NHSGG&C(M)10/03
Minutes: 41 - 65

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, 22 June 2010 at 9.30 am

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P R E S E N T

Mr A O Robertson OBE (in the Chair)

Professor D Barlow	Dr M Kapasi MBE
MR C Bell	Mr I Lee
Dr C Benton MBE	Councillor J McIlwee
Mr R Calderwood	Mr G McLaughlin
Councillor J Coleman	Mrs J Murray
Dr B N Cowan	Mrs R K Nijjar
Ms R Crocket	Councillor I Robertson
Mr P Daniels OBE	Mr D Sime
Dr L de Caestecker	Mrs E Smith
Ms R Dhir MBE	Councillor A Stewart
Mr D Griffin	Mr B Williamson
Mr P Hamilton	Mr K Winter
Councillor J Handibode	Councillor D Yates

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

Mrs J Grant	..	Chief Operating Officer, Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Ms A Harkness	..	Director of Rehabilitation and Assessment
Mr D McConnell	..	Audit Scotland
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 Rundell	..	Audit Scotland
Mr W S Marshall	..	Secretariat Officer

ACTION BY

41. APOLOGIES

Apologies for absence were intimated on behalf of Mr G Carson, Mr R Cleland and Councillor D MacKay.

42. CHAIR'S REPORT

(i) Mr Robertson was pleased to advise that Dr M Kapasi MBE and Mr B Williamson had been reappointed by the Cabinet Secretary for Health and Wellbeing to the Board for a further 4-year term to 30 June 2014.

(ii) Mr Robertson referred to a letter dated 17 June 2010 from the Cabinet Secretary for Health and Wellbeing which had been sent to the Chairs of all NHS Scotland Boards. The letter referred to the sharply constrained budgets which all NHS Boards would have to work with whilst still seeking to maximise the effectiveness of the services they delivered. The Cabinet Secretary wanted to express her appreciation for the considerable work which was being carried out to ensure that quality services were being delivered as efficiently as possible and to thank the Chairs and the NHS Boards for their commitment to delivering the guarantees that she had set out in Parliament recently.

(iii) Mr Robertson advised that he had met with the new leader of Glasgow City Council, Councillor Gordon Matheson, and he looked forward to working with him in the future.

(iv) Mr Robertson referred to the good work being undertaken by the Glasgow City of Science Steering Group. He had been appointed as the Chair of its Health Working Group and looked forward to contributing to its work for the benefit of the population of Glasgow.

(v) On 11 May 2010, Mr Robertson presented Ideas in Action Awards to Ms M Cleary and Ms D Buchan who both worked within the Orthoptic Department of Gartnavel General Hospital.

(vi) On 3 June 2010, Mr Robertson attended the launch of the MAKO Surgical Robotics Centre at the University of Strathclyde and he praised the work being undertaken at this important facility.

(vii) On 8 June 2010, Mr Robertson presented Vocational Learning Award SVQs and other certificates to staff from across NHS Greater Glasgow and Clyde at the Beardmore Hotel.

NOTED

43. CHIEF EXECUTIVES UPDATE

(i) Mr Calderwood referred to the commencement of the Vale of Leven Hospital Public Inquiry under the Chairmanship of the Rt. Hon. Lord MacLean to look into the incidence of C.Difficile at the Vale of Leven Hospital between 1 December 2007 and 1 June 2008. The Inquiry was being held at Maryhill Community Hall and the initial evidence was presented by patients and relatives and the Inquiry had now adjourned until September, at which time staff would give evidence for the first time.

(ii) On 13 May 2010, Mr Calderwood and Professor Barlow had attended a most useful meeting involving the Deans of the UK Medical Schools and Chief Executive's of University Hospitals Boards.

(iii) On 19 May 2010 Mr Calderwood attended a Graduate Award Ceremony for frontline management staff of whom seven were from NHS Greater Glasgow and Clyde.

(iv) On 20 May 2010, Mr Calderwood and Mr I Reid had met with representatives of the pay Review Body who were visiting Scottish NHS Boards.

(v) On 11 June 2010, Mr Calderwood, along with Ms Dhir and Mrs Smith, had participated in interviews for the post of Director Designate of the West Dunbartonshire CHCP. Along with the West Dunbartonshire Council Leader and Senior Councillors, he was pleased to advise that Mr Keith Redpath, the current CHP Director, had been appointed to the post.

44. MINUTES

On the motion of Mr P Hamilton, seconded by Mr G McLaughlin, the Minutes of the NHS Board meeting held on Tuesday 20 April 2010 [NHSGG&C(M)10/02] were approved as an accurate record and signed by the Chair.

NOTED

45. MATTERS ARISING FROM THE MINUTES

The rolling action list of matters arising was circulated and noted.

(i) The Chair referred to the relocation of the Board's HQ. He advised that the work at West House on the Gartnavel Royal Hospital site was now almost completed and that the refurbishment of J B Russell House was well under way. It was anticipated that the majority of staff would move from Dalian House to their new locations on the Gartnavel Royal Hospital campus around the third week of August.

(ii) Dr Benton confirmed that she had received the information she had sought on MRSA strains with PVL (Panton Valentine Leukocidin)

NOTED

46. SCOTTISH PATIENT SAFETY PROGRAMME UPDATE

A report of the Board's Medical Director and Head of Clinical Governance [Board Paper No. 10/19] 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 healthcare processes within acute care. This was achieved by front line teams testing and establishing more consistent applications 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 commented on the NHS Board's progress in relation to each of the above nine aims and summarised the key actions scheduled for completion in 2010, all of which were progressing well.

NHS Greater Glasgow and Clyde were currently at level 2.5 against the national trajectory. This was in line with most other Scottish Boards but behind the expected level, although only one Board had achieved level 3. Discussions with the other Boards indicated that they were experiencing similar challenges in satisfying the criteria of level 3. However, Dr Cowan was satisfied that good progress was being made towards achieving level 3 status.

With regard to measurement, Dr Cowan pointed out that a recent review of the measures reported on Extranet had revealed a set of concerns on data flows. In some areas the expected numbers of observations was lower than expected. This needed to be reviewed further by the support team which was now possible since the first run of figures had been completed.

In response to a question from the Chair, Professor Barlow confirmed that the Clinical Governance Committee received regular updates from the Medical Director in regard to the clinical governance aspects of this issue.

NOTED

47. HEALTHCARE ASSOCIATED INFECTION – MONITORING REPORT

A report of the Medical Director [Board Paper No. 10/20] 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 site level.

Dr Cowan reminded members that the bi-monthly report outlined the NHS Board's position and performance in relation to:-

- S.aureus bacteraemias (MRSA) (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:-

- In 2007, the Scottish Government Health Directorate (SGHD) issued HEAT Targets in relation to S.aureus bacteraemias (SABs) which required NHS Greater Glasgow and Clyde to reduce SABs by at least 35% by April 2010. Dr Cowan was pleased to report that this target had been achieved. In 2010 this target was extended by an additional 15%. Progress against this additional target would be included in future Board reports.

- The national report published in February 2010 showed a further reduction in the rate of C.difficile infection within NHS Greater Glasgow and Clyde and placed the Board below the national mean (0.52 per 1000 OBD over 65s) and also below the 0.9 per 1000 OBD HEAT Target for 2011. The rate for the most recent quarter reported (October/December 2009) was 0.36 per 1000 OBDs. This was a reduction from the previous quarter from 0.43 to 0.36 per 1000 OBD.

- The Surgical Site Infections (SSI) rates in NHS Greater Glasgow and Clyde, for the last quarter of 2009, remained below the national average for all procedures.
- 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 92%.
- All areas within NHS Greater Glasgow and Clyde scored green (>90%) in the most recent report on the National Cleaning Specification.

In response to a question from Mrs Murray, Dr Cowan confirmed that the Statistical Process Control Charts (SPCs) would continue to be used locally for reporting at NHS Board level. He advised that a template on new reporting surveillance data was awaited from the SGHD. However, for the purposes of reporting surveillance data within NHS Greater Glasgow and Clyde, SPCs remained the most accessible and user friendly way of reporting what was recognised to be complex data.

NOTED

48. STATEMENT ON INTERNAL CONTROL – 2009/2010

A report of the Convener of the Audit Committee [Board Paper No. 10/21] was submitted attaching a report of the Audit Committee on the outcome of the Committee's evaluation of the NHS Board's system of internal financial control during 2009/2010. Subject to approval of the report, the NHS Board was asked to authorise the Chief Executive to sign the Statement of Internal Control 2009/2010 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 8 June 2010, received a report which provided members with evidence to allow the Committee to review the NHS Board's System of Internal Control for 2009/2010. 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 NHS Greater Glasgow and Clyde and a statement of internal control for NHS Greater Glasgow and Clyde.

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 2009/2010 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; PricewaterhouseCoopers, the internal auditors; and the Audit Committee members for all their efforts in providing and reviewing the evidence which confirmed that there was a satisfactory system of internal control within NHS Greater Glasgow and Clyde throughout 2009/2010.

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

DECIDED

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

(ii) That the Statement of Internal Control be approved for signature by the Chief Executive. **Chief Executive**

49. STATEMENT OF ANNUAL ACCOUNTS 2009/2010

A report of the Director of Finance [Board Paper No. 10/22] asked the NHS Board to adopt and approve for submission to the SGHD, the Statement of Accounts for the financial year ended 31 March 2010.

Mr Griffin introduced the Accounts which had previously been considered in draft form by the Audit Committee. He drew members attention to the following points:-

(i) The revenue resource limit had been achieved.

(ii) The capital resource limit had been achieved.

(iii) The accounts were prepared, as required, to comply with the requirements of International Financial Reporting Standards (IFRS) and in the format required by the SGHD, so that these could be consolidated with the accounts of other Health Boards to form the accounts of NHS Scotland. There was a significant increase in the volume of detailed disclosure notes provided in 2010 to comply with the information disclosure requirements of IFRS.

(iv) At this stage, the audit opinion contained within the accounts remained draft. However, the NHS Board's external auditors had verbally confirmed their intention to issue an unqualified opinion in respect of the (a) regularity of financial transactions carried out by the Board and, (b) its financial statements.

The Audit Committee had met immediately prior to the Board meeting on 22 June 2010 and had received from Audit Scotland confirmation of their intention to submit their Audit Certificate on the NHS Board's Financial Statement for the period ended 31 March 2010 as unqualified in respect of their true and fair opinion and regularity opinion. The Audit Committee had also reviewed and approved a brief supplementary paper to the Accounts which had set out a small number of minor textual changes which had been made between the draft Accounts and the final Accounts now being presented for signature by the NHS Board.

Mr Griffin confirmed that the NHS Board's Financial Statements disclosed that the Board had met its financial targets. He took members through the key elements of the Accounts including the operating cost statement, balance sheet and cash flow statement to the year end 31 March 2010. Mr Griffin went on to summarise the main issues raised with the Director's report and advised that Audit Scotland's opinion was that the financial statements gave a true and fair view of the state of affairs of the NHS Board as at 31 March 2010.

Mr McConnell referred to the Audit Committee meeting which had been held earlier and confirmed that an unqualified audit opinion had been given. He was content with the supplementary paper which had highlighted a number of minor textual changes to be made to the Accounts.

DECIDED

(i)	That the Statement of Accounts for the financial year ended 31 March 2010 be adopted and approved for submission to the Scottish Government Health Directorate.	**Director of Finance**
(ii)	That the Chief Executive be authorised to sign the Director's Report.	**Chief Executive**
(iii)	That the Chair and the Director of Finance be authorised to sign the Statement of Health Board Members Responsibilities in respect of the Accounts.	**Chair/Director of Finance**
(iv)	That the Chief Executive be authorised to sign a Statement of Internal Control in respect of the Accounts.	**Chief Executive**
(v)	That the Chief Executive and Director of Finance be authorised to sign the Balance Sheet.	**Chief Executive/ Director of Finance**

50. 2010/11 FINANCIAL PLAN

A report of the Director of Finance [Board Paper No. 10/23] was submitted providing members with an overview of the key elements within the Financial Plan 2010/11; an explanation of how it was proposed to address the cost savings challenge in order to achieve a financial balance out-turn in 2010/11; highlighting the key assumptions and risks and identifying the scale of the financial challenge in 2011/2012 and beyond, together with an indication of possible initiatives which may be required to secure a balanced financial position on an ongoing basis.

The NHS Board had submitted a draft Financial Plan to the SGHD in March 2010 as required as part of the Local Delivery Plan submission and it had also been considered and approved by the Performance Review Group at its meeting on 18 May 2010.

Mr Griffin took members through the Financial Plan and referred to a number of key elements which included:-

- The projection of expenditure growth - £80.6M – this being a range of additional expenditure commitments which would require to be met in 2010/11. These were viewed as unavoidable and, in many cases, were existing cost pressures where expenditure was already underway.

- A cost savings programme which would release almost £57M in 2010/11 to contribute towards achieving a financial break-even out-turn in 2010/11.

- An acknowledgement that despite the efforts made to generate recurring cost savings in 2008/2009 and 2009/2010, the financial year 2010/2011 would still inherit an £18.1M recurring deficit from 2009/2010.

- The SGHD's confirmation of a general uplift of funding of 2.15%.

Individual cost savings targets had been agreed with each NHS Partnership and with each Directorate within the Acute Services Division and would be incorporated into the service budgets for 2010/11. The NHS Board had also identified a number of area wide "strategic reviews" which was believed capable of releasing cost savings in 2010/11. These strategic reviews included a review of corporate functions; a review of Service Level Agreements with other NHS Board's; corporate HQ relocation; a review of occupational health; a review of prescribing practices; a review of the Board's redeployment register including voluntary severance and a review of tangible asset lives and annual building depreciation charges.

Mr Griffin referred to the key assumptions and risks, particularly around access targets, prescribing cost growth, energy costs and pay growth. He highlighted the financial planning process for 2011/12 and described the assumptions and financial challenges that would face the Board in 2011/12.

Mr Williamson referred to the national budget and wondered what the implications might be for the NHS Board. Mr Griffin stated that the impact of this would be assessed when known and shared with the NHS Board during the course of the year in the context of reviewing progress with the achievement of the Financial Plan for 2010/11.

In response to a question from Dr Benton, the Chief Executive clarified the position in relation to the additional funding required to ensure that national access targets would continue to be met satisfactorily.

DECIDED

That the Financial Plan - 2010/11 be approved. **Director of Finance**

51. PROPOSED CAPITAL PLAN 2010/11 - 2012/13

A report of the Director of Finance [Board Paper No. 10/24] was submitted setting out how the NHS Board planned to deploy its allocation of Capital Funds across the various Divisions in 2010/11, together with indicative plans for 2011/12 and 2012/13.

The Director of Finance advised that the Performance Review Group on 18 May 2010 had considered and approved the Board's Capital Plan for 2010/11 and had noted the indicative allocations of funding in 2011/12 and 2012/13.

During 2009/10 the NHS Board had worked with the SGHD to confirm the level of capital funding that was likely to be available for the period 2010/11 and beyond. These discussions had enabled the Board to agree with the SGHD a firm capital funding allocation against which it could plan for 2010/11 and indicative allocations which it was reasonable to anticipate for 2011/12 and 2012/13. The capital funding allocations were considerably lower than those that had been forecast in presenting the previous year's Capital Plan.

While general funding allocations were reduced, the SGHD had confirmed its commitment, subject to approving a Final Business Case, to fund the new South Glasgow Hospitals and laboratory development.

Subject to final audit review, net capital expenditure in 2009/10 amounted to £329.044M against a Capital Resource Limit of £329.047M meaning the NHS Board had met the requirements to operate within its Capital Resource Limit as set out by the SGHD for 2009/10. Mr Griffin then took members through various aspects of the plan which included available capital resources; the proposed capital plan; and the capital planning process.

DECIDED

(i) That the Capital Plan for 2010/11 be approved.

(ii) That the current indicative allocations for 2011/12 and 2012/13 be noted.

(iii) That the Capital Planning Group be delegated the authority to allocate any additional available funds against the 2010/11 Capital Plan throughout the year. **Director of Finance**

52. FUTURE ARRANGEMENTS FOR PRIMARY CARE AND COMMUNITY SERVICES IN GLASGOW CITY

A report of the Director of Corporate Planning and Policy/Lead NHS Director Glasgow City CHCPs [Board Paper No. 10/25] asked the Board to approve the proposed arrangements to manage NHS Primary Care and Community Services within the Glasgow City Boundary; agree that these arrangements should be reflected in a detailed Scheme of Establishment to be completed over the next three to four weeks with implementation proceeding thereafter and to note the current position on the Council's process of external review of its position on CHCPs.

The Performance Review Group (PRG) had considered a detailed report at its May meeting which described Glasgow City Council's decision not to implement the agreed Scheme of Establishment and the Council's revised position on CHCPs. The report had identified a number of critical issues which the full implementation of the agreed revised Scheme of Establishment would have addressed but which the Council's proposal did not address. The PRG had concluded that the Council's option did not represent a way forward to deliver viable and effective CHCPs. The PRG further concluded that whilst Glasgow City Council continued to indicate it was fully supportive of the shared vision, it was clear after nearly two years of discussion that the Council was not willing to make the substantive changes required to deliver the agreed approach.

As a consequence of these conclusions, and despite the Board's unequivocal commitment to integrated NHS and Social Care Services as being in the best interest of the people served, the PRG agreed that the Board had to move to establish secure and viable organisational arrangements to manage NHS services in which NHS staff could have clear direction and confidence. The PRG also concluded that a shift to NHS CHPs would enable a renewed focus on NHS services, issues and relationships; clear lines of accountability and responsibility for NHS employees; and reduced management costs. Importantly it would also allow the NHS Board to be able to focus on and re-engage Community staff and Primary Care contractors.

Ms Renfrew advised that the paper being considered by the NHS Board outlined for approval proposals for those NHS CHP organisational arrangements to manage NHS Community and Primary Care Services. These proposals would be developed into a detailed Scheme of Establishment over the next three to four weeks with implementation proceeding thereafter.

Since the meeting of the PRG in May, Glasgow City Council had commissioned Sir John Arbuthnott to carry out a review of its position with regard to CHCPs. The Board had had the opportunity to input its views to that review and the Board Chair had made a commitment that the Board would be fully briefed on any output.

The Chair advised that he had subsequently received a briefing note from the Chief Executive of Glasgow City Council regarding the current position in relation to CHCPs, as a result of Sir John Arbuthnott's involvement. He suggested that this particular item of business be taken after consideration of Ms Renfrew's paper.

Ms Renfrew took members through in detail the key elements of the NHS CHP proposal.

She stressed that the revised arrangements would reduce management and support costs from the current NHS contribution to CHCPs. The final scale and timing of those savings would depend on the detail of the management structure and related issues, and the extent to which the Board had displaced staff that were not able to be redeployed elsewhere within NHS Greater Glasgow and Clyde. In conclusion, she referred to the transition arrangements. There was substantial detailed work still required to move from the five CHCPs into the new arrangements. The Board had proposed to Glasgow City Council the establishment of a Joint Transition Group which would provide a shared oversight of that detailed work, ensuring patient services were not disrupted. It should be empowered to design and implement the best ways of joint working in the interest of patients which could be achieved to replace the integrated CHCPs.

Members agreed that the proposals were sound and should be supported, although Councillor Handibode expressed some scepticism about both the structure and costs savings which might be accrued as a result of moving to a single Glasgow CHP.

There was some discussion about the composition of the Committee and a number of suggestions were made which Ms Renfrew would consider. Mr Williamson and Councillor Yates would like to have seen more detail in the paper regarding the arrangements for social work but it was acknowledged that the detail of this was primarily a matter for the City Council to determine under the new proposals.

Mr Sime referred to the implications for existing staff within the Glasgow City CHCPs and was pleased to note that early contact had been made with the Trade Unions on how to progress this particular matter.

Mr Robertson referred to the letter received from the Chief Executive of Glasgow City Council, outlining an initial briefing note received from Sir John Arbuthnott. It was noted that nothing substantial had been received from the Council on how it saw the way forward.

The NHS Board was willing to consider any substantive proposals which the City Council might have and, if received, they would be discussed fully at the July meeting of the Performance Review Group.

DECIDED

(i) That the Board approve the proposed arrangements to manage NHS Primary Care and Community Services within the Glasgow City boundary. **Director of Corporate Planning & Policy/Lead Director, Glasgow City CHCPs.**

(ii) That the Board agree these arrangements should be reflected in a detailed Scheme of Establishment to be completed over the next three to four weeks with implementation proceeding thereafter.

(iii) That the Board note the current position regarding the City Council's process of external review on CHCPs.

53. PALLIATIVE CARE NEEDS ASSESSMENT

A report of the Director of Rehabilitation and Assessment [Board Paper No. 10/26] asked the NHS Board to note progress on assessing the need for palliative care and the process to plan service responses.

Ms Harkness advised that at its meeting in February 2009, the Board had noted that the Managed Clinical Network (MCN) for Palliative Care had commissioned a Health Needs Assessment (HNA) for palliative care. The Board had agreed to consider the outcome of the needs assessment when it was concluded, and the report outlined that outcome and set out work which was planned for the future.

Ms Harkness took members through the report and highlighted the key findings. In doing so, she advised that a programme was now needed to plan further work to consider the outcome of the HNA and make detailed proposals about the future shape of palliative care. That planning needed to include a realistic appraisal of the likely financial position, which would mean that substantial expansion of funding for these services was unlikely. The HNA had been considered by the Corporate Planning Group and the MCN and the priorities for that detailed planning had been identified as:-

- To address the provision of specialist palliative care provision in the acute sector where most people die;
- To consider how the relative lack of access to specialist palliative care beds in South Glasgow and West Dunbartonshire might be addressed;
- To ensure that any decisions about palliative care service provision do not exacerbate but reduce the relative inequity within NHSGG&C;
- To ensure that services providing general palliative care in the community and in hospital address the differential demand linked to deprivation, age and other key factors;
- To provide specialist education and support to those providing general palliative care
- To better support patients' and carers' preferences e.g. in relation to access to locally based services and dying at home.

Ms Harkness emphasised that this represented an extensive programme of work to be taken forward over the next twelve months to enable final decisions to be reached on implementation of proposals for the development of services. It was important to note that people in the last years of their lives were already in contact with a wide range of health and social care professionals and the Board needed to develop proposals, based on the HNA, on how those mainstream services could respond better to the needs of people who need end of life care.

In response to a question from Mr Williamson, Ms Harkness confirmed that the funding available for these proposals was essentially a redistribution of current resources. These resources came from both the Acute and Community sectors as well as the significant contribution from voluntary agencies and individuals. Mr Williamson stressed the importance of specialist nurses in palliative care which Ms Harkness acknowledged. She pointed out that a review on how best to use these nurses was currently underway.

In response to a question from Ms Dhir, Ms Harkness clarified the basis for referral criteria to private hospices.

DECIDED

That the Board note the progress on assessing the need for palliative care and the processes being undertaken to plan service responses. **Director of Rehabilitation and Assessment**

54. NHS GREATER GLASGOW AND CLYDE – JOINT HEALTH PROTECTION PLAN 2010 -2012

A report of the Director of Public Health [Board Paper No. 10/27] asked the NHS Board to agree the Joint Health Protection Plan for 2010-2012 and its recommendations for further action.

Dr de Caestecker advised that the plan had been written in conjunction with the six local authorities within the Board's area. Although small areas of North and South Lanarkshire local authorities fell within the boundaries of NHSGG&C, those areas had contributed to NHS Lanarkshire's Joint Health Protection Plan. The Plan outlined how the Board and the local authorities dealt with both national health protection priorities such as pandemic influenza and healthcare associated infections and local health protection priorities such as blood borne viruses and TB.

The Plan also described an overview of Health Protection priorities, provision and preparedness within Greater Glasgow and Clyde and described how the Board and the local authorities would deal with a range of Health Protection topics. A number of topics had been identified that required further work.

DECIDED

That the NHS Greater Glasgow and Clyde Joint Health Protection Plan for 2010-2012 and its recommendations be approved. **Director of Public Health**

55. INTEGRATION OF COMMUNITY HEALTH AND SOCIAL WORK SERVICES IN WEST DUNBARTONSHIRE

A report of the Director of Corporate Planning and Policy/Lead NHS Director, Glasgow City CHCPs [Board Paper No. 10/28] set out the updated position with regard to the establishment of the integrated Health and Care Partnership in West Dunbartonshire.

On 24 February 2010, West Dunbartonshire Council had considered and approved a proposal to integrate the NHS Health Services presently run by West Dunbartonshire CHP and the Council's Social Work Services. The Board Chair and Chief Executive had attended the Council meeting and had subsequently reported back to the NHS Board on the Council's support to establish an integrated Partnership.

The Chief Executive outlined the current transition arrangements which would operate in the period through to 1 October 2010 and the formal creation of the new Partnership. In effect, a Shadow Body would operate and he outlined how that would be structured and what its proposed remit would be.

It was anticipated that the Shadow Body would meet for the first time on 11 August 2010 and would be co-chaired by the existing CHP Chair and the Council's spokesperson for Social Work and Health.

The revised Scheme of Establishment would be formally presented for approval to West Dunbartonshire Council at its meeting on 25 August 2010 and to the NHS Board at its 17 August 2010 meeting in order to achieve the implementation date of 1 October 2010 for the new Partnership. The Shadow Committee would also consider the draft Scheme when it met on 11 August 2010 and would be able to make a recommendation to both the Council and the Board.

Mr Robertson paid tribute to the valuable contribution made by Councillor Iain Robertson in assisting with these processes. Councillor Robertson thanked the Chair for his kind remarks and stated that the integration of Community Health and Social Work Services in West Dunbartonshire represented a staged progression and was the logical way forward for such services.

NOTED

56. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No. 10/29] asked the NHS Board to note progress against the national targets as at the end of April 2010.

Mrs Grant led the NHS Board through the report and highlighted the actions being taken to deliver the waiting times and access targets including out-patient waiting times, in-patient/day case waiting times, diagnostic waiting times, accident and emergency four hour wait, cancer waiting times, chest pain, delayed discharge and stroke.

NOTED

57. QUARTERLY REPORT ON COMPLAINTS - 1 JANUARY – 31 MARCH 2010

A report of the Head of Board Administration, Chief Operating Officer (Acute Services Division) and the Director of Mental Health Partnership [Board Paper No. 10/30] asked the NHS Board to note the Quarterly Report on NHS Complaints in Greater Glasgow and Clyde for the period 1 January – 31 March 2010.

Mr J Hamilton reported that for this quarter the overall NHSGG&C complaints handling performance was 75% of complaints responded to within 20 working days. This was above the national target 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, three reports had been laid before the Scottish Parliament concerning NHSGG&C cases.

Mr J Hamilton advised that both he and the Secretariat Manager had met with the consultant undertaking an evaluation of the Independent Advice and Support Service (IASS) for Citizens Advice Scotland and the IASS Consortium. They had also met with the new Citizens Advice Bureaux Consortium Lead Person for IASS in NHSGG&C. She had recently been appointed by the Consortium to lead the work of IASS and quarterly meetings would be established to discuss areas of work, data collection topics and ongoing developments.

NOTED

58. 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. 10/31] 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 two 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**

59. STAFF GOVERNANCE COMMITTEE MINUTES: 16 MARCH 2010

The Minutes of the Staff Governance Committee meeting held on 16 March 2010 [SGC(M)10/01] were noted.

NOTED

60. INVOLVING PEOPLE COMMITTEE MINUTES: 22 MARCH 2010

The Minutes of the Involving People Committee meeting held on 22 March 2010 [IPC(M)10/02] were noted.

NOTED

61. CLINICAL GOVERNANCE COMMITTEE MINUTES: 6 APRIL 2010

The Minutes of the Clinical Governance Committee meeting held on 6 April 2010 [CGC(M)10/02] were noted.

NOTED

62. AUDIT COMMITTEE MINUTES: 27 APRIL 2010 AND 8 JUNE 2010

The Minutes of the Audit Committee meetings held on 27 April 2010 [A(M)10/02] and 8 June 2010 [A(M)10/03] were noted

NOTED

63. AREA CLINICAL FORUM MINUTES: 1 APRIL 2010

The Minutes of the Area Clinical Forum meeting held on 1 April 2010 [ACF(M)10/02] were noted.

NOTED

64. PHARMACY PRACTICES COMMITTEE MINUTES: 31 MARCH AND 11 MAY AND 27 MAY 2010

The Minutes of the Pharmacy Practices Committee meetings held on 31 March [PPC(M)10/02], 11 May [PPC(M)10/03] and 27 May 2010 [PPC(M)10/04] were noted.

NOTED

65. PERFORMANCE REVIEW GROUP MINUTES: 18 May 2010

The Minutes of the Performance Review Group meeting held on 18 May 2010 [PRG(M)10/03] were noted.

NOTED

The meeting ended at 12:30 pm