

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 5 June 2014 at 2.30 pm**

PRESENT

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

Kathy Kenmuir	Vice Chair, ANMC
Nicola McElvanney	Chair, AOC
Johanna Pronk	Vice Chair, APsychC
Val Reilly	Chair, APC

IN ATTENDANCE

Jennifer Armstrong	Medical Director
Jonathan Best	Director of Regional Services (For Minute No 37)
Shirley Gordon	Secretariat Manager
Patricia Mullen	Performance Improvement Manager (For Minute No 38)
Ian Reid	Director of HR (For Minute No 35)
Debbie Schofield	Public Health Programme Manager (For Minute No 36)

ACTION BY

30. APOLOGIES

Apologies for absence were intimated on behalf of John Ip, Kenneth Irvine, Morven Campbell, Sandra McNamee, Samantha Flower, Fiona Alexander and Douglas Malcolmson.

In response to a query concerning whether the Forum was quorate for its meeting, the Secretary reported that a quorum of the Forum was one third of its full membership. As five members were in attendance, the meeting was indeed quorate.

Given concerns about attendance at ACF meetings, the Secretary was asked to compile a document recording attendances/apologies/did not attend for the ACF meetings commencing 2014. This would be updated and shared with members on a rolling basis.

Secretary

NOTED

31. 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

32. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 10 April 2014 [ACF(M)14/02] were approved as an accurate record.

NOTED

33. MATTERS ARISING

- a) Heather Cameron confirmed that she had drafted comments to Catriona Renfrew in respect of the Planning Review Update. She agreed to circulate this draft to Forum members for their consideration prior to submission.
- b) With regard to the Integration Update received at the last meeting, Nicola McElvanney confirmed that the AOC had established a sub-group to respond to Catriona Renfrew on the Integration developments (as well as the Planning Review).

Heather Cameron

Members discussed how the ACF was likely to liaise/link with the IJBs in the future. No formal information had been distributed yet but it would be important for ACF members to be proactive in taking this forward to ensure a meaningful discussion around clinical and advisory issues took place with each IJB. All members agreed that their role provided a conduit of information, and as well as building relationships with the IJBs, it would be important to formalise this process. In order to do so, it was recognised, however, that this may incur more of a commitment from ACF members and it would be important that the ACF could fulfil this role. Given this, it would be important to consider the time and resource commitment likely to be required particularly recognising that many members were independent contractor members. Val Reilly reported that Catriona Renfrew was scheduled to attend the next APC meeting and she would take the opportunity to bring these matters up with her.

Val Reilly

Furthermore, Heather Cameron reminded Forum members that Robert Calderwood was scheduled to attend the 7 August ACF meeting and this may be an opportunity to discuss these matters further with him then.

**Heather Cameron/
7 August meeting**

NOTED

34. CLINICAL SERVICES REVIEW UPDATE

Jennifer Armstrong reported that the Paisley Programme had started and the Clinical Team was in place. Its next role was to look at proposals and this would be discussed further at its next Programme Board meeting scheduled for next week. Dr Armstrong also took the opportunity to update on the following:-

- North-west option – exploring possibilities for NHSGGC and the Golden Jubilee National Hospital;
- New South Glasgow Hospitals Update;

- Regional debates with the Scottish Ambulance Service;
- Learning from other examples where Acute and/or Primary Care arrangements have been reconfigured such as in the Midlands – an interesting model had been tested there which has reduced A&E attendances, retained patient safety and enhanced patient satisfaction.

Dr Armstrong concluded by reporting that a Clinical Services Review paper would be further considered by the NHS Board after the Referendum whereby an opportunity would be provided to discuss proposed changes. She alluded to the proactive commitment of staff, so far, to take forward this programme which had been excellent.

NOTED

35. HR REVIEW

Ian Reid was in attendance to deliver a presentation on the review of NHSGGC's HR function.

This review had been undertaken by Edinburgh Institute (Edinburgh Napier University and the Institute for Employment Services) and commenced in October 2013 with their final report published in February 2014. Thereafter, a consultation was held, concluding on 4 April 2014.

Mr Reid led the Forum through a summary of the existing arrangements and structure for HR at NHSGGC and summarised the findings of the review which concluded that the status quo was not an option. In looking at the findings of the review, he touched on likely implications for NHSGGC's HR structure which would see corporate support to strong HR business partners to shift the balance of resource to a shared service – managed through a Service Delivery Board. He anticipated a shared resource for Workforce Planning, Learning and Education, Recruitment and Staff Banks, Complex Employee Relations, Transactional/Administrative HR and HR Consultancy.

In terms of next steps, he was keen to emphasise that this was likely to be a transformational change rather than incremental. Functions and resources for the Corporate Centre would be agreed and, thereafter, roles and job descriptions defined. This would mean the undertaking of a skills audit and the continued development of the IT Solution e-ESS. Simultaneously, Service Level Agreements would be developed for the new Health and Social Care Partnerships and steps taken to create the Service Delivery Board. These next steps would be worked through to October 2014 and all would be in place by March 2015.

Members thanked Mr Reid for the update and the following points were discussed:-

- There was a lot of anxiety around these proposals and recognition that there were currently some skills gaps to deliver what was anticipated.

- Was the volume manageable locally? In terms of the admin process, Mr Reid confirmed that the administration would continue to happen in the new HR function and template letters were being organised for much of the day-to-day management of staff/employment relations-type roles to ensure consistency across the organisation.
- Looking to strengthen patient care was a priority.
- There were standard NHSGGC HR Policies at the moment but it would be important to standardise their practice Board-wide.
- Enhancing people management ensuring it was efficient, effective and consistent.
- Seven day working had its own implications and there were discussions taking place around this in terms of whether this was voluntary or required contractual change for affected staff. Cost implications had not yet been undertaken for seven day working.

Mr Reid welcomed the ACF's views and comments and suggested a further discussion as the implementation stages approached. This was welcomed and Mr Reid agreed to attend the ACF meeting scheduled for 2 October 2014.

Ian Reid

NOTED

36. HPHS CEL UPDATE

Debbie Schofield attended to provide an update on the CEL 01/2012. Ms Schofield reported that the NHS Board's Q&P formally ratified the Year 2 Submission to continue to support the implementation of the Health Improvement Programmes in hospital settings. The initiative aimed to build on the concept that every healthcare contact was a health improvement opportunity, recognising the important contribution that hospitals could make to promoting health and enabling well being in patients, families, visitors and staff.

She explained that NHS Boards were required to carry out actions in relation to underpinning and enabling activity to support health improvement in the hospital setting as well as the delivery of specific topic-based actions with defined performance measures. She evidenced significant progress in relation to all actions in Year 2 and explained that the submission had been sent to the SGHD within the timescales set.

Ms Schofield reported that Rev Dr Norman Shanks was the lead Non-Executive Director for actions highlighted for Year 3 with Ms Morag Brown leading on staff health.

In response to a question from Nicola McElvanney concerning the Diabetic Retinal Screening Programme, Ms Schofield welcomed the opportunity to attend a future AOC meeting to discuss this further. Ms McElvanney would be in touch to make the necessary arrangements.

Nicola McElvanney

NOTED

37. ACUTE ORGANISATIONAL REVIEW

Jonathan Best was in attendance to update Forum members on the current Acute Organisational Review.

Mr Best began by outlining the Acute Services Division's current management structure and dimensions, reporting that it had a revenue budget of £1.5bn and 26,000 staff. He led the Forum through the anticipated indicative beds by site for Glasgow in 2015, highlighting the three key drivers for change as follows:-

- The new Southern General Hospital and the consequent reorganisation of service provision via fewer hospital sites;
- Health and Social Care Integration;
- The move to 24/7 working (seven days rather than five days).

He alluded to the key criteria for the management model which focused on delivering high quality services for patients as well as ensuring delivery of all governance agendas (clinical, staff and financial). Key to this was the provision of clear site leadership/responsibility/management and the new Board structure and remit had to provide effective interface with linked service providers. It would be paramount to ensure common approaches and standards of services across the NHS Board's area to achieve the required value for money and to provide the framework for succession planning of managerial and clinical managerial staff.

The current position was that a review of existing management structures was taking place with an assessment of revised Service Profiles. A model was being assessed which would include geographical sectors, North East, South and Clyde, and these would be combined with broader directorates. In turn, this would form part of the broader NHS Board-wide Organisational Review.

In response to a question concerning engagement on the proposals, Mr Best reported that the proposals were due to be considered by the NHS Board at its seminar scheduled for next week. Thereafter, he anticipated that groups such as the ACF would then have an opportunity to provide the Chief Executive with comments.

NOTED

38. ANNUAL REVIEW 2014

Tricia Mullen attended to notify the ACF that the NHS Board's Annual Review was scheduled to take place this year on 19 August. It was to be a Non-Ministerial Review this year so there was more flexibility in the arrangements. The ACF still had a role in that it was required to provide feedback on its achievements and challenges and the NHS Board's Chairman had suggested that the ACF and APF Chairs have a five minute slot at the Annual Review public event. Ms Mullen explained that the ACF's brief summary was required by 15 July as well as an outline of Heather Cameron's presentation in order that both be sent to the Scottish Government.

Heather Cameron agreed that she would work on this and circulate a draft before the submission date of 15 July to all members for their comments.

Heather Cameron

NOTED

39. 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. The following were suggested and the Secretary asked to make the necessary arrangements with presenters:-

Secretary

- 2 October 2014 - Ian Reid to provide an HR Review update
- Lindsay Lauder to provide a Workforce Planning update
- 4 December 2014 – Alison Campbell to provide an Access to Medicines update

NOTED

40. UPDATE FROM ACF CHAIR ON ONGOING BOARD/NATIONAL ACF BUSINESS

Heather Cameron confirmed that she attended the ACF Chair's meeting yesterday where discussion surrounded the following:-

- Access to new medicines;
- Seven day working and associated challenges;
- Integration progress;
- Respective NHS Boards' finances.

NOTED

41. 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.

Nicola McElvanney asked about the availability of the flu vaccination to optometrists – it was suggested that this be taken up directly with local CH(C)P Leads.

Nicola McElvanney

She also sought more information around capacity in ophthalmology and resultant breaches at the NHS Board as reported in the waiting times Board paper – it was suggested that she contact Grant Archibald directly to seek clarification.

Nicola McElvanney

Val Reilly highlighted good collaborative working that had recently taken place with AOC colleagues in taking forward red-eye conditions. Ms McElvanney also wanted to highlight the benefit of a pilot undertaken in West Dunbartonshire addressing minor ailments for eyes.

NOTED

42. DATE OF NEXT MEETING

Date: Thursday 7 August 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