

NHSGG&C(M)06/4
Minutes: 77 - 92

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Board Room, Dalian House
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 15 August 2006 at 9.30 am**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Councillor J Coleman	Dr R Groden
Councillor D Collins	Councillor J Handibode
Dr B N Cowan	Dr M Kapasi MBE
Ms R Crocket	Ms G Leslie
Mrs R Dhir MBE	Ms J Murray
Mr T A Divers OBE	Ms A Paul
Councillor R Duncan	Mrs A Stewart MBE
Councillor T Fyfe	Councillor A White
Mr D Griffin	Councillor T Williams

Mr B Williamson

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

Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Dr L de Caestecker	..	Acting Director of Public Health
Ms J Campbell	..	General Manager, Women's and Children's Services (Clyde)
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Ms D Cafferty	..	Planning Manager, Women's and Children's Acute Services
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy

ACTION BY

77. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Professor Sir J Arbuthnott, Mr J Bannon, Professor D Barlow, Mr R Cleland, Mr P Hamilton, Mrs S Kuenssberg CBE, Mr G McLaughlin, Mrs R K Nijjar, Mr D Sime and Mrs E Smith.

The Chairman welcomed the two new Non-Executive Board Members, Mr Williamson and Dr Kapasi to their first NHS Board meeting and hoped they would find the work of the expanded Board both interesting and rewarding.

78. CHIEF EXECUTIVE'S UPDATE

- (i) Sir John and Mr Divers had attended a further meeting with representatives from the University of Glasgow on 27 July 2006. This was one in a series of meetings of the Joint Strategy Group set up to progress matters of mutual interest in progressing the NHS Board's Acute Services Review and, in particular, developments with the new South Glasgow Acute Hospital.

- (ii) Mr Divers had participated in a seminar in Stirling on 3 August 2006 hosted by Tom McCabe MSP, Minister for Finance and Public Service Reform. This seminar had been well represented and a fruitful debate on the future of public services in Scotland had taken place.
- (iii) Ongoing dialogue was taking place with neighbouring NHS Boards – NHS Forth Valley, NHS Ayrshire and Arran and NHS Lanarkshire to raise awareness of each other’s planning priorities to ensure a West of Scotland planning approach was taken.

NOTED

79. MINUTES

On the motion of Dr R Groden, seconded by Ms J Murray, the Minutes of the meeting of the NHS Board held on Tuesday, 27 June 2006 [GGCNHSB(M)06/3] were approved as an accurate record and signed by the Chairman, subject to the deletion of Councillor J Coleman from the list of apologies.

80. MATTERS ARISING FROM THE MINUTES

The Matters Arising Rolling Action List was circulated. In particular, the following updates were noted:

- (i) Mr Divers confirmed that Ministerial approval had been received for the Scheme of Establishment for Renfrewshire Community Health Partnership (CHP). The NHS Board endorsed Councillor T Williams as Chairman of this CHP and noted that its first shadow meeting was scheduled to be held on Friday 18 August 2006. Mr B Williamson would also serve as a Member of the CHP Committee.
- (ii) Dr Cowan outlined the work that was ongoing to progress Modernising Medical Careers throughout NHS Greater Glasgow and Clyde. A West of Scotland Medical Workforce Group had been established and was looking at new ways of providing medical care and staffing hospitals by 2013/14. Challenges were being identified as well as issues for particular specialties in terms of what services would look like by 2013 taking account of staff retirements, gender balance and working time amongst other anticipated changes such as innovation and technology. Work was ongoing with University Medical Schools to review the number of undergraduate places and roles that would be needed in the long term to support the NHS. Dr Cowan agreed to provide the NHS Board with an update at a future Board seminar.
- (iii) Councillor White sought clarification around what work was being carried out with transport providers particularly in relation to the siting of the new children’s hospital at the Southern General site. Ms Byrne confirmed that Mr McGrogan, Head of Community Engagement, would be working alongside a newly appointed Transport Manager and the Scottish Ambulance Service to look at transport issues across all hospital sites in NHS Greater Glasgow and Clyde. She reported that she would pull together a cohesive report on their work and bring this to the NHS Board for Members’ information.

Cllr Williams

Dr B Cowan

Ms H Byrne

Mr Divers confirmed that the Royal Hospital for Sick Children at Yorkhill would remain open until the new hospital opened at the Southern General to ensure continuity of care to patients. Thereafter, the use for the vacated Yorkhill site would be considered alongside the Health Department's criteria and would include looking at whether the NHS Board required the site for another health based use or whether the site should be disposed of.

NOTED

81. DELIVERING FOR HEALTH QUARTERLY REPORT

A report of the Director of Corporate Planning and Policy [Board Paper No 06/45] asked the NHS Board to approve the quarterly progress report for submission to the Scottish Executive Health Department (SEHD).

The SEHD had confirmed its arrangements for monitoring implementation of Delivering for Health. Ms Renfrew explained that the purpose of these monitoring arrangements was to ensure continuing momentum, create a basis for accountability and to enable co-ordination and cross fertilisation. In this way, progress across the NHS would be charted on transforming the service by adoption of more integrated models of care, improving service productivity and quality, shifting the balance of care and improving health.

NHS Boards were required to prepare a quarterly report on progress on delivering local elements of Delivering for Health while contributing to regional level actions co-ordinated by the appropriate regional planning processes. NHS assessments would be reviewed by a Delivering for Health Implementation Board and would be posted on the Scottish Executive Health Department's website.

The Executive expected to see "strong evidence of progress" on what it acknowledged was "a challenging agenda" for NHSScotland. Progress on Delivering for Health actions was seen as reinforcing the likelihood of performing well against individual Local Delivery Plan targets and could be expected to feature also at the NHS Board's Annual Review.

Ms Renfrew reported that as measured against the Executive's classification, NHS Board progress on the defined local level actions was mostly either completed or on target. Where this was not the case, achievement of target was only slightly delayed and, in some of these cases, this had already been communicated and agreed with the Scottish Executive or implementation was awaiting an initial national action.

Ms Renfrew advised that there were a small number of actions under Child and Maternal Health which were not included in the original Health Department Letter (HDL) and yet appeared in the final proforma of the progress report. Clarification on their status was being sought from the Executive. Furthermore, as part of the implementation process, the Executive had also commissioned a series of twelve national work streams designed to advocate for change, engage with stakeholders and identify and spread best practice. These work streams covered the main themes of Delivering for Health. The NHS Board would stay in close touch with these work streams, contribute to their work and use their findings to inform local actions.

Mrs Leslie sought clarification around the roll out of the Emergency Care Summary System noted at Point 4.1 of the quarterly report. In particular, eleven practices had not agreed to allow the extraction of the Emergency Care System summary data to take place.

Ms Renfrew advised that in accordance with the Data Protection Act practices had to agree to provide patient summary information for use out of hours. Ongoing discussions would take place with the eleven practices as the provision of the information was for the patient's benefit in terms of continuity of care. Dr Groden confirmed that clinicians continually shared patient information and this was just an extension of that in order to properly facilitate emergency care out of hours. Given the level of interest on consent and information sharing, in general, Ms Renfrew suggested that this be something NHS Board Members discuss at a future seminar and this was agreed.

Ms C Renfrew

In response to a question from Mrs Murray, Ms Renfrew confirmed that target dates were set as standard for each NHS Board.

DECIDED:

That the attached quarterly progress report for submission to the Scottish Executive Health Department be approved.

**Director of
Corporate
Planning and
Policy**

82. INVERCLYDE ROYAL HOSPITAL REDESIGNING CHILDREN'S SERVICES IN INVERCLYDE : OUTCOME OF CONSULTATION

A report of the Director of Acute Services, Strategy, Implementation and Planning [Board Paper No 06/46] asked the NHS Board to note the outcome of the consultation exercise and, based on clinical advice about the non-viability of being able to provide safe and sustainable services, approve the implementation of the proposals to redesign children's services for Inverclyde.

Ms Byrne described the background to this consultation and emphasised that the NHS Board was responding to pressures being felt by hospitals across the country resulting from new rules limiting the number of hours medical staff could work. This had the knock-on effect of making it much more difficult to provide safe 24-hour staffing of services across different sites. At the moment, in-patient paediatric care was provided at the Royal Alexandra Hospital and specialist regional children services were provided at the Royal Hospital for Sick Children in Glasgow. Inverclyde Royal Hospital provided paediatric services for young people aged less than 16 years – most of the care was planned in advance and there was also emergency care including the Accident and Emergency Service. Most children were sent home after a few hours and very few needed to be admitted to hospital as in-patients. As such, the number of young patients needing certain types of care at Inverclyde was low.

Ms Byrne described the proposals for consultation and the process. It was launched on 16 June 2006 with a closing date for responses of 28 July 2006. Furthermore, an evening event was held on 18 July 2006 to provide an opportunity for the public to hear more about the consultation and its background and to provide a forum for the public to express their views directly to clinicians and management.

Ms Byrne summarised the proposals within the consultation and led the NHS Board through the key themes emerging from responses received. The consultees who expressed positive views made it clear that they now hoped that the aspirations expressed by the NHS Board at the public event and in the consultation document itself, which they supported, would be backed by adequate levels of resources to fully achieve those aspirations. The consultation exercise was the start of an ongoing commitment by the NHS Board to engage with the local community, gather views from service users, the public and partner agencies in the development of safe and sustainable, locally based, services for children in the Greenock area and at Inverclyde Royal Hospital.

In taking forward ongoing engagement, additional meetings had been arranged which would take place during August 2006, to meet representatives of the Inverclyde Council, representatives of the Inverclyde Council on Disability and the Largs Community Council.

There remained a small number of objections to the proposals, however, the majority of responses broadly welcomed the proposals providing the concerns and suggestions highlighted were actively addressed. The majority of responses welcomed the development of a children's centre which dedicated resources to children's services locally.

Ms Byrne confirmed that all of the key issues identified from both written responses and at the public event were being actively addressed by the NHS Board's Planning Department and responses to those issues would be communicated to the local community as part of the ongoing commitment to continue to engage with local people about locally based children's services.

Councillor Fyfe asked why this one aspect of Clyde's Acute Services Plan was being considered in isolation rather than giving consideration to the total review of Acute Services. He also questioned the attendance numbers used in the document which he thought was an underestimate. Ms Byrne explained that a decision was required earlier than other elements of the Clyde Acute Services Review as it was becoming more difficult to provide a safe and sustainable 24-hour service at Inverclyde Royal Hospital. She apologised for the misleading figures and confirmed that the figures used at paragraph 3.4, that being (on average) one child a day was currently seen at the Acute Assessment Unit at Inverclyde was the correct figure.

Mr Williamson highlighted the major advantages in the proposals in that enhanced community care would be provided alongside enhanced critical care. He did note that transport from Inverclyde to the Royal Alexandra Hospital was not easily accessible and that these issues must be resolved.

Dr Kapasi sought clarification around the consultation process itself. Mr Divers summarised the distribution of the document and the event that had taken place. Over and above that, the NHS Board continued dialogue with local communities and sought to find a meaningful way to engage locally to build working relationships and confidence with residents of Inverclyde. He emphasised that the existing service was not sustainable and that there was less risk attached to the proposals than the service that was currently being provided.

Ms Crocket welcomed the enhanced community based services for outpatient and day services. She regarded this as a beneficial model and referred to work that was ongoing with NHS Education Scotland (NES) in developing a framework for nursing in Accident and Emergency.

Councillor White suggested that part of the recommendations should include a commitment on the NHS Board to address the key issues identified from the consultation. Mr Divers agreed and confirmed that the recommendations would include the key issues being actively addressed by the NHS Board's Planning Department and responses to these issues would be communicated to the local community as part of the ongoing commitment to continue to engage with local people about locally based children's services.

**Director of Acute
Services Strategy,
Implementation
and Planning**

DECIDED:

- (i) That the outcome of the consultation exercise and the themed issues that emerged about the proposal to redesign children's services in Inverclyde be noted.

- (ii) Based on clinical advice about the non-viability of being able to provide safe and sustainable services, and taking into account the public's views, responses and feedback, the implementation of the proposals to redesign children's services for Inverclyde be approved including:
- retaining the vast majority of children's services in Inverclyde and expanding these services in a way that continued serving local communities into the future;
 - creating a dedicated Inverclyde Children's Centre, bringing together a wide range of community, hospital and local authority services for children and enhancing community based services, outpatient and day care services;
 - the transfer of a small number of patients (on average 250 per annum) requiring acute assessment at Inverclyde Royal Hospital to the Royal Alexandra Hospital in Paisley for specialist observation;
 - maintaining the Inverclyde Royal A & E services and putting in place training and development programmes for nursing staff working with children on site.
- (iii) That the key issues identified from written responses and at the public event be actively addressed by the NHS Board's Planning Department and responses to these issues be communicated to the local community as part of the ongoing commitment to continue to engage with local people about locally based children's services.

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83. MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003 – LIST OF SECTION 22 APPROVED MEDICAL PRACTITIONERS

A report of the Acting Director of Public Health [Board Paper No 06/47] asked that the NHS Board approve the list of Medical Practitioners employed by the NHS Board to be authorised for the purpose of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

DECIDED:

That the three Medical Practitioners listed on the NHS Board paper be approved for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Acting Director of Public Health

84. PATIENTS' PRIVATE FUNDS – ANNUAL ACCOUNTS 2005/06 – NHS GREATER GLASGOW AND NHS ARGYLL AND CLYDE

A report of the Director of Finance [Board Paper No 06/48] asked that the NHS Board adopt and approve for submission to the Scottish Executive Health Department the 2005/06 Patients' Private funds Annual Accounts for NHS Greater Glasgow and NHS Argyll and Clyde. The NHS Board was also asked to authorise the Director of Finance and Chief Executive to sign the Abstracts of Receipts and Payments for 2005/06 and the Chairman and Director of Finance to sign the Statements of Board Members' Responsibilities.

Mr Griffin explained that NHS Boards held the private funds of many of their patients, especially those who had long term residence and who would have no ready alternative to the safekeeping and management of their funds. Hospitals had arrangements in place to receive and hold and, where appropriate, manage the funds of any patients requiring this service. Any funds that were not required for immediate use were invested, on behalf of the patients.

The Scottish Executive Health Department required NHS Boards to prepare, on an annual basis, an abstract of receipts and payments of patients' private funds administered by them.

The 2005/06 Abstract of Receipts and Payments for NHS Greater Glasgow was noted along with the Statement of Board Members' Responsibilities and Auditors' Report. KPMG External Auditors of the NHS Greater Glasgow Patients' Private Funds had indicated that they were prepared to sign their report without qualification.

The 2005/06 Abstract of Receipts and Payments for NHS Argyll and Clyde was also noted together with the Statement of Board Members' Responsibilities and Auditors' Report. Ross and Company, External Auditors of the NHS Argyll and Clyde Patients' Private Funds had also given an unqualified audit opinion.

In response to a question from Mr Robertson, Mr Griffin confirmed that any interest received was distributed across the patients' accounts. He also clarified that the management costs for the safe keeping of these accounts was a cost borne by the NHS.

Mrs Stewart asked for clarification on the 2004/05 carry forward figure and opening balance in 2005/06 for the NHS Argyll and Clyde accounts. Mr Griffin would investigate and correct the figures prior to the Accounts being signed.

Director of Finance

DECIDED:

- That the Patients' Private Funds Annual Accounts for NHS Greater Glasgow and NHS Argyll and Clyde be adopted and approved for submission to the Scottish Executive Health Department.
- That the Director of Finance and Chief Executive be authorised to sign the Abstracts of Receipts and Payments for 2005/06.
- That the Chairman and Director of Finance be authorised to sign the Statements of Board Members' responsibilities.

Director of Finance

Director of Finance

Director of Finance

85. WAITING TIMES

A report of the Chief Operating Officer – Acute Services [Board Paper No 06/49] asked the NHS Board to note the progress made in meeting national waiting time targets.

Mr Calderwood advised that the waiting times report was based on NHS Greater Glasgow and Clyde information up to 30 June 2006.

He highlighted the new national targets that now needed to be addressed both by the end of 2006 and by the end of 2007. He also referred to the new ways of monitoring and reporting the figures. He noted the following:

- The number of in-patients and day cases without availability status codes waiting over eighteen weeks reduced by 84 (8%) between May and June 2006.
- The number of inpatients and day cases waiting with availability status codes decreased by 155 (1%) between May and June 2006.
- The number of outpatients waiting over 18 weeks increased by 249 (10%) between May and June 2006.

Dr Kapasi asked about the 88% patient driven availability status codes. Mr Calderwood referred to Schedule 1 where the availability status codes were defined and Schedule 2 where they were broken down by acute services divisional directorates. Mr Calderwood confirmed that the codes were applied in a standard way across NHS Scotland.

NOTED

86. INVOLVING PEOPLE COMMITTEE – MINUTES – 9 MAY 2006

The Minutes of the involving People Committee meeting held on 9 May 2006 [Board Paper No 06/50] were noted.

NOTED

87. SOUTH EAST GLASGOW COMMUNITY HEALTH CARE PARTNERSHIP COMMITTEE – MINUTES – 17 MAY 2006 AND 28 JUNE 2006

The Minutes of the South East Glasgow Community Health Care Partnership Committee meetings from 17 May 2006 and 28 June 2006 [Board Paper No 06/51] were noted.

NOTED

88. GLASGOW CENTRE FOR POPULATION HEALTH MANAGEMENT BOARD – MINUTES – 30 MAY 2006

The Minutes of the Glasgow Centre for Population Health Management Board meeting held on 30 May 2006 [GCPHMB(M)06/8] were noted.

NOTED

89. PHARMACY PRACTICES COMMITTEE – MINUTES – 13 JUNE 2006

The Minutes of the Pharmacy Practices Committee meeting held on 13 June 2006 [Board Paper No 06/52] were noted.

NOTED

90. EAST RENFREWSHIRE COMMUNITY HEALTH CARE PARTNERSHIP COMMITTEE – MINUTES – 21 JUNE 2006

The Minutes of the East Renfrewshire Community Health Care Partnership Committee meeting held on 21 June 2006 [Board Paper No 06/53] were noted.

NOTED

91. PERFORMANCE REVIEW GROUP – MINUTES – 4 JULY 2006

The Minutes of the Performance Review Group meeting held on 4 July 2006 [PRG(M)06/04] were noted.

NOTED

92. RESEARCH ETHICS GOVERNANCE COMMITTEE – MINUTES – 4 JULY 2006

The Minutes of the research Ethics Governance Committee meeting held on 4 July 2006 [NHSGGCREGC(M)06/2] were noted.

NOTED

The meeting ended at 11.40 am