

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 February 2016 at 2.30pm**

PRESENT

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

Fiona Alexander	Chair, APsyC
Morven Campbell	Vice Chair, AOC
Audrey Espie	Vice Chair, APsyC
David McColl	Joint Chair, ADC
Andrew McMahan	Chair, AMC
Audrey Thompson	Chair, APC
Julie Tomlinson	Vice Chair, ANMC

IN ATTENDANCE

Jennifer Armstrong	NHSGGC Board Medical Director
Shirley Gordon	Secretariat Manager
John Hamilton	NHSGGC Head of Board Administration
Fiona McCluskey	NHSGGC Assistant Chief Nurse Professional Governance & Regulation (For Minute 06)
David Williams	Executive Director of Social Care Services/Chief Officer Designate to Glasgow City Integration Joint Board (For Minute 05)

ACTION BY

01. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Samantha Flower, Kathy Kenmuir, Alastair Taylor, Peter Ivins, Mags McGuire and John Brown.

Heather Cameron welcomed guest speakers in attendance and thanked them for taking the time to provide relevant updates to the Forum.

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 3 December 2015 [ACF(M)15/06] were approved as an accurate record.

NOTED

04. MATTER ARISING

- Minute No 64 “Developing GP Services/Engaging & Listening Consultation Document” – Andrew McMahon noted that the closing date for comments to this consultation was 14 December 2015 and wondered if, indeed, the ACF had submitted a response. Heather confirmed that Kathy Kenmuir collated comments on behalf of the ACF and that these had been submitted to David Leese and Catriona Renfrew. It was agreed that the Secretary circulate to all ACF members a copy of the response as submitted to the consultation. *[Post-meeting note: the Secretary duly circulated the response on 5 February 2016].*

Secretary

In Alastair Taylor’s absence, Andrew McMahon pointed out that the NHSGGC GP Sub-Committee of the AMC had concerns regarding the low response rate to this consultation and cautioned, therefore, on any assumptions that could be made from the results.

NOTED

05. UPDATE ON GLASGOW CITY INTEGRATION

Heather welcomed David Williams, in attendance to update on the Glasgow City integration.

She alluded to the ACF’s intention to pursue the holding of a joint session with the six Chief Officers of the HSCPs to discuss how to engage with the IJBs going forward. It was important to discuss, in further detail, how best to take forward establishing a relationship, not only with the ACF, but with the seven NHSGGC Professional Advisory Committees. She confirmed that this matter would progress later in 2016.

David welcomed this opportunity to engage with the Forum and went on to provide a summary of the Glasgow City Integration Scheme and the role of its IJB. He explained that there had been one outstanding issue, since January 2015, between Glasgow City Council and NHSGGC in respect of the detail of scope and wording within the Integration Scheme in relation to Specialist Children’s Services. That matter had now been resolved between the Chief Executives of the NHS Board and the Council and the revised Scheme had since been approved by the Council Executive Committee, NHSGGC Board and Scottish Ministers. The Scheme was laid before Parliament and the IJB established on 6 February 2016 with its first formal meeting being held on 8 February 2016.

Although the IJB had not been fully established, Mr Williams had proceeded with his management arrangements and structure since May 2015 and these were now in place with staff based in Commonwealth House on Albion Street.

Mr Williams led the Forum through a summary of the legislation which provided a framework for Councils and Health Boards to proceed with health and social care integration. The Integration Scheme delegated strategic planning for a range of Council and Health Board functions to IJBs and IJBs produced a single Strategic Plan for health and social care to deliver national outcomes. Furthermore, IJBs commissioned Councils and Health Boards to deliver services in line with the Strategic Plan and allocated budgets accordingly. Councils and Health Boards then delivered those services or purchased them from third and commercial sectors.

In terms of the Glasgow City IJB's Strategic Plan, this outlined the vision of the IJB and how it would deliver national health and wellbeing outcomes. The draft was published for consultation between October and December 2015, with consultation responses being analysed and used to update the plan. It would, thereafter, be presented in final draft to the IJB on 21 March 2016, coming into effect on 1 April 2016.

In terms of operational delivery, Mr Williams reported that the Council and NHS Board employed staff and operationally managed health and social care services. Integrated management arrangements were in place under his direction as Chief Officer and the IJB retained strategic responsibility and "operational oversight" but not operational responsibility. The Chief Officer had officer-led responsibility for all strategy, resources and most operations (with some local exceptions as outlined in Integration Schemes).

He went on to outline the next steps for the IJB, a key one of which was approving its Strategic Plan. Governance arrangements were also paramount, particularly in relation to the IJB's own internal arrangements, and in building relationships with the Council and the NHS Board. The Council and NHS Board would begin to deliver services under the direction of the IJB with the delegation of Council and NHS Board functions to the IJB.

Heather thanked David for the informative update on the position within Glasgow City. The following points were raised during discussion:-

- Within NHSGGC, there were six HSCPs. Within each Partnership, there would be increased shared vision between health and social care. Legislation, however, set out that the six Chief Officers must work together in relation to the overall delivery of services.
- A priority was in maintaining clinical and professional integrity and ensuring these were completely embedded in each Partnership.
- The definition and interpretation of "Acute Services" was set in legislation.
- Work was ongoing to publicise more widely the role and responsibilities of HSCPs and each would have its own awareness raising events and communications strategies.
- Recognition that in bringing together staff from health and social care services, cultural change within the organisations was to be expected.

- The intention to work with NHS consultants in the future to look at the skill mix and delivery of services/support (as outlined in the NHS Board's Clinical Services Strategy) and identify where delivery took place in the future. This was because it was well recognised that services needed to be delivered differently going forward.
- There were joint objectives for senior managers in the IJBs to ensure that a priority was to work better in a joined up way between health and social care. This would present challenges but it was important to improve information exchange, looking at various models and to capitalise on working well with elected members.
- In looking at shared objectives, a plea was made that this did not simply encompass the medical profession but that this cut across all professions. This was perhaps a role for the ACF and how best it could link with this work and make a valuable contribution to the work of the IJBs. Such a suggestion was welcomed.

Heather thanked David for attending the ACF to give more context to the work of IJBs. She encouraged all members and senior managers to consider how the ACF could make a contribution to the work of the IJBs going forward, and looked forward to discussing this further at a later date.

NOTED

06. NURSING AND MIDWIFERY REVALIDATION

Heather welcomed Fiona McCluskey, in attendance, to update the ACF on progress with nursing and midwifery revalidation in NHSGGC.

Fiona explained that the Nursing and Midwifery Council (NMC) made a decision in October 2015 to introduce revalidation for all nurses and midwives in the UK. The NHSGGC Revalidation Steering Group had held five meetings with good progress towards the Revalidation Workplan. NHSGGC continued to work closely with the Scottish Government and other NHS/non-NHS sites across Scotland.

The support for nurses and midwives to prepare for revalidation was well underway. The NMC provided NHS Boards with revalidation training in November 2015 and 37 delegates attended from NHSGGC. This had equipped key staff to cascade knowledge back to local colleagues using standard materials available on the nursing portal.

Events were held in November and December 2015 for registrants and managers to align with the NMC media campaign. A total of 136 staff attended the registrants session on 18 November, and 160 staff attended the three manager sessions held in December 2015.

The Revalidation Education and Training Subgroup had planned a range of workshop sessions commencing in January 2016, to continue to raise awareness and to provide support for registrants revalidating between April and June 2016. Sessions would concentrate on the revised NMC code supporting registrants to write reflective accounts and develop an e-portfolio. Other modes of delivery for those staff unable to attend the planned sessions were being explored.

To date, circa 650 nurses and midwives had registered to attend.

The nursing portal would host all the information staff would require for revalidation. This was undergoing a complete refresh of the layout and update of information by the end of January 2016 to reflect new resources available. This was being undertaken in collaboration with practice education facilitators, practice development and library services. The portal provided links to a wealth of external resources provided by NES and would provide a link to the new NMC Revalidation microsite which was launched on 15 January 2016.

Workforce analytics had collated information from Sectors and Payroll and had identified 10,000 registrants within NHSGGC. Data had been cleansed and sent to the NMC for confirmation of registrants expiry dates and renewal (revalidation) dates. A process for revalidation reporting and ongoing updates was being developed.

The Scottish Workforce Advisory Group was meeting on 15 February 2016 to look at the impact of NMC Revalidation on the Pin Policy (safer pre and post employment checks) interim position for lapsed registrations by the end of January 2016. An NHSGGC interim position with regards to lapsed registration on the policy for registration of healthcare was to be agreed.

In response to a question regarding risk, Ms McCluskey confirmed that high risk service areas had been identified and that these included smaller nursing teams and specialist services where there would be service delivery ramifications should revalidation lapse. Other risk areas being worked on included looking at an NHSGGC age profile of nurses and midwives and their personal intentions.

Ms McCluskey agreed that it was important not to duplicate the effort with e-ksf but to identify how e-ksf could be used in parallel with the revalidation process for nurses and midwives. She also alluded to the e-portfolio process in terms of governance and the role of human resources in the event of competency based concerns. Overall, efforts were being made to allay any anxieties that nurses and midwives may have, emphasising that the revalidation should be a positive experience.

David McColl summarised the dental revalidation process in terms of its three tiers (NHS Board, Scottish Government and General Dental Council) and he alluded to work being commenced on how one process in the future may satisfy all three bodies.

Heather thanked Fiona (who was attending on behalf of Elaine Love) for the update and wished the team well in taking forward the revalidation work.

NOTED

07. ANNUAL REVIEW OF ACF CONSTITUTION

Members had been circulated with a request from John Hamilton to ensure the ACF carried out its annual review of its remit/terms of reference to ensure it remained fit for purpose prior to formal consideration by the NHS Board's Audit Committee on 22 March and the NHS Board meeting on 19 April 2016.

Members noted the current ACF constitution and remit, its membership as at November 2015 and CEL 16(2010) which outlined the Scottish Government's

vision for ACFs. Also circulated was a copy of the Scottish Executive letter dated 25 July 2001, which provided initial guidance on the role, terms of reference and core functions of new Area Clinical Forums at that time.

Mr Hamilton explained that the NHS Board was required to annually approve the remits and memberships of its Standing Committees and he asked members to consider their constitution and membership and provide any suggestions of amendment to him as soon as possible.

By and large, members agreed that the constitution and membership remained fit for purpose as it stood at the moment and agreed that, at this point, no alterations were required. It was noted, however, that the HIS report about the Beatson Oncology Centre made a recommendation that was specific to the Area Clinical Forum. The recommendation was that “NHSGGC should review its Area Clinical Forum and supporting advisory structure to ensure appropriate engagement across its Professional Advisory Committees using the guidance set out in CEL16(2010) as a basis for this review”. NHS Board Officers were currently considering the recommendations made within the HIS report (of which this was one) and John Hamilton explained that when this work was complete, an action plan fulfilling this recommendation would be submitted to the Area Clinical Forum for consideration. It may be, at that time, that members may wish to consider whether or not amendments were required to their constitution. This approach was welcomed and Heather Cameron alluded to two national reports that had cited the ACF role recently, which reflected the Scottish Government’s view of the ACF as being critically important. Members welcomed this opportunity to comment on the action plan when it was received.

John Hamilton

Forum members went on to discuss succession planning and capacity issues. It was recognised that each of the Advisory Committees conducted an election for a Chair and Vice Chair every two years. As the ACF comprised Advisory Committee Chairs and Vice Chairs, this meant that the ACF conducted its election for a Chair and Vice Chair every two years as well. Given this, it was important for Chairs demitting office to ensure some handover/lead-in time with a newly elected Chair and/or Vice Chair.

Members discussed the commitment of being an Advisory Committee Chair/Vice Chair which resulted in being an ACF member which, if elected Chair, could result in being an NHS Board Member. The time commitment of this, whilst retaining employment, was significant and two year cycles had always been considered reflective of that commitment. Heather Cameron drew comparisons with the Employee Director of the NHS Board and Mr Hamilton referred to the individualised approach the NHS Board took with the Chair of the Area Partnership Forum and Area Clinical Forum to backfilling time to ensure an adequate contribution could be made.

In response to a question from Fiona Alexander concerning secretariat support to the Area Psychology Committee, Shirley would liaise with the secretary supporting that Committee to provide templates/standard formats used for the minuting of Professional Advisory Committees. This had arisen as the Advisory Committees had agreed to submit not only bullet points of information but approved sets of minutes to the ACF for a greater understanding of each other’s business.

NOTED

08. FINANCIAL PLANNING CONSIDERATIONS

Heather Cameron explained that when the Scottish Government outlined its budget plans for the coming year, it became clear that the NHS Board needed to identify cash releasing savings plans. As such, the NHS Board created a discussion paper to share with Board Members and the Area Partnership Forum. This paper examined many options that could be considered and included cash releasing options that had previously been considered by the NHS Board. The Board Members discussed the financial challenges that needed to be faced in late December 2015 and this challenge was on the agenda for the Area Partnership Forum meeting in January 2016. Unfortunately this discussion paper had been described by the media and other commentators as “a leaked document” outlining plans to cut services and save money. The NHS Board’s Chief Executive had emphasised that it was neither of those things.

The NHS Board clearly had to estimate patient demand and configure how best to deliver safe and sustainable services whilst in a tightening financial position. It had to identify the best ways of managing the financial challenges and work in partnership to agree a set of financial plans for 2016/17. This process was underway with NHS Board Members and the Area Partnership Forum fully involved. The NHS Board’s Chief Executive expected to have identified draft considerations by early March 2016 and to refine these further through until the end of April 2016 with a view to agreeing a set of financial plans for the year ahead. It was unfortunate the way this discussion paper had been interpreted by some, and had caused rumour and concern about some specific services. The fact was that the NHS Board had to proceed to identify areas in keeping with trying to maintain the principles of being able to deliver safe and sustainable services.

The Chief Executive had since stressed, as stated publicly, that the NHS Board remained in discussions with the Area Partnership Forum, the Scottish Government, and would engage in full discussion with the public before any of the decisions made were implemented.

Forum members welcomed the update and understood NHS Board-wide the exercise that needed to be undertaken in looking at how savings could be made particularly, as at the moment, there was a month-on-month overspend. It was hoped that, in the near future, Mr Calderwood would attend an ACF meeting to provide an update.

CEO

NOTED**09(a) UPDATE FROM THE NHS BOARD CHAIR ON ONGOING BOARD BUSINESS**

In John Brown’s absence, Jennifer Armstrong provided a brief update on ongoing NHS Board business and summarised progress being made at the Queen Elizabeth University Hospital.

NOTED

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

Heather Cameron reported that the next meeting of the National ACF Chairs Group was scheduled for 2 March 2016. Fiona Alexander would attend as Vice Chair.

Fiona Alexander

NOTED

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

Members were asked to note the ACF Meeting Plan for 2016. It was agreed that the Secretary would ask Patricia Mullen if a date for the Annual Review had been set yet and include this in the plan. *[Post-meeting note: Patricia Mullen has confirmed that a date has not yet been received from the Scottish Government – she would let the ACF know as soon as this is received].*

It was suggested that Brian Moore (Chief Officer, Inverclyde HSCP and Hector Macdonald, Clinical Director, Inverclyde HSCP, be invited to the October 2016 ACF meeting to provide an update on the Inverclyde GP pilot. *[Post-meeting note: Brian Moore has confirmed his attendance].*

Oct 2016 agenda item

NOTED

11. 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 as well as their most recent approved set of minutes.

NOTED

12. ANY OTHER BUSINESS

(a) ACF Representative on the Vale of Leven Group

Heather explained that the NHS Board agreed at its December 2015 meeting to establish a group to go through the actions taken in response to the Vale of Leven recommendations. The group would comprise a representative of the ACF. Fiona Alexander had agreed to fulfil this role and would keep the ACF up to date with progress.

Fiona Alexander

NOTED

(b) Food, Fluid & Nutritional Care Policy

Mags McGuire had asked that the Area Clinical Forum receive a copy of the NHS Board's Food, Fluid and Nutritional Care Policy. This was forwarded to ACF members for information on 15 January 2016.

NOTED

(c) Consultation on Proposals for the Introduction of the role of an Independent National (Whistleblowing) Officer (INO)

The above consultation was circulated to the ACF for consideration. The closing date for responses to the Scottish Government was 10 February 2016. John Hamilton suggested that any ACF member (or Advisory Committee member) who wished to contribute to the NHS Board's response to this consultation should forward comments to him by 9 February 2016.

All Members

NOTED

13. DATE OF NEXT MEETING

Date: Thursday 7 April 2016

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