

ACUTE SERVICES PARTNERSHIP FORUM

Minute of Meeting

Monday, 28 October, 9.30 a.m.,
Board Room, JB Russell House, Gartnavel Royal Hospital

Attendees:

Frances Carmichael	Staffside (Chair)
Jonathan Best	Chief Operating Officer (Co-Chair)
Rose Anderson	Unison
Julie Ballantyne	Unison
Jill Blackwood	CSP
Julie Boyd	Staffside Secretary
Jacqueline Carrigan	Interim Assistant Director of Finance – Acute
David Dall	HOPAC – South Sector
James Farrelly	HOPAC – North/Women and Children
Andrew Finlay	Unite
Kevin Hill	Director – Women and Children
Diana Hudson	Staff Governance Co-ordinator/iMatter Lead
Sarah Leslie	Deputy Director of Human Resources
Linda McAllister	PAT Programme Manager
Melanie McColgan	General Manager – Regional Services
Heather McVey	Senior Planning Manager, WOS Regional Planning
Karen Morin	COP
Tommy Noonan	RCN
Jonathan Pender	Workforce Manager
Elaine Quail	Unite
Cameron Raeburn	Health & Safety Service Manager
Elaine Robertson	RCN
Ricky Sherriff-Short	RCN
Susan Walker	Unite
Arwel Williams	Director - Diagnostics
Karen Whyte	HR Administrator (notes)

1. Welcome and Apologies

The Chair welcomed all members to the meeting. Apologies were received from Donna Hood, Frances McLinden, Isobel Neil, Carolyn Scott, Tommy McWilliam, Alison Carmichael, Lynn Scott and Cathy Millar

Frances extended a warm welcome to Andrew Finlay who was attending on behalf of Lynn Scott and also Melanie McColgan who was representing Frances McLinden. Frances also extended a welcome to all speakers for their attendance today.

2. Minutes of Previous Meeting

The minutes from the previous meeting held on 19 August 2019 were approved as an accurate record of the discussion.

3. Presentations/Update

3.1 QEUH Review

Jonathan Best provided the Forum with a verbal update. He confirmed that Dr Andrew Fraser from the External Review Team would be attending the November meeting to provide a presentation and verbal update. The Team had already been invited along to the Area Partnership Forum. An admin process is now in place through Elaine Vanhegan's office who will be keeping record of any requests received and information passed to date so we can ensure as a Board we comply with the review work.

In relation to the Health and Safety Executive review, the two areas of focus are ventilation and water. There is currently a document control system in place from previous meetings to ensure that all information is documented and logged. There is no date at present as to when HSE will report back. They may also require to speak to staff who no longer work for NHSGGC and therefore this might delay the process.

As the Forum is aware, a Public Enquiry has now been announced which also includes the new Children's Hospital in Edinburgh which is currently not commissioned. We have not received any details as yet and await further information from the Scottish Government. We are still awaiting to learn who will be leading the enquiry. Jane Grant provided a similar update/report last week to the Area Partnership Forum. If further information is received prior to the next Forum meeting, Jonathan will email this out in advance of the meeting if necessary to ensure that the Forum is kept up to date.

ACTION: This item to be a regular agenda item at Forum meetings.

3.2 Ward 6A

Kevin Hill provided a verbal update and thanked colleagues for their support. Kevin advised that the Ward was due for completion by 2020. Tenders are now back and will now go through Tom Steele's office and Kevin will provide a further update at a future Forum meeting. Kevin confirmed that Ward 2 A and B are still unoccupied and won't be complete until 2020. There are tremendous pressures and Kevin appreciates all the efforts – thanks to staffside, facilities, pharmacy etc in keeping all going. The Ward is currently closed to new admissions with some patients being diverted to both Edinburgh and Aberdeen.

As Jonathan has already advised there is to be a public enquiry, following on from a Cabinet Secretary meeting last month. It has been announced that Professor Craig White will be the Parent Liaison Officer and it is unclear how he wishes to take things forward. Jane Grant and the Chairman met with Staff and over 400 plus parents to discuss concerns already raised. Awaiting external review and will take stock and communicate any updates as soon as these are received. This situation has been on-going since mid 2019. Following approximately 72 questions/comments from parents a children's play room, parents' kitchen, and social space has been installed and the compassionate room has been relocated. We will share the parent questions/comments with staffside colleagues. A staff kitchen/restroom has already been installed through Anne Harkness's office and the installation of hepa filters will be in all bathroom facilities.

3.3 Acute Work Plan

Sarah Leslie provided a brief overview of the paper which was emailed out with the agenda and papers which showed how well the Forum is functioning. This paper was also shared at the September Away Day which focused mainly on specific areas. Some issues arose one of which was to ensure that papers are forwarded to Karen Whyte timeously to ensure that all documentation for Forum meetings are received for reviewing in advance of all future meetings.

Sarah also noted that it would be helpful at every second Forum meeting that Julie, Frances and Sarah to provide an update on the staff governance standard. Cameron Raeburn's input is welcome in providing focus around Health and Safety issues and how we replicate Board Health and Safety structures moving forward. Sarah emphasised that we require to work more closely with OD colleagues to create culture and more positive working environments in wards and departments. Sarah would also write out to everyone in the Forum to seek representatives to sit on best practice groups as we need to share good examples going forward and also look at learning and best practice, including inviting new members. This should be brought back to this Forum every quarter. It was noted that it would be helpful to create SLWGs and highlighted the top 3 themes (Attendance Management, Bullying & Harassment, and Culture) for taking forward in 2020. Sarah noted that there had been positive movement in the Acute Division regarding e.g. improving Statutory/Mandatory training compliance. The Development Day held in September was praised and noted that this should continue on a yearly basis to ensure that issues/concerns are moving forward in a positive way. The paper is a summary and Sarah requests that a Manager and staffside representative sit on the groups.

Diana Hudson also advised that it would be beneficial to the Forum to revisit the Plan each year to refresh the issues and feed back at various meetings, updating the plan as issues progress. An end of year review of the plan would be good moving forward. Frances noted all the good work achieved within the Plan to date and looks forward to the year ahead.

ACTION: Papers for future Forum meetings to be forward to Karen Whyte as quickly as possible.

Sarah/Julie/Frances to provide an update at every second Forum meeting on the staff governance standard.

Sarah to write out to Forum members seeking nominations for best practice groups (to learn from poor/ best practice).

SLWGs to be taken forward and highlight 3 themes.

4. **Service Design Updates**

4.1 Trauma Centre

Frances welcomed Heather to the meeting who attended on behalf of Anne Harkness. Heather advised that a recent NHSGGC Board paper had set out the national proposals for major trauma in which there would be 4 major centres in Scotland. The West NTC would be based at the QEUH and it is anticipated they will treat over 1800 patients (increased activity in major trauma by 60%). A number of groups have been established both nationally and within West of Scotland to date to develop the network and it was noted that Partnership were represented on West of Scotland Steering Group.

Within the West there will be 6 Trauma Units and moving to this model will require significant pathway redesign in patient flow and for GGC this is predominantly within the Clyde area. Local groups are currently in place to take this forward. It was noted that Scottish Government have invested £17m in the West to support developing the model, which will require 330 clinical staff and support services. Clinical Governance Network monthly forums, which feed back to the West of Scotland Forum, have also been established and the West held its first Stakeholder event in September 2019 which was well attended. Further development of rehabilitation services with the creation of a 12 bedded hyperacute unit, for patients with more complex injuries, is key, and there is evidence of improved outcomes in this structure. The Board's paper set out quite clearly the implications of this work and where we are at present.

Ricky noted that no-one from staff side had been invited to sit on any of the meetings which Heather mentioned. Frances asked David Dall if this was on the agenda for the meeting on Wednesday and if not, then it required to be added onto the agenda for further discussion. Elaine asked if the paper could be re-shared so that gaps can be identified regarding partnership working. She advised that it was important to know who the Partnership rep was on the West of Scotland group, and requested that the organisational structure of the WoS Major Trauma Network was shared with staffside. Sarah noted that EQ's suggestion was helpful, this was being taken forward at the MFT Board and key priorities are being discussed. Sarah volunteered to put her name forward. Kevin also advised that he would pick up any actions for RHC, and would discuss with staffside colleagues at the Women's and Children's Partnership Forum this afternoon.

ACTION: Board paper to be re-circulated to the Forum.

WoS Major Trauma Network Organisational Structure to be shared with Staffside

Sarah Leslie to be put forward as a nomination.

4.2 Maternal Infant Nutritional Feeding (MINF)

James Farrelly provided a brief overview of the paper which had been circulated with the agenda and papers which was self explanatory. James advised that an acting band 7 Infant Feeding Co-ordinator position is awaiting. It was also noted that the Scottish Government provides "non-recurring" funding for this programme which, although this is not necessarily guaranteed, comes every year. A meeting had taken place on 18 September 2019 with the Team and a schedule of meetings will be on-going moving forward.

Julie Boyd noted that it was not clear within the paper regarding ring fenced monies which supported the infant team. Kevin advised that monies are not just linked with this team and they come under the jurisdiction of midwife. Julie noted that it is not clear in this document how much time Maternity Care Assistants (MCAs) would have dedicated to supporting newborn infant feeding, which is causing staff side some concern, as there are competing priorities for MCAs within Maternity – how much of their job weight is dedicated to infant feeding support in comparison to the other clinical duties they have? Kevin advised that it comes down to ensuring that the balance is right and what feeding mothers are doing on the ward and how they are supported. Direction from Midwives is key on the wards and will look at dedicated time – happy to review MCA input if necessary.

Kevin also noted infant feeding regarding surgical cut of tongue tie, which is an important procedure. Only one Midwifery practitioner was qualified to perform this procedure, and no one was able to do this service during their absence, creating a significant backlog. As an immediate exigency arrangement, an ENT surgeon would be supporting the service to address the waiting list of approximately 15 mothers, and a weekly clinic would be opening from 5 November 2019. Weekly meetings being taken forward for a sustainable model to work with staff side colleagues. Frances welcomed this clinic as she advised that some mothers had to go private for this procedure. There are currently approximately 40 MCAs dedicated to the postnatal wards, and we are looking at recruiting further Maternity Care Assistants, and will work with staff side partners on this issue, however, there is a pause on the recruitment programme due to lack of funding.

4.3 Neonatal Transitional Care

Kevin Hill noted that the paper circulated with the agenda and papers describes what is required from a service perspective and noted that it is all about ensuring that mothers and babies are kept together and to support and ensure a smooth transition from hospital to home. Kevin then discussed the paper in more detail with the aim to provide care 365 days a year, 24 hours a day which means working closely with community midwives and thereafter Health Visitors, and could prevent 1000's of admissions to Neonatal Transitional Care (NTC) Units across the UK every year. Kevin advised that the Postnatal wards across GGC already care for mothers and some transitional care babies informally, and this is a formal extension to this arrangement and is a development recommended to support changes nationally regarding Neonatal Transitional Care Unit designation. Kevin noted that we currently have limited NTC provision, with the majority of it meeting BAPM (British association of Perinatal Medicine) criteria, but were having increasing numbers on the postnatal wards.

Kevin noted that there is good staff side representation and he thanked them all for their valued contribution to date. Some actions have been completed with some still to be signed off but these are moving in the right direction. Kevin asked the Forum to note progress to date and for help and support going forward. Further updates at future meetings could be provided as things progress.

Julie Boyd then noted as a representative of the Royal College of Midwives and a member of the Neonatal Transitional Care SLWG there is no explicit agreement to this model or with the staffing levels and skill mix. Julie stated this model would mean that there would be no registered midwife looking after the mothers and babies in this area when the RM is on a break. Kevin responded that this is not the case as the additional staffing is to support Postnatal Transitional Care on the ward alongside existing registered staff on the ward although he agreed there were issues still to be worked through. Julie advised this would not be BAPM compliant and was at odds with the model described in the draft business plan.

Julie described that the partnership process has not been good, as Staffside were only invited onto this established group in Partnership in June 2019, and details have not been fully discussed. The draft business plans have been out for a year at Directorate level, but not shared with the NTC SLWG, with staff side now doing catch up and require clear sight of proposals. Kevin referred to the Postnatal Neonatal Transitional Care Group and referred to the membership of this group and Julie's participation along with other partnership representatives since June.

Julie advised that this is a service transfer from Neonatal, and there are two different client groups cared for in this ward area i.e. transitional care babies and postnatal mothers, which the current measure for bed occupancy did not capture, giving a false impression of the staffing requirements. Julie request was to ensure this proposal is fit for purpose and she advised that discussions have been held with Health and Safety colleagues in respect to the appropriateness of the designated area within the ward. Kevin acknowledged that the care for mothers and babies had to be safe and secure.

Kevin welcomed conversations going forward and will consider a formal implementation date once the working group had concluded its discussions. Kevin appreciated the points Julie has raised and recognised this requires testing and that work is still to be done which is acknowledged.

Tommy Noonan advised that staff side have been pushed to one side and that management have been asked for information and nothing to date has been received, therefore this proposal cannot be agreed. Kevin reiterated that this is not his understanding of the working group's purpose and progress and he would seek an update from the chair.

Elaine noted that there are differences of opinion but we cannot leave unregistered staff or even patients unattended by a lack of qualified staff. Frances noted that Watty Gaffney (Unison) had completed a Health and Safety walk about with the SLWG and the GGC H&S Advisor, and she would discuss this with him further as he had raised significant concerns. Kevin repeated that no members of staff would be expected to be left alone within a postnatal ward.

Kevin advised the Forum that non registered staff are not being left unattended. Julie noted that only 2 midwives are on at night, so therefore there cannot be break cover and therefore will not be compliant with BAPM. Staffing ratio is 1 to 4 for NTC babies, and need to look at the break cover. Kevin advised this only applies if the unit was separate from the postnatal ward however the arrangements being proposed within GGC were to include this as part of a postnatal ward and hence staffing levels were always appropriate to support patient acuity and activity. Staffside disagreed with this interpretation of the proposed model.

James noted the partnership process and advised that all the documentation has been shared widely. Floor plans and Health and Safety processes has been lead by the General Manager and that there is full engagement including SOPs. We know where the challenges are and we will work towards them.

Frances disagreed with about half of what Kevin said, and asked the Forum to note the paper.

Both Kevin and Julie agreed to meet and discuss issues after the meeting in more detail.

5. Matters Arising

5.1 Disability Passport

Sarah Leslie advised that the passport had been established in 2018 and was currently being used by NHS 24 and in other NHS Boards and organisations. The document is for an individual with a disability to keep with them throughout their working career, and find out what Reasonable Adjustments are required for their working commitment. We currently have 38% employees with a disability, which is not always visible.

The passport enables people with a disability to not have to repeatedly explain their disability or the Reasonable Adjustments needed, in order to make work easier for them. Working with the Redeployment Team on our draft passport and a paper was also taken to the Area Partnership Forum where it was noted, and most of this work is now in the Reasonable Adjustments Guide. In relation to Once for Scotland policies, there are two new PINS in 2020 will become available and Sarah has spoken with Lynn Hunter around what we have already done regarding disability to see how this work can be incorporated in national policy. This is a good piece of work and we need to be thoughtful and take our draft as there are two potential routes i.e. OFS Safer Pre and Post Employment checks, and Managing Health & Safety at Work. Would be helpful as a partnership to take this forward together.

Sarah proposed a critical review of ER cases, working with one of the short life working groups and look at best practice. What do we do in relation to engagement etc. We need to work with our own staff and ensure that we are taking a person centred approach with disability. Sarah will share updates on paper in the next few months.

Frances asked if the document can be shared with the Forum. Sarah agreed to do this. Ricky noted the good idea as we have staff who struggle getting to work, so think a good concept and noted that senior charge nurses do not get it. Elaine agreed that the document has to leave the Forum and go through the Board hierarchy, resulting in institutional constipation as the message doesn't always get to the workforce. We need to be informed and that was agreed. What about a how to guide? Sarah, support the comments, need training and education on this – possibly through the Attendance Management group, to ensure we are all on the same page. It is role of the manager to understand legislation and change attitudes -a cultural change moving forward. Need to support our staff especially Managers to know that disability is not a hindrance.

Jonathan noted a general point in that it is all of us and we need to do this together and do it better. We have come a long way in this Forum and we need to think carefully how we describe things and reflect and be supporting, good and bad examples included and look at our mechanisms. Maintain standards in partnership, have had some good debates, so how do we reflect these going forward? Frances noted that we are taking on good practices and to champion these. Elaine: we do a good job in talking about it, but we need to take it forward.

ACTION: Sarah to share draft paper with Forum.

Sarah to set up SLWG for critical review of ER cases, to develop best practice

5.2 Attendance Management

David Dall highlighted that in relation to attendance management, a number of changes to processes are on-going within HR. Having regular monthly meetings and having individual case reviews etc and areas of internal concerns, and we are working more closely with local Managers. The first draft of the Once for Scotland policy, single point document which highlights which staff are off on sick leave and this is not just an outcome to be delivered. There are huge pressures currently on our Occupational Health and Counselling Service – have had a couple of constructive meetings with OHS. We require to get people to these services as quickly as possible but there is such a high demand at present.

Support Groups are also available, e.g. for debt management, domestic abuse, etc so there is a bit of work with Steven Reid from Occupational Health taking place and David noted that the online page will change shortly so it is easier to find with better links etc for both Staff and Managers alike.

Appropriate support services need to be available to individuals which should be concluded at the end of October and David will write to some pilot areas and bring a written report to next forum meeting around HR processes and the HR Unit as a whole. Elaine noted that we are going to have Once for Scotland policies on a digital platform, but we need to see how these will be delivered and her worry is that we would take in bits of practice/ paperwork outwith the OFS policies. David advised that these policies will come out in November for a soft launch, and we will ensure that we are in line with OFS policies. He recognised what Elaine is saying, and maybe in a few months time bring this back and see how things are progressing.

ACTION: David to provide written report to next meeting around support services pilot.

5.3 Health and Safety Executive Report (Phase 2)

Cameron Raeburn spoke in detail to the Phase 2 Compliance Summary Tracker paper which he had emailed out to the Forum on Friday, 25 October 2019. Cameron noted that the Phase 2 compliance date is this coming Thursday, 31 October 2019. The document sent is what Jonathan Pender had produced which is a weekly report. The central reports are not showing maternity, new starts or vacancies which was unfortunate. Phases 2 and 3 will be looking for more detailed information moving forward. Phase 2 is currently sitting at 75% for Moving and Handling. Cameron then showed how to drill down some of the more detailed information within the paper which he emailed out. All Health and Safety information is now on eESS. Falls is around 67% and there is a falls tab which Cameron went through. There are 5 elements which have been completed but one sits slightly differently which is not being completed. Sharps is sitting just over 60%. July/August from 2017, and are on a 2 year cycle so we are currently treading water at the moment. Cameron asked for help and support around this issue.

Phase 3 due date is 31 December 2019. Elaine highlighted that staff require dedicated time to complete these modules and how we tailor to do these modules. It was noted that Facilities bring staff to actual training and some staff do not have dedicated time to complete. How is this facilitated in each of these areas? So, it may be about the delivery mechanism. Cameron advised that Jonathan Pender's team is now going to trial a falls email exercise similar to what was done for Learnpro (Stat/Man) training, which would be invaluable.

Julie Boyd noted that Staff are finding it difficult to find the NES sharps module. Cameron noted that this had been sent out and unfortunately was on the SIPCEP pathway to ensure it was updated by NES, but agreed to resend as NES update regularly.

Karen forwarded to the Forum on 28 October an email from Cameron Raeburn on guidance which shows how to access both the sharps modules.

5.4 Patient Administration Transformation Programme

Linda McAllister provided a brief update in relation to the paper which had been emailed out along with the agenda and other papers. Linda confirmed that Arwel Williams is the new designated Lead Director for the Admin Governance Group. Six lead General Managers have also been identified for each of the Sector/Directorates, who will work collectively to achieve change. There will also be six Administrative Governance Manager positions, again for each of the Sectors/Directorates and these post are being advertised today. We need to ensure KPIs and SOPs are developed, and that we use all the available technology going forward to support the GMs. This will ensure a career pathway going forward. There will be a 6 month implementation phase, and an operational and governance framework has been agreed.

A draft terms of reference has been agreed, with changes, and this will be taken back to be ratified at the next meeting. Work is already underway on a draft workplan, and around standardised job descriptions for Patient Administration Services. And, following a transfer in May 2019 to Health Records the new Ward Clerk Supervisor roles have been confirmed and are being recruited to. Frances confirmed that the Ward Clerk roles (7.8wte) are permanent and hopefully will be in post for Christmas. The service as a whole is moving in the right direction. Frances also highlighted that admin staff reductions had to be stopped.

5.5 Protection Update

Sarah noted that briefings have been completed and staff side have raised concerns around verification of letters etc during the holiday period. James Farrelly will review letters and staff side concerns will be addressed. The report to the Programme Board is not accurate. An request for an increase in facilities time would be taken forward through David Dall, James and also the other HOPACs. Susan Walker is attending briefings and we will continue to work through this and James can discuss in detail any issues etc moving forward. Susan raised the issue around the amount of time this process is taking and that is it an unrealistic timescale to be completed for Christmas. Susan also noted the extension of more facilities time but advised that some staff are already stretched and also struggling to facilitate 1-1s when all the pay protection groups were going on at the same time. Sarah thanked staff side regarding the complexity of the concerns raised and will take these back for further consideration.

Julie advised that she is a member W&Cs pay protection SLWG, but letters had been sent out to staff, and staff briefing sessions had been hastily arranged, without agreement in partnership in W&Cs during her pre-planned annual leave. James had advised that partnership agreement was not required for these actions. Staffside would welcome a meeting with James to iron these issues out. Sarah confirmed that better communication on all sides is required. Elaine, looking further ahead noted that members have the choice of how goes with them to meetings. Getting people released is difficult and would welcome logistics etc on availability on staff side being released.

Require more detailed communication around protection as staff are worried about protection being taken from them. Frances, Sarah and James to work with staff side going forward.

ACTION: Frances/Sarah/James – to work together around communication to staff.

5.6 Feedback from the Acute Partnership Forum Development Day held in September 2019

Frances thanked everyone who participated on the day and noted that it was constructive for the Forum. A paper has been sent out to members and Sarah has already made reference to it earlier in the meeting. Pieces of work will be taken forward and there is a need to identify a Director and Partnership Representative so this will be considered and brought back to a future meeting.

ACTION: Director and Partnership Representative to be identified.

5.7 Recording of Flexible Working and Reasonable Adjustments

Jonathan Pender advised that there is still no final product on this request and that he is speaking with colleagues in IT to find a solution. Frances noted that this item will be kept on the agenda. After discussion, it was noted that a solution is required to ensure that requests are being captured as this would be good to evidence for the Board. It was discussed that the initial application is informal which is not captured until an appeal form is filed with the manager.

ACTION: To be kept on the agenda moving forward into 2020.

6. Finance Update

Frances welcomed Jackie Carrigan to her first Forum meeting. The finance presentation had been emailed out in advance of the meeting on 24 October 2019 for the Forums review.

Jackie provided an update on Month 6 position as at 30 September 2019.

Acute Services Position update:

- Currently sitting at £25.6m
- Pay overspend of £308k, driven by Medical £1.3m over budget and Nursing £1.3m over budget.
- Spending in Nurse Agency continues to rise.

Acute Financial Position update:

Month 6 position is (£25.6m) overspent.

Pay Position update:

Currently (£308k) overspent at month 6. Junior Medical and Nursing remain the key pressures. Overall pay represent 0.05% of the pays ytd budget.

Nursing Pay Position update:

Currently (£1.3m) overspent. Same period last year was £2.4m over and ended the financial year at £1.9m over.

Medical Pay Position update:

Currently overspent by £1.3m. Medical salaries are overspent in total by £1.3m at month 6.

Recruitment to key Consultant posts have positively reduced Senior Medical Agency, albeit there are a few posts which have been secured to assist with current demand and access targets with a funding source. Whilst overspend is reported the position is a clear improvement on the same period in the financial year and previous trends.

Other Agency Spend – Cumulative Positions update:

Jackie noted that spending is slightly more than the same period last year.

Non Pay Position:

Currently £2.2m over.

FIP Position – Board and Acute Target:

- Total overall Acute target of £75m for 2019/20 as already reported via the 2019/20 Finance Plan.

FIP Position – by Sector & Workstream:

At month 6 the total annual target for Acute is £57.4m.

The £4.9m achieved at month 6 has a FYE of around £9m.

The last slide showed some information on Small Change Matter. Jackie asked if this was the kind of information that the Forum was looking for? Frances asked if the information provided could be broken down more to show how many ideas have been implemented and what the saving has actually been for the Board? Jackie advised that should would try and pull this through although it may be small values but every idea is welcomed. Julie asked if it would also be possible to publicise the duplicate ideas as not much information has been received to date around it, to assist staff in coming up with new ideas. Andrew, asked about FIP last year and the overspend around this. Jackie noted that this was due to surgical sundries, which have always been over and some new developments. Through procurement we are getting better deals through cost to better savings. Aim is to get saving more money and it is a balancing act.

ACTION: Jackie to provide more detailed information around Small Change Matters at a future meeting.

7. Staff Governance

Workforce Statistics and Update on Workforce Planning

Jonathan Pender commented in detail on the slides which had been emailed out with the agenda and papers for review on 24 October 2019. It was noted that sickness absence has risen again and it up slightly on this time last year. Jonathan confirmed that Estates and Facilities are extremely high at present. In relation to KSF, Estates and Facilities are leading the pack and currently sit at 70% compliant. Regarding Disciplinary Cases – Attendance Management, these are still sitting at over 500.

In relation to attendance management disciplinarys, Estates and Facilities is coming down slightly. The slide around professional misconduct disciplinarys is mostly around nursing staff. Jonathan noted the number around fire safety and advised that these are down to staff currently being off sick. Monthly emails are still being sent out and Jonathan is confident that this figure will start to steadily go up. Stat/Mand compliance has also shown significant progress which is encouraging ☺

8. Information Exchange Template

Following discussion it was agreed to put forward the following three items:

- Patient Administration Transformation Programme;
- Trauma Centre; and
- Health and Safety.

9. Items for Noting

Four publications had been detailed for review and website address provided for members to download.

10. For Further Discussion

Julie Boyd raised the issue around renegotiation of GP contracts, what are the plans and funding etc in relation to the service transfer of maternal vaccinations in pregnancy to W&Cs Directorate? Kevin advised that Evelyn has been leading on this through a public health arrangement. If there are any specific questions then Kevin can discuss further with Evelyn and advise Julie accordingly.

11. Further Requested Actions

Possible presentation on Equality Act and Disability in the Workplace to Forum from Jac Ross. This was not discussed at the meeting and therefore unsure if to be taken forward.

10. Future Agenda Items

External Review Team (Presentation) – Andrew Fraser (November meeting)
Lung Cancer Tracking Team – Melanie McColgan/Iona Scott (November meeting)
Frailty Service/Larkfield Unit – Inverclyde – John Kennedy (January meeting)
Frailty/Dermatology at Ward 2A, QEUH – Dot Jardine/Stuart Gaw (January meeting)

11. Any Other Business

Frances noted that discussion had taken place around VE Day for next year. Staff side had requested an additional day at the last Area Partnership Forum but this was not agreed. Elaine noted that some Councils are giving both dates which are the Memorial Day and VE Day. Frances noted that she would take this back to the Area Partnership Forum.

Frances also advised members of the Forum that the meeting due to take place in December was cancelled and asked that it was removed from diaries/calendars.

ACTION: Frances to discuss further the VE day at next APF meeting.

ACTION: Remove December date from diaries/calendars.

12. Date and Time of Next Meeting

Monday, 25 November 2019 at 9.30 a.m. in the Board Room, JB Russell House, Gartnavel Royal Hospital. Jonathan Best to Chair.

Meeting concluded at 11.45 a.m.

