NHSGG&C(M)11/03
Minutes: 42 - 65

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, 28 June 2011 at 9.30 am**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Ms M Brown	Councillor B Lawson
Mr R Calderwood	Councillor R McColl
Dr B N Cowan	Councillor J McIlwee
Ms R Crocket	Rev Dr N Shanks
Mr P Daniels OBE	Mr D Sime
Dr L de Caestecker (to Minute No.54)	Mrs E Smith
Ms R Dhir MBE	Mrs P Spencer
Prof A Dominiczak	Councillor A Stewart
Mr I Fraser	Mr B Williamson
Mr D Griffin	Mr K Winter
Dr M Kapasi MBE	Councillor D Yates

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

Mr B Gillespie	..	Audit Scotland
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, Glasgow City CHP
Mr P James	..	Director of Finance (Designate)
Mr D McConnell	..	Audit Scotland
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr J Rundell	..	Audit Scotland

ACTION BY

42. WELCOME AND APOLOGIES

Mr Robertson welcomed the two newly appointed non executive members, Mrs P Spencer (Chair, Area Clinical Forum) and Councillor B Lawson (Leader, Renfrewshire Council). He also introduced Mr P James, Director of Finance (Designate), recently appointed to replace Mr D Griffin.

Apologies for absence were intimated on behalf of Dr C Benton MBE, Mr G Carson, Councillor J Coleman, Mr P Daniels OBE, Councillor J Handibode, Mr I Lee, Mrs J Murray and Dr R Reid.

Mr Robertson sought and received members approval to re-order the agenda and consider Item Number 23 "Freedom of Information Monitoring Report for the Period 1 April 2010 to 31 March 2011" following agenda Item Number 15 "Quarterly Reports on Complaints – 1 January 2011 to 31 March 2011".

43. CHAIR'S REPORT

(i) Mr Robertson thanked all members who had expressed an interest in the roles of Vice Chair and Chairs of some of the NHS Board's Standing Committees. The following appointments had been made:-

- Chair of the Quality and Performance Committee and Vice Chair of the NHS Board – Mr I Lee.
- Chair of Glasgow CHP Committee – Mr P Daniels.
- Chair of the Audit Committee – Mr K Winter.
- Joint Chair of the Staff Governance Committee – Councillor R McColl (the other Joint Chair being Mr D Sime).

He also outlined the membership of the new Quality and Performance Committee which included six representatives from the Partnerships (Mr P Daniels, Ms R Dhir, Dr C Benton, Mr B Williamson, Councillor D Yates and Councillor J McIlwee), the Chair, Staff Governance Committee (Councillor R McColl), the Employee Director (Mr D Sime), the Chair, Audit Committee (Mr K Winter), the Chair, Area Clinical Forum (Mrs P Spencer) and two non executive members (Ms M Brown and Mr I Fraser).

(ii) Mr Robertson thanked members who had agreed to participate in the Acute Services Directorates Walk-arounds. This was a new arrangement whereby a non executive member joined a group of Senior Managers and it provided a useful insight into the operational activities of the various Acute Services Directorates as well as infection control monitoring and compliance.

(iii) Mr Robertson reported that his appraisals of the non executive members were almost complete. He recorded his appreciation of the level of engagement and input from members which had been very positive and useful.

(iv) Mr Robertson had attended a number of meetings of the Glasgow Centre for Population Health Board. The Centre was currently subject to a review of Government funding and, although, as yet, no outcome had been received, there was a real appreciation of the contribution and areas of work led by the Centre and its Board and Mr Robertson hoped this would continue.

(v) On 16 May 2011, Mr Robertson had hosted a Board reception for retiring NHS Board members to acknowledge their commitment and contribution to the work of the NHS Board throughout their periods of office.

(vi) On 1 June 2011, Mr Robertson had attended the opening of the Marie Curie Hospice by HRH Prince Charles. He commended this new building and also the opportunities it afforded in terms of development of the services provided. On a similar theme, Mr Robertson referred to the NHS Scotland Chairs Group meeting held with the Cabinet Secretary on 23 May 2011 where the Cabinet Secretary placed an emphasis on the importance of cancer care and achieving higher rates of early detection.

Plans for this were not yet finalised and it would be important that the NHS Board share more widely its experience in the West of Scotland with a view to achieving the best results for patients.

(vii) On 14 June 2011, Mr Robertson and Councillor Yates visited the new South Side Hospitals site. They had been impressed with the excellent progress and cost control of the programme to date. He also alluded to much of the community engagement work that had been undertaken particularly with schools and employment agencies.

NOTED

44. CHIEF EXECUTIVE'S UPDATE

(i) On 10 May 2011, Mr Calderwood had met with the Principal and Senior Academics of Strathclyde University as part of a series of regular meetings.

(ii) On 11 May 2011, Mr Calderwood, accompanied by Mrs J Grant, Mr A McIntyre and Mr A Seabourne, visited Peterborough District General Hospital where Brookfield Multiplex Construction Europe Ltd had completed and handed over a PFI project. As Brookfield was the appointed builder for the new South Side Hospitals, this provided an opportunity to look at operational planning and service redesign benefits.

(iii) On 17 June 2011, Mr Calderwood had attended the "Scottish Leaders Forum 2011". This was chaired by the Permanent Secretary, Sir Peter Housden and brought together Chief Executives of the various Public Sector bodies across Scotland.

(iv) On 23 June 2011, Mr Calderwood, accompanied by Ms A Harkness, attended a Lightburn Hospital Public Meeting held in St Andrew's Secondary School. This had been well attended and a broad range of issues discussed concerning the NHS Board's proposals for Lightburn Hospital.

NOTED

45. MINUTES

On the motion of Dr M Kapasi, seconded by Councillor D Yates, the Minutes of the NHS Board meeting held on Tuesday 19 April 2011 [NHSGG&C(M)11/02] were approved as an accurate record and signed by the Chair.

NOTED

46. MATTERS ARISING FROM THE MINUTES

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

NOTED

47. SCOTTISH PATIENT SAFETY PROGRAMME UPDATE

A report of the NHS Board's Medical Director and Head of Clinical Governance [Board Paper No. 11/22] 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 had also developed SPSP style improvement programmes in Paediatrics and Mental Health Services in 2010 and was working towards Primary Care and Obstetrics in 2011.

Dr Cowan led the NHS Board through the key progress points explaining that NHS Greater Glasgow and Clyde believed it now met the conditions for Level 3.5 on the national assessment scale and continued to seek clarity from the national SPSP Team on this issue. He reported that the NHS Board had demonstrated sustained reliability in a pilot population for all elements in the programme and the spread of these tested and reliable care processes was underway. The contract for technical partners (Institute for Healthcare Improvement), however, had elapsed and while it was being reappointed, there was limited potential for the review process to endorse a changed assessment level.

There were currently 280 clinical teams from wards, theatres, critical care, and high dependency now contributing to the national safety programme in the core programme related to adult health. There was, in addition, a maturing paediatric programme well underway and detailed development planning of an SPSP style programme for primary care had commenced. One challenge for the NHS Board over the next two years, was in spreading the reliable practices to all applicable clinical teams. Given this, a risk assessment of SPSP aims and requirements, to be met by December 2012, had been concluded and was currently being reviewed by the Acute Services Division.

There was an SPSP Faculty site visit on 8 June 2011, hosted at Glasgow Royal Infirmary. The visit provided an opportunity for national support staff and leads from other NHS Boards to explore the progress being made in NHS Greater Glasgow and Clyde's implementation programme. Local clinical leads from each workstream took part in active discussions with the visitors. The overall feedback from the visiting team was very positive with a strong message encouraging NHS Greater Glasgow and Clyde to more effectively share quality improvement experiences with other parts of NHS Scotland. A detailed feedback report was due at the end of June 2011 that would allow more specific consideration of any adjustments to the current implementation plan.

In terms of the action plan for improving the Hospital Standardised Mortality Ratio (HSMR) data for the combined adult services at the Royal Alexandra Hospital and Vale of Leven Hospital, Dr Cowan reported that this was still progressing. There was a lag in the data so the impact of any improvements could not yet be explored. Dr Cowan, however, summarised the most recently released data set.

Councillor Yates was pleased to note the improvements made and questioned whether there was a robust enough programme in place to test progress. Dr Cowan considered the analysis to be rigorous over the whole programme as undertaken by the American company, Institute for Healthcare Improvement (IHI). It was responsible for analysing the data and uploading results to its website for viewing and comparing/contrasting with other NHS Boards. In terms of the Hospital Standardised Mortality Ratio (HSMR), this was measured by the Information Services Division (ISD). Some early evidence suggested that the quality of coding was affecting the HSMR results and the accuracy of this was being looked at across the whole of NHS Scotland to understand better the interpretation of the hospital based data. In response to a question from Councillor McColl regarding the issue of the HSMR data by ISD, Dr Cowan explained that although there was currently a six month delay, ISD remained hopeful that they could reduce this to 3 months.

In response to a question from Mr Williamson regarding the benefit versus cost implications of continuing the Global Trigger Tool (GTT) as the validated measure of adverse event rates, Dr Cowan explained that the NHS Board was exploring a number of improvements on operating this tool but was finding it increasingly challenging to justify its ongoing use especially in light of other better performing tools. One particular challenge was in obtaining useful information for a Board area this size.

Dr Kapasi asked about the surgical pause process in the peri-operative theatre teams. Dr Cowan confirmed that this involved all staff working in a theatre and took place at the beginning of each theatre case.

NOTED

48. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

A report of the Medical Director [Board Paper No. 11/23] 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 June 2011 as follows:-

- In 2007, the Scottish Government Health Directorates issued HEAT targets in relation to Staphylococcus Aureus Bacteraemias (SABs) in which NHS Greater Glasgow and Clyde successfully reduced by 35% in April 2010. This target was extended by an additional 15% reduction to be achieved by the end of March 2011. Local infection control surveillance data indicated that NHS Greater Glasgow and Clyde had achieved this reduction, however, this was still to be validated by Health Protection Scotland. The revised national HEAT target required all Boards in Scotland to achieve a rate of 0.26 cases per 1000 Acute Occupied Bed Days (AOBDs), or lower, by 31 March 2013. For the last available reporting quarter (October – December 2010), NHS Greater Glasgow and Clyde reported 0.348 cases per 1000 AOBDs with NHS Scotland reporting an average of 0.368 per 1000

AOBDs. The revised target would be a challenging one as analysis of these infections had highlighted that a significant number originated in the community. Dr Cowan confirmed that subsequent reports would update on the NHS Board's progress towards this challenging target. **Medical Director**

- The national report published in April 2011 (October – December 2010), showed the rate of C.difficile infection within NHS Greater Glasgow and Clyde as 0.32 per 1000 occupied bed days. This clearly placed the NHS Board below the national mean of 0.34 per 1000 occupied bed days in over 65s and also below the 0.6 per 1000 occupied bed days updated HEAT target for 2011. Health Protection Scotland validated data was still to be published for the first quarter of 2011 but local infection control surveillance data indicated that NHS Greater Glasgow and Clyde had also met this HEAT target. The revised target in patients aged 65 and over, to be attained by 31 March 2013, was 0.39 cases per 1000 total occupied bed days.

- The Surgical Site Infection (SSI) rates in monitored procedures in NHS Greater Glasgow and Clyde, (for the first quarter of 2011), 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 2273 members of staff who were now registered Cleanliness Champions.

Dr Cowan confirmed that, at the request of NHS Board members, HAIRT reports now included a glossary of terms.

In response to a question, Dr Cowan explained that the most common use for Statistical Process Charts (SPCs) in infection control practice was in relation to healthcare acquired MRSA and C.difficile. He led the NHS Board through how these calculations were made; based upon the ward/unit's historical infection rate to produce three lines, the upper and lower control limits and the centre line (mean). The setting of the upper control limit allowed the local teams to "trigger" actions promptly in response to any increase in the number of patients identified. Similarly, if a ward/unit met the lower control limit 8 consecutive times, then the line could be lowered and Dr Cowan outlined the circumstances when this was undertaken.

Mrs Spencer asked where data on the Stobhill Mental Health wards was currently included. Dr Cowan agreed to clarify this in his next report to the NHS Board in August 2011. **Medical Director**

In reviewing the "report card" on page 29 of the NHS Board papers on Stobhill Hospitals, Ms Brown enquired as to why the data provided for infection information was sitting at zero from March 2011 onwards. Dr Cowan explained that this was because, as of April 2011, only two in-patient wards remained on the Stobhill campus following the moves of the majority of in-patient services to the Glasgow Royal Infirmary site.

NOTED

49. CHILD HEALTHY WEIGHT

A report of the Director of Public Health [Board Paper No. 11/24] asked the NHS Board to note health improvement activity to tackle obesity in children, particularly in respect of initial success associated with achievement of the HEAT target and the findings from the "Big Eat In" evaluation.

Dr de Caestecker reported that Scotland, like many other western countries, was experiencing rising levels of overweight and obesity in both adults and children. The National "Obesity Route Map" identified the requirement to establish life long habits and skills for positive health behaviour and early life intervention was a key strand to addressing this epidemic. In 2008, the prevalence of Scottish children who were overweight was estimated to be 21.1%. Population modelling work for Greater Glasgow and Clyde showed that an estimated 33,000 children were likely to be overweight with 4,500 children likely to be very overweight. Dr de Caestecker described newly developed healthy weight interventions for children and also the "Big Eat In" an initiative in Glasgow to pilot a school lunchtime "stay on site" initiative which was implemented in eight Glasgow Secondary Schools by Glasgow City Council during the 2009/10 academic year. The overall aim of this pilot was to encourage Secondary 1 (S1) pupils to stay within school at lunch time, enjoy a healthy school lunch and have the opportunity to take part in a lunch time activity.

In respect of the HEAT target, the aim was to reduce the number of children outwith a healthy weight range and to target children aged 5 – 15 years, with a BMI (Body Mass Index) over the 91st centile (when a child was identified as being overweight). The target for NHS Greater Glasgow and Clyde between 2008 and 2011 was 850 completers. Dr de Caestecker outlined the community based interventions and programme undertaken to deliver this and reported 856 completers in the period. She also highlighted a number of other headline findings from this analysis and explained that, in addition to the number of completers, a number of benefits had also been demonstrated by the programme including an increasing number of families looking for support to address childhood obesity.

Dr de Caestecker summarised the findings from implementation of the "Big Eat In" where eight Secondary Schools volunteered to participate in providing a positive incentive for S1 pupils to remain on the school premises, offering a broad range of lunchtime activities, including physical activities, arts and crafts, access to school libraries and the provision of informal social space. Prior to the implementation of this, Glasgow City Council introduced a new licensing policy regarding street traders operating near secondary schools. This licensing policy, introduced in January 2009, restricted the sale of any food and/or soft drinks by street traders within 300 metres of any school. The pilot had been very successful in encouraging S1 pupils to stay within school at lunchtime and school meal uptake rates by S1 pupils remained higher than the previous year. S1 pupils were positive about their experience of the pilot and were in favour of it being extended to other secondary schools. The eight secondary schools that participated had continued to implement an S1 stay on site lunchtime policy during this academic session. In addition, several other Glasgow secondary schools had introduced stay on site policies.

In concluding, Dr de Caestecker explained that childhood obesity in Greater Glasgow and Clyde was being tackled through the development of an effective family based healthy weight intervention along with schools based approaches to encourage healthy school meals and also classroom based interventions. The development of a quality assured childhood obesity intervention had been challenging and realistic timelines for service development should be recognised. The HEAT target, however, had successfully catalysed service capacity and partnership working across all local areas and this targeted service would continue to develop linked to more universal approaches.

In response to a question from Councillor Stewart regarding follow up from the "Active Children Eating Smart" programme (ACES), Dr de Caestecker reported that after the community based 12 week programme, another 12 weeks of less intensive intervention was ongoing to provide continued support for families.

Mr Sime suggested an audit, in future years, to measure sustainability of the ACES programme and Dr de Caestecker agreed this would be useful.

Councillor McColl asked how much of this work was done alongside parents. Dr de Caestecker confirmed that parents had been actively involved in the project and this had made it more effective in changing a family's eating habits. Case study information was available and Dr de Caestecker alluded to very positive feedback from parents who had been involved in the programme. She responded to a number of questions concerning the physical activity levels of school children and families and recognised that increased uptake in this led to an increase in quality of life.

Councillor Stewart alluded to some examples where schools had reduced their lunch hour and had provided an option to increase physical education activity. Dr de Caestecker agreed that if this initiative had been successful there could be learning for other areas.

NOTED

50. STATEMENT ON INTERNAL CONTROL 2010/2011

A report of the Convener of the Audit Committee [Board Paper No. 11/25] 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 2010/2011. Subject to approval of the report, the NHS Board was asked to authorise the Chief Executive to sign the Statement of Internal Control 2010/2011 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 7 June 2011, received a report which provided members with evidence to allow the Committee to review the NHS Board's System of Internal Control for 2010/2011. 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 2010/2011 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 Mr D Griffin, Director of Finance; Mr A Lindsay, Financial Governance and Audit Manager; Mr P 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 2010/2011.

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**

51. STATEMENT OF ANNUAL ACCOUNTS 2010/2011

A report of the Director of Finance [Board Paper No. 11/26] asked the NHS Board to adopt and approve, for submission to the Scottish Government Health Directorate (SGHD), the Statement of Accounts for the financial year ended 31 March 2011.

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.

(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 met on 21 June 2011 when they received confirmation from the external auditors of their final audit opinion. Mr McConnell confirmed the Audit opinion.

The Audit Committee considered the Directors Report at its meeting on 7 June 2011 and the final draft set of accounts at its meeting on 21 June 2011. Consequently, the Audit Committee confirmed to the NHS Board that they recommended that the NHS Board adopt the draft accounts for the year to 31 March 2011.

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 ended 31 March 2011. Mr Griffin went on to summarise the main issues raised within 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 2011.

DECIDED

(i) That the Statement of Accounts for the financial year ended 31 March 2011 be adopted and approved for submission to the Scottish Government Health Directorates. **Director of Finance**

(ii) That the Chief Executive be authorised to sign the Director's report, the Remuneration Report, the Statement of the Chief Executive's responsibilities as the accountable officer of the Health Board and the statement on Internal Control. **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**

(v) That the Chief Executive and Director of Finance be authorised to sign the Balance Sheet. **Chief Executive/ Director of Finance**

52. FINANCIAL PLAN 2011/12

A report of the Director of Finance [Board Paper No. 11/27] was submitted providing an overview to the NHS Board of the key elements within the Financial Plan, highlighting key assumptions and risks and explaining how it was proposed to address the cost savings challenge which the NHS Board faced in order to achieve a balanced financial outturn in 2011/12.

The NHS Board had submitted a draft Financial Plan to the SGHD in March 2011 as required, as part of its Local Delivery Plan submission. At that stage, it had not concluded preparation of a cost savings plan for 2011/12. This had now been finalised so it was possible to submit a proposed financial plan, which compromised firm figures for 2011/12 with indicative figures for future years, to the NHS Board for its review and approval.

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

- At 31 March 2011, the NHS Board's recurring expenditure commitments exceeded its recurring funding by £2M. Going into 2011/12, the requirement to identify additional funding to cover, firstly, the full year effect of the increase in the VAT rate in 2011/12 and, secondly, the NHS Board's share of sharply increased annual expenditure levels across NHS Scotland on the settlement of clinical/medical negligence claims (which were forecast to continue in future years), had added £12M to the Board's financial challenge for 2011/12.

This meant that the overall "legacy" financial challenge from 2010/11 to 2011/12 was, in effect, a recurring excess of recurring expenditure over recurring finding of £14M.

- The SGHD had confirmed that, nationally, funding to territorial Health Boards would increase by £232M, or 3.2%, in 2011/12.

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 2011/12. Mr Griffin provided a summary of the cost savings plan explaining that the Corporate Management Team (CMT) had been working throughout most of 2010/11 on its development. Some elements derived from the ongoing implementation of initiatives and processes started in previous years while other elements were new and reflected opportunities for cost improvement. In approaching this task, the CMT had sought to identify opportunities for cost improvement which were capable of enhancing and not diluting service quality. Given this, the CMT had focussed on identifying realistic opportunities for productivity improvement, the elimination of waste and increasing efficiency.

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 2012/13 and described the assumptions and financial challenges that the NHS Board may face.

In responding to a number of questions the following matters were clarified:-

- NHS Greater Glasgow and Clyde, like all public services, had to deliver efficiency savings. As a result of this, a number of service reviews were underway. One example of this was, in respect of the potential to relocate the in-patient paediatric service from the Royal Alexandra Hospital to Yorkhill Hospital. This would be explored as part of the process of clinical and financial review. If the conclusion of that review was that there was a case for change, there would be public engagement and consultation before a final decision was reached. The out-patient and community paediatrics services, which saw most of the patients in Paisley, was not under review.
- The current Government had been elected for a 5 year term. Part of their manifesto was that public sector services should achieve a 3% per annum efficiency saving going forward, therefore the NHS Board was engaging with all staff to identify cost saving proposals. As these were worked through, the NHS Board would continue to work on alternative proposals to manage the risk in the event that savings were not delivered as expected.
- During 2010/11, there had been an increase in the number of staff earning over £50,000 per annum from the previous year. This had been as a result of the Agenda for Change inflation increase paid to staff as well as those who received incremental progression.
- The SGHD funded around £20M growth in expenditure across NHS Scotland in 2010/11 on the basis that Health Boards make provision to cover these elevated cost levels from 2011/12 onwards.

In response to a question from Councillor Yates, Mr Griffin explained that the financial projections assumed that a cost savings plan of £8.1M would be successfully implemented during 2011/12 containing overall net prescribing expenditure growth within an overall envelope of £14.3M.

This represented a significant challenge for the NHS Board, however, the level of detailed work underpinning these projections of cost increases and cost savings, which had been prepared by the NHS Board's prescribing advisors for 2011/12, together with extensive collaboration which had taken place across both Acute and Primary Care in arriving at these cost projections, provided a reasonable level of assurance regarding their robustness. In response to a further question from Councillor Stewart regarding the abolition of prescription costs in Scotland, Mr Griffin clarified that this was already in the projections and its impact, in terms of trends, volume and movement in prices would be monitored.

Returning to an earlier point and on further questioning from Councillor Lawson regarding the Royal Alexandra Hospital in-patient paediatric service, Ms Renfrew outlined, in further detail, how engagement with stakeholders would be undertaken prior to the launch of any formal consultation before being reported back to the NHS Board with a recommendation being made thereafter to the Cabinet Secretary.

DECIDED

That the financial plan – 2011/12 be approved. **Director of Finance**

53. PROPOSED CAPITAL PLAN 2011/12

A report of the Director of Finance [Board Paper No. 11/28] was submitted setting out how the NHS Board planned to deploy its allocation of capital funds in 2011/12 noting that further discussions would be held with the SGHD during the year ahead in relation to the level of capital funding for 2012/13 onwards.

Mr Griffin advised that it would be anticipated that the Corporate Management Team would be delegated the authority to allocate any additional available funds against the 2011/12 Capital Plan throughout the year.

During 2010/11, the NHS Board had worked with the SGHD to confirm the level of capital funding which was likely to be available for the period of 2011/12. These discussions had enabled the NHS Board to agree with the SGHD a firm capital funding allocation against which it could plan for 2011/12. Discussions in relation to the level of Capital Funding that would be available from 2012/13 would continue with the SGHD throughout the forthcoming year. Mr Griffin explained that funding for 2011/12 would comprise four elements as follows:-

- Ringfenced funding for specific projects.
- Funding for existing legal and other irrevocable commitments previously entered into by the NHS Board.
- Funding returned by the NHS Board to the SGHD during 2010/11 to support them in managing capital expenditure within available funding across NHS Scotland as a whole in 2010/11 – the SGHD had confirmed that this would be available to the NHS Board in 2011/12.
- The NHS Board's share of new National Capital Funding for 2011/12, made available on a formula basis to all Health Boards.

In addition to these allocations, the NHS Board anticipated a capital receipt of £400,000 in 2011/12. The resultant forecast total capital resources which would be available to the NHS Board in 2011/12, therefore, amounted to £248.4M.

In response to a question from Councillor Yates, Mr Griffin clarified that the "brokerage" of £9M represented the reprovision by the Scottish Government Health Directorate in 2011/12 of funds which were returned to the SGHD at the end of 2010/11.

Mr Winter asked how the capital allocation would be used in managing the NHS Board's assets. Mr Calderwood confirmed that the NHS Board's current strategies saw the vacation of some older parts of accommodation and, in doing so, the category of utilised estate in Acute Services would improve. Similarly, the property asset management strategy would help identify priorities in terms of the NHS Board's overall estate and its usage.

DECIDED

- That the proposed allocation for 2011/12 be approved. **Director of Finance**

- That further discussions would be held with the SGHD during the year ahead to identify the level of capital funding to be allocated for 2012/13 onwards be noted.

- That the Corporate Management Team be delegated the authority to allocate any additional available funds against the 2011/12 capital plan throughout the year. **Director of Finance**

54. NHS GREATER GLASGOW & CLYDE POSITION WITH REGARD TO THE CONCLUSIONS AND RECOMMENDATIONS FROM TWO NATIONAL INQUIRIES INTO CHILD FATALITIES: BABY P AND BRANDON LEE MUIR

A report of the Board Nurse Director [Board Paper No. 11/29] asked the NHS Board to note progress in NHS Greater Glasgow and Clyde with regard to the conclusions and recommendations from two National Inquiries into child fatalities: Baby P and Brandon Lee Muir.

Ms Crocket summarised progress within NHS Greater Glasgow and Clyde with regard to the conclusions and recommendations made in both national inquiries. Many areas overlapped and centred around appropriate arrangement for the evaluation and sharing of information. She reported that the NHS Board's Child Protection Forum continued to monitor the progress of implementing the actions and lessons learned from both cases.

In response to a question from Ms Brown about the arrangements in place for staff to attend multi-agency child protection case conferences, Ms Crocket confirmed that a further audit of invitations to child protection case conferences and attendances by health staff was currently underway. This audit was undertaken annually and reported back to the Child Protection Forum.

In response to a question concerning the sharing of information with the criminal justice system, Ms Crocket advised the preference was for information to be shared as a matter of routine, however, where concerns arose, they would be discussed at Local Child Protection Committees. This work was being taken forward locally by Child Protection Committees.

NOTED

55. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No. 11/30] asked the NHS Board to note progress against the national targets as at the end of April 2011.

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.

Mrs Grant highlighted the NHS Board's requirement to maintain a performance standard that no patient waited over 6 weeks for discharge. She acknowledged the current disappointing delayed discharge situation and reported that the Acute Services Division, CH(C)Ps and Local Authority partners were working to ensure that all patients were discharged as soon as they were clinically fit. This work was the principal focus of joint planning regarding older people and was supported by the additional "change fund" released this year to the NHS Board. In response to a question from Mr Sime, she agreed that there was a significant difference between the 2010 delayed discharge statistics and the 2011. Mr Calderwood emphasised that this was a multi-factorial difficulty and one of the reasons for this was its link to other decisions made particularly with this patient group. Ms Renfrew suggested that future reports illustrate bed days consumed by delayed discharge rather than no patient waiting over 6 weeks for discharge. **Chief Operating Officer**

In response to a question from Councillor Yates, Mrs Grant explained that in June 2011, a review of orthopaedics indicated a need to return the waiting list targets to the 12 weeks position because of the sustained level of demand being experienced by this service.

Councillor McColl suggested exploring further the promotion of the "step up/step down" service which often applied to patients and/or their families when considering choices before hospital discharge. This often allowed them to build confidence and was a step towards achieving independence following a spell in hospital. Mr Calderwood supported this initiative and described in further detail the "change fund" which essentially was a resource transfer introduced by the SGHD across Scotland to assist in the continued balance of care by enabling more older people to continue to live in their own homes as an alternative to institutional care. The fund was designed to support the development of new or extended services, either jointly or alongside services, and would reduce the pressure of demand across different areas of the NHS or Local Authorities services.

NOTED

56. QUARTERLY REPORT ON COMPLAINTS – 1 JANUARY TO 31 MARCH 2011

A report of the Head of Board Administration, Chief Operating Officer (Acute Services Division) and Director, Glasgow City CHP [Board Paper No. 11/31] asked the NHS Board to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 January – 31 March 2011.

Mr Hamilton summarised the commentary and statistics on complaints handling throughout the NHS Board's area for the period January to March 2011. He reported that, in terms of performance, the NHS Board responded to 69% of all complaints within 20 working days. Furthermore, in this period, 1 Scottish Public Services Ombudsman (SPSO) report was laid before the Scottish Parliament concerning an NHS Greater Glasgow and Clyde case. The SPSO also issued 6 decision letters, 3 relating to Partnerships and 3 relating to the Acute Services Division. Although not published on their monthly commentary, these were dealt with similarly to the formal reports as they often contained recommendations.

Mr Hamilton alluded to the transfer of responsibility for healthcare services in prisons from the Scottish Prison Service to Health Boards. As part of this, Glasgow City CHP was looking at how complaints relating to these services would be managed locally by NHS Greater Glasgow and Clyde.

In relation to the existing Independent Advice and Support Service (IASS), further information on the implementation arrangements for the new Patient Advice Support Service (PASS) was awaited from the Scottish Government. Councillor Yates was reassured that as the Patients Rights Act introduced the PASS service, there would be no lapse in service to patients as IASS became PASS.

Mr Williamson commended the service improvement information as listed in Section 4 of the report. He encouraged such information to be widely distributed throughout the NHS Board's area so that best practice/lessons could be learned.

NOTED

57. 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. 11/32] 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 fifteen 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**

58. FREEDOM OF INFORMATION MONITORING REPORT FOR THE PERIOD 1 APRIL 2010 TO 31 MARCH 2011

A report of the Head of Board Administration [Board Paper No. 11/33] asked the NHS Board to note the monitoring report on the operation of the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004 in NHS Greater Glasgow and Clyde for the period 1 April 2010 to 31 March 2011.

Mr Hamilton reported that the overall number of FOI requests received by NHS Greater Glasgow and Clyde during 2010/11 had decreased from the previous year, with 665 requests being received in 2010/11 compared to 914 requests received in 2009/10.

This represented a 27% decrease from last year but reflected broadly similar figures to 2008/09 when 628 requests were received. He further explained that the large number of requests for information received during 2009/10 were in relation to Agenda for Change and these had decreased in number during 2010/11 due to completion of the Agenda for Change process for the vast majority of staff.

Mr Hamilton led the NHS Board through a summary of the source of requests and types of information requested. Overall, 70% of Freedom of Information requests were responded to within the requirement of 20 working days. It was recognised that an improvement in performance was required in 2011/12.

Following a request for information, an applicant had the right to request a review of the NHS Board's handling of a request, if they were dissatisfied with the response received. Reviews were carried out by a non executive member of the NHS Board and 3 non executive members participated in the 8 requests for review during 2010/11.

Two decisions were issued by the Scottish Information Commissioner which related to reviews carried out during the previous reporting period of 2009/10. Neither report had made any recommendations for improvements.

NOTED

59. STAFF GOVERNANCE COMMITTEE MINUTES: 15 MARCH 2011

The Minutes of the Staff Governance Committee meeting held on 15 March 2011 [SGC(M)11/01] were noted.

NOTED

60. AUDIT COMMITTEE MINUTES: 29 MARCH 2011, 12 MAY 2011 AND 7 JUNE 2011

The Minutes of the Audit Committee meetings held on 29 March 2011 [A(M)11/02], 12 May 2011 [A(M)11/03] and 7 June 2011 [A(M)11/04] were noted.

NOTED

61. CLINICAL GOVERNANCE COMMITTEE MINUTES: 5 APRIL 2011

The Minutes of the Clinical Governance Committee meeting held on 5 April 2011 [CGC(M)11/02] were noted.

NOTED

62. AREA CLINICAL FORUM MINUTES: 7 APRIL 2011

The Minutes of the Area Clinical Forum meeting held on April 2011 [ACF(M)11/02] were noted.

NOTED

63. PHARMACY PRACTICES COMMITTEE MINUTES: 7 APRIL 2011, 21 APRIL 2011, 5 MAY 2011 AND 2 JUNE 2011

The Minutes of the Pharmacy Practices Committee meetings held on 7 April 2011 [PPC(M)11/07], 21 April 2011 [PPC(M)11/08], 5 May 2011 [PPC(M)11/09] and 2 June 2011 [PPC(M)11/10] were noted.

Councillor Yates enquired about some of the detail included in the Minutes of 21 April 2011. He would discuss this further with Mr Hamilton. **Head of Board Administration**

NOTED

64. PERFORMANCE REVIEW GROUP MINUTES: 3 MAY 2011

The Minutes of the Performance Review Group meeting held on 3 May 2011 [PRG(M)11/03] were noted.

NOTED

65. ANY OTHER BUSINESS

Mr Robertson reported that this would be the last NHS Board meeting for 2 members; Mrs E Smith and Mr D Griffin.

In October 1998 Mrs Smith had been appointed as Chair (Designate) of the South Glasgow University Hospitals NHS Trust and took over as Chair when it was formed on 1 April 1999. Following the white paper "Partnerships for Care", she became a non executive member of Greater Glasgow Health Board in 2001. Mr Robertson expressed his gratitude for her key interest in the development of the NHS Board's Acute Services Strategy. Her contribution to that work and her support of the officers had been significant and greatly appreciated over the years by the current and previous Chief Executives and many Directors. Mrs Smith had also taken on the role of chair of the Audit Committee as well as contributing significantly to many other aspects of the NHS Board's work. Her work and the many improvements brought about to patient services was commended and Mr Robertson thanked her for all the personal support and significant role she had played as the Vice Chair of the NHS Board over the years.

Mr Griffin had joined the NHS Board in 2005 as Director of Finance having been Director of Finance for Primary Care. He had brought a first class understanding of accounting and made exceptionally complex information understandable for all NHS Board members.

On behalf of the NHS Board, Mr Robertson extended his thanks and best wished to both.

The meeting ended at 12:40 p.m.