

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 7 June 2012 at 3.00 pm**

PRESENT

Pat Spencer - in the Chair (Chair, ANMC)

Heather Cameron	Chair, AAHP&HCSC
Jacqueline Frederick	Chair, ADC
Carl Fenelon	Vice Chair, APC
Nicola McElvanney	Chair, AOC
Maggie Darroch	Vice Chair, AOC

IN ATTENDANCE

Shirley Gordon	Secretariat Manager
Jennifer Armstrong	NHSGGC Board Medical Director
Lorna Kelly	Head of Policy (for Minute No. 26)
Claire Curtis	Health Improvement Lead, NHSGGC (for Minute No 25)

ACTION BY

22. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Val Reilly, Andrew McMahon, Diane Fotheringham, Adele Pashley, Linda de Caestecker, Andrew Robertson, Ros Crocket and John Hamilton

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

23. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 12 April 2012 [ACF(M)12/02] were approved as an accurate record.

NOTED

24. MATTERS ARISING

- (i) In respect of Minute No. 14, Mrs Spencer reported that an update briefing paper had duly been prepared and circulated to ACF members by Doug Mann. In general terms, FTFT had been discussed at all of the advisory committees and Mrs Spencer encouraged responses/feedback to be submitted to Mr Mann and Catriona Renfrew. Some had found the management tools helpful but there was recognition that there was a long way to go in terms of embedding all of the key FTFT principles.
- (ii) In respect of Minute No. 16, each of the advisory committees had provided a response to the Regulation of Health Care Professionals consultation document. To date, no member had seen the actual submission as sent from the NHS Board which members agreed would be useful. Mrs Spencer agreed to ask Lorna Kelly (Head of Policy) for a copy of this which would then be circulated around ACF members.

All Chairs

**Pat Spencer /
Lorna Kelly**

NOTED

25. PRESENTATION - HPHS CEL 1 (2012)

Mrs Spencer welcomed Claire Curtis, Health Improvement Lead, to attend to lead discussion on the content of the CEL and to discuss, in particular, the role of the ACF in taking this agenda forward.

Ms Curtis led the Forum through the HPHS concept explaining that it was central to the NHS Healthcare Quality Strategy (2010) quality ambitions. She alluded to the specific role of the ACF as described in the CEL but reported that the CEL Draft Monitoring Framework (more recently issued) made no mention of how this role was to be measured. This would be picked up in the NHS Board's response to the draft Framework. She was hopeful, therefore, that the final version of the Framework, when issued, would be clearer in this regard.

The CEL aimed to sharpen local leadership, governance and accountability as well as harness improvement capability for the health promoting health service approach. Ms Curtis explained that Boards had been asked to implement the specified health promotion actions contained in the CEL to support health improvement in all hospital settings and to report annually in each of the next 3 years (to the SGHD) on progress against the actions. The HPHS CEL indicators were:-

- Smoking
- Alcohol
- Breastfeeding
- Food and Health
- Healthy Working Lives
- Sexual Health
- Active Travel
- Physical Activity

Furthermore, the following additional requirements had been added since the publication of the draft Monitoring Framework:-

- Innovative and Emerging Practice
- Health Inequalities

- Health Improvement Generic Skills and KSF
- PFPI

Although the closing date for comments back on the draft Monitoring Framework had closed (6 June 2012), Ms Curtis reported that a final draft would be circulated on 25 June for comments back to the SGHD by 11 August. It was expected that a final document would be issued, thereafter, in September 2012. Meantime, the NHS Board was mapping current HPHS activity and developing a 3 year plan for each indicator with specific data reported for collation to Corporate Planning. Reports would also be compiled for the Acute Division's OPR process.

In response to a question from Mrs Spencer, Ms Curtis agreed to circulate to ACF members the Board's response as submitted yesterday to the SGHD on the first draft of the Monitoring Framework. She also encouraged ACF members to be involved in considering the next draft issued by the SGHD in order to provide comments (especially if more detail was included regarding measuring the involvement of the ACF's role in taking this work forward).

Claire Curtis

Mrs Spencer confirmed that this had been discussed at the National ACF Chairs Group where it had been included in their work plan. The National Group would receive 6-monthly reports on SGHD developments to cascade down locally to ACFs.

The ACF discussed the implications of the CEL at length and recognised that, although the indicators had been agreed centrally, it was key that clinicians had an input to NHSGGC's 3-year plan as it was developed so that it was meaningful and the overall patient pathway more joined-up.

There was a general frustration that so many indicators had been selected and members wondered if it was all manageable. As such, it was suggested that the next response submitted to the SGHD focus on what indicators NHSGGC could evidence had the greatest impact here locally and draw on these to embed them in a practical way. There was general agreement that the indicators should be prioritised so that work could be tailored locally. Ms Curtis agreed to feed this back.

Claire Curtis

Mrs Spencer thanked Ms Curtis for the informative update. Ms Curtis agreed to return to the ACF at an opportune time when more information specific to the ACF was available.

Claire Curtis

NOTED

26. QUALITY STRATEGY

Mrs Kelly updated the ACF on the following:-

- *Corporate Plan – Quality, Efficiency and Effectiveness.* The Board's focus would be on ensuring that care was person-centred, safe and clinically and cost effective. The main issue for NHSGGC was the huge range of activity which could come under the banner of "quality" and a consequent need to focus on a clear set of commitments and priorities; the need to continue the shift towards defining clear quality outcomes and to embed this in performance management systems; and the importance of focusing on caring and experience of care as well as treatment. She led the Forum through the outcomes which would drive the Board's activity in this planning period as follows:-

- a) Making further reductions in avoidable harm and hospital acquired infection.
 - b) Delivering care which was demonstrably more person centred, effective and efficient.
 - c) Patient engagement across the quality, effectiveness and efficiency programmes.
 - d) Developing the FTFT programme to support staff to improve quality and hear patient feedback.
 - e) Improved and appropriate access on a range of definitions including waiting times, access to specialist care; physical access and needs responsive access.
- *Person Centred Care* – Mrs Kelly outlined the NHSGGC working definition of person-centred care explaining that a Framework was in place to review the range of activities in place and to demonstrate progress through existing indicator and NICE patient experience guidance.

Mrs Spencer referred to the APC document entitled “Making Older People Feel Better: Pharmaceutical Care in NHSGGC” – submitted to the Nurse Director. The APC had felt it was important to focus on how they, as a profession, contributed to care for the elderly to resonate with the key aims of other Board quality assurance bodies. Mrs Kelly had had sight of this paper and suggested it be submitted to the next meeting of the Quality Group. Mrs Spencer also encouraged all the advisory committees to provide feedback to the APC on the document.

Lorna Kelly

All Chairs

- *Clinical Services Review* – this had been launched by the NHS Board in February 2012 and addressed the vision for clinical services across NHSGGC from 2015 onwards. Mrs Kelly asked if she, or another member of the review team, could attend a future meeting of each of the advisory committees to discuss the Review with each of the professional groups and to have their input. This approach was welcomed. She also referred to the Steering Group that had been set up to drive this work forward and it was agreed that if Mrs Spencer was unable to attend these meetings (as ACF Chair) then Heather Cameron would deputise.

**Heather
Cameron**

In general terms, and in response to a question from a member regarding the 3 key themes of the Quality Strategy (Safe, Effective and Person-Centred), Mrs Kelly reported that much of the work around the “effective” strand rested with the Clinical Governance Framework.

NOTED

27. AREA CLINICAL FORUM – 2012/13 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ongoing Area Clinical Forum meeting plan for 2012/13 and were encouraged to make suggestions for forward planning of Area Clinical Forum activities.

Some suggestions were made regarding future updates on the Clinical Services Review and CEL 1 (2012) and the secretary agreed to programme these in.

Secretary

NOTED

28. A) ANNUAL REVIEW 2012 PREPARATION

Members were circulated with the A/R 2012 Guidance on 24 May 2012 and were asked to consider the content of the revised arrangements and share provisional thoughts on topics relevant to “central themes”.

Annex 12 of the Guidance document referred explicitly to the ACF meeting with the Cabinet Secretary on Monday 26 November 2012. Mrs Spencer reported that, this year, the ACF appeared to have its own 45 minute slot with the Cabinet Secretary (and not, like last year, a joint meeting with the APF). She encouraged all the advisory committees to review the central themes for further discussion at the ACF meeting scheduled for 2 August 2012 in terms of how best to take this forward.

All Chairs

B) JOINT EVENT WITH APF

In relation to the joint event with the APF, an agenda had been circulated for the meeting to be held on Wednesday 13 June 2012.

The main topics for discussion would be:-

- Opportunities for collaboration between the Area Clinical Forum and Area Joint Trade Unions and Professional Organisations Committee.
- Integrating Health and Social Care Services:-
 - Scottish Government Proposals on the Way Forward and Consultation
 - A Local Government Perspective
 - A NHS Greater Glasgow and Clyde Perspective
- General Discussion on Professional Leadership, Partnership Working and Staff Governance

NOTED

29. UPDATE FROM THE AREA CLINICAL FORUM CHAIR ON ONGOING BOARD / NATIONAL AREA CLINICAL FORUM BUSINESS

Mrs Spencer summarised the National Chairs’ Group recent activities and reported that the Cabinet Secretary had signed off their work plan.

All Advisory Committee chairs received the NHS Board papers and she encouraged them to raise any issues with her that they may wish brought up at Board meetings/seminars.

In response to a question from a member regarding the recent NHS Lothian report, Mrs Spencer understood that Jane Grant (Chief Operating Officer) had undertaken an internal benchmarking exercise within NHSGGC to the issues raised.

Mrs Spencer would ask to see the actual report and the internal review paper and circulate this to the ACF for comments.

Pat Spencer

NOTED

30. BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS

The advisory committees provided a brief update of their most recent topics of discussion and activities as follows:-

- (i) **AOC** - Ongoing Committee development
 - Refresher education courses had been well attended
- (ii) **AAHP&HCSC** – Leadership
 - FTFT
 - No new vice Chair elected yet
 - Formal proposal to go to the Board asking that the HCS form their own separate Committee – at same time as the Psychology Advisory Committee asks for formal advisory committee status.
- (iii) **APC** – Hospital Pharmacy presentation
 - Health Promotion in Healthcare settings
 - Responded to various consultation exercises
- (iv) **ADC** – NES presentation to discuss clinical audit in dentistry
 - SGHD consultation on the integration of adult and social care
 - FTFT
 - Scottish Law Commission Consultation paper
- (v) **ANMC** – revising the constitution
 - Web Portal and dedicated space given to work of the ANMC
 - Leadership
 - Responded to various consultation documents - including the Scottish Law Commission Review and the CHRE Interim Report of its review of the NMC.

NOTED

31. DATE OF NEXT MEETING:

Date: Thursday 2 August 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