

Briefing Note:

30<sup>th</sup> June 2015

<b>Glasgow Adult Mental Health Liaison Service</b> <b>Extension of Service to cover evenings and weekends to Emergency Departments</b>	
<b>Introduction</b>	Currently Glasgow Liaison Psychiatry (GLPS) Adult Mental Health Service offers a service to EDs from 9:00am to 4:00pm Monday to Fridays, leaving a perceived gap in services from 4:00 to 8:00pm and weekends and public holidays. These times are currently covered by Adult Mental Health Service on-call duty psychiatrists.
<b>Proposal</b>	It was proposed that a pilot should be run extending the cover to EDs by GLPS to 8:00pm weekdays and 9:00am to 5:00pm weekends and public holidays.
<b>Implementation</b>	The Senior Management first met in August 2013 to discuss the recommendations and agree a way forward. A meeting was arranged for 16 <sup>th</sup> September 2013 for Senior Management to meet with the team to advise them of the proposal, agree upon implementation strategies and highlight some of the implications of working extended hours with current staffing levels. The draft proposal paper was shared with the team in November 2013 before being presented to the Mental Health Services Redesign and Engagement Group. It was agreed a Gap Reference Group consisting of Nursing, HR, Staff Side, Management, and Out-of-Hours would be set up to manage the implementation of the pilot prior to approval and if approved, during the period of the pilot.
<b>Gap Reference Group</b>	This group has met up on several occasions since its implementation in January 2014. It was agreed at this meeting that staff would be given the opportunity to have one-to-one meetings with HR, Management and their own representatives to note any problems they would be facing with a change to their working patterns. The first meetings were held in February 2014, with problems/concerns being noted. A second round of one-to-one meetings have been arranged for July 2015 due to the length of time since original proposal and changes to the acute sector.
<b>Approval Process</b>	The draft paper was presented to the Mental Health Services Redesign and Engagement Group where it was approved, however Staff Side requested that it be put before the Area Partnership Forum for final approval and this was eventually put on the agenda for the 29 <sup>th</sup> June 2015. However it was felt at this meeting that the Area Partnership Forum was perhaps the incorrect group to approve the proposed pilot and that GLPS Management should liaise with Catriona Chambers and Sybil Caravan from HR.
<b>Steps Taken</b>	<ol style="list-style-type: none"> <li>1. Draft paper shared with team</li> <li>2. Draft paper presented at MHREG for approval</li> <li>3. Draft paper presented to Area Partnership Forum</li> <li>4. Reference Group formed with representation by Nursing, Staff Side, HR, Senior Management and Out-of-Hours</li> <li>5. Example Off-duty with extended times worked up including annual leave and sickness absence based on current data</li> <li>6. Data to be collected agreed</li> <li>7. One-to-one meetings held and re-planned for July for those requiring it (a total of six)</li> </ol> <p>Concerns of nursing staff noted</p>



<b>Gap Reference Group Membership</b>	<b>Nursing Team:</b> Jennifer Armour; Maria Cassidy; Jim McPhie  <b>Staff Side</b> Annie Hair (Unite); Clare Haughey (Unison)  <b>HR</b> Louise Chalmers; Christine Tweedie  <b>Management</b> Clive Travers; Dallas Brodie; Angela Brodie; Louise Fulton; Margaret Theron  <b>Out-of-Hours</b> Linda MacKay		
<b>List of staff/banding and union representation</b>	Jennifer Armour	Band 7	Unison
	Maria Cassidy	Band 7	Unite
	Dorothy Cummings	Band 7	Unison
	Marion Doherty	Band 7	Unite
	Andrea Kilburn	Band 7	Unison
	Carolann McLaughlin	Band 7	Unite
	Michael McCann	Band 7	Unison
	Irene McKee	Band 7	Unite
	Jim McPhie	Band 7	Unison
	Tracey Singh	Band 7	Unison
	Jacqueline Summers	Band 7	Unison
	Angela Brodie	Band 8A	Royal College of Nursing Union
	Louise Fulton	Band 8A	Royal College of Nursing Union

## **Glasgow Mental Health Liaison Service - Improving Service Access Arrangements for Patients in Acute Hospitals**

### **1. Introduction**

The purpose of this paper is to provide an update to the Mental Health Service Redesign and Engagement Group on the work undertaken in Glasgow Mental Health Liaison Services; to improve service access for patients referred from the Acute Hospitals at Glasgow Royal Infirmary (GRI), Queen Elizabeth University Hospital (QUEH) and Vale of Leven Hospital (VOL).

### **2. Background**

Patients in the Acute Hospitals who require mental health assessment between 5 and 8pm Monday to Friday and 9am to 5pm at Saturday, Sunday and Public Holidays are referred to the On Call Doctor based at the Mental Health Hospital sites, rather than the Liaison Service. This has previously been highlighted as an area for service improvement and a service change agreed at the Mental Health Service Redesign and Engagement Group meeting in December 2014. This service change was scheduled to commence April 2015. Unfortunately this was not achieved due to a number of factors; initially unusually high absence within the service and the challenge of providing a service to four acute hospitals of Southern General, Western Infirmary, Glasgow Royal Infirmary and Victoria Infirmary and latterly the move from four service bases to two associated with the opening of the new QUEH.

### **3. Update**

The service is included in the overall service redesign of the Mental Health unscheduled care review, currently in its second phase. The first phase was completed in February 2017 and involved a detailed scoping exercise to describe all Mental Health Liaison services to Acute Hospitals across NHS GG&C for Adults, Older People and Addictions, in the distinct geographical areas of Greater Glasgow, Renfrewshire and Inverclyde. The scoping identified three main functions offered by Liaison Services as; Mental Health assessment to emergency departments (ED), Mental Health assessment following self harm and Mental Health assessment to inpatients in acute hospitals. It highlighted differences in service and offered solutions and considerations for equity of service provision.

In relation to the Glasgow Mental Health Liaison Service it highlighted the service arrangement described at **2.0** above and agreed that the previously agreed service improvement work should be concluded. As part of the overall unscheduled care review transformational funding is available for additional transitional posts to conclude the service improvement work.

### **4. Proposal**

It is proposed that the service improvement work is completed and the agreed service change achieved by October 2017. As agreed in

December 2014 this will include: extending the operating hours of the Glasgow Mental Health Liaison Service until 8pm Monday to Friday, with the introduction of a 12 to 8pm shift Monday to Friday (sample off duties are included at Appendix 1), recruitment of additional transformational posts and an HR process for staff with team and individual meetings with the Service Manager, it is recognised an HR process was completed previously, however this will allow staff the opportunity to discuss concerns and update information.

## **5. Conclusion**

The Mental Health Service Redesign and Engagement Group are asked to consider the content of this paper and approve the proposed the conclusion of the service improvement work and agree the date for service change.

Appendix 1 (Week 1)

<b>Names</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Team Leader</b>	E	E	E	E	E	DO	DO
<b>T. S.</b>	L	E	DO	E	L	DO	DO
<b>I.McK.</b>	DO	DO	DO	E	L	DO	DO
<b>M.C.</b>	L	E	E	L	E	DO	DO
<b>J.S</b>	E	L	L	DO	DO	E	E
<b>C.MCL.</b>	L	E	DO	DO	L	E	E
<b>M.McC.</b>	L	E	DO	DO	L	E	E
<b>D.C.</b>	E	L	E	DO	DO	E	E
<b>A.K.</b>	DO	DO	L	L	E	DO	DO
<b>J.McP</b>	E	E	L	L	E	DO	DO
<b>Transitional Post</b>	E	L	L	E	E	DO	DO
<b>Transitional Post</b>	A/L	A/L	A/L	A/L	A/L	DO	DO
<b>Transitional Post</b>	A/L	A/L	A/L	A/L	A/L	DO	DO
<b>Transitional Post</b>	S/L	S/L	S/L	S/L	S/L	DO	DO
<b>Transitional Post</b>	ST/L	ST/L	ST/L	ST/L	ST/L	DO	DO
<b>Transitional Post</b>	E	L	E	L	E	DO	DO
<b>Early</b>	6	6	4	4	6	4	4
<b>Late</b>	4	4	4	4	4	x	x

Appendix 1 (Week 2)

<b>Names</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Team Leader</b>	E	E	E	E	E	DO	DO
<b>T. S.</b>	L	DO	DO	DO	L	E	E
<b>I.McK.</b>	DO	DO	DO	DO	DO	E	E
<b>M.C.</b>	E	L	DO	DO	L	E	E
<b>J.S</b>	L	E	L	E	E	DO	DO
<b>C.MCL.</b>	E	E	L	E	L	DO	DO
<b>M.McC.</b>	L	E	E	L	E	DO	DO
<b>D.C.</b>	E	L	L	E	E	DO	DO
<b>A.K.</b>	L	DO	DO	DO	L	E	E
<b>J.McP</b>	E	L	E	L	E	DO	DO
<b>Transitional Post</b>	E	E	L	L	E	DO	DO
<b>Transitional Post</b>	A/L	A/L	A/L	A/L	A/L	DO	DO
<b>Transitional Post</b>	A/L	A/L	A/L	A/L	A/L	DO	DO
<b>Transitional Post</b>	S/L	S/L	S/L	S/L	S/L	DO	DO
<b>Transitional Post</b>	ST/L	ST/L	ST/L	ST/L	ST/L	DO	DO
<b>Transitional Post</b>	E	L	E	L	E	DO	DO
<b>Early</b>	7	5	4	4	7	4	4
<b>Late</b>	4	4	4	3	4	x	x

Appendix 1 (Week 3)

<b>Names</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Team Leader</b>	E	E	E	E	E	DO	DO
<b>T. S.</b>	A/L	A/L	A/L	A/L	DO	DO	DO
<b>I.McK.</b>	A/L	A/L	DO	DO	DO	DO	DO
<b>M.C.</b>	L	E	E	L	E	DO	DO
<b>J.S</b>	E	L	E	L	E	DO	DO
<b>C.MCL.</b>	ST/L	ST/L	ST/L	ST/L	ST/L	DO	DO
<b>M.McC.</b>	E	L	E	E	L	DO	DO
<b>D.C.</b>	L	E	L	E	E	DO	DO
<b>A.K.</b>	S/L	S/L	S/L	DO	DO	DO	DO
<b>J.McP</b>	E	E	DO	DO	L	E	E
<b>Transitional Post</b>	E	L	L	DO	DO	E	E
<b>Transitional Post</b>	L	E	DO	DO	L	E	E
<b>Transitional Post</b>	E	L	E	DO	DO	E	E
<b>Transitional Post</b>	E	E	E	L	L	DO	DO
<b>Transitional Post</b>	L	E	L	E	E	DO	DO
<b>Transitional Post</b>	E	E	L	L	E	DO	DO
<b>Early</b>	7	7	5	4	5	4	4
<b>Late</b>	4	4	4	4	4	x	x

Appendix 1 (Week 4)

<b>Names</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Team Leader</b>	<b>E</b>	<b>E</b>	<b>E</b>	<b>E</b>	<b>E</b>	<b>DO</b>	<b>DO</b>
<b>T. S.</b>	<b>L</b>	<b>ST/L</b>	<b>E</b>	<b>E</b>	<b>DO</b>	<b>DO</b>	<b>DO</b>
<b>I.McK.</b>	<b>DO</b>	<b>DO</b>	<b>DO</b>	<b>E</b>	<b>E</b>	<b>DO</b>	<b>DO</b>
<b>M.C.</b>	<b>E</b>	<b>E</b>	<b>L</b>	<b>L</b>	<b>E</b>	<b>DO</b>	<b>DO</b>
<b>J.S</b>	<b>E</b>	<b>L</b>	<b>E</b>	<b>DO</b>	<b>DO</b>	<b>E</b>	<b>E</b>
<b>C.MCL.</b>	<b>E</b>	<b>ST/L</b>	<b>L</b>	<b>E</b>	<b>L</b>	<b>DO</b>	<b>DO</b>
<b>M.McC.</b>	<b>S/L</b>	<b>S/L</b>	<b>S/L</b>	<b>S/L</b>	<b>S/L</b>	<b>DO</b>	<b>DO</b>
<b>D.C.</b>	<b>L</b>	<b>E</b>	<b>L</b>	<b>E</b>	<b>E</b>	<b>DO</b>	<b>DO</b>
<b>A.K.</b>	<b>A/L</b>	<b>A/L</b>	<b>A/L</b>	<b>DO</b>	<b>DO</b>	<b>DO</b>	<b>DO</b>
<b>J.McP</b>	<b>A/L</b>	<b>A/L</b>	<b>A/L</b>	<b>A/L</b>	<b>A/L</b>	<b>DO</b>	<b>DO</b>
<b>Transitional Post</b>	<b>E</b>	<b>L</b>	<b>E</b>	<b>L</b>	<b>E</b>	<b>DO</b>	<b>DO</b>
<b>Transitional Post</b>	<b>ST/L</b>	<b>L</b>	<b>E</b>	<b>L</b>	<b>E</b>	<b>DO</b>	<b>DO</b>
<b>Transitional Post</b>	<b>E</b>	<b>L</b>	<b>L</b>	<b>DO</b>	<b>DO</b>	<b>DO</b>	<b>DO</b>
<b>Transitional Post</b>	<b>ST/L</b>	<b>ST/L</b>	<b>DO</b>	<b>DO</b>	<b>L</b>	<b>E</b>	<b>E</b>
<b>Transitional Post</b>	<b>L</b>	<b>E</b>	<b>DO</b>	<b>DO</b>	<b>L</b>	<b>E</b>	<b>E</b>
<b>Transitional Post</b>	<b>L</b>	<b>E</b>	<b>DO</b>	<b>DO</b>	<b>L</b>	<b>E</b>	<b>E</b>
<b>Early</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>
<b>Late</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>x</b>	<b>x</b>



## Glasgow Liaison Psychiatry Service – Gap Times Paper

### 1. Purpose

1.1 The purpose of this short paper is to summarise the work undertaken by the GLP Reference Group set up to consider how the gap times in Emergency Departments – 16:00 to 20:00 Monday to Friday and 09:00 to 17:00 on weekends and public holidays might be covered by the service.

1.2 The paper draws on the work of the reference group and comments from staff within the service about the proposal and key considerations regarding the requirement for nursing staff to work early and late duties Monday to Friday and covering Emergency Departments at weekends.

1.3 The paper also proposes to pilot covering the gap time identified above by introducing late duties to the current nursing working week. The pilot would consider the impact of this new off duty on the delivery of the service.

1.4 The paper provides commentary on some key areas and operational arrangements required to support the pilot.

1.5 The reference group have generated 4 options for the pilot for consideration identifying the number of sites to be covered in each option.

1.6 Option 3 is the preferred option considered. It is proposed that the pilot would commence on Monday 6 April 2015.

### 2. Background

2.1 The Glasgow Liaison Psychiatry Service provides a service primarily to patients in General Hospitals throughout the Greater Glasgow part of Greater Glasgow and Clyde i.e. the Western Infirmary, Gartnavel Royal Hospital and the Golden Jubilee Hospital in the West, Glasgow Royal Infirmary in the East, and the Southern General Hospital and the Victoria Infirmary in the South. It also provides services to the Vale of Leven Hospital in Alexandria.

2.2 Staff are based in small teams on the 3 main hospital sites of Southern General Hospital, Western Infirmary and Glasgow Royal Infirmary, and respond to calls from the four main Emergency Departments across the city. In addition staff respond to referrals made by acute inpatient wards.

2.3 The service (GLPS) has been asked to consider how the gap times in Emergency Departments - 16:00 to 20:00 Monday to Friday and 09:00 to 17:00 on weekends and public holidays might be covered by the service.

2.4 A local reference group made up from staff from the service and staff side colleagues has been set up to deliver action required before the commencement of the pilot, monitor the pilot and gather data and information about the pilot and the impact. The reference group have met on several occasions during the early part of 2014 and have:

- Updated the operational policy and standards for the service
- Agreed new operational procedures for gathering data to allow the ongoing monitoring of the pilot and support reporting on the impact of the pilot.
- Facilitate one to one meetings with staff, HR and staff side and prepare a report on the key considerations
- Support ongoing communication within the team and across teams – Emergency Departments, Inpatient Acute and the wider mental health network.



### 3. Summary of Options and Criteria used to evaluate the options

3.1 As stated previously in this paper the reference group have generated 4 options for consideration; identifying the number of sites to be covered in each option.

Option 1 - current position or "do nothing - using this as a frame of reference

Option 2 - implement pilot across 4 sites - WIG, SGH, GRI and VGI

Option 3 - implement pilot across 2 sites - SGH and GRI

Option 4 - implement pilot across 1 site - WIG, SGH and GRI

3.2 The group have evaluated each option against an agreed set of headings – see appendix 1.

3.3 The favoured option is option 3 - implement pilot across 2 sites - SGH and GRI. It is proposed if approved to commence this pilot on Monday 6 April 2015.

### 4. Patient Pathway

4.1 Patients seen by the GLPS service would receive the agreed standard GLPS assessment of need and an appropriate plan of care and outcome agreed as per the GLPS standard Operating Policy. Staff from the GLPS Service will liaise with colleagues in other services in the mental health system and Primary Care when considering the most appropriate plan of care and follow up required.

4.2 If staff from the GLPS Service are unavailable to attend the Emergency Department and psychiatric assessment is required then the patient can be referred to the appropriate local Duty SHO. The transfer of patients will remain the responsibility of staff within the Emergency Department.

### 5. Proposed Work Pattern for GLPS to cover the Gap Times

5.1 The pattern of work based on the current staffing profile would be that 2 GLPS nurses would work 12.00 to 20:00 Mondays to Fridays.

5.2 Currently 3 staff members provide weekend cover working on average 1 weekend per month. The off duty allows maximum of three staff off on leave at one time. On average there is 2 nursing staff per site on weekdays and overall minimum nursing cover is generally set at 6 across the whole city.

5.3 At weekends the current GLPS service is 3 staff covering self-harm referrals from inpatient services only. With the additional cover to ED there is a requirement to increase this to 4 staff. Acute inpatients will be seen but only after referrals/activity in ED were dealt with.

### 6. Issues for Consideration

6.1 A draft off duty has been created using the month of July as a reference period Discussion has taken place with staff, HR and staff side reps about the gap times and off duty and staff have raised some concerns about the impact on the current service, staff off duty and work life balance issues. ✓

6.2 Staff and staff side have reiterated the position regarding at least 50% of the team unable to change current off duty pattern of current working and work late duty due to family/caring commitments – ✓ remaining 50% reluctant because of concern on the impact to the service and risk and the fact the current off duty has been in place for 12 + years. Advice has been sought from HR in relation to this.

6.3 It is also recognised that any change may potentially impact on the current nursing and medical role and function within the GLPS service and the running of other GLPS services such as outpatient clinics.

6.4 The change as suggested may impact on the response to inpatient ward self-harm referrals at weekends and public holidays. This will be monitored as part of the evaluation. The proposal will be discussed with colleagues from Acute services.

6.5 The pilot off duty reflects both Clinical nurse managers working up to 2 late shifts per week and also working weekends.

6.6 Mandatory training, CPD, meetings including team/service meetings or working groups will require on going consideration.

6.7 Staff will be required to work up to 2 late shifts per week and 2 weekends in 5/6 weeks this includes CNMs also working weekends

6.8 Although total nurse numbers range from 3 to 6 on early shift –this figure is the total amount across the city.

6.9 Having the CNMs working as part of the 7 day off duty may impact on the ability of the Clinical Nurse Managers to fulfil the managerial duties associated with the post – this will be monitored as part of the pilot.

6.10 Current practice is that 2 members of staff attend A&E to assess patients due to clinical assessment, safety and risk; it is possible that the new arrangement may create delays in attendance to A&E due to staff availability and the possibility of staff travelling from another site. This will be subject to evaluation during the pilot including the need for 2 staff to attend A&E as routine practice.

6.11 Pay costs will be monitored and reported on throughout the pilot, and assessment of any increase in costs will be included in the evaluation.

## **7. Recommendation**

7.1 The Mental Health Services Redesign Group is asked to consider the content of this paper and approve the proposal to pilot covering gap times within Emergency Departments by the GLPS commencing Monday 6 April 2015. This would allow current off duty to run and end.

7.2 When approved a comprehensive communication and engagement programme with stakeholders listed below will be delivered in advance of the pilot.

- Glasgow Liaison Staff
- Trade Unions
- Mental Health Colleagues
- Emergency Department
- Acute Inpatient – medical and surgical

Clive Travers  
Updated 11 November 2014

Reference Group Membership:

Clive Travers  
Jennifer Armour  
Dr Dallas Brodie

Maria Cassidy  
Louise Fulton  
Annie Hair  
Clare Haughey  
Linda MacKay  
Jim McPhie  
Margaret Theron  
Christine Tweedie  
Carol Wilson

Service Manager  
Liaison Psychiatric Nurse  
Consultant Psychiatrist Liaison  
Psychiatry  
Liaison Psychiatric Nurse  
Clinical Nurse Manager  
Staff Side  
Staff Side  
Service Manager Out of Hours  
Liaison Psychiatric Nurse  
Service Administrator  
Senior HR Advisor  
Senior HR Advisor



### **1.Ease of Management/Coordination**

The level of management and supervision required implementing this option?

### **2.Impact on existing services - Acute**

How will this option impact on the current services delivered to acute – ED and Inpatient?

Will this option maintain and extend the quality and range of services and activities available(over and above the GAP time issue)?

### **3.Impact on existing services – Mental Health**

Will this option impact on the existing mental health service network?

### **4.Revenue Cost**

Will this option be costly to operate?

### **5.Capital Cost**

Will this option require any capital considerations?

### **6.Future needs**

To what extent will this option support future demand and potential changes?

### **7.Risk**

What degree of risk is involved in the option? Upon whom will responsibility fall?

### **8.Deliverability**

How easy will it be to deliver this option?

### **9.Timescale**

How long will it take to deliver this option?

### **10.Synergies**

To what extent does the option under consideration work in co-operation with other plans –acute changes closure of WIG and movement of services and departments?

## **Glasgow City HSCP**

### **Review of NHS GGC Unscheduled Care for Mental Health**

#### **Steering Group Terms of Reference**

The purpose of the review is to define the future strategic direction of unscheduled mental Healthcare services for NHS GGC. This review has been prioritised by NHS GGC Partnerships in recognition of the strategic and operational value and importance attached to unscheduled care services.

The focus will be on the following services:

- All Mental Health Crisis/IHTT services within NHSGGC
- NHS GGC Out of Hours CPN Service
- NHS GGC Mental Health Liaison Services (Adult, OPMH, Addiction).
- NHS GGC Duty Doctor out of hours cover arrangements
- NHS GGC Mental Health Court Services

The Sponsor of the Review is: Alex Mackenzie, Board wide Mental Health Lead and Chief of Operations – Glasgow HSCP

#### **.Responsibilities of the Steering Group**

- To ensure an efficient, integrated whole systems approach to service delivery
- To plan and commission service reviews and redesign as appropriate
- To prepare an Implementation Plan and associated Financial and Workforce Framework
- To establish effective means of engagement with all stakeholders including service users, carers, third sector etc
- To ensure systems for access to services are clear, open and responsive
- To ensure robust performance management systems are developed to capture, analyse and report on performance and influence service planning / redesign
- To develop and introduce a review process for a risk register for unscheduled Mental Health care.

#### **1 Accountability of the Steering Group**

- The Steering Group is accountable to Alex Mackenzie who is accountable to the HSCP Chief Officer Group for this work.
- A copy of the Steering Group minutes will be submitted to the Board wide Mental Health Care Group meetings
- The HSCP Chief Officers Group may request update reports on specific issues at any time.



## 2 Mode of operation of the Steering Group

### 2.1 Membership.

The group comprises a mixture of professional, managerial and staff side representation to provide expertise and experience and a range of managerial input to support the work of the group going forward.

Name	Designation
David McCrae	Head of Adult Services NE – Glasgow HSCP (Chair)
Michael Smith	Associate Medical Director – Mental Health
Carol Anne Keogh	Head of Human Resources (NHS) – Glasgow City HSCP
Fiona McNeill	Head of Adult Services – South – Glasgow HSCP
Katrina Phillips	Head of Adult Services – Renfrewshire HSCP
Linda Hall	Lead Professional Advisor – Mental Health
Joan Blackwood	Clinical Lead for Service Redesign
Jane Cairney	General Manager – Forensic Services
David Harley	Planning Lead
tbc	Staff side Rep
Frances Paton	Data Lead
Jonny Bryden	Finance Lead

Other individuals will be invited to attend as the agenda requires.

### 2.2 Role and Responsibilities of Members

Members of the Steering Group will:

- Commit to regular attendance at meetings.
- Participate in discussion and decisions; at meetings, reflecting the views of the Service or Care Group that they represent, and sharing with their colleagues the work and decisions of the Group.
- Participating in progressing the work of the Group.
- Contribute to the work of the group by sharing information/expertise and if required by participating in sub groups of the steering group to progress specific issues.
- Members of the group should aim to attend all meetings of Group. Where someone cannot attend the meeting then they should nominate a substitute and inform the Chair in advance. It is the responsibility of the individual member to ensure that any substitute is furnished with the relevant papers and is able to fully participate in the meeting.

## **2.2 *Chair of the Steering Group;***

The Head of Adult Services NE Glasgow will chair the meetings and in their absence the Head of Adult Services - Renfrewshire will substitute.

### **2.4 Time and Frequency of meetings;**

The Group will meet on a cycle of monthly meetings commencing in September 2016. Meetings will last no more than 2 hours. Venue will normally be at Templeton Business Centre. A schedule of dates will be circulated in advance.

### **2.5 Administrative Support;**

The Chair will organise administrative support to the Steering Group. This will include taking notes of the meeting, collating the agenda, circulating agenda, minutes and related papers, maintaining the mailing list of Group members, scheduling of meetings, booking accommodation and refreshments.

### **2.6 Agenda and Minutes**

Members should forward any additional items to Chair at least 7 days prior to the meeting date. The agenda, note of previous meeting and relevant papers will be circulated to all members 4 days in advance of the meeting. There will be opportunity under AOCB to raise any additional issues presenting since the agenda was circulated.

### **Sub Groups**

The Steering Group will commission sub groups to take forward work on its behalf.

Sub Groups will

- Be Chaired by a member of the Steering Group
- Have a terms of reference
- Create a work plan to detail their work.

Sub Group Leads:

- Review of Crisis, OOH and Liaison Services – David McCrae
- Review of Duty Doctor system – Michael Smith
- Review of Mental Health Court Arrangements – Jane Cairney