

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, 17 August 2010 at 9.30 am**

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 D MacKay
Mr R Calderwood	Councillor R McColl
Mr R Cleland	Councillor J McIlwee
Dr B N Cowan	Mrs J Murray
Ms R Crocket	Mrs R K Nijjar
Mr P Daniels OBE	Rev Dr Norman Shanks
Ms R Dhir MBE	Mr D Sime
Mr I Fraser	Mrs E Smith
Mr D Griffin	Mr K Winter
Councillor J Handibode	Councillor D Yates

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

Mr G Archibald	..	Director of Emergency Care and Medical Services (for Minute No. 75)
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Ms A Harkness	..	Director of Rehabilitation and Assessment (for Minute Nos. 76 and 77)
Mr I Lockhead	..	Audit Scotland
Mr D McConnell	..	Audit Scotland
Mr A McLaws	..	Director of Corporate Communications
Mr K Redpath	..	Director of West Dunbartonshire CHP (for Minute No. 74)
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead NHS Director, Glasgow City CHCPs

ACTION BY

66. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mr G Carson, Councillor J Coleman, Dr L de Caestecker, Mr P Hamilton, Mr G McLaughlin, Councillor A Stewart and Mr B Williamson.

In recording the apologies of Mr G McLaughlin, Mr Robertson reported that this would have been his last formal NHS Board meeting following a period of appointment of six and a half years. Mr Robertson paid tribute to Mr McLaughlin's significant contribution to the work of the NHS Board and recorded his thanks and appreciation wishing him well in his new role as Chief Executive, NHS Health Scotland.

Mr Robertson also welcomed three new NHS Board members to their first meeting, namely; Councillor R McColl, Mr I Fraser and Rev Dr N Shanks. He looked forward to working with them in the future.

67. CHAIR'S REPORT

- (i) Mr Robertson acknowledged receipt of the following petition:-

“We, the undersigned would urge the Health Board to reconsider introducing its car parking policy at the Royal Alexandra Hospital, Paisley. We recognise that there is excessive demand for parking at this site but the planned measures will not remedy the problem. There will be unnecessary distress caused to staff and the resulting effects on punctuality and absenteeism will have a negative impact on patient care”.

This issue would be discussed at a later agenda item.

- (ii) Mr Robertson, along with Mr Calderwood, had had a number of meetings with the Leader and Chief Executive of Glasgow City Council regarding the future of the five City Community Health and Care Partnerships. On 27 July 2010, the Council presented a paper to its Executive Group reporting that the differences in views between the NHS Board and Council could not be bridged in governance terms and, therefore, due to these irreconcilable difficulties, the Council accepted that the NHS Board would now move to a Glasgow City health-only CHP. It was anticipated that a joint Forum between the Council and NHS Board would be established to oversee development of strategy in relation to the CHP.
- (iii) On 19 July 2010, Mr Robertson had visited the new Forth Valley Royal Hospital. It was a very impressive new-build and was now up-and-running taking patients.
- (iv) On 2 August 2010, Mr Robertson had accompanied Mr S McMillan MSP on a visit to the Kirkintilloch Health and Care Centre. This Centre provided an impressive benefit to patients since the co-location of Council and NHS staff.
- (v) On 6 August 2010, Mr Robertson had visited the Vale of Leven Hospital. During this visit, he also saw the extensive fire damage at the Christie Ward.
- (vi) Mr Robertson confirmed that NHS Greater Glasgow and Clyde Corporate Headquarters was moving from Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ to J B Russell House, Gartnavel Royal Hospital site, 1055 Great Western Road, Glasgow, G12 0XH with effect from Monday 23 August 2010.

NOTED

68. CHIEF EXECUTIVE'S UPDATE

- (i) On 13 July 2010, Mr Calderwood had presented prizes to two winners of the Health and Safety poster competition.

- (ii) On 23 July 2010, Mr Calderwood had met with the new president of the Royal College of Physicians and Surgeons of Glasgow, Mr Ian Anderson, to discuss mutual areas of work.
- (iii) On 30 July 2010, Mr Calderwood had visited the new Occupational Health Team which had now been relocated to the old out-patients department at the Victoria Infirmary.
- (iv) On 2 August 2010, Mr Calderwood had opened an art exhibition in Kelvingrove Art Gallery run by the Occupational Health Mental Health Service.
- (v) On 13 August 2010, Mr Calderwood had met with the new permanent Secretary, Sir Peter Housden, to discuss various matters affecting NHS Greater Glasgow and Clyde.

NOTED

69. MINUTES

On the motion of Councillor D Yates, seconded by Dr M Kapasi, the Minutes of the NHS Board meeting held on Tuesday 22 June 2010 [NHSGG&C(M)10/03] were approved as an accurate record and signed by the Chair.

NOTED

70. MATTERS ARISING FROM THE MINUTES

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

Ms Renfrew confirmed that the future arrangements for Primary Care and Community Services in Glasgow alongside the proposal for the Homelessness Partnership would be discussed further at the NHS Board Seminar scheduled for 7 September 2010.

NOTED

71. SCOTTISH PATIENT SAFETY PROGRAMME UPDATE

A report of the Board's Medical Director and Head of Clinical Governance [Board Paper No. 10/32] 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 frontline 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.

In summarising work being undertaken at a local level, Dr Cowan explained that there was a sizeable challenge in realising the spread of the full set of improved practices in every work-stream into every Clinical Team and to achieve the overarching improvement aims. Progress against the national trajectory remained fixed at 2.5 in the scale. This was behind expected delivery but in line with other Boards and NHS Greater Glasgow and Clyde continued to satisfy the national SPSP Team's expectations. He added that recent signs of progress in SPSP implementation had been encouraging. A small but increasing number of teams were reaching a point of completion for the full set of requirements in their work-stream. Teams were also now beginning to take on elements from other work-streams that were relevant to supporting improved safety measures for their patients. The rate of progress in a proportion of teams in the later phase of the programme was faster. One continued frustration was the review of records as part of the Global Trigger Tool. This continued to be a challenge as detection rates continued to be below the levels expected by the national SPSP Team. This was the case throughout NHS Scotland and national discussions were ongoing to address this.

In response to a question from Councillor Yates, Dr Cowan agreed, in future, to add a glossary page at the end of his paper explaining acronyms used.

**Medical
Director**

NOTED

72. HEALTHCARE ASSOCIATED INFECTION – MONITORING REPORT

A report of the Medical Director [Board Paper No. 10/33] 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%.
- The national report published in July 2010 showed a further reduction in the rate of C.difficile infection within NHS Greater Glasgow and Clyde and clearly placed the Board below the national mean (0.47 per 1000 per Occupied Bed Days (OBD) over 65s) and also below the 0.6 per 1000 OBD HEAT Target for 2011. The rate for the most recent quarter reported (January-March 2010) was 0.34 per 1000 OBDs. This was a reduction from the previous quarter from 0.36 to 0.34 per 1000 OBD.
- The Surgical Site Infections (SSI) rates in NHS Greater Glasgow and Clyde, (for the first quarter of 2010), remained below the national average for all procedures apart from hip arthroplasty.
- 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 94%.
- All areas within NHS Greater Glasgow and Clyde scored green (>90%) in the most recent report on the National Cleaning Specification.

Dr Cowan reported that nationally, changes were to be made to the presentation of Healthcare Associated Infection information. The Scottish Government Health Directorate would now ask Boards to issue this information in the form of bar charts and graphs and future NHS Board papers would be changed to report in that way. In response to a question from Mr Cleland, Dr Cowan confirmed that the new format would also be presented to the Clinical Governance Committee. He anticipated, however, that both the existing Statistical Process Charts and the new bar charts would be used in NHS Board and Clinical Governance Committee papers to see what members' preferences were in local reporting.

Mr Lee congratulated Dr Cowan and local teams for achieving, for the first time, all staff groups across NHS Greater Glasgow and Clyde being above the Scottish Government Health Directorate target of 90% compliance in hand hygiene. This commendation was echoed by Councillor MacKay and Dr Cowan confirmed that hand hygiene remained a vital part of patient care and must be carried out appropriately and effectively.

Dr Kapasi asked how the NHS Board was proactively looking at (and preparing for) new strains of bacteria which were resistant to antibiotics. Dr Cowan confirmed that this was taking place but that patient screening was not routinely being undertaken as, to date, these new bacteria had not emerged as a major problem. However, Boards, with the assistance of Health Protection Scotland (HPS), would be monitoring closely any appearance of new antibiotic resistant bacteria and that the recent improvements nationally in Infection Control measures would help ensure that these bacteria did not become a major problem.

In response to a question from Councillor McColl, Dr Cowan confirmed that any clinical areas scoring amber or red in the national cleaning specification were rectified locally through the relevant Directorate and reported to the Acute Division's Infection Control Committee. Such governance arrangements allowed for the monitoring of causes and actions required to address the problem.

NOTED

73. INVERCLYDE COMMUNITY HEALTH AND CARE PARTNERSHIP - DRAFT SCHEME OF ESTABLISHMENT

A report of the Director of Corporate Planning and Policy/Lead NHS Director Glasgow City CHCPs [Board Paper No. 10/34] asked the NHS Board to approve the Scheme of Establishment subject to its formal adoption by Inverclyde Council and, thereafter, to send the final Scheme of Establishment to the Scottish Government Health Directorate for their consideration and approval for the Partnership to become operational from 1 October 2010.

Ms Renfrew referred to ongoing negotiation towards the establishment of Inverclyde CHCP following agreement with the Council at the latter end of 2009. Since that time, the draft Scheme of Establishment for the new Partnership had been under development along with the CHCP structure. This had been developed through a series of versions after discussion with a variety of groups, including the existing CHP Committee and its sub-structures, with Council Officers and in a series of joint discussions with Trade Unions and professional organisations representing both Council and NHS staff. Councillor McIlwee reported that the draft Scheme of Establishment would be presented to Inverclyde Council's Health and Social Care Committee on 26 August 2010. Due to the timing of the meetings of the NHS Board and the Council, the NHS Board was being asked to approve the Scheme of Establishment in advance of its consideration by the Council, but subject to their agreement in due course.

Ms Renfrew confirmed that, while significant changes were not expected, it appeared to be prudent to remit to the Chief Executive, in consultation with the NHS Board Chairman, to approve any changes that resulted from further consideration of the Scheme of Establishment by the Council. This would ensure that the operational date of 1 October 2010 could still be achieved as intended by the NHS Board and the Council.

The NHS Board discussed the proposed balance in membership between elected members of Inverclyde Council and Non Executive Directors of NHS Greater Glasgow and Clyde on the CHCP Committee. The draft Scheme of Establishment proposed five elected members of Inverclyde Council and two Non Executive Directors of the NHS Board. Some Board members considered that the balance of Council/NHS Board Directors should be equal. Mr Calderwood proposed that if, from its effective date of 1 October 2010, the CHCP's Scheme of Establishment required any refinement, he, alongside the Chairman, be remitted to approve any changes that resulted from further consideration of the Scheme of Establishment by the Council. The importance of good leadership and a democratic culture was recognised as being the success of a CH(C)P rather than the structures and number of members on its Committee.

What was paramount was genuine partnership working and CHCPs had to work flexibly to address differing situations within different organisations. This was especially the case as each Council had different Standing Financial Instructions. Mr Calderwood emphasised that “one size did not fit all” when establishing a CHCP and the unique circumstances of each Council’s position had to be taken into account.

Mr Cleland asked about paragraph 4.2.3 within the draft Scheme of Establishment where it stated “that in the event of the Chair being absent for more than one meeting in sequence, the Council would nominate an acting Chair for such an extended period as the Chair was absent”. He was of the view that in such circumstances normal practice would be that the Vice Chair would fulfil this role in the absence of the Chair. Mr Robertson confirmed that the role of Vice Chair (a Non Executive Director of the NHS Board) was critical but that, following extensive negotiations, the Council was keen to maintain this position. Mr Calderwood confirmed that an amendment could be considered which inferred a longer period of absence than more than just one meeting.

In response to a question concerning lessons learned from other successful CHCPs, Mr Calderwood reported that the success was driven by the corporate nature of partnership working from within the CHCP Committee. Councillor McIlwee agreed and confirmed there was a huge commitment from Inverclyde Council to deliver the objectives of the CHCP. He also paid tribute to all senior officers at the NHS Board who had built on the momentum of the CHP to now be in a position to approve the CHCP.

In response to a question concerning the roles of the Head of Human Resources and the Head of Finance, both Mr Reid and Mr Griffin confirmed that job descriptions were being finalised for both posts and that, shortly thereafter, recruitment would commence.

DECIDED

- That the Scheme of Establishment, as presented, subject to its formal adoption by Inverclyde Council be approved.
- That, after adoption by the Council, the Scheme of Establishment be forwarded to the Scottish Government Health Directorate for their consideration and approval.
- That the Partnership become operational with effect from 1 October 2010.
- That the Chief Executive, in consultation with the Board Chairman be remitted to agree any further minor detailed changes that may arise from the Council’s formal consideration of the Scheme and subsequent discussions, be approved.

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

**Chief
Executive/
Chairman**

74. WEST DUNBARTONSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP - SCHEME OF ESTABLISHMENT

A report of the Director of West Dunbartonshire CHCP [Board Paper No. 10/35] asked the NHS Board to consider and approve the Scheme of Establishment for the new Community Health and Care Partnership for West Dunbartonshire and to confirm its operation with effect from 1 October 2010.

Mr Redpath reported that, as agreed at the June 2010 Board meeting, shadow arrangements had been in place at West Dunbartonshire CHCP leading through to the proposed operational date of 1 October 2010. Throughout that time, the Scheme of Establishment for the new Partnership was under development. It had since been developed through a series of versions after discussion with a variety of groups including the existing CHP Committee and its sub-structures, with Council Officers and in a series of joint discussions with the Trade Unions and professional organisations representing both Council and NHS Staff.

He confirmed that the Scheme of Establishment was considered by the shadow CHCP Committee at its meeting held on 11 August 2010 and suggested changes from that meeting had been incorporated into the version being presented to the NHS Board. A further meeting of the shadow Committee had been arranged for 9 September 2010 at which point the intention would be to consider the final version of the Scheme of Establishment, including any changes made as a result of its consideration by the NHS Board, which would, thereafter, be formally recommended for adoption to the full Council meeting on 29 September 2010. Due to the timing of the meetings of the NHS Board and the Council, he explained that the NHS Board was being asked to approve the Scheme of Establishment in advance of the Council's consideration, but subject to their agreement in due course.

Mr Redpath confirmed that, while significant changes were not expected, it appeared to be prudent to remit to the Chief Executive, in consultation with the Board Chairman, to approve any changes which resulted from the further consideration of the Scheme of Establishment by the shadow Committee and the Council. This would ensure that the operational date of 1 October 2010 could still be achieved as per the original intentions of both the NHS Board and the Council.

DECIDED

- That the Scheme of Establishment as presented, subject to its subsequent formal adoption by West Dunbartonshire Council, be approved.
- That, after adoption by the Council, the final Scheme of Establishment be sent to the Scottish Government Health Directorate for their consideration and approval.
- That the Partnership become operational with effect from 1 October 2010.
- That the Chief Executive, in consultation with the Board Chairman, be remitted to agree any further minor detailed changes that may arise from the Council's formal consideration of the Scheme, be approved.

**Director of
West
Dunbartonshire
CHCP**

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**Chief
Executive/
Chairman**

75. WINTER PLAN 2010/11 - PROGRESS REPORT

A report of the Director of Emergency Care and Medical Services [Board Paper No. 10/36] asked members to note an update on Winter Planning for 2010/11 which included references to lessons learned from 2009/10.

Mr Archibald provided a summary of lessons learned in 2009/10, an update on issues raised nationally and set out the work underway in developing the Winter Plan for 2010/11. He reported that the 2009/10 Winter Plan for NHS Greater Glasgow and Clyde was developed on a single system basis with all partners in the delivery of key services involved. The Winter Plan had worked effectively last winter, particularly as December 2009 and January 2010 had proved to be extremely busy and challenging months for all services with the severe weather conditions impacting considerably on services.

Mr Archibald led the NHS Board through the lessons learned from last winter and summarised these in the key areas of:-

- Communication
- Information Sharing
- Escalation Plan/senior decision-making rota
- Occupational Health
- Public holidays
- Innovation

In terms of planning for Winter 2010/11, the Winter Planning Group and Executive Group had continued to meet to progress the winter planning process for 2010/11. As part of the national review of the Winter Planning Process, all NHS Boards were asked to complete a survey questionnaire on the effectiveness of Winter Plans and the outcomes of this were presented to a national winter planning event held in June 2010. This event afforded Boards the opportunity to discuss key winter pressure areas and identified the following as areas for further guidance and discussion to assist in preparing winter plans for 2010/11:-

- Collaboration and Engagement
- Partnership Working with Local Authorities
- Capacity Planning

Following this national event, a local acute winter planning event was held on 20 July 2010. This was a useful interactive session and the outcomes of this would be incorporated into the Winter Plan. It was recognised that this year there were particular challenges associated with managing winter activity due to the reduction in bed availability across each site and the financial challenges set for both the NHS Board and Local Authorities.

In response to a question from Councillor MacKay, Mr Archibald confirmed that winter planning did mean working collaboratively with CH(C)Ps as well as with the wider responsibilities of Local Authorities. Good engagement was critical and he confirmed that joint work was undertaken with civil contingency partners.

NOTED

76. RE-DESIGN OF REHABILITATION SERVICES - CONSULTATION ON THE CLOSURE OF LIGHTBURN HOSPITAL

A report of the Director of Rehabilitation and Assessment [Board Paper No. 10/37] asked the NHS Board to note the proposed service changes to the Department of Elderly Medicine In-Patient Services in East Glasgow and approve, subject to Scottish Health Council approval, the launch of a three month public consultation on the transfer of rehabilitation beds to Stobhill and possible closure of the Lightburn Hospital Site.

Ms Harkness outlined existing service provision within the Department for Medicine for the Elderly in North and East Glasgow. She highlighted, in particular, services currently provided from Lightburn Hospital and explained that the current design of the Department for Medicine for the Elderly Services in North and East Glasgow was part of the overall Acute Services Review programme. The Department provided comprehensive assessment and rehabilitation for people over 65 years of age. Recent work showed that adopting new ways of working could have a positive impact on reducing length of stay in hospital.

People would, therefore, be fit for discharge earlier allowing a reduced time in hospital but not requiring increased support into the community. As such, this would lead to a rebalancing between rehabilitation and assessment beds. Ms Harkness explained that the service recognised the importance of having the best possible assessment and rehabilitation elements within the in-patient service. The change to provide more assessment beds had, therefore, given the opportunity to review the location of the remaining rehabilitation beds in North and East Glasgow.

Ms Harkness led the NHS Board through the review of the location of NHS Greater Glasgow and Clyde's rehabilitation beds. There were a number of issues that impacted on patient care associated with delivering this service across two hospital sites (currently Lightburn Hospital and Stobhill Hospital) such as:-

- Maintaining effective cover across all in-patient sites
- Access to diagnostic investigations
- Quality of accommodation
- Impact on the wider hospital site

In accordance with Scottish Government guidance on informing, engaging and consulting people in developing health and community care services, work had been started with the Scottish Health Council to develop a process that facilitated the participation of a range of non-clinical stakeholders in the discussions concerning the future location of rehabilitation beds in North and East Glasgow.

This work had been carried out between June and August 2010 and had identified three options for service change and a number of common themes. In summary, the options were as follows:-

- Option 1 – service provision over three sites - Glasgow Royal Infirmary, Stobhill Hospital and Lightburn Hospital.
- Option 2 – service provision over two sites - Glasgow Royal Infirmary and Stobhill Hospital.
- Option 3 – service provision over two sites – Glasgow Royal Infirmary and Lightburn Hospital.

Criteria were developed to assess these options and these were incorporated with the objectives of the redesign. The option appraisal exercise was undertaken with three groups (carers, community representatives and staff), each separately agreeing on weighted values of each of the criteria and then each individual within the group scoring each of the three options against the criteria. The results of this option appraisal showed quite a varied response, reinforcing the complexity of what people had been asked to participate in and, in some cases, fixed viewpoints from individuals. Analysis of the option appraisal showed no single common favoured option across the three groups.

Ms Harkness reported the issues that had been considered in recommending the preferred option of:-

- Locating all rehabilitation beds at Stobhill Hospital (that was, moving 75 beds from Lightburn Hospital).
- Seeking to identify either alternative locations for out-patient and day hospital services or alternative services that could move to the site and release savings from other NHS facilities.

In summing up, Ms Harkness described the process of formal public consultation which would build on the involvement and engagement so far. This would be in line with statutory requirements on public consultation and the material would be agreed with the Scottish Health Council and members of the public via existing engagement routes. Board Officers had been in contact with the Scottish Health Council throughout the process and staff had recently confirmed that they were satisfied that the Board’s public involvement, thus far, had been in accordance with the guidance.

In response to a question concerning general access and transport issues, Ms Harkness recognised that, undoubtedly, transport was an issue. As such, a needs assessment would be undertaken and solutions actively sought. Ms Harkness agreed to explore the option of encouraging patients/visitors/carers to visit the new facilities when established prior to occupation. She also explained that the existing “Evening Visitor Service” was available and that action would be taken to raise awareness of this.

**Director of
Rehabilitation
and Assessment**

In response to a question, Mr Calderwood reminded members that the NHS Board approved a new-build 48 bed rehabilitation unit with 24 single rooms with en-suite facilities at Stobhill Hospital was due for completion in early 2011.

DECIDED

- That the proposed service changes to the Department of Elderly Medicine In-Patient Services in East Glasgow be noted.
- That, a formal three month consultation be undertaken on the transfer of rehabilitation beds to Stobhill and possible closure of the Lightburn Hospital site.

**Director of
Rehabilitation
and Assessment**

77. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No. 10/38] asked the NHS Board to note progress against the national targets as at the end of April 2010.

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

In response to a question from Dr Benton, Ms Harkness agreed to discuss with the Chief Operating Officer (Acute Services Division) the feasibility of including in the report the number of patients on the total waiting list.

**Chief
Operating
Officer**

NOTED

78. FINANCIAL MONITORING REPORT FOR THE 3 MONTH PERIOD TO 30 JUNE 2010

A report of the Director of Finance [Board Paper No. 10/39] asked the NHS Board to note the Board's financial performance for the first three months of the financial year.

Mr Griffin explained that the NHS Board was currently reporting an expenditure outturn £3.7m in excess of its budget for the first three months of the year. At this stage, however, the NHS Board considered that a year-end break-even position remained achievable.

Mr Griffin outlined some of the reasons for the Board reporting expenditure ahead of budget and explained that, looking forward, there were some additional cost pressures which would have a bearing on the 2010/11 outturn, namely, the increased costs as a result of the recent national rates revaluation exercise and the increase in VAT which would occur in January 2011.

Although, at this early stage of the financial year, it was premature to be making firm predictions over the likely outturn, Mr Griffin reported that there were already some clear indications, based on trends to date, that expenditure levels were running at higher levels than anticipated. He explained that, assuming the NHS Board could manage full achievement of its cost savings plans (month on month from October onwards) and taking cognisance of the cost pressures already identified, it was not unreasonable to anticipate that the NHS Board would require to identify around £10m of supplementary cost savings/cost reduction measures during 2010/11. This would be required to manage expenditure within the revenue resource limit for the year.

In response to a question, Mr Griffin confirmed that, during August and September 2010, the NHS Board would work to confirm the extent to which the Acute Division and other Directorates could alleviate this additional potential cost pressure through implementing existing cost reduction/cost saving measures. It was planned to complete this work by the mid year point so that the NHS Board was able to assess whether it remained on track to deliver a breakeven outturn for 2010/11.

It had been assumed, at this stage, that the NHS Board would succeed in identifying and implementing, any supplementary measures which might be required, and so in reporting to the Scottish Government Health Directorate, it continued to forecast a breakeven outturn for 2010/11.

In response to a question from Councillor MacKay, Mr Griffin confirmed that each part of the organisation was working hard to release the likely £10m pressure and the Acute Division and Partnerships were focused on addressing the challenging issues.

NOTED

79. AUDIT SCOTLAND: REPORT ON THE 2009/10 AUDIT TO THE BOARD AND TO THE AUDITOR GENERAL FOR SCOTLAND

A report of the Director of Finance [Board Paper No. 10/40] asked the NHS Board to note the “Report on the 2009/10 Audit to the Board and the Auditor General for Scotland” issued by the external Auditors, Audit Scotland, on the Audit of the 2009/10 Statement of Accounts.

Mr McConnell set out the report which looked at the key strategic and financial risks being faced by NHS Greater Glasgow and Clyde, audited the financial statements and reviewed the use of resources and aspects of performance management and governance. He reported that the Board had been given an unqualified opinion on its financial statements. Audit Scotland had also concluded that, in all material aspects, the expenditure and receipts shown in the financial statements were incurred or applied in accordance with applicable enactments and relevant guidance issued by Scottish Ministers.

Mr McConnell led the NHS Board through a summary of the audit which included the following:-

- Financial position and use of resources
- Partnership working
- Governance and accountability
- Performance

In terms of looking forward, Mr McConnell noted some key risk areas for the NHS Board. There were significant challenges around future funding, implementation of the Acute Services Review, the achievement of saving targets and maintaining effective partnership working with Glasgow City Council. National issues around equal pay claims may also provide a challenge in future years.

In response to a question about the Clyde Valley Review (led by Sir John Arbuthnott) Mr McConnell confirmed that there were no direct references to this work within the report. He did, however, recognise the value of the review in identifying areas of shared services and was supportive of the fundamental concept in terms of assisting Boards in meeting financial challenges that lay ahead.

Mr Robertson thanked Mr Griffin and his finance teams as well as Audit Scotland for their valued work throughout the year.

NOTED

80. FREEDOM OF INFORMATION (FOI) MONITORING REPORT FOR THE PERIOD 1 APRIL 2009 TO 31 MARCH 2010

A report of the Head of Board Administration [Board Paper No. 10/41] 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 2009 to 31 March 2010.

Mr Hamilton advised that there had been a significant increase in the number of FOI requests received by NHS Greater Glasgow and Clyde during 2009/10. This 45% increase from last year could be attributed to an extremely large number of FOI requests received from employees following completion by Human Resources of outstanding reviews of Agenda for Change assimilations and the simultaneous communication of review outcomes to a large number of employees.

In terms of performance monitoring, Mr Hamilton reported that 83% of Freedom of Information requests were responded to within the requirement of 20 working days. This showed a decrease from the 90% of requests completed within 20 working days in 2008/09, although there was an improvement on 2007/09 of 78%. He noted, however, that this overall reduction in performance was set against an increase in the volume of requests of 45%.

During the year, the NHS Board, along with other Health Service organisations was required to review and submit for approval a new and revised Publication Scheme. This involved the development of a new model Publication Scheme for Scottish NHS Boards. The Board's Publication Scheme was given approval by the Scottish Information Commissioner to take effect from 1 June 2010.

Councillor MacKay referred to some of the subject areas which had attracted a number of FOI requests and, in particular, car parking. In relation to the petition received and reported by the Chairman at the beginning of the meeting, he confirmed that Local Authorities were willing to work on local travel schemes in an attempt to resolve parking difficulties. Mr Calderwood welcomed this and explained that there was a pressing need to control and manage car parking at the Royal Alexandra Hospital. He summarised some of the issues raised by staff and reported that the approach taken by the Board would be consistent with the overall application of its Car Parking Policy to date, especially the split of the site into designated zones for patients and visitors, staff and disabled users. This replaced the first come first served existing situation which denied proper access to patients and visitors. He confirmed that, in addressing the situation, the Council and Board would work together in the months ahead.

Ms Dhir expressed disappointment at the lack of understanding of the intentions of the Car Parking Policy. The NHS Board recognised its responsibilities to patients, carers and visitors and was attempting to provide reasonable and fair access to car parking facilities at hospital sites to those whom the Board served.

NOTED

81. CLINICAL GOVERNANCE COMMITTEE MINUTES: 1 JUNE 2010

The Minutes of the Clinical Governance Committee meeting held on 1 June 2010 [CGC(M)10/03] were noted.

NOTED

82. AREA CLINICAL FORUM MINUTES: 3 JUNE 2010

The Minutes of the Area Clinical Forum meeting held on 3 June 2010 [ACF(M)10/03] were noted.

NOTED

83. PHARMACY PRACTICES COMMITTEE MINUTES: 10 JUNE 2010

The Minutes of the Pharmacy Practices Committee meeting held on 10 June 2010 [PPC(M)10/05] were noted.

NOTED

84. STAFF GOVERNANCE COMMITTEE MINUTES: 22 JUNE 2010

The Minutes of the Staff Governance Committee meeting held on 22 June 2010 [SGC(M)10/02] were noted.

NOTED

85. AUDIT COMMITTEE MINUTES: 22 JUNE 2010

The Minutes of the Audit Committee meeting held on 22 June 2010 [A(M)10/04] were noted.

NOTED

86. PERFORMANCE REVIEW GROUP MINUTES: 6 JULY 2010

The Minutes of the Performance Review Group meeting held on 6 July 2010 [PRG(M)10/04] were noted.

NOTED

The meeting ended at 11:40 a.m.