

NHSGG&C(M)13/03

Minutes: 40 - 62

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, 25 June 2013 at 9:30a.m.**

PRESENT

Mr A O Robertson (in the Chair)

Dr J Armstrong	Mr P James
Dr C Benton MBE	Dr M Kapasi MBE
Ms M Brown	Mr I Lee
Mr R Calderwood	Councillor M Macmillan
Ms R Crocket	Ms R Micklem
Mr P Daniels OBE	Dr R Reid
Dr L de Caestecker	Councillor M Rooney
Councillor M Devlin	Rev Dr N Shanks
Mr R Finnie	Mr D Sime
Mr I Fraser	Mr K Winter

IN ATTENDANCE

Ms S Gordon	Secretariat Manager
Ms J Grant	Chief Operating Officer, Acute Services Division
Mr J C Hamilton	Head of Board Administration
Mrs A Hawkins	Director, Glasgow City CHP
Mr A McLaws	Director of Corporate Communications
Mr I Reid	Director of Human Resources
Ms J Truman	Senior Researcher, Public Health (for Minute 48)

ACTION BY

40. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mr G Carson, Prof A Dominiczak, Councillor M Kerr, Councillor A Lafferty, Councillor J McIlwee, Councillor M O'Donnell, Mrs P Spencer BEM and Mr B Williamson.

Mr Robertson welcomed Councillor Maureen Devlin to her first NHS Board Meeting representing South Lanarkshire Council (replacing Councillor J Handibode). He also recorded that this would have been the last NHS Board meeting for Mrs P Spencer as her term of office expired on 30 June 2013. Unfortunately, Mrs Spencer was currently absent but he paid tribute to her contribution to the work of the Area Clinical Forum as its Chair, the NHS Board and its Committees and sent his best wishes, on behalf of the NHS Board, for her future.

Mr Robertson congratulated current and former members of staff who had received an honour in the birthday honours list announced on 22 June 2013, namely, Alice Docherty MBE, Margaret Smith OBE, Elizabeth Stowe MBE and Ian Anderson CBE.

NOTED

41. 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

42. CHAIR'S REPORT

- (i) Mr Robertson reported that he had completed this year's round of Non-Executive NHS Board Member appraisals.
- (ii) On 23 April 2013, Mr Robertson welcomed the First Minister, Alex Salmond MSP, to the new Southern General Hospital where a new Innovation Centre (focussing on stratified medicine and innovation) would be built. This was one of three new Innovation Centres launched by the First Minister supported by £30m of public funding to concentrate on developing world-leading Scottish technology and life sciences.
- (iii) Following the Chairman's awards ceremony in November 2012, Mr Robertson visited many of the nominees where he had been most impressed with the dedication and commitment of staff, facilities and overwhelmed by the sense of teamwork to ensure better experiences for patients.
- (iv) On 1 May 2013, Mr Robertson attended a meeting of the National Group on Community Planning Reform of which he was a member and on 8 May 2013 he also attended a meeting of the Ministerial Strategy Group for Health and Community Care. These meetings would have a bearing on development of Integration of Health and Social Care delivery and it was important that NHSGGC was represented.
- (v) On 11 and 12 June 2013, the annual NHS Scotland event was held in the SECC. Mr Robertson and other NHS Board members had attended.
- (vi) On 13 June 2013, Mr Robertson visited the Trakcare project team at Glasgow Royal Infirmary. Trakcare was a patient administration IT project being rolled out across NHSGGC resulting in significant improvements in the use of technology. The initial work had been completed and the team was ensuring that outstanding difficulties were being dealt with.
- (vii) On 20 June 2013, Mr Robertson and other Executive NHS Board members met with representatives from NHS Education for Scotland (NES) for their joint engagement annual meeting.
- (viii) On 24 June 2013, Mr Robertson presided at the Topping Out Ceremony on the top floor of the Adult Hospital at the New South Glasgow Hospital Campus. This milestone was conducted by the Cabinet Secretary for Health and Wellbeing, Alex Neil MSP and marked the final stages of a journey which started back in 2001 and saw NHSGGC deliver a programme of investment of almost £2bn in modernising healthcare accommodation across Acute, Mental Health and Primary Community Care.
- (ix) Mr Robertson congratulated Mr Calderwood who had been granted the status of Honorary Professor in the Adam Smith Business School (University of Glasgow) from 1 May 2013 until 30 April 2018.

NOTED

43. CHIEF EXECUTIVE'S UPDATE

- (i) On 18 April 2013, Mr Calderwood met with the Cabinet Secretary for Health and Wellbeing, Alex Neil MSP, along with Professor Anton Muscatelli, Principal and Vice Chancellor, University of Glasgow and Professor A Dominczak to present an update on the NHS/University's plans and progress being made on initiatives at the New South Glasgow Hospital site. In particular, they discussed clinical research facilities and, at the invitation of the Cabinet Secretary, Mr Calderwood was invited to submit a proposal to him regarding a diagnostic imaging research facility to augment overall research facilities currently planned for the campus.
- (ii) On 9 May 2013, Mr Calderwood and Ms J Grant hosted a visit, on behalf of the SGHD, for healthcare executives as part of a Premiere IHI International Study Tour to stimulate learning by USA healthcare executives about what they could adapt from non-USA systems that might allow them to be more successful under USA health reforms. The participants visited the New South Glasgow Hospital and looked at how, using investment as part of a modernisation and change programme, new clinical services and a new building were giving that opportunity.
- (iii) On 13 May 2013, Mr Calderwood and Dr J Armstrong met with Duncan McNeil MSP to discuss health provision in Inverclyde and the NHS Board's Clinical Services Review.
- (iv) On 22 May 2013, Mr Calderwood met with the Chief Executive of Renfrewshire Council, Mr D Martin, to discuss the integration of health and social care services. He confirmed that the plans for the integration of health and social services would result in new governance Boards being established.
- (v) On 13 June 2013, Mr Calderwood attended a NHSGGC shop steward's development day which offered the opportunity for shop stewards/lay representatives of trade unions/professional organisations to hear views about the Board's organisational development programme "Facing the Future Together" (FTFT). Mr Calderwood had addressed the audience and enjoyed the debate.
- (vi) Also on 13 June 2013, Mr Calderwood met with the Chief Executive of Glasgow City Council to consider implications for local systems in Glasgow in light of the forthcoming legislation that would require integration of adult health and social care. Mr Calderwood reported that it was the intention to move to a shadow form during 2014/15 and, given this timetable, Mrs A Hawkins had agreed to delay her retirement until April 2014 to lead the project of integration with Glasgow City Council. Given this, it had been agreed not to progress with the recruitment of the replacement for Mrs Hawkins (as Director of Glasgow City CHP) until the NHS Board received and agreed an integration project plan.
- (vii) On 21 June 2013, Mr Calderwood attended the "Releasing Time to Care" (RTTC) Board Event held at Hampden Park where he had been a speaker. The presentations had been thought-provoking and had encouraged interesting debate and discussion concerning the fundamental importance RTTC played in creating a patient-centred programme.
- (viii) Mr Calderwood extended his congratulations to Ms J Grant who had been appointed Chief Executive of NHS Forth Valley and would take up her new post on 1 October 2013.

- (ix) Mr Calderwood reported that the Cabinet Secretary for Health and Wellbeing had offered him the appointment of Stakeholder non executive member on the NHS National Services Scotland Board. The appointment was for four years from 1 June 2013.

NOTED

44. MINUTES

On the motion of Mr I Fraser, seconded by Dr M Kapasi, the Minutes of the NHS Board meeting held on Tuesday, 16 April 2013 [NHSGG&C(M)13/02] were approved as an accurate record and signed by the Chair.

NOTED

45. MATTERS ARISING FROM THE MINUTES

- (i) The rolling action list of matters arising was noted.
- (ii) In response to a question from Councillor McMillan, Mr Calderwood confirmed that the NHS Board's car parking policy and arrangements would be discussed at the NHS Board Meeting scheduled for August 2013.
- (iii) In response to a question from Councillor Rooney regarding the Homeopathic Hospital, Mr Calderwood confirmed that the NHS Board was working with staff at the Homeopathic Hospital to undertake a programme of service redesign to ensure a balance of outpatient/day services and inpatient services. Mr Calderwood also alluded to the Cabinet Secretary for Health and Wellbeing's announcement confirming a Scottish-based Chronic Pain service and he reported that it was the NHS Board's intention to work with staff at the Homeopathic Hospital so they could be involved in taking that service forward.
- (iv) In response to a question from Councillor Rooney regarding the offsetting of additional non-recurring savings against other budgets, Mr Calderwood reported an in-year on-balance of non-recurring monies in 2012/13.
- (v) In response to a question from Councillor Rooney concerning the major development to immunisation programmes in the UK starting from July 2013, Dr de Caestecker confirmed that the associated media work to be undertaken would be led by a national campaign with local work simultaneously being held. Ongoing discussions were taking place with GP colleagues concerning the payment schedule particularly as the Scottish Government Health Directorates had confirmed it would pay only for the vaccinations themselves and not for their administration.

**August 2013
Board Agenda**

NOTED

46. SCOTTISH PATIENT SAFETY PROGRAMME

A report of the NHS Board's Medical Director and Head of Clinical Governance [Board Paper No 13/20] asked the NHS Board to review and comment on the ongoing progress achieved by NHS Greater Glasgow and Clyde in implementing the Scottish Patient Safety Programme (SPSP).

Dr Armstrong reported that NHSGGC had recently responded to a request from Healthcare Improvement Scotland (HIS) to outline progress across the Adult Acute Care programme. She led the NHS Board through progress in implementation and summarised the elements in each of the four drivers, namely, general ward, critical care, perioperative care and medicine reconciliation. She explained that the Acute Service Division's Clinical Governance Forum was responsible for ongoing implementation and had created an explicit general ward driver as part of key divisional safety objectives. The current position confirmed high levels of involvement and progress to reliable processes.

In terms of critical care and perioperative care, significant progress was apparent and the Acute Services Division was reviewing how programme support could move from improvement interactions to maintenance.

Dr Armstrong explained that when SPSP was established, there was a national measurement strategy that included two explicit overarching aims one of which was to create a 15% reduction in hospital mortality. As a result, the Hospital Standardised Mortality Ratio (HSMR) was established and Information Services Division (ISD) had produced quarterly HSMR reports since December 2009 for all Scottish hospitals participating in the SPSP. The governance of HSMR was embedded in reviews of SPSP implementation given that reducing hospital mortality was a fundamental element of the SPSP. NHSGGC was approached by NHS Health Improvement Scotland (HIS) in 2010 as indications showed that the Royal Alexandra Hospital (RAH) had not been reducing the HSMR in line with the national average and so appeared as an outlier through a comparative review. Given this, Dr Armstrong explained that a review and action plan was established and proved successful with the NHS Board then receiving confirmation of acceptability by HIS on reducing the HSMR at RAH.

In response to a question from Councillor Rooney regarding the HSMR combined measure for both the RAH and the Vale of Leven hospitals, Dr Armstrong explained that this was due to changes in patient pathways. At the time in 2010 when approached by NHS HIS, these were separate measures as the Vale of Leven Hospital was not directly involved in the NHS Board's focused improvement activity. The HSMR figures were now monitored as an aggregate of both hospitals.

NOTED

47. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

A report of the NHS Board's Medical Director [Board Paper No 13/21] 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.

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 2012), NHSGGC reported 27.6 cases per 100,000 Acute Occupied Bed Days (AOBDs). NHS Scotland reported 29.9 cases per 100,000 AOBDs. The revised national HEAT target required all NHS Boards in Scotland to achieve a rate of 24 cases per 100,000 (AOBDs) or lower by 31 March 2015.

The national report published in April 2013 (October to December 2012) showed the rate of C.difficile within NHSGGC as 17.8 per 100,000 occupied bed days in over 65s. This clearly placed the NHS Board below the national mean (26.7 per 100,000 OBDs in over 65s). The revised HEAT target required Boards to achieve a rate of 25 cases per 100,000 OBDs in all patients (previously, the target only included patients 65 years and over) to be attained by 31 March 2015.

For the last available quarter (January to March 2013), the surgical site infection (SSI) rate for caesarean sections and reduction of long bone fracture procedures were below the national average, however, the rate for hip arthroplasty, knee arthroplasty and repair of neck femur procedures were above the national average although all remained within 95% confidence intervals. Surveillance continued.

The Cleanliness Champions Programme was part of the Scottish Government's Action Plan to combat HAI within NHS Scotland. To date, NHSGGC had supported 2,929 members of staff who were now registered as Cleanliness Champions.

Councillor Rooney asked about the unannounced inspection of Gartnavel General Hospital, conducted by the Healthcare Environment Inspectorate (HEI) on 26 March 2013. Their resultant findings and requirements in terms of taking forward the recommendations did not appear to have timelines attached to them. Ms Crocket reported that the NHS Board was obliged to provide the HEI with a progress report within 16 weeks. This was currently being worked on and she led the NHS Board through some of the actions already taken. She also alluded to some of the very positive remarks made following the inspection at Gartnavel General Hospital and was encouraged that staff felt confident and comfortable raising concerns about good and bad practice.

Mrs Brown referred to the outbreak of three group A streptococcus patients identified in Ward 37 of the RAH within 19 days. Dr Armstrong confirmed that the environmental audit carried out on 15 March 2013 which scored 64% was low and disappointing and highlighted the raft of measures being put in place to improve upon this. Mr Calderwood added that this was an adult mental health admissions ward and agreed that the audit was disappointing but alluded to some immediate action that had taken place to rectify some points concerning the structure of the building and its fabric.

NOTED

48. ADULT HEALTH AND WELLBEING SURVEY TRENDS REPORT 1999-2011

A report of the Director of Public Health [Board Paper No 13/22] provided a summary of the key trends from 1999 to 2011 allowing the NHS Board to monitor changes across the area, within CH(C)Ps, between the most deprived areas and other areas and between age groups and gender.

Dr de Caestecker led the NHS Board through the following ten noteworthy key results from the 2011 survey as follows:-

- a) There had been a modest but steady decline in smoking since the survey began. This decline had been most marked in the most deprived areas.
- b) There had been a dramatic reduction in the proportion of respondents exposed to environmental tobacco smoke. The ban of smoking in public places must have made an impact in this area.

- c) The proportion of respondents that exceeded the recommended limits for alcohol in the previous week had reduced. This corresponded to a decrease in alcohol related death and a decrease in alcohol related admissions seen in routinely collected hospital and death data.
- d) There had been no change in the proportion of respondents that met the physical activity target.
- e) There had been an increase in the proportion of respondents that ate five portions of fruit and vegetables per day. The gap between the most deprived areas and other areas, whilst still present, was starting to close.
- f) There had been an increase in the proportion of respondents that had a positive perception of quality of life.
- g) There had been an increase in the proportion of respondents that had a positive perception of their local area as a place to live.
- h) The proportion of respondents that felt safe in their own home had increased. There was no longer a difference in this aspect of health and wellbeing between the bottom 15% areas and other areas.
- i) The proportion of respondents with no educational qualifications had decreased. This may be due to the changes in the range of qualifications available and increased flexibility in which to gain educational qualifications.
- j) There was a persistent gap between the most deprived areas and other areas in the proportion of respondents who would be able to meet unexpected bills of £20, £100 or £1000.

These top ten messages demonstrated areas where improvements had been made and also areas of continuing challenge. Dr de Caestecker alluded to some explanations for these contained within the report as well as other observations and highlights where the NHS needed to improve its practice and policy.

Ms Micklem commended the report and some of the really encouraging results but mused at how accurate any result could be when it was reliant on self-reporting. Ms Truman agreed that it was difficult to establish how accurate (or otherwise) the information was when the survey relied on the honesty of those completing it. One example of this was the sale of alcohol not correlating with the results found in the survey.

Dr Reid noted that there had been no change in the proportion of adults who had used A&E Departments over the previous years. Ms Truman reported that the data collected concerned "A&E" and not attendance at a Minor Injuries Unit (MIU). In response to a further question from Dr Reid, she confirmed that NHS 24 began operating in 2004.

Rev Dr Shanks commended the methodology used and suggested it would be useful to include regression lines in all the graphs throughout the report. Ms Truman agreed to include these prior to further distribution of the report.

**Director of
Public Health**

NOTED

49. GOVERNANCE STATEMENT 2012-13

A report of the Convenor of the Audit Committee [Board Paper No 13/23] comprising a Statement of Assurance by the Audit Committee and a Governance Statement, which

was part of the Annual Accounts for 2012/13, 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 Convenor of the Audit Committee, Mr K Winter, presented the report.

The Audit Committee, at its meeting on 4 June 2013, received a report which provided members with evidence to allow the Committee to review the NHS Board's system of internal control for 2012/2013. 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 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**

NOTED

50. STATEMENT OF ACCOUNTS FOR 2012/13

A report of the Director of Finance [Board Paper No 13/24] 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 2013.

Mr James 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 4 June 2013, and the final draft set of accounts at its meeting on 19 June 2013. 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 2013.

Mr James advised that at its meeting on 19 June 2013, 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.

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 2013. 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.

At the request of Mr Finnie, Mr James reiterated that the responsibility rested with each Board Member on an individual basis, so far as each was aware, that there was no relevant audit information of which the Board's auditors had not been made aware; and each had taken all steps they ought reasonably to have taken as a Director to make themselves aware of any relevant audit information and to establish that the Board's auditors had been made aware of that information.

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 2013 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 |

51. PROPOSED CAPITAL PLAN 2013/14 TO 2015/16

A report of the Director of Finance [Board Paper No 13/25] was submitted setting out how the NHS Board planned to deploy its allocation of capital funds for 2013/2014 noting that further discussions would be held with the SGHD during the year ahead in relation to the level of capital funding for 2014/2015 and 2015/2016.

Mr James advised that an initial capital allocation of £293.615m for NHSGGC was confirmed by SGHD in February 2013. Since this time, a further capital allocation of £374k had been awarded to NHSGGC by SGHD in respect of the Detect Cancer Early Programme. Additionally, a further amount of brokerage from 2012/13 to 2013/14, amounting to £1.3m, was agreed with the SGHD during March 2013. These adjustments resulted in a revised capital resource figure for 2013/14 of £295.289m.

Mr James led the NHS Board through the capital expenditure plan, incorporating proposed capital schemes across Acute Services (including Acute Strategy), New South Glasgow Hospitals, Health Information and Technology (HI&T), Board and Partnerships including Mental and Oral Health. Expenditure on all capital schemes would be monitored throughout the year and reported to the Joint Capital Planning and Property Group to ensure that a balanced capital position was maintained for 2013/14.

In response to a question from Councillor Rooney, Mr Calderwood confirmed that all operational parts of the organisation were pulling together their aspirations for capital investment in terms of planning for 3/5 years ahead. This would be considered in early 2014 to establish priorities within resources. Any framework would also have to understand the SGHD rules for Health Board funding going forward.

DECIDED

1. That the proposed allocation of funds for 2013/14 be approved.
2. That the current indicative allocations for 2014/15 and 2015/16 be noted.
3. That the Quality and Performance Committee and Joint Capital Planning and Property Group be delegated the authority to allocate any additional available funds against the 2013/2014 Capital Plan throughout the year.

**Director of
Finance**

**Director of
Finance**

52. 2013/14 FINANCIAL PLAN

A report of the Director of Finance (Board Paper No 13/26) 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 2013/14.

Mr James provided an overview of the process used to develop the Plan; an explanation of the funding uplift that the NHS Board would receive in 2013/14; 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 2013/14 and the cost savings plan for 2013/14 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 2013/14 of £53.5m or 2.76%.

Mr James referred to the proposals for funding following discussions with Directors which had led to pressures and possible investments being captured and agreed. The 2013/14 Financial Plan assumed that the pressures and investments would be funded but Mr James erred that it might be prudent to increase the challenge in order to address additional pressures that may emerge and an update on this would be provided to the NHS Board during the year as appropriate.

In response to a question, Mr James alluded to some of the costs and pressures including pay cost growth, prescribing, energy, capital charges, inflation and the Acute Services Review. In terms of the development of a cost savings plan for 2013/14, proposals had been produced that totalled £33.7m of cash releasing savings, enabling the NHS Board to deliver a recurring balance by the end of 2013/14. Based on these plans, the NHS Board was likely to be able to retain original savings plans and to avoid increasing pressure on operational divisions. In addition, £26.2m of non-cash releasing savings would be delivered.

Mr James confirmed that the Financial Plan had been prepared using the most up-to-date information, however, it was recognised that circumstances can (and do) change during the year. As such, he highlighted some of the main risks including prescribing, winter pressures and the change to NHS boundaries. Ongoing consideration was also

being given to more material issues which would have to be considered as part of the medium term financial strategy including cross-boundary flow, the New South Glasgow Hospital, the Clinical Services Review and prescribing.

In response to a question from Councillor Rooney concerning Auto Enrolment, Mr James confirmed that, at present, a provision of £5.9m had been made for any additional costs relating to automatic enrolment of staff to the superannuation scheme. The maximum additional cost for enrolment of all staff was around £16.7m and the provision was based on around 65% of non-enrolled staff opting out. The £5.9m represented an increase of £1.3m on the previous initial estimate of £4.6m.

DECIDED

That the Financial Plan for 2013/14 be approved.

**Director of
Finance**

53. CORPORATE RISK REGISTER 2013

A report of the Director of Finance [Board Paper No. 13/27] asked the NHS Board to note the Corporate Risk Register 2013.

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 4 June 2013. 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

54. UPDATED FRAUD POLICY

A report of the Director of Finance [Board Paper No 13/28] asked the NHS Board to approve the updated NHSGGC Fraud Policy which had been agreed with the Corporate Management Team (CMT), Audit Committee and Area Partnership Forum.

Mr James reported that the Board's Fraud Policy was reviewed annually by the NHS Board as part of its review of corporate governance. He referred to some minor revisions made in 2013 and explained that, following approval, the updated Fraud Policy would be incorporated in the revised Code of Conduct for staff.

DECIDED

That the updated NHSGGC Fraud Policy be approved.

**Director of
Finance**

55. BOUNDARY CHANGES

A report of the Chief Executive [Board Paper No 13/29] asked the NHS Board to note the proposed boundary changes and the proposed related processes.

Mr Calderwood advised that the SGHD announced its intention to revise Health Board boundaries to create consistent co-terminosity between NHS Boards and Local Authorities from April 2014. He outlined the implications of this change and the proposed process to manage it. He described how the proposed changes would fully shift responsibility for Rutherglen, Cambuslang and parts of Moodiesburn from NHSGGC to NHS Lanarkshire and, with that responsibility, the full resources to fund the services they accessed. He explained that a detailed financial and activity review was required to assess the implications for NHS Greater Glasgow and Clyde.

Mr Calderwood explained that the commitment was to ensure there was no disruption to patient services and flows. In response to a question from Mr Sime, he noted that implications for community services and staff were more limited as these had already been transferred to NHS Lanarkshire although there were a number of small services delivered into Rutherglen and Cambuslang by NHSGGC-based staff which would need to be reviewed. Furthermore, there may also be potential implications for capital assets and for the delivery of support services.

In terms of the process going forward, Mr Calderwood reported that initial discussions with NHS Lanarkshire Board officials had commenced and an agreement had been reached to establish a joint planning group to assess and manage the impact of these changes ensuring there was no disruption to patient services and that there was effective communication with local stakeholders.

In response to a question from Mr Lee, Mr Calderwood confirmed that these proposals also resulted in a small number of patients moving from NHSGGC to NHS Forth Valley and, similarly a small number of patients moving from NHS Ayrshire and Arran to NHSGGC.

NOTED

56. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer [Board Paper No 13/30] asked the NHS Board to note progress against the national targets as at the end of April 2013.

Ms 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 highlighted the delayed discharge figures across NHSGGC

In response to a question from Dr Benton, Ms Grant confirmed that a number of pilots had been tested (including the use of text message reminders) in an attempt to see if “did not attend” (DNA) rates could be reduced.

In response to a question concerning the number of patients awaiting discharge in Glasgow City (where there had been an increase from April 2012 to April 2013 from 77 to 96), Mrs Hawkins agreed that this was a cause for concern and work was ongoing

with the Council's Director of Social Work and Glasgow City CHP to revamp the action plan to improve performance.

NOTED

57. QUARTERLY REPORT ON COMPLAINTS – 1 JANUARY TO 31 MARCH 2013

A report of the Nurse Director [Board Paper No 13/31] asked the NHS Board to note the quarterly report for the period 1 January to 31 March 2013 on complaints and their handling in Greater Glasgow and Clyde.

Ms Crocket led the NHS Board through the detail presented on complaints received and completed in the quarter, confirming that an overall Complaints Handling Performance of 71% of complaints responded to within 20 working days had been achieved. She alluded to the format of the report which now provided a breakdown of completed complaints by Acute Directorate then broken down further into hospital location and, in respect of CH(C)Ps, disaggregated to service areas. Further refinements would continue so that more detail was provided showing complaints per speciality/ward area together with any requirement for exception reporting to explain any anomalies or actions undertaken as a result of highlighting where specific problems may have arisen. This approach was welcomed.

In reviewing some of the service improvements as a result of complaints completed in the quarter, Ms Crocket described how this illustrated frontline actions taken to prevent a recurrence of complaint issues.

Rev Dr Shanks welcomed the new breakdown of the complaints data and the service improvements made as a result of completed complaints, the format of which illustrated how the NHS Board continued to use complaints as a mechanism to learn lessons and improve future services for patients.

NOTED

58. FREEDOM OF INFORMATION MONITORING REPORT FOR THE PERIOD 1 APRIL 2012 TO 31 MARCH 2013

A report of the Head of Board Administration [Board Paper No. 13/32] asked the NHS Board to note the annual 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 2012 to 31 March 2013.

Mr Hamilton reported that the overall number of FOI requests received by NHS Greater Glasgow and Clyde during 2012/13 was fairly consistent compared with the previous year, with 610 requests being received in 2012/13 compared to 614 requests received in 2011/12.

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.

Mr Sime noted the reduction in FOI requests from members of staff and Mr Hamilton reported that this appeared to have settled down since the introduction of Agenda for

Change when many staff used the Act to request further information in relation to their Agenda for Change banding evaluation.

In response to a question from Ms Micklem, Mr Hamilton confirmed that the NHS Board's publication scheme was reviewed quarterly to ensure regular updates and revisions were made. It was acknowledged that as more information was published within the publication scheme, that fewer FOIs may be received. However, Mr Hamilton alluded to not only the large volume received but the complexity and detailed nature of the information requested.

Mr Hamilton thanked those Non-Executive NHS Board members who were involved the FOI's requirement for review process – their input was hugely appreciated.

NOTED

59. 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. 13/33] 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 13 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**

60. AUDIT COMMITTEE MINUTES: 26 MARCH 2013 AND 4 JUNE 2013

The minutes of the Audit Committee meetings held on 26 March 2013 [A(M)13/02] and 4 June 2013 [A(M)13/03] were noted.

NOTED

61. AREA CLINICAL FORUM MINUTES: 4 APRIL 2013

The Minutes of the Area Clinical Forum meeting held on 4 April 2013 [ACF(M)13/02] were noted.

NOTED

62. QUALITY AND PERFORMANCE COMMITTEE MINUTES: 21 MAY 2013

The Minutes of the Quality and Performance Committee meeting held on 21 May 2013 [QPC(M)13/03] were noted.

NOTED

The meeting ended at 12.15pm