

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 2 October 2014 at 2.30 pm**

PRESENT

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

Fiona Alexander	Chair, APsyC
Morven Campbell	Vice Chair, AOC
Kathy Kenmuir	Vice Chair, ANMC
Nicola McElvanney	Chair, AOC
Johanna Pronk	Vice Chair, APsyC

IN ATTENDANCE

Jennifer Armstrong	Medical Director
Rosslyn Crocket	Nurse Director
Shirley Gordon	Secretariat Manager

ACTION BY

54. APOLOGIES

Apologies for absence were intimated on behalf of Sandra McNamee, Jacqui Frederick, Val Reilly, Kenny Irvine, Douglas Malcolmson, Andrew McMahon, Andrew Robertson, Linda de Caestecker and John Hamilton.

Given the significant amount of apologies, members clarified that they were quorate as a quorum of the Forum was one third of its full membership. Heather Cameron, however, took the opportunity to encourage all advisory committee chairs and/or vice chairs to make an effort to attend ACF meetings.

NOTED

55. 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

56. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 7 August 2014 [ACF(M)14/04] were approved as an accurate record.

NOTED

57. MATTER ARISING

- a) In respect of Minute No. 48, Fiona Alexander reported that Sharon Adamson had been in touch with George Ralston to look at taking forward psychology in the Renfrewshire Development Programme.

NOTED

58. 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 suggestions were made:-

- Robert Calderwood was unable to attend the meeting arranged for 4 December 2014 to provide an update on “On the Move” and “Organisational Change”. Given this, it was agreed that he be invited to the 5 February 2015 meeting.
- It was reported that the appointment to the Chief Operating Officer (Acute Services Division) should be made soon – following confirmation of the name, he/she should be invited to attend the 4 December 2014 meeting to discuss the Acute Division’s Organisational Review.
- That Andy Carter be invited to the 2 April 2015 meeting to update on the Staff Survey results.
- That the Director of Finance (when name was confirmed) be invited to attend the 4 June 2015 meeting to provide an update on the NHS Board’s financial position.
- That Claire Curtis be invited to attend the 4 June 2015 meeting to provide an update on the Health Promoting Health Service.
- That Niall McGrogan (Head of Community Engagement and Transport) be invited to attend the 2 April 2015 meeting to discuss patient experience and patient feedback.

The Secretary was asked to make the necessary arrangements above and update the ACF’s meeting plan.

Secretary

Members discussed “Integration” and how the ACF would, in future, engage with the newly formed six IJBs. It would be paramount to establish and maintain a link with them but there was no guidance or legislation around how this should be formalised or undertaken. Following discussions at the National ACF Chairs’ Group, Heather Cameron confirmed that no other Scottish NHS Board had yet firmly established a way forward with their IJBs and ACFs. Given this, the National Group had agreed to work up some suggestions for submission to the Scottish Government.

It was reported that Catriona Renfrew chaired an “Integration Group” and suggested that Heather Cameron write to her to ask to join that Group so that she was better placed to seek advice on forming relationships with the six IJBs from 1 April 2015.

Heather Cameron

NOTED

59. WORKFORCE PLANNING UPDATE

Heather Cameron welcomed Lyndsay Lauder, Head of Workforce Planning, to the ACF meeting to provide an update on the NHS Board’s Workforce Plan 2014/15.

Mrs Lauder explained that effective workforce planning ensured that services and organisations had the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This meant planning a sustainable workforce of the right size with the right skills and competencies, which was responsive to health and social care demand, and ensured an effective and person-centred service delivery across a broad range of services and locations.

In the 2014/15 Workforce Plan, NHSGGC continued to support the five priorities outlined in the Scottish Government’s “Everyone Matters: 2020 Workforce Vision”, launched in June 2013. Mrs Lauder highlighted the priorities for action during 2014/15 and explained that NHSGGC was required by the Scottish Government to develop and publish an annual workforce plan which set out the strategic direction for workforce development and the resulting changes to the workforce over the next year and beyond.

NHSGGC’s Workforce Plan had been developed using the NHS Scotland six steps methodology and the NHS Careers Framework. Both of these workforce models enabled NHSGGC to take a coherent view of the workforce across all job families and sub-groups. Local workforce planning activity was managed within the Acute Services Division and the Community Health (and Care) Partnerships. In addition, there were workforce plans which focused on cross-sector issues and plans based on service delivery models such as stroke services and children’s services.

The workforce implications of service change and redesign were also set out in NHSGGC’s Financial and Service plans at Board, Divisional and CH(C)P level. These workforce implications highlighted any planned recruitment activity and were further analysed in the project implementation documents which were prepared to support any significant service change and which set out the financial, workforce and equality impacts of any proposed changes. All of this workforce information was analysed and summarised by the workforce planners in order to develop the NHSGGC Workforce Plan.

Mrs Lauder explained that it was critical, therefore, that all workforce plans, whether stand alone documents or part of wider service planning documents, were signed off by a wide range of stakeholders including local management teams, service managers and planners, financial managers and local staff side representatives and partnership forums.

Mrs Lauder reported that NHSGGC was the largest NHS Board in Scotland and covered a population of 1.2m people. The annual budget was £3bn and NHSGGC employed 39,407 headcount staff. As such, NHSGGC was the largest employer in Scotland and the largest NHS employer in the UK. She led the Forum through a breakdown of NHS staff by job family and reported that, at any given point in the recruitment cycle, there could be between 400 and 700 posts being processed by the NHS Board's Recruitment Services team.

The NHS Board's services were planned and provided through the Acute Services Division and six Community Health and Care Partnerships working with six Local Authorities. The Acute Services Division delivered planned and emergency services from 23 sites including seven Accident & Emergency centres and three Minor Injuries Units. NHSGGC was currently undergoing a significant clinical change programme which was supported by a Capital Investment Programme in its facilities which would transform healthcare delivery in the west of Scotland. The "On the Move" programme would see services delivered on fewer sites with increased technology and greater synergy between services resulting in reduced bed numbers and reduced lengths of stay. The implementation of the mental health strategy had also resulted in a reduction in long-stay inpatient facilities with an increase in specialist services to support clients living in the community. In primary care, the development of the Health and Social Care Partnerships over the coming year would see new service delivery models and the development of new roles spanning health and social care.

In terms of the workforce demand drivers, Mrs Lauder alluded to the population profile and demographic change in NHSGGC as well as the growing complexity of health needs (multi-morbidity). The health and inequalities issues had a very real and direct impact on NHSGGC's services in terms of the use of services and capacity to benefit. The age profile of the population was already changing and getting older, accounting for rising numbers of admissions.

Mrs Lauder briefly summarised the characteristics of the current workforce which was predominantly female (79%). There was a low turnover of staff of around 6%. In some job families, the current workforce was ageing and she outlined some of the workforce implications of change including new roles spanning health and social care as well as the changing patterns of work such as 24/7 and 7/7 for all job families. This was leading to the adoption of a new skills mix, work practices and training as well as ensuring the recruitment of young, local and vulnerable people and offering flexible career pathways with supporting education and high quality training. All job families now required a focus on caring and empathetic behaviours as well as technical competence, with an emphasis on team working within the NHS and with external agencies to ensure that all NHSGGC employees had a core value of person-centred care.

In terms of the national "Everyone Matters: 2020 Workforce Vision", Mrs Lauder outlined the work being undertaken locally to focus on the five priorities for 2014/15 as follows:-

1. Healthy organisational culture;
2. Sustainable workforce;
3. Capable workforce;
4. Integrated workforce;
5. Effective leadership management.

All five had been in focus for some time in NHSGGC and would continue to be addressed by Workforce Planning and Development and Facing the Future Together.

Members asked a series of questions and the following points were raised:-

- There was recognition, given the ageing population particularly in the nursing profession, to look at a Board-wide risk assessment in age profile rather than in isolation in job families. This would be proactive in terms of giving a prediction of numbers and influence work needed to be undertaken with further education establishments who offered undergraduate courses. Mrs Lauder reported that NHSGGC would be proactively looking at this to ensure demand was met and to influence government policy at an early stage.
- The headcount for the medical and dental job family as at March 2014 was 3,833 – Mrs Lauder would check if this figure was direct employees only.
- Physicists were included in the Healthcare Sciences job family and skill mix was being discussed at a national level in the context of apprenticeships and technicians enhancing their training to support the profession.
- Psychologists were included in the “Other Therapeutic” job family and Lyndsay Lauder agreed to establish how many psychologists head count NHSGGC had.

Lyndsay Lauder

Lyndsay Lauder

In summing up, Heather Cameron acknowledged the challenges in pulling together such a high level workforce plan and recognised all the work that lay behind its formation. Lyndsay Lauder described future work that would be undertaken with the Board’s Human Resource partners, looking at strategic issues and planning for the future across all job families to find solutions. She anticipated that this would be driven locally by job family groups rather than a flat Board policy.

The ACF thanked Mrs Lauder for her enlightening presentation and discussion.

NOTED

60. CLINICAL SERVICES REVIEW UPDATE

Jennifer Armstrong updated on ongoing activities with the NHS Board’s Clinical Services Review and summarised the work of the clinical groups looking at service models. She alluded to debate ongoing concerning paediatric services in Clyde, Accident & Emergency services in Clyde, stroke services, rehabilitation services, infectious diseases and bone marrow transplants. She summarised some of the key activities and transfer dates for the “On the Move” into the New South Glasgow Hospital. Keys were due to be transferred to the NHS Board on 26 January 2015. Clinical teams were currently involved in the plans to move patients and equipment from the current bases at the Southern General, Victoria Infirmary, Western Infirmary, Gartnavel General and Royal Hospital for Sick Children.

Roslyn Crocket suggested that it may be useful for ACF members to have a tour of the new hospitals and she agreed to speak to Fiona McCluskey about this possibility.

Roslyn Crocket

NOTED

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

Heather Cameron summarised the NHS Board's Annual Review 2014 and some of the topics discussed at the most recent NHS Board meeting and National ACF Chairs' Group. In response to a question, she agreed to enquire where Children's Services were being hosted across other NHS Scotland Boards as it seemed not all (both the health and social elements) were being hosted within the newly formed Health and Social Care Partnerships.

Heather Cameron

NOTED

62. 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

63. DATE OF NEXT MEETING

Date: Thursday 4 December 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