

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 4 June 2015 at 2.30 pm**

**PRESENT**

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

David McColl	Joint Chair, ADC
Audrey Thompson	Chair, APC
Kathy Kenmuir	Chair, ANMC
Julie Tomlinson	Vice Chair, ANMC

**IN ATTENDANCE**

Grant Archibald	Chief Operating Officer, Acute Services
Jennifer Armstrong	Medical Director
Shirley Gordon	Secretariat Manager
Tricia Mullen	Head of Planning and Performance
Johanna Pronk	Representing the APsyc
Andrew Robertson	Chairman, NHSGGC
Mark White	Director of Finance

**ACTION BY**

**22. ACF ELECTION (NEW CHAIR/VICE CHAIR)**

Members were asked to elect a Chair and Vice Chair in accordance with paragraphs 7(a) and (b) of the ACF's Constitution. A Membership List naming the new Chairs and Vice Chairs of the respective Advisory Committees since their elections earlier this year was noted.

DECIDED

- **Chair** – Heather Cameron – as proposed by Kathy Kenmuir and seconded by Audrey Thompson.
- **Vice Chair** – Fiona Alexander – as proposed by Heather Cameron and seconded by Kathy Kenmuir.

**Heather Cameron**

**Fiona Alexander**

Both appointments were made to serve a term of two years (until 31 March 2017).

**23. APOLOGIES**

Apologies for absence were intimated on behalf of Fiona Alexander, Andrew McMahan, Alastair Taylor, Samantha Flower and Audrey Espie.

NOTED

**24. 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

**25. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Area Clinical Forum held on Thursday 2 April 2015 [ACF(M)15/02] were approved as an accurate record.

NOTED

**26. MATTERS ARISING**

- a) Minute No 15(c) – Heather Cameron updated on the proposal to have a joint meeting between ACF Members and senior officers of the new IJBs. She reported that the Joint Improvement Team had agreed to facilitate this meeting but it had been suggested that, to allow the new IJBs to bed in, the meeting take place later in the year so that their structures were up-and-running. This suggestion was welcomed and it was hoped to arrange the session in late September/October 2015 so that a relationship could be established between the ACF and each IJB. Heather would keep ACF members posted.

**Heather Cameron**

- b) Minute No 18 – Heather Cameron undertook to establish who led, in NHSGGC, the “Getting it Right for Every Child (GIRFEC)” legislation.

**Heather Cameron**

NOTED

**27. AREA CLINICAL FORUM – MEETING PLAN AND FORWARD PLANNING**

Members were asked to note the ACF Meeting Plan for 2015. All Members were encouraged to submit suggestions for future agenda items.

It was suggested that a presentation on the Nursing & Midwifery Revalidation would be useful and that Elaine Love (Head of Nursing) be invited to the ACF’s meeting scheduled for 3 December 2015. The Secretary would make the necessary arrangements.

**Secretary**

**28. UPDATE FROM ACF CHAIR ON ONGOING BOARD/NATIONAL ACF BUSINESS**

Mr Robertson provided an update on the Local Delivery Plan (which was with the Scottish Government for sign-off), migration to the new South Glasgow University Hospitals and ongoing developments with the establishment of the IJBs.

Dr Armstrong referred to the draft updated Action Plan prepared by NHSGGC in response to the Vale of Leven Report. This had been circulated to ACF Members on 2 June 2015 for comment/review by 12 June 2015.

Dr Armstrong referred to the 65 recommendations made and led Forum Members through the NHSGGC current position, what needed to be done to comply (if anything), and progress as at May 2015. ACF Members were aware of the vast amount of work being undertaken and discussed, in particular:-

- Antimicrobial prescribing – support being given to the Oral Health Directorate to address any outliers following some national and local work looking at prescribing patterns. Ray McAndrew was the lead for this work.
- The need to be robust around current (and future) structural reorganisations in terms of a due diligence process including risk assessments being undertaken – it was paramount to look at how this was done in the past and what changes had been made to reflect how it would be handled in future to ensure that ongoing challenges were met.

It was agreed that Heather Cameron forward any further comments sent to her, on behalf of the ACF, prior to the closing date of 12 June. Noted these needed to be with Heather by 11 June.

**Heather Cameron**

In terms of a National ACF Chairs Group update, Heather reported that the Group met on Wednesday 3 June 2015, and in attendance was Paul Gray the Chief Executive for NHS Scotland. She outlined the key topics discussed including the following:-

- How to maximise engagement locally and nationally with ACFs particularly taking forward the Health and Social Care agenda?
- The formation of a National ACF Chair's Group Annual Report and how best to proceed with this ensuring that it was action-focused.
- The development of a National Clinical Strategy (ensuring patient expectations were met, that the information was not overly medical, highlighting the ongoing use of technology, and making sure Mental Health was embedded in the Strategy).
- A general update from all NHS Boards on progress with the integration agenda locally.

NOTED

## **29. NHS BOARD FINANCES - UPDATE**

Heather Cameron welcomed Mark White (Director of Finance) 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 White thanked the ACF for the invitation and took Members through a summary of the 2014/15 forecast outturn and draft Financial Plan for 2015/16. At the moment, his team was going through the year-end process for submission of the final 2014/15 documents being presented to the June 2015 NHS Board

Meeting. In the interim, he confirmed that the NHS Board anticipated operational break-even from both Partnerships and the Acute Services Division, and forecast a year-end surplus of £1.2m. He agreed that the term “surplus” may be confusing/misleading for members of staff who were constantly being asked to make savings and agreed it would be important to set the context around exactly what “surplus” meant when being presented to the NHS Board in June 2015.

Mr White went on to describe some of the key issues being addressed for 2015/16, highlighting the challenges in order to achieve a break-even position. He circulated a summary of the 2015/16 Savings Plan and led Members through the NHS Board’s priorities which included:-

- Continued liaison with the SGHD;
- The ongoing need to produce 2015/16 proposals that would identify savings, challenge processes and meet financial plans;
- The process around any capital underspend being given back to the SGHD in 2014/15 but returned to the NHS Board in 2015/16;
- Work with the auditors (Audit Scotland) to maintain good working relationships;
- Continued meetings with the Cabinet Secretary regarding the need to ensure that service changes did not reduce quality of care;
- Embedding the “spend to save” ethos in the annual cycle as well as having a longer term view. This was difficult as NHS Boards never knew in advance what funding uplift they were going to receive year-on-year (in 2015/16, the uplift was 1.8%);
- The need to demonstrate value for money and outline how choices/decisions were made;
- The need to demonstrate best value;
- The need to manage the resources we have currently.

The ACF thanked Mr White for coming to the meeting and for the most interesting debate which had resulted from his update. Members looked forward to seeing the final version of the Financial Plan and the NHS Board accounts at the June 2015 NHS Board meeting.

NOTED

**30. “ON THE MOVE” UPDATE AND ACUTE ORGANISATIONAL REVIEW UPDATE**

Heather Cameron welcomed Grant Archibald, in attendance, to deliver an update presentation on the “On the Move” programme and the Acute Services Organisational Review.

Mr Archibald began by outlining what would be on the site and provided an overview of the Adult and Children’s Hospitals.

He summarised the following facts and figures for both hospitals:-

Adult Hospital

- 1109 beds;
- 4 wards per floor in ward stack;
- All single rooms, all en-suite;
- 32 wards in ward stack, most with 28 beds;
- 20 theatres;
- 118 bed Acute Receiving Unit (28 bed IAU);
- 79 bed HDU/CCU/ICU.

Children's Hospital

- 256 beds;
- Mix of single and 4 bed rooms;
- 9 theatres;
- 9 wards;
- Will treat children up until 16<sup>th</sup> birthday.

This resulted in there being over 7,000 rooms between the two hospitals and over 10,500 staff working on the campus. There would be 3,500 car parking spaces when the campus was completed in 2016. The Teaching & Learning Centre had a 500 seat lecture theatre and the new Office Block had space for 1,200 staff.

Mr Archibald outlined the Emergency Patient Flow from the Adult Acute Receiving Unit which provided an immediate assessment area that would pursue alternatives to presentation and admission, and aimed to discharge 40% of attendees. It would provide a Consultant-led service between 8am and 8pm.

Mr Archibald led Forum Members through a summary of service migration to date and outlined how this was being carried out operationally by a Command Centre. He summarised what had moved so far, commencing 1 May 2015, and outlined what still had to move, concluding 14 June 2015.

Mr Archibald explained the clinical risk management undertaken and touched, in particular, on service and transport issues. He alluded to the vast array of communications with patients and GPs to ensure an understanding throughout NHSGGC of services in the new hospital and, in particular, which A&E department patients should attend.

Mr Archibald concluded by highlighting a service description by Sector (South Sector, North Sector and West Sector).

In terms of the Organisational Review, Mr Archibald provided a workforce update and described the process for filling posts to date within the Acute Services Division. The following points came up:-

- Members commended the state-of-the-art facilities and recognised the challenge now was to make it all work.
- Staff were working well together regardless of where they originated from.
- All specialisms were available at the front door.

- The concept of “hot clinics” was welcomed, particularly in how this linked with GPs.
- The spirit, commitment and morale of staff had been overwhelming – Mr Archibald recorded his pride in all staff involved in the moves. Similarly, he commended the contribution of the Scottish Ambulance Service in the migration.
- Teething problems had to be expected and were being ironed out as they arose.
- There was not a decontamination facility on site. Cowlairs and Inverclyde would continue to be used for decontamination purposes.
- Confidence that the bed model would work when all staff/services were settled in. A contingency plan could be accessed if need be but the model was do-able.
- The Minor Injuries Unit in the West would firstly be situated at the old A&E at the Western Infirmary, then it would move to the Yorkhill site with the ultimate aim of moving to the Gartnavel campus.
- In terms of timings, and undertaking an Organisational Review and “On the Move” at the same time, a reflective piece of work would be undertaken to learn lessons.

The ACF also conveyed it’s thanks to all staff involved in the moves and Mr Archibald for his leadership throughout. They hoped he would attend the ACF at a future date particularly in relation to his role in maintaining consistency of approach and service delivery across all sectors. Mr Archibald welcomed this opportunity.

NOTED

### **31. ANNUAL REVIEW 2015**

Ms Mullen noted that the Annual Review was scheduled for 20 August 2015 and that ACF had a private slot with the Minister between 10am and 11am. She circulated the briefing paper which described the format of the meeting with the ACF and the following was noted:-

- A briefing overview of the ACF’s activities in the last year was needed by Tricia by 13 July 2015. Heather Cameron would prepare this and circulate it in advance to ACF Members for comment.
- Tricia would send to Heather what she submitted last year as a template for Heather to work on.
- All Members were invited to attend the meeting and names should be provided to the Secretary who would collate these for Tricia to arrange on the day. At the very least, it was hoped that each Advisory Committee would be represented

**Heather Cameron**

**Tricia Mullen**

**Secretary**

- This be further discussed at the ACF Meeting arranged for 6 August 2015.

**August 2015  
Agenda**

NOTED

**32. 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.

The ACF was reminded that, following the elections and new membership, it may be timely to think about having a development event.

NOTED

**33. DATE OF NEXT MEETING**

Date: Thursday 6 August 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