

ACF(M)18/04  
Minutes: 45-64

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the  
Area Clinical Forum  
held in Meeting Room B, J B Russell House,  
Corporate Headquarters, Gartnavel Royal Hospital,  
1055 Great Western Road, Glasgow, G12 0XH  
on Thursday 4<sup>th</sup> October 2018 at 2.00pm**

**PRESENT**

Audrey Thompson - in the Chair (Chair, APC)

Yas Aljubouri	Co – Chair ADC
Gayle Cooney	Vice Chair APsyc
Joanne Findlay	Vice Chair AAHP & HSC
Kathy Kenmuir	Chair ANMC
Cerys MacGillivray	Chair APsyc
Lesley Rousselet	Vice Chair AOC
Alastair Taylor	Chair AMC
Julie Tomlinson	Vice Chair ANMC

**IN ATTENDANCE**

Jennifer Armstrong	Medical Director
Zack Barlow	Secretariat
Graeme Forrester	Deputy Head of Administration
Jane Grant	Chief Executive
Margaret McGuire	Nursing Director

**ACTION BY**

**45. APOLOGIES & WELCOME**

Apologies for absence were intimated on behalf of Heather Black & Ruth Hamilton.

The Chair welcomed Lesley Rousselet, Vice Chair of the Area Optometric Committee.

**NOTED**

**46. 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**

**47. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Area Clinical Forum held on Thursday 7<sup>th</sup> June 2018 were approved as a correct record.

**NOTED**

**48. MATTERS ARISING**

There were no matters arising.

**NOTED**

**49. UPDATE FROM CHIEF EXECUTIVE ON ONGOING BOARD BUSINESS**

Ms Grant updated the committee on the following matters:-

**Winter Planning**

Ms Grant advised that the Cabinet Secretary had set three priorities for the approach to winter; reduce waiting list times, increase pace of integration and Mental Health.

A paper would be sent to the Board in October which would set out the recently published Programme for Government.

**Regional Planning**

Ms Grant advised that the West of Scotland Regional Design and Discussion document was out for comment and that it was important it was working in line with the moving forward together programme. The Committee agreed the Secretary would invite Sharon Adamson to discuss regional planning.

**Secretary**

**FIP**

Ms Grant advised that a number of schemes were underway however not all had passed stage two. It was predicted there was going to be a £20-30m shortfall. Work was still underway to improve delivery of identified savings and ensure spending was matched where possible to available resource.

**Vacancies**

Ms Grant advised that the vacancy management process continues with close scrutiny of all posts. She signed off all vacancies band 8a and above; however to be signed off the form must be completed fully to allow assurance that the need for the post has been considered with other options explored. The vacancies were being reviewed on a 7-10 day basis so the process should not introduce delays to recruitment.

Ms McGuire advised that 486 new nurses had been appointed, with 80 children's nurses and 82 midwives.

Dr MacGillivray advised that the Review of Psychological Therapies had been announced and questioned if there would be a freeze to posts. Ms Grant advised David Williams was leading the review and there would be no freeze to posts.

**Secretary**

**Annual Review**

Ms Grant advised that that the annual review would take place on the 11<sup>th</sup>

March. The review had a new format and the Committee would be involved in planning. It was agreed the Secretary would circulate the circular and it would be discussed as an agenda item at the next meeting.

**NOTED**

**50. TERMS OF REFERENCE – REVIEW & UPDATE**

Members reviewed & discussed the terms of reference. Ms Thompson advised of changes small changes to the terms of reference which were noted.

Dr Taylor questioned the wording of the first line under point 4, composition, with a view to ensuring a process was in place for a suitable depute to attend when both the Chair and Vice Chair of the AMC are unable to attend. Mr Forrester advised that a deputy in such a situation would act on behalf of the Chair and Vice Chair as representatives of the AMC, and agreed to look at amending the wording of the terms and update at the next meeting.

**Mr Forrester**

**NOTED**

**51. DECLARATIONS OF INTEREST**

Mr Forrester advised that if any Committee had a query regarding a declaration of interest, to contact him or any of the Secretariat team.

**NOTED**

**52. MFT TRANSFORMATIONAL PROGRAMME BOARD**

Dr Armstrong provided an update on the Moving Forward Together Programme. Dr Armstrong highlighted the programmes vision and explained the blueprint of how services would be transformed. The Board had agreed to support the Moving Forward Together Programme to develop in partnership with a wide range of stakeholders, a series of fully detailed and costed proposals for consideration which would support progress towards the ultimate realisation of the vision described in the strategy. As well as to develop a cross system structure empowered to generate the proposals through executive, managerial and clinical senior leadership and the engagement with operational staff, advisory structures and the population.

Dr Armstrong provided some further detail around how development of some work programmes might progress. It was agreed this should be a standing item to allow exploration of proposals as they develop.

**Secretary**

Dr Armstrong's presentation provided positive comments from the Committee.

Dr Taylor noted the concerns about services being moved into the community. He identified that GP Contract funding for additional staff is to be used for moving services from GP practices. If, as part of MFT, workload is moved from acute services into the community further funding may be needed, eg for capital resource. Dr Armstrong advised that MFT would develop alongside work

to support the GP contract.

**NOTED**

**53a. NHS GG&C DRAFT SERVICE CHANGE ENGAGEMENT FRAMEWORK**

Mrs Thompson advised that she had attended a recent Programme Board meeting where this helpful framework was discussed. Mrs Thompson advised that the programme board had suggested some changes to format and content. The lead of the framework, John Barber had agreed to attend the ACF once it was finalised. The Secretary agreed to contact Mr Barber once the paper was available to arrange the visit.

**Secretary**

**NOTED**

**54. BREAST STRATEGY**

The Committee were advised that this strategy will be taken forward under the MFT Planned Care work stream. Dr Armstrong suggested that it would be brought back to the committee under a standing agenda item for MFT in due course.

**NOTED**

**55. WINTER PLANNING UPDATE**

Dr McGuire advised that it had been agreed winter planning would begin early to make sure policies and procedures were in place to be as prepared as possible. Flu vaccinations were underway and the Board were encouraging all eligible patients and staff to go for their vaccine. All areas had indentified winter beds as contingency but would run without these wherever possible. Discussions had been underway with bank staff to make sure cover could be provided. All managers had been asked to monitor annual leave carefully to make sure there were no gaps occurring.

Ms Grant advised that demand in the acute sector continues to be challenging. Partnerships were purchasing step up step down beds and work with IJBs was underway to manage patients who do not require acute admission but need increased support than is available in their own home. Cordia homecare planned strike would have an impact on services from 15<sup>th</sup> October, communication with different homecare providers was underway.

Dr Taylor advised that there could be an issue with step up step down beds as they were contracted to GPs however GPs were not contracted to work weekends.

Dr Taylor noted a shortage of flu vaccines for patients over 75 and also questioned if flu vaccinations would be available for independent contractors and staff. Dr McGuire would discuss the issue with Dr de Caestecker. Further discussion regarding winter planning would take place at the next Committee.

**Secretary**

**NOTED**

**56. HSMR AND QUALITY OF CARE**

The Committee received the Quality of Care Report for the Royal Alexandra Hospital and the letter of response from Healthcare Improvement Scotland. Dr Armstrong advised the Committee of the content of the report and the work that had been undertaken to ensure quality of care delivered on site. Dr Armstrong advised that the HSMR at the RAH had been reduced by fixing coding issues and hoped the results from April-June would show the hospital has maintained the lower rates.

The ACF noted the report and the letter of response from Healthcare Improvement Scotland.

Committee members discussed incident reporting, the systems in place within RAH and the importance of learning from incidents.

**Secretary**

There was an additional discussion around potential different approaches in independent contractor settings versus acute settings. The Secretary agreed to share the duty of candour policy and provide contact details for Karon Cormack, Duty of Candour Policy Lead to Mrs Rousselet to be invited to the AOC.

**NOTED**

**57. ALL TOGETHER NOW – SCOTTISH GOVERNMENT STRATEGY FOR ADDRESSING HARM CAUSED BY ALCOHOL AND DRUGS**

The Committee were asked to note the All Together Now strategy. Mrs Thompson advised she had received an email looking for feedback on the strategy. The strategy would also be received by Scottish Pharmacists Group and the Area Pharmaceutical Committee.

It was highlighted that TV programmes targeting at young people almost promote alcohol consumption and it should be the Government's position to remind producers of their responsibilities.

Dr Taylor advised that often in General Practice patients will come looking for help with alcohol and drug misuse however it takes them weeks to access the service and by the time their appointment comes around the patient no longer wants the help resulting in a wasted opportunity.

**NOTED**

**58. DEVELOPMENT SESSION FOLLOW UP**

The report was noted. The core purpose statement should be reviewed to remove a scrutiny role as the ACF exists to provide clinical advice. There was an agreement to continue developing a more proactive approach.

Discussions regarding the election of a new Chair and Vice Chair to take place in

June 2019. This will follow changes in memberships after elections within the constituent committees.

**NOTED**

**59. NATIONAL AREA CLINICAL FORUM CHAIRS GROUP**

Mrs Thompson advised she was unable to attend the most recent meeting of the Area Clinical Forum Chairs Group. Gregor Smith, Deputy Chief Medical Officer for Scotland had provided a presentation update on realistic medicine which the Committee received and noted.

Following Dr Armstrong's suggestion, the Committee agreed to invite Alastair Ireland, the Board's lead for realistic medicine, to discuss the strategy focussed on end of life care and prognostic conversations.

**Secretary**

Dr Armstrong advised that Craig Masson had created an eKis form which had received lots of support from clinicians however secondary care would like the ability to edit the form. Dr Taylor agreed that the record would be improved by other professionals being able to provide input. This could be facilitated by data sharing agreements between GP practices and NHSGGC.

The Committee discussed the consent process and issues with patients not returning for treatments.

**NOTED**

**60. UPDATE FROM THE ACF CHAIR ON ACUTE SERVICES COMMITTEE AND CLINICAL & CARE GOVERNANCE COMMITTEE**

Dr Armstrong advised that a positive report had been received regarding immediate discharge letters and the Orion project.

There was discussion regarding the format of information on drug prescribing and supply at discharge. Dr Taylor advised of a situation he had come across where a double prescription could have been made for a patient. Dr Taylor had passed the concern on to Keith Mercer and Mrs Thompson agreed to pick up the issue further by raising with the East Dunbartonshire pharmacy team.

**Mrs Thompson**

**NOTED**

**61. BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS AND MINUTES TO NOTE**

**AOC**

GOS regulations contract would come into place on Monday 8<sup>th</sup> October. This will facilitate optometry services being the first port of call for eye problems in the community.

**ANMC**

Retirement and recruitment issues, many nurses retiring at 55. Retired nurses

were looking for fixed term work instead of going through the nurse bank. Discussions were ongoing of how to address the issue. It was noted other professions face similar challenges.

**APsyC**

Review of Psychological Therapies had been announced.  
Terms of reference of the Committee were being reviewed.  
Vacancies were impacting on waiting times.

**ADC**

Ongoing SCI gateway issues.  
Waiting times for paediatric dental extractions continued to be high.

**AAHP&HCS**

Denise Brown had updated the Committee on the digital strategy which showed there was no HealthCare Science involvement in the strategy.

The Committee agree to invite Denise Brown to the ACF for an update on the digital strategy.

**Secretary**

**AMC**

Issues with Hospital consultants attending the Committee.  
Report from the Hospital Sub Committee that consultants were having issues with raising their issues further than the Committee.  
X-ray reporting issues beginning to have an impact on service, the AMC would look to raise the issue through the ACF.

**Dr Taylor**

**APC**

There will be a change within the community pharmacy contract to extend minor ailments provision; details to be confirmed.

**NOTED**

**62. MEETING SCHEDULE 2019**

The Committee noted the meeting dates for 2019.

**NOTED**

**63. AOCB**

The Committee asked the Secretary to ask members to confirm their availability for the meeting when requesting papers. If the member cannot attend then a deputy should be arranged.

**Secretary**

**NOTED**

**64. DATE OF NEXT MEETING**

**Date: Thursday 6<sup>th</sup> December 2018**

**Venue: Meeting Room A, J B Russell House**

**Time: 2 - 4:30pm**

**The meeting ended at 4.55pm**