paul James	Director of Finance [For Minute No: 22]
Catriona Renfrew	Director of Corporate Planning and Policy [For Minutes No: 23 and 24]

ACTION BY

18. APOLOGIES

Apologies for absence were intimated on behalf of John Ip, Andrew McMahon, Nicola McElvanney, Kenneth Irvine, Kathy Kenmuir, Samantha Flower, Rosslyn Crocket, Andrew Robertson, Jennifer Armstrong and John Hamilton.

Heather Cameron welcomed Morven Campbell to her first ACF meeting since being elected Vice Chair of the AOC.

NOTED

19. 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

20. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 6 February 2014 [ACF(M)14/01] were approved as an accurate record.

NOTED

21. MATTERS ARISING

In respect of Minute No: 16, Heather Cameron thanked Fiona Alexander and Johanna Pronk for collating the ACF's response to the NHS Board's Bereavement Policy.

NOTED

22. UPDATE ON NHS BOARD FINANCES

Heather Cameron welcomed Paul James to the ACF meeting and introduced members. She thanked him for taking the time to attend and update Forum members on the NHS Board's finances.

Mr James thanked the ACF for the invitation and took members through a summary of the 2013/14 forecast outturn and draft financial plan for 2014/15. At the moment, his team was going through the year-end process for submission of the final 2013/14 documents being presented to the June 2014 NHS Board meeting. In the interim, he confirmed that the NHS Board anticipated operational break-even from both Partnerships and the Acute Division and forecast a year-end surplus of £10m. This was surplus from non-recurring money and was earmarked to help with the double running costs anticipated when the New South Glasgow Hospitals opened. This had been agreed with the SGHD. He reported that it may be the double running costs would bridge two years and would include the security of premises, back fill of staff, staff training, etc. Mr James agreed that the term "surplus" may be confusing / misleading for members of staff who were constantly being asked to make savings and he agreed it would be important to set the context around exactly what "surplus" meant when it was being presented to the NHS Board in June 2014.

Mr James went on to describe some of the key issues being addressed for 2014/15 including the new medicines fund (operational details of which were awaited although it was expected that the SGHD would run this), cross boundary flow charges/income, NHS Board boundary changes, Information Technology and prudent planning of savings and contingencies as well as managing risk around savings schemes and capacity planning. In summary, many external issues affecting the 2014-15 and 2015-16 financial plans made them very challenging to achieve breakeven.

He led members through the NHS Board's priorities which included:-

- continued liaison with the SGHD;
- the ongoing need to produce 2014/15 proposals that would identify savings, challenge processes and meet the final plans for bed models, capacity and day case rates;
- support financial sustainability after 2014/15 which would see work start on finalising site closure plans as the New South Glasgow Hospitals would be open.

Members asked Mr James various questions, and the following points were highlighted:-

- Members agreed with the proposal to explore new ways of dispensing and delivering medicines and ensuring the use of generic prescriptions rather than branded prescriptions. Much work had been done in the

community with GPs in this area and it would be paramount to move these lessons learned into the Acute Services Division where further improvements could be made to reduce the overall spend.

- In terms of the Referendum (and either a Yes or No outcome) members were not sure if this would have any impact on local NHS Boards.
- There was uncertainty as to what was happening now that the Change Fund was coming to an end. Partnership Directors were awaiting guidance from the SGHD regarding the implementation of Integration Funds. Nonetheless, there was an assumption that the services funded by the Change Fund would continue, albeit that Directorates/Partnerships would need to establish how to fund services or subsume them into core business within existing budgets.
- Much of the new bed modelling work ongoing relied on seven day services (from 8am to 8pm) and this incurred new ways of working which would be challenging.

The ACF thanked Mr James for coming to the meeting and for the most interesting debate which had resulted from his presentation. Members looked forward to seeing the final version of the Financial Plan and NHS Board Accounts at the June 2014 NHS Board meeting.

NOTED

23. INTEGRATION UPDATE

Heather Cameron thanked Catriona Renfrew for attending the meeting to provide an update on the integration developments.

Catriona explained that there was emerging clarity on the construct of the Integrated Joint Boards (IJBs) and their responsibilities. She mapped out how these bodies were shaping up. She outlined what the Health and Social Care Partnerships would be responsible for and explained that their services and functions would be managed by a Chief Officer and overseen by the IJB. Furthermore, they would have joint responsibility for planning Acute Services with the NHS Board. She explained that some elements of the Integration Agreement still had to be developed and a key issue would be in ensuring that NHSGGC's Non-Executives played a full and equal part in the IJB and that the NHS Board reformed its governance structures and roles to reflect the significance of the IJB roles.

She described the ongoing work with each Local Authority to ensure accountability and for Chief Officers to establish arrangements to put in place a single management team depending on scale and local preferences. She confirmed that the six Chief Officers would need to work together as an effective team on cross partnership issues and that would be a core part of their personal objectives and accountability.

Catriona summarised the anticipated support to the IJBs and Chief Officers and some of the issues flagged up by the Finance Work Programme which was working through a number of the key issues. One initial challenge was to agree the opening budget for the Health and Social Care Partnerships which were not currently integrated and the NHS Board needed to ensure there was a full and

frank debate about patterns of actual spend versus budget and on the challenges posed by the tighter discharge targets. She confirmed that the NHS Board would establish work to describe how HR processes would be applied in organisations where line managers and team leaders would often have a different employer than the staff they managed.

In response to a series of questions, Ms Renfrew confirmed the following:-

- Where a current CH(C)P “hosted” a service such as the Oral Health Directorate sitting in East Dunbartonshire CHP, there was no aim, at present, to change this – the dynamic might be slightly different but it worked well at the moment so was unlikely to change radically.
- The Partnerships would have a shared set of objectives and challenges and a priority would be to make the relationships work to achieve success. They were all independent statutory bodies.
- NHSGGC’s Non-Executive Members would be allocated to be members of the new Partnerships. It was most likely that they would be allocated two IJBs each given the number. In terms of voting, each Council Member and each NHS Non-Executive Member would have a vote. The Council allocation and NHS Board allocation of members would be the same.
- It was expected that the IJBs would evolve through time and there would be variations in each membership to reflect the locality. Each IJB was, at the moment, at a different stage of development.
- Schemes of Establishment were now being written and would include all the legislative requirements that gave each Partnership its legal status. Given that Schemes of Establishment currently existed for CH(C)Ps, they were likely to differ greatly from the new ones as they needed to reflect the requirements of the Act – albeit that some of the “care” elements may not change hugely.

The ACF saw great opportunity to input/influence the work of the new Partnerships and it was agreed that members would pull together some thoughts on how it could work with the new Chief Officers and Partnerships in the future. In this regard, members agreed to discuss this further with their respective Committees as it would be important that Professional Committees also worked with the Partnerships as well. Members agreed to feed their comments on how to move this forward to Heather Cameron who would compose some detail for submission to Catriona Renfrew.

**All Members/
Heather Cameron**

Heather thanked Catriona for the update and for the interesting debate which ensued thereafter.

NOTED

24. PLANNING REVIEW UPDATE

Catriona Renfrew began by outlining the process of planning in NHSGGC and how it came together including all the operational activities. Essentially, the planning process started with policy and direction set by the SGHD which led on to a Corporate Plan locally at NHSGGC and, thereafter, planning within each

Partnership/Directorate. This was fundamentally the hierarchy of planning and she alluded to the occasional difficulties in balancing priorities particularly when some were nationally-led priorities/trajectories/targets. She confirmed that there would be no change to this process with the new six Integrated Partnerships and all would have their own strategic plan which would involve engaging with staff as it evolved.

She led ACF members through a paper which shared initial thoughts and questions about how NHSGGC should organise planning beyond 2013. This highlighted the challenges facing planning particularly in linking strategic priorities with financial planning.

ACF members cited some good examples of where clinical staff and local managers worked well together to meet service developments/improvements as well as redesign work within their current budgets. Nonetheless, Board-wide, there was no doubt that improvements could be made especially looking at staff roles to meet the organisation's need in terms of planning. With this in mind, it was agreed that the ACF pull together some thoughts on how it could input into the NHS Board's planning processes, looking, in particular, at staff engagement, culture and leadership. Catriona would welcome the ACF's thoughts around this.

All Members

NOTED

25. CLINICAL SERVICES REVIEW UPDATE

In Jennifer Armstrong's absence, Heather reported that the Clinical Leads, GPs and support staff had been appointed to take the Programme forward. Furthermore, a Project Board and Steering Group was being set up and an initial "stock-take" event was scheduled for 14 May to focus thinking and look at challenges/solutions that lay ahead. The event was being held at St Mirren Park and Heather agreed to clarify with Lorna Kelly/Sharon Adamson whether the invite could be extended to all ACF members and, furthermore, suggest that all appropriate clinicians were invited to the event that covered the Paisley/Renfrew area.

Heather Cameron

NOTED

26. 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. In particular, it was agreed that Ian Reid be invited to the 5 June 2014 meeting to discuss the current Human Resources Review.

Secretary

NOTED

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

Heather Cameron led members through key topics discussed at the last NHS Board meeting and Board Seminar. She also alluded to key priorities being discussed at the National Chairs Group which included the progress of integration across NHS Boards and the Health Promoting Health Service (HPS).

NOTED

28. 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.

Sandra McNamee confirmed that the ANMC had submitted a response regarding the Human Resources (HR) Review, raising various concerns regarding some of the proposals. It was agreed that Sandra would forward Heather Cameron a copy of this response and that Heather would submit, to Ian Reid, a letter on behalf of the ACF, echoing these concerns. It was also hoped that Ian Reid would attend the 5 June 2014 meeting to discuss these in further detail.

**Sandra McNamee /
Heather Cameron**

NOTED

29. DATE OF NEXT MEETING

Date: Thursday 5 June 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