

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 April 2015 at 2.30 pm**

PRESENT

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

Nicola McElvanney	Chair, AOC
Sandra McNamee	Chair, ANMC
Val Reilly	Chair, APC

IN ATTENDANCE

Shirley Gordon	Secretariat Manager
Doug Mann	Head of OD
Andrew Robertson	Chairman, NHSGGC

ACTION BY

12. APOLOGIES

Apologies for absence were intimated on behalf of Andrew McMahon, Morven Campbell, John Ip, Samantha Flower, Johanna Pronk, Fiona Alexander, Kathy Kenmuir, Douglas Malcolmson, Kenny Irvine, Jennifer Armstrong, John Hamilton and Rosslyn Crocket.

It was noted that, as a quorum of the ACF was one third of its full membership, the meeting was not quorate.

NOTED

13. 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

14. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 5 February 2015 [ACF(M)15/01] were approved as an accurate record.

NOTED

15. MATTERS ARISING

- a) Minute No 4(a) – The Secretary had duly circulated Lyndsay Lauder’s clarification of the points raised relating to the NHSGGC Workforce Plan.
- b) Minute No 6 – Nicola McElvanney would get in touch with Claire Curtis, as agreed, to confirm the work being taken forward to address inequalities by Optometry Scotland.
- c) Minute No 8 – Heather Cameron updated on the proposal to have a joint meeting between ACF Members and Senior Officers of the new IJBs. Given that all of the Advisory Committees were undertaking elections at the moment, she considered it more timely to wait until these had all been concluded which was likely to be the end of May 2015. ACF Members agreed with this approach and it was hoped that a meeting would be arranged for mid/late June 2015. It would be important that, in the event of the new Chairs/Vice Chairs not being able to attend, that all Advisory Committees were represented by at least one Member. She would keep the ACF advised when a date had been firmed up.
- d) Minute No 10(a) – Val Reilly confirmed that a response to the Public Health Review: Engagement Paper had duly been submitted, representing the views of the ACF.

Nicola McElvanney

Heather Cameron

NOTED

16. STAFF SURVEY RESULTS

The ACF welcomed Doug Mann, Head of OD, to provide a summary of the 2014 Staff Survey results analysis.

Doug explained that the analysis of the system-wide results for NHSGGC to the 2014 Staff Survey would be used by the Area Partnership Forum Staff Survey Group to agree actions to address particular areas of concern from a Corporate level and to keep refreshing the FTFT approach. Furthermore, NHSGGC now had the results filtering tool and each Directorate and Partnership had its specific results cut from the data to use for the planning of their local FTFT and Staff Governance actions. There would be wider briefings to staff to inform them of the specific actions being taken as a result of the survey and to encourage their further input and involvement.

He led the ACF through general notes on the analysis of the 2014 results and highlighted the top five 2014 Staff Survey scores as well as the observations on score comparisons between different staff groups.

Doug reported that this year’s results demonstrated that the work undertaken in the last year was starting to have a positive effect as many had been reflected as the most improved scores this time around. A key feature of the bottom scores was how staff felt about how well they were being listened to and their involvement in change. There had been significant efforts made to improve this and there was an opportunity to build on this and make this a major area of focus, acknowledging that this continued to be the lowest scoring. This would be a focus of local FTFT and Staff Governance development work where more specific analysis would define what staff actually meant when they responded to

these questions and why current efforts to engage staff in change were not fully effective.

Members discussed the results and the following points were raised:-

- Was local staff feedback from national policy decisions ever fed back up to Government decision-makers? Often, national policy decisions were made and local staff did not know the rationale for such changes. It was important to communicate to staff why changes to their current practice were being made.
- Were the survey questions easy enough to understand and not open to individual interpretation?
- The staff survey was a very blunt instrument and recognition that when staff completed it, they did so on their most recent experiences. The feeling of “not being listened to” was a continuous challenge for the NHS Board to meet.
- Local leadership was essential and this varied across the NHS Board area. This variation would account for differences in culture within different Directorates.
- Having time for staff to discuss their local issues and to look, in greater depth at good practice What was the patient experience? What was going well? Was it transferable? Affording the time to staff to engage them in decision-making so that they felt empowered.

Doug took on board the points made and referred to the refreshed approach being piloted at the moment to obtain staff views, namely, iMatter. This was a new tool being rolled out over the next three years. It was a national initiative and would replace the Staff Survey. Its focus was on teams and these would be defined through managerial lines in the NHS Board’s hierarchy. Doug described the practicalities of this and that, once completed, the detailed report was confidential to the team. Nonetheless, the NHS Board was expected to report on a “whole” level. It was, at the moment, being trialled in Health Information and Technology, where a 78% response rate had been achieved, representing around 1,500 staff. The ACF looked forward to hearing further about iMatter and how this would be rolled out across NHSGGC.

NOTED

17. CLINICAL SERVICES REVIEW UPDATE

In the absence of Dr Jennifer Armstrong, it was decided that this item be deferred to the June 2015 ACF meeting.

June 2015 agenda

NOTED

18. AREA CLINICAL FORUM 2015 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ACF meeting plan for 2015.

Heather Cameron agreed to query, with Rosslyn Crocket, who led, in NHSGGC, the Getting it Right for Every Child (GIRFEC) legislation, which related to child wellbeing and associated statutory guidance. This had huge implications for all professions and the ACF thought it would be useful to discuss this in further detail. Once Heather established who the lead was in NHSGGC, it was agreed that he/she would be invited to provide a briefing at the ACF meeting scheduled for 3 December 2015.

Heather Cameron

NOTED

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

Heather Cameron reported that a national meeting had taken place recently and the following key topics discussed:-

- HPHS – discussion and presentation.
- Vale of Leven Inquiry Report – sharing NHS Board responses to this.
- Currently met four times per year (two of which included the Cabinet Secretary) – format was likely to change in the future.

Andrew Robertson updated on NHS Board developments as follows:-

- Support teams appointed by the Scottish Government at the RAH and Western Infirmary – some points of interest had come up in relation to discharge prescribing and the use of a discharge lounge.
- IJBs – legislation effective from 1 April 2015. All NHSGGC's Schemes of Integration had been submitted to the SGHD.
- New Southern General Hospital – commissioning process well underway. Points of anxiety raised by staff were discussed including parking and the fact that some staff still did not know where they would be based. Heather Cameron suggested that, on completion, lessons should be learned on how the migration was managed. The formal opening was arranged for 3 July 2015.
- Local Delivery Plan – being presented to the NHS Board meeting in April in 2015 and would include redesign initiatives to release savings.

NOTED

20. 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.

It was noted that all the Advisory Committee elections were being held throughout April/May 2015 and that the June 2015 ACF meeting would begin with the election of its new Chair and Vice Chair. Given this, Heather Cameron formally thanked and recorded her appreciation of all outgoing Members.

June ACF agenda

NOTED

21. DATE OF NEXT MEETING

Date: Thursday 4 June 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