

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 February 2015 at 2.30 pm**

PRESENT

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

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

IN ATTENDANCE

Jennifer Armstrong	Medical Director
Claire Curtis	Health Improvement Lead (Acute) (For Minute No 6)
Shirley Gordon	Secretariat Manager

ACTION BY

01. APOLOGIES

Apologies for absence were intimated on behalf of Andrew McMahon, Morven Campbell, John Ip, Linda de Caestecker and Andrew Robertson.

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 4 December 2014 [ACF(M)14/06] were approved as an accurate record.

NOTED

04. MATTERS ARISING

- a) Minute No 59(b) – Lyndsay Lauder had provided a response to the points raised by ACF members concerning the Workforce Plan – this would be circulated to members for their information. *[Post-meeting note:- Clarification of the points raised was circulated to members on Friday 6 February 2015].*
- b) Minute No 68 – Iain Reid had provided a written report for the ACF updating on the implementation of the outcome of the HR Review. This had been duly circulated. Members noted the proposed structure of the HR function as well as the five workstreams that had been established to take forward the new arrangements. Sandra McNamee confirmed that the ANMC had responded to the consultation phase of the review but had not received a reply.
- c) Minute No 69 – Val Reilly had duly submitted a response on behalf of the ACF to the consultation on the Proposals for an Offence of Wilful Neglect or Ill-Treatment in Health and Social Care Settings.
- d) Minute No 72 – Jennifer Armstrong reported that Norman Lannigan was the Pharmacy representative on the Clinical Services Review Steering Group.
- e) Minute No 73 – Pauline McGough had confirmed her attendance at the 6 August 2015 ACF meeting to deliver a presentation on the Sandyford Review and Prioritisation of Services.

Shirley Gordon

NOTED

05. CLINICAL SERVICES REVIEW UPDATE

Jennifer Armstrong summarised recent activities as follows:-

- a) Clinical Services Review Update – The Clinical Strategy had been approved by the NHS Board at its meeting held in January 2015. Dr Armstrong described the approach taken to review the organisation of clinical services and to consider what would be required to achieve the best health outcomes for patients. The critical characteristics of the review work were clinical leadership, whole system clinical engagement and intensive patient and public engagement. The Clinical Services Review had enabled the development of the Clinical Strategy to provide a basis for the development of detailed service change proposals working with Integrated Joint Boards (IJBs) and with the emerging national approach to Clinical Strategy and delivering the 2020 Vision. She described the challenges that lay ahead but welcomed the service model which aimed to provide a balanced system of care where people got care in the right place from people with the right skills, working across the artificial boundary of “hospital” and “community” services. The service models required GPs to work in different ways and she hoped that, in so doing, barriers to change would be worked through. All service provision going forward would be tested, particularly with regard to its interaction with the NHS Board’s six IJBs as the strategy would apply to them. Dr Armstrong also confirmed that she chaired a West of Scotland Clinical Group which was developing a high-quality

clinical plan to improve trauma care across the West of Scotland. In taking this forward, work was being done with the Scottish Ambulance Service and she outlined, operationally, how it was expected a trauma centre would function.

- b) On The Move – Dr Armstrong reported that, on 27 January 2015, a ceremonial “key handover” took place from Brookfield Multiplex to NHSGGC, meaning that the NHS Board had now officially taken ownership of the new fully Scottish Government-funded £842m South Glasgow University Hospital and the Royal Hospital for Sick Children. The new campus with maternity, paediatric and adult hospitals all integrated into a single site offered a gold standard in acute hospital provision. Now that the buildings had been handed over to NHSGGC, the work had begun to fit the hospitals out and make them ready to receive the staff and the first patients in just over three months time. Over the next three months, the new South Glasgow Hospitals Project Team would lead the migration and commissioning process. She described work ongoing with management and clinical teams (as well as other colleagues such as the Scottish Ambulance Service) to ensure coordination delivered continuity of service. The moving of patients from other hospitals to the new hospitals was one aspect that presented logistical challenges of some significance and those involved in the migration schedule had worked tirelessly to deliver a model that would be safe for all patients and to the continuity of services across the city and beyond. The first services would transfer on Friday 24 April 2015 with a target completion date of 14 June 2015. The overall migration programme would take eight weeks.
- c) Organisational Review – Dr Armstrong explained that, with the introduction of the six Integrated Health and Social Care Partnerships and the reconfiguration of Acute Services, NHSGGC had restructured its senior management and had been going through the process of populating the posts over the past few months. Not all posts had yet been filled but she shared the high level organisational structure at this stage. The two vacant director posts for South Clyde Sector and Regional Services were shortly to be advertised. The HSCPs and their Integrated Joint Boards would not begin to formally convene into legal entities until April/May 2015, but the shadow arrangements were fully in place. Over the past few weeks, discussions had been continuing with director colleagues to confirm posts in the revised Acute Services management structure and the process to appoint to the next tier was about to get underway. Restructuring was progressing apace along with changes at corporate level to deliver more effective management reflecting the changes to NHSGGC’s Acute Services and the governance arrangements between the NHS Board and its six Local Authority partners.

Dr Armstrong extended an invitation to attend any of the Advisory Committee meetings to provide a fuller update on the above if required. This was welcomed, particularly as it would be useful for the individual respective professions to learn more about their associated referral patterns/routes and how, operationally, changes would affect the current Directorate management structure (as moves were made to have a new geographic structure). Members agreed this would be useful, particularly for the Advisory Committees to understand the governance that lay behind the new structure.

NOTED

06. HPHS CEL(1) UPDATE

Claire Curtis provided the ACF with an update on recent national and NHSGGC developments to support the Health Promoting Health Service CEL(1)2012: Action of Acute Hospitals. The aim of the Health Promoting Health Service was to ensure that “every healthcare contact was a health improvement opportunity”.

She led the ACF through the national feedback on the Year 2 submission and highlighted that NHSGGC met the required provision, in full, for core actions alcohol, food and health, healthy working lives, sexual health, physical activity and active travel. As expected, the tobacco and breast feeding pathways measures were met only, in part, due to the lack of availability to report specific numbers through appropriate monitoring systems.

Details of NHSGGC’s Clinical Leadership Year 2 performance measure were collated in January 2014 and demonstrated 19 different acute health improvement projects across the hospital setting. Overall, there was a good spread of both topics and directorates’ involvement throughout the hospital setting. In addition, the level of leadership from hospital consultants was encouraging and effectively demonstrated the clinical leadership required for HPHS.

In September 2014, the performance measures required for Year 3 were released. They had been amended and restructured into a similar set of core actions and seven topic areas (physical activity and active travel measures had been combined) and breast feeding and maternity sexual health had been combined and named “maternity”. Ms Curtis outlined the current position for the following core actions:-

- Governance;
- PFPI;
- Training;
- Leadership;

as well as the current topic areas:-

- Smoking;
- Alcohol;
- Maternity;
- Food and health;
- Staff health and wellbeing;
- Reproductive health;
- Physical activity.

ACF members had been instrumental in supporting the Health Improvement training delivery particularly with the commitment to the Allied Health Professional Activity Pledge. To date, there had been 477 AHPs trained in Health Improvement and a further 70 planned before April 2015.

The ACF had also been actively providing examples of clinical leadership in both the Year 2 and now for the Year 3 submission. Further suggestions of Acute Health Improvement activity were welcomed for all of the existing HPHS topics and other initiatives that demonstrated the clinicians’ role beyond the existing performance measures.

In terms of next steps, Ms Curtis explained that the HPHS Ministerial Group met in November 2014 and had agreed an additional Year 4 to the current CEL which would focus on performance measures evidencing health inequalities in hospital settings. Further information on the content of this would be provided in the near future.

NHSGGC would provide a status report on the CEL Year 3 submission on 30 April 2015. An internal mid-year status review of the Year 3 performance measures had been collated as part of the Acute Health Improvement and Inequalities Group which would allow identification of areas requiring further development and action and had directed the required progression.

Given the agreement that HPHS CEL(1)2012, would be extended for a fourth year and a further CEL in the year after that, Ms Curtis asked the ACF to consider how they would best support the NHSGGC culture change to support HPHS. For example, investigating the impact of the AHP Physical Activity Pledge and training and identifying further professional links to health improvement activity in clinical settings.

During discussion, the following points were raised:-

- Looking at how training could be carried out in the future and whether HPHS training could be included in an e-module as part of the mandatory training for all staff. AAHPs had been the focus of this work so far – was it appropriate to now redirect this to other professions/areas? Ms McElvanney referred to work being taken forward in inequalities by Optometry Scotland and agreed to share this with Ms Curtis particularly as it focused on Primary and Acute care.
- Recognition that General Practice had undertaken a huge amount of work in inequalities, looking at the whole patient journey – how could lessons learned from this work be transferred to Acute hospital settings? Analysis and evaluation was critical to be able to identify progress made.
- Referrals to Physical Activity had reduced – the Health Improvement Team was reflecting on why this may be the case and how best to take it forward.
- Reference was made to work being taken forward by dieticians and Claire Curtis agreed to call the Lead Dietician to discuss this further.
- The introduction of the smoking ban in Mental Health inpatient areas was coming soon – what work was being done around this and in associated Smoking Cessation services for patients? A new non-smoking advertising campaign was to be launched nationally in March 2015 and Ms Curtis described some of the local work being dovetailed with that initiative.

Nicola McElvanney

Claire Curtis

Ms Curtis encouraged all members to consider providing examples of clinical leadership. An article would be included in Staff News in March 2015 and she hoped to receive a broad spectrum of replies to find new examples to showcase. Submissions were required by Friday 6 March 2015 and members agreed to cascade the template to all staff groups.

All Members

NOTED

07. AREA CLINICAL FORUM 2014/2015 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ongoing ACF Meeting Plan 2015 and were encouraged to make suggestions for forward planning of ACF activities. The following suggestions were made:-

- Could Grant Archibald, Chief Operating Officer (Acute Services Division), attend the 2 April 2015 meeting to provide an update on the Acute Organisational Review?
- Could John Stuart, Head of Nursing, or Angela Carlin attend the 1 October 2015 meeting to discuss the Care and Accreditation System (CAAS)?
- Could Catriona Renfrew and/or David Williams provide an integration update at the 1 October 2015 meeting?
- Jennifer Armstrong and Kathy Kenmuir to provide an update on SPSP at the 3 December 2015 meeting.

Shirley Gordon

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The Secretary would make the necessary arrangements as above and include these in the Meeting Plan 2015.

Shirley Gordon

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

Many of the recent NHS Board topics had been covered already in the agenda.

Heather Cameron confirmed that there had been no national ACF Chairs' Group meeting held since the last NHSGGC ACF meeting.

With regard to the offer of the Joint Improvement Team to facilitate a joint meeting between ACF members and senior officers of the new IJBs, Heather had pursued this and it now seemed that a date would be arranged for the end of March/beginning of April 2015. She would keep members advised.

Heather Cameron

NOTED

09. 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

10. ANY OTHER BUSINESS

- a) Public Health Review: Engagement Paper – Members were provided with this consultation paper and invited to submit a response by 12 March 2015. The Forum discussed the engagement paper and noted the consultation questions to help inform the considerations of the expert

group established to review public health in Scotland.

It was agreed that the ACF should provide a response to this consultation and that Kathy Kenmuir and Val Reilly would collate comments on behalf of members. In the response there should be a strong emphasis on leadership to ensure a consistent approach across NHS Scotland. Furthermore, it would be useful to have outlined how public health would link with other organisations in the future, such as Health Protection Scotland, as well as exploring how health improvement would link with public health. Members were asked to submit their comments to either Kathy or Val who would collate a reply and submit it before the closing date of 12 March 2015.

**Kathy Kenmuir &
Val Reilly**

11. DATE OF NEXT MEETING

Date: Thursday 2 April 2015

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