NHSGG&C(M)10/06
Minutes: 111 – 126

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Board Room, Corporate Headquarters, J B Russell House,
Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
on Tuesday, 21 December 2010 at 9.30 am**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr C Bell	Councillor J Handibode
Dr C Benton MBE	Dr M Kapasi MBE
Mr R Calderwood	Mr I Lee
Mr G Carson	Councillor J McIlwee
Councillor J Coleman	Mrs J Murray
Dr B N Cowan	Mrs R K Nijjar
Ms R Crocket	Rev Dr N Shanks
Mr P Daniels OBE	Mr D Sime
Mr I Fraser	Councillor A Stewart
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

Ms S Gordon	..	Secretariat Manager
Mrs J Grant	..	Chief Operating Officer, Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director of Mental Health Partnership/Director, Glasgow City CHP
Mr A McLaws	..	Director of Corporate Communications
Ms C Renfrew	..	Director of Corporate Planning and Policy

ACTION BY

111. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Professor D Barlow, Mr R Cleland, Dr L de Caestecker, Ms R Dhir MBE, Councillor D MacKay, Councillor R McColl and Mrs E Smith.

112. CHAIR'S REPORT

(i) On 26 October 2010, Mr Robertson, accompanied by Ms C Renfrew and Mr R Calderwood, hosted a reception for the Glasgow City CHCP Managers recording their many achievements and efforts over four and a half years.

(ii) Mr Robertson referred to the Board's Annual Review held on 1 November 2010. This had been hosted by the Cabinet Secretary for Health and Wellbeing and had provided an excellent level of engagement (both in the formal session and the open public question and answer session).

The Cabinet Secretary's formal written response to the NHS Board's Annual Review had been received and circulated to NHS Board members. Mr Robertson recorded his appreciation to all staff involved in the organisation of the event and those clinical staff who had met with the Cabinet Secretary during her visit to the Beatson Cancer Centre.

(iii) Mr Robertson had attended, on 19 November 2010, the AGM of the Inverclyde League of Hospital and Community Friends. Also, within that geographical area, Mr Robertson had attended the official opening of Wellpark Centre, Greenock. This was opened by Councillor McIlwee on 3 December 2010 and provided an integrated centre for both NHS and Social Work staff. He wished them well in their future endeavours.

(iv) On 25 November 2010, Mr Robertson had attended the Military and Civilian Health Partnership Awards Ceremony in Belfast. This Ceremony celebrated work undertaken by reservists and he commended their commitment.

(v) Mr Robertson referred to the NHS Board's development session held on 26/27 November 2010. This event had included excellent presentations and debate which would inform a wide range of future NHS Board priorities. A report of the session would be written up, with outcomes, and would be circulated to NHS Board members in due course.

(vi) On 28 November 2010, Mr Robertson had attended the official opening of the Kirkintilloch Link Road. Given the adverse weather conditions on that day, the opening had been delayed until three days later.

(vii) On 3 December 2010, Mr Robertson and Mr Calderwood had attended the Glasgow Hospitals Carol Concert in the Royal Concert Hall. This had been well attended and the beneficiaries were CLIC Sargent.

(viii) On 10 December 2010, Mr Robertson and Mr Calderwood hosted a strategy meeting with representatives from the University of Strathclyde. The debate was interesting and included service provision from the new South side hospitals and other new University Health Initiatives.

(ix) Also on 10 December 2010, Mr Robertson formally received a petition from Paul Martin MSP, Margaret Curran MSP, Frank McAveety MSP and Gerry McCann (Save Lightburn Hospital Action Group) organised by the members of East Glasgow Parkinson's Support Group and supported by patients who used Lightburn Hospital and by the community of East Glasgow. The petition would be submitted to the NHS Board in the New Year when the outcome to the Consultation was being considered.

(x) Mr Robertson advised, in Professor Barlow's absence, that this would have been his last NHS Board meeting. He recorded his appreciation for all that Professor Barlow had contributed in the last four years, particularly as Chair of the Clinical Governance Committee and the West of Scotland Research Ethics Service Governance Committee. He brought a wealth of knowledge of the educational and academic roles to the work of the NHS Board.

Mr Robertson also acknowledged that Ms Dhir had been appointed as Chair of East Dunbartonshire CHP and Dr M Kapasi had been appointed as Vice Chair of Inverclyde CHCP.

NOTED

113. CHIEF EXECUTIVE'S UPDATE

(i) On 3 November 2010, Mr Calderwood had attended the launch of NHS Quality Improvement Scotland's (QIS) Information Management Strategy.

(ii) On 5 November 2010, Mr Calderwood joined a visit, alongside Sir Peter Housden, Permanent Secretary, to Barrhead to debate successes regarding the integrated Health and Social Care approach in East Renfrewshire.

(iii) On 17 November 2010, Mr Calderwood had attended the seventh learning session of the Scottish Patient Safety Programme (SPSP) held at the Exhibition Centre in Glasgow. This event took stock of best practice across NHS Scotland.

(iv) On 20 November 2010, Mr Calderwood had attended the seventh corporate development day alongside all NHS Greater Glasgow and Clyde senior managers at Glasgow Science Centre. This event facilitated reflection on successes of the organisation in the last twelve months and looked at scenario planning for the future in terms of the emerging agenda, quality and financial picture (as services were developed/improved at the same time as addressing financial stringency).

(v) On 23 November 2010, Mr Calderwood attended the Chancellor's dinner hosted by the University of Glasgow.

(vi) On 25 November 2010, Mr Calderwood attended the One Glasgow Initiative held in the House of an Art Lover. This looked at cross public sector working for Glasgow and areas of commonality where an agenda could be formed.

(vii) On 16 December 2010, Mr Calderwood had been invited to participate in the opening of the Cathcart Centre in Greenock. These new facilities provided an excellent example of integrated working.

(viii) On 17 December 2010. Mr Calderwood signed the contract, formally appointing Brookfield Construction (UK) Limited as the contractor, for the new build South side Adult and Children's Hospitals. This contract would see the anticipated completion of the new hospitals by 31 March 2015 within an approved cost structure.

(ix) Mr Calderwood and Dr Cowan were due to sit on the interview panel on the afternoon of 21 December 2010 for the post of Head of School of Medicine at the University of Glasgow.

NOTED

114. MINUTES

On the motion of Dr M Kapasi, seconded by Mr B Williamson, the Minutes of the NHS Board meeting held on Tuesday 26 October 2010 [NHSGG&C(M)10/05] were approved as an accurate record and signed by the Chair.

NOTED

115. MATTERS ARISING FROM THE MINUTES

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

NOTED

116. SCOTTISH PATIENT SAFETY PROGRAMME UPDATE

A report of the Board's Medical Director and Head of Clinical Governance [Board Paper No. 10/56] 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 of the overall NHS Greater Glasgow and Clyde aim to ensure the care provided to every patient was safe and reliable. The SPSP's aim was to achieve full implementation of the core programme in the Acute Services Division by the end of 2012.

Dr Cowan described the core programme as including improved staff capability in all wards and the creation of reliable processes for every relevant element in every ward. He confirmed that the NHS Board was also developing SPSP-style improvement programmes in Paediatrics and Mental Health Services in 2010 then in Primary Care and Obstetrics in 2011.

Dr Cowan led the NHS Board through the update report and noted, in particular, the following success areas:-

- The SPSP National Team had confirmed that NHS Greater Glasgow and Clyde had achieved level 3 on the national assessment scale.

- After experiencing prolonged challenges in creating reliable medicine reconciliation prototypes, a second team, this time in Ward 12 in the Royal Alexandra Hospital, had achieved a sustained level of reliability in their medicine reconciliation process at admission.

- The Royal Alexandra Hospital Intensive Care Unit had recently presented data showing a downward shift in their average length of stay and in-patient mortality. This Unit was the first to have successfully introduced and sustained all the critical care core bundles. Whilst this was encouraging, the support team felt it needed to be further investigated to understand the full reasons for (and effect) of this development. The Associate Medical Director of the Surgery and Anaesthetics Directorate had requested a meeting to further investigate the reasons for this with a view to sharing lessons learned.

Additionally, Dr Cowan led the NHS Board through the following challenges currently being addressed:-

- The most recent release of the Hospital Standardised Mortality Ratio (HSMR) had reinforced ongoing work in an acute hospital service. During the most recent production of the HSMR, the ratio for the combined adult services at the Royal Alexandra Hospital and Vale of Leven Hospital had been flagged up, when compared to other acute hospitals in NHS Scotland, as having a HSMR that was not showing improvement in line with the expected aim.

- NHS Greater Glasgow and Clyde measured adverse events using the Global Trigger Tool (GTT) review process as part of SPSP because part of the ongoing challenge was in generating adequate detection rates and there was now a problem with the retention of reviewers. The GTT continued to falter in a number of sites due to the time constraints on the staff undertaking the reviews.

- The congestive heart failure workstream was launched earlier this year but after initial review work and experience of early implementation, the support to the programme extension was to be considered more fully.

In response to a question from Mr Robertson regarding the HSMR ratio, Dr Cowan confirmed that the Information Services Division had developed this as part of the Quality Improvement Framework linked to the SPSP. As part of the SPSP aims, the NHS Board was expected to generate a 15% reduction in HSMR by December 2012. Although some anomalies still existed with this ratio, improvements were being made all the time and Dr Cowan acknowledged that the HSMR was a tool to generate further improvements.

Dr Cowan expanded further on the GTT and explained that improvements were being seen across NHS Greater Glasgow and Clyde but that, as its primary aim was as an alert system, staff scoring was difficult and inconsistent and, as such, it was not recording what it should.

Mr Williamson recorded the very encouraging findings from the Royal Alexandra Hospital and referred, in particular, to their palliative care services where staff had received plaudits at a national level. In commending progress in relation to SPSP, he highlighted the importance of being able to measure "quality of life" in these processes. Dr Cowan agreed and explained that the Quality Strategy went some way to look at this from a patient's perspective and ongoing discussions were taking place with the Scottish Government Health Directorates to address this.

NOTED

117. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

A report of the Medical Director [Board Paper No. 10/57] 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.

Dr Cowan explained that the report presented data on the performance of NHS Greater Glasgow and Clyde on a range of key HAI indicators at national and individual hospital site level and the template used was that specified by the Scottish Government Health Directorates.

Dr Cowan highlighted four key Healthcare Associated Infection headlines for December 2010 as follows:-

- In 2007, the Scottish Government Health Directorates (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% to be achieved by the end of March 2011. The NHS Board was maintaining steady progress towards this target.

- The national report published in September 2010 (April – June 2010), showed the rate of C.difficile infection within NHS Greater Glasgow and Clyde as 0.37 per 1000 occupied bed days and clearly placed the NHS Board below the national mean of 0.46 per 1000 occupied bed days in over 65s and also below the 0.6 per 1000 occupied bed days updated HEAT Target for 2011.

- The Surgical Site Infection (SSI) rates in monitored procedures in NHS Greater Glasgow and Clyde, (for the last available quarter of 2010), remained below the national average for all categories.

- Cleanliness Champions Programme – the Cleanliness Champions Programme was part of the Scottish Government's Action Plan to combat HAI within NHS Scotland. To date, NHS Greater Glasgow and Clyde had supported 2136 members of staff who were now registered Cleanliness Champions.

Dr Cowan went on to summarise the first Annual Report, published in early November 2010, by the Healthcare Environment Inspectorate (HEI) who undertook, at least one announced and one unannounced inspection at all acute hospitals across NHS Scotland every three years. Their focus was to reduce the HAI risk to patients through a rigorous inspection framework. Dr Cowan recorded some of the key positive messages and some of the areas for improvement that were identified. He explained that NHS Greater Glasgow and Clyde had established a HEI Steering Group under the Chairmanship of the Acute Director of Nursing. This Group oversaw the implementation of the relevant QIS standards and preparation of the programme of announced inspections. The Steering Group had undertaken in-house inspections and the feedback from these requirements and recommendations from HEI reports were utilised for continuous improvement in the implementation and maintenance of standards in infection prevention and control. To date, the HEI had undertaken five announced and one unannounced inspections within NHS Greater Glasgow and Clyde.

In response to a question from Councillor Yates concerning a system to monitor the condition of trolley mattresses, Dr Cowan reported that the HEI had found either stained and/or torn mattresses which should have been replaced. He confirmed that a system was in place to now monitor the condition of trolley mattresses.

Mr P Hamilton asked about the standardised cleaning schedules for both domestic and ward staff. Dr Cowan confirmed that these were in place to ensure consistency in completion and that any recommendation made by the HEI meant that, during the inspection, the team did not see evidence of these schedules. Mrs Grant added that, internally, there were increasing reviews of cleaning schedules to ensure consistency in approach across the NHS Board's area. This was a challenge but an additional layer of peer review had been included particularly to address such areas where temporary staff may be utilised.

In response to a question from Mrs Murray, Dr Cowan reiterated that staff were responsible for their own areas in respect of infection control. This message had been reinforced strongly across NHS Greater Glasgow and Clyde.

Referring to the national and local dress code policy, Dr Cowan explained that items such as jackets, ties and jewellery should not now be worn in patient areas. Issues had mainly been identified by HEI in out-patient departments but these had been addressed.

In respect of the Statistical Process Charts (SPC), Mr Robertson recorded the significant progress being made. He asked, however, what triggered the control limit coming down. Dr Cowan explained how this was measured to reflect the expectation of continuous improvement and if the measurement was below the previous control level for 8 periods then the setting of the lower control limit could come down for that ward/unit.

NOTED

118. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No. 10/59] asked the NHS Board to note progress against the national targets as at the end of October 2010.

Mrs Grant 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.

She explained that the delivery of the waiting time targets remained a challenge in a number of specialities including orthopaedics, gastroenterology and neurosurgery. The adverse weather had also impacted upon the level of patient activity, although this was to be expected during winter and had been forecast in the NHS Board's winter planning. Similarly, significant challenges had been identified in Accident and Emergency. The key drivers for the decline in performance had been an overall increase in the number of emergency admissions compared to the same period last year (and previous months of this year); more pressure on available hospital beds due, in part, to a significant increase in delayed discharges and a resultant impact on the average length of stay. Given this, a short life working group, involving all service Directors within the Acute Services Division, was currently pursuing a detailed action plan targeted at improving overall management of capacity and demand with a view to securing improvements in unscheduled care performance.

Mrs Grant recorded the principle delay for delayed discharges had been the lack of availability of Local Authority funding for example 39 people delayed in Glasgow City Council for that reason. Mr Calderwood explained that a strong focus in finding a solution to this was being taken forward with Local Authority partners.

Given the pressures identified, particularly over the winter period, Mr Williamson asked if the NHS Board could expect to continue to receive funding from the Scottish Government Health Directorates to support waiting times targets. Mr Calderwood summarised how funding was currently received to tackle waiting list development and noted that an element of funding for this had been incorporated into the NHS Scotland allocation for 2010/11. Funding for further improvements in waiting list performance remained the subject of ongoing debate.

NOTED

119. FINANCIAL MONITORING REPORT FOR THE 7 MONTH PERIOD TO 31 OCTOBER 2010

A report of the Director of Finance Board Paper No. 10/60] asked the NHS Board to note the Board's financial performance for the first seven months of the financial year and its assessment of its mid-year financial performance.

Mr Griffin explained that the NHS Board was currently reporting an expenditure outturn of £4.8M in excess of its budget for the first seven months of the year. At this stage, however, the NHS Board considered that a year end breakeven position remained achievable. Mr Griffin reported that the end of November 2010 outturn (reported on 20 December 2010 to the Scottish Government Health Directorates) was £4.3M in excess of budget which represented a modest improvement on the position reported at the end of October 2010.

Mr Griffin outlined some of the reasons for the NHS Board's reported expenditure being ahead of budget and explained that, looking forward, there were some additional cost pressures which would have a bearing on the 2010/11 outturn. In addition, there was likely to have been a financial impact from the last four weeks of inclement weather and this had yet to be assessed.

In terms of the level of capital expenditure, this was in line with plans and reflected the timing of the expenditure across a wide range of programmes. When the 2010/11 capital plan was approved, the NHS Board identified a level of expenditure slippage (£18M) which would be required to enable it to remain within its Capital Resource Limit for the year. The trend of expenditure incurred to date confirmed it was reasonable to assume that by March 2011, the actual level of slippage would be in line with expectations. Mr Griffin further commented that movement of this expenditure into 2011/12 may present the NHS Board with a significant challenge in preparing what was an affordable Capital Plan within the context of its anticipated 2011/12 Capital Resource Limit, in the light of further reductions likely in 2011/12 capital funding levels.

Mr Griffin summarised the mid year review of the NHS Board's financial position as it related to each Divisional/Directorate's outturn, Primary Care expenditure, Agenda for Change costs, energy costs, CNORIS contributions, access funds, income from West of Scotland Health Boards and other cost pressures.

In light of the current position and these cost pressures, the NHS Board had been investigating options for addressing this additional financial challenge so that it was able to confirm whether it would continue to forecast a breakeven outturn for the year.

Mr Lee was encouraged to hear of the decrease in reported overspend from October to November 2010. He was appreciative, however, of the huge challenge that lay ahead but was reassured to see the additional measures being considered to address this during the remainder of 2010/11. Mrs Grant confirmed that work was ongoing within the Acute Services Division to address internal cost pressures

Mrs Benton asked if the four weeks adverse weather, and associated energy costs, had any financial impact. Mr Griffin responded by confirming that £1M winter pressure monies had been built into the 2010/11 forecast outturn to take cognisance of this.

Mr Williamson commended the work of Mr Griffin and his team in meeting the financial challenges so far. He recognised that the financial challenge going into 2011/12 would be even more significant. Mr Griffin agreed that the financial pressures going forward would be greater and confirmed that further discussions would be held with NHS Board members during the forthcoming period as the NHS Board develops its financial plan for 2011/12.

NOTED

120. PATIENT PRIVATE FUNDS – ANNUAL ACCOUNTS 2009/10

A report of the Director of Finance [Board Paper No. 10/61] asked the NHS Board to adopt and approve for submission to the Scottish Government Health Directorates the 2009/10 Patients Private Funds Annual Accounts for NHS Greater Glasgow and Clyde.

Mr Griffin advised that the NHS Board held the private funds of many of its patients, especially those who were in long term residence and who would have no ready alternative for the safe-keeping and management of their funds. Each of the Board's hospitals had arrangements in place to receive and hold and, where appropriate, manage the funds of any patients requiring this service. Any funds that were not required for immediate use were invested to generate interest which was then distributed to the patients' accounts based on each individual's balance of funds held.

NHS Boards were required to submit audited annual accounts for these funds in the form of an Abstract of Receipts and Payments to the Scottish Government Health Directorates. The funds had been audited and now required NHS Board approval prior to the auditors then signing their report, which had no qualifications.

DECIDED

1. That the Patients' Private Funds Annual Accounts for 2009/10 be adopted and approved for submission to the Scottish Government Health Directorates. **Director of Finance**

2. That the Director of Finance and Chief Executive be authorised to sign the Abstracts of Receipts and Payments for 2009/10. **Director of Finance/Chief Executive**

3. That the Chair and Director of Finance be authorised to sign the Statements of Board Members' Responsibilities for 2009/10. **Chair/Director of Finance**

4. That the Chief Executive be authorised to sign the Letter of Representation to KPMG LLP on behalf of the NHS Board. **Chief Executive**

121. QUARTERLY REPORT ON COMPLAINTS – 1 JULY TO 30 SEPTEMBER 2010

A report of the Head of Board Administration, Chief Operating Officer (Acute Services Division) and Director of Glasgow City CHP [Board Paper No. 10/62] asked the NHS Board to note the Quarterly Report on NHS Complaints in NHS Greater Glasgow and Clyde for the period 1 July to 30 September 2010.

Mr Hamilton summarised the commentary and statistics on complaints handling throughout the NHS Board's area for the period July to September 2010. He reported that, in terms of performance, the NHS Board responded to 70.5% of all complaints within 20 working days.

Arrangements were being finalised to distribute a revised complaints policy, staff guidance, leaflets and posters as well as finalising the complaints section of the NHS Board's website. Staff awareness of the revised policy would be undertaken throughout the early part of 2011. Mr Hamilton further explained that it was planned to reduce the number of published entry points for individuals wishing to gain advice on making a complaint in order to simplify the process whilst encouraging staff at all levels within the organisation to take ownership for responding to areas of dissatisfaction. This dual approach should make the complaints process more accessible in accordance with the Accessible Information Policy recently launched.

Mr Hamilton reported that Service Level Agreements between NHS Boards and the Independent Advice and Support Service (IASS) expired on 31 March 2011 in anticipation of the new Patients Advice and Support Service (PASS) commencing on 1 April 2011. The NHS Board awaited further information from the Scottish Government in relation to the implementation of PASS given that it was a key element of the Patients Rights (Scotland) Bill.

NOTED

122. 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. 10/63] 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 ten 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**

123. INVOLVING PEOPLE COMMITTEE MINUTES: 20 SEPTEMBER 2010

The Minutes of the Involving People Committee meeting held on 20 September 2010 and [IPC(M)10/04] were noted.

NOTED

124. AREA CLINICAL FORUM MINUTES: 7 OCTOBER 2010

The Minutes of the Area Clinical Forum meeting held on 7 October 2010 [ACF(M)10/05] were noted.

NOTED

125. PHARMACY PRACTICES COMMITTEE MINUTES: 27 OCTOBER 2010, 4 NOVEMBER 2010 AND 22 NOVEMBER 2010

The Minutes of the Pharmacy Practices Committee meetings held on 27 October 2010 [PPC(M)10/07], 4 November 2010 [PPC(M)10/08], and 22 November 2010 [PPC(M)10/09] were noted.

NOTED

126. PERFORMANCE REVIEW GROUP MINUTES: 16 NOVEMBER 2010

The Minutes of the Performance Review Group meeting held on 16 November 2010 [PRG(M)10/06] were noted.

NOTED

The meeting ended at 11:05 a.m.