

QPC(M)12/04
Minutes: 64 - 83

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 3 July 2012 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Ms M Brown Mr I Fraser
Dr C Benton MBE Mr D Sime

Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong Councillor J McIlwee
Ms R Crocket Dr R Reid
Dr L de Caestecker Councillor M Rooney
Mr R Finnie Dr Rev N Shanks
Mr P James Mr Andrew Robertson OBE

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

Mr A Crawford .. Head of Clinical Governance (from Minute No. 68)
Mrs J Grant .. Chief Operating Officer - Acute Services Division
Mr J C Hamilton .. Head of Board Administration
Mrs A Hawkins .. Director, Glasgow CHP
Mr A McLaws .. Director of Corporate Communications
Ms P Mullen .. Acting Head of Performance and Corporate Reporting
Mrs K Murray .. Director, East Dunbartonshire CHP (for Minute No. 78)
Mr I Reid .. Director of Human Resources
Ms C Renfrew .. Director of Corporate Planning and Policy
Mr N Rogerson .. Head of Civil Contingencies Planning Unit (for Minute No. 71)
Mr D Ross .. Director, Currie & Brown UK Limited (for Minute No. 77)
Ms H Russell .. Audit Scotland
Mr A Seabourne .. Director, New South Glasgow Hospitals Project (for Minute No. 77)

ACTION BY

64. APOLOGY

Apologies for absence were intimated on behalf of Mr P Daniels OBE, Mrs P Spencer and Mr B Williamson.

65. MINUTES OF PREVIOUS MEETING

On the motion of Mr K Winter and seconded by Mr I Fraser, the Minutes of the Quality and Performance Committee meeting held on 15 May 2012 [QPC(M)12/03] were approved as a correct record.

NOTED

66. MATTERS ARISING

- (a) Rolling Action List

NOTED

- (b) Proposal to Award Contract for NHS Partnership Beds and Local Authority Residential Care Beds in Inverclyde

In relation to Minute No. 27 – Contract for NHS Partnership beds and Local Authority residential care beds in Inverclyde – there was submitted a paper [Paper No. 12/52] from the Director of Glasgow CHP setting out the progress achieved in conjunction with Inverclyde Council in relation to awarding this contract to Quarriers subject to satisfactory conclusion of all outstanding engagement issues both legal and technical.

The NHS Board and Inverclyde Council were currently engaged in a joint procurement process for the re-provision of adult and older people's continuing care beds from Ravenscraig Hospital . A formal contract process was undertaken in August 2011 and following a detailed evaluation of the two bids received, Quarriers achieved the highest score in all of the relevant criteria. It was decided to enter into an engagement phase with Quarriers in order to discuss the detail of the offer and clarify certain aspects. The bid from Quarriers included Apollo Capital Projects who were their development partners. The development was to be on the Inverclyde Royal Hospital (IRH) site with the developer purchasing the relevant IRH site from the NHS and erecting the building and then leasing it back to Quarriers. The NHS Board and Inverclyde Council's bed care contract would be directly with Quarriers.

The offer from Quarriers however resulted in a funding gap of £100,000 to £140,000 for the NHS Board and it was planned that this gap would be met by a reduction in recurring costs of clinical staff through service re-design.

The paper described the other three options being considered and Mrs Hawkins reported that Inverclyde Council had agreed to continue discussions with Quarriers with a view to awarding the contract. It was noted however that Quarriers had appointed a new Board which was reviewing its current commitments.

Councillor McIlwee advised that he was pleased this long process was hopefully now coming to an end and Inverclyde Council had delegated to the CHCP Committee, authority to negotiate the outcome.

Mr Winter indicated he was content with the proposals and noted the role of Apollo Capital Projects and that the funding gap was to be met by a re-design of the existing service and was advised that Inverclyde CHCP Clinical Director was content with the proposal.

Councillor Rooney enquired about the abnormal cost provision and was advised that this had been site conditions which had been taken into account by the submission of a net price without any provision for abnormal costs.

Mr Robertson was pleased with the progress made and the fact that the awarding of the contract was subject to the satisfactory conclusion for both legal and technical matters. Mrs Hawkins advised that she was hopeful that these matters could be resolved by the end of the week.

DECIDED

1. That, the conclusion of the joint procurement process between NHS Greater Glasgow and Clyde and Inverclyde Council for the provision of partnership beds at Inverclyde as the final step in the modernising of the Mental Health Strategy with Ravenscraig Hospital closure programme, be noted.
2. That, the ongoing discussions with Quarriers (the preferred provider) during the engagement period, be noted. That the assessment should conclude that the contract offer provided was financially viable and value for money which met the criteria to be entered into the NHS Board and Inverclyde Council.
3. That, the Property Committee approval to their arrangements for the land at Inverclyde Royal Hospital to be sold to Apollo Capital Projects, be noted.
4. That, the outcome of the other options considered in relation to prudential borrowing (Inverclyde Council); hub (Scottish Futures Trust) and Larkfield Unit, be noted.
5. That, the outcome of Inverclyde Policy and Resource Committee meeting on 27 March 2011 to award the contract, be noted.
6. That, approval to awarding the contract to Quarriers subject to satisfactory conclusion of all outstanding engagement issues of both a legal and technical nature, be approved.

**Director of
Glasgow CHP**

67. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No. 12/53] from the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHS Greater Glasgow & Clyde's performance in context of the Quality Strategy.

Of the 43 measures which had been assigned a performance status based on their variance from trajectories and/or targets, 28 were assessed as green; eleven as amber (performance within 10% of trajectory) and four as red (performance 10% outwith meeting the trajectory). The areas where improvement was required were:-

- Faster access to specialist services – Child and Adolescent Mental Health (CAMHS)
- Acute bed days lost to delayed discharge
- Carbon emissions
- Sickness absence

An exception report had been prepared for each of the above measures which had been rated as red in order to provide the Committee with the assurance that action was underway to address performance in these areas.

Ms Mullen advised that the report had been updated to reflect the new 2012/13 HEAT Targets and Standards.

Rev Dr Shanks was pleased to see the clarity brought by this report and appreciated the effort put into its incremental development. Ms Brown asked if not achieving the CAMHS waiting times was in any way a resource issue and also asked if timelines for improvements to areas where performance had been assessed as red could be included in future reports. Mrs Hawkins indicated that of the three teams breaching the 33 week trajectory for May 2012, for CAMHS, this had been associated with the prioritisation of high risk cases, current staffing vacancies, extended sick leave absence and critical/complex cases requiring considerable input from the team. She did not believe it was a resource issue but she did advise that there was to be a shift in the national way in which these figures would be reported so the figures themselves would change in future reports. It was agreed to include timelines for improvements within exception reports. Mr Robertson asked if the CAMHS Service was meeting the aspirations of patients as he had aware that there had been problems a few years ago and Mrs Hawkins agreed to look into this point.

**Acting Head of
Performance and
Corporate
Reporting/Director
Glasgow CHP**

Councillor Rooney enquired which Committees/Groups reviewed this information and whether it would be possible to provide action plans for those measures assessed as green or amber which were going down i.e. not stable or improving. He also asked if the sickness/absence days could be quantified as days lost rather than a percentage. It was agreed that there would be merit in producing narrative/exception reports for those targets going down and assessed as amber and Ms Renfrew advised that the sickness absent target was set nationally as a percentage and therefore the NHS Board was required to report in that way. She advised that this type of performance information was submitted to CH(C)P Committees, the Acute Performance Management arrangements and formed part of the twice yearly organisational performance reviews.

**Acting Head of
Performance and
Corporate
Reporting**

Mr Reid advised that as agreed at the May 2012 meeting of the Quality and Performance Committee, a report would be brought forward on the range of processes in place to manage sickness absence within NHS Greater Glasgow and Clyde and pointed out the significant improvements which had been achieved in recent months in this area. It would be considered whether the NHS Board's performance in this area could be measured against other NHS Boards and public sector organisations.

**Director of Human
Resources**

Dr Benton indicated that no target had been set for the recruitment of disabled people and Mr Reid highlighted the discussion at the previous week's NHS Board and that he was taking a paper to the Staff Governance Committee to consider this issue going forward.

**Director of Human
Resources**

NOTED

68. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP) – JUNE 2012

There was submitted a paper [Paper No. 12/54] by the Medical Director updating on changes to the national overarching aims for the Core Adult Programme, update on the local Primary Care Programme and the setting up of a new Mental Health Programme.

The Cabinet Secretary had visited the Intensive Care Unit, Royal Alexandra Hospital on 18 June 2012 and had been impressed with the teams achievement which had included:-

- A record seven months between Ventilator Associated Pneumonias (VAP), currently 87 days since the last VAP in intensive care;
- A record two years between catheter related blood stream infections in intensive care and currently 259 days since the last catheter related blood stream infection;
- A 1.1 day reduction in average length of stay in the ICU;
- A record 13 months between MRSA cases and currently six months since the last case.

During her visit the Cabinet Secretary announced that the programme would be extended until 2014 with two new aims; firstly to ensure that at least 95% of people receiving care do not experience harm – such as infections, falls, blood clots and pressure sores; and secondly, to reduce the Hospital Standardised Mortality Ratio (HSMR) by 20% by 2015.

The paper highlighted the HSMR analysis for the October – December 2011 period, with the Royal Infirmary and Stobhill now being shown as a combined figure. There was caution in relation to the figure for Inverclyde Hospital as there was reporting issues in the last quarter on the SMR 1 returns.

Councillor Rooney asked why the Royal Alexandra and Vale of Leven Hospital figures were combined and Dr Armstrong advised that it was the same group of clinicians looking after patients at both hospitals and protocols were in place for patients to go direct to the Royal Alexandra Hospital for certain treatments.

In relation to the reduction in harm, Dr Armstrong advised that a Global Trigger Tool was being developed nationally for adult care and that would then be the base line for measuring performance against this new target. It was recognised that it was important that the target set was measurable.

NOTED

69. HEALTHCARE IMPROVEMENT SCOTLAND ANNOUNCED INSPECTION REPORT – CARE OF OLDER PEOPLE IN ACUTE HOSPITALS – GLASGOW ROYAL INFIRMARY

There was submitted a paper [Paper No. 12/55] by the Nurse Director advising that final inspection report from Healthcare Improvement Scotland (HIS) had been received on the inspection visit into care of older people in Acute Hospital's at the Royal Infirmary on 2 – 4 May 2012.

Prior to the inspection visit, the inspection team had reviewed the NHS Board's self assessment against the care of older people in acute hospital standards and also reviewed the findings from the Scottish Patient Experience Programme. The inspection thereafter focussed on dementia and cognitive impairment and preventing and managing pressure ulcers. Nine wards were visited, staff were interviewed and nine periods of observation included two members of the inspection team observing interactions between staff and patients in set areas of wards took place. The inspection team spoke to 19 patients, distributed patient and care questionnaires and reviewed 30 patient records.

The inspection resulted in four areas of strength and 17 areas for improvement and an action plan to address these was submitted and has been published on the website. HIS advised that they plan to carry out further inspections at the Royal Infirmary to ensure that issues regarding dignity and respect for patients had been resolved in a satisfactory manner.

The Acute Services Division will review the implementation of the improvement plan however some aspects will be challenging given the constraints on capital funding.

Mr Fraser was concerned about the methodology that could lead to so many improvements and which did not give due cognisance of the financial and capital constraints. Mrs Grant advised that the current rolling programme for upgrading wards at the Royal Infirmary had not to date specifically taken into account the inspection reports. Therefore the common areas being highlighted like toilets areas may require to be a reviewed in order to reprioritise capital spend to maximise benefits for patients. The Quality and Performance Committee would be advised of changes to the rolling capital programme if it was altered as a result of the improvement plan issued for the Royal Infirmary.

**Chief
Operating
Officer**

Ms Crocket acknowledged that such inspections visits were about improving issues for patients however some of these areas indentified could be challenging for the Board. Ms Brown believed it was beneficial to receive an independent scrutiny body's review of services and the challenges it brought to improve services for patients should be welcomed.

NOTED

70. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE – JUNE 2012

There was submitted a paper [Paper No. 12/56] by the Medical Director covering the Board-wide infection prevention control activity. As previously agreed the report was on an exception reporting basis only as a full report was submitted to each NHS Board meeting.

There was no change in the Staphylococcus Aureus Bacteraemias (SAB) rate or Clostridium Difficile rate from the last reporting period and compliance with hand hygiene for the period 19 – 30 March 2012 was 95% against the Scottish Average of 96%.

In relation to surgical site infection surveillance, apart from the reduction of long bone fracture, were below the national average.

Dr Armstrong provided members with an update on the recent infection control outbreaks covering the Victoria Infirmary, two separate outbreaks within the Western Infirmary and updated members on the norovirus outbreak across a number of hospitals in May 2012 which led to ward closures. Outbreak control team meetings were held throughout May 2012 to monitor these outbreaks.

In relation to the outbreaks at the Western Infirmary, they had both affected the Renal Unit. The first had seen an increased number of patients with vancomycin resistant enterococci (VRE) and following review, infection control measures had been put in place and the numbers had returned to normal. Secondly, enhanced screening had identified linezolid VRE and again steps had been taken to colonise and treat the patients and the Unit remained open to admissions. Dr Armstrong indicated there were environmental issues within the Unit and therefore she planned to visit the Unit with the Nurse Director to examine these matters.

**Medical
Director**

NOTED

71. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 12/57] by the Medical Director on adverse clinical incidents. The reporting of adverse clinical incidents had been displayed in two separate charts in order to highlight the position within Acute Services and separately within Partnerships.

In relation to Acute Services the clinical incidents were routinely reviewed at each meeting of the Clinical Governance Forum. For Partnerships the vast majority of cases were related to mental health and it was reported there was an ongoing review of significant clinical incident reporting and management aligned to clinical governance arrangements for Partnerships.

Dr Armstrong provided members with the background to a specific case. In relation to the circumstances of this case, Ms Crocket would enquire whether gastric and feeding protocols were available within nursing homes within NHS Greater Glasgow and Clyde.

**Nurse
Director**

Dr Armstrong provided members with a detailed summary of ongoing and forthcoming fatal accident inquiries and answered members question in relation to specific cases.

NOTED

72. CIVIL CONTINGENCIES - 2012 OLYMPICS BRIEF

There was submitted a paper [Paper No. 12/58] by the Director of Public Health setting out the arrangements being put in place following an examination of emergency plans in light of the additional pressures that the Olympic Games may bring to host cities. Eight Olympic football matches were being played at Hampden Park from 25 July to 3 August and the NHS Board was required to provide medical services to athletes, officials, the Olympic family and the media.

Dr de Caestecker took members through the report in relation to the co-

ordination/reporting requirements; security, doping arrangements, sports injuries; accessing prescriptions, communications and business continuity. The report highlighted that the Olympic teams for three countries would be training within the NHS Greater Glasgow and Clyde area during the wider games period. A mutual aid agreement has been signed between the NHS Board within Strathclyde Emergency Co-ordination Crew and this established the type of resources which would be shared in emergency situations and the method of requested mutual aid from neighbouring Boards.

Dr de Caestecker emphasised that this was a useful test for the NHS Board's procedures and preparations for the 2014 Glasgow Commonwealth Games.

Members welcomed the arrangements being put in place and enquired about the timing of the purchasing of new IT systems. Mr Rogerson explained that the systems to be purchased would augment the existing systems and the new systems were being purchased for use during the Commonwealth Games so this was a useful test two years ahead of these games.

NOTED

73. ANNUAL CLINICAL GOVERNANCE REPORT – 2011/12

There was submitted a paper [Paper No. 12/59] from the Medical Director setting out the 2011/12 draft Annual Report for Clinical Governance.

The report set out the change in clinical governance arrangements following the transfer of the responsibilities from the Clinical Governance Committee to the Quality and Performance Committee. It emphasised that this Committee's role was to seek assurance that clinical governance remits were working effectively to safeguard patients and improve the quality of clinical care. Appendix 1 to the report was an extract of the statement of assurance on the clinical governance arrangements as provided to the Audit Committee by the Medical Director and Convener of the Quality and Performance Committee.

The report highlighted patient safety and clinical risk management arrangements; clinical effectiveness measures and improvements which had been implemented throughout the year in different Acute Directorates and CH(C)Ps and lastly provided commentary on the emerging clinical governance themes over the next year.

DECIDED

That the Clinical Governance Annual report – 2011/12, subject to minor changes be approved and the final document issued to all NHS Board members.

**Head of
Clinical
Governance**

74. CLINICAL GOVERNANCE STRATEGY

There was submitted a paper [Paper No. 12/60] from the Medical Director presenting the outcome of the extensive consultative review process in developing the Clinical Governance Strategy.

The Clinical Governance Strategy highlighted the key priorities for the Annual

Clinical Governance Improvement Programme. The main objectives would now be discussed with the various clinical Fora/Lead Groups to ensure a local commitment to the framework provided within the Clinical Governance Strategy. The Quality and Performance Committee had discussed the strategy at earlier meetings and more recently it had been one of the topics at the NHS Board May Seminar. This assisted in shaping the final document.

Dr Armstrong advised that it was important that the processes in place provided clinicians and clinical teams with timely information to improve and change services for the benefit of patients. The desire was to continually improve services and learn lessons from cases highlighted throughout the year.

Improving the safety in quality of care was core to the work of NHS Greater Glasgow and Clyde and improving quality was a core value which was emphasised within the Health Act 1999 – which stated - that NHS Boards should “put and keep in place arrangements for the purpose of monitoring and improving the quality of healthcare which it provided to individuals”. Members welcomed the completion of the Clinical Governance Strategy.

DECIDED

1. That, the Clinical Governance Strategy, be approved.
2. That, the associated headline priorities, be noted.

**Medical
Director**

75. FINANCIAL UPDATE

Mr P James, Director of Finance, reported that for the period 31 May 2012 the NHS Board was showing a £0.7m overspend. It was early on in the financial year and the first formal financial monitoring report would be submitted to the August 2012 NHS Board meeting.

**Director of
Finance**

Mr James advised that the budgets were being set up in a way which took account of phased expenditure and the impact of the savings plan. Councillor Rooney asked for more detail on the savings plan and Mr James indicated that this would be provided to new members as part of their induction session on 4 September 2012.

**Director of
Finance**

NOTED

76. ANNUAL REVIEW – 2011/12

There was a paper submitted [Paper No. 12/61] from the Director of Corporate Planning and Policy setting out the arrangements for the NHS Board’s Annual Review to be held on Monday 26 November 2012. The paper outlined the programme for the day and the core agenda items as notified by the Scottish Government Health Directorate.

NOTED

77. REVIEW OF REMIT OF QUALITY & PERFORMANCE COMMITTEE

There was a submitted a paper [Paper No. 12/62] by the Head of Board Administration providing members with the opportunity after one year of reviewing the workings of the Committee and its remit to ensure that it remained relevant and fit for purpose. The Committee took an integrated approach to the key responsibilities of quality of patient safety, patient experience and funding decisions and the Staff Governance Committee was a Subcommittee of the Quality and Performance Committee. All Board members received the agenda minutes and papers of the Committee and were invited to attend and contribute to the discussions.

Members discussed the size of the agenda and whether there was alternative ways of undertaking the responsibilities of the Committee. It was felt that finance was an integral part to the integrated approach to measuring performance and that it was appropriate for major capital projects to be considered by the Committee, it was acknowledged that these meetings may be lengthy.

Ms Brown had hoped for more information and discussion on involving people aspect of the Committee's responsibilities and it was agreed to return to this when the Nurse Director presented the Quality Development Group's Annual Report to the September meeting of the Committee.

Nurse Director

Mr Sime welcomed the Clinical Incident Reports and update on Fatal Accident Inquiries. He asked if the Medical Director would be able in future to provide more information on ongoing Clinical Incidents which had not long arisen or were being reviewed. Dr Armstrong indicated she would consider this for future meetings.

Medical Director

DECIDED

That the remit and arrangements for the Quality and Performance Committee be approved for a further year and reviewed again in July 2013.

Head of Board Administration

78. NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT: PROGRESS UPDATE – STAGES 1, 2 & 3

There was submitted a paper [Paper No. 12/64] from the Project Director of Glasgow Hospitals and Laboratory Project setting out the progress against each stage of the development of the new laboratory, design and development of the new hospitals and construction of the new Adult and Children's Hospitals.

The laboratory building was handed over to the Board on 9 March 2012 and all moves into the building have taken place as per the migration plan. The following services are now operational within the new laboratory building – genetics laboratory, pathology, microbiology, haematology, mortuary (NHS) and biochemistry. Biochemistry from the Royal Hospital for Sick Children and clinical genetics would have moved in by the end of the week and the city mortuary would move at a later date during the summer 2012.

The pneumatic tube link connecting the existing hospital to the new laboratory block was tested and commissioned during February 2012. Further tests carried out prior to the transfer of biochemistry in early June found water had entered the system and had made it inoperable. To ensure the move in of biochemistry, a temporary portering service was implemented to provide the transfer of samples until the tube system could be re-established. Brookfield had decided to set aside the underground

route and had commenced work to design an aerial route to link in with existing entry point on the east wall of the mortuary and its hoped installation and works would be completed by the end of July 2012. This would be a cost for the contractor and the cost of the portering service was being recorded by the Project Team and this cost will also be recovered from the contractor.

It was recognised that there was now no further need to provide monitoring information on the laboratory block contract as it had been completed and was operational.

In relation to Stage 2 – new Adult and Children’s Hospital good progress had been made in the design of layouts and systems from two hospitals and the first batch of 1:50 drawings for construction had now been issued by Brookefield and these were being carefully examined by the NHS Board’s technical team.

A member of the Clinical Physics and Bio-engineering staff had been seconded to the Project Team to support the development of the equipment procurement and transfer strategy.

In addition the issues raised through the new fire guidance had now been addressed through the design process with some elements still being further explored with building control.

On Stage 3 –Mr Seabourne highlighted that the Stage 3 Energy Centre Construction – “A” side handover was re-programmed to be completed on 21 September 2012. This was a four week delay but posed no operational or financial difficulties for the NHS Board.

The Community Benefits Programme currently exceeded the 10% target for new entrants. A total of 185 new entrants had been employed on the site including 53 apprentices; an additional 100 jobs had been filled in partnership with Glasgow Regeneration Agency. Work with schools continued, the Independent Learning Project with six secondary schools in South West Glasgow was completed in April. The project has supported over 140 work experience placements for young people and provided a programme of placement and site visits for university students and local employability organisations. The Training and Recruitment Centre on site had been working well and was officially opened at a ceremony on 28 May 2012 by the Cabinet Secretary for Health, Wellbeing and Cities Strategy.

Councillor Rooney asked whether the community benefits related solely to the main contractor and Mr Seabourne advised that the community benefits in terms of recruitment and apprentices ran through the other contractors and sub contractors.

The infrastructure for car parks 1, 2 and 3 had now been incorporated within the project at £25.4m including VAT and the agreed £1.6m affordability provision. This represented a £6.9m movement in the risk provision for car parks. Planning permission had now been sought for car park 1 with the design process started and the VEAT Notice had been published in the official journal of the European Union and comments were due by 7 July 2012. No comments had been received to date.

Mr Ross took members through the change control process, potential compensation payments and overall budget. Mr Winter advised that he had met with Mr Seabourne and the Project Team and was content with the progress being made.

NOTED

79. EAST DUNBARTONSHIRE CHP – REVIEW

There was submitted a paper [Paper No. 12/63] from the Director, East Dunbartonshire Community Health Partnership (CHP) which provided background information on East Dunbartonshire CHP and setting out key financial, service, clinical and staff issues, including those effecting the Oral Health Directorate, which was managed by East Dunbartonshire CHP. The paper provided commentary on the organisational performance and overview of the challenges and risks as well as the arrangements for East Dunbartonshire CHP and its supporting structure.

Mrs Murray, Director, East Dunbartonshire CHP gave a full presentation to members on the background of the formation of the CHP, the Committee structure, clinical governance arrangements, finance, performance, staff and partnership issues. Mr Fraser, Interim Chair added that he had been a member of the CHP Committee for the last year and found that the partnership was very effective with good local contacts made with voluntary organisations made through the Public Partnership Fora arrangements. It had not proved possible to take forward the integrated model of health and social care with East Dunbartonshire Council.

Members asked a range of questions from the presentation and the operation of the CHP. Mrs Murray and Mr Fraser responded as follows:-

- There had been discussions with GPs to encourage them to assist in meeting the HEAT target for alcohol brief interventions, however, despite the CHP's efforts there were some GPs who did not see the issue as a problem for their population.
- The transfer of prison dentistry from the Scottish Prison Service to the NHS did pose resource challenges for the NHS Board as the current service was more an emergency service rather an optimum service. Mrs Murray had a meeting arranged with the Deputy Chief Dental Officer SGHD to discuss this matter and a Working Group was being formed to review prison dentistry.
- Managing the prescribing budget was a challenge particularly with a population actively engaged in their health and valued their health as an asset. The CHP adhered to the prescribing management protocol and it was a volume issue and demand for new treatments.
- The reviewing of significant event analysis undertaken within primary care had proved useful and GPs were sharing such information with other GPs to bring about improvements to services to patients. The Partnerships Clinical Governance Fora assisted in this area.
- Despite efforts to engage East Dunbartonshire Council in an integrated health and social care model it had not been proved possible to move beyond the current health only model at this stage.

The Convener thanked Mrs Murray and Mr Fraser for the paper and presentation and for the answers given to members' questions.

NOTED

80. MINUTES OF THE PROPERTY COMMITTEE MEETING: 6 JUNE 2012

There was submitted a paper [Paper No. 12/65] setting out the Property Committee Minutes of its meeting held on 6 June 2012.

Mr James advised that as part of the review of the Governance arrangements, one of the recommendations would be that the Property Committee and Capital Planning Group merge as their business overlapped in many areas.

It was agreed that the development of the Capital Plan for 2013/14 would be submitted to the Quality and Performance Committee in Spring 2013 as part of the process of endorsement prior to seeking NHS Board approval to the plan.

**Director of
Finance**

NOTED

81. MINUTES OF THE CLINICAL IMPLEMENTATION GROUP MEETING: 11 JUNE 2012

There was submitted a paper [Paper No. 12/66] setting out the Clinical Implementation Group Meeting Minutes of its meeting held on 11 June 2012.

NOTED

82. MINUTES OF THE STAFF GOVERNANCE COMMITTEE MEETING: 3 APRIL 2012

There was submitted a paper [Paper No. 12/667] setting out the Staff Governance Committee Minutes of its meeting held on 3 April 2012.

NOTED

83. DATE OF NEXT MEETING

9.00am on Tuesday 18 September 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH.

The meeting ended at 11:55 am