NHSGG&C(M)09/8
Minutes: 117 - 139

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, 15 December 2009 at 9.30 am

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Dr C Benton MBE	Councillor J Handibode
Mr R Calderwood	Dr M Kapasi MBE
Mr G Carson	Mr I Lee
Mr R Cleland	Councillor D MacKay
Councillor J Coleman	Councillor J McIlwee
Dr B Cowan	Mr G McLaughlin
Ms R Crocket	Mrs J Murray
Mr P Daniels OBE	Councillor I Robertson
Dr L de Caestecker	Mr D Sime
Ms R Dhir MBE	Mrs E Smith
Mr D Griffin	Mr B Williamson
Mr P Hamilton	Mr K Winter

Councillor D Yates

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

Mr C Bell	..	Chair, Area Clinical Forum
Ms S Gordon	..	Secretariat and Complaints Manager
Mrs J Grant	..	Chief Operating Officer, Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead NHS Director, Glasgow City CHCPs
Mr J Best	..	Director, Regional Services, Acute Services Division (to Minute No. 129)
Mr R Copland	..	Director of Health Information and Technology (to Minute No. 129)
Ms S Laughlin	..	Head of Inequalities and Health Improvement (for Minute No. 131)

ACTION BY

117. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Professor D Barlow, Mrs R K Nijjar and Councillor A Stewart.

118. CHAIR'S REPORT

(i) Mr Robertson thanked Mrs E Smith (Vice Chair) for deputising for him during his period of absence following his recent operation.

(ii) On 22 October 2009, Mr Robertson had attended a meeting of the South Glasgow Hospitals and Laboratory Project Executive Board where the Evaluation Group presented their conclusions on the tendering process. Consequently, on 26 October 2009, the Project Executive Board considered the comments from the 22 October meeting and formally endorsed the outcome and recommended that the preferred bidder be submitted to the Performance Review Group (PRG) for approval. The preferred bidder was formally approved at the PRG meeting held on 3 November 2009.

(iii) On 24 November 2009, a Board Development session for non Executive members had been held on Emotional Intelligence. This had been very well received and he encouraged all NHS Board members to attend future development sessions where possible.

(iv) From 1 April 2010, there would be two non Executive member vacancies on the NHS Board. Mr Robertson detailed the process for filling these vacancies with the Public Appointments Unit at the Scottish Government. Fifty applications had been received and a short-listing process took place on 14 December 2009 with Scottish Government Health Directorate (SGHD) colleagues. It was expected that the interviews would be held at the end of January 2010.

(v) On 4 December 2009, Mr Robertson had attended a meeting with Professor Leo Martin (Chairman, St Margaret's Hospice), at his request, to maintain an ongoing dialogue. A number of issues were raised at that meeting and a follow- up meeting was scheduled to address these on 18 December 2009.

(vi) On 7 December 2009, Mr Robertson had attended the opening ceremony of the refurbished Community Maternity Unit at Inverclyde Royal Hospital.

(vii) On 8 December 2009, Mr Robertson had met with Mr D Harley (Community Engagement Manager) and Mr G Carson to discuss the survey results from the "Better Access To Hospitals Group". This Group had undertaken a survey of the facilities provided at the two new hospitals at the Victoria and Stobhill. Many lessons had been learned and these would be fed into the planning stages for the new Southside and Children's Hospitals. Mr Robertson recorded his appreciation of the input of both Mr Carson and Mr Harley.

(viii) On 11 December 2009, Mr Robertson had met with Mr I Miller and Mr P Mullen (Chairs of the North and South Monitoring Groups respectively). This lunch had been a gesture of his appreciation on behalf of the NHS Board for their work and commitment over the six years to the Groups that had been established by the then Minister of Health.

NOTED

119. CHIEF EXECUTIVE'S UPDATE

(i) On 28 October 2009, Mr Calderwood had attended the Primary Care Strategy launch event at the Royal Concert Hall. It was attended by over 150 GPs and Clinical Team members and this had provided an excellent opportunity to debate the strategy in detail.

(ii) On 2 November 2009, Mr Calderwood had attended a General Dental Committee meeting to discuss the future of Dental Services and the Oral Health Directorate.

(iii) On 6 November 2009, Mr Calderwood had hosted (along with the Cabinet Secretary for Health and Well-being) the formal launch of the preferred bidder of the new Southside complex, namely, Brookfield Europe LP. That afternoon, Mr Calderwood had attended a meeting hosted by Renfrewshire Council to discuss Fastlink. Representatives of Strathclyde Passenger Transport (SPT) were in attendance and led a productive discussion on improving transport links to the Southside of Glasgow and Renfrewshire, including the Southern General Hospital, Braehead and Glasgow Airport. In attendance had been a range of MSPs, Councillors and officials of interested parties i.e. Glasgow Airport and Braehead Shopping Complex.

(iv) On 10 November 2009, Mr Calderwood, accompanied by Dr de Caestecker, attended a training event on Emergency Planning.

(v) On 11 November 2009, Mr Calderwood had attended as a judge on the panel of the Scottish Health Awards 2009. From over 300 nominations received, five of NHSGGC's healthcare professionals were recognised for their hard work and dedication to the Health Service. He recorded his appreciation to the winners as follows:-

- Therapists Award – Shona Flannagan, Paediatric Physiotherapist at the Vale of Leven Hospital.
- Support Worker – Margaret Nicholas, Community Health Assistant at Dumbarton Health Centre.
- Equality in Healthcare Award – Lorraine Newton, Healthcare Assistant at Springburn Health Centre.
- Cancer Care Award – Professor Tessa Holyoake, Director of the Leukaemia Research Laboratory at Gartnavel Royal Hospital.
- Women and Children's Services Award – Dr Kevin Hanretty – Consultant Obstetrician at the Queen Mother's Hospital.

(vi) On 18 November 2009, Mr Calderwood had addressed a NHS NES Conference looking at Nursing and Midwifery Services and NHS Scotland's overall manpower strategy. Many workforce challenges were debated in looking and planning to the future of the NHS in the next decade.

NOTED

120. MINUTES

On the motion of Mrs E Smith, seconded by Mr P Hamilton, the Minutes of the NHS Board meeting held on Tuesday 20 October 2009 [NHSGG&C(M)09/6] were approved as an accurate record and signed by the Chair.

NOTED

121. MATTERS ARISING FROM THE MINUTES

(i) The rolling action list of matters arising was circulated and noted. Mr Robertson referred to an action from the 24 February 2009 NHS Board meeting concerning the Service Level Agreement and financial delegation sign-off for the Cambuslang/Rutherglen/Northern Corridor transfer. Ms Renfrew confirmed that she would provide an update on this at the next Performance Review Group meeting scheduled for January 2010.

Director of Corporate Planning and Policy/Lead NHS Director, Glasgow City CHCPs

(ii) Councillor MacKay referred to agenda item number 13 "Award of Contract" and proposed a motion that this item be discussed in private rather than in the public session of the NHS Board meeting. Councillor Handibode seconded this motion and a vote, by a show of hands, was conducted with the following result:-

- In favour of the motion – seven NHS Board members
- Against the motion – seventeen NHS Board members

The motion fell and Mr Robertson confirmed that the item would be discussed at the appropriate time in the public session.

NOTED

122. SCOTTISH PATIENT SAFETY PROGRAMME UPDATE

A report of the Board's Medical Director and Head of Clinical Governance [Board Paper No. 09/66] 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 as follows:-

- 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).

Dr Cowan provided a summary of the Programme implementation across NHS Greater Glasgow and Clyde explaining that the NHS Board was currently assessed as level 2.5 by the national SPSP Team. He outlined the NHS Board's progress against SPSP target dates and the predicted trajectories for future milestones.

A full assessment was being developed against the conditions to achieve a level 3 rating, however, initial discussions suggested that a strict interpretation may mean that this may not be secured for some time due to challenges around medicines reconciliation and limited data quality associated with outcome measures. It was predicted, therefore, that NHS Greater Glasgow and Clyde would remain behind the trajectory until the final year. So far, the feedback from the SPSP national team and the Scottish Government Health Directorate (SGHD) confirmed that they remained satisfied with the NHS Board's ongoing progress and performance.

Dr Cowan led the NHS Board through key actions scheduled for completion by early 2010 as follows:-

- Engage with Directorates to establish the identity of wards to commence the Programme in 2010.
- Identify a resource model to support implementation of phase 4 of the Programme.
- Engage with Teams and Directorate Management to design a new model of collaborative learning linked to implementation group functions and leadership.
- Complete a full review of the Global Trigger Tool (GTT) process.
- Revise reporting formats, ensuring they created visibility of issues and progress for individual Directorates.
- Ensure a Local Implementation Plan for Paediatrics was developed and could be supported.

In response to a question from Mr Robertson, Dr Cowan confirmed that an update of ongoing developments in relation to SPSP would be provided at all future NHS Board meetings.

DECIDED

- That the progress achieved by NHSGGC in implementing the Scottish Patient Safety Programme be noted.
- That the need to create an endorsed SPSP aim at NHS Board level be approved.

Medical Director/ Head of Clinical Governance

123. HEALTHCARE ASSOCIATED INFECTION – MONITORING REPORT

A report of the Medical Director [Board Paper No. 09/67] asked the NHS Board to note the latest of the regular bi-monthly reports on Healthcare Associated Infection (HAI) in NHS Greater Glasgow and Clyde. The report presented data on the performance of NHS Greater Glasgow and Clyde on a range of key 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 reported the following:-

- If current trends were maintained, NHS Greater Glasgow and Clyde would achieve the target of a 35% reduction in S.aureus bacteraemias by 2010.

- The national report published in September 2009 (April - June 2009) indicated that the annual rate of C.difficile infection in NHS Greater Glasgow and Clyde in the over 65s was 0.43 per 1000 acute occupied bed days. This placed NHSGGC well below the 2011 target of 0.9 per 1000 acute occupied bed days.
- The Surgical Site Infections (SSI) rates in NHS Greater Glasgow and Clyde remained below the national average for all procedures apart from hip anthroplasty.
- NHS Greater Glasgow and Clyde had demonstrated a steady rise in hand hygiene compliance during the national audit periods from a 62% baseline in February 2007 to achieve the 90% target in September 2008 and a current figure of 93%.
- All areas within NHSGGC scored green (>90%) in the most recent report on the national cleaning specification.

Dr Cowan led the NHS Board through the illustrations showing the number of new cases of Hospital Acquired Infection per hospital site 2007 – 2009. In terms of Glasgow Royal Infirmary, Lightburn Hospital, Stobhill Hospital, Royal Alexandra Hospital, Inverclyde Hospital, Victoria Infirmary, Southern General Hospital, Western Infirmary, Gartnavel General Hospital, Drumchapel Hospital, Blawarthill Hospital and the Vale of Leven Hospital, all were within control limits in October 2009. There was one ward based exception report within Inverclyde Royal Hospital for October 2009.

NOTED

124. DIRECTOR OF PUBLIC HEALTH REPORT

Dr de Caestecker presented her report on the Health of the Population of NHSGGC 2009 – 2010 entitled "An Unequal Struggle for Health". She reported that a formal launch would be held that afternoon with a full presentation of the findings and priorities for action.

Dr de Caestecker reflected that the main aim for the report was that it identify the actions and directions needed to improve health. She stressed that despite improvements in recent years, too many people in NHSGGC were still ill at too early an age. This required a collective effort to make a difference and she was calling for new ways of thinking and for a renewed conviction on the need for action to improve health. She was keen that the report be a manifesto for improving health and wellbeing over the next two years and encouraged all public and private sector organisations to step up to the challenges outlined. She reaffirmed the importance of addressing health inequalities and of supporting the most vulnerable in the population if a vibrant successful city, towns and communities were to be created.

Dr de Caestecker set out some new public health priorities for NHS Greater Glasgow and Clyde as well as reiterating priorities in her previous report for the period 2007-2009, around alcohol, obesity and early years. She discussed the NHS Board's approach to health inequalities, the need to focus on early years and the urgent need to take tough action on alcohol related problems. She encouraged different ways of thinking about the complex problems that confronted the NHS Board, for example, through the work of the Glasgow Centre for Population Health and colleagues at the University of Glasgow.

She re-emphasised the need to listen to communities and individuals about their experience of health and how they thought their health could be improved. With this in mind, much of the information came from a large interview survey of health and wellbeing and also from video interviews with a range of people as they went about their normal lives.

A recurring theme of the report was the ever present and widening contrast in health amongst different groups in the population, however, Dr de Caestecker firstly highlighted some of the improvements in health in recent years including:-

- Deaths from coronary heart disease had significantly reduced over the last ten years. This reduction was through a mixture of improved treatment and better prevention.
- Cancer survival was getting better, particularly breast cancer, childhood leukaemia, colon cancer and rectum cancer.
- The national cervical screening programme had resulted in a halving of cervical cancer rates.

Despite this progress, the health challenges remained considerable and NHS Greater Glasgow and Clyde still experienced some of the widest variations of health between the affluent and poor. Effective solutions to the problem of inequality and poor health would, however, require societal change and the involvement of many different agencies, policy makers, economists and politicians. Dr de Caestecker's joint role as Director of Public Health of NHS Greater Glasgow and Clyde and of Glasgow City Council provided valuable opportunities for public health leadership in a local authority setting.

Dr de Caestecker referred to the recent economic crisis and the potential impact of this situation on health in NHS Greater Glasgow and Clyde. She described the potential impact of the recession on unemployment, with its adverse effects on health. She emphasised that agencies within NHS Greater Glasgow and Clyde must work to mitigate the effects of the recession on health at a time when their budgets would also be constrained. Protecting budgets for activities which promoted public health and wellbeing, particularly those which could narrow the health gap may become more difficult. Dr de Caestecker believed that the public sector in NHS Greater Glasgow and Clyde should do all that it could to prevent youth unemployment and further widening of the inequalities in society even if this was at the expense of some overall economic growth. She remained an advocate for stronger national and local government roles in encouraging healthy choices to improve health.

Dr de Caestecker referred to the alcohol problem prevalent within NHS Greater Glasgow and Clyde. A major problem was the effect it had on a great number of people. She indicated that the consumption of alcohol was driven by price, availability and marketing and NHS Greater Glasgow and Clyde, like the rest of the UK, was awash with low price, heavily marketed alcohol. She strongly supported the Government's move to a minimum pricing policy and sought further restrictions on advertising and marketing. The overwhelming view of professionals and local communities was that this was a problem that was getting worse and tough action was required around licensing as well as education and effective services. Dr de Caestecker was aware, however, of the limitation for reducing consumption through price and availability alone and highlighted that Licensing Boards must listen to local communities and be willing to use the new licensing legislation as effectively as possible and not be put off tough action through fear of their decisions being challenged.

Dr de Caestecker reported that despite many improvements in child health, some aspects of childrens health were not improving. There was no doubt of the crucial, nurturing role of parents and good parenting within families and she referred to the commitment of expanding support for parents as an important step in empowering them in their crucial role. The most effective interventions to improve the lives and opportunities of vulnerable children would be delivered before they were three years old. By way of an example. Dr de Caestecker reported the consequences of vulnerability in childhood such as increased costs of health care, social care and education in childhood, and in adult life, increased costs of crime and disorder, substance misuse, worklessness and intergenerational poverty.

If this was to be addressed, more priority and attention needed to be afforded to education, child health and support for families. Dr de Caestecker sighted Triple P as an example of a positive parenting programme that had a robust evidence-base of improved child behavioural outcomes. A greater focus was needed on implementing this programme and on working with families to participate with it. This would require only modest additional resource but was dependent on leadership and commitment from all agencies and close working with families and voluntary sector groups.

In summing up, Dr de Caestecker described the priorities for action which were as relevant to all public sector agencies, private businesses and enterprises as they were to the NHS. Although agencies within NHS Greater Glasgow and Clyde were well aware of the stark statistics on health inequalities due to disadvantage, gender, age, ethnicity and disability, collectively this information and its implications had to be used in planning future service delivery.

Mr Robertson thanked Dr de Caestecker for such an insightful presentation which was supported by detailed analysis. In response to his question about the messages contained within the report being conveyed to a wider audience, Dr de Caestecker confirmed that presentations would be delivered to CH(C)Ps, local authorities and community planning groups. As work evolved to address many of the issues within the report, there would be many opportunities for different audiences to comment.

Dr Kapasi commended the report and the action points that were to be taken forward. He commented on the Scottish Government's move to minimum pricing for alcohol and suggested that any increased monies made to the exchequer as a result of such a policy should be provided to NHS organisations. Mr Sime commented that although the Scottish Government Health Directorates could introduce a minimum pricing policy, additional tax on alcohol could only be achieved on a UK basis. Dr de Caestecker reported that a modest increase in alcohol price would still save lives. In response to a question from Mr Williamson, she confirmed that, within current licensing legislation, there was the opportunity to reject an application for an alcohol outlet due to over provision and she would be advocating such a principle at future Glasgow City Licensing Forum meetings to which she had been elected the Convener.

Councillor Yates referred to the dilemma faced by local authorities in increasing access to sports and recreational facilities in times of shrinking budgets. He recognised the priority in keeping more people involved in physical activity but wondered if it was feasible to subsidise entry to sports centres. Dr de Caestecker confirmed that cost was not the main barrier that prevented people attending sports activities. Councillor MacKay referred to the likely local benefits from the Commonwealth Games and the investment commitments to this from local authorities particularly in schools where pupils were being encouraged to be more physically active. Investment was, therefore, taking place and it would be important to raise awareness and ensure accessibility to these services rather than just making them free.

Ms Dhir agreed and emphasised that it was important for all agencies to work together to improve the awareness and accessibility issues. Councillor McIlwee supported what had already been said in connection with local authority commitments to provide better sports and recreational facilities to make communities healthier.

In response to a question from Mr P Hamilton concerning the Triple P Programme, Dr de Caestecker confirmed that feedback, to date, was very positive with the majority of local authorities signed up to this programme. She confirmed that further resources were now required to undertake further elements of the programme.

Dr Benton asked about exclusion zones for burger vans and fastfood outlets located near schools. Dr de Caestecker confirmed that any action to prevent this required to be undertaken politically and the gathering of evidence about the detrimental effects of easy access to such food choices would be undertaken in the near future.

Mr Robertson commended Dr de Caestecker on behalf of all NHS Board members and the NHS Board looked forward to receiving an update on progress made in relation to the key action points at a future meeting. **Director of Public Health**

NOTED

125. NHS GREATER GLASGOW & CLYDE KEY MESSAGES FOR HEALTH FROM TWO NATIONAL INQUIRIES INTO CHILD FATALITIES: BABY P AND BRANDON LEE MUIR

A report of the Nurse Director [Board Paper No. 09/69] asked the NHS Board to note the key messages for NHS Greater Glasgow and Clyde arising from 2 national inquiries into child fatalities; Baby P and Brandon Lee Muir.

Ms Crocket summarised the messages for health in the two review reports into the care of Baby P and Brandon Lee Muir, dated May 2009 and August 2009 respectively. In looking at the lessons learned from both cases, she highlighted similar themes including the following:-

- Evaluating and the sharing of information between NHS services and relevant social work departments and other key agencies involved.
- The need for clear multi-agency ownership and leadership of child protection ensuring that all staff were clear about child protection procedures.

Ms Crocket confirmed that these reports had been examined by the NHS Greater Glasgow and Clyde Child Protection Forum. Both the Acute and Partnerships Child Protection Operational Groups were currently considering the main messages from these reports with a view to ensuring that adequate arrangements were in place in all areas identified. She confirmed that a further report would be presented to the NHS Board indicating the position in NHS Greater Glasgow and Clyde with regard to the conclusion and recommendations and any action which was required. In response to a question from Mr Robertson, Ms Crocket confirmed that such a report would be presented to the April 2010 meeting. **Nurse Director**

In responding to questions raised by Dr Kapasi, Ms Crocket agreed that it was crucial to have adequate staffing in place including paediatricians, health visitors, GPs and social workers – who were all aware of child protection arrangements. This reiterated the objective that every staff member of an organisation had responsibly for child protection issues. She agreed that this was not an area where complacency would be tolerated.

NOTED

126. PROPOSAL TO RELOCATE BOARD HEADQUARTERS AND ASSOCIATED CORPORATE FUNCTIONS

A report of the Director of Finance [Board Paper No. 09/70] asked the NHS Board to approve the preferred option to relocate the Board HQ facility and all remaining staff at Dalian House to Henderson House/West House on the Gartnavel Royal Hospital site.

Mr Griffin outlined the proposal to reprovide accommodation currently occupied at Dalian House and Tara House aimed at reducing corporate overhead costs. This proposal was capable of releasing a minimum of £840k of corporate overhead costs as an annual cost saving, commencing in 2010/11. Mr Griffin explained that this would be released by vacating accommodation currently leased at Dalian House and relocating to available accommodation on the Gartnavel Royal Hospital site while continuing with the existing lease of Tara House.

Mr Griffin led the NHS Board through the business case for this proposal explaining the key criteria used to assess four alternative options which had been identified and appraised. He summarised the costs of each of the four options and confirmed that option 3 had the shortest payback period and generated an annual cost saving, in terms of basic occupancy costs, of £840k per annum. This excluded potential additional cost savings related to the provision of other site services including catering, cleaning, maintenance, facilities and also heat/light/power costs. It was reasonable to assume that the combined costs of these services at the Gartnavel Hospitals would not exceed current expenditure levels.

In response to a question from Mr Lee, Mr Griffin confirmed that at a future point in time, planning permission would be sought for the refurbishment of further areas currently within West House which had not previously been used as office accommodation. This was necessary as these areas were currently former ward areas and any proposed change of use for accommodation within a listed building required such planning permission. He explained that this would be beneficial should the NHS Board decide, at a future date, to utilise these areas.

In response to a question from Ms Dhir, Mr Griffin confirmed that the accommodation to be occupied would incorporate Meeting Room, Conference Room and Board Room facilities and that these should be capable of use for supporting Board Appeal Hearings as required.

DECIDED

That the preferred option (option 3) to relocate the Board HQ facility and all remaining staff at Dalian House to Henderson House/West House on the Gartnavel Royal site be approved.

Director of Finance

127. INVERCLYDE COMMUNITY HEALTH CARE PARTNERSHIP (CHCP)

Ms Renfrew reported that Inverclyde had moved to an integrated CHCP model. As such, a draft Scheme of Establishment was being finalised and would be presented to the February 2010 NHS Board meeting, with a likely formal launch date of 1 April 2010. She confirmed that the recruitment of a Director had been undertaken and an announcement was likely later that day.

Director of Corporate Planning and Policy/Lead NHS Director, Glasgow City CHCPs

Mrs Smith (Chair, Inverclyde CHP) commended this development and recorded that the CHP had gone from strength to strength since December 2006 when its first Scheme of Establishment was approved. The Partnership had excellent working relationships with the local authority and she credited Mr D Walker (Director, Inverclyde CHP) for much of this work. Councillor McIlwee echoed these comments and Mr Robertson thanked Mrs Smith for nurturing the CHP to this level.

NOTED

128. PATIENT MANAGEMENT SYSTEM (PMS) APPROVAL OF FULL BUSINESS CASE

A report of the Director of Health Information and Technology [Board Paper No. 09/71] asked the NHS Board to approve the Full Business Case for the Patient Management System for NHS Greater Glasgow and Clyde.

Mr Copland described how five Health Boards (Ayrshire & Arran, Borders, Grampian, Greater Glasgow and Clyde and Lanarkshire) had accepted a commission brief from the national eHealth Strategy Board to procure a suite of systems through a framework contract signed by NHS National Services Scotland (NSS) on behalf of NHS Scotland. The procurement was a full OJEU/competitive dialogue and the consortium was supported by Pincent Mason (legal experts in this type of OJEU) and NSS for the procurement support. The process also included two external Office for Governance and Commerce (OGC) Gateway Reviews in line with best practice.

Mr Copland reported that the procurement process identified a preferred bidder in InterSystems/TrakCare. The outcome of the consortium led procurement project was a framework contract for a single solution or suite of solutions with associated services accessible to all NHS Scotland Boards by call-off. The framework contract included Northern Ireland for the OJEU notice and partner organisations, such as hospices, if appropriate. The target date for a framework contract to be in place was January 2010.

Mr Copland confirmed that NHS Greater Glasgow and Clyde had had key representatives in all three layers of the PMS procurement project structure and this had provided confidence that the preferred solution was suitable for the NHS Board's needs. He described the system, known as the Patient Management System, and how it would be a cornerstone of the NHS Board's IT for the next decade and beyond and would be a key enabler for the implementation of the Acute Services Review.

Mr Best reported that this was a considerable undertaking and investment for NHS Greater Glasgow and Clyde. He noted the Gateway Review conclusion summary from the programme's recent Office of Government and Commerce Gateway Review. The review team considered that the PMS procurement was on track to achieve an excellent outcome both in terms of the deliverables and how they were being achieved. The team sought evidence of an exemplarily, robust procurement process that succeeded in maintaining competitive tension throughout the chosen competitive dialogue process.

Dr Kapasi asked how the richness of primary care data was going to be maintained and how data could be shared across acute and primary/community care settings. Mr Copland agreed that the focus, at the moment, was on acute provision but that the product had a good track record in other countries for being launched across mental health and community services.

He outlined a separate procurement exercise that was underway across Scotland to replace the GPASS GP system. The migration of primary care data would be part of that implementation rather than the PMS implementation. Mr Copland also outlined, in brief, the greater opportunities offered with PMS and the new GP system to share data.

In response to a question from Mr Williamson, Mr Copland outlined the differences between this system and the "Connecting for Health" system in England. Mr Copland confirmed that 75% of the population of Scotland, across 6 Health Board areas, would be using this system which was a great benefit in linking both primary and secondary care. He also referred to an intensive exercise ongoing at the moment to procure a replacement system for GPs and he anticipated both systems' implementations should run in parallel.

Mr Lee asked if clinicians had been involved in the procurement process. Mr Copland confirmed that over 100 clinicians and operational staff had been involved in the scoring, selection and presentation processes. They remained confident that this was an excellent system. Mr Best confirmed that during the roll-out phases of the PMS, staff engagement would continue as this was key in the implementation phases. Furthermore, this afforded the opportunity for the first time for a corporate set of systems.

In response to a question from Dr Benton, Mr Copland described the main components of the system in providing administration, appointments, diagnosis, the ordering of tests electronically and many clinical tools and standard templates to collect and analyse information. He accepted that a large challenge would be in re-engineering all current business processes into the new system.

Given the detailed level of interest and questions from NHS Board members, Ms Renfrew suggested a seminar session for NHS Board members to give a greater insight into the system itself. This was welcomed and would be arranged in the new year.

Head of Board Administration

Mr Calderwood confirmed that following the NHS Board's approval, the approval of the other four Health Boards would be sought and then collectively submitted to the eHealth Programme Board at the Scottish Government Health Directorate for formal approval. This was expected to be completed by mid January 2010.

DECIDED

- That the Full Business Case for the Patient Management System for NHS Greater Glasgow and Clyde be approved.

  Director of Health Information and Technology

- That a NHS Board Seminar session be arranged in the new year to discuss this system and its links with primary care.

  Head of Board Administration

129. NHS GREATER GLASGOW AND CLYDE - AWARD OF CONTRACT

A report of the Chief Executive [Board Paper No. 09/72] asked the NHS Board to confirm the formal award of a contract for services within the Greater Glasgow area to Spring Radio Cars Ltd (trading as Network Private Hire Ltd) following the conditional approval made at the August 2009 NHS Board meeting.

Mr Calderwood reminded the NHS Board that at its meeting held on 18 August 2009, it decided to approve the award of a contract for the provision of taxi services for the Greater Glasgow area to Network Private Hire Ltd (NPH). Approval, at that time, was given on a conditional basis in the light of issues raised within information which had been provided to Board Officers by Strathclyde Police immediately prior to the commencement of the NHS Board meeting. In agreeing to conditional approval, the NHS Board charged officers with establishing whether the additional information provided was materially significant.

Mr Calderwood reported to the NHS Board that following detailed consideration of the information provided by Strathclyde Police (and after extensive consultation with Counsel), there was no viable basis for the NHS Board to set aside its responsibilities to procure within the established legal framework. He explained that not to award a contract would expose the NHS Board to an unacceptable level of risk of legal action and potential damages. For that reason, he, as the NHS Board's Accountable Officer, had a particular responsibility to recommend the formal award of the contract as the only way forward.

Councillor MacKay sought clarification around two aspects that had not been covered in the Board Paper. Firstly, he wondered if consideration had been given to Sir John Arbuthnott's Clyde Valley Review regarding the future of shared services. Secondly, he wondered what difference the legislation on booking offices would make? Mr Calderwood responded by confirming his support of the recommendations made in the Arbuthnott Review, however, clarified that they did not provide a basis to set aside this tender process. He further confirmed that the Central Legal Office had previously advised that the legislation relating to booking offices did not alter the established legal framework on which the Board was required to form its decision.

DECIDED

- That the formal award of a contract for taxi services within the Greater Glasgow area to Spring Radio Cars Ltd (trading as Network Private Hire Ltd), following the conditional approval made at the August 2009 NHS Board meeting be confirmed. **Chief Executive**

- That dissent to this decision, by the following NHS Board members, be recorded; Councillor D MacKay, Councillor J Handibode, Councillor D Yates, Councillor I Robertson and Mr P Daniels.

130. FINANCIAL MONITORING REPORT FOR THE 7 MONTH PERIOD TO 31 OCTOBER 2009

A report of the Director of Finance [Board Paper No. 09/73] asked the NHS Board to note its financial performance for the first 7 months of the financial year.

Mr Griffin reported an expenditure outturn of £1.2M in excess of budget for the first 7 months of the year, however, a year-end breakeven position remained achievable.

There remained a number of factors which could have a significant negative impact on the NHS Board's financial position during 2009/10, namely, pandemic flu, the outcome of Agenda for Change appeals and prescribing expenditure trends.

Mr Griffin explained that in setting primary care prescribing budgets, at the outset of the year, provision was made for the repayment of funding to the SGHD in respect of windfall savings anticipated from price reductions on specific drugs during 2009/10 as a consequence of the Government's Pharmaceutical Price Regulation Scheme (PPRS). The level of provision was established based on the SGHD guidance and was justified on the basis of a reduction in reimbursement rates to pharmacists on account of drug price reductions. An analysis of actual expenditure for the period to August 2009, confirmed that while the prices of a range of drugs embraced by PPRS had, in fact, reduced the prices of others drugs had increased beyond anticipated levels.

This had generated some debate between the SGHD and NHS Boards regarding what an appropriate level of repayment, related to windfall savings, should be. Until the outcome of that discussion was known, there remained the risk of an additional cost pressure of up to £2M to the NHS Board in 2009/10

NOTED

131. NHS GREATER GLASGOW AND CLYDE EQUALITY SCHEME: ANNUAL REPORT AND NEW SCHEME FOR 2010-13

A report of the Head of Inequalities and Health Improvement [Board Paper No. 09/74] asked the NHS Board to approve both the NHS Greater Glasgow and Clyde Equality Scheme 2006-09: Third Monitoring Report December 2009 and the Equality Scheme 2010-13.

Ms Laughlin explained that NHS Greater Glasgow and Clyde had an Equality Scheme and Strategic Action Plan which integrated the requirements of the different elements of the current equality legislation. The first Scheme and Action Plan were endorsed by the NHS Board in December 2006 to coincide with the requirement of the Disability Equality Duty. Public sector organisations had a requirement to produce an Annual Monitoring Report and to review and revise their Equality Schemes every three years. As such, this report had been produced to present the information that met these requirements.

Ms Laughlin led the NHS Board through the third monitoring report which considered the progress made against the strategic aims over 2009 using evidence from the review of the Equality Scheme 2006-09, together with evidence accrued from Staff Governance, Health Information and Technology and Learning and Education. She explained that the report had been produced with a number of different audiences in mind including both internal and external and the Equality and Human Rights Commission which had a mandate to ensure adherence to equality law. She summarised the conclusions of the report as follows:-

- The requirements of the equalities legislation were being progressively embedded into the fabric of NHS Greater Glasgow and Clyde in line with the general and specific duties.

- This was yet to be translated into significant measurable outcomes and the major challenge for the next Equality Scheme was to identify the means for demonstrating the impact of the equality plans and processes. A key priority was, therefore, the improved collection, analysis and use of disaggregated data in relation to shaping all elements of the patient's use of and journey through health improvement and health care services. In addition to better understanding of the patient population, it was clear that there was further work to do to ensure that NHSGGC extended its ability to recruit a workforce that was representative of the population it served.
- There were relatively few numbers of staff participating in learning and education on equality and diversity. This indicated that there remained the enduring challenge of ensuring the ongoing development of the capacity and capability of the workforce to recognise the potential for discrimination in their practice.
- There were few examples of the relationship between community engagement with equality groups and the incorporation of the issues that this generated into policy, plans, service improvements and interactions between staff and patients. NHSGGC recognised the need to demonstrate significant improvements over the next three years.

Turning to the Equality Scheme 2010-13, Ms Laughlin explained that this second Scheme built on the conclusions of the review and the findings of the three Annual Monitoring Reports. It also took into account the requirements of the forthcoming Equality Bill.

Over the course of the past three years, NHSGGC had adopted a framework for addressing inequality "10 Goals for an Inequalities Sensitive Health Service". In recognition of the interrelationship between the compliance with equalities legislation and addressing health inequalities, the action plan for the new scheme had been embedded into these ten goals. The expectation was that this would promote further mainstreaming into the implementation plans of each part of the NHSGGC system.

The NHS Board's Equality Scheme had been produced in accessible format and attractively designed to encourage a wide readership. It did, however, see its primary audience as being managers at all levels within NHSGGC as they had the accountability to deliver change and, therefore, the Equality Scheme was being launched at the 2009 corporate event for senior managers.

Mr Sime asked about the equal pay audit which was to be undertaken by the NHS Board. Mr Reid confirmed that this would be undertaken in early 2010 once the Agenda for Change reviews process had been completed.

In response to a question from Councillor Yates, Ms Laughlin confirmed that the NHS Board had a good dialogue with the Interfaith Council although recognised that certain areas were still work-in-progress.

Mr Williamson welcomed the fact that equalities legislation was being progressively embedded into the fabric of NHSGGC. He asked, however, how this would be measured, in particular obtaining the views of frontline staff on whether this was the case. Ms Laughlin was confident that the improved collection, analysis and use of disaggregated data would go someway to reassure the NHS Board that this was indeed the case.

On a similar point, she confirmed that training would be provided on a range of disability issues, also patience and empathy of staff when working with disability service users needed to be improved. This was a challenge but she was hopeful that with the help of inequalities sensitive practice, knowledge would be translated into practice.

DECIDED

- That the NHSGGC Equality Scheme 2006-09: Third Monitoring Report December 2009 be approved.
- That the NHSGGC Equality Scheme 2010-13 be approved

Head of Inequality and Health Improvement

132. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No. 09/75] asked the NHS Board to note progress against the national targets as at the end of October 2009.

Mrs Grant led the NHS Board though the report and highlighted the actions being taken to deliver the waiting times and access targets.

Mr P Hamilton asked what effect the bowel cancer screening programme had had on services. Mrs Grant confirmed that prior to its implementation planning had taken place to ensure the programme could be accommodated as well as waiting time targets, particularly for cancer, being maintained. She reported that this had been the case and was confident this would continue.

Mr Williamson commended the good progress made in cancer waiting times. In response to his question concerning this, Mrs Grant confirmed that further changes were to be made to the cancer targets during 2010 / 2011 to include referrals with a suspicion of cancer (not just those deemed urgent), with full implementation by the end of 2011.

NOTED

133. QUARTERLY REPORT ON COMPLAINTS : 1 JULY – 30 SEPTEMBER 2009

A report of the Head of Board Administration, Chief Operating Officer (Acute Services) and Lead Director, CHCPs (Glasgow) [Board Paper No. 09/76] asked the NHS Board to note the Quarterly Report on Complaints in Greater Glasgow and Clyde for the period 1 July – 30 September 2009.

Mr J Hamilton reported that for this quarter, the overall NHS Greater Glasgow and Clyde complaints handling performance was 72% of complaints being responded to within 20 working days. This was above the national average which was to respond to 70% of all complaints within 20 working days. Within the quarter, and in accordance with the Ombudsman's monthly reporting procedure, five reports had been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases.

A review of the Board's Complaints Handling Policy and procedures was underway and a short-life group had been established to lead on this work. It was anticipated that the group would update the policy and underpinning guidelines by early 2010. The review was taking account of comments gathered as a result of an earlier consultation process, new guidance that had emerged since the initial review and recommendations made in the Scottish Health Council sponsored review "The Craigforth Review".

Mr Hamilton referred to the Independent Advice and Support Service (IASS) Annual Review 2008/09 which had been circulated with the NHS Board papers. A national working group had been established to evaluate the IASS service and its associated data collection. In the meantime, the service had been extended for a further period until 31 March 2011.

Mrs Smith commended the efforts made by frontline staff and local complaints teams in greatly improved performance in relation to responding to complaints.

NOTED

134. 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. 09/77] asked the NHS Board to 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 5 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

135. CLINICAL GOVERNANCE COMMITTEE MINUTES : 6 OCTOBER 2009

The Minutes of the Clinical Governance Committee meeting held on 6 October 2009 [GGC(M)09/5] were noted.

NOTED

136. AREA CLINICAL FORUM MINUTES : 8 OCTOBER 2009

The Minutes of the Area Clinical Forum meeting held on 8 October 2009 [ACF(M)09/4] were noted.

NOTED

137. INVOLVING PEOPLE COMMITTEE MINUTES : 12 OCTOBER 2009

The Minutes of the Involving People Committee meeting held on 12 October 2009 [IPC(M)09/04] were noted.

NOTED

138. PHARMACY PRACTICES COMMITTEE MINUTES : 26 OCTOBER 2009 AND 4 NOVEMBER 2009

The Minutes of the Pharmacy Practices Committee meetings held on 26 October 2009 and 4 November 2009 [PPC(M)2009/07] and [PPC(M) 2009/08] were noted.

NOTED

139. PERFORMANCE REVIEW GROUP MINUTES : 3 NOVEMBER 2009

The Minutes of the Performance Review Group meeting held on 3 November 2009 [PRG(M)09/06] were noted.

NOTED

The meeting ended at 12:10 pm