

NHSGG&C(M)08/4

Minutes: 54 - 76

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Board Room, Dalian House
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 24 June 2008 at 9.30 am**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Professor D Barlow (from Minute No 59)	Councillor J Handibode
Dr C Benton MBE	Dr M Kapasi MBE
Mr G Carson	Councillor J McIlwee
Mr R Cleland	Councillor D MacKay
Councillor J Coleman	Mr G McLaughlin
Dr D Colville	Mrs J Murray
Mrs A Coulter (to Minute No 66)	Councillor I Robertson
Dr B Cowan (to Minute No 56)	Mr D Sime
Mr P Daniels OBE	Mrs E Smith
Ms R Dhir MBE	Councillor A Stewart
Mr T A Divers OBE	Mrs A Stewart MBE
Mr D Griffin	Mr B Williamson
Mr P Hamilton	Councillor D Yates

I N A T T E N D A N C E

Dr S Ahmed	.. Consultant in Public Health (for Minute No 55(vii))
Mr R Calderwood	.. Chief Operating Officer, Acute Services Division
Mr J Dearden	.. Head of Administration, Mental Health Partnership (for Minute No 67)
Ms S Gordon	.. Secretariat Manager
Ms A Harkness	.. Director, Rehabilitation and Assessment (to Minute No 63)
Mr D Leese	.. Director, Renfrewshire Community Health Partnership (to Minute No 63)
Mr A McLaws	.. Director of Corporate Communications
Mr I Reid	.. Director of Human Resources
Mr T Walsh	.. Infection Control Manager (for Minute No 55(vii))

ACTION BY

54. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Dr L de Caestecker, Ms R Crocket and Mrs R K Nijjar.

55. CHAIR'S REPORT

- (i) The twenty-seven Non Executive Board Member appraisals had been completed and signed off. On a similar theme, Mr Robertson had attended the NHS Board's Effectiveness Seminar on 19 May 2008 at the Beardmore Hotel. Mr Reid would be preparing a report on the outcomes from this seminar and Mrs Smith would be the lead in taking this work forward.

- (ii) On 22 April 2008, the Minister for Public Health announced approval of the South Glasgow Outline Business Case (OBC). At the Performance Review Group (PRG) meeting on 20 May 2008, the required governance structure was agreed to progress this work.
- (iii) Following interviews for a new Non Executive Board Member on 13 May 2008, the Cabinet Secretary had approved the appointment of Mr Ian Lee who would join the NHS Board from 1 July 2008.
- (iv) A turf cutting ceremony had taken place on 1 May 2008 at the Kirkintilloch Health and Social Care Centre. Mr Robertson commended the work of this Centre as an example of the integration between health and social work colleagues and excellent partnership working between East Dunbartonshire CHP and East Dunbartonshire Council.
- (v) Two meetings had taken place with representatives from St Margaret's Hospice on 2 May 2008 and 11 June 2008. Mr Robertson had had the opportunity to visit the accommodation and had provided NHS Board Members with a full report on the progress made with these discussions. A formal report would be considered at a future meeting of the NHS Board.
- (vi) On 27 May 2008, Mr Reid, Mr Griffin and Mr Robertson had visited the Celtic Football Club training ground on the old Lennox Castle Hospital site. Mr Robertson commended the work of the Lennoxtown Initiative in taking this partnership work forward with East Dunbartonshire Council particularly as it provided facilities and a tangible benefit to the local community.
- (vii) Mr Robertson extended his sympathy to the families of those patients who had died following contraction of the C Diff (*Clostridium difficile*) bacterium found at the Vale of Leven Hospital. Over and above the high level internal investigation, the Cabinet Secretary had announced that an independent review would be conducted, chaired by Professor Cairns Smith. Mr Robertson invited Dr Ahmed (Consultant in Public Health) and Mr Walsh (Infection Control Manager) to update the NHS Board on the handling of the outbreak.

Mr Walsh described the accountability arrangements for infection control within NHS Greater Glasgow and Clyde and referred, in particular, to the NHS Board's Acute Prevention and Control of Infection Team. He illustrated the application of the NHS Board's risk management policy within the infection control service and explained that the escalation process mirrored that of the Committee structure in terms of managing infection control. He described the current control system used in NHSGGC to record data, predict and plan services and be alerted when to act. The system, known as SPC (statistical process control) was used locally to monitor trends in certain infections supplementing local intelligence. SPC set standards in terms of its upper and lower control limits – these varied to allow continuous quality improvement. Data output could be varied to show number of cases per ward and/or hospital and, furthermore, could be generated monthly, weekly or daily. Production of local SPC charts were sent to Ward Managers for information and action as appropriate.

Mr Walsh described the infection prevention and control programme for 2007/08 which commenced in April 2007 with SPC system roll-out in wards in the north-east and north-west Glasgow sectors. Roll-out continued thereafter in September 2007 to complete South Glasgow and by April 2008, Clyde roll-out was completed.

Chief Executive

Prior to this roll-out, surveillance system in Vale of Leven was manual although data was reported to Health Protection Scotland electronically on a monthly basis.

Although such earlier systems were fully compliant with relevant mandatory national requirements, data collection did not look at hospital trends or present early warning signals which were two of the advantages of SPC.

Dr Ahmed described C Diff as a bacterium that caused diarrhoea and more serious intestinal conditions such as colitis. It was found in the gut of some healthy adults, who carried the germ without showing any symptoms. People who had other illnesses or conditions that may require prolonged and/or repeated use of antibiotics and the elderly were more likely to develop symptoms of the infection. Type 027 C Diff, found in some of the local cases, was thought to be associated with more severe symptoms than other strains.

The NHS Board instigated an investigation into a cluster of the 027 strain of C Diff in the Clyde area on 14 May 2008. As part of this investigation, a full review of all cases of C Diff at the Vale of Leven Hospital was instigated. The Hospital's Infection Control Team looked back over all cases of C Diff infection within the hospital from 1 December 2007 to 1 June 2008. That investigation showed higher than expected levels of C Diff cases in January, February and May 2008. The investigation had also established that a high number of elderly patients died due to this infection during that period. Following the full review of records completed on 9 June 2008, the Public Health Protection Unit was informed and it immediately called an outbreak control meeting attended by Health Protection Scotland and NHSGGC Infection Control Leads to discuss all actions taken to date and recommend next steps. That meeting agreed a series of further actions to ensure that all control measures to prevent the spread of C Difficile infection were fully implemented.

Dr Ahmed confirmed that one of the reasons numbers of confirmed C Diff cases were rising in Scotland was probably due to better methods of surveillance as described by Mr Walsh earlier. Nine deaths, at any one hospital, as a result of C Diff, was particularly concerning and he also noted that the type of patients treated at the Vale of Leven (a high proportion of which were elderly patients with other predisposing illnesses) were more likely to develop symptoms of the infection. This issue would be looked at in more detail by the Outbreak Control Team.

Dr Ahmed explained that C Diff spores was resistant to disinfectants including alcohol gel. As a result, the NHS Board's Hand Hygiene Co-ordinator had been assigned to the Vale of Leven Hospital and a major campaign to improve compliance with the NHS Board's strict hand hygiene protocols had begun using TVs located in the hospital. Furthermore, commonly used antibiotics were known to reduce the body's natural defences against C Diff by changing normal bowel microorganisms so a new more restricted antibiotics policy had been introduced.

Dr Colville asked if pre-existing medical conditions played a part in contracting C Diff and the subsequent outcome. Dr Ahmed explained that frail elderly or vulnerable patients were more likely to develop symptoms of the infection and complications. Due to this, the case notes of all those who contracted the infection would be studied in detail.

In response to a question from Mr P Hamilton, Dr Ahmed confirmed that currently the SPC did not monitor the trends in deaths but just cases of infections. The system had since been updated to ensure that this data could now be monitored as well as data on new cases of infection.

Councillor Robertson asked specific questions and, in response, Dr Ahmed confirmed that the SPC programme was rolled out and completed in Clyde between December 2007 and April 2008 – this was already in the planned 2007/08 infection control roll-out programme. With regard to the upper and lower control limits, this differed within each hospital given the hospital's case mix and background prevalence. Dr Ahmed confirmed that if a patient transfer was required for clinical reasons and the patient had tested C Diff positive, it was safe to transfer the patient as long as proper infection control procedures were followed and these were tailored to meet the patient's needs. Receiving hospitals would be advised that a risk existed to ensure the infectious status of a patient was known and measures in place to ensure a patient was isolated if symptomatic.

Ms Dhir referred to human intelligence and wondered why staff had not recognised the problem prior to the look back exercise being completed. Mr Calderwood confirmed that staff interviews were conducted at the Vale of Leven Hospital and within the Acute Services Division with the aim of identifying the answer to that point. It would be paramount to establish what information was locally available and escalated to ensure lessons were learned. He noted that both the NHS Board's internal investigation and the independent review should offer more information on that point.

In response to a question from Councillor MacKay, Mr Calderwood reported that a review of wash-hand basins in the Vale of Leven Hospital had recorded a lower level than required. Measures were being put in place to ensure that the levels complied with directions from Health Facilities Scotland – and as existed in other hospitals within NHSGGC. He also confirmed that the SPC system in place at the Victoria Infirmary allowed access to data to establish trigger points.

Mr Cleland referred to the behaviour of staff, patients and visitors and, in particular, to the importance of all groups adhering to hand hygiene guidelines to ensure the success of any initiatives. Dr Ahmed agreed and outlined measures that were put in place to re-inforce the message on a daily basis. This would include undertaking audits in all clinical areas. He agreed, nonetheless, that compliance was an ongoing challenge.

Mr Carson asked about any time specific targets that existed in relation to the decontamination and cleaning of equipment and the environment when patients with symptoms had been treated. Mr Walsh confirmed that no such target existed but that all hospital sites aimed to achieve this as soon as was practically possible.

In response to a question from Councillor Robertson, Mr Calderwood confirmed that staffing levels at the time of the outbreak had not been suboptimal.

Councillor Yates referred to the dent in public confidence since these very unfortunate incidents. Mr Divers agreed and emphasised again the importance of educational measures to ensure that hand hygiene was at the forefront of everyone's mind. Dr Ahmed confirmed that leaflets were issued giving broad details of the infections and that a video and slide presentation were being shown at the Vale of Leven Hospital with the intention of providing similar aids at all hospitals in NHSGGC. Ms Dhir welcomed this approach and hoped that members of public, staff, visitors and patients would comply with this guidance.

In response to a question from Mrs Stewart, Dr Cowan referred to the review of use of antibiotics which were known to reduce the body's natural defences against C Diff. Although limiting the use of these antibiotics was beneficial in one sense, these drugs were effective in other instances – as such, the importance was in getting the balance right.

In summing up, Mr Divers reported that he expected Professor Smith to have completed his independent review and have his report issued by the end of July 2008 when it would then be considered by the Scottish Government and, thereafter, be released into the public domain. In the interim, Professor Smith had confirmed that the work of the Outbreak Control Team should continue in its normal way. He anticipated that Professor Smith would wish to interview relevant staff and confirmed the NHS Board would be preparing an interim report for Professor Smith's consideration on the chronology of events.

NOTED

56. CHIEF EXECUTIVE'S UPDATE

- (i) Mr Divers had been accompanied by the Chairman, Dr Cowan, Ms J Grant and Ms A Harkness as participants in the Scottish Patient Safety Programme in Edinburgh on 29 April 2008. Following this, the NHS Board had had a seminar session on taking the work of this programme forward. In this regard, representatives from the Scottish Government Health Directorate had visited the Royal Alexandra Hospital on 11 June 2008 and interacted with clinical staff in the intensive care unit and also within a general ward environment.
- (ii) Mr Divers had participated in the HMIE (Her Majesty's Inspectorate of Education) inspection of children's services in Renfrewshire. Informal feedback had been very positive and highly encouraging. He thanked Councillor MacKay and Mr Leese for their input to achieving what was an excellent result.

NOTED

57. MINUTES

On the motion of Mr R Cleland, seconded by Dr D Colville, the Minutes of the meeting of the NHS Board held on Tuesday, 15 April 2008 [NHSGG&C(M)08/3] were approved as an accurate record and signed by the Chairman.

NOTED

58. MATTERS ARISING FROM THE MINUTES

- (i) The rolling action list of Matters Arising was circulated and noted.

NOTED

59. STATEMENT ON INTERNAL CONTROL 2007/2008

A report of the Convener of the Audit Committee [Board Paper No 08/24] was submitted attaching a report by the Audit Committee on the outcome of the Committee's evaluation of the NHS Board's system of internal financial control during 20007/2008.

Subject to approval of the report, the NHS Board was asked to authorise the Chief Executive to sign the Statement on Internal Control 2007/2008 which formed part of the NHS Board's Annual Accounts.

The Convener of the Audit Committee, Mrs E Smith, presented the report.

The Audit Committee, at its meeting held on 10 June 2008, received a report which provided Members with evidence to allow the Committee to review the NHS Board's system on internal control for 2007/2008.

Based on the review of internal control, the Audit Committee approved, at its meeting on 10 June 2008, both a Statement of Assurance to the NHS Board on the system of internal control with NHSGGC and a Statement on Internal Control for NHSGGC.

Mrs Smith led the NHS Board through both Appendix 1 (Statement of Assurance by the Audit Committee in Respect of the System of Internal Control within NHS Greater Glasgow and Clyde 2007/2008) and Appendix 2 (Statement on Internal Control) highlighting the following:

- There were no significant matters relating to the Systems of Internal Control which required to be disclosed in the Statement of Internal Control. It was, however, appropriate that the Statement of Internal Control referred to risk management.
- The risk management arrangements in place operated in accordance with relevant guidance issued by the Scottish Ministers. The NHS Board had in place a Risk Management Strategy, Risk Register Policy and Corporate Risk Register.
- The Audit Committee recommended that the NHS Board approve the Statement on Internal Control and that the Statement on Internal Control be signed by the Chief Executive as Accountable Officer.

Mr Robertson thanked Mrs Smith and Members of the Audit Committee for their valued work throughout the year. Mrs Smith thanked NHSGGC's finance team, Audit Committee Members and the Internal and External Auditors – all of whom had worked very hard throughout the year.

DECIDED:

- That the Statement of Assurance from the Audit Committee be accepted and noted.
- That the Statement on Internal Control be approved for signature by the Chief Executive.

Chief Executive

60. STATEMENT OF ACCOUNTS FOR 2007/08

A report of the Director of Finance [Board Paper No 08/25] was submitted enclosing the Statement of Accounts for the year to 31 March 2008.

Mr Griffin introduced the accounts which had previously been considered by the Audit Committee. The External Auditors had completed their audit of the Accounts and had issued their final report to NHS Board Members which confirmed that their audit certificate on the NHS Board financial statement for the period ended 31 March 2008 would be unqualified in respect of their true and fair opinion and regularity.

Mr Griffin confirmed that the NHS Board's financial statements disclosed that the NHS Board had met its financial targets. He summarised the revenue resource outturn and confirmed that the year ended with a revenue outturn which was closely in line with that limit set by the Scottish Government Health Directorate. Similarly, the NHS Board's capital outturn was within the limit set for the year.

During the year, the NHS Board had been engaged in two major capital projects, both of which were funded by PFI contracts. Work had continued throughout the year to build the two new Ambulatory Care Hospitals at Stobhill and the Victoria. In addition, £11.7m had been invested in new medical equipment.

Mrs Smith commended Mr Griffin and his staff for meeting these targets particularly in such a challenging environment.

Mr Divers took the opportunity to comment on an article that had appeared in that day's Daily Mail relating to the salaries of both the Director of Public Health and himself. The article alleged that both had received a 36% pay increase. He confirmed, in fact, that both had received between an 8% and 9% increase over the last three year period. Senior staff pay increases were subject to an appraisal system which was robust and open to scrutiny.

DECIDED:

- That the Statement of Accounts for the financial year ended 31 March 2008 be adopted and approved for submission to the Scottish Government Health Directorate. **Director of Finance**
- That the Chief Executive be authorised to sign the Director's Report. **Chief Executive**
- That the Chairman and Director of Finance be authorised to sign the Statement of Health Board Members Responsibilities in respect of the Accounts. **Chairman/
Director of Finance**
- That the Chief Executive be authorised to sign the Statement on Internal Control in respect of the Accounts. **Chief Executive**
- That the Chief Executive and Director of Finance be authorised to sign the Balance Sheet. **Chief Executive/
Director of Finance**

61. DEVELOPING AND IMPROVING SERVICES FOR OLDER PEOPLE IN RENFREWSHIRE : OUTCOME OF CONSULTATION

A report of the Director of Renfrewshire Community Health Partnership [Board Paper No 08/26] asked the NHS Board to note the outcome of the consultation process and responses received. Following that, the NHS Board was asked to approve the reduction in the number of continuing care beds for older people in Renfrewshire from sixty to thirty, with the reprocision of the thirty beds in modern accommodation using a partnership model, leading to, and subject to the Cabinet Secretary's approval, the closure of Johnstone Hospital.

Mr Leese set the context of the review of the provision of frail elderly continuing care services located at Johnstone Hospital. He described the engagement and consultation process which had included an initial engagement event in February 2007 with a follow-up in May 2007 as well as a number of meetings with staff at Johnstone Hospital and the Staff Partnership Forum. In June 2007, the outcome of the review, including a proposal for change, was reported to the NHS Board. Between September and November 2007, the Independent Scrutiny Panel appointed by the Cabinet Secretary considered this review and their recommendations were considered at the NHS Board meeting in December 2007. A key recommendation from the Independent Scrutiny Panel process was that the NHS Board should ensure that its plans for change were made clear to patients, staff and carers in advance of the commencement of the public consultation. This was addressed through two staff meetings on 29 January and 1 February 2008 and a meeting for relatives and carers of current patients on 31 January 2008.

The public consultation was launched on 18 February 2008 and concluded on 5 May 2008. A public consultation event was held at which thirty-nine people attended. Over and above this, twelve written responses were received.

Mr Leese led the NHS Board through the key issues arising from the consultation exercise and summarised them as follows:

- Managing change sensitively and effectively – there was a significant commitment to this as work moved to the implementation of this change.
- Modernising accommodation and services – a single room with appropriate ensuite facilities would be the model followed and delivered ensuring appropriate common areas and supporting services.
- Resources – the principal driver to the review had been the aim of securing an appropriately sized and modernised service located in improved accommodation.
- Finance and workforce – the total cost of the reprovided service of the thirty bedded model was estimated to be £1.37m. A clear and detailed plan regarding workforce would be in place as the implementation phase commenced.
- Improving the balance and range of services – a range of developments were underway or complete including; a joint District Nursing and Renfrewshire Social Work Care Management project focused on patients with chronic disease who were at risk of multiple hospital admission; further enhancement of the Community Alarms Service; introduction of two Gerontology Nurse Specialists; introduction of Interface Pharmacist Roles; and the introduction of Extra Care Housing facilities.

Councillor MacKay and Councillor Yates welcomed the proposals and improved services and rebalancing of care that would result.

Councillor Handibode asked if thirty beds were sufficient for continuing care for older people in Renfrewshire. Mr Leese described the work that had been done to forecast this model including the definition of continuing care and the criteria used, referral rates, admission rates, population information and clinical views. Given this, it had been concluded a thirty bedded unit, provided in modern accommodation, using a partnership model provided the best service provision. He acknowledged, however, that through the implementation and occupation phases, joint monitoring would take place to ensure the service met the needs of other people within Renfrewshire.

DECIDED:

- That the outcome of the consultation process and responses received be noted.
- That the reduction in the number of continuing care beds for older people in Renfrewshire from sixty to thirty, with the reprocision of the thirty beds in modern accommodation using a partnership model, leading to, and subject to the Cabinet Secretary's approval, the closure of Johnstone Hospital, be approved.

**Director,
Renfrewshire
Community
Health
Partnership**

**62. CHANGES TO INPATIENT DISABILITY SERVICES IN CLYDE :
OUTCOME OF CONSULTATION**

A report of the Director of Rehabilitation and Assessment, Acute Services Division, [Board Paper No 08/27] asked the NHS Board to note the process and outcome of public consultation on changes to inpatient disability services in Clyde. Thereafter, the NHS Board was asked to approve the transfer of rehabilitation and continuing care beds to the Southern General Hospital and, subject to the Cabinet Secretary's approval, the closure of Merchiston Hospital.

Ms Harkness set the context of specialist adult physical disability inpatient services which was a small service made up of three distinct areas:

- Inpatient specialist physical disability assessment and rehabilitation.
- NHS continuing care.
- NHS respite.

She outlined current bed provision and highlighted the drivers for change explaining that the proposals developed for consultation were shaped by a number of key principles drawn from recent national policy context and further by feedback from the local stakeholder engagement events held from November 2006 to December 2007.

Ms Harkness outlined the consultation proposals which included an overall reduction in the number of beds and future provision of inpatient services over two sites. Islay Cottage at Merchiston Hospital would close and an additional six beds would be opened at the Southern General Hospital – four assessment/rehabilitation beds at the Physical Disability Rehabilitation Unit and two NHS continuing care beds at Ward 53. In addition, a rebalancing of beds for NHS continuing care and respite would further enhance the NHS continuing care capacity. There would be no change proposed for the Larkfield Unit at Inverclyde Royal Hospital. In line with this shift towards a more community based model of care, proposals included investment in the community physical disability rehabilitation service to bring workforce levels in the Clyde area to similar levels seen in Greater Glasgow and an element of resource transfer to Local Authorities in the Clyde area for investment in physical disability services to be agreed through local joint planning processes.

Ms Harkness led the NHS Board through the public consultation process building on the pre-engagement consultation undertaken as part of the service review. Discussion had taken place with the Scottish Health Council and consultation materials widely distributed across NHSGGC targeting organisations and individuals with an interest in physical disability. Over and above this, meetings were held targeting this relatively small specialist service using venues that service users would be familiar with and involving organisations already supporting this client group.

Ms Harkness summarised the issues raised in the consultation and highlighted three key themes as follows:

- Accurate assessment of needs – the review confirmed the bed model and agreement had been reached on the proposed bed numbers. In order to ensure planning assumptions had been accurate, agreement was reached to carry out a review after one full year of operation under the new model and to address any issues arising.
- Local access to services – the importance of co-ordinated working between hospital and community services would continue to be recognised particularly around supporting discharge and staff would be involved throughout the redesign to ensure current good working practice was retained.
- Resource availability – the Rehabilitation and Assessment Directorate was committed to working with all Local Authority Joint Planning Partnerships to develop and improve the whole system response for people with a physical impairment.

Mrs Smith praised the consultation process and particularly the pre-engagement consultation stage undertaken – this had been a valued investment of time.

Mr Divers summarised by explaining that two of the five consultations regarding Clyde services had now been completed [(i) developing and improving services for older people in Renfrewshire and (ii) changes to inpatient disability services in Clyde]. Two others were still in their consultation phase:

- Clyde Maternity Services – would conclude on 27 June 2008.
- Clyde Mental Health Services – would conclude on 2 July 2008.

With regard to the proposed consultation on the integrated care at Vale of Leven Hospital, further work and analysis was still being undertaken prior to the consultation phase beginning.

DECIDED:

- That the process and outcome of public consultation on changes to inpatient disability services in Clyde be noted.
- That the transfer of rehabilitation and continuing care beds to the Southern General Hospital and, subject to the Cabinet Secretary's approval, the closure of Merchiston Hospital be approved.

**Director,
Rehabilitation and
Assessment**

63. DESIGNATED MEDICAL OFFICER

A report of the Director of Public Health [Board Paper No 08/28] was submitted setting out the arrangements under current legislation for Designated Medical Officers for the purposes of exercising such functions on behalf of Local Authorities as may be assigned by, or under enactment, and other such functions as Local Authorities may assign with the agreement of the NHS Board.

DECIDED:

That the named Designated Medical Officer (Dr Anne Scouler), in accordance with the regulations laid out in the NHS (Scotland) Act 1978 and the NHS (Designated Medical Officers) (Scotland) Regulations 1974 be approved.

**Director of Public
Health**

**64. MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003
– LIST OF SECTION 22 APPROVED MEDICAL PRACTITIONERS**

A report of the Director of Public Health [Board Paper No 08/29] asked that the NHS Board approve the list of Medical Practitioners employed by the NHS Board to be authorised for the purpose of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

DECIDED:

That the two Medical Practitioners listed on the NHS Board paper for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 be approved.

Director of Public Health

65. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer – Acute Services Division [Board Paper No 08/30] asked the NHS Board to note progress against the national targets as at the end of April 2008.

Mr Calderwood led the NHS Board through progress across the single system towards achieving waiting time and other access targets set by the Scottish Government Health Directorate – commonly known at HEAT Targets.

Mr Calderwood highlighted the following:

- Outpatient Waiting Times – the Division continued to meet the extant target of a maximum waiting time of 18 weeks. Work towards the next milestone of 15 weeks was progressing well.
- Inpatient/Day Case Waiting Times – the Division continued to meet the extant target of a maximum waiting time of 18 weeks. Work towards the next milestone of 15 weeks was progressing with service design and other action being taken forward.
- Diagnostic Waiting Times – the Division continued to meet the extant target of 9 weeks for key diagnostic tests and had already achieved a below 6 week wait for barium studies in Clyde.
- Endoscopy/Cystoscopy – the Division continued to meet the extant target of 9 weeks for investigation and was working towards a reduction to 6 weeks.
- Cataract Targets – the maximum time from referral to completion of treatment for cataract surgery would be 18 weeks – this target was achieved in December 2007 and had been maintained since.
- Hip Fracture – 98% of all hip fracture patients would be operated on within 24 hours of admission to an orthopaedic unit, subject to medical fitness and during safe operating hours – this performance was achieved in December 2007, however, a hand-full of patients did not achieve this target in April 2008.
- Accident & Emergency 4 Hour Wait – 98% of Accident & Emergency patients should be treated and discharged, admitted or transferred within 4 hours of arrival at the department. The NHS Board achieved this target in December 2007 and had continued to achieve it every month since.

- Cancer Waiting Times – all urgent referrals with suspected cancer should wait a maximum of 62 days from urgent referral to treatment (31 days for breast cancer). All patients referred as urgent were tracked to ensure monitoring of the progress along the patient journey –all breast, ovarian, melanoma, leukaemia and lymphoma patients were meeting the target and work was continuing to bring the rest up to the target.
- Cardiac Surgery – the 16 week end to end target for cardiac treatment comprised two weeks Rapid Access Chest Pain Clinic, 4 week cardiology diagnostic phase and 10 weeks for cardiac surgery or interventional cardiology. All cardiothoracic surgical services transferred to the Golden Jubilee National Hospital during March 2008 and responsibility for managing and reporting the waiting list transferred during April 2008. As a result, the cardiac surgery figures would no longer feature in NHS Board reports.
- Delayed Discharge – the NHS Board, together with its Local Authority partners, successfully achieved a zero target for April. Mr Calderwood congratulated all those involved on this achievement and ongoing efforts to ensure that people were not unnecessarily delayed awaiting discharge.
- Stroke – redesign of clinics had started to impact on waiting times (that 80% of fast track referrals to stroke/TIA clinics should be seen within 14 days and 80% of stroke patients should have CT or MRI scan within 24 hours of admission) and it was expected that the target would be achieved and maintained during 2008/09.

Mr Daniels congratulated Mr Calderwood and his team for this excellent performance and asked for more detail on how some of the targets had been achieved. Mr Calderwood described some examples which included a review of clinics (for new and return patients) and investment in additional clinical teams to ensure optimal capacity. Furthermore, MRI/Ultrasound equipment had been upgraded to meet additional demand at some clinics and clinic slots had been redesigned.

NOTED

66. NHS GREATER GLASGOW AND CLYDE FINANCIAL PLAN : 2008/09 TO 2010/11

A report of the Director of Finance [Board Paper No 08/31] asked the NHS Board to approve the financial plan for 2008/09 to 2010/2011.

Mr Griffin explained that the NHS Board had submitted a draft financial plan to the Scottish Government Health Directorate, as required, in March 2008, albeit that, at that stage, certain key elements, in particular, a full cost savings plan remained outstanding.

This was now sufficiently developed to allow a financial plan for 2008/09 to be submitted to the NHS Board for its approval. This comprised firm figures for 2008/09 with indicative figures for subsequent years.

Mr Griffin explained that the Board faced a significant financial challenge to maintain financial balance. Higher than expected pay settlements, fuel cost increases, continuing inflationary pressures on drugs and other supplies and an ambitious hospital building programme all contributed to the challenge. There also remained a final gap to be closed following the integration with Clyde.

As a result, every area of the health system was being examined for efficiencies. The NHS Board already had a plan in place to implement £26m of savings which would be released in 2008/09. In addition, plans were being developed to release further savings in the current year so that a break-even financial position in 2008/09 could be recorded and a reserve created to contribute towards the costs of commissioning the new Stobhill and Victoria Hospitals in 2009/10.

For 2009/10 and 2010/11, the NHS Board would be required to develop further savings plans which were capable of releasing an equivalent level of savings as in 2008/09, giving a total cost savings challenge of £120m over the next three years. Every area of the NHS Board's health system would have a role to play in addressing the financial challenges faced.

Mr Griffin described specific points and key assumptions both in relation to funding and expenditure. He led the NHS Board through the detail of the cost savings plans explaining that 2008/09 was the second in a series of three years during which the NHS Board was required to progressively eliminate a £26m gap between recurring funding and expenditure related to the Clyde area of its management responsibilities.

Mr Sime paid tribute to management and trade union organisations in taking the 2008/09 cost savings plan forward. He referred to ongoing discussions that were taking place in accordance with the NHS Board's Organisational Change Policy recognising that the NHS Board required to construct a cost savings plan capable of releasing a minimum of £42.2m recurring cost savings in 2008/09.

In response to a series of points from Mr Daniels, Mr Griffin confirmed that from 2010, reporting would be on a NHSGGC basis rather than split into Greater Glasgow and Clyde. He also clarified that further development of the NHS Board's cost savings plan to release £16m total cost savings, relating to shorter term cost savings initiatives and longer term cost savings initiatives of £6m and £10m respectively, would be considered further by the NHS Board's Performance Review Group at future meetings.

In response to a question regarding the National Resource Allocation, Mr Divers described the Scottish Government Health Directorate's policy on financial allocations across NHS Scotland. In terms of individual local NHS Boards' commitments, each NHS Board had differing investments at differing times according to their modernisation plans – as such, NHS Boards had to meet the revenue consequences of local investments as and when they arose.

Mr Griffin clarified a point about the timing of NHS budget setting and how this played into CH(C)P budget setting with Local Authority Partners.

Mr Divers picked up a point about the Clyde savings plan, highlighting the benefits gained from pulling together services such as GP prescribing, HR, internal audit, laundry and financial services. All of these changes and associated savings had been attributed to the Clyde recovery plan. Although the NHS Board had an integrated financial recovery plan, reporting remained separate for Greater Glasgow and Clyde as described earlier. Councillor Robertson thanked Mr Divers for clearing this point up but did not consider it to be transparent from the paperwork. Mr Divers agreed to provide more detail to the Performance Review Group.

Chief Executive

DECIDED:

That the financial plan 2008/09 to 2010/11 be approved.

Director of Finance

67. FREEDOM OF INFORMATION MONITORING REPORT FOR THE PERIOD 1 APRIL 2007 TO 31 MARCH 2008

A report of the Head of Board Administration [Board Paper No 08/32] asked the NHS Board to note the Monitoring Report on the operation of the Freedom of Information (Scotland) Act 2002 in NHSGGC for the period 1 April 2007 to 31 March 2008.

Mr Dearden outlined the operation of the Act within NHSGGC and summarised the requests for information received during this period. He led the NHS Board through a profile of the source of requests and various subject matters. In terms of performance, the NHS Board had responded to 76% of requests within 20 working days. This was attributable to various factors including the large number of requests pertaining to Agenda for Change information, where there was a failure by staff to recognise the 20 working day timescale. In addition, the increase in complexity of FOI requests being submitted and the difficulties involved in collating information from several different parts of the NHS Board's large and complex organisation meant that the 20 working day timescale was difficult to meet.

Twelve requests for an internal review had been received during the period with three going on thereafter to appeal to the Scottish Information Commissioner.

In response to a question from Mr P Hamilton, Mr Dearden explained that the NHS Board had not quantified, in terms of cost, the implications associated with operating the Act.

NOTED

68. QUARTERLY REPORT ON COMPLAINTS : 1 JANUARY TO 31 MARCH 2008

A report of the Head of Board Administration, Chief Operating Officer, Acute Services and Lead Director, CHCP(Glasgow) [Board Paper No 08/33] asked the NHS Board to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 January to 31 March 2008.

Mr Calderwood summarised the report highlighting complaints received and performance during the quarter. He acknowledged the service improvements made as a result of complaints completed and noted the reports from the Ombudsman in relation to the twelve reports that had been laid before the Scottish Parliament concerning NHSGGC cases.

Mr McLaughlin referred to the earlier NHS Board paper on Waiting Times and Access Targets where performance had been excellent. It was disappointing to note, therefore, the poor performance in responding to complaints within 20 working days.

Performance consistently lay between 50% and 60% of complaints received and completed within 20 working days and he wondered if this was because any better performance was unachievable. Mr Calderwood noted that there was room for improvement and explained that within the Acute Division procedural and operational activities had been reviewed to attempt to achieve this. He did highlight, however, that responding to many complex clinical complaints required timely investigation and consultation with relevant clinicians. He agreed with Mr McLaughlin's point that it may be useful to compare, on a quarterly basis the performance of the NHS Board against other NHS Scotland Boards.

Head of Board Administration

Mrs Murray referred to the service improvements made as a result of complaints and would be interested to read more detail on how service improvements were progressed to ensure patients saw a difference in frontline services.

Head of Board Administration

Councillor Robertson referred to the Independent Advice and Support Service (IASS) and its development. He welcomed this service, provided from the Citizen's Advice Bureau, and looked forward to receiving the statistical information that would be provided to determine how well the service was used not only within NHSGGC as a total but within individual Citizen's Advice Bureaux.

Head of Board Administration

NOTED

69. PHARMACY PRACTICES COMMITTEE MEETINGS MINUTES : 2 APRIL 2008, 4 APRIL 2008 AND 30 APRIL 2008

The Minutes of the Pharmacy Practices Committee meetings held on 2 April 2008 [PPC(M)08/08], 4 April 2008 [PPC(M)08/09] and 30 April 2008 [PPC(M)08/10] were noted.

NOTED

70. GLASGOW CENTRE FOR POPULATION HEALTH MEETING MINUTES : 13 MARCH 2008

The Minutes of the Glasgow Centre for Population Health meeting held on 13 March 2008 [GCPHMB(M)08/01] were noted.

NOTED

71. RESEARCH ETHICS GOVERNANCE COMMITTEE MEETING MINUTES : 26 MARCH 2008

The Minutes of the Research Ethics Governance Committee meeting held on 26 March 2008 [NHSGGCREGC(M)08/1] were noted.

NOTED

72. INVOLVING PEOPLE COMMITTEE MEETING MINUTES : 1 APRIL 2008

The Minutes of the Involving People Committee meeting held on 1 April 2008 [Board Paper No 08/34] were noted.

NOTED

73. AUDIT COMMITTEE MEETING MINUTES : 10 JUNE 2008

The Minutes of the Audit Committee meeting held on 10 June 2008 [A(M)08/03] were noted.

NOTED

74. CLINICAL GOVERNANCE COMMITTEE MEETING MINUTES : 1 APRIL 2008

The Minutes of the Clinical Governance Committee meeting held on 1 April 2008 [CGC(M)08/2] were noted

75. AREA CLINICAL FORUM MEETING MINUTES : 3 APRIL 2008

The Minutes of the Area Clinical Forum meeting held on 3 April 2008 [ACF(M)08/2] were noted.

NOTED**76. PERFORMANCE REVIEW GROUP MEETING MINUTES : 20 MAY 2008**

The Minutes of the Performance Review Group meeting held on 20 May 2008 [PRG(M)08/03] were noted.

NOTED

The meeting ended at 1.05 pm