

APPROVED AS CORRECT RECORD  
BOARD OFFICIAL

ACF(M)16/06  
Minutes: 64 - 75

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 December 2016 at 2.30pm**

**PRESENT**

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

Yas Aljubouri	Joint Chair, ADC
Audrey Espie	ApsyC
Doug Malcolmson	APC
Alastair Taylor	Vice Chair AMC

**IN ATTENDANCE**

Jennifer Armstrong	Medical Director
John Hamilton	Head of Administration
Doug Mann	Operational Lead – iMatter (For Minute No,68 )
Ally McLaws	Director of Corporate Communications (For Minute No.69 )
Catriona Renfrew	Director of Corporate Planning and Policy (For Minute No.70)
Margaret Smith	Secretariat Manager

**ACTION BY**

**64. APOLOGIES & WELCOME**

Apologies for absence were intimated on behalf of Fiona Alexander, Linda De Caestecker, Samantha Flower, Kathy Kenmuir, Mags McGuire, Andrew McMahan, and Audrey Thompson.

NOTED

**65. 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

**66. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Area Clinical Forum held on Thursday 6 October 2016 [ACF(M)16/05] were approved as an accurate record.

NOTED

**67. MATTERS ARISING**

It was confirmed that Fiona Alexander had updated version of the ACF Action Plan resultant from the HIS report on the Beatson Oncology Centre and forwarded this to John Hamilton. Heather Cameron requested a copy to be circulated to the ACF.

**John Hamilton**

*(Post-meeting Note- the Secretary distributed this to AFC by email on 5<sup>th</sup> December 2016)*

NOTED

**68. UPDATE ON iMatter**

Heather Cameron welcomed Doug Mann, Operational iMatter Lead in attendance to provide an update on iMatter.

Mr Mann provided a brief outline of iMatter as a continuous improvement tool for staff engagement. The Scottish Government rolled this out across all Boards and is likely to replace the Staff Survey, as the Staff Survey was a snapshot in time, and did not provide any meaningful method of identifying areas of shared concern and remedial action.

Doug Mann explained that iMatter is an annual process, wherein the survey takes place at team level. Every line manager has an account and it is their responsibility to confirm their team. Once the survey has been completed, a team report is generated which enables the team to test their own results. This feeds into the team improvement process. The hope is that the process affords enough opportunity for generating discussion at team level so that it becomes a meaningful exercise.

Doug Mann led the Area Clinical Forum through the preparation required for implementing iMatter. This can present difficulties; each individual and their reporting lines have to be defined. The tools used (global address book, payroll) may not always be fully accurate and this has presented difficulties especially in the large acute sectors and directorates.

Alastair Taylor commented that in clinical areas, it can be challenging to get staff together to input into the process.

Heather Cameron raised a possible cultural problem of staff believing they have no time for this type of exercise although they do have the ability to make choices about at least some portion of their working lives, despite existing commitments. She went on to say that it will only be a success if staff make the time for it and commented that at present there may be a lack of meaningful engagement by line management and staff groups especially on one to one basis. She welcomed the shift to local team ownership for the process.

Doug Mann agreed that the challenge is to get staff engaged at all levels and noted that in clinical settings, there may be the same conversations ongoing around clinical quality as around iMatter.

Heather Cameron noted that iMatter encourages face to face communications rather than information giving which she welcomed.

Doug Mann went on to acknowledge that not all staff have individual email accounts (as many as 10,000 do not) meaning that in some staff groupings the survey cannot be emailed to them individually and the process then involves the line manager (e.g. Senior Staff Nurse) downloading and printing copies for groups of staff.

Mr Mann thanked the ACF for its debate and discussion around the key themes. He agreed to attend a future ACF meeting to update on further progress.

NOTED

## **69. COMMUNICATIONS STRATEGY**

Dr Cameron welcomed Ally McLaws, Director of Corporate Communications in attendance to advise ACF members on raising the profile of the ACF through communications strategy.

Mr McLaws explained the wider context by leading the ACF through recent experience with nursing colleagues when a portal was created by the communications team which nursing colleagues undertook to keep current as a tool for raising awareness about good nursing practice. A similar tool could be set up for the ACF.

Mr McLaws thought that this exercise could help in raising the profile of the ACF and Advisory Committees generally especially in highlighting the work of the committee and the way it feeds into the Board thus encouraging more interest in the ACF more widely. This may also help in encouraging more staff to put themselves forward as potential members for the Advisory committees in particular.

Mr McLaws suggested that photos of the ACF members along with short biogs would be important – there is a need to know who representatives are and this encourages engagement.

The ACF discussed this in further detail and the following points were made:-

- There was a discussion around whether this portal should be sited on Staff Net or on the website. The website has a better appearance and is interactive. It was noted that some stakeholders cannot access Staff Net e.g. Sessional GPs.
- Although the Communications team would create the tool; it would be for the ACF and Advisory Committees to be responsible for the updating of content.
- It would be possible to track how many hits the page had, to assess how well it is being accessed.
- Setting up interactive contact – e.g. an email on the portal that could be used as an easy means of contact with the Committee. It was noted that this would require review regarding responsibility to monitor the email account via the Chair and Secretariat.
- The committee felt that although the ACF has done a lot of work in terms of engaging with Board members; this tool may give additional

opportunity for engaging with other staff groups who may not be aware of the Advisory Committees as a forum.

Mr McLaws advised that it would take 8 to 10 weeks to get all the information required and get the site launched. Dr Cameron reminded the ACF that she would be leaving the Committee as Chair in June 2017, and also that Elections would take place in March / April 2017 for the 7 Advisory Committees with 50% of the membership of each committee changing. This tool could be helpful in that process.

It was agreed that Dr Cameron and Mr McLaws would meet to plan taking this forward and the Committee thanked Mr McLaws for the insight he had provided into this area.

**Heather Cameron/  
Ally McLaws**

NOTED

## **70. ENGAGEMENT PROCESS ON PROPOSED SERVICE CHANGES**

Dr Cameron welcomed Dr J Armstrong, Medical Director (in attendance) as well as Ms C Renfrew, Director of Corporate Planning & Policy (by conference call). Ms Renfrew summarised the proposed service changes.

It was noted that ACF members had received previous communications regarding the proposed changes including board papers outlining the changes.

Ms Renfrew explained that she was keen to get the views of the ACF as she had received those from Hospital and GP subcommittees and the Area Medical Committee. She noted for the ACF that the proposed change to ward 15 of RAH is currently out to formal consultation which will conclude in February 2017.

The 3 other key changes under discussion were:

- Changes to Rehabilitation services in NE Glasgow – Lightburn Hospital.
- Centre for Integrated Care
- Community Midwifery Units

Ms Renfrew summarised the proposed change to Lightburn Hospital meaning that outpatient and day hospital services would be moved to Stobhill ACH and community rehabilitation and care home beds as appropriate.

Within the ACF it was confirmed that the GP subcommittee were happy with the model notably the direct access it gives and had noted that it had to be adequately resourced and needed to work for GPs. ACF members were also in agreement with the direction of travel and noted similar comments in relation to appropriate shift of resource

Ms Renfrew summarised the proposed change to the CIC as a move to Ambulatory Care model. She highlighted there has been a mixed response to this with some patients being against and a mix of views from CIC clinicians.

Dr Armstrong confirmed that she had arranged to meet clinical staff and bring together the clinical views. It will be a subject for discussion at the Board Seminar on 6<sup>th</sup> December.

ACF members agreed that a shift to an ambulatory care model was appropriate and supported the proposal. Members also asked whether further consideration had been given to the future of continuing to offer any CIC service. Dr Armstrong confirmed that the current proposal was to close the in-patients beds whilst moving to an ambulatory care model and was not about withdrawing all CIC services.

Ms Renfrew noted that the Health Council review group were due to meet the following day (2 December) and that their view would be required as to whether this proposal should properly be considered as a major service change and this was noted by the ACF.

Ms Renfrew outlined the history of the proposed change to CMUs which it was stressed only involved delivery services. This is in line with the national maternity services strategy. It was noted that a decision from the Health Council is awaited as to whether this is a major service change.

The ACF noted support for the overall direction of travel for these proposed changes. However, given the small numbers present it was agreed that the Chair would send round an email summarising the discussion indicating that no specific concerns were raised within ACF and the view of the room was supportive but keen to give everyone a chance to respond.

*(post Meeting Note – Chair emailed ACF members on 5<sup>th</sup> December requesting comments by 12<sup>th</sup> December)*

**Chair**

NOTED

**71a) UPDATE FROM THE NHS BOARD CHAIR ON ONGOING BOARD BUSINESS**

In the absence of the NHS Board Chair, Dr Armstrong summarised ongoing business as follows:-

- (a) Within Acute Services there would be significant changes to the delivery of health care. A transformation team would be put in place to embark on a 3 to 5 year strategy. This would be in connected to the National Clinical Strategy in terms of regionalisation and specialisation.
- (b) The financial challenges in 2017/18.
- (c) The Beatson Oncology Centre
- (d) The Paediatric Cardiology team engaging with colleagues in London.
- (e) Unscheduled Care Programme and workforce plan.
- (f) Mental Health Strategy
- (g) Review of Full Business Cases for Greenock and Clydebank Health Centres.
- (h) The Chief Executive's retirement on 3st January 2017. It was noted that recruitment is in progress and the need to have an Interim Chief Executive in place was being considered.

NOTED

**71b). UPDATE FROM THE ACF CHAIR ON NATIONAL ACF BUSINESS**

Dr Cameron reported that the national group had not met since the last ACF

meeting but will meet in the following week so she will be able to update the ACF at the next meeting.

NOTED

**72. AREA CLINICAL FORUM 2016-17 MEETING PLAN AND FORWARD PLANNING**

Members were asked to note the ACF Meeting Plan for 2016/17 and encouraged to make any suggestions for inclusion.

Members were asked that the consultation on RAH Ward 15 will end in February 2017 and so this may be for discussion.

The project team driving CSR will present a series of options for engagement.

The Outpatient Board strategy looking at inpatient services, day to day business and continuous change impacting on unscheduled care.

Alastair Taylor requested a look across the seven Advisory committees in terms of the variation in administrative support with not all committees having dedicated time in the way that the AMC does.

NOTED

**73. BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS & APPROVED MINUTES TO NOTE**

Members were asked to note salient business items discussed recently by the respective Advisory Committees as well as their most recent approved sets of minutes. The following points were highlighted:-

- AAHP & HS – nothing specific noted.
- AMC – Alastair Taylor raised the Renfrewshire Development Programme where the planner had been asked to come back as both the Hospital and GP subcommittees had questioned the evaluation process. Whilst the evaluation itself was welcomed, it was felt that the way it was written and the conclusions drawn had indicated savings which may not necessarily be the case. It was agreed to circulate the paper to the ACF and it was agreed that this warranted further debate.
- ADC – Dr Aljubouri did not raise a specific point from the minutes but raised a separate matter relating to emergency paediatric referrals to the Dental Hospital. It was agreed that Dr Aljubouri would write separately to Dr Armstrong in this regard who would signpost his concern to the appropriate person. However, if this becomes an ongoing issue, it was noted that the AFC should have a paper from the ADC to give details of any challenges.
- ApsyC – no approved minutes. Audrey Espie to check as she thought that these should be available.
- ANMC – nothing specific noted.

**Chair/ Secretary**

- APC – nothing specific noted.

NOTED

**74. ANY OTHER BUSINESS**

**a) Launch of National Health & Social Care Standards Consultation.**

The Chair noted that each of the Advisory Committees should have this on their agendas for discussion and comment.

The AFC discussed the merits of whether each Advisory Committee should collate their own responses to be passed to the AFC or whether the AFC should collate these responses.

The Chair will be responsible for collating one response from the AFC. It was noted that the consultation ends on 22 January 2017 and so it would be preferable for comments to the Chair by Christmas.

**All /Chair**

NOTED

**75. DATE OF NEXT MEETING**

Date: Thursday 2 February 2017

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