

# Moving Forward Together.

## Action Note Programme Board

(Friday 04 October 2019, Boardroom JBRH)

### Attendees:

- Margaret McGuire, Director of Nursing (MM)
- 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)
- Marjorie Johns, Planning Lead, MFT (MJ)
- John Barber, Patient Experience & Public Involvement Lead, MFT (JB)
- Michael Smith, Associate Medical Director, Mental Health (MS)
- France McLinden, Director, Regional Services (FM)
- Audrey Thompson, Chair of Area Clinical Forum (AT)

### Apologies:

- Jane Grant, Chief Executive, NHSGGC (JG)
- Jennifer Armstrong, Medical Director (JA)
- Garry Fraser, Regional Director West, SAS (GF)
- Susan Manion, Chief Officer East Dun (SM)
- Julie Murray, Chief Officer East Ren / Older Peoples workstream
- Beth Culshaw, Chief Officer West Dun / Planned Care Workstream
- Linda de Caestecker, Director of Public Health (LdC)
- Jonathan Best, Chief Operating Officer (JBe)
- David Leese, Chief Officer, Renfrewshire (DL)
- Louise Long, Chief Officer, Inverclyde / Local Care Chair (LL)
- William Edwards, Director of eHealth (WE)
- Mark White, Director of Finance (MW)
- Sandra Bustillo, Interim Director of Comms (SB)

### Attending:

- Claire Primrose, Administrator, MFT

Item No	Details	Action
1	<p><b>Apologies and Introduction</b></p> <p>Mags McGuire, Nursing Director, NHSGGC welcomed everybody to the meeting.</p> <p>Apologies noted above.</p>	
2	<p><b>Minutes from Previous Meeting &amp; RAL</b></p> <p>Agreed as an accurate record.</p>	

3.	<p><b>Programme Director Update</b></p> <p>a. <u>MFT Update to Finance &amp; Planning and Performance Committee</u></p> <p>FM gave feedback from the Finance, Planning &amp; Performance Committee held on Tuesday 1st October on the paper and presentation.</p> <p>At the Committee concerns were raised regarding the demand on elective services and the challenge to meet waiting time targets within current capacity. AMac described a conversation at the committee with regard to beds, in particular the actual number of beds required for Mental Health and what is required in the community to support a reduction.</p> <p>The FP&amp;P Committee welcomed the increased visibility of financial metrics for the MFT Programme but was keen to see an overall programme financial framework.</p> <p>The Chairman of FP&amp;P led a discussion regarding organisational culture and was clear that the organisation needs to be ready for change. It was also agreed that the programme needs to forge close links to the quality strategy.</p> <p>FM highlighted that the Committee would like more assurance of the rigour of the programme, in particular governance and audit. It was agreed that the PMO would revisit the Scott-Moncrieff audit report and provide an update to the next Programme Board.</p> <p>There was discussion regarding the resource aligned to support the MFT Programme. The FP&amp;P Committee asked for assurance that the organisation has invested in capacity to support transformation. The general consensus was that there is a significant amount of resource within the organisation, which should be utilised, including Planning Managers within Acute &amp; HSCPs. The programme can also access the Regional planning project resource.</p> <p>The direct capacity dedicated to the Programme, including staff costs, is estimated at approximately £500k. This has been funded from the central transformation funding which will support the programme until July 2020. It was noted that a further bid would need to be submitted to the Scottish Government to cover this from August 2020. There was discussion about the need to explore other funding routes including whether regional groups would have funding to support SACT and Trauma.</p> <p>Engagement and involvement was also discussed at the Committee where it was highlighted that wider staff engagement is required albeit taking a more targeted approach. It was agreed that roadshows are effective at the right time and when change is on the horizon. Workforce Reference Group are currently scoping ideas, using forums and agreeing a structured approach showing staff 'how you might be affected'. General information to still be distributed and engagement around workforce strategy will need to commence. The MFT core team are regularly updating medical staffing forums and partnership. There was discussion on whether the animation should be updated.</p> <p>JB highlighted that the Stakeholder Reference Group continues to make progress and serves as the wider sounding board to test early cases for change and concepts. The group met that day and discussed 2 out of the 6 workstreams, the PMO will arrange further meetings for remaining workstreams.</p> <p>b. <u>Risk Register</u></p> <p>RF informed the group that the risk register has been shared as a draft and replicates the format of the corporate template. This has been split to programme level risks and workstream level risks. Not everything currently on this list is for the Programme Board and it was agreed that a high level risk register would be brought regularly to the Programme Board. There was discussion on what should be identified as a programme level risk and that the primary aim should be to mitigate and ultimately reduce/transfer/remove the risk. The core team will have further discussion and refine as required.</p>	<p>FM</p> <p>RF</p>
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	<b>Action: Further discussion required regarding risk register. Determine if MFT should be on the Corporate risk register</b>	<b>FM / PMO</b>
<b>4.</b>	<p><b>Workstream Update Presentations</b></p> <p>a) <u>GGC Regional Workstream Presentation</u> FMcL presented a general update to the Programme Board on Regional progress to date. There is a predicted 40% increase in demand for anti-cancer therapies between now &amp; 2025. Without change to the current clinical model the Beatson will run out of capacity. The draft SACT strategy describes a future model with £1m capital and £1.9m revenue costs and the workstream are keen to get clarity quickly on whether to progress this. The group looking at the future of the Beatson are reviewing the 4 options in the MFT Blueprint. A series of 3 meetings will define a long list and short list of options for future appraisal.</p> <p>FM noted that the three priorities agreed by the FP&amp;P Committee were trauma, unscheduled care and the elective programme.</p> <p>b) <u>Mental Health Workstream Presentation</u> MS gave a general update on Mental Health workstream progress to date. The mental health strategy was signed off in January 2018. There is discussion about changing the age definition for older people's mental health services from 65 to 75, which should be Board wide. MS described progress in supporting unscheduled care, improving primary mental health services and investing in peer support roles. Recruitment drive for 10 peer support workers is underway.</p> <p>There was discussion regarding the Consultant recruitment challenge, AMac indicated that there had been a number of high quality applicants, however MS indicated that these were not at Consultant level.</p> <p>Discussion on peer led addiction and crisis centres, this would be a radical change. Professional supervision over peer workers education and support training will be required.</p> <p>The Programme Board support and agree the direction of travel for MFT Mental Health Workstream.</p>	
<b>5.</b>	<p><b>Workforce Update – AMac</b></p> <p>AMac discussed the various papers submitted to the programme board.</p> <ul style="list-style-type: none"> <li>• Sarah Leslie has been meeting with workstream leads and this is ongoing</li> <li>• Danny Furnivall is undertaking a new roles review (paper attached)</li> <li>• David Dall is the Workforce lead for trauma</li> </ul> <p>There was discussion regarding the new roles paper and MM indicated that changes should be managed through Chief Nurses. It was agreed that all changes would be progressed via the appropriate governance routes. It was noted that it is difficult to finalise new role requirements until we are clear on what is required following service redesign.</p> <p>There was discussion on the ANP paper. MM pointed out that Point 4 in appendix b is redundant. AMac confirmed that the paper was intended to be a guide based on creating ANP roles / needs. MM and AMac will have further discussion regarding this.</p>	<b>MM/ AMac</b>
<b>6.</b>	<p><b>AOCB</b> No other competent business.</p>	
<b>7.</b>	<p><b>Date and location of next meeting:</b> Friday 8 November 2019, Boardroom, JBRH, 2pm</p>	