

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 2011 at 3.00 pm**

PRESENT

Pat Spencer - in the Chair (Chair, ANMC)

Kenneth Irvine	Vice Chair, APC
Heather Cameron	Chair, AAHP&HCSC
Nicola McElvanney	Chair, AOC
Roger Carter	Vice Chair, AAHP&HCSC
Alan McDevitt	Chair, AMC
Val Reilly	Chair, APC

IN ATTENDANCE

Shirley Gordon	Secretariat Manager
Andrew Robertson	Chairman, NHS Greater Glasgow and Clyde
Adele Pashley	Chair, Psychology Advisory Committee
Alan Lindsay	Financial Governance and Audit Manager (for Minute No. 55)
Doug Mann	Head of Organisational Development – FTFT (for Minute No. 56)
Catriona Renfrew	Director of Corporate Planning and Policy (for Minute No. 56)

ACTION BY

52. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Andrew McMahon, Tracy Welbury, Jacqueline Frederick, Nancy Reid, Maggie Darroch, Brian Cowan, Rosslyn Crocket, John Hamilton and Scott Bryson.

Mrs Spencer welcomed Area Clinical Forum members to the formal session and thanked them for their input to the earlier one hour informal session.

NOTED

53. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 6 October 2011 [ACF(M)11/05] were approved pending the following correction:-

- Under those listed as present, the designation of Andrew McMahon should read Vice Chair, AMC, rather than Chair, AMC.

NOTED

54. MATTERS ARISING

- (i) Ms Cameron reported that the Workforce Planning event scheduled to be held on 28 October 2011 had been cancelled. It was still her intention to be the ACF representative at this event and she agreed to contact Lyndsay Lauder (Head of Workforce Development) to establish when this event would now be held.
- (ii) Mrs Spencer reported that the next national ACF Chairs Group meeting was scheduled to take place on Wednesday 7 December 2011. This would also include a session with the Cabinet Secretary to discuss the Quality Strategy, NHS Board Annual Reviews, shortages of medicines and promoting Area Clinical Fora and the Chairs Group. Mrs Spencer would report back to members on outcomes from this meeting.

**Heather
Cameron**

Pat Spencer

NOTED

55. PRESENTATION – FRAUD IN THE NHS

Mrs Spencer welcomed Mr Lindsay, in attendance to set some context, in national terms, around the Government's strategy on tackling fraud and, furthermore, to outline the local arrangements in place in NHS Greater Glasgow and Clyde.

Mr Lindsay reported that in 2008, the Scottish Government published a "strategy to combat NHS Fraud in Scotland". This promoted zero tolerance of fraud and the so called "triple tracking approach", that being criminal and disciplinary proceedings in tandem with action to recover monies lost as a result of the fraud.

Mr Lindsay led the Forum through the role and remit of Counter Fraud Services which formed part of National Services Scotland. Their role was to investigate fraud on behalf of NHS Boards and this work was undertaken by trained and accredited investigators who could submit reports directly to the Procurator Fiscal. He also highlighted that Counter Fraud Services had special investigatory powers which included interviews under caution, search warrants and covert surveillance.

With this in mind, Mr Lindsay outlined NHS Greater Glasgow and Clyde's Fraud Policy and confirmed that this reflected the national strategy in that the Board:-

- had zero tolerance of fraud
- would fully support criminal investigations by Counter Fraud Services.
- would pursue disciplinary action against a fraudster including, where appropriate, referral to the relevant professional body.
- would attempt to recover the sums lost as a result of the fraud.

In terms of his own role as Fraud Liaison Officer, Mr Lindsay explained that he acted as a link between NHS Greater Glasgow and Clyde and Counter Fraud Services and was the first point of contact within the Board to discuss (or report) concerns regarding fraud/potential fraud. Thereafter, he had an overarching responsibility to ensure all reported fraud was investigated appropriately. He went on to explain the process if a member of staff suspected fraud had occurred and reported that, since April 2008, there had been 51 investigations of fraud/suspected fraud. He summarised some of the types of fraud/attempted fraud seen in NHS Greater Glasgow and Clyde and acknowledged some of the sanctions taken.

In response to a question concerning the definition of fraud, Mr Lindsay alluded to the Board's Policy and explained that this was "a gain by deception" He also reported that he received between 2/3 enquiries per week in his role as Fraud Liaison Officer; this ranged from some basic advice to dealing with allegations of fraud.

In responding to a question about fraud and Family Health Service (FHS) practitioners, Mr Lindsay confirmed that there were currently 16 cases of alleged FHS fraud being investigated in NHS Greater Glasgow and Clyde.

Mrs Spencer thanked Mr Lindsay for the presentation which had been both thought provoking and had encouraged interesting debate.

NOTED

56. PRESENTATION - FACING THE FUTURE TOGETHER (FTFT)

Mrs Spencer welcomed both Ms Renfrew and Mr Mann, in attendance to introduce the NHS Board's Change Programme "Facing The Future Together" launched on 7 September 2011.

Ms Renfrew explained that FTFT represented a fresh look at how the Board supported its staff to do their jobs, provide an even better service to patients and communities and improve how people felt about NHS Greater Glasgow and Clyde as a place to work. It had been developed using feedback gathered from staff during focus groups held earlier in the year and it was vital that everyone now got involved. FTFT pages had been established from StaffNet where information could be accessed, tools and materials found and also the opportunity to ask questions of Directors, contribute ideas and give feedback. Ms Renfrew outlined the five outcome strands as follows:-

- Patients outcome – to deliver a consistent and effective focus on listening to patients, making changes to improve their experience and responding better to vulnerable people.
- Our People outcome – to develop a workforce which felt positive to be part of NHS Greater Glasgow and Clyde, felt listened to and valued and where all staff took responsibility to identify and address issues in their areas of work in terms of quality efficiency and effectiveness, with a real focus on improving the care delivered to patients.
- Our Leaders outcome – all managers to be effective leaders. Leadership was management plus, managing with vision, imagination, a drive for positive change and a real focus on engaging staff and patients. People across the organisation to feel able to exercise leadership in the area of work, to improve services and make their team more effective.

- Our Resources outcome – need to reduce costs over the next 5 years so want staff to help decide how to do that in a way which targeted areas of less efficiency and effective and areas where quality could be improved and costs reduced.
- Our Culture: the way we worked together outcome – to meet the challenges faced, a need to improve the way staff worked together and all need to take responsibility for achieving that. There needed to be more listening, more reflection and better working together as individuals in teams and with other teams.

Mr Mann encouraged members to look at the FTFT website which had been set up to be interactive and encouraged as much feedback as possible. This would give the Board a better picture of how it was doing and he confirmed that all submissions would be responded to and, if the recipient agreed, their comments would also be added to the website for all to see in an effort to gather momentum. In this regard, Mr Mann added that the website would be evolving all the time as contributions and updates were made. In response to a question concerning access to StaffNet by independent contractors, Ms Renfrew acknowledged that, at the moment, the purpose of FTFT was for Board employees. It was her intention, however, to look at the availability of onsite libraries/rest rooms for internet access and this would encourage and allow use of StaffNet to contractor groups. Mr Mann agreed to explore other sources of possible access to StaffNet for contractor groups (such as a link from the Board's external website?) and feedback to a future ACF meeting.

Doug Mann

In response to a question, Ms Renfrew confirmed that it was also the intention to interview new starts to the organisation to establish their early thinking about operational activities and also conduct exit interviews with leavers. Mrs Spencer asked about the 700 members of staff who had gone through the Board's leadership programme. Ms Renfrew acknowledged the input from this staff group who had been asked to look at FTFT feedback, its impact so far and what else could be done. Julie Murray (Director, East Renfrewshire CHCP) was leading on this work with this cohort.

In response to a question concerning improving the way teams worked Ms Renfrew confirmed that feedback from the focus group sessions had not been consistent and there appeared to be three team types operating in NHS Greater Glasgow and Clyde, namely, functional teams, managerial teams and cross sectional teams. She recognised that, given the size of the organisation, this Change Programme presented real challenges and there lay the crucial input for staff to be involved.

Ms Renfrew recognised, from debate with Forum members, that there was varied expectations from staff about FTFT. She hoped ultimately that it would create a more open culture. To encourage this more, Ms Cameron suggested that some comments be allowed to be made anonymously. She mused on whether staff providing comments, but having to identify themselves, may be seen as a barrier. Ms Renfrew understood the debate and confirmed that, prior to the launch of FTFT, both views (anonymous verses named) were debated rigorously. She agreed to think about the concept of "an amnesty week" whereby an opportunity would be given to staff to submit comments to FTFT anonymously. She did, however, allude to the debate that the Board could not make the same commitment to anonymous submissions as they would be unable to follow up on the reasoning/debates behind the member of staff's suggestion.

**Catriona
Renfrew**

Mrs Spencer thanked both Ms Renfrew and Mr Mann for attending the meeting and giving a better insight into how FTFT was being taken forward. She suggested that they attend again in 2012 to provide an update. Ms Renfrew welcomed this suggestion.

[Post meeting note – Ms Renfrew and Mr Mann have confirmed their intent to attend the ACF meeting scheduled for 12 April 2012.]

NOTED

57. ANNUAL REVIEW 2011 REFLECTION

Members were asked to feedback their perception of what went well and what could have gone better during the Annual Review slot with the Cabinet Secretary this year. The purpose of the feedback was two-fold, primarily, to feedback to the Cabinet Secretary at the national ACF Chairs Group meeting scheduled for 7 December 2011 and, secondly, to inform the NHS Board for future Annual Review preparation.

Mrs Spencer reported that she had discussed the possibility of a joint half day development session between ACF members and Area Partnership Forum members with the APF Chair Donald Sime. This suggestion had been received positively and would allow further exploration of where areas of joint work lay and in preparation for future Annual Reviews. In the main, members felt that the Annual Review had gone well in terms of the topics chosen, their relevance, particularly in terms of communality to both Forums and in seeing the bigger picture of NHS Greater Glasgow and Clyde. The feeling was that this joined up approach between the Forums concentrated the mind to raising pertinent issues. Mr Robertson also reported that feedback from the Cabinet Secretary was that the debate had been interesting and relevant.

Ms McElvanney remained concerned, however, that the new approach did not allow individual advisory committees to raise issues relevant to them. She preferred the previous approach, whereby, each advisory committee had a five minute slot dedicated to raise issues pertinent to their own profession.

Mr Robertson also considered that, at the public session of the Annual Review, the presentation of awards to staff at the very beginning created a good atmosphere and set the momentum for the event. This view was echoed by Forum members. He alluded to the Cabinet Secretary's response to the NHS Board on the Annual Review and the Secretary was asked to circulate this to all members.

Secretary

[Post meeting note – the Cabinet Secretary's letter was duly circulated to ACF members on 5 December 2011.]

Mrs Spencer thanked ACF members for their feedback and agreed to feed this back to the National ACF Chairs Group meeting. She also confirmed that she would agree with Mr Sime a joint development/conference type event in spring/summer 2012.

Pat Spencer

NOTED

58. 2012 – ACF MEETING SCHEDULE

Members were asked to note the following ACF meeting dates arranged for 2012:-

2 February 2012
12 April 2012
7 June 2012
2 August 2012
4 October 2012
6 December 2012

NOTED

59. AREA CLINICAL FORUM – 2011 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ongoing ACF meeting plan 2011/12 and were encouraged to make suggestions for forward planning of ACF activities. It was agreed that the following activities be added to the 2012 forward plan:-

- Catriona Renfrew and Doug Mann to attend the ACF's 12 April 2012 meeting to feedback on progress of FTFT. **April 2012**
- That discussion takes place at the 7 June 2012 ACF meeting on the proposed joint event with Area Partnership Forum colleagues. **June 2012**

NOTED

60. UPDATE FROM THE ACF CHAIR ON ONGOING BOARD / NATIONAL ACF BUSINESS

Mr Robertson took ACF members through recent NHS Board business and Board Seminar business. Mrs Spencer reported that the next National ACF Chairs Group meeting was to be held next week.

NOTED

61. ANY OTHER BUSINESS

- (i) Quality Policy Development Group – Pat Spencer, Val Reilly and Nicola McElvanney would be attending this meeting scheduled for 16 December 2011 in the Marriot Hotel. The programme would be duly forwarded to the three representatives in due course.

NOTED

- (ii) Joint meetings between Primary and Secondary Care – Dr McDevitt reported that, it had been agreed in principle, with the Chief Executive to find a mechanism to improve the interface between Primary and Secondary Care, particularly in light of Facing The Future Together (FTFT). The principle had been approved by the Area Medical Committee and it was hoped that a Steering Group would be set up to provide a Forum where some Primary Care and Secondary Care interface issues could be openly discussed and resolved. He would keep the ACF up to speed as this developed.

NOTED

62. DATE OF NEXT MEETING:

Date: Thursday 2 February 2012

Venue: Meeting Room A, J B Russell House

Time: 2 - 3 pm - informal Area Clinical Forum members only meeting
3 -5 pm – formal Area Clinical Forum business meeting