

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 June 2017 at 2.30pm**

**PRESENT**

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

Yas Aljubouri	Alastair Taylor
Morven Campbell	Audrey Thompson
K Kenmuir	

**IN ATTENDANCE**

Ms J Grant	Chief Executive (to Minute 30)
Ms T Mullen	Head of Performance (for Minute 29)
Ms R Hamilton	Consultant Clinical Scientist
Ms M Smith	Secretariat Manager
Mr M White	Director of Finance (to Minute 27)

**ACTION BY**

**23. APOLOGIES & WELCOME**

Apologies for absence were intimated on behalf of Ms H Black, Mr J Brown, Dr L De Caestecker, Ms A Espie, Mr D Henry, Mr P Ivins, Ms S Flower, Dr D McColl, Dr M McGuire, Mr A McMahon and Ms J Tomlinson.

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.

The Secretary was asked to obtain advice in relation to Code of Conduct for Members.

**Secretary**

NOTED

**25. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Area Clinical Forum held on Thursday 6 April 2016 [ACF(M)17/02] were approved as an accurate record.

NOTED

**26. MATTERS ARISING**

- a) **Communications Strategy** – A photographer was in attendance prior to commencement of the meeting, to take individual pictures of Members as well

as a group shot of the Committee in action. It was noted that the new Chair (once elected) would liaise with the Communications Team to provide some background on the work of each of the advisory committees as well as the Area Clinical Forum.

- b) **Changing Place Toilets** - It was noted that the Committee was awaiting an update from the Director of Property, Planning and Facilities Management in respect to the provision of Changing Place toilets across NHS GGC. The Secretary will request an update.
- c) **Service Changes** – Dr Armstrong provided the Committee with updates in the following regard:

**Secretary/ August  
Agenda**

**Inpatient paediatric beds at RAH:** The proposal had been sent to the Cabinet Secretary for Health and Sport. The clinical view is in favour of this proposed service change. It was noted that the Committee had reviewed and discussed this previously, and were supportive of the proposal.

**Rehabilitation in North East Glasgow:** It was noted that this proposal had been reviewed and discussed previously by the Committee, and that Members were keen to review the result of the public consultation in terms of any issues or concerns raised. Dr Armstrong provided an update on a recent visit she had made to Lightburn Hospital, noting that although there was great commitment by the staff and a good standard of care overall, the infrastructure is poor due to the age of the establishment. The existing patients could be cared for in a number of different pathways e.g. discharge home with outpatient care, intermediate care, or if appropriate in long term care. In addition, staff on site could utilise their skills effectively across NHS GGC.

This led to a discussion within the Committee of the involvement of GP clusters, as well as the role of Advanced Nurse Practitioners within care homes. Dr Armstrong provided an update on the Frailty Assessment service within Acute Services and the impact this may have on reducing admissions where patients could be treated more appropriately within community medicine. Dr Taylor also raised the possible impact of the Chief Medical Officer's Realistic Medicine paper, as well as the role of the GP as gatekeeper. Dr Cameron noted the role intermediate beds could have in improving the established acute pathway for frail elderly patients. The discussion focussed on the how the proposed changes would improve the clinical pathway for patients and members reaffirmed their previous support of the proposed changes

**Maternity Services:** It was noted that the Board is reviewing the recommendations within the new national maternity strategy, and the impact of this of the Board's local strategy. Dr Armstrong advised that new models of working would be tested in Clyde Sector which would help inform the way forward.

NOTED

## 27. **FINANCE OVERVIEW**

Mr White provided the Committee with an overview of the Board's financial position for the end of 2016/17 and the way forward in 2017/18. He outlined the financial pressures experienced in the last financial year, as well as the action taken to improve performance. This had resulted in a break even position for 2016/17 although this was through the use of underlying reserves.

It was noted that the Board had received 1.25% uplift from the Scottish Government for the current year, split between Acute and Corporate Services and the 6 Integrated Joint Boards (IJBs). Of the £31m available, £23.7m was allocated to the IJBs with the remainder of £7.4m for Acute and Corporate Services. There will be inflationary and cost pressures in the coming financial year. Mr White also noted that there was ongoing discussion with the IJBs in relation to allocation of mutually acceptable budgets.

Mr White noted the change in leadership in NHSGGC since April 2017, and the work being undertaken to improve performance which included cross sector working teams, proactive focus to scrutinise working groups put in place.

There was discussion within the Committee in respect of the impact of shared services on performance. Mr White noted the helpfulness of this with finance systems as well as the impact of regionalisation where there could also be difficulties with agreement across different organisations.

The Committee discussed the impact of Realistic Medicine in detail, picking up on the support clinicians could find especially when treatment was considered not to be in the patient's best interest. Ms Grant noted the variation in views within clinical teams and that a move to standardisation could help reduce waste of resource. The implementation of this was important and should be the focus of discussion to ensure the continuation of clinically appropriate care.

Dr Cameron noted that work ongoing within different specialties within NHSGGC already especially in respect of invasive treatments which may not improve the patient's quality of life. There were different interpretations across clinical teams. Dr Cameron emphasised that this should be about best clinical practice with the financial savings being a positive side effect rather than a driver. Mr White referred to this point, noting that the reduction of use of agency and locum staff had provided financial benefit but had delivered better continuity of care. Dr Taylor noted that the impact of this may vary between acute service and in the community, and that there should be consideration of any unintended consequences of reducing inpatient stays. Ms Thompson advised that at the recent primary care prescribing summit, a possible cost efficiency mismatch was identified between what was prescribed and what patients actually wanted.

Dr Cameron thanked Mr White for his helpful overview for the Committee.

NOTED

**28. ANNUAL REVIEW – 2 OCTOBER 2017**

Ms Mullen took the Members through the guidelines for the Ministerial meeting with the ACF scheduled to take place as part of the Annual Review on 2 October 2017.

The Board is required to provide the Minister with a short overview briefing to summarise the work and impact of the ACF. This should be available 3 weeks prior to the date of the Annual Review. It was highlighted that the Minister would wish to explore the contribution the ACF makes to the delivery of the 2020Vision. The Chairs and Vice Chairs of the consultative committees are each invited to attend.

During the discussion it was agreed that there should be some dedicated time within the August meeting of the ACF to enable exploration of the key themes

**Secretary/ August Agenda**

Dr Cameron thanked Ms Mullen for updating the Committee in this regard. It was noted that Ms Mullen can attend again in August if this would be helpful.

NOTED

**29. WORKFORCE PLANNING – UPDATE**

It was agreed to postpone this item until the next meeting of the ACF.

**Secretary/  
August Agenda**

NOTED

**30. UPDATE FROM THE NHS BOARD CHAIR ON ONGOING BOARD BUSINESS**

Dr Cameron thanked Ms Grant for attending the meeting, and invited her to provide an update on Board activity, in the absence of the Board Chair.

Ms Grant outlined her main areas of focus as Chief Executive emphasising the financial challenges that face the Board, as well as performance issues. Ms Grant noted the need for capacity planning and underlined her view of the whole Board working together as one system, with collective thinking between the Acute and Corporate Divisions and the IJBs. Over the longer term, Ms Grant would be seeking collective working in refocusing a longer term strategy for the Board. This would move at a reasonable pace, and would recognise the need to engage widely including with the Area Clinical Forum and other stakeholders. Ms Grant underlined the importance of care delivery and focus on patients.

Ms Grant would also be focusing on staff engagement – whilst recognising that good practice is in place. Ms Grant signalled her intention to attend this Committee regularly and how she would value engagement with the ACF going forward.

Dr Cameron thanked Ms Grant for this, and echoed how positive it was to have a whole Board approach to care as this would work best for patients. Dr Cameron advised that this was an area that the ACF had been engaged on with the executive team and would welcome continued engagement with the Chief Executive. Ms Grant reciprocated by advising that she was looking forward to working closely with the ACF.

Ms Kenmuir noted the variability in nursing across services and the need to recognise that although innovation is widely available, the cross-cutting required to take advantage of that is not always to the fore. Ms Grant agreed and noted her involvement in the national maternity review where although there was good practice across Health Boards, this was not always shared effectively. The discussion moved on to the need for consistency in practice across sectors, whilst at the same time recognising the need for local autonomy where appropriate. Ms Grant noted the need for a systematic way of achieving this.

Dr Cameron also noted that patients could experience difficulty in moving from one part of the service to another and that there would be a need to review how this is managed to ensure each member of staff considers the overall patient journey.

Dr Taylor offered a view from partnership perspective and as Vice Chair of the Area Medical Committee regarding the importance of interface between primary and secondary care. There was discussion round the table and agreement that there could be interface challenges at both management and clinical levels.

**Secretary**

Ms Grant asked for a note of the ACF Chair and Vice-Chair following the election, and the Secretary confirmed that she would advise. (*Post meeting note- Secretary advise Chief Executive by email on 6<sup>th</sup> June.*)

Ms Grant required to leave the meeting due to a prior commitment, and Dr Armstrong advised further in relation to ongoing work streams within the NHS Board. This included Out of Hours care, and an invitation would be issued to Lewis Ritchie to update the ACF.

**Secretary**

Dr Armstrong updated the Committee in regard to two HSE prosecutions relating to inpatient suicides, noting that a fully detailed report on this was to be presented to the Clinical & Care Governance Committee on 6<sup>th</sup> June 2017.

NOTED

**31. UPDATE FROM THE ACF CHAIR ON NATIONAL ACF BUSINESS**

Dr Cameron reported that there was no update in this regard.

NOTED

**32. 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:-

- AOC – There were four new members elected to the AOC. There was review of community optometry and the need to clarify pathway for patients identified as suspected stroke. Further, some challenges had been found in acute referral pathway particularly to Royal Hospital for Children.
- AAHP & HS – it was noted clinical supervision policy had been discussed.
- AMC – It was noted that the AMC had not met since the date of the last meeting, but would meet later this month with election of the Chair and Vice- Chair being on the agenda.
- ADC - the ongoing engagement between the Committee and the General Manager at the Dental Hospital was noted, and the ACF welcomed an update that there had been improvement in the pathway for emergency paediatric referrals although there was still room for further review and possible improvement.

- ApsyC – There were no specific issues note.
- APC - There were no specific issues to note.
- ANMC – Ms Kenmuir advised that there was a focus on workforce planning, and a review of staff connectivity. The Head of Workforce Planning was liaising with the Committee in this respect. There was consideration of increased generalism amongst nursing staff. This led to discussion of the move away from generalism and how this could impact patient care.

NOTED

**33. AREA CLINICAL FORUM – 2017/18 FORWARD PLANNER**

It was noted that Mrs L Lauder would be invited to the ACF to provide an update regarding workforce planning. **Secretary**

Mr A McLaws would be invited to provide an update on the ACF Communications Strategy. **Secretary**

Dr L De Caestecker would be invited to provide an update on the work of the Public Health Committee. **Secretary**

It was noted that the ACF would like to extend an invitation to a representative for the Chief Officers of the HSCPs to take a lead in respect of engaging with the ACF and advisory committee structures. **Secretary**

NOTED

**34. ANY OTHER BUSINESS**

There were no other issues for discussion.

**35. ELECTION OF CHAIR AND VICE CHAIR – EFFECTIVE AS OF 1 JULY 2017**

It was noted that Dr Cameron's tenure as Non Executive Board Member would continue until 30<sup>th</sup> June 2017. The new Chair elected today would come into post on 1<sup>st</sup> July 2017. This to ensure that representation from the ACF would be at the two Board meeting taking place during June 2017, and allow for the Board to contact the Cabinet Secretary to appoint the new Chair as a Non Executive Board Member.

Dr Taylor proposed Ms Thompson as Chair, and this was seconded by Ms Kenmuir. Ms Thompson was elected as Chair of the ACF. Dr Taylor signalled his willingness to be nominated as Vice Chair, and this was seconded by Ms Thompson. Dr Taylor was elected as Vice Chair of the ACF.

Ms Thompson thanked Dr Cameron for her continued assistance to the Committee and this was echoed by the Members present.

NOTED

**36. DATE OF NEXT MEETING**

Date: Thursday 3 August 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

The meeting ended at 4pm.