

NHSGG&C(M)12/03

Minutes: 37 – 60

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, 26 June 2012 at 09:30 a.m.**

PRESENT

Mr A O Robertson OBE (Chair)

Dr J Armstrong	Dr M Kapasi MBE
Ms M Brown	Mr I Lee
Mr R Calderwood	Ms R Micklem
Mr G Carson	Councillor J McIlwee
Mr P Daniels OBE	Councillor M Rooney
Dr L de Caestecker	Rev Dr N Shanks
Mr I Fraser (to Minute No. 50)	Mr D Sime
Mr P James	Mrs P Spencer

Mr K Winter

IN ATTENDANCE

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 K Hill	Director of Women and Children's Services (for Minute No. 45)
Ms L Kelly	Head of Policy (for Minute No. 50)
Ms S Laughlin	Head of Inequalities and Corporate Planning (for Minute No. 52)
Mr A McLaws	Director of Corporate Communications
Mr I Reid	Director of Human Resources
Ms H Russell	Audit Scotland (to Minute No. 49)
Ms G Woolman	Audit Scotland (to Minute No. 49)
Mr W S Marshall	Secretariat Officer

ACTION BY

37. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr C Benton MBE, Ms R Crocket, Prof A Dominiczak, Mr R Finnie, Councillor J Handibode, Councillor A Lafferty and Councillor M Macmillan, Dr R Reid and Mr B Williamson.

Mr Robertson welcomed Councillor M Rooney and Ms R Micklem as newly appointed members of the NHS Board and Councillor J McIlwee as a re-appointed member. He intimated that Mr R Finnie, Councillor A Lafferty and Councillor M Macmillan had also been appointed as new NHS Board members and that Councillor J Handibode had been re-appointed.

Mr Robertson also welcomed Ms H Russell and Ms G Woolman from Audit Scotland.

NOTED

38. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

39. CHAIR'S REPORT

- (i) Mr Robertson reported that he had nearly completed the Annual Appraisal Process with the non executive members of the NHS Board. The discussions had been positive and members had welcomed the revised Governance/Committee Structure; Board Seminars and in particular the involvement with the Acute Directorates Scottish Patient Safety Programme (SPSP) walk-about. There was recognition that the forthcoming integration of Health and Social Care would be challenging and require greater member input.
- (ii) On 24 April 2012, Mr Robertson had attended the non executive members regional event which had provided an update on the integration of Health and Social Care and also highlighted the non executive members intranet site.
- (iii) On 28 May 2012, the Cabinet Secretary opened the Training Centre at the new Southside Hospital, which provided further clear evidence of support from Brookfield Multiplex in delivering community benefits which had seen the employment of over 50 new apprentices.
- (iv) On 29 May 2012, Mr Robertson spoke at the Glasgow and West of Scotland Housing Association on reshaping care and health and wellbeing to support older people.
- (v) On 12 June 2012, Mr Robertson attended the Public Service Leaders Forum which had been attended by the Cabinet Secretary for Finance and Confederation of Scottish Local Authorities (COSLA). Discussion had focussed on the integration of Health and Social Care and also Community Planning Partnerships.
- (vi) On 18 June 2012, the Cabinet Secretary had visited the Royal Alexandra Hospital Intensive Coronary Unit to see the achievement gained under the SPSP. It had also given him an opportunity to acknowledge the significant efforts of the Women's Royal Volunteer Service (WRVS) in providing funding for the area used by patients.
- (vii) On 21 June 2012, Mr Robertson had attended the NHS Scotland event – Delivering Quality Through Innovation.

NOTED

40. CHIEF EXECUTIVE'S UPDATE

Mr Calderwood advised that the first round of the Organisational Performance Review process had been completed covering Acute Services and the six CH(C)Ps within the NHS Board area.

Mr Calderwood advised that he had recently met with 5 out of the 6 Chief Executives of Local Authorities within the NHS Board area. A number of matters of mutual concern were discussed including the current Scottish Government proposals to integrate adult health and social care.

NOTED

41. MINUTES

On the motion of Dr M Kapasi MBE, seconded by Mr D Sime, the Minutes of the NHS Board meeting held on Tuesday 17 April 2012 (NHSGG&C(M)12/02) were approved as a correct record and signed by the Chair.

NOTED

42. MATTERS ARISING FROM THE MINUTES

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

NOTED

43. SCOTTISH PATIENT SAFETY PROGRAMME UPDATE

A report of the NHS Board's Medical Director (Board Paper No 12/19) asked the NHS Board to review and comment on the progress achieved by NHS Greater Glasgow and Clyde in implementing the Scottish Patient Safety Programme (SPSP).

Dr Armstrong reminded the NHS Board that the overall NHS Greater Glasgow and Clyde aim was to ensure the care provided to every patient was safe and reliable and local implementation of SPSP would contribute to this aim. As had been previously reported to the NHS Board, the Acute Services Division would achieve the creation of reliable processes for 10 of the 18 relevant elements in every applicable ward/team by the end of December 2012.

The Royal Alexandra Hospital Intensive Care Unit (RAH-ICU) had hosted a recent visit from the Cabinet Secretary. A number of programme achievements were showcased and well received and the main focus had been on the exceptionally good results from the RAH-ICU which included reductions in average length of stay and improved mortality.

Reliable implementation of the Early Warning Score (EWS) Chart was an element of the SPSP general ward work stream. In order to achieve the full spread aim of more than 90% of clinical teams achieving reliability by December 2012 a number of initiatives were being introduced. The combination of these initiatives was likely to improve significantly the focus on EWS implementation and accelerate the spread.

A significant SPSP landmark had been achieved for the critical care work stream. All of the Intensive Therapy Units (ITU) had achieved the SPSP aim of a period 300 days between central line related blood stream infection. The two final areas of Southern General Hospital Surgical and Neuro ITU had just been confirmed as reaching the target level. The time between such infections indicated a major reduction in their frequency.

Teams had confirmed a notable success in achieving reliable implementation of the surgical pause SPSP peri-operative work stream. The requisite data showed a marked reduction in the frequency of operations on the wrong body part.

Within the Sepsis work stream there were now 4 active teams within acute receiving units collecting data. An additional 2 teams had been identified with the aim of having an active team on each main hospital site supported by the established NHSGGC Sepsis network. A total of 13 pilot sites had been identified across a range of specialties and hospital sites to begin testing for Venous thromboembolism in July 2012.

Medicines reconciliation had been agreed as a major priority. The Emergency Care and Medical Directorate was initiating a pilot and had plans in place to ensure all “direct admission” wards were active in medicines reconciliation. Other Directorates were following suit. An electronic medicines reconciliation form would ease the clinical work flow and would be available from July.

In response to a question from Councillor Rooney, Dr Armstrong clarified the graph relating to EWS. Ms Spencer wondered whether medicines reconciliation would be rolled out to primary care. Dr Armstrong advised that some GP practices were looking at this and this process was likely to be encouraged by more enhanced IT in the future.

Dr Shanks noted that the Acute Services Division would not achieve the creation of reliable processes for 7 of the 18 relevant elements in every applicable ward/team by the target date of December 2012 and wondered if more detailed information on the background to this process could be provided. Mrs Grant and Dr Armstrong acknowledged the point and would arrange for this information to be provided in future SPSP reports.

**Chief
Operating
Officer/
Medical
Director**

NOTED

44. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

A report of the NHS Board’s Medical Director [Board Paper No 12/20] asked the NHS Board to note the latest in the regular bi-monthly reports on Healthcare Associated Infection (HAI) in NHS Greater Glasgow and Clyde.

Dr Armstrong explained that the report represented 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 revised as specified by the Scottish Government Health Directorate (SGHD).

In 2007 the SGHD issued a Local Delivery Plan (LDP) HEAT target in relation to Staphylococcus aureus Bacteraemias (SABs) in which NHS Greater Glasgow and Clyde successfully reduced SABs by 35% by April 2010. This target was extended by an additional 15% reduction which was also successfully achieved by 31 March 2011. For the last available reporting quarter (October to December 2011) NHSGGC reported 0.296 cases per 1000 acute occupied bed days (AOBDs), NHS Scotland reported 0.322 per 1000 AOBDs. The revised national HEAT required all NHS Boards in Scotland to achieve a rate of 0.26 cases per 1000 (AOBDs) or lower by 31 March

2013. Subsequent HAIRT reports would update on the NHS Board's progress towards meeting this challenging target.

The national report published in April 2012 (October to December 2011) showed the rate of C.difficile within NHSGGC as 0.21 per 1000 occupied bed days in over 65s. This clearly placed the NHS Board below the national mean (0.28 per 1000 OBDs in over 65s) and also below the revised HEAT target for patients aged 65 and over, to be attained by the 31 March 2013 of 0.39 cases per 1000 total occupied bed days. Subsequent HAIRT reports would update on progress towards this target.

Surgical Site Infection (SSI) rates for all procedure categories apart from reduction of long bone fracture remained below the national average.

The Cleanliness Champions Programme was part of the Scottish Government's Action Plan to combat HAI within NHS Scotland. To date, NHSGGC had supported 2,687 members of staff who were now registered as Cleanliness Champions.

Dr Armstrong took members through the rest of the report focussing on hand hygiene, cleaning and the healthcare environment, outbreaks and other HAI related activity.

Mr Sime noted that NHS Boards monitored hand hygiene to ensure a zero tolerance approach to non-compliance but wondered if patients could be similarly monitored. Dr Armstrong acknowledged this point and would raise it with the NHS Board's Infection Control Group for further consideration. Ms Micklem noted that monthly audits on hand hygiene compliance were undertaken in the majority of wards and departments and wondered if these could be extended to all wards and departments. Mrs Grant explained that all wards were required to carry out their own monthly audit and the national audit programme targets specialised high risk areas.

Mr Fraser referred to the media's reporting of outbreaks which were not always entirely accurate and could lead to unnecessary public alarm. Mr McLaws advised that more pro-active education for journalists was often required and he was looking into ways of how this might be achieved. Dr Armstrong advised that NHS Boards nationally were also looking at this issue on how to ensure accurate and consistent reporting between NHS Boards during outbreak situations.

Councillor McIlwee expressed concern about the disregard of the NHSGGC No Smoking Policy on NHS premises. Mrs Grant shared Councillor McIlwee's concern. The NHS Board had concentrated on trying to get the no smoking message across but it remained a real challenge getting it accepted by some members of the general public. Dr de Caestecker pointed out that legislation may be required to prevent smoking on hospital grounds. In response to a question from Mr Lee, she confirmed that hospital patients who smoked were encouraged not to do so as part of the NHS Board's smoking cessation activities.

Dr Armstrong clarified a number of points in the report raised by Councillor Rooney. Dr Kapasi commended Dr Armstrong for producing a most comprehensive report.

NOTED

45. BREASTFEEDING CHALLENGES FOR NHS GREATER GLASGOW AND CLYDE

A report of the Director of Public Health and Director of Women's and Children's Services [Board Paper No. 12/21] asked the NHS Board to note the current position, challenges and progress in relation to breastfeeding within NHS Greater Glasgow and Clyde.

The Scottish Government's – Improving Maternal and Infant Nutrition; A Framework for Action (2011) identified actions for NHS Boards to improve breastfeeding as a fundamental component to delivering improvement in infant nutrition. Over the last 30 years breastfeeding rates at birth had gradually increased in Scotland. However a large number of women who started breastfeeding stopped even before leaving hospital or within a few days of delivery. Within NHS Greater Glasgow and Clyde breastfeeding initiation rates of 50% dropped to 38% at discharge from hospital and then to 30% at the Health Visitor first visit around 10 days after delivery and then to 23% by 6-8 weeks.

NHS Greater Glasgow and Clyde's levels closely mirror the national position and mothers in the least deprived areas were nearly three times as likely to breastfeed compared to peers in the most deprived areas. However, the overall breastfeeding rate in the most deprived areas has increased from 24 to 31% at the Health Visitor first visit over the last 10 years.

Dr de Caestecker highlighted that there were variations in breastfeeding rates across the maternity units and these could be explained in part by the demographic factors of service users in each unit. Within NHS Greater Glasgow and Clyde there had been a minimal change in total breastfeeding with less than 1% increase over the last three years at the 6 to 8 week period. Dr de Caestecker and Mr Hill set out the actions being taken to address the challenge. The Corporate Management Team had sponsored the development of an improvement programme based on service improvement methodology and techniques to analyse, diagnose and agree areas for change and development. Members were pleased to note that NHS Greater Glasgow and Clyde was the first NHS Board in Scotland to have achieved UNICEF Stage 3 accreditation for Baby Friendly Status throughout all its operational units. The emphasis was on the focussed approach to the consistent and ongoing delivery of best practice and monitoring of these standards to continue to drive further best practice. The NHS Board supported this work through recurrent funding and, in addition, was in receipt of national allocation of non recurrent funding to support improvements in breastfeeding. The desire was to secure the national funding on a recurrent basis to ensure progress was maintained to continue to support this important area of the NHS Board's work.

There were a range of questions from members and Dr de Caestecker and Mr Hill responded as follows:-

- The focus of effort and encouragement had been for many years targeted at all mothers however, the levels of breastfeeding had remained fairly static. There was, therefore, a slight skewing of effort to supporting those mothers who wished to start and maintain breastfeeding in an effort to support them in all possible ways. Initiatives were still in place, however, to support other mothers through literature and leaflets being available at nursery, schools and clinics to encourage as many people as possible in breastfeeding.
- Peer support was made available to younger mothers and this had proved helpful in the past.
- There were approximately 60 births per day within NHS Greater Glasgow and Clyde and 50% of these mothers wished to breastfeed. There was a short window of opportunity to provide that support and encouragement to those mothers and a significant amount of clinical time was spent providing that support.
- Demographic factors were an influence on breastfeeding and this was recognised as well as the ongoing targeting of the mothers at the ante-natal stage.

- There was increasing evidence of what worked in this area, although limited evidence of what the Board could be doing that it was not currently undertaking.
- The UNICEF accreditation ensured that bottle feeding kits were not handed out to new mothers within Maternity Units.
- The consistency of the message to new mothers, from the professional clinical staff, were such that the skill mix issue of who was providing that information was not considered an issue.

Members welcomed the discussion and answers provided by Dr de Caestecker and Mr Hill and encouraged all efforts to further improve breastfeeding rates within NHS Greater Glasgow and Clyde.

NOTED

46. GOVERNANCE STATEMENT 2011/12

A report of the Convenor of the Audit Committee [Board Paper No 12/22] comprising a Statement of Assurance by the Audit Committee and a Governance Statement, which was part of the Annual Accounts for 2011/12, was submitted. Subject to approval of this report, the NHS Board was asked to authorise the Chief Executive to sign the Governance Statement as the Accountable Officer.

The Director of Finance drew the NHS Board's attention to a minor textual change in the report which was agreed by the NHS Board. The Convenor of the Audit Committee, Mr K Winter, presented the report.

The Audit Committee, at its meeting on 5 June 2012, received a report which provided members with evidence to allow the Committee to review the NHS Board's system of internal control for 2011/2012. Based on the review of internal control, the Audit Committee approved both the Statement of Assurance to the NHS Board on the system of internal control within NHS Greater Glasgow and Clyde and the Governance Statement of internal control for NHS Greater Glasgow and Clyde.

Mr Winter took the NHS Board through Appendix 1 – Statement of Assurance by the Audit Committee and Appendix 2 – Governance Statement. He reported that there were no significant matters relating to the system of internal control which required to be disclosed in the Governance Statement and that the Audit Committee recommended that the NHS Board approve the Governance Statement and that this be signed by the Chief Executive as Accountable Officer.

DECIDED

1. That the Statement of Assurance from the Audit Committee be accepted and noted.
2. That the Governance Statement be approved for signature by the Chief Executive.

**Director of
Finance**

**Chief
Executive**

47. STATEMENT OF ANNUAL ACCOUNTS 201/12

A report of the Director of Finance [Board Paper No 12/23] 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 2012.

Mr James drew members attention to some minor textual changes in the Statement of Accounts which were agreed by the NHS Board. He introduced the Accounts which had previously been considered in draft form by the Audit Committee. He advised that the Revenue Resource Limit and Capital Resource Limit had both been achieved.

The Accounts were prepared, as required, to comply with the requirements of International Financial Reporting Standards (IFRS) and in a format required by SGHD, so that these could be consolidated with the accounts of other NHS Boards to form the accounts of NHS Scotland.

The Audit Committee considered the Director of Finance's report at its meeting on 5 June 2012, and the final draft set of accounts at its meeting on 19 June 2012. As a consequence, the Audit Committee could confirm to the NHS Board meeting that they recommended that the NHS Board adopt the Accounts for the year to 31 March 2012.

Mr James advised that at its meeting on 19 June 2012, the Audit Committee received confirmation from Audit Scotland of its intention to issue an unqualified opinion in respect of the financial statements, the regularity of financial transactions undertaken by the NHS Board and on other prescribed matters. Ms Woolman from Audit Scotland confirmed that audit opinion at the NHS Board meeting.

Mr James confirmed that the NHS Board's Financial Statements disclosed that the NHS 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 2012. Mr James summarised the main issues arising from his report and confirmed that Audit Scotland's opinion was that the financial statements gave a true and fair view of the Accounts.

Ms Brown referred to higher paid employees remuneration and asked that in future the salary ranges for those earning £200,000 and above be detailed in future accounts. Mr Reid clarified the position regarding the current status of the outstanding equal pay claims following a question from Ms Brown.

Mr Daniels referred to the HEAT targets listed in the Accounts and asked that next year all HEAT Targets be included. Mr James advised he would look at this for next year's Accounts.

**Director of
Finance**

In response to a number of points raised by Councillor Rooney, Mr Calderwood clarified the position in relation to the new build Southern General Hospital, the NHS pension scheme, the attendance management policy and policy for dealing with bad debts. In response to a question from Dr Kapasi, Mr Calderwood explained that the term benefits in kind primarily referred to access to the NHS Board's car leasing scheme.

Mr James took the opportunity to thank his finance staff and Audit Scotland for their assistance in producing and auditing the Accounts.

DECIDED

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| 1. That the Statement of Accounts for the financial year ended 31 March 2012 be adopted and approved for submission to the Scottish Government Health Directorate. | Director of Finance |
| 2. That the Chief Executive be authorised to sign the Director of Finance's report, the remuneration report, the Statement of the Chief Executive's responsibilities as the Accountable Officer of the NHS Board and the Governance Statement. | Chief Executive |
| 3. That the Chair and the Director of Finance be authorised to sign the Statement of NHS Board Members Responsibilities in respect of the Accounts. | Chair and Director of Finance |
| 4. That the Chief Executive and the Director of Finance be authorised to sign the Balance Sheet. | Chief Executive and Director of Finance |

48. FINANCIAL PLAN 2012/13

A report of the Director of Finance (Board Paper No 12/24) was submitted providing an overview to the NHS Board of the major 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 2012/13.

Mr James explained that the paper comprised an overview of the process used to develop the Plan; an explanation of the funding uplift that the NHS Board would receive in 2012/13; the most recent projection of the scale of financial challenge which the NHS Board would need to address if it was to succeed in managing its Revenue Resource Limit for 2012/13 and the cost savings plan for 2012/13 that would enable the NHS Board to address that financial challenge and deliver a break even financial outturn for the year.

Mr James took the NHS Board through the most salient points of the Financial Plan. The SGHD had confirmed a headline funding uplift for 2012/13 of £46.2m or 2.4%. The uplift included access funding, prisoner health care and increases to the Change Fund. These specific items reduced the discretionary uplift to £19.0m (1.0% of core funding).

Taking into account these funding movements an updated estimate of the level of financial challenge faced by the NHS Board in 2012/13 had been prepared. This figure was £59.0m and reflected updated information on uplifts, and took account of a series of expenditure projections, including pay cost growth and prescribing cost growth as detailed in the Plan. Mr James advised that since September 2011 senior managers had been working on the development of a cost savings plan for 2012/13. These proposals had been discussed with NHS Board members on several occasions and during that time some proposals had been modified reflecting feedback obtained. Proposals had now been produced that totalled £59.0m enabling the NHS Board to deliver recurring balance by the end of the financial year.

In response to points raised by Councillor Rooney, Mr Robertson explained the process around the development of the cost savings plan and Mr James explained how the NHS Board intended reducing its prescribing costs.

Mr James concluded by outlining an indication of the financial challenges facing the NHS Board in 2013/14 and beyond.

DECIDED

That the Financial Plan for 2011-2012 be approved.

**Director of
Finance**

49. PROPOSED CAPITAL PLAN 2012/13

A report of the Director of Finance [Board Paper No 12/25] was submitted setting out how the NHS Board planned to deploy its allocation of capital funds for 2012/2013 noting that further discussions would be held with the SGHD during the year ahead in relation to the level of capital funding for 2013/2014 and 2014/2015.

Mr James advised that an initial capital allocation of £333.64m for NHSGGC was confirmed by SGHD in February 2012.

Mr James referred to the proposed capital schemes and pointed out that the amounts allocated to each; acute schemes including the new Southern General Hospital - £258,857m; partnerships, mental health and oral health schemes - £50,759m; ICT schemes - £7,400m; NHS Board schemes including medical equipment - £13,287m and schemes subject to approval - £6,097m.

Ms Brown referred to the hub schemes and particularly welcomed the funding being allocated for Maryhill and Woodside Health Centres. In response to a question from Ms Spencer, Mrs Grant confirmed that robust audit mechanisms were in place for reviewing and purchasing medical equipment.

Councillor Rooney welcomed the continued commitment to invest in the Vale Centre for Health and Care and wondered whether there were any future plans to refurbish Clydebank Health Centre. Mr Calderwood explained the background to this funding stream and advised that each CH(C)P would have its own priorities for future capital spending.

Mr James confirmed that the development of the Capital Plan for next year would be incorporated into the Quality and Performance Committee process.

**Director of
Finance**

DECIDED

1. That the proposed allocation for 2011-2012 be approved.
2. That further discussions be held with the SGHD during the year ahead to identify the level of funding to be allocated for 2013/2014 and 2014/2015.
3. That the Corporate Management Team be delegated the authority to allocate any additional available funds against the 2012/2013 Capital Plan throughout the year.

**Director of
Finance**

**Director of
Finance**

50. NHS GREATER GLASGOW AND CLYDE CORPORATE PLAN 2013/2016

A report of the Director of Corporate Planning and Policy [Board Paper No. 12/26] asked the NHS Board to approve the Corporate Plan for the period 2013/16.

Ms Lorna Kelly, Head of Policy attended to present the report and advised members that its development had been discussed at the NHS Board's away day in December 2011 and also at the March and June NHS Board seminars. The purpose of the Corporate Plan was to set a clear and consistent direction for 2013/16 and drove the overall planning system including planning and policy frameworks, the development plans produced by each part of the organisation and the Board's performance systems to measure progress. Ms Kelly advised that she would be happy to discuss the plan with the new NHS Board members if that was helpful.

The plan established five strategic priorities:-

- early intervention and preventing ill-health;
- shifting the balance of care;
- reshaping care for older people;
- improving quality efficiency and effectiveness;
- tackling inequalities

The engagement process included a corporate event held for the Management Team in February 2011; discussion at the Area Partnership Forum and Area Clinical Forum and comments sought from the Professional Advisory Committees/groups; included in the February team brief to encourage staff discussion and also issued to directors and made available on Staffnet to encourage staff input.

Councillor Rooney enquired whether the plan incorporated the integration of Health and Social care and Ms Kelly confirmed that this had been covered within the Corporate Plan. Mrs Spencer welcomed the plan and the presentations and explanations provided to the Area Clinical Forum and Professional Advisory Committees/Groups on its content and strategic priorities for NHS Greater Glasgow and Clyde

DECIDED

That the Corporate Plan – 2013-16 be approved

**Director of
Corporate
Planning and
Policy**

51. CORPORATE RISK REGISTER – 2012/13

A report of the Director of Finance [Board Paper No. 12/27] asked the NHS Board to note the Corporate Risk Register – 2012/13.

Mr James advised that the Risk Management Steering Group carried out an annual review of the Corporate Risk Register and following discussion at the Corporate Management Team it was submitted for approval to the Audit Committee on 27 March 2012. The Audit Scotland – Role of Boards had recommended that the Corporate Risk Register be submitted to the NHS Board.

The Board Risk Management Strategy was based on the principle that risk management arrangements were embedded within the organisation's management arrangements, supported by a hierarchy of risk registers established throughout the organisation and with an overarching corporate level Risk Register.

Members welcomed the Corporate Risk Register and the description of controls in place to manage the identified risk.

NOTED

52. EQUALITIES LEGISLATION – NHSGGC EQUALITY SCHEME 2010/2013 : SECOND ANNUAL REPORT

A report of the Head of Inequalities and Corporate Planning [Board Paper 12/28] asked the Board to approve the Equality Scheme 2010/13; Second Monitoring Report and note the specific duties on public bodies that came out of the Equality Act 2010 (Specific Duties) (Scotland) Regulations.

Ms Laughlin advised that the monitoring report was constructed in two parts with both an internal and an external audience in mind. Firstly, the report considered progress in applying and understanding of discrimination into mainstream organisational activities in areas such as planning, performance, service management and service redesign. It highlighted the exemplar work being undertaken by the North-West sector of Glasgow CHP which was attempting to test the methodology for mainstreaming an inequalities sensitive and anti-discriminatory approach into its business. Secondly, the report described progress against the action plan using a pre-agreed set of yearly milestones as the marker.

The paper covered the incremental progress achieved over the course of the previous year with most of the identified milestones having been achieved and progress being translated with tangible outcomes for the population. The planned improvements for 2012/13 included the auditing of the current knowledge and awareness of all staff of the Equality Scheme and equality issues to provide a baseline for improvement; the development of an improvement plan in relation to the diversity of the workforce and the development of a disability awareness campaign with staff to follow this year's anti-homophobia campaign.

In relation to the duties required under the Equality Act 2010 (Specific Duties) (Scotland) Regulation 2012, Ms Laughlin implied that the NHS Board already met many of the requirements of these specific duties as the result of the way the Board currently organised its activities in relation to the compliance with the general duty of the Equality Act.

Rev Dr Shanks highlighted from the Annual Accounts that the number of disabled staff within the NHS Board's dropped from 102 in 2011 to 76 in 2012. Mr Reid, Director of Human Resources, advised that he had discussed this with Ms Laughlin. Whilst there may be some element of staff not always disclosing information about a disability, it had been his intention that the reasons for this shift be reviewed and the findings reported back to the Board at a later date.

**Director of
Human
Resources**

Ms Micklem welcomed the report which she had found helpful and informative in terms of highlighting the extent to which equalities had been mainstreamed across the work of NHS Greater Glasgow and Clyde. She asked whether arrangements were in place for the Equality Impact Assessments to be followed up to ensure recommendations were being addressed. She also enquired about the use of evidence as the basis for planning and interventions. Ms Laughlin advised that initial efforts had been made to ensure that Equality Impact Assessments were undertaken within the relevant parts of the organisation and that now her team reviewed implementation of the improvement plan after a 6 month period. She recognised there was a need to collect more qualitative information and evidence in relation to the 10 goals as set out against the Equality Scheme Action Plan in order to show the extent of peoples experience of inequality and discrimination and that this evidence could be enhanced by extending equality sensitive practice throughout NHS Greater Glasgow and Clyde. System wide evidence was a challenge and there would be a lot to learn from the experiences of the exemplar approach within the North West Sector of Glasgow CHP.

Ms Brown welcomed the report and the system wide ownership of inequalities which would see plans developed in an inequalities sensitive manner within acute and partnerships. She was concerned however, that Table 2 of the report highlighted the low levels of awareness by practitioners of what changes could be made to bring about improvements in this area. She also proposed that the percentage of BME and disabled staff against total staff be presented so the figures could be tracked over time in order to assess whether the NHS Board mirrored the community it served. Lastly, she asked if a social enterprise model for the use of retail space had been considered by the Board.

In response to these questions, Ms Hawkins hoped that the exemplar work within the North West Sector would highlight how best to engage with practitioners over the inequality issues. Mr Reid indicated that part of the workforce planning report he was preparing for the Staff Governance Committee would include information on BME and disabled staff would ensure that all members received a copy. In relation to the social firm model for retail space this was not something sponsored by NHS Greater Glasgow and Clyde however, funding grants were available and space for such projects could be made available in certain circumstances.

DECIDED

1. That the Equality Scheme 2012/13; Second Monitoring Report be approved.
2. That the issues requiring further progress in 2012/13 be noted.
3. That the Equality Act 2010 (Specific Duties) (Scotland) Regulation 2012 be noted.

**Head of
Inequalities
and Corporate
Planning**

53. DELIVERY SERVICES IN THE CMU AT INVERCLYDE ROYAL HOSPITAL

A report of the Director of Corporate Planning and Policy and Chief Operating Officer, Acute Services Division [Board Paper No. 12/29] asked the NHS Board to establish a further period of formal consultation on the future of the delivery service within the Inverclyde Community Midwifery Unit (CMU)

Mrs Grant explained the background to the Consultant Delivery Service at Inverclyde Royal Hospital (IRH), starting at the point the former NHS Argyll and Clyde Board undertook a review in 2003 of maternity services which concluded the service was not sustainable and should be developed as a Community Midwifery Unit (CMU). Women requiring consultant care would be delivered in Paisley or Glasgow. NHS Greater Glasgow and Clyde initiated a number of service reviews in 2006 and had concluded that the CMU was not viable and that women from Inverclyde should access a midwifery delivery service co-located with the consultant unit in Paisley or Glasgow. This was reported to the NHS Board in June 2007 and the Cabinet Secretary set up an Independent Scrutiny Panel (ISP) to consider this matter. The ISP concluded that the Board should consult on an option to retain the delivery service for 3 years. The NHS Board set out its preferred option of closing the service and included the ISP report in the public consultation process that followed. A recurring theme of the public consultation was that the CMU had not had time to be understood by local women and that with more time and publicity the service would attract more deliveries. At the August 2008 NHS Board meeting it was agreed to retain the Unit for a 3 year period and steps taken to positively publicise the service using posters, leaflets, special promotions, web pages and film testimonials from patients and staff. At the end of the 3 year period births had dropped from 118 in 2009; to 75 in 2010 and 66 in 2011.

Deliveries therefore had declined a further 45% over the last 3 years. The NHS Board was now seeking a further period of formal public consultation on the future of the delivery service within Inverclyde CMU.

It was emphasised that no changes were proposed to the ante-natal and post-natal services within the CMU – currently 5000 ante-natal appointments would continue to be delivered by the CMU midwives and the consultant and scan clinics at the CMU would continue to offer around 5000 appointments. In addition, the early pregnancy service would continue to be available as would the obstetric daycare and post-natal community service. If the delivery service was to close the impact would be on around 70 women per annum (just over 1 per week) and they would be required to travel to Paisley or Glasgow for delivery with an average length of stay of less than 2 days. On discharge their care would be transferred to the Community Midwifery Service in Inverclyde.

Councillor McIlwee indicated that this matter was close to his heart. He was aware of the publicity undertaken to promote the CMU and he remained keen to obtain the views of the General Practitioners within the local area. He was aware that Mr Calderwood had held meetings on the way forward for the CMU and he remained concerned at the impact on Inverclyde of the Board's proposals to move the service to Paisley or Glasgow.

Mr Daniels asked that a consultation paper include the number of deliveries which had occurred in the first 6 months of 2012. Mrs Grant agreed to do this and advised that the outcome of Consultation would be reported back to the December 2012 NHS Board meeting.

DECIDED

That a further period of formal public consultation on the future of the delivery service within the Inverclyde CMU be approved.

**Director of
Corporate
Planning
Policy/ Chief
Operating
Officer**

54. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer [Board Paper No 12/30] asked the NHS Board to note progress against the national targets as at the end of April 2012.

Mrs Grant led the NHS Board through the report highlighting the actions being taken to deliver the waiting times and access targets. This included general waiting times/18 weeks referral to treatment (RRT) and the waiting times for various specific treatments including accident and emergency, cancer, chest pain and stroke. She also referred to delayed discharges.

Ms Brown enquired whether GP referral rates could be included in future reports and suggested it would be of benefit to see the range of waiting times from best to worst across each category. Mr Calderwood advised that the NHS Board did not routinely capture GP referral rates for this report but he undertook to look into the possibility of providing this in future reports. With regard to ranges it would be looked at in relation to what might be possible to capture.

**Chief
Operating
Officer**

Mr Carson referred to the delayed discharge figures and particularly the 83 patients described as being complex cases. Mrs Hawkins advised that these were patients subject to Adults with Incapacity procedures.

NOTED

55. QUARTERLY REPORT ON COMPLAINTS – 1 JANUARY 2012 TO 31 MARCH 2012

A report of the Head of Board Administration, Chief Operating Officer and Director of Glasgow City CHP [Board Paper No 12/31] asked the NHS Board to note the quarterly report on NHS complaints received in NHS Greater Glasgow and Clyde for the period 1 January 2012 to 31 March 2012.

Mr Hamilton advised that the report provided a commentary with statistics on complaints handling within NHSGGC for the period 1 January 2012 to 31 March 2012. It looked at complaints received and handled at the local resolution stage and by the Scottish Public Services Ombudsman and identified areas of service improvements and ongoing developments.

Mr Hamilton led the NHS Board through the number of complaints received and completed in the quarter. In terms of performance, 76% of all complaints had been responded to within the timescale required, a 4% increase from the previous quarter.

Mr Hamilton also updated the NHS Board on the changes to the Complaints Policy and Guidance which were required as a result of the Patient Rights (Scotland) Act 2011. This would be the last formal quarter for reporting IASS activity as the service was replaced on 1 April 2012 with the Patients Advice and Support Service (PASS). Future reports would provide detail on the activity levels of PASS and the concomitant transition arrangements.

NOTED

56. FREEDOM OF INFORMATION MONITORING REPORT FOR THE PERIOD 1 APRIL 2011 TO 31 MARCH 2012

A report of the Head of Board Administration [Board Paper No 12/32] 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 within NHS Greater Glasgow and Clyde for the period 1 April 2011 to 31 March 2012.

Mr Hamilton reported that the overall number of FOI requests received by NHS Greater Glasgow and Clyde during 2011/2012 had decreased from the previous year with 614 requests being received in 2011/2012 compared to 665 requests received in 2010/2011. This represented a decrease of approximately 8% from last year.

Mr Hamilton led the NHS Board through the report which detailed, amongst other issues, the source of requests, the type of information requested, performance monitoring, and requests for review. He thanked the FOI Manager and the Head of Administration, Glasgow City CHP, for their assistance in producing the report.

NOTED

57. QUALITY AND PERFORMANCE COMMITTEE MINUTES: 20 MARCH 2012 AND 15 MAY 2012

The Minutes of the Quality and Performance Committee meetings held on 20 March 2012 (QPC(M)12/02) and 15 May 2012 (QPC(M)12/03) were noted.

NOTED

58. AUDIT COMMITTEE MINUTES: 27 MARCH 2012 AND 5 JUNE 2012

The Minutes of the Audit Committee meetings held on 27 March 2012 (A(M)12/02) and 5 June 2012 (A(M)12/03) were noted.

NOTED

59. AREA CLINICAL FORUM MINUTES: 12 APRIL 2012

The Minutes of the Area Clinical Forum meeting held on 12 April 2012 (ACF(M)12/02) were noted.

NOTED

60. PHARMACY PRACTICES COMMITTEE MINUTES: 20 APRIL 2012

The Minutes of the Pharmacy Practices Committee held on 20 April 2012 (PPC(M)12/02) were noted.

NOTED

The meeting ended at 12.55pm