

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the
Greater Glasgow NHS Board
held in the Board Room, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 20 September 2005 at 9.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Mr J Best	Dr R Groden
Mr R Calderwood	Mr P Hamilton
Mr R Cleland	Councillor J Handibode
Councillor J Coleman	Mrs S Kuenssberg CBE
Councillor D Collins	Ms G Leslie
Dr B Cowan	Mr G McLaughlin
Ms R Crocket	Mrs J Murray
Mr T A Divers OBE	Mrs R K Nijjar
Councillor R Duncan	Mr A Robertson OBE (to Minute 114)
Mr W Goudie	Mrs E Smith

Mrs A Stewart MBE

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

Ms S Bustillo	..	Communications Manager
Ms E Borland	..	Acting Director of Health Promotion
Ms S Gordon	..	Secretariat Manager
Ms J Grant	..	Acting Chief Executive, North Acute Division
Mr D Griffin	..	Acting Director of Finance
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Planning and Community Care
Mr D Thomson	..	Associate Director of Finance, PCD (for Minute No 115)
Mr G McMenemy	..	Representative from McClure Naismith (for Minute No 115)

ACTION BY

107. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon, Professor D Barlow, Ms R Dhir, Ms A Paul, Councillor A White, Mr D Thomson (Chair, Area Pharmaceutical Committee), Dr C R Bell (Joint Chair, Area Dental Committee), Mr P Bennington (Joint Chair, Area Dental Committee), Ms L Love (Chair, Area Nursing and Midwifery Committee), Mr H Smith (Chair, Area Allied Health Professionals Committee) and Mr A J McMahon (Chair, Area Medical Committee).

108. CHAIRMAN'S REPORT

- (i) Sir John referred to the "Our Health 3" event held on 31 August 2005 at the Royal Concert Hall. Mr P Hamilton, Chair, Involving People Committee advised that the event had been very successful with around 250/300 people in attendance. Positive feedback had been received and a formal report was expected to be sent to all delegates in around three weeks time along with a copy of NHS Greater Glasgow's DVD entitled "Modernising Hospital Services". Mr Hamilton thanked all NHS Greater Glasgow staff involved in planning the event and those in attendance who helped it run smoothly. He looked forward to "Our Health 4" being arranged. Councillor Collins thanked Mr Hamilton for his contribution on the day and commended all the presentations which had been excellent and very informative.

Sir John also alluded to the NHS Board's Annual Review with the Minister for Health and Community Care which had been held in the afternoon of 31 August 2005. Following a private session with the Area Partnership Forum and the Area Clinical Forum, the Minister held a public session with senior Board officers which had also been well attended.

NOTED

109. CHIEF EXECUTIVE'S UPDATE

- (i) Mr Divers expected to receive the formal letter from the Minister for Health and Community Care following the NHS Board's Annual Review in time for the October Board meeting and this would be included on the agenda. The receipt of this letter would also allow the NHS Board to sign off its Corporate Objectives for 2005/06.
- (ii) The series of meetings between NHS Greater Glasgow, NHS Argyll and Clyde and NHS Highland continued to prepare for the dissolution and integration of responsibilities of NHS Argyll and Clyde. A detailed project plan had been prepared to take forward these responsibilities and engagement events would be scheduled for late October/early November with key stakeholders on how this would be progressed. The Minister for Health and Community Care's consultation on NHS Argyll and Clyde's boundaries was scheduled to end on Friday 4 November 2005.
- (iii) The Calder Advisory Group had had its first meeting on 2 September 2005 and Mr Divers, Dr Cowan and Ms Renfrew had attended the public session orientating the Group on the strategic work of NHS Greater Glasgow's acute services and, in particular, maternity and children's services. The Group had given its agreement for the Board to proceed with the option appraisal process and public advertisements had been placed notifying of the first event which was scheduled for 3 October 2005.

NOTED

110. MINUTES

On the motion of Mrs S Kuenssberg, seconded by Mrs A Stewart, the Minutes of the meeting of the NHS Board held on Tuesday, 26 July 2005 [GGNHSB(M)05/6] were approved as an accurate record and signed by the Chairman.

111. MATTERS ARISING FROM THE MINUTES

- (i) The Matters Arising Rolling Action List was circulated and noted.
- (ii) In relation to Item 95 “East Dunbartonshire CHP Revised Scheme of Establishment”, Councillor Collins re-iterated that at the time of the 26 July 2005 NHS Board meeting, East Dunbartonshire Council had not had the opportunity politically to discuss the CHP Scheme of Establishment. The Council had since had its meeting in September and had indicated their view on the matter.

Sir John confirmed that he had received a letter from the Convener of the Council to arrange a meeting to move this forward from this point in terms of partnership working.

NHS Greater Glasgow was committed to progressing the health model CHP - jointly with Local Authority colleagues and would continue to work with Council colleagues to develop that. Councillor Duncan agreed that NHS Greater Glasgow and East Dunbartonshire Council should move on now, in partnership to provide a health only CHP for the population.

- (iii) Sir John referred to a tabled paper entitled “New Mental Health (Care and Treatment) (Scotland) Act 2003 – List of Section 22 Approved Medical Practitioners”. He apologised for the lateness of the paper but advised that due to the introduction of the new Mental Health (Care and Treatment) (Scotland) Act 2003, relevant approval was sought prior to the Act’s implementation on 5 October 2005 – as the next NHS Board meeting was not until 11 October 2005 it, therefore, required to be considered at this meeting.

NOTED

112. OUTCOME OF CONSULTATION ON THE ESTABLISHMENT OF A WEST OF SCOTLAND CARDIOTHORACIC CENTRE AT THE GOLDEN JUBILEE NATIONAL HOSPITAL

A report of the Chief Executive, NHS Greater Glasgow [Board Paper No 05/59] asked the NHS Board to firstly receive an update on the further programme of work taken forward on the proposal and secondly endorse four recommendations based on these proposals put to public consultation but amended to reflected the outcome of that consultation.

Mr Divers thanked Mr R Cleland, Chair of the Project Steering Group, Mr A Faichney, Mr K Hill, Ms J Grant and Mrs S Bustillo for their help in progressing this consultation exercise.

Mr Divers reminded the Board that at the July 2005 NHS Board meeting, an update on the consultation to establish a West of Scotland Cardiothoracic Centre at the Golden Jubilee National Hospital was received. This proposal was first put forward by clinicians in autumn 2003 and doctors and managers from NHS Greater Glasgow, the Golden Jubilee National Hospital and NHS Lanarkshire had been working since then to examine the feasibility of bringing together:

- cardiothoracic services from NHS Greater Glasgow;
- thoracic surgery currently provided at Hairmyres Hospital; and
- planned and non emergency interventional cardiology from Glasgow

at the Golden Jubilee to create a centre of excellence.

Mr Divers set out the key themes to have emerged from this twelve-week consultation and summarised a range of work that had been undertaken with senior clinical staff to bring these issues to a satisfactory conclusion. In particular, he highlighted the following:

- (a) Interventional Cardiology Model – initially, the Consultant Cardiologists expressed different views about the interventional cardiology model. In the series of meetings that had since been held with the cardiologists, a consensus view had now emerged amongst the clinicians that all interventional cardiology should transfer to the Golden Jubilee National Hospital. It was, therefore, recommended that the Board commission a review of interventional cardiology over the coming months. This review should involve surrounding Health Board areas to ensure that any future plans for interventional cardiology being considered by other West of Scotland Health Boards could be taken into account in the development of these options.

Mr Divers emphasised that the provision of interventional cardiology, integrated with cardiac surgery at the Golden Jubilee National Hospital, would enable the provision of a modern multi-disciplinary approach to the treatment of patients with heart disease and a more seamless service for patients.

- (b) Golden Jubilee Infrastructure – the proposed West of Scotland Cardiothoracic Centre would not be operating on a stand-alone basis at the Golden Jubilee National Hospital. It was always envisaged that the present infrastructure at the hospital would need to be augmented to meet the demands placed upon it by the proposed transfer of cardiothoracic surgery. Clinical and managerial colleagues had worked through a series of detailed service interface issues to agree the level of clinical support and advice required and how these services would be provided. This work had now largely been concluded with agreement reached on the level of clinical support required and a mechanism to ensure its delivery. In some cases, there remained more than one potential option in relation to service delivery and work was ongoing to finalise the most efficient and cost effective manner in which to deliver all services.
- (c) Management Arrangements and Staffing Issues – further discussions had taken place between the partner organisations involved in the proposal on the establishment of a Partnership Board to oversee the strategic direction of the West of Scotland Cardiothoracic Centre. The remit and membership of this Board would now be agreed with the Regional Planning Group at its September meeting and would reflect the close linkages that would be maintained with West of Scotland planning processes.

It had also been agreed that a Clinical Implementation Group would be established to oversee the transfer of the service. This Group would ensure a forum was put in place in which clinical and managerial staff, along with staff-side partners, in all three organisations involved, could participate in the transfer of the service. This Group would also address the key issues of concern to staff relating to terms and conditions of service and potential options available to them as part of the transfer process. It was recommended that this Group be set up swiftly to ensure that the complex issues associated with a major transfer of service could begin to be worked through in detail.

- (d) Financial Arrangements – in taking forward the proposal to bring the West of Scotland Cardiothoracic Surgical Service into a single centre at the Golden Jubilee National Hospital, it had become clear that the affordability of the proposal depended on a collaborative approach on the part of all current funders of the services which were provided at the Glasgow Royal and Western Infirmarys and Hairmyres Hospital. The other significant funder was the National Services Division which funded the heart transplant programme at Glasgow Royal Infirmary.

In terms of the wider proposal to create the West of Scotland Centre at the Golden Jubilee National Hospital, the other important funding partner was the Scottish Executive Health Department which funded the costs of the Golden Jubilee National Hospital.

There was a short to medium term funding pressure associated with the transfer of the Cardiothoracic Surgical Services out of the Glasgow Royal and Western Infirmarys and Hairmyres Hospital. As there were no immediate or short-term plans to reuse the clinical areas which would be vacated, there was a level of cost embedded within these areas (for corporate costs, capital charges and elements of clinical support and support services costs), which could not be released, in full, at this stage.

The West of Scotland NHS Boards had already committed to continuing their current levels of income for these services, recognising the benefits of service sustainability and improvements in patients' amenity which would be delivered at the Golden Jubilee National Hospital. One final meeting of all funding partners was being arranged in October to ensure that all parties would maintain their current income levels until the full release of costs from the vacated areas was released on implementation of Greater Glasgow's and Lanarkshire's future strategic plans.

The detailed costings carried out thus far covered the transfer of the Cardiothoracic Surgical Services which were the key component within the proposal issued for public consultation. The proposed review of Interventional Cardiology would include a detailed costing of the options developed as part of that work.

In summing up, Mr Divers advised that the programme of meetings with senior clinicians that had taken place since the publication of the consultation document had been very productive and had resolved the areas of disagreement which had previously been reported to the NHS Board in July 2005. This further dialogue had highlighted a possible new direction of travel for Interventional Cardiology but one that needed to be further considered and assessed.

The Board of NHS Lanarkshire had already concluded its local consultation and had approved the proposed transfer of Thoracic Surgical Services from Hairmyres to the Golden Jubilee National Hospital.

Mr Cleland, as Chair of the Project Steering Group, referred to the very pro-active consultation exercise which had included a wide range of interested parties and stakeholders. The issues that had arisen had been dealt with in a thorough, open and honest manner. This had led to the positive development of progressing with the proposal and partnership working would continue as a structure was put in place to support the new Centre.

In response to a question, Dr Cowan confirmed that given the changes in modern medicine, it had become more desirable to have Cardiac Surgery and Interventional Cardiology on the one site. This would provide many advantages to the West of Scotland patients as medicine and technology advanced.

Mr Divers confirmed that the NHS Board paper would be submitted to the West of Scotland Regional Planning Group scheduled for 30 September 2005 to get the Partnership Board established. He clarified that the Clinical Implementation Group would have input from the clinical specialties of acute medicine, A & E, cardiology and general medicine.

DECIDED:

- That the update on the further programme of work taken forward on the proposal be received.
- That the following recommendations, based on the proposals put to public consultation but amended to reflect the outcome of that consultation be endorsed:
 1. Adult cardiothoracic inpatient surgical services currently provided at the Western Infirmary and Glasgow Royal Infirmary should be transferred to the Golden Jubilee National Hospital as part of a West of Scotland Cardiothoracic Centre. **Chief Executive**
 2. The National Heart Transplant Service currently provided at Glasgow Royal Infirmary should also be transferred as part of the service. **Chief Executive**
 3. A review should be carried out over the coming months, involving NHS partners across the West of Scotland, to consider the options for bringing together all Interventional Cardiology at the Golden Jubilee. **Chief Executive**
 4. Membership and remit of the Partnership Board and Clinical Implementation Group to be agreed and Groups established as an early priority to take forward the detailed planning and implementation of the moves. **Chief Executive**

113. GREATER GLASGOW NHS NO SMOKING POLICY

A report of the Acting Director of Health Promotion [Board Paper No 05/60] asked the Board to consider whether any changes were necessary to the draft no smoking policy in light of responses received to the consultation.

Ms Borland summarised the responses received and highlighted those aspects of the policy that merited further consideration by the Board in the light of the comments made.

The primary focus of the policy was to protect staff, visitors and patients from the harmful effects of environmental tobacco smoke. It also recognised the exemplar role that NHS Greater Glasgow should play in improving health and reducing smoking rates.

Of the 108 responses received to the consultation, the majority of respondents were in favour generally of the draft policy but qualified their support by concerns regarding some specific provisions which they considered to be too stringent or too difficult to enforce. The general view expressed was support for the rationale and aims of the policy but fears that, as drafted, it might be too ambitious and as a result would not be implemented effectively.

Ms Borland highlighted the main areas of concern as follows:

- Health and Safety (fire and violence against staff)
- Caring for staff who smoked
- Lack of clarity regarding the phased approach
- Community services
- Smoking cessation support to staff and patients
- Exemptions
- Resources to support effective implementation

Ms Borland referred to the Smoking, Health and Social Care (Scotland) Act 2005 whereby smoking would be banned in public places from 26 March 2006. The Act provided for a number of exemptions to the ban, including designated areas in adult care homes, psychiatric hospitals, hospices and residential accommodation. The Act, therefore, prohibited smoking in all other hospital buildings. Ms Borland noted that while the restrictions within the NHS Board's draft policy were more stringent than those proposed by the Act, it was within the Board's remit to decide to have a policy that was above the minimum standard set out by legislation and, as an employer, the Board would still be expected to protect staff from passive smoking, even in facilities that were considered exempt by the Act.

Whether or not to provide external smoking areas had emerged as a key issue within the consultation. The Working Group established to develop the policy recommended that provision should be made for designated external smoking areas. The provision of external smoking areas was, however, considered to be potentially costly (in providing additional smoking shelters) and contrary to the exemplar role that NHS Greater Glasgow should take in tackling ill health caused by smoking.

Ms Borland provided the following recommendations in the light of the responses received to the consultation:

- The Smoking, Health and Social Care (Scotland) Bill 2005 prohibited smoking in hospitals and health care premises. As such, the Board could not allow further exemptions to be made.
- The Board amend the draft policy to allow smoking in grounds in designated areas only which would be located at a distance of at least six metres from any buildings for one year following the introduction of the policy.
- A Policy Implementation Group be established to draw up a detailed implementation plan which would address areas of concern and provide a framework for the effective implementation of the policy.
- The target date from which the policy be effective was 26 March 2006 – to coincide with the coming into force of the Smoking, Health and Social Care (Scotland) Bill 2005.

Mr McLaughlin commended the Board's approach to no smoking and recognised the role that NHS Greater Glasgow must play in improving health and reducing smoking rates.

Councillor Handibode agreed with the aims of the policy but was concerned about the difficulties in policing its implementation. Ms Borland advised that such a matter would be considered by the Policy Implementation Group that would be set up. Furthermore the Group's work, particularly in relation to policy enforcement, would be informed by the experience of the health service in the Republic of Ireland, where the smoking in public places ban had operated for just over a year.

DECIDED:

1. That the outcome of the public consultation exercise be noted.
2. The Smoking, Health and Social Care (Scotland) Act 2005 prohibited smoking in hospitals and health care premises. The Board noted, therefore, that it could not allow further exemptions to be made. **Acting Director of Health Promotion**
3. An amendment to the policy to allow smoking in grounds in designated areas only (which would be located at a distance of at least six metres from any buildings) for one year following the introduction of the policy be approved. **Acting Director of Health Promotion**
4. A Policy Implementation Group to draw up a detailed implementation plan which would address areas of concern and provide a framework for the effective implementation of the policy be established. **Acting Director of Health Promotion**
5. That the target date from which the policy should be effective be 26 March 2006 – to coincide with the coming into force of the Smoking, Health and Social Care (Scotland) Act 2005 be approved. **Acting Director of Health Promotion**

114. COMMUNITY HEALTH PARTNERSHIPS WITH NHS LANARKSHIRE SCHEME OF ESTABLISHMENT

A report of the Director of Planning and Community Care [Board Paper No 05/61] asked the Board to approve, in principle, the proposed Scheme of Establishment for Community Health Partnerships with NHS Lanarkshire, with submission to the Scottish Executive contingent on further development work to agree and finalise structures and satisfactorily address the concerns articulated.

Ms Renfrew introduced the draft Scheme of Establishment for Community Health Partnerships (CHPs) with NHS Lanarkshire. The Scheme of Establishment set out proposals for the development of two CHPs, one North Lanarkshire CHP and one South Lanarkshire CHP.

Discussions had taken place over a number of months with NHS Lanarkshire to agree CHP arrangements that would include the South Lanarkshire population of NHS Greater Glasgow (Cambuslang and Rutherglen) and the North Lanarkshire population of NHS Greater Glasgow (Moodiesburn, Muirhead, Stepps and Chryston). In July 2005, NHS Lanarkshire agreed a proposal to create two CHPs that would bring single authority-wide structures for North and South Lanarkshire responsible for the management and delivery of local health services and the health improvement of their populations. Each CHP would develop locality arrangements that would facilitate local service delivery and engagement with the local population within a CHP-wide framework.

In putting forward these CHP proposals, Ms Renfrew restated that NHS Greater Glasgow would remain responsible for the populations of Cambuslang and Rutherglen and of the northern corridor. It was, therefore, critical that the Board was satisfied that the proposed CHP arrangements were constructed in a way which assured that the CHPs would be effective at a macro level but also that the locality arrangements within them enabled appropriate local autonomy and decision making.

Ms Renfrew highlighted areas of concern which needed to be addressed before NHS Greater Glasgow could endorse the Scheme of Establishment for submission to the Scottish Executive Health Department for ministerial approval. The concerns included the following:

- Locality working
- Corporate functions
- Management arrangements
- Governance
- Whole systems issues

She advised that this, in principle approach, was proposed in order that there was not an unnecessary delay in the submission process by a requirement for further GGNHS Board consideration.

In response to a question from Mrs Stewart, Ms Renfrew advised that she was confident NHS Lanarkshire would want to agree a Scheme of Establishment with NHS Greater Glasgow. Furthermore, the Scottish Executive Health Department required that the Scheme be signed off by both Boards.

In response to a question from Dr Groden, Ms Renfrew confirmed that local interests within NHS Lanarkshire had been involved in the preparation of these proposals.

DECIDED:

1. That the proposed Scheme of Establishment for Community Health Partnerships within NHS Lanarkshire, with submission to the Scottish Executive contingent on further development work to agree and finalise structures and satisfactorily address the concerns articulated be approved in principle.
2. That the need for an update on the outcome of the further development work at the October 2005 Board meeting be noted.

**Director of
Planning and
Community Care**

**Director of
Planning and
Community Care**

115. GARTNAVEL ROYAL HOSPITAL – CONTRACT FOR PROVISION OF HOSPITAL

A report of the Acting Chief Executive, Primary Care Division [Board Paper No 05/62] sought approval to the contract for the project for Gartnavel Royal Hospital, following approval of the Full Business Case at the meeting of the Board on 22 February 2005.

Ms Crocket welcomed Mr D Thomson, Associate Director of Finance, Primary Care Division and Mr G McMenemy, Solicitor, McClure Naismith who had been involved in the formation of the contract.

Ms Crocket provided Members with an update on the current status of the project. She explained that the project was to be entered into pursuant to the Government's Private Finance Initiative and that the purpose of the project was to create a mental health hospital which would provide services as discussed and outlined in the Minutes of the meeting of 22 February 2005. Copies of the principal documents to be entered into by the Board pursuant to the project (the "Project Document" listed below) were available to Members for their consideration. Mr Griffin explained that the Project Documents were not yet in their final form and would be subject to minor amendments as advised necessary by the Board's external advisors. No amendments were anticipated which would detract materially from the template documentation applicable to NHS Projects of this nature. He explained that the project was moving towards financial close.

The "Project Documents" referred to above were as follows:

1. Project Agreement between the Board and Robertson Health (Gartnavel) Limited.
2. Funders Direct Agreement between the Board, The Governor and Company of the Bank of Scotland and Robertson Health (Gartnavel) Limited.
3. Construction Direct Agreement between the Board, The Governor and Company of the Bank of Scotland, Robertson Health (Gartnavel) Limited and Robertson Construction Central Limited.
4. Services Direct Agreement between the Board, The Governor and Company of the Bank of Scotland, Robertson Health (Gartnavel) Limited and Robertson Facilities Management Limited.
5. Independent Tester Contract amongst the Board, Robertson Health (Gartnavel) Limited and Davis Langdon LLP.
6. Collateral Warranties from the professional Team in favour of the Board.

In response to a question from Councillor Handibode, Ms Crocket confirmed that cleaning and catering services would be provided in-house by NHS Greater Glasgow.

In response to a question from Mrs Stewart, Mr Griffin confirmed that the letter from PricewaterhouseCoopers dated 4 March 2005 (Board papers page number 120) was a standard letter.

DECIDED:

1. That approval for the Board to enter into the Project Documents and additional documentation required in connection with the project as advised by the Board's external advisors be given.
2. That any two from the Chief Executive, the Acting Director of Finance, the Director of Planning and Community Care and Acting Chief Executive for the Primary Care Division, be authorised to consider and agree any amendments after the date of this meeting, having considered the advice of the Board's external advisors (including agreement of the final pricing amendments to the Project Documents) be agreed.

**Acting Chief
Executive, PCD**

**Acting Chief
Executive, PCD**

3. That any two from the Chief Executive, the Acting Director of Finance, the Director of Planning and Community Care and Acting Chief Executive for the Primary Care Division, be authorised to sign on behalf of the Board the Project Documents (subject to such amendments to the Project Documents as shall be agreed by any one of the Chief Executive, the Acting Director of Finance, the Director of Planning and Community Care and Acting Chief Executive for the Primary Care Division having considered the advice of the Board's external advisors) and any additional documentation required in connection with the Project as advised by the Board's external advisors be agreed.
4. That Mr D Griffin, Acting Director of Finance be authorised as the named individual on behalf of Greater Glasgow NHS Board for the purpose of the insurance proceeds account to be opened in terms of the Project Agreement and the Insurance Proceeds Account Agreement be agreed.
5. That the Chairman be requested to produce a certified copy of the Minute of the proceedings of the meeting as verification that approval has been granted be agreed.

ACTION BY
Acting Chief
Executive, PCD

Acting Chief
Executive, PCD

Acting Chief
Executive, PCD/
Chairman

116. PROGRESS SO FAR AND THE FUTURE ROLE OF THE SERVICE REDESIGN COMMITTEE

A report of the Director of Planning and Community Care [Board Paper No 05/63] asked the Board to re-emphasise the importance of embedding the objective of service improvement across the activities of the reformed NHS Greater Glasgow and approve the establishment of the proposed arrangements to continue and strengthen a focus of service improvement but discontinue the present Service Redesign Committee.

Ms Renfrew reminded the Board that Service Redesign Committees were required to be created by the "Partnership for Care" White Paper. The Greater Glasgow Service Redesign Committee was established at the end of 2003 – the NHS Board carefully considered, prior to finalising the role and remit of the Committee, the context in Greater Glasgow. These important points of context created a debate about the function of the proposed Committee. In trying to map out a coherent, meaningful programme of activity for a Committee, this highlighted a number of dilemmas and the Board concluded that the Committee should have a co-ordinating and facilitating role. After nearly a year of its operation, the Committee took time out to consider its operation. What became clear was that NHS Greater Glasgow's arrangements were very different from other Board areas particularly because:

- NHS Greater Glasgow had a Local Health Plan Steering Group which presided over a complex set of planning arrangements which focussed on Local Authorities, Managed Clinical Networks and major priority areas such as Coronary Heart Disease and Stroke.
- NHS Greater Glasgow had a Public and Patient Information Subcommittee which led work in this area of responsibility chaired by a Board Non Executive.
- NHS Greater Glasgow's major clinical strategies for mental health, acute services and primary care had been developed through processes established specifically for that purpose.

The Committee's conclusion following a number of discussions was that it should not continue in its present form but that there were a number of challenges which the Board needed to ensure it was organised to meet. Ms Renfrew outlined these and highlighted proposals for further development, to achieve these objectives including:

- Organising for improvement
- Accessible information
- Links to Patient Focus Public Involvement
- Electronic staff sharing
- Planning and review process
- Corporate Governance and performance management
- Annual Forum

The fact that a Service Redesign Committee had not been an effective mechanism in Greater Glasgow did not imply that service redesign was not at the heart of the Board's commitments and priorities. Rather, it reflected the scale and complexity of our organisation and the challenge of a devolved not centralised approach. It was critical as NHS Greater Glasgow moved to its new organisational and governance arrangements, that the Board could be assured that service change was being driven in the interests of patients.

As Chair of the Service Redesign Committee, Mr McLaughlin echoed Ms Renfrew's summary and thanked those who had participated in the Committee. He hoped they would become actively involved in the new proposals to drive service change.

In response to a question from Mr Goudie, Ms Renfrew confirmed that the short-life working group set up to establish what skills and tools were required by frontline staff to equip them to drive service improvement would report back to the Board following conclusion of its work by April 2006.

DECIDED:

1. The importance of embedding the objective of service improvement across the activities of the reformed NHS Greater Glasgow was re-emphasised.
2. The establishment of the proposed arrangements to continue and strengthen a focus on service improvement but discontinue the present Service Redesign Committee was approved.
3. That the Working Group report be submitted to the NHS Board in April 2006.

**Director of
Planning and
Community Care
Director of
Planning and
Community Care**

**Director of
Planning and
Community Care**

117. WAITING TIMES

A report of the Director of Planning and Community Care [Board Paper No 05/64] asked the Board to note the progress made in meeting national waiting time targets.

Ms Renfrew led the Board through the waiting time targets and the performance across NHS Greater Glasgow – referring to the availability status codes, that referred to patients who had asked to defer admission.

Mr Divers advised that waiting times were subject of monthly scrutiny by the relevant NHS Chief Executives and they were scheduled to have their next meeting that afternoon.

NOTED

118. QUARTERLY REPORT ON COMPLAINTS : APRIL - JUNE 2005

A report of the Head of Board Administration and Divisional Chief Executives [Board Paper No 05/65] asked the Board to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 April to 30 June 2005 and note that it would also be considered by the Health and Clinical Governance Committee at its next meeting.

Mr J Hamilton reported that this was the first quarterly complaints report providing a commentary and statistics since the introduction of the new NHS Complaints Procedure on 1 April 2005.

By way of a summary there were two requests for Independent review still being handled throughout NHS Greater Glasgow, both in North Glasgow. The progress of these would be reported to the NHS Board for information until they were completed.

Mr Hamilton led the Board through the report highlighting the new areas of reporting which included an emphasis on action taken/lessons learned for patient care and service improvements made as a result of complaints. Furthermore, the report also gave an indication of the Ombudsman's involvement and formal investigation of any NHS Greater Glasgow complaints.

Mr Hamilton confirmed that Citizens Advice Direct and the Citizens Advice Bureau across NHS Greater Glasgow provided patients with independent support and advice should they wish it.

NHS Greater Glasgow had been approached by NHS Lanarkshire to ask if they could share the pool of Conciliators. Given that the frequency of requests within both areas for conciliation was small, this seemed a reasonable request and would allow the Conciliators to build up a greater level of experience and potentially increase uptake. A refresher training day for the Conciliators had been organised for 9 November 2005.

DECIDED:

That the Quarterly Report on NHS complaints in Greater Glasgow for the period 1 April to 30 June 2005 be noted.

119. (a) MENTAL HEALTH (SCOTLAND) ACT 1984 – LIST OF APPROVED MEDICAL PRACTITIONERS

A report of the Director of Public Health [Board Paper No 05/66] asked the Board to approve the following medical practitioners employed by the Primary Care Division of NHS Greater Glasgow to be authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984:

Dr Andrea Williams
Dr Dipali Mantry

DECIDED:

That the two above named medical practitioners be approved and authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984.

**Acting Chief
Executive, PCD**

**(b) NEW MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND)
ACT 2003 – LIST OF SECTION 22 APPROVED MEDICAL
PRACTITIONERS**

Sir John referred to the tabled paper which asked the Board to approve medical practitioners listed in Appendix A and employed by the Primary Care Division of NHS Greater Glasgow to be authorised for the purpose of Section 22 of the new Mental Health (Care and Treatment) (Scotland) Act 2003. He also asked the Board that he be given delegated authority to approve the list of names in Appendix B for the purpose of Section 22 of the new Mental Health Act, once they had completed the necessary training and that, thereafter, the names be endorsed at the next available NHS Board meeting.

DECIDED:

- That the medical practitioners listed in Appendix A be authorised for the purpose of Section 22 of the new Mental Health (Care and Treatment) (Scotland) Act 2003 be approved.
- That the Chair be given delegated authority to approve the list of names in Appendix B for the purpose of Section 22 of the new Mental Health Act, once they had completed the necessary training be agreed.

**Acting Chief
Executive, PCD**

**Acting Chief
Executive, PCD/
Chairman**

120. PERFORMANCE REVIEW GROUP MINUTES

The Minutes of the Performance Review Group meeting held on Tuesday 16 August 2005 [PRG(M)05/04] were noted.

NOTED

121. YORKHILL DIVISIONAL MANAGEMENT TEAM MINUTES

The Minutes of the Yorkhill Divisional Management Team meeting held on Friday 17 June 2005 [Board Paper No 05/67] were noted.

NOTED

122. SOUTH GLASGOW DIVISIONAL MANAGEMENT TEAM MINUTES

The Minutes of the South Glasgow Divisional Management Team meeting held on Wednesday 29 June 2005 [Board Paper No 05/68] were noted.

NOTED

123. PRIMARY CARE DIVISIONAL MANAGEMENT TEAM MINUTES

The Minutes of the Primary Care Divisional Management Team meeting held on Thursday 30 June 2005 [PCDMIN2005/05] were noted.

NOTED

The meeting ended at 12.15 pm