NHSGG&C(M)09/4
Minutes: 51 - 72

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, 23 June 2009 at 9.30 am

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P R E S E N T

Mr A O Robertson OBE (in the Chair)

Dr C Benton MBE
Professor D Barlow
Mr R Calderwood
Councillor J Coleman
Mrs A Coulthard (to Minute 59)
Dr B Cowan (to Minute 58)
Ms R Crocket
Mr P Daniels OBE
Ms R Dhir MBE (to Minute 61)
Mr D Griffin
Councillor J Handibode
Dr M Kapasi MBE
Mr I Lee
Councillor D MacKay
Councillor J McIlwee
Mr G McLaughlin
Mrs J Murray
Councillor I Robertson
Mr D Sime
Mrs E Smith
Councillor A Stewart
Mr B Williamson
Mr K Winter
Councillor D Yates

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

Dr S Ahmed	..	Consultant in Public Health Medicine (for Minute 53)
Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning
Mrs J Grant	..	Chief Operating Officer (Interim)
Mr J C Hamilton	..	Head of Board Administration
Mr S Lydon	..	AAT and DAT Strategy Co-ordinator (for Minute 63)
Mr D McConnell	..	Audit Scotland
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Mr J Rundell	..	Audit Scotland

ACTION BY

51. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Dr L de Caestecker, Mr G Carson, Mr R Cleland, Mr P Hamilton and Mrs R K Nijjar.

Mr Robertson welcomed Mrs Jane Grant to her first NHS Board meeting since the announcement that she had been appointed the Chief Operating Officer, Acute Services Division. On behalf of the NHS Board, he congratulated Mrs Grant on her appointment and wished her well in her new post.

52. CHAIR'S REPORT

(i) Mr Robertson advised that Dr Syed Ahmed, Consultant in Public Health Medicine, would be attending to bring Members up to date on the current situation with the outbreak of H1N1 Influenza: however, at this stage, he wished to record his appreciation of the tremendous effort and response

ACTION BY

from staff within NHS Greater Glasgow and Clyde. In particular, he wished to thank those staff within Public Health, Virology, out of hours GP Services, Clinicians and all other support staff for responding so willingly and giving up so much of their personal time to deal with the public's concerns and reacting to the evolving strategy in handling the consequences of this outbreak.

(ii) On 6 May 2009, Mr Robertson, Mrs Smith and Mr P Hamilton had met the League of Friends in a productive meeting to discuss the issues of concern regarding the Inverclyde Hospital Tea Bar. A joint statement had been issued after the meeting recognising the nature of the pilot study and a further meeting had been arranged for 31 July 2009.

On the same day he had attended, with a number of NHS Board Members, a tour of the New Victoria Hospital which had followed on from a previous visit to the New Stobhill Hospital the month before. He encouraged any Non-Executive Members who had not yet seen either of the new facilities to do so as soon as possible. **Members**

(iii) Mr Robertson advised that on 15 May 2009, with Mr Calderwood, he had visited Skye House, the new Acute Adolescent Unit at Stobhill Hospital. The accommodation encompassed residential, educational and leisure facilities and the new unit would be opened shortly by the Cabinet Secretary for Health and Well-being.

(iv) On 20 May 2009, Mr Robertson had attended the opening of the Pollok Civic Realm by the Cabinet Secretary for Health and Well-being.

(v) Mr Robertson visited the Dental Hospital and School on 15 June 2009 and heard about the future services for Oral Health and considered that this should be a topic for a future NHS Board Seminar. **Head of Board Administration**

(vi) Mr Robertson was accompanied on 16 June 2009 by Mr Calderwood when he met Professor Jim McDonald, the new Principal of Strathclyde University, and Professor Allister Ferguson. There were discussions on how to strengthen the already well established links between both organisations.

(vii) On 18 June 2009, discussions had been held with the Glasgow City Council Leader and Chief Executive about the many months of work going on to further develop and refine the working arrangements for Glasgow's Community and Health Care Partnerships (CHCPs). He believed progress had been made and advised that a paper would be considered internally by the City Council and, following this, the Council's position would be set out in a letter from the Chief Executive which would be considered by the Performance Review Group at its meeting on 7 July 2009. The NHS Board's priority was to receive, within the next few days, the necessary financial information about the totality of budgets for services and care groups being devolved and aligned to CHCPs from the Council by 1 April 2010 and, thereafter, move to the creation of the proposed Partnership Board. In view of the significance of the discussion, Mr Robertson invited all Members to attend the Performance Review Group meeting on 7 July 2009. **Members**

Mr Robertson advised that this verbal report replaced Item 24 on the Agenda and there would be no need, therefore, to exclude the public and press from any part of the NHS Board meeting.

ACTION BY

(viii) Mr Robertson advised that Mr Neil Hunter, currently Director of the Homelessness Partnership, had recently been appointed Director of the West Glasgow CHCP.

He was pleased to announce that Ms Judith Wilson, the Moving and Handling Co-ordinator at the Southern General Hospital, had been awarded an MBE in the recent Honours List. This had been for services to the health service and, in particular, to the development and training of moving and handling techniques for nursing and other clinical staff.

Lastly, he announced that this would be Amanda Coulthard's last NHS Board meeting following her recent appointment as Assistant Director of Planning to NHS Ayrshire and Arran. Amanda had been the Vice Chair of the East Glasgow CHCP, a member of the Involving People Committee and had just recently joined the Audit Committee. Mr Robertson, on behalf of the Board, thanked Amanda for her contribution to the NHS Board over the last five years and wished her well with her new appointment.

NOTED

53. CHIEF EXECUTIVE'S UPDATE

(i) Mr Calderwood advised that he had attended the fourth learning set of the Scottish Patient Safety Programme on 19 May 2009 and this had been particularly helpful to himself and the Medical Director as the local plans were developed and rolled out across NHS Greater Glasgow and Clyde.

(ii) Mr Calderwood advised that he had been invited by Professor David Barlow, Executive Dean of the Postgraduate Medical Faculty, to join the Board of Glasgow Biomedicine which was the joint body between the NHS Board and Glasgow University which had the oversight responsibility for clinical research, especially clinical trials, in Glasgow. Following the recent establishment of the Scottish Academic Health Sciences Collaboration (SAHSC), the Glasgow Biomedicine Board additionally became the oversight body for the local Glasgow aspect of SAHSC activity and would report to the NHS Board. The SAHSC was launched on 17 June 2009 by the Cabinet Secretary for Health and Well-being and Cabinet Secretary for Finance.

(iii) On 29 May 2009, he had attended to give the Opening Address at the Child Protection Unit Development Session.

(iv) Mr Calderwood advised that he had chaired the Our Health event on Better Communications on 18 June 2009. This event had been well received and he congratulated John Crawford and the Corporate Inequalities Team for its success and for the chance to hear so many issues from a patient's perspective.

(v) Mr Calderwood advised that he had met a number of elected officials, MSPs and Councillors in recent weeks and he had undertaken to address a forthcoming public meeting about Stobhill Hospital at the invitation of Councillor Charles Kennedy, East Dunbartonshire Council.

(vi) Mr Calderwood invited Dr Syed Ahmed to update Members on the latest position with managing the outbreak of H1N1 Influenza.

ACTION BY

Dr Ahmed advised that the World Health Organisation had announced two weeks ago that H1N1 Influenza had entered the pandemic phase and that the southern hemisphere had been particularly affected.

As of today's date, 647 cases had been confirmed within Scotland, of which 461 were within NHS Greater Glasgow and Clyde. The other areas within the UK which had been particularly affected had been West Midlands and London.

Within NHS Greater Glasgow and Clyde, 106 positive cases had been reported in Renfrewshire and 102 cases in South West Glasgow: there also had been a cluster of cases within Dunoon.

Dr Ahmed advised that the outbreak had entered the limited containment phase and 9 swabbing centres had now been opened; phone calls from patients had reduced and the number of daily positive cases was going down but it was likely that the virus would re-emerge in the winter.

Councillor MacKay thanked Dr Ahmed for his helpful update and appreciated just how difficult a time this had been for the NHS and Local Authorities. He thanked Dr de Caestecker and her team for their excellent response, particularly within Renfrewshire, and indicated that he had been disappointed with some of the media reporting and political statements made about the outbreak.

Mr Williamson asked if the virus vaccination would be available prior to the winter and Dr Ahmed advised that the Government had two companies working on a vaccine which would be ready by the autumn: however, the necessary licences would not be available until February 2010 and therefore the vaccine would be unlicensed and would require to be indemnified by the Government.

Dr Benton asked that from the 4,500 specimens which had been analysed, of which the majority had turned out not to be H1N1 Influenza, had there been any indication what the other causes had been. Dr Ahmed advised that they had normally been a mild infection or other viruses: 10% of cases had been positive for H1N1.

NOTED

54. MINUTES

On the motion of Cllr. D Yates, seconded by Mrs E Smith, the Minutes of the meeting of the NHS Board held on Tuesday, 21 April 2009 [NHSGG&C(M)09/3] were approved as an accurate record and signed by the Chair subject to the following amendment:-

Minute 41 – 3rd paragraph – first line – delete "cancel" and insert "cancer".

NOTED

ACTION BY

55. MATTERS ARISING FROM THE MINUTES

(i) The rolling action list of Matters Arising was circulated and noted and the Head of Board Administration advised that an update report on the Cambuslang/Rutherglen and Northern Corridor transfer to NHS Lanarkshire had not been given at the Performance Review Group but would be provided to Members shortly.

NOTED

56. SCOTTISH PATIENT SAFETY PROGRAMME UPDATE

A report of the Medical Director and Head of Clinical Governance [Board Paper No. 09/25] asked the NHS Board to review and comment on the progress achieved by NHS Greater Glasgow and Clyde in implementing the Scottish Patient Safety Programme (SPSP).

Dr Cowan reminded Members that the Programme focused on improving safety by increasing the reliability of health care processes within Acute care. This was achieved by frontline teams testing and establishing more consistent application of clinical and/or communication processes. Success was monitored through a measurement framework and supported by a visible commitment to safety by the organisation and the achievement of an overarching set of improvement aims which currently were:-

Mortality – 15% reduction
Adverse events – 30% reduction
Ventilator associated pneumonia - reduction
Central line bloodstream infection - reduction
Blood sugars within range (ITU/HDU) – 80% or > within range
MRSA bloodstream infection – 50% reduction
Crash calls – 30% reduction
Harm from anti-coagulation – 50% reduction in ADEs
Surgical site infections – 50% reduction (clean)

Phase 1 was launched in January 2008 and involved nine wards and by June 2008 a further 22 wards had become involved in Phase 2. Phase 3 was currently being established and a further 60 wards being prepared.

Dr Cowan advised the underlying position for Phase 1 implementation had been agreed with the SPSP appointed Technical Advisers. To progress to the next level there was a need to demonstrate data confirming sustained improvement or reliability in the peri-operative workstream. The projected performance against the assessment scale suggested that some slippage would be experienced but this would be regained by the end of 2009 when Level 3.5 should be achieved within the predicted timescale.

In relation to the progress in Phases 1 and 2 for frontline pilot teams, in general the tempo was being maintained in line with the published SPSP timeline. However, the two Phase 1 peri-operative pilots continued to experience problems with measurement and incomplete data which was limiting their ability to consider whether reliable practice designs were in place. The two Phase 1 Medicines Management pilots continued to experience challenges around medicine, reconciliation at admission and there was diminishing confidence over milestone 3 attainment within this area.

ACTION BY

The drafting of the spread plan was advancing as an iterative process. The NHS Board had 52 confirmed wards and another set of candidate wards which included new areas in paediatric settings and there was confidence that by the end of 2009 the target of 60 new wards working within the programme would be achieved. Over 80 staff had attended the National SPSP Education Day on 18 May and 91 staff had attended a set of training events on 2 June 2009.

Challenges had also been experienced in operating the Global Trigger Tool – a specific method of detecting adverse clinical events designed to produce a system level indicator. The detection rate of the method in NHSGG&C hospitals had been well below the range predicted by the SPSP Technical Advisers and the threat it created for the achievement of the Programme's high level aim of a 30% reduction in the adverse event rate had been escalated to the National SPSP Steering Group on a number of occasions.

Overall, the feedback from the SPSP National Team continued to be encouraging and there was recognition that good progress was being made in some areas.

Mr Williamson noted that it had been suggested there may be a need to divert clinical effectiveness staff from established support functions to the SPSP and had some concerns about what this may mean for other audits including cancer. Dr Cowan advised that there was currently a rationalisation of clinical audit activities within cancer in order to avoid duplication and also to use staff more efficiently. It was planned that effective and efficient cancer clinical audit would continue.

NOTED

57. HEALTHCARE ASSOCIATED INFECTION – MONITORING REPORT

A report of the Medical Director [Board Paper No. 09/26] asked the NHS Board to note the latest of the regular bi-monthly reports on Healthcare Associated Infection (HAI) in NHSGG&C. The report presented data on the performance of NHSGG&C on a range of key HAI indicators at national and individual hospital level.

Dr Cowan reminded Members that the bi-monthly report outlined the position on performance in relation to:-

S.aureus bacteraemias (HEAT Target)
C.difficile
Surgical Site Infections
Hand hygiene compliance
Monitoring of cleaning services

In summarising the report for Members, Dr Cowan advised:-

(i) S.aureas bacteraemias

If current trends were maintained the NHS Board would achieve a target of a 35% reduction by 2010.

(ii) C.difficile

The National Report published on 8 April 2009 showed the NHS Board below the national mean; the annual overall rate for NHS Scotland per 1000 occupied beds was 1.29 and the rate for the NHS Board was 1.08.

(iii) Surgical Site Infections

The rates for the NHS Board were below the national average for all procedures reported apart from knee arthroplasty. This had related to a particular issue within a particular area and this had now been resolved.

(iv) Hand hygiene compliance

A steady rise in hand hygiene compliance had been demonstrated during the national audit period from a 62% baseline in February 2007 to a target of 90% in September 2008. The current figure within the NHS Board was 88% and this rate was partially influenced by a particular ward which had displayed compliance well below the target level of 90%. Appropriate feedback and interventions had now been implemented.

Local audits were taking place which involved staff monitoring their own compliance and this had been facilitated by training sessions carried out in conjunction with the Clinical Risk Management and Infection Control Teams.

(v) Monitoring of cleaning services

All areas within the NHS Board had scored over 90% in the most recent report on the National Cleaning Specification.

Members welcomed this summary presentation. Mrs Murray noted that there had been a revision to the Caesarean post discharge surveillance from day 30 to day 10. Dr Cowan and Ms Crocket advised that the data at day 10 was reliable whereas this was not the case at day 30.

Mr Sime noted that the control charts had not been modified for the reductions within C.diff rates at Lightburn Hospital and Dr Cowan advised that this had been discussed by the team and they had concluded not to change the control limit at this stage and to wait to see if this performance level would be sustained.

Mr Williamson felt that there would be advantages in comparing Glasgow Royal Infirmary with similar size of UK hospitals and Dr Cowan advised that currently there were only national comparisons within Scotland and any decision to widen this was awaited.

NOTED

58. MID-STAFFORDSHIRE FOUNDATION TRUST

A report of the Medical Director [Board Paper No. 09/27] asked Members to note the response provided to the Director-General Health and Chief Executive, NHS Scotland, who sought a response to a review of the adequacy of local arrangements to detect and act upon serious shortcomings in standards of care. This was a follow-up from the Healthcare Commission's Report on Mid-Staffordshire NHS Foundation Trust.

Dr Cowan highlighted the key areas of his response in relation to NHS Quality Improvement Scotland Standards on Clinical Governance and Risk Management; the adequacy of the Clinical Effectiveness Strategy; the ability of the Clinical Governance Committee to challenge the Board's clinical performance; the tracking of mortality rates, such as standardised mortality ratio in individual hospitals and primary care; the action taken to track infection rates; the reporting mechanisms on complaints and negligence claims and, finally, the arrangements to

ACTION BY

track absence rates and vacant posts. Dr Cowan highlighted that the Information Services Division had not yet established a routine systematic arrangement for the dissemination of the standardised hospital mortality ratios. Raw mortality data was being gathered and being considered through the Scottish Patient Safety Programme: however, the lack of standardisation or comparison considerably limited the opportunity to apply the information in identifying and responding to concerns about unacceptable performance. Further consideration was being given to this issue nationally and further guidance was awaited and any future reporting would be linked into the Clinical Governance Committee.

Mr Daniels noted that currently there was no direct reporting to NHS Board Members on the handling and settlement of legal claims, including clinical negligence claims. The Head of Board Administration and Mrs Grant intimated that consideration of the collection of meaningful data and the type of reporting to Members was under way and once a format for reporting had been agreed, this would be submitted to the Performance Review Group.

Head of Board Administration/ Chief Operating Officer

Professor Barlow intimated that the areas highlighted as a result of the response to the Mid-Staffordshire Foundation NHS Trust were being taken on board by the Clinical Governance Committee.

NOTED

59. STATEMENT OF INTERNAL CONTROL 2008/09

A report of the Convener of the Audit Committee [Board Paper No. 09/28] 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 2008/09. Subject to approval of the report, the NHS Board was asked to authorise the Chief Executive to sign the Statement of Internal Control 2008/09 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 on 9 June 2009, received a report which provided Members with evidence to allow the Committee to review the NHS Board's system of internal control for 2008/09. Based on the review of internal control, the Audit Committee approved both a Statement of Assurance to the NHS Board on the system of internal control within NHSGG&C and a Statement of Internal Control for NHSGG&C.

Mrs Smith led the NHS Board through Appendix 1 – Statement of Assurance by the Audit Committee in respect of the system of internal control within NHS Greater Glasgow and Clyde 2008/09 and Appendix 2 - Statement of Internal Control highlighting the following bullet points:-

- There were no significant matters relating to the system of internal control which required to be disclosed in the Statement of Internal Control.

- The Audit Committee recommended that the NHS Board approve the Statement of Internal Control and that this be signed by the Chief Executive as Accountable Officer.

Mrs Smith took the opportunity to thank Douglas Griffin, Director of Finance; Alan Lindsay, Financial Governance and Audit Manager; Peter Ramsay, Head of Financial Services; Audit Scotland, the external auditors; Pricewaterhouse Coopers, the internal auditors; and the Audit Committee Members for all their efforts in achieving the opinion that there was a satisfactory system of internal control within NHS Greater Glasgow and Clyde throughout 2008/09.

ACTION BY

Mr Robertson in turn thanked Mrs Smith and Members of the Audit Committee for their valued work throughout the year.

DECIDED:

1. That the Statement of Assurance from the Audit Committee be accepted and noted. **Director of Finance**

2. That the Statement of Internal Control be approved for signature by the Chief Executive. **Chief Executive**

60. STATEMENT OF ACCOUNTS FOR 2008/09

A report of the Director of Finance [Board Paper No. 09/29] asked the NHS Board to adopt, and approve for submission to the Scottish Government Health Directorates, the Statement of Accounts for the financial year ended 31 March 2009.

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 their final report to NHS Board Members confirmed that their Audit Certificate on the NHS Board Financial Statement for the period ended 31 March 2009 would be unqualified in respect of their true and fair opinion and regularity/ opinion. The Audit Committee had considered the Statement of Accounts 2008/09 in draft form at its meeting on 9 June 2009. The meeting had focused primarily on the narrative elements of the Accounts – the Directors' Reports, Statements of Responsibility and the Statement of Internal Control and it had been agreed that these were appropriate conclusions in the Statement of Accounts subject to any final changes agreed with Audit Scotland. The final draft Statement of Accounts 2008/09 had been considered by the Audit Committee prior to the NHS Board meeting and the Accounts had been approved for submission to the NHS Board.

Mr Griffin confirmed that the NHS Board's financial statements disclosed that the Board had met its financial targets. Mr Griffin drew Members' attention to the Operating Cost Statement, Balance Sheet and Cash Flow Statement all to the year end 31 March 2009. He went on to summarise the issues raised within the Directors' Report and highlighted Audit Scotland's opinion which was that the financial statements gave a true and fair view of the state of affairs of the NHS Board as at 31 March 2009. Attention had been drawn to the issue of equal pay where the NHS Board had received a number of claims under the Equal Pay Act 1970 claiming compensation for inequalities under previous pay arrangements. The NHS Scotland Central Legal Office was co-ordinating the legal response to the claims and had advised that the claims were not specific enough for any estimate of the potential liability to be made. No provision for any liability that may result had been made in the financial statements: however, the matter was disclosed appropriately as an unquantified contingent liability within the notes to the Accounts.

Mr Williamson enquired about the settlement of clinical negligence claims and Mr Griffin advised that these had been highlighted under Section 7 of the Accounts in "Other Non Clinical Services". In addition, Note 17 of the Accounts covered provisions for liabilities and charges and included clinical and medical negligence claims.

Mr Robertson commended Mr Griffin and his staff again for meeting the financial targets, particularly in such a challenging environment.

ACTION BY

DECIDED:

1.	**That the Statement of Accounts for the Financial Year Ended 31 March 2009 be adopted and approved for submission to the Scottish Government Health Directorate.**	**Director of Finance**
2.	**That the Chief Executive be authorised to sign the Directors' Report.**	**Chief Executive**
3.	**That the Chairman and Director of Finance be authorised to sign the Statement of Health Board Members' Responsibilities in respect of the Accounts.**	**Chair/Director of Finance**
4.	**That the Chief Executive be authorised to sign a Statement on Internal Control in respect of the Accounts.**	**Chief Executive**
5.	**That the Chief Executive and Director of Finance be authorised to sign the Balance Sheet.**	**Chief Executive/Director of Finance**

61. 2009/10 FINANCIAL PLAN

A report of the Director of Finance [Board Paper No. 09/30] was submitted providing Members with an overview of the key elements within the Financial Plan; an explanation of how it was proposed to address the cost savings challenge in order to achieve a balanced financial out-turn in 2009/10; highlighting the key assumptions and risks; identifying the scale of the financial challenge in 2010/11 and beyond, together with an indication of possible initiatives which may be required to secure a balanced financial out-turn on an ongoing basis.

The NHS Board had submitted a draft Financial Plan to the SGHD in March 2009 as required as part of the Local Delivery Plan submission and it had also been fully discussed by the Performance Review Group at its meeting on 19 May 2009.

Mr Griffin gave Members an overview of the key elements of the plan: the proposals to address the cost savings challenge in 2009/10; highlighted the key assumptions and risks and identified the scale of the financial challenge to be faced in 2010/11 and beyond.

The Financial Plan – 2009/10 included:-

- the projection of expenditure growth – £117.3m – this being a range of additional expenditure commitments which would require to be met in 2009/10. These were viewed as unavoidable and, in many cases, were existing cost pressures where expenditure was already under way.

- a cost savings programme which would release £55.4m in 2009/10 to contribute towards achieving a financial breakeven out-turn in 2009/10.

- an acknowledgement that despite the efforts made to generate recurring cost savings in 2008/09 and 2009/10, financial year 2010/11 would still inherit a £14.9m recurring deficit from 2009/10.

- SGHD's confirmation of a general uplift of funding of 3.15%.

ACTION BY

As had been indicated, a key element in achieving a financial breakeven out-turn in 2009/10 was the cost savings plan. This would see all NHS Partnerships and the Acute Services Division targeting the release of cost savings amounting to 1.75% of service budgets during 2009/10. The detailed cost savings plan could realistically release £29.2m of cost savings and these individual cost saving targets had been incorporated into service budgets for 2009/10. In addition, the NHS Board had identified a number of wider strategic reviews which it believed capable of releasing savings in 2009/10.

Mr Griffin advised that the Financial Plan had assumed a 2.5% inflationary uplift for Resource Transfer arrangements: however, the Board was still in discussion with Local Authorities to see if a 1% efficiency target could be applied to this line on the Financial Plan. If this proved not to be feasible by the end of July 2009 then the inflationary uplift would apply and steps would be taken to try and cover this sum from elsewhere in the Plan.

Mr Griffin identified the key assumptions and risks, particularly around energy costs, prescribing growth and pay uplifts. He then went on to discuss the financial planning process for 2010/11 and described the assumptions and financial challenge that would face the Board in 2010/11.

Mr Griffin advised that on the costs of dealing with the H1N1 Influenza outbreak he was working on the assumption that the NHS Board would be responsible for its own costs (with the exception of vaccine costs which were being funded nationally) until advised otherwise.

Mr Lee was pleased to note that these costs were being captured and asked if an anticipated cost was known. Mr Calderwood advised that it would mainly be around staff overtime during the outbreak.

Cllr. McIlwee advised that Inverclyde Council had written to Mr Calderwood seeking a meeting between all Local Authorities and Mr Calderwood on Resource Transfer funding. Mr Calderwood advised that he had not received the letter as yet but would consider its content and respond. **Chief Executive**

Cllr. MacKay advised that he had raised his concerns at the Performance Review Group on the assumptions made in regard to Resource Transfer. He was pleased to hear Mr Griffin state that a 2.5% inflationary uplift would be applied to Resource Transfer funding if it had not proved feasible to reach agreement on a 1% efficiency target. However, this was not described that way in the Financial Plan or accompanying paper and he believed it could be seen as pre-determining the outcome of discussions before the discussions had taken place. He also felt that talks should be held in whatever forum was constructive and in the spirit of partnership, individually and not ruling out a collective meeting. To allow proper and full discussions to take place, he sought the removal of the word “target” from this part of the Financial Plan.

Mr Calderwood stated that the position had remained as it had at the NHS Board Seminar on 2 June 2009 when this was discussed. The 2.5% inflationary uplift would apply less any agreed efficiencies identified during discussions with Local Authorities. The NHS Board could not ring-fence Resource Transfer funding and not subject it to the same level of scrutiny as all other parts of the Financial Plan. Discussions by the end of July 2009 would determine the outcome one way or another.

Mr Sime stressed that the NHS Board was required to remain within its budget and the Area Partnership Forum had been involved in discussions affecting 2010/11 recognising that all areas required to be considered.

ACTION BY

Cllr. Stewart welcomed Cllr. MacKay's comments as she felt that it was unreasonable to set a target at a time discussions were ongoing with Local Authorities. Mr Griffin emphasised that the Financial Plan made no assumption that Local Authorities were signing up to a target; this part of the Financial Plan was work in progress and no more than a plan at this stage. This was made clear within the narrative.

Mr McLaughlin referred to the Corporate Section where there was a number of reviews under way; they formed part of the Financial Plan which was acceptable and Mr Calderwood stated that if the 1% efficiency target could not be achieved in negotiations with Local Authorities then the Management Team would look elsewhere for the saving. Mr Lee agreed with Mr Sime's comments and thought it was important to be seen to be reviewing all areas of expenditure.

Cllr. MacKay re-stated that the Local Authorities wished to meet collectively with Mr Calderwood; he understood the financial difficulties and imperatives of reviews: however, he would not accept a review against a pre-determined efficiency target and wished "target" removed from the Financial Plan when associated with Resource Transfer.

Cllr. Yates indicated that he accepted the explanation provided by Mr Calderwood and Mr Griffin and had welcomed the re-assurance that the 2.5% inflationary uplift would apply if negotiations with Local Authorities did not yield any efficiency savings.

Mr Griffin suggested that the wording on the section in the plan being discussed be amended to read:-

"Our aim was that the potential for releasing costs savings from this area would be confirmed by working through a joint process with each Local Authority, commencing in 2008/09."

This was acceptable and it was requested (and accepted) that the Minute reflect the full discussion.

DECIDED:

That the Financial Plan 2009/10, subject to the change agreed above, with the indicative figures for future years, be approved. **Director of Finance**

62. CAPITAL PLAN: 2009/10 – 2011/12

A report of the Director of Acute Services Strategy Implementation and Planning [Board Paper No. 09/31] was submitted setting out how the NHS Board planned to deploy its allocation of capital funds across the various Divisions in 2009/10 and the indicative plans for 2010/11 and 2011/12.

Ms Byrne advised that the Performance Review Group had considered and approved the Capital Plan – 2009/10 – 2011/12 at its May 2009 meeting and the paper provided Members with a high level overview of the Capital Plans. Subject to year end adjustments and audit review, the 2008/09 out-turn net capital expenditure amounted to £123.828m against a capital resource limit of £123.847m.

Ms Byrne summarised the proposed capital schemes across Acute Services, the Acute Services Strategy, Partnerships, including Mental Health, Information Technology and the NHS Board.

ACTION BY

A particular issue was the contribution to the New South Glasgow Hospitals and Laboratory Project – for which the Outline Business Case approved by the NHS Board in February 2009 included a figure of £135m which represented a funding contribution to be made by the NHS Board from its capital programme over the five-year period from 2010/11 to 2014/15. The funding assumptions contained within the Outline Business Case were currently being reviewed.

Ms Byrne advised that the expenditure on all capital schemes would be monitored throughout the year and reported to the Capital Planning Group to ensure that decisions could be taken to achieve a balanced capital position at the end of the year. The Capital Planning Group also ensured that sufficient connections were made with the work of joint planning groups established with Local Authority partners.

Mr McLaughlin enquired about the links to the Financial Plan and the prioritisation of the Capital Schemes. Ms Byrne replied that both plans had been considered in tandem and there had been an active process ongoing to ensure that the key schemes had been identified as priorities for 2009/10.

Mr Daniels asked about the level of brokerage from 2007/08 and Mr Griffin and Mr Calderwood advised that this had allowed a build-up of capital funds in order to prepare for the Acute Services Strategy, together with a greater flexibility around managing and deploying capital expenditure earlier in the following year. The sum had been agreed with the Scottish Government Health Directorates.

Cllr. MacKay commented that the Climate Change Bill was being submitted to the Scottish Parliament for approval and it would identify some challenging targets for the year 2020 and the NHS Board required to be sighted on the need to respond to this new legislation.

DECIDED:

1. That the Capital Plan – 2009/2010 – 2011/12 be endorsed.

2. That the current indicative allocations for 2010/2011 and 2011/12 be noted.

3. That the Capital Planning Group be delegated the authority to allocate any additional available finance against the 2009/10 Capital Plan throughout the year, be approved. — **Director of Acute Services Strategy Implementation & Planning**

63. REVISED ARRANGEMENTS FOR DRUGS AND ALCOHOL SERVICES

A report of the Director of Corporate Planning and Policy/Lead NHS Director, Glasgow City CHCPs [Board Paper No. 09/32] asked the NHS Board to note the requirement to establish new Alcohol and Drug Partnerships with each Local Authority. Mr S Lydon, Alcohol Action Team and Drug Action Team Strategy Co-ordinator, attended to present the paper and answer Members' questions.

It was explained that the Scottish Government had issued guidance setting out a new Framework for Partnerships on drugs and alcohol. One of the key features of the framework was the formation of a dedicated partnership on alcohol and drugs operating in each Local Authority area firmly embedded within wider arrangements for community planning and to be named – Alcohol and Drug Partnership (ADP). Where an NHS Board covered more than one Local Authority area, the co-ordination arrangements fell to the NHS Board.

ACTION BY

Each Alcohol and Drug Partnership would be required to develop and implement a comprehensive local alcohol and drugs strategy based on the identification, pursuit and achievement of agreed local outcomes and supported by the development of a local outcomes framework.

In the NHS Board's area there were separate Alcohol and Drug Action Teams covering the whole Board area, bringing together the Local Authorities, police, prison service, voluntary sector and CH(C)Ps. Both were currently chaired by the NHS Board. NHS Board officers were currently establishing a process with Local Authority partners to agree the new revised arrangements and transition from the current arrangements to Local Authority based Alcohol and Drug Partnerships.

NOTED

64. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer (Interim) – Acute Services Division [Board Paper No. 09/33] asked the NHS Board to note progress against the national targets as at the end of April 2009.

Mrs Grant advised that at the end of March 2009 the NHS Board achieved a milestone of no patient waiting more than 12 weeks from GP referral to an out-patient appointment.

From 1 April 2009, the Acute Services Division had begun working towards a local interim target of no patient waiting over 11 weeks for an out-patient appointment by 31 July 2009 for all admitted pathways.

At the end of March 2009 the Board achieved the 12-week in-patient/day case target at the next milestone towards achieving 18 weeks from referral to treatment. From 1 April 2009, the Acute Services Division had begun working towards no patient waiting over 9 weeks from the decision to undertake treatment to the start of treatment, by the end of December 2009.

Mrs Grant advised that the position at the end of April 2009 for the 6-week target for CT scan, MRI scan, ultrasound and barium had been achieved and continued to be maintained. The Acute Services Division was now currently reviewing the model required to meet the next milestone for diagnostics of 4 weeks. In addition, no patient waited more than 6 weeks for upper endoscopy, lower endoscopy, colonoscopy and cytoscopy.

In relation to the Accident & Emergency target of patients being treated and discharged, admitted or transferred within 4 hours of arrival at A&E, the target of 98% compliance was achieved in March 2009. Attendance in the period January to April 2009 had increased by 3.4% over the corresponding period in the previous year and in-patient admissions via A&E had increased by 2%. Despite the increasing demand, the Directorate of Emergency Care and Medical Services remained strongly committed to returning to a position of sustained achievement of the 98% target. Mrs Grant advised that future Waiting Times and Access Targets papers would incorporate localised information for different hospitals on Accident & Emergency waiting times.

NOTED

ACTION BY

65. QUARTERLY REPORT ON COMPLAINTS: 1 JANUARY – 31 MARCH 2009

A report of the Head of Board Administration, Chief Operating Officer (Interim) – Acute Services Division, and Lead Director, CHCPs (Glasgow) [Board Paper No. 09/34] asked the NHS Board to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 January – 31 March 2009.

In response to a media article about the June 2009 Ombudsman Compendium of Cases, Mrs Grant advised that two cases from NHS Greater Glasgow and Clyde had appeared and one, in particular, had attracted media interest. She advised that in relation to the case at the Southern General Hospital some of the actions required to meet the recommendations of the Ombudsman Report were already under way and, in addition, she had identified four areas that would be incorporated into an action plan and implemented within the timeframe sought by the Ombudsman's office. These areas were the care planning for post-operative care; the decision to operate; communications with the family; and, lastly, the handling of the complaint.

In relation to the second Ombudsman Report, she advised that the care and treatment offered to the patient would be reviewed by a Working Group and a wider audit would be undertaken in relation to the loss of medical records.

Members welcomed the update provided by Mrs Grant in relation to the two Ombudsman Reports and agreed that the Clinical Governance Committee would monitor the implementation of the Ombudsman's recommendations.

Mr Hamilton reported that the overall NHS Board complaints performance was 78% for this quarter and that was above the national target of responding to 70% of complaints within 20 working days.

He added that, at Mr Carson's suggestion at the previous meeting, future Quarterly Complaints Reports would show the number of patient contacts/episodes in order to set in context the number of complaints received by the NHS Board.

NOTED

66. FREEDOM OF INFORMATION MONITORING REPORT FOR THE PERIOD 1 APRIL 2008 TO 31 MARCH 2009

A report of the Head of Board Administration [Board Paper No. 09/35] set out the Monitoring Report on the operation of the Freedom of Information (Scotland) Act 2002 in NHS Greater Glasgow and Clyde for the period 1 April 2008 to 31 March 2009.

Mr Hamilton advised that there had been a 38% increase in Freedom of Information requests from last year: however, there had also been a 14% increase in performance from 76% to 90% of Freedom of Information requests responded to within 20 working days. Mr Hamilton highlighted the involvement of Alison Flynn, Freedom of Information Officer, who had played a significant part in improving the NHS Board's handling and turn-around time of Freedom of Information requests.

The report highlighted the fact that there had been a 100% increase in the number of Freedom of Information requests from staff as well as significant increases in requests from the media, elected representatives and commercial organisations. There also had been a significant decrease in the number of requests received from legal firms.

ACTION BY

In 2008/09 the number of requests received from staff accounted for almost 43% of all requests, this was followed by 19% of all requests coming from journalists/media organisations.

In addition, the report advised that six appeals for a Requirement for Review had been received – a 50% reduction from the previous year. One formal decision had been received from the Scottish Information Commissioner and other than commenting that the response had missed the 20 working day deadline, there were no recommendations made in connection with the NHS Board's handling of the request. One decision remained outstanding from the Information Commissioner.

Work had commenced on the development of a new model Publication Scheme for NHS Boards in Scotland and the Scottish Information Commissioner had extended approval of NHS Boards current schemes until June 2010. The NHS Board would be required to submit the Publication Scheme for re-approval by the end of February 2010 and NHS Greater Glasgow and Clyde would assist in leading the work nationally to develop a new model scheme.

Mr McLaughlin enquired whether the number of Freedom of Information requests from staff was anticipated and whether there were other ways of handling such requests.

Mr Hamilton advised that most of the requests were around Agenda for Change gradings or appeals and experience had shown from other countries that the number of staff requests remained fairly high. He would, however, work with colleagues to see if there was possibly a different way to handle some staff requests in future. **Head of Board Administration**

NOTED

67. 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. 09/36] 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 7 Medical Practitioners listed in 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**

68. CLINICAL GOVERNANCE COMMITTEE MINUTES: 7 APRIL 2009

The Minutes of the Clinical Governance Committee meeting held on 7 April 2009 [GGC(M)09/02] were noted.

NOTED

69. INVOLVING PEOPLE COMMITTEE MINUTES: 20 APRIL 2009

The Minutes of the Involving People Committee meeting held on 20 April 2009 [IPC(M)09/02] were noted.

ACTION BY

NOTED

70. PHARMACY PRACTICES COMMITTEE MINUTES: 20 APRIL 2009 AND 29 APRIL 2009

The Minutes of the Pharmacy Practices Committee meetings held on 20 April 2009 [PPC(M)09/03] and 29 April 2009 [PPC(M)09/04] were noted.

NOTED

71. PERFORMANCE REVIEW GROUP MINUTES: 19 MAY 2009

The Minutes of the Performance Review Group meeting held on 19 May 2009 [PRG(M)09/03] were noted.

NOTED

72. AUDIT COMMITTEE MINUTES: 9 JUNE 2009

The Minutes of the Audit Committee meeting held on 9 June 2009 [A(M)09/03] were noted.

NOTED

The meeting ended at 12.15 p.m.