Moving Forward Together.

Action Note
Programme Board

(Friday 8 November 2019, Boardroom JBRH)

Attendees:

- Jane Grant, Chief Executive, NHSGGC (JG)
- Jennifer Armstrong, Medical Director (JA)
- Garry Fraser, Regional Director West, SAS (GF)
- Fiona MacKay, Associate Director of Planning (FMac)
- Chris Deighan, Deputy Medical Director (CD)
- Gail Caldwell, Director of Pharmacy (GC)
- Anne MacPherson, Director of HR & OD (AM)
- Rachel Fishlock, MFT Programme Manager (RF)
- John Barber, Patient Experience & Public Involvement Lead, MFT (JB)
- Sandra Bustillo, Interim Director of Communications (SB
- William Edwards, Director of eHealth (WE)
- David Leese, Chief Officer, Renfrewshire (DL)
- Louise Long, Chief Officer, Inverclyde / Local Care Chair (LL)
- David Raeside, Chief of Medicine & Unscheduled Care Workstream (DR)
- Kirsty Orr, Planning Manager – OOH Review & Unscheduled Care Workstream (KO)
- Stephen Fitzpatrick, Deputy Chief Officer, Glasgow City HSCP (on behalf of Susanne Miller (SF)
- Dorothy McErlean, Employee Director (DM)
- Arwel Williams, Director Diagnostics, Local Care Workstream (AW)
- Neil Ferguson, Head of Planning (NF)
- Linda de Caestecker, Director of Public Health (LdC)

Apologies:

- Susan Manion, Chief Officer East Dunbartonshire (SM)
- Julie Murray, Chief Officer East Renfrewshire / Older Peoples workstream
- Beth Culshaw, Chief Officer West Dunbartonshire / Planned Care Workstream
- Jonathan Best, Chief Operating Officer (JBe)
- Mark White, Director of Finance (MW)
- Margaret McGuire, Director of Nursing (MM)
- Marjorie Johns, Planning Lead, MFT (MJ)
- Audrey Thompson, Chair of Area Clinical Forum (AT)
- Michael Smith, Associate Medical Director, Mental Health (MS)
- Frances McLinden, Director, Regional Services (FM)

Attending:

- Claire Primrose, Administrator, MFT

Item No	Details	Action
1	**Apologies and Introductions** Jane Grant, Chief Executive, NHSGGC welcomed everybody to the meeting.	

	Apologies noted above.	
2	**Minutes from Previous Meeting &RAL** Agreed as an accurate record. Rolling action list updated.	
3.	**Programme Director Update** FM presented to the Programme Board an update on MFT progress. The agreed priorities from the NHSGGC board meeting in October were agreed as: • **Address the increasing demand for unscheduled care** • **Meet our elective waiting time commitments** • **Implement the GGC elements of the West of Scotland Trauma Network** • **Develop business case for the replacement/upgrade of the INS** FM and RF recently met with the equalities team to discuss EQIA obligations for MFT, The MFT PMO & planning teams will receive training to carry out EQIA assessments for the workstreams, to ensure the programme meets its obligations. Programme Board and Executive Group dates for 2020 have been shared. The Programme Board will meet bi-monthly and Exec Group monthly. The PMO will update dates for all 6 workstreams and bring back details to the December meeting. **Action: all workstream dates to be included and brought back to December PB** FM shared ACRT business case submitted by the planned care workstream including timescales. This will significantly reduce face to face appointments by at least 20% in the first 12 months. This paper was approved by the planned care workstream and If agreed by the Programme Board the PMO could use this format / template for future business cases. The group discussed ACRT implementation and training requirements. NF noted that some specialities already carry out elements of ACRT. We confirmed that eHealth infrastructure is in place to support roll out. **Action: Identify specialty leads and training requirements for ACRT** The programme board agreed that this was a good opportunity and the planned care workstream can progress to the next stage and report back in 2020.	**CP** **PC W'stream**
4.	**Programme Assurance** RF spoke to the papers MFT 19/47. The Scott-Moncrieff Strategic Planning Alignment Audit and MFT response were shared & the draft assurance framework discussed. The group agreed that this was helpful piece of work. Changes to the Assurance Framework were agreed and would be brought back to the Programme Board. JA asked that the Service Change Governance be simplified for 'just do it' projects and detailed processes would be used for major service change. **Action: Simplify Governance structure for 'just do it' projects** Discussion was held around the board paper being shared to local IJBs. It was noted that we do not yet have 18 PIDS relating to the original priorities set out in the blueprint and that the visibility of changes needs to be demonstrated with a focus on	**PMO**

	shifting the balance of care. The October Board Paper will be shared to the IJBs for endorsement.	
5.	**Workstream Update Presentations** Local Care AW presented the Workstream Update • ACPs in the community is progressing well with aim for implementation in care homes over the coming months. • Type 2 diabetes – seeking to address inconsistent pathways. Establishing monitoring processes and use of community hubs • End of life care – There are good pockets of work and a draft proposal will be drawn up using good examples i.e. Marie Curie. The team are in conversation with care homes and unscheduled care. This could involve up to 3 of the MFT workstreams and therefore needs to cross workstream flows. Questions around the Red / Green colour coding of patients were of concern. It was explained that the red / green pathway is a clinical decision of patient's health and how they self-manage. This work could be shifted from the practices to a community hub. It was noted that Acute need to be included in these decisions. AMac reminded the local care workstream that they have dedicated HR, OD & workforce support that they can utilise. With this new model there is potential that patients may need to travel for this service and will therefore require robust engagement. The MCN teams are fully involved in the Diabetes project. JG has requested an overall business case similar to ACRT for diabetes showing timescale and impacts. **Action: Detailed Diabetes paper demonstrating timescales and impact to come back to the Programme Board** As with diabetes the PB would like to know what ACPs will achieve and what the impact will be, will this reduce demand? LL noted that the team are using data from NHS Lothian for their ACP research and will report back on findings. **Action: In depth discussion at Exec Group around ACP – cuts across various workstreams.** Unscheduled Care • Continuing with public messaging and building community message going forward for after winter. • Redirection at the earliest opportunity. From NHS Tayside it is believed cultural change is required. Work is progressing on Community Pharmacy, MSK and primary care – GPs knowing what services are available. • Care homes – Cross system workshops including ACPs / end of life – overlap with other workstreams • Realistic medicine bid supported by Scottish Government for nurse liaison at GRI (18 month pilot) • Consultant Connect: Conversations with SAS underway for paramedic decision support. It was noted by JG that a lot of this is winter planning and therefore short term/here and now. JG would like to see a detailed business case showing what the impact will be, what dedicated resource is required. Is there a tangible benefit in doing this? What do we think is going to happen? DR acknowledged that they are looking at the	**LC W'stream** **PMO + Exec**

	data from NHS Tayside for the paramedic decision support and will report back in due course. AMac asked for clarity on what is here and now and what is MFT. The Programme Board needs assurance and what the cross over points are. KO updated the programme board on the OOH Hub implementation. Phased implementation is planned with Glasgow going first with input from Mental Health, Social care and GP out of hours. It was agreed that this was a good piece of work and that we need to keep focus on the link to Acute services and where ED fits in. Discussions on asking staff to work in different ways would need to be through a clear engagement process. An update on next steps for Community OOH Hubs will come to next Programme Board. **Action: Obtain paper from the work Richard Groden has been doing within assessment units**	**PMO**
5.	**Workforce Update –** AMac advised that Older People Workstream, Mental Health and Planned care all have agreed baseline workforce roles and services data and will await instruction from the other three workstreams. OD staff are now aligned to each workstream. The change toolkit has been rolled out and is now available on staffnet. Draft communications and engagement paper is underway and will be updated for the next programme board. There was a request for the workstream leads to discuss new emerging roles and known roles. It was agreed the group need to be innovative when it comes to new and different roles. GC noted that non-medical prescribers are not being fully utilised, traditional roles with different skill mixes would release pharmacists to work to the top of their licence.	
6.	**AOCB** JA raised the Major Trauma Centre. It was agreed that engagement with the teams at IRH and RAH needed to commence ASAP. Due to the challenges of winter the Programme Board agreed it may be better to engage after Christmas, however SB happy to discuss with Heather McVey.	
7.	**Date and location of next meeting:** Friday 6 December 2019, Boardroom, JBRH, 2pm	