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, 19 February 2008 at 9.30 am

PRESENT

Mr A O Robertson OBE (in the Chair)

Dr C Benton MBE  Mr R Cleland
Dr M Kapasi MBE  Councillor J McIlwee
Councillor J Coleman  Councillor D MacKay
Dr D Colville  Mr G McLaughlin
Dr B Cowan  Mrs R K Nijjar
Ms R Crocket  Ms A Paul
Mr P Daniels OBE  Mr D Sime
Ms R Dhir MBE  Mrs E Smith
Mr T A Divers OBE  Councillor A Stewart
Mr D Griffin  Mrs A Stewart MBE
Mr P Hamilton  Mr B Williamson

Councillor D Yates

IN ATTENDANCE

Ms H Byrne  ..  Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood  ..  Chief Operating Officer, Acute Services Division
Ms S Gordon  ..  Secretariat Manager
Mr P Gallagher  ..  Director of Finance (Acute)
Mr J C Hamilton  ..  Head of Board Administration
Mr D Leese  ..  Director, Renfrewshire CHP (to Minute No 26)
Mr A McLaws  ..  Director of Corporate Communications
Mr I Reid  ..  Director of Human Resources
Ms C Renfrew  ..  Director of Corporate Planning and Policy

BY INVITATION

Ms G Leslie  ..  Chair, Area Optometric Committee

ACTION BY

18. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Professor D Barlow, Mr G Carson, Dr L de Caestecker, Councillor J Handibode, Mrs J Murray and Councillor I Robertson.

19. CHAIR’S REPORT

(i) Mr Robertson reported that Ms R Crocket had been re-appointed to the NHS Board by the Cabinet Secretary for Health and Wellbeing as the Board’s Nurse Director.
(ii) Mr Robertson had met with Professor Andrew Hamnet (University of Strathclyde) and Professor Pamela Gillies (Glasgow Caledonian University) to pursue areas of joint work and common interest. There was a willingness to continue this series of meetings.

(iii) The official opening of the Beatson West of Scotland Cancer Centre took place on 1 February 2008 by the First Minister and Cabinet Secretary for Health and Wellbeing. This provided an opportunity to meet patients, staff and carers as well as see the facilities and excellent standard of services being provided.

(iv) A number of Non Executive Members had taken up the opportunity to visit the new Gartnavel Royal Hospital site. This was making good progress and represented a £19m investment for NHSGGC. It would create a modern and innovative mental health hospital with groundbreaking design and layout.

(v) After seeking nominees for the position of Vice Chair, Mr Robertson reported that he had had some expressions of interest and would meet with these NHS Board Members over the next few days to discuss the role further and, thereafter, report back to the NHS Board at its meeting scheduled for April 2008.

Chairman

20. CHIEF EXECUTIVE’S UPDATE

(i) Mr Divers and Mr Robertson attended, on 24 January 2008, the inaugural lecture by Professor C Tannahill at Glasgow Caledonian University. This further forged the strategic alliance arrangements with higher educational establishments and explored areas of future development.

(ii) Mr Divers had been accompanied by Ms C Renfrew and Mr N Hunter to a cross-party briefing on drug and alcohol services across NHSGGC. Twelve MSPs had participated in this briefing and discussed addiction services across the piece as well as future additional investment in alcohol services and the update of the alcohol strategy. This briefing had been well received and encouraged Mr Divers to think of other topics for future discussion with cross-party groups of MSPs – this would be explored further.

Chief Executive

(iii) Mr Divers had met with colleagues from the Scottish Government Health Department (SGHD) to discuss the NHS Board’s Mid-Year Review. A broad range of topics were covered including the NHS Board’s overall performance, financial performance, forward look and HEAT targets for 2008/09. A detailed note of the outcomes of this meeting would be provided at the next Performance Review Group (PRG) meeting.

Chief Executive

21. MINUTES

On the motion of Mr P Hamilton, seconded by Mrs E Smith, the Minutes of the meeting of the NHS Board held on Tuesday, 19 February 2008 [NHSGG&C(M)08/1] were approved as an accurate record and signed by the Chairman subject to the following amendments:

- Page 12, item 11, first bullet point, second line, delete the word “define” and insert the word “quantify”.

NOTED
• Page 12, item 11, fifth bullet point, third line, delete “particularly when it was contrary to medical advice”.

**NOTED**

22. **MATTERS ARISING FROM THE MINUTES**

(i) The rolling action list of Matters Arising was circulated and noted.

(ii) In relation to Minute 12 – Page 15 – first paragraph – The future arrangements for Primary and Community Services in Cambuslang/Rutherglen and the Northern Corridor – Dr Colville advised that it was apparent that GP Contractors would be covered by Lanarkshire’s Local Medical Committee (LMC) under the future arrangements for primary and community services in Cambuslang/Rutherglen (although there may be informal arrangements with Glasgow’s LMC). He reported that the Glasgow LMC was consulting with British Medical Association (BMA) lawyers to seek a legal opinion on who should represent the Camglen GPs. Ms Renfrew commented that any dispute over which LMC (Glasgow or Lanarkshire) would represent GPs would get picked up by the Implementation Group.

**NOTED**

23. **NEW SOUTH-SIDE HOSPITAL, NEW CHILDREN’S HOSPITAL AND NEW LABORATORY BUILD – APPROVAL OF THE OUTLINE BUSINESS CASE**

A report of the Director of Acute Services Strategy, Implementation and Planning [Board Paper No 08/10] asked the NHS Board to receive the detailed key points in the Outline Business Case (OBC) for the New Southside Hospital, New Children’s Hospital and New Laboratory Build, and to approve the OBC.

Ms Byrne reported that the draft OBC had already been submitted to the Capital Investment Group (CIG) for consideration in late February 2008 subject to approval at the NHS Board meeting. Following approval by the CIG, it would be submitted to the Cabinet for consideration in March.

Ms Byrne provided the NHS Board with an update on the progress of the New Southside Hospital, New Children’s Hospital and New Laboratory Build project, in particular, the preferred option, expected benefits, proposed procurement route, value for money and affordability. She described the strategy behind the plans and outlined that, on completion of the development in 2014, the NHS Board would be able to enact the following:

• Inpatient services in the Victoria Infirmary to transfer to the new development thus vacating the Victoria Infirmary site.

• Inpatient services at the Mansion House Unit to transfer allowing closure of the Unit. (A number of inpatient beds would have already transferred to the new Victoria Hospital).

• Inpatient services housed in outdated buildings on the Southern General site to be relocated.

• Transfer of Accident and Emergency services and associated beds at the Western Infirmary enabling closure of the Western Infirmary.
By 2014, following some major refurbishment and new build works within the existing estate at Glasgow Royal Infirmary and Gartnavel General Hospital, sufficient capacity would be created, following the opening of the new South Glasgow Hospital, to allow the three site inpatient configuration of adult services to be implemented, therefore, also allowing the rationalisation of the inpatient services from Stobhill to Glasgow Royal Infirmary by no later than 2014.

Ms Byrne led the NHS Board through the expected benefits from the new adult and children’s hospital, the bed modelling to inform the size and scope of the new adult and children’s hospital and the design of an integrated building. She confirmed that, throughout the process to reach the stage of Outline Business Case, comments had been taken on board from the Scottish Government Health Directorate (SGHD) and NHS Board colleagues to emphasise the benefits to patients, families and staff as well as the community engagement work that had been undertaken alongside work with other stakeholders and academic partners.

The estimated timetable to achieve the appropriate approvals to enable the project to move to the procurement stage was summarised as follows:

- Final OBC to Board: 19 February 2008
- Final OBC considered at CIG: 26 February 2008
- CIG Approval: End of February 2008
- Submit to Cabinet: Early March 2008
- Final OBC Approval: End of March 2008
- FBC Submission: Summer 2010
- Construction Starts: Autumn 2010
- Completion – Children’s Hospital: Beginning 2013
- Completion – Acute Hospital: Summer 2014

Mr McLaughlin referred to the many occasions that this project had been discussed with NHS Board Members at seminars, a result of which was that Members felt comfortable with the iterative process. He commended the Planning Teams involved for making complex details easily understandable and in achieving support from staff and other stakeholders.

Mr Griffin led the NHS Board through the extract on the financial consequences of the OBC. He summarised the ten year financial plan which projected the NHS Board’s anticipated sources of additional revenue funds and likely expenditure commitments over the forthcoming ten year period, including the additional cost commitment associated with developing new adult and children’s hospitals on the Southern General site. He summarised the key assumptions including the assumption that a general funding uplift of 3.1% per annum would be received. In terms of appraising the risks, three key areas of risks were identified as follows:

- Funding uplift reduced below 3.1%.
- Annual general pay uplift exceeded 2%.
- 2% cost savings target was not achievable in 2009/2010 to 2010/2011.

Mr Griffin set out the capital consequences and explained that this reflected the NHS Board’s preferred option for procuring the new adult and children’s hospitals by public capital.

Mr Sime was satisfied that the financial plan provided strong assurance to the NHS Board and recorded that the proposals provided not only an excellent future for NHSGGC’s health service but regionally and nationally. He welcomed the public funding and was aware that there would be much work to do with trade unions and professional organisations as the proposals progressed particularly in relation to meeting the challenge of the timetable and cost savings. Mr Divers reported that such a series of meetings had already commenced with the Area Partnership Forum being briefed and their commitment being received to continue with a programme of meetings over the months ahead.
Mrs Smith welcomed the openness and transparency of the documents particularly in outlining the key risks and assumptions that had been well documented and defined. She welcomed the governance arrangements incorporated into the proposals and Mr Divers recorded that a similar developmental process to that with the NHS Board had taken place with SGHD colleagues to ensure that the profiling of both revenue and capital had been tracked through with them.

In response to a question from Mr Daniels, Mr Griffin confirmed that provision for inflation had been included.

**DECIDED:**

- That the detailed key points in the Outline Business Case for the new Southside Hospital, new Children’s Hospital and new Laboratory build be received.

- That the Outline Business Case be approved.

**24. WINTER PLAN 2007/08**

A report of the Director of Acute Services Strategy, Implementation and Planning [Board Paper No 08/11] asked the NHS Board to receive an update on Winter Planning 2007/08 including a progress report on how the plan worked over the extended festive period and into the New Year.

Ms Byrne explained that the 2007/08 Winter Plan for NHSGGC was developed, for the first time, on a single system basis, involving partners from across the organisation who were involved in the delivery of services. Across the system, there had been a significant level of integrated planning and working with the Winter Plan Group meeting monthly since summer 2007. In addition, an Executive Group had been established which had met frequently since November and continued to meet. Overall, it was considered that the Plan had worked effectively and Ms Byrne summarised comments received from the main partners including, Primary Care, NHS24, GEMS/Clyde Primary Care Emergency Service, Scottish Ambulance Service, Acute Services, Dental Services and Community Pharmacy. Although it was unanimously agreed that the Plan had worked well, it was acknowledged that the festive period in 2007/08 had not had a four day holiday period and that this had assisted.

For the first time, daily reporting had been provided by the Health Information and Technology Directorate. Although generally well received, it had been agreed that more work was needed for future years and this would be considered in more detail at the review meeting scheduled for April. In line with the Scottish Government’s requirements, a weekly exception report had been sent to the Scottish Government Health Directorate (SGHD) providing information regarding ward closures, outbreaks etc. In addition, the Communications Department contacted SGHD as necessary to inform them of any exceptional circumstances.

Dr Colville commended the plan and, in particular, the new “phone-in service” between GPs and Consultants. Although this was introduced as part of the Winter Plan, he hoped that it would be extended as it had proved successful and saved, on occasions, acute admissions and outpatient appointments proving valuable to GPs, patients and the acute sector.
DECIDED:

That the update on the Winter Plan 2007/08, including a progress report on how the plan worked over the extended festive period and into the New Year be received.

25. NORTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIP : THE FUTURE ARRANGEMENTS FOR PRIMARY AND COMMUNITY SERVICES NORTHERN CORRIDOR

A report of the Director, North Lanarkshire CHP and Director of Corporate Planning and Policy NHSGGC [Board Paper No 08/12] was submitted outlining proposals for the future management of primary and community services within the Northern Corridor (Stepps, Chryston and Moodiesburn).

Ms Renfrew addressed the rationale for the current organisational configuration and explained why change was required and what this would mean. She summarised the potential impact of these changes for patients, staff and primary care contractors explaining that it was important that the Northern Corridor did not become an island between the two NHS Boards starved of the ability to further develop primary care services for the benefit of its population.

She confirmed that the Board of NHS Lanarkshire (NHSL) would also consider the proposed future arrangements and, following both NHS Boards’ approval, a Joint Implementation Team, chaired by the CHP Directors and with input from GPs and staff side organisations from the Northern Corridor and Camglen localities, HR, Finance, IM&T and Performance Management, would be established. This would ensure that the transfer was undertaken within legal boundaries, set at a pace consistent with organisational change policies and within a framework which ensured that appropriate re-assurances were delivered.

The Implementation Team would be tasked with establishing the process for legal transfer, establishing the detailed arrangements to both support staff and also GMS contracts from a NHSGGC to a NHSL environment. In addition, this team would establish the service level agreement between the two NHS Boards. A final report prior to transfer would be provided to the NHS Board and its associated committees to ensure that appropriate governance and process had been followed and that clear accountability was in place.

Ms Paul commended the proposals and supported the planning and implementation arrangements. This was echoed by Mr Daniels.

DECIDED:

(i) That the conclusions and next steps outlined in the report and further transfer of responsibilities from NHSGGC to NHS Lanarkshire of the directly employed staff and GMS contracts within the Northern Corridor be formally agreed.

(ii) That the transfer be undertaken at an appropriate juncture in the financial year 2008/09 and by no later than March 2009 be agreed.
(iii) That an Implementation Team be established to formally manage the process of transfer within the agreed parameters set above.

26. FULL BUSINESS CASE – RENFREW HEALTH AND SOCIAL WORK CENTRE

A report of the Director, Renfrewshire CHP [Board Paper No 08/13] asked the NHS Board to approve the Full Business Case (FBC) for Renfrew Health and Social Work Centre for submission to the Scottish Government Capital Investment Group (CIG).

Mr Leese explained that a Council owned site had been identified as suitable for a new purpose built multi-purpose facility for health and social work services. Agreement had been reached between the Scottish Government and NHSGGC that £15m (around 50%) of the funding for this development and that of the Barrhead Health Centre would be provided by the Scottish Government, with the remaining funds being provided through NHSGGC’s capital programme.

This agreement was reached on the understanding that both NHSGGC and the Scottish Government would seek to replace the Greater Glasgow funding from the proceeds of the future sale of property within the former Clyde area.

The OBC was approved by the Performance Review Group at its meeting in January 2007. The FBC identified an NHS capital expenditure requirement of £15.5m, the same figure as was identified in the OBC. The expected additional revenue requirement had fallen from £1.2m to £1.1m from the OBC to the FBC. Provision for both revenue and capital implications of the development had been made within NHSGGC’s financial plans.

Mr Leese outlined the timetable for this development which would see service transfer complete by the end of 2009. The FBC was scheduled for consideration by the Scottish Government Capital Investment Group at its meeting on 26 February 2008.

Mrs Nijjar cited this as an excellent example of planning for an integrated care service and commended Mr Leese and his team for taking this forward working jointly with the Local Authority. Councillor MacKay echoed this view and highlighted the community involvement work that had taken place throughout to ensure that the community was well informed of the proposals and the first class facility that the model would provide.

In response to a question from Mr McLaughlin, Mr Leese confirmed that the plans were compliant with the design action plan and that their requirements had been considered throughout the design phases. In this regard, flood prevention and drainage had also been considered and the building would be set higher than road level.

**DECIDED:**

That the Full Business Case for Renfrew Health and Social Work Centre for submission to the Scottish Government Capital Investment Group be approved.
27. CLYDE SERVICES UPDATE

Ms Renfrew reported on the following developments since the January NHS Board meeting:

- **Consultation on services provided at Johnstone Hospital** – this public consultation had been launched on Monday 18 February 2008 and would end on Monday 5 May 2008. The consultation was on the proposal to close Johnstone Hospital and transfer the specialist inpatient services it provided to more modern accommodation, probably in either Paisley or Renfrew. This would also ensure that, rather than being cared for in large wards with multi-bedded rooms, patients would have single bedrooms with ensuite facilities which offered greater privacy, dignity and respect. During the consultation, specific meetings would be arranged for local staff and for families and carers of existing patients. A public meeting would also take place on 13 March 2008 at the Glynhill Hotel in Renfrew.

- **Consultation on Clyde Inpatient Disability Services** – this public consultation had been launched on Monday 18 February 2008 and would end on 5 May 2008. The consultation was on new arrangements for providing specialist inpatient physical disability services as well as community based care for adults living in Renfrewshire and Inverclyde. Currently thirty-one people annually from Inverclyde and Renfrewshire were admitted to sixteen beds at Islay Cottage, Merchiston Hospital near Johnstone. A further sixty-five people a year were admitted to eight assessment and rehabilitation beds at Inverclyde Royal Hospital. The plan was to close Islay Cottage on the Merchiston Hospital site and provide continuing care services in Ward 53 at the Southern General. Four unused beds at the Southern General would also be opened to provide additional rehabilitation and assessment capacity. Future inpatient disability services for Clyde would, therefore, be provided at the Southern General and Inverclyde Royal Hospital.

- **Consultation on Clyde Maternity Services Review** – it was expected that this would be launched by the middle of March 2008.

- **Consultation on Modernising Clyde Mental Health Services** – it was anticipated that this would be launched by the end of February 2008.

- **Consultation on Changes to Unscheduled Medical Care, Vale of Leven Hospital** – a meeting had taken place with the Independent Scrutiny Panel Members on 8 February 2008 to discuss how best to proceed with this consultation. Their feedback was awaited but, in the meantime, material was being drafted, in liaison with the Scottish Health Council, in anticipation of the consultation and the timeframe.

**NOTED**

28. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer, Acute Services Division [Board Paper No 08/14] asked the NHS Board to note progress against the national targets as at the end of December 2007.

Mr Calderwood summarised progress across the single system towards achieving waiting time and other access targets set by the Scottish Government Health Department commonly known as HEAT Targets. Mr Calderwood highlighted the following:
• By the end of 2007, no inpatient/day case had to wait more than 18 weeks from a decision to undertake treatment to the start of that treatment – the Division had maintained this position since December 2006 and would continue to achieve the 18 week maximum wait in the next period.

• By the end of 2007 Availability Status Codes (ASCs) would be abolished – this target had been achieved. Although 771 patients were unavailable for treatment at the end of December 2007, it was because they were medically unfit or unavailable for personal/social reasons and within the terms of the guidance these patients transferred over on to the New Ways system on 1 January 2008.

• By the end of 2007 no patient would wait more than 18 weeks from GP referral to an outpatient appointment – this target was achieved.

• By the end of 2007 the maximum length of time from arrival to admission, discharge or transfer for 98% of Accident and Emergency patients would be four hours – this target was achieved.

• By the end of 2007 the maximum time from referral to completion of treatment for cataract surgery would be 18 weeks – this target was achieved.

• By the end of 2007 the maximum time from admission following fracture to a specialist hip surgery unit for surgery would be 24 hours for 98% of patients – there had been a partial failure of this target as 96.4% of patients were treated within 24 hours. A full escalation policy had now been implemented to ensure that swift action was taken to avoid a recurrence of this problem.

• Continue to deliver and sustain all cancer targets and guarantees (breast surgery from urgent referral to diagnosis and treatment within one month. Lung, bowel, ovarian, head and neck, haematology, gynaecology, skin, prostate, bladder, paediatric from urgent referral to diagnosis and treatment within two months) – there had been a partial failure meeting this target although significant progress had been made. Weekly monitoring was now in place across the specialties for patients with cancer.

• By the end of July 2007 the maximum wait from referral to MRI scan, CT scan, non-obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy would be nine weeks, with a further target of this to be embedded within the overall eighteen week outpatient wait by the end of 2007 – although mostly achieved, some problems were identified with patients waiting for a MRI Scan at the Royal Alexandra Hospital – by the end of January 2008 no patients were waiting beyond the 9 week guarantee.

• By the end of 2007 the maximum wait from GP referral through a rapid access chest pain clinic or equivalent, to cardiac intervention would be sixteen weeks. Heart treatment would be provided within sixteen weeks of the outpatient appointment with a heart specialist and where that specialist had recommended treatment – this target had been achieved.
• The number of people waiting over six weeks for discharge to a more appropriate care setting would be reduced by 50% from April 2006 to April 2007 and to zero by April 2008. The number of patients delayed in short stay beds would be reduced by 50% from April 2006 to April 2007 and to zero by April 2008 - Mr Calderwood identified some capacity shortages particularly in West Glasgow and West Dunbartonshire, however, the main focus of activity was working with patients and their families to accept interim moves to available placements whilst awaiting final choice of care setting.

• Stroke – 80% of fast track referrals to Stroke/TIA clinics to be seen within fourteen days. 80% of stroke patients to have CT or MRI scan within 48 hours of admission – modest progress had been made with regard to this target and changes in clinic arrangements had been implemented on each site to ensure improvements.

In response to a question from Mr P Hamilton, Mr Calderwood explained that it was too early to say how the New Ways system was operating as it was only implemented on 1 January 2008. Data was awaited for analysis.

NOTED

29. PHARMACY PRACTICES COMMITTEE MEETING MINUTES : 10 JANUARY 2008

The Minutes of the Pharmacy Practices Committee meeting held on 10 January 2008 [PPC(M)2007/23] were noted.

NOTED

30. GLASGOW CENTRE FOR POPULATION HEALTH MEETING MINUTES : 11 DECEMBER 2007

The Minutes of the Glasgow Centre for Population Health meeting held on 11 December 2007 [GCPHMB(M)07/4] were noted.

NOTED

31. MENTAL HEALTH PARTNERSHIP COMMITTEE MEETING MINUTES : 8 NOVEMBER 2007

The Minutes of the Mental Health Partnership Committee meeting held on 8 November 2007 [2007/01] were noted.

NOTED

32. PERFORMANCE REVIEW GROUP MEETING MINUTES : 14 JANUARY 2008

The Minutes of the Performance Review Group meeting held on 14 January 2008 [PRG(M)08/1] were noted.

NOTED
The Involving People Committee meeting Minutes from 13 November 2007 and 5 February 2008 [Board Paper No 08/15] were noted.

**NOTED**

The meeting ended at 11.30 am