

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 1 October 2015 at 2.30pm**

PRESENT

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

Fiona Alexander	Chair, APsyC
Yas Aljubouri	Joint Chair, ADC
Morven Campbell	Vice Chair, AOC
Audrey Espie	Vice Chair, APsyC
Kathy Kenmuir	Chair, ANMC
Audrey Thompson	Chair, APC

IN ATTENDANCE

Angela Carlin	Nurse Coordinator Workforce Manager (For Minute 51)
Shirley Gordon	Secretariat Manager
Elaine Love	Chief Nurse Professional Governance and Regulation (For Minute 51)
Andrew Robertson	NHSGGC Board Chair

ACTION BY

46. APOLOGIES

Apologies for absence were intimated on behalf of Alistair Taylor, Julie Tomlinson, Samantha Flower, Peter Ivins, Emilia Crighton, Robert Calderwood, Jennifer Armstrong and Mags McGuire.

Heather Cameron welcomed Yas Aljubouri to his first ACF meeting and introductions were made.

NOTED

47. 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

48. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 6 August 2015 [ACF(M)15/04] were approved as an accurate record.

NOTED

49. MATTERS ARISING

- Minute No 41 – Heather Cameron thanked Julie Tomlinson for collating responses to the Healthcare Improvement Scotland consultation. Heather confirmed that she had duly submitted the ACF response and would circulate this to members for their information.

Heather Cameron

NOTED

50. INTEGRATION UPDATE

Unfortunately, Catriona Renfrew was unable to attend to provide an update but it was reported that David Williams (Chief Officer, Glasgow City HSCP) would attend the ACF meeting scheduled for 4 February 2016.

In the meantime, members were still keen to pursue the holding of a joint session with the six Chief Officers of the Health & Social Care Partnerships to discuss how to engage with the IJBs going forward. The ACF was keen to establish a relationship with the HSCPs which, in turn, would open up a line of communication with each of the Advisory Committees. It was hoped that the meeting would explore how best to consult, in an advisory capacity, the professions, particularly as the ACF represented the clinical workforce of NHSGGC. Members wanted to be proactive and to add value to the IJBs, particularly now that they were up and running. Heather Cameron agreed to speak to Catriona Renfrew to establish how best to go about arranging such an event. She was scheduled to meet with Catriona at the end of October 2015 which was timely to raise this matter. She would update ACF members on the feedback provided.

Heather Cameron

It was reported that the NHS Board's Chief Executive met with the Chief Officers and the Secretary was asked to obtain the schedule of 2016 meeting dates for these in the hope that the ACF could perhaps meet with the Chief Officers after (or before?) this meeting when they were together as a group anyway. *{Post meeting note – dates set for 2016 are 21 January, 21 April, 21 July and 20 October – all 1 till 5pm}.*

Secretary

NOTED

51. CAAS UPDATE

Heather Cameron welcomed Elaine Love and Angela Carlin, in attendance to provide the ACF with an update on the Care Assurance and Accreditation Scheme (CAAS).

Ms Love explained that delivering safe, effective quality care to patients was at the heart of the NHS Board's business, however, measuring and assuring the quality and standards of care delivered to patients by individuals and teams was not an easy process. In order to consistently ensure and assure safe and effective practice and person-centred approaches to the delivery of care, NHSGGC was currently putting plans in place to develop and implement a CAAS across the organisation. This approach was based on a model used within Salford Royal NHS Foundation Trust and was designed to support nurses and the multi-professional team to identify and build upon what worked well and to take effective action where further improvements were necessary.

Whilst the overall responsibility and accountability for achieving and maintaining the required standards lay with the Senior Charge Nurse/Midwife and the wider team, senior professional nursing staff and other specialist services also had a key role to play in supporting them, working collaboratively across systems and disciplines to ensure continuous improvement within their wards and departments.

Ms Love explained that each of the standards within the approach had been framed using the four domains within the Leading Better Care Framework (2008). It was also designed to encompass professional standards as well as the components of national and professional drivers. The local implementation of CAAS would also support the delivery of the organisational strategic framework (Facing the Future Together) and Workforce 20:20 Vision, supported by colleagues from Organisational Development, Learning & Education, Practice Development and Clinical Improvement & Effectiveness.

She described how NHSGGC, NHS Lanarkshire and NHS Ayrshire & Arran had brought together a time-bound steering group to develop a care assurance and accreditation scheme to:-

- Assess and monitor care and ensure a consistent approach was applied to care;
- Provide clinical teams with clear expectations of the expected standard of care whilst encouraging a team approach to service improvement;
- Reduce the duplication of audits and streamline the inspection process, filling gaps where identified.

Agreement by the three NHS Boards was reached to work with the reviewed Salford Royal Hospital Trust's Nursing Accreditation Framework to develop a bespoke Scottish model. The Executive Nurse Directors from the three NHS Boards and a delegation of clinical staff had visited Salford Royal NHS Foundation Trust to further explore the model and experience the impact on care and services first hand. In June 2014, a senior charge nurse/midwife and lead nurse/midwife engagement event took place to inform staff of the Salford Framework and to seek their input into developing the Standard Framework. A further engagement event took place in November 2014 to check progress within each of the workstreams across the three NHS Boards and to share experiences. All four phases (Adult, Women and Children's, Mental Health and Community) within NHSGGC had commenced the development of their standards within the CAAS Framework with testing started.

In terms of process, Ms Carlin explained that the CAAS Lead would select a day to assess the ward and this would be unannounced. The care assessment would cover the identified standards and would involve, at a minimum, one third of patients and two thirds of staff. Each ward would have an assessment completed and would be accredited with a level 0-3. Reassessment would take place at a time interval dependent upon the results.

Since its formal launch on 22 July 2015, the 13 new Adult Acute Nursing standards had the support of both staff and patients, particularly as it was a "back to basics" system designed to empower clinical teams in wards and community areas to deliver against professional and clinical standards of consistent care across all areas of NHS service delivery every time for every patient.

CAAS had been very enthusiastically received by staff who recognised that the standards were not new but that it was how they would be delivered in a consistent way that was different. They also recognised that it was important to have a system which demonstrated the value of care provided to patients which could be used as evidence to external inspection regulators and, most importantly, to all patients and their families.

The following points were clarified during the discussion:-

- It was intended to have a bronze, silver, gold and platinum assessment approach in NHSGGC and quality indicators would be displayed outside wards with associated results so that they were visible.
- Although the Acute Adult standards had been formally launched, paediatric, maternity, neonatal, mental health and district nursing were in early stages of establishment. It was also intended to roll out the standards with community services and health visiting. Community rehabilitation teams would also be prioritised.
- Work was being taken forward with IT to ensure that relevant systems were available to support CAAS, particularly in looking at improvements and celebrating successes and in the evidence gathering stages.
- Improvement teams were being pulled together at the moment and relevant training being undertaken for the assessment stages.
- Engagement was taking place with medical staff.
- The standards would apply not just to “health” but to social work services as well.
- A buddying system would be put in place across wards and directorates particularly with those who had achieved gold/platinum to help support colleagues aspiring to this level.
- A senior charge nurse network had been established with representatives from each of the three NHS Boards so that best practice and lessons learned could be shared.

ACF members thanked Elaine and Angela for their very informative and insightful update on CAAS. It was agreed that they provide an update on progress at the ACF’s meeting scheduled for 4 February 2016. Elaine and Angela confirmed they would be delighted to return and summarise progress.

**4 February 2016
agenda**

NOTED

52. ANNUAL REVIEW 2015 - REFLECTIONS

Members reflected on the ACF meeting with the Cabinet Secretary and Paul Gray during the Annual Review; the general consensus being that the meeting had been positive and that a balance had been struck between highlighting good practice within NHSGGC and expressing concerns regarding future challenges facing the NHS Board.

The following topics were covered:-

- Workforce, Efficiency & Productivity and Innovation.
- Integrated Care, Unscheduled / Emergency Care and Primary Care.
- Financial challenges.

- Everyone matters 2020 Vision Workforce, Health Inequalities, Prevention and Care for Multiple and Chronic Illnesses.
- Person-Centred and Safe Care.

NOTED

53. AREA CLINICAL FORUM – 2015/2016 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ACF Meeting Plan for 2015/2016. The following suggestions were made for future agenda items and the Secretary would make the necessary arrangements and update the plan going forward:-

Secretary

3 December 2015 meeting

- GIRFEC update – The Secretary would ask Mari Brannigan who would be best placed to attend to provide a briefing. *{Post meeting note – Cathy Roarty confirmed}*.
- David Leese to be invited to discuss further the document “Developing GP Services: Engaging & Listening”. *{Post meeting note – confirmed}*.

4 February 2016 meeting

- David Williams to attend to update on integration within Glasgow City. *{Post meeting note – confirmed}*
- CAAS update from Elaine Love and Angela Carlin. *{Post meeting note – confirmed}*
- Nursing & Midwifery Revalidation update from Elaine Love. *{Post meeting note – confirmed}*

7 April 2016 meeting

- Staff survey results from Doug Mann. *{Post meeting note – confirmed}*

2 June 2016 meeting

- Finance update from Mark White. *{Post meeting note – confirmed}*
- Pharmacy support to GPs project update from Margaret Ryan. *{Post meeting note – confirmed}*

The Secretary would approach these guest speakers and make the necessary arrangements.

Secretary

NOTED

54 (a) UPDATE FROM THE NHS BOARD CHAIR ON ONGOING BOARD BUSINESS

Andrew Robertson provided an update on the following:-

- Delayed discharges and progress being made across the six HSCPs;
- Plans being made to progress winter planning arrangements throughout 2015/16;
- The movement of elderly patients from Drumchapel to the Gartnavel campus;
- Unscheduled care / Emergency medicine;
- Financial situation within NHSGGC and associated challenges going forward into 2016/17;
- NHSGGC's response to Health Improvement Scotland's report on the Beatson.

Given that Mr Robertson's term of office was due to end on 30 November 2015 as NHS Board Chair, Heather Cameron paid tribute to his contribution to the work of the ACF and members thanked him for his attendance and support throughout the years.

NOTED

54 (b) UPDATE FROM THE ACF CHAIR ON NATIONAL ACF BUSINESS

Heather reported that there had not been a National ACF Chair's Group meeting since the last ACF meeting.

NOTED

55. 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.

In particular, Yas Aljubouri raised a matter that had caused frustration at the ADC which concerned the need for an urgent general anaesthetic referral pathway for children with dental/facial abscesses. He confirmed that the matter was being discussed with Karen Murray and Ray McAndrew within the Oral Health Directorate, who had responsibility for this area and he would provide an update at the ACF meeting scheduled for December 2015. By way of an example, Morven Campbell summarised the out-of-hours optometry pathway for emergency cases and would be happy to share this with Yas if he required further detail.

Yas Aljubouri

NOTED

56. ANY OTHER BUSINESS

(a) Developing GP Services: Engaging & Listening

Members discussed this paper which launched the NHS Board's programme to engage a wide range of interests in developing a direction for GP services in NHSGGC. The paper had been developed by the Primary Care Steering Group which brought together representatives of all the GP, dental, pharmacy and optometric contractors and clinical, managerial and planning leads from Partnerships and across the NHS Board's area. It was noted that comments and feedback would be welcome by the end of October 2015. Given this, the Secretary was asked to circulate the paper to ACF members. *{Post meeting note – duly circulated}*. Members should consider the document, and, in particular, the detailed questions highlighted and submit any response they wished included in the ACF's reply to Kathy Kenmuir by the end of October 2015. Kathy would collate all responses received and draft a reply for Heather Cameron's consideration and submission thereafter.

Secretary

**All Members/
Kathy Kenmuir
Kathy Kenmuir /
Heather Cameron**

In addition, the Secretary was asked to invite David Leese to the December 2015 ACF meeting to talk about this paper further. *{Post meeting note – confirmed}*

Secretary

NOTED

57. DATE OF NEXT MEETING

Date: Thursday 3 December 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