QPC(M)12/06
Minutes: 105-126

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 20 November 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)

Dr C Benton MBE	Ms R Micklem
Ms M Brown	Mr D Sime
Mr I Fraser	Mrs P Spencer
Cllr M Kerr (for Minute 109-121)	Mr B Williamson
Cllr J McIlwee	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 (to Minute 115)	Mr R Finnie
Mr R Calderwood	Mr A O Robertson OBE

Rev Dr N Shanks

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

Cllr G Casey	..	Chair West Dunbartonshire CHCP (for Minute 118)
Dr G Cobb	..	Specialist Trainee, Public Health
Mr A Daly	..	Head of Financial Planning
Mr J Dearden	..	Head of Administration, Glasgow CHCP (for Minute 110)
Mr K Fleming	..	Head of Health & Safety (for Minute 117)
Ms J Gibson	..	Head of Performance & Corporate Reporting (to Minute 114)
Mrs J Grant	..	Chief Operating Officer
Mr J C Hamilton	..	Head of Board Administration
Mr N McGrogan	..	Head of Community Engagement & Transport (for Minute 116)
Mr A McLaws	..	Director of Corporate Communication
Mrs K Murray	..	Director, East Dunbartonshire CHP (to Minute 4(d))
Mr K Redpath	..	Director, West Dunbartonshire CHCP (for Minute 118)
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning & Policy
Mr D Ross	..	Director, Currie Brown UK Limited (for Minute 120)
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute 120)
Mr M Sheils	..	Assistant Head of Financial Services (for Minute 119)

105. WELCOME AND APOLOGIES

The Convener welcomed Dr G Cobb and Mr A Daly to the meeting and explained that a number of officers were attending the meeting to present their papers, therefore there may be a need to move some agenda items in order to minimise any delay for those involved.

Apologies for absence were intimated on behalf of Mr P Daniels OBE and Cllr A Lafferty.

106. DECLARATIONS OF INTEREST

Declarations of interest were raised in relation to the following agenda items:-

Item 4(c) – Contract for NHS Partnership Beds and Local Authority Residential Care Beds – Inverclyde – Cllr J McIllwee

107. MINUTES OF PREVIOUS MEETING

On the motion of Mr I Fraser and seconded by Mr K Winter, the Minutes of the Quality and Performance Committee Meeting held on 18 September 2012 [QPC(M)12/05] were approved as a correct record.

NOTED

108. MATTERS ARISING

(a) Rolling Action List

In relation to Minute 69: Healthcare Improvement Scotland: Care of Older People Report: Glasgow Royal Infirmary - Mrs Grant advised that approximately two thirds of the toilets in the area in question had been refurbished with the remaining toilet areas to be completed in the new year. Further assessments were undergoing to identify other toilet areas requiring minor refurbishment ahead of any ward upgrading works.

NOTED

(b) Western Infirmary and Site B - Update

In relation to Minute 90(b) – Proposed Disposal of Site B and the Production Pharmacy Building: Western Infirmary - Mr Calderwood advised the Committee that the disposal of the balance of the Western Infirmary Site, including the Production Pharmacy Unit had been agreed in principle with the University of Glasgow, on the terms set out in the paper submitted to the Committee in September 2012.

Discussions were continuing with the University on the issue of embedded space and progress would be reported to the next meeting of the Committee. **Chief Executive**

NOTED

(c) Contract for NHS Partnership Beds and Local Authority Residential Care Beds - Inverclyde

In relation to Minute 90(c) – Update – NHS Partnership Beds and Local Authority Residential Care Beds in Inverclyde - Mr Calderwood advised the Committee on the progress since the last meeting. The preferred option was building on the Inverclyde Royal Hospital Site using our funds, however this required access to Capital Funds and the options to achieve this were being considered. The second preferred option would be considered in relation to funding the facility on the Inverclyde Royal Hospital site via the HUBCO route being followed by the NHS Board in respect of the four local health centre schemes considered earlier in the year.

In relation to capacity on the Inverclyde Royal Hospital site, Mr Calderwood gave a description of the possibility of rationalising accommodation through different Board efficiency plans.

Cllr McIllwee was pleased at the progress being made but was concerned at the impact on the families and patients in Ravenscraig Hospital if there were any further delays in the process to provide improved accommodation.

Director, Glasgow CHP

Mr Calderwood advised that the Outline Business Case would be submitted to the Committee for approval once the preferred option had been agreed.

Cllr J McIlwee

Ms Brown was keen that the Council provided a report on the make-up of the types of beds they would be providing. Cllr McIlwee indicated he would raise this with Council officials in the hope a report can be submitted to the January 2013 meeting of the Committee.

NOTED.

(d) Transfer of Dental Outreach Teaching Service from Greenock Health Centre to the new Alexandria Medical Centre in 2013/2014 – Update

In relation to Minute 51(15/11/2011) – Dental Services In Alexandria and Inverclyde – there was submitted a paper [Paper No. 12/86] from the Director, East Dunbartonshire CHP updating the Committee on the proposed use of the four dental chairs in Greenock Health Centre, post the relocation of the student outreach service in 2013.

Mrs Murray advised that the Oral Health Directorate had been working to support Inverclyde CHCP relocate services, including the Community and Salaried Dental Services from the Elizabeth Martin Clinic in Inverclyde. The relocation took place during November 2012 and the majority of the patients have registered with local general dental practices and those patients requiring ongoing support from the Community and Salaried Dental Service will have their care provided from Greenock Health Centre from November 2012 onwards.

The Oral Health Directorate was planning for the cessation of outreach teaching at Greenock Health Centre at the end of the Spring student term in 2013. In addition it was considering options for the utilisation of the remaining capacity released by the relocation of outreach teaching to Alexandria.

DECIDED:

1. That the relocation of the Community and Salaried Dental Services from the Elizabeth Martin Clinic to Greenock Health Centre be noted.

2. That the Oral Health Directorate continued to develop proposals to relocate orthodontic activity from Inverclyde Royal Hospital to Greenock Health Centre be agreed. **Director, East Dun CHP**

3. That the Oral Health Directorate continued the review of Community and Salaried Dental Services and feasibility of developing endodontic and periodontal service provision from Greenock Health Centre after Outreach Services relocated in 2013 be agreed. **Director, East Dun CHP**

109. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No. 12/87] from the Head of Performance & Corporate Reporting setting out the integrated overview of NHS Greater Glasgow and Clyde's performance.

Of the 41 measures which have been assigned a performance status based on their variance from trajectories and/or target outlines, 27 were assessed as green; 9 as amber (performance within 10% of trajectory) and 5 as red (performance 10% out with meeting the trajectory). The areas where improvement was required were:-

1. Faster access to specialist services/children's & adolescent mental health (CAMHS)
2. Handling freedom of information requests
3. Acute bed-days lost to delayed discharge (including adults with incapacity)
4. Sickness absence

In relation to CAMHS, Mr Williamson inquired about the plans for moving from wait times of over 26 weeks to the intended 7 weeks as described at the November NHS Board Seminar. Mr Calderwood advised that the plans described by the managers at the NHS Board Seminar were around tackling the long waits with additional resources and thereafter wait from the end of the current financial year would be an average of 7 weeks (made up of 3 weeks for assessment followed by 4 weeks for treatment), well within the HEAT target of 26 weeks. .

Dr Benton inquired about service level agreement with NHS Highland and the negotiations to agree the settlement of the outstanding sums due to NHS Greater Glasgow and Clyde. Discussion were underway to address the under recovery from NHS Highland and there was now a recognition of a gap and discussions were focusing on quantifying the sum involved.

Ms Micklem asked a general point in relation to service resilience particularly as she noted the impact of absences in small specialist teams. Mr Calderwood advised that he had been thoughtful about resilience within teams and particularly within small specialist teams and he had identified this as an area for particular focus for discussion with managers during 2013/2014. **Chief Executive**

Mr Finnie was concerned at the number of bed-days that were being lost to delayed discharges. Ms Renfrew advised that progress was being made although achieving the intended reduction had been delayed. The Change Fund of £17milion was assisting the reduction of delayed discharges and a key indicator of success would be the ability of the Board to decommission an appropriate number of beds within the Acute sector to match the funding to support people within the community. It

remained under close scrutiny and would be the subject of an exception report to the Committee as it was critical to keep up the pressure on this difficult issue.

Ms Brown asked that future reports on bed-days lost include a table which showed figures excluding adults with incapacity. This was agreed. She was surprised to see within the commentary on the exception report that CH(C)Ps would be required to submit proposals to finance the additional acute bed resources if they were unable to bring about improvements within their own area. She asked about the focus on the Change Fund and whether there was a means by which members could receive more information in relation to the benefits accrued from this additional funding. CH(C)Ps Committees were required to focus on the Change Fund plans for their own areas, however if additional information was required this could be considered for a NHS Board Seminar in the New Year. In relation to a point raised by Mrs Spencer, Ms Renfrew advised that more change was required within the community to support people leaving hospital care and Glasgow City and Renfrewshire Councils continued to be adrift from the target set. Mrs Grant intimated that the Acute Services Division was engaging with both Councils to ensure that the patients received the appropriate care and treatment and progress was being made.

Mr Calderwood emphasised the focus on this issue in terms of discussions with Councils, CHCPs and at the Organisational Performance Review meetings with the Partnership Directors. Ms Brown accepted this and asked that there be a whole system approach to the matter which included a review on inappropriate admissions to hospital.

DECIDED

1. That the Integrated Quality & Performance Report be noted.

2. That future reports on bed-days lost include a Table which provided the figures excluding adults with incapacity. **Director of Corporate Planning & Policy**

3. That consideration be given to including the Change Fund as a topic for an NHS Board Seminar in 2013. **ditto**

4. That a whole system approach, including inappropriate admissions to hospital, be considered in relation to bed days lost. **ditto**

110. ADULTS WITH INCAPACITY REPORT OF SUPERVISORY BODY FOR 2011

There was submitted a paper [Paper No. 12/97] from the Director of Glasgow CHP providing members with the Annual Report produced by the Adults with Incapacity Supervisory Body covering the discharge of the NHS Board obligations under part 4 of the Adults with Incapacity (Scotland) Act 2002 to make arrangements for the management of funds of those patients resident in hospitals who lack the capacity to make decisions about their own finances.

Mr J Dearden, Head of Administration, Glasgow City CHP was attending the meeting, representing Mrs A Hawkins, Director of Glasgow City CHP to present the report and answer members' questions.

The report covered the calendar year 2011 and detailed the work undertaken in this

area and was submitted to the Committee based on recommendations made by the internal auditors following a review undertaken in 2009.

In relation to questions asked by members, Mr Dearden advised that the difference between fully compliant and compliant as set out in the summary of inspection visits was that where areas were determined as compliant there had been some minor areas which had been identified for possible improvement. It was the intention that the report for 2012 be submitted to the Committee earlier next year. **Director, Glasgow CHP**

NOTED.

111. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP) – UPDATE

There was submitted a paper [Paper No. 12/88] by the Medical Director providing an update on the Acute Adult Core Programme, setting up of the new Mental Health Programme and the progress been made with the Primary Care Programme.

The National Coordinating Team and the key Technical Advisers from Scottish Government Health Directorate (SGHD) visited NHS GG&C for three days over 8-10 October 2012 as part of the SPSP Autumn Harvest. This was to gather examples of good practice across NHS Scotland and also to afford the opportunity to celebrate the success of this phase of SPSP. Dr Armstrong advised that the full report was still awaited however the informal feedback had been positive and some of the highlights identified had been used in the Board presentation at the national SPSP event on 8-9 November 2012.

Within Primary Care the implementation of the five workstreams continued to be tested in Primary and Community Care, to improve patient safety. Six District Nursing Teams were continuing to improve compliance and reliability of the process, for both prevention of pressure ulcers and the administration of insulin care bundles. There were eleven GP Practices who continued to collect data on a monthly basis to improve the reliability of the process for these bundles. Ten GP Practices had volunteered to use the Trigger Tool to screen medical records of patients to identify avoidable harm.

Dr Armstrong indicated that the prevention of pressure ulcers had been targeted to high risk patients. She also explained that the involvement of the GP Practices and District Nursing Teams had been helpful and the intention would be, if success could be evidenced and services improved, to roll it out across other GP Practices and District Nursing Teams within NHSGG&C.

NOTED.

112. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE – OCTOBER 2012

There was submitted a paper [Paper No. 12/89] by the Medical Director covering the board wide infection prevention control activity. The report was on an exception reporting basis only as the full report was submitted to each NHS Board meeting and this report covered quarter April – June 2012.

The most recently validated results available demonstrated Staphylococcus Aureus Bacteremias (SAB) rate of 0.312 per 1000 average occupied bed-days (AOBD) against a national rate of 0.302.

The NHS Board rate for C Difficile infection for the quarter – April to June 2012

was 0.25 per 1000 total occupied days for those patients a 65 and over, against the 2013 Heat Target of 0.39. The national average was 0.31.

The NHS Board's compliance with hand hygiene was 96% for the period July – August 2012 against the Scottish average of 96%. Dr Armstrong advised that this equalled the highest compliance rate achieved thus far by NHS GG&C. Mr Fraser asked why 100% had not been achieved. Dr Armstrong advised of the process which involved the Charge Nurse carrying out local audits and the need for all staff to succeed in meeting all ten criteria on all occasions. This was then followed up by a National Audit and she believed that it was genuinely difficult to achieve 100% against all the criteria all the time and therefore she had been pleased with the rate of 96% and meeting the national average on compliance with hand hygiene opportunities.

In relation to surgical site infection surveillance, all procedural categories were below the national average. An electronic surgical site surveillance module had been purchased and this would facilitate broadening out this type of surveillance to other operating procedure categories.

Dr Armstrong reported that three cases of MRSA had occurred in a ward at the Beatson Oncology Centre in October and samples had been sent to the National Reference Laboratory for detailed investigation.

During October 2012, five hospitals and nine wards had reported novovirus activity and the figures had highlighted the effect on patients and staff. Dr Benton inquired about staff contracting novovirus and Mrs Grant intimated that staff were in such circumstances advised to stay off work for the required time to ensure that the infection was not spread throughout clinical areas.

NOTED.

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

There was submitted a paper [Paper No. 12/90] 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.

The report highlighted that there had been an Avoiding Serious Events Monitoring Summary Report operating within Acute Services Division for some time. This had proven useful in augmenting the existing review arrangements for patient's safety by adding an approach which created a more visible focus on indicators and assurance of improvement. The system was still in evolution and the information presented within the report highlighted the impact of adding Venous Thromboembolism in early 2011 and serious pressure ulcers in late 2011. A similar system was being developed within Mental Health Services and the two priority areas being progressed had been suicide and Lithium management.

Dr Armstrong provided members with a detailed summary of a particular case in addition to providing an update on the ongoing and forthcoming Fatal Accident Inquiries.

At the last meeting Dr Armstrong had been asked to provide an update on the handling and lessons learned from significant clinical incidents with a view to ensuring sustainable changes in processes and procedures. A paper had been tabled

which set out the process to establish a new Significant Incidents Policy in line with NHS Scotland requirements. In addition it had been announced that Health Improvement Scotland would also be producing a National Framework for NHS Boards and in future Boards would be subject to an inspection process to scrutinise compliance with the framework for the handling and management of significant clinical incidents. Dr Armstrong took members through the review process and subject to the timescale for receiving the National Framework it was the intention that the new policy be submitted to the Committee for approval at the March 2013 meeting. Dr Armstrong agreed to report on progress at the next meeting in January 2013. **Medical Director**

NOTED.

114. CLINICAL GOVERNANCE IMPLEMENTATION GROUP MINUTES AND SUMMARY – 8 OCTOBER 2012

There was submitted a paper [Paper No. 12/91] in relation to the Clinical Governance Implementation meeting held on 8 October 2012. Dr Armstrong took members through the summary report and highlighted the steps taken within Mental Health in reviewing and clearing the outstanding significant clinical incidents and also the issues in relation to breakdown in communications between clinical staff within Castlemilk Health Centre.

NOTED.

115. MODERNISING MEDICAL CAREERS – IMPACT ON SERVICE PROVISION

There was submitted a paper [Paper No. 12/92] from the Chief Operating Officer and Medical Director setting out the impact on different specialties as a result of the National Programme of Modernising Medical Careers which had been established to provide a more structured approach to medical training. A key aim of the programme was to more closely link the number of training posts to the likely requirements for consultants in future.

Until recently reductions in trainees had been modest year on year however in August 2012 three acute specialties, namely Emergency Care, Anaesthetics and Obstetrics and Gynaecology experienced a significant and unprecedented reduction in middle grade trainee posts. The service was reliant on these grades to provide both out of hours cover and in the case of the Anaesthetics and Obstetrics and Gynaecology a significant amount of planned care.

In practice manpower projections had proven inaccurate particularly in more acute specialties and those leaving some specialties had been underestimated. This had resulted in there not being a viable cohort of doctors to fill all the middle grade gaps. Despite repeated advertisements recruitment to staff grade posts had been very poor and retention was also poor amongst those who had been appointed. A range of options had been considered and the conclusion was that the only reliable way to ensure that there were sufficient senior doctors to maintain a safe and sustainable service was to recruit additional consultants. This recognised however that a consultant cannot replace the service hours with a like for like basis which the middle grade doctor provided due to the nature of the consultant contract.

The paper set out the impact on Emergency Care and Medicine (Adult Accident Emergency); Surgery and Anaesthetics – General and Neuro Anaesthesia; and

Women and Children – Paediatric Accident and Emergency and Obstetrics and Gynaecology.

Due to service pressures across Scotland in relation to this issue SGHD undertook a consultation process "Reshaping the Medical Workforce in Scotland" earlier this year. The Cabinet Secretary for Health & Well-Being accepted that there should be "a pause" in any further reduction in trainee numbers in a number of key specialties. Significant staffing challenges continue to be experienced in these key areas and considerable redesign was being undertaken to ensure the maximum efficiency was achievable from the overall staffing complement. It was anticipated that in 2011/2012 £2.073million of additional funding was required to secure safe and sustainable service in these areas (full year effect – £3.572million).

Members were concerned at the failures in manpower planning at a national level and the effect on service provision. Mr Calderwood took members through the full background to the National Programme of Modernising Medical Careers and the steps taken within NHSGG&C to recruit consultants to these posts in order to ensure the continuation of a safe and deliverable service to patients. It was possible there would also be an impact in 2013 and planning was already underway to mitigate the circumstances that may be faced in August 2013. A further paper would be submitted to the Committee or the NHS Board at a later date. **Medical Director/Chief Operating Officer**

Mr Williamson believed that officers had managed the challenges well and had avoided a serious crisis. He emphasised that the national desire to increase the quality of trained doctors, had not been fully connected to the changing workforce issues and the need to provide a sustained service provision. Mr Calderwood emphasised that the steps taken by the NHS Board had led to a high quality consultant led service and Mr Lee welcomed the outcome of securing a safe and better quality service for patients.

Dr Armstrong described the discussions ongoing with other West of Scotland NHS Boards and the Deanery's proposal to introduce practice guidance which will be monitored locally. There remained a need to improve some identified rotas.

DECIDED:

1. That the impact on the identified specialties and proposed plan to manage that impact be noted

2. That a further paper be submitted to the NHS Board or Quality Performance Committee during 2013 and the impact on next year was better understood. **Medical Director, Chief Operating Officer**

116. REPORT ON PATIENT, CARER AND PUBLIC INVOVEMENT ACTIVITY

The was submitted a paper [Paper No. 12/93] from the Nurse Director which the Committee was asked to note, on patient, carer and public involvement activity during 2012 and the progress made towards meeting the Participation Standard.

Mr N McGrogan, Head of Community Engagement & Transport attended on behalf of the Nurse Director to present the paper and answer members' questions.

In August 2010 the Scottish Health Council (SHC) issued a Participation Standard which brought together existing legislation, guidance and best practice relating to

how patients, carers and the public were to be involved in the NHS. The standard covered patient focus, public involvement and governance. SHC selected specific criteria as a basis of an annual assessment process and NHS Board was required to complete a self-assessment framework in order to measure compliance against these three specific aspects of the standard. Following the assessment of the NHS Board performance against the standards in September 2011 a wide ranging discussion document was sent to the Nurse Director by SHC in March 2012. This led to directorate specific improvements being identified and communicated to relevant directors and localised improvement plans highlighted key actions to improve public involvement activity.

The Quality Policy Development Group reviewed the improvement plans agreed with SHC and supported a programme of activity to support improvement in how patients, carers and the public could be involved in NHSGG&C.

The paper set out a summary of examples of work taken from across the Acute Service Division and the CH(C)Ps to illustrate the variety of approaches, audiences, topics and techniques employed across the NHS Board to involve patients, carers and the public.

Members welcomed the information and commended the effort to engage with the public. In response to a question from Ms Micklem, Mr McGrogan advised that there was an opportunity to reflect on practice and those issues which went well and those which did not. He highlighted this by describing the engagement with young people in relation to the new children's hospital. In relation to bringing patient centred approaches together, Ms Renfrew advised that a framework was being developed covering this area and will be discussed with members at the December 2012 NHS Board Seminar.

Director of Corporate Planning & Policy

Patient Public Forums (PPFs) within CH(C)Ps were working well and were a useful channel for providing and receiving information on public involvement. It was just one of the mechanisms used to involve the public and capture their views. Mr McGrogan described one to one sessions, surveys and other engagements which were undertaken around particular changes within service provision. Steps were taken to share good practice across NHS Board and there was recognition of a need to engage locally on issues of interest/concern to individuals as well as improving performance in engaging with the public across the range of strategic/policy decisions facing the NHS Board.

NOTED.

117. MONITORING OF VIOLENCE AND AGRESSION

There was submitted a paper [Paper No. 12/98] from the Director of Human Resources in relation to the monitoring of violence and aggression within NHSGG&C.

Mr K Fleming, Head of Health & Safety attended to present the paper and answer members' questions.

Mr Fleming explained that a decade ago musculoskeletal injuries were the highest reported injury by staff. However as a result of better training and improved procedures these injuries had been greatly reduced and now violence and aggression (as well as stress) topped the list of most reported incidents by staff. In 2008 the

NHS Board implemented an electronic incident management system – DATIX. The system was accessible through Staffnet and allowed for all types of incidents to be recorded in a fast and reliable electronic manner. The system utilised reviewers and approvers to ensure all incident reports were completed before being accepted into the database and that relevant management action was undertaken.

The number of violent and aggressive incidents reported, while coming down in the last couple of years had settled at fairly consistent levels of reporting and this was the case for physical assaults and verbal abuse incidents. The Health & Safety Forum regularly reviewed and discussed the trends and management actions being put in place to bring about improvements to the handling of violence and aggression incidents. In addition Mr Fleming reported that it was the intention to obtain the medical condition of the patient involved in a violent or aggressive incident toward a member of staff in order that training effort can be better focused to minimise risk for staff. Lastly Mr Fleming reported that new SGHD guidelines were to be issued in 2013 and NHS Board would review its policy on the basis of these revised guidelines.

Mrs Spencer enquired about how repeat offenders were handled. Mr Fleming advised that there was a Standards of Behaviour Policy which had different options which could be utilised in extreme situations. It acknowledged degrees of tolerance and could result, in extreme cases, of visitors not being permitted to enter particular premises.

Mr Finnie enquired about the use of the Emergency Workers Act. Mr Fleming advised that normally in such situations police were involved and they determined what action was required, depending upon the circumstances of each case. There had been ten prosecutions in the last year.

There was a dedicated police presence at Glasgow Infirmary and Western Infirmary at weekends from 10.00pm to 3.00am and the Board paid for the service. It assisted in reducing the risk of violence and aggression to staff and also, based on comments from staff, reduced the fear of violence and aggression.

NOTED.

118. WEST DUNBARTONSHIRE CHCP - REVIEW

There was submitted a paper [Paper No. 12/100] from the Director, West Dunbartonshire CHCP setting out the responsibilities, performance and challenges facing the CHCP.

The Convenor welcomed Cllr Gail Casey, Chair West Dunbartonshire CHCP and Mr K Redpath, Director West Dunbartonshire CHCP to the meeting and Mr Redpath gave a presentation to the Committee on the performance, achievement and priorities facing the CHCP going forward.

Members welcomed the detailed and comprehensive information provided in Mr Redpath's presentation and particularly welcomed the achievements of the CHCP in bringing together the NHS Board's and West Dunbartonshire Council's separate responsibilities for community based health and social care services within a single, integrated structure.

Ms Micklem enquired about the equality section of the paper and in particular what the CHCP had identified from evidence in terms of any gaps in access to services. In addition Mr Fraser asked about how the CHCP operationalised these issues. Mr

Redpath advised that a key Council priority was reducing unemployment and this was major focus in this area. In addition, within the declining population there was a growing elderly population and this was significant in terms of planning services for these patients. He believed that equalities was not a separate strand of work but was embedded within the normal business and practice of the services provided by CHCP staff and performance in this area was measured both by the Council and Board as well as part of the Organisational Performance Reviews conducted with the Chief Executives.

The Convenor thanked Cllr Casey and Mr Redpath for their interesting and informative presentation and willingness to answer members' questions.

NOTED.

119. PROPOSAL FOR REVISED TREATMENT OF NON-CHARITABLE TRANSACTIONS/FUNDS FROM ENDOWMENTS

There was submitted a paper [Paper No. 12/101] from the Director of Finance providing the Committee with an update on the particular types of transactions/funds which may no longer be considered compatible with charity legislation from 1st April 2013 and advising on the possible alternative management arrangements for such funds.

The governance of endowments within NHS Scotland has been subject to a recent review by a National Endowment Steering Group led by Paul James, Director of Finance, NHSGGC. The review group's draft report had previously been circulated to NHS Board Members in August 2012.

Mr M Sheils, Assistant Head of Financial Services attended to present the paper and answer members' questions on behalf of the Director of Finance. Members had a range of questions in relation to expenditure relating to hospitality, health at work activities, retirement awards and research & development. As the matters were wide ranging it was agreed that a separate meeting of the Board as the Endowment Trustees be held by March 2013 to consider outstanding matters. The Convener noted that funds received, held and expended in future as exchequer rather than endowment funds would require appropriate governance arrangements. **Director of Finance**

DECIDED:

1. That a separate meeting of the Board as Endowment Trustees be held by March 2013 to consider the issues raised within the Director of Finance's paper. **Director of Finance**

120. NEW SOUTH SIDE HOSPITALS AND LABOLATORY PROJECT – PROGRESS UPDATE; STAGES 2 AND 3

There was submitted a paper [Paper No. 12/103] from the Project Director of the Glasgow Hospitals and Laboratory Project setting out the progress against Stage 2 (Design Development of the New Hospitals) and Stage 3 (Construction of the Adult and Children's Hospitals).

In relation to Stage 2, Mr Seabourne advised that good progress continued to be made in reviewing and agreeing the design of layouts and systems for the Adult and Children's Hospitals. The design review process remained on programme.

In relation to Stage 3, as at the end of October 2012 week 83 of the 205 week contract had been completed and the project remained within timescale and within budget. The paper provided a range of images highlighting the progress being made in particular areas of the site. The handover of the A-Side Energy Centre will take place on 16th January 2013.

In relation to the car park 1, Mr Seabourne advised that the SGHD Capital Investment Group had approved the Full Business Case and the current plan was to start on site in the third week of April 2013.

The NHS Board and Brookfield Multiplex recently won the Government Opportunities, Sustainability and Corporate Social Responsibility Initiative of the Year Award. It also been short listed for the prestigious Government Opportunities Team of the Year award for the New South Glasgow Laboratory project. Last week the team had won the Design Award – Best Healthcare Project in Scotland. These had been particularly welcome recognitions of the excellent working and cooperation between the NHS Board and Brookfield in delivering this multimillion pound project.

Mr Ross advised that the only movement since the last meeting was a compensation event in relation to adverse weather encountered during June and July 2012. This had resulted in the payment of an additional £42,000 including VAT to the contractor.

NOTED.

121. WEST OF SCOTLAND RESEARCH ETHICS SERVICE – ANNUAL REPORT: 2011/2012

There was submitted a paper [Paper No. 12/94] from the Medical Director setting out the West of Scotland Research Ethics Service Annual Report 2011/2012.

NOTED.

122. QUARTER REPORT AND CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN; JULY – SEPTEMBER 2012

There was submitted a paper [Paper No. 12/95] from the Head of Board Administration asking the Committee to note investigations concluded by the Ombudsman and to review and comment on the actions taken by the relevant Directorate/Partnership. It was the Committee's function to ensure that the recommendations made by the Ombudsman, including those relating to GP's and Dentists, were implemented in the interest of delivering safe and effective care.

The report covered two investigation reports (both GP cases); 20 decision letters (16 within Acute Services, 2 GPs, 1 Dental Practice and 1 CHP) and 2 cases which had been outstanding from the last quarter report (CHCP case and a GP case).

Mr Williamson asked if Ombudsman cases and the recommendations were included in discussions with medical staff during the appraisal. Mrs Grant confirmed this was indeed the case and the action plans were also reviewed by the Clinical Governance structures to ensure wider lessons could be learned across the division. The recommendations and the outcome of complaints would also used during the revalidation process for medical staff.

NOTED.

123. FINANCIAL MONITORING REPORT FOR SIX MONTH PERIOD TO 30 SEPTEMBER 2012.

There was submitted a paper [Paper No. 12/96] providing the financial report for the six month period to 30th September 2012.

The report showed an expenditure outcome of £0.5million in excess of budget for the six months of the year. Mr Daly, representing the Director of Finance, advised that it was considered a year end breakeven position remained achievable.

NOTED.

124. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (MID YEAR REVIEW 2011/2012)

There was submitted a paper [Paper No. 12/99] from the Head of Board Administration setting out the monitoring report for the handling and settlement of legal claims within NHS Greater Glasgow & Clyde up to September 2012. The report had included an overview of claims settled over the last year including the overall settlement cost; claimants cost recovered from the NHS Board and the NHS Board defence cost. In addition, for the first time, an overview of the gross cost and also the amount of income received from the clinical negligence and other risk scheme (CNORIS). The table also identified the net cost of their claims.

It was confirmed that the vast majority of the unsettled significant legal claims related to Obstetrics & Gynaecology. It was the case that solicitors representing the pursuer could delay cases by wishing to obtain developmental reports in order to properly assess the full extent of future care required in relation to clients.

NOTED.

125. MEDIA ISSUES

Mr McLaws, Director of Corporate Communications advised that in addition to the recently introduced weekly media monitoring report which was sent to NHS Board Members he will be producing a report at the Convenor's request to the Committee to cover media and communication issues together with trend and monitoring of the handling of media related issues.

Mrs Grant provided members with an update on the difficulties that had been experienced by the Assisted Conception Service in early November 2012 at Glasgow Royal Infirmary. There had been occasions recently where the percentage rate of fertilisation had significantly deviated from the normal rate of fertilisation. Under the licence to operate the Assisted Conception Services for the West of Scotland there was a requirement to review clinical inputs, the environment and if necessary invoke the emergency plan which would move the service off site while the significant review of practice was undertaken. The service moved off site in the second week of November 2012 and the review was underway. To date no one single issue had been identified as the cause of the downturn in the percentage of fertilisation which would normally be expected, although it was noted that building work was ongoing within this area and that aspect, along with a full review of the clinical aspects of the service, was being considered. The practicalities of offering a further cycle to those patients who may have been affected during the period under review would be worked through as soon as possible and members would be kept up to date of the progress and outcome of the review.

Chief Operating Officer

NOTED.

126. DATE OF NEXT MEETING

9.00am on Tuesday 15 January 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

The meeting ended at 12.55pm