77. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr L de Caestecker, Professor D Barlow, Mr R Cleland, Councillor J Handibode, Ms J Murray and Dr B Cowan.

Mr Robertson welcomed Mr I Lee, Non-Executive Member, to his first Board meeting.

78. CHAIR'S REPORT

(i) Mr Robertson paid his tribute to the late Professor Tim Cooke who tragically died in a recent car accident. Professor Cooke was the Associate Medical Director of Surgery and Anaesthetics, Acute Division and would be greatly missed by his colleagues within NHS Greater Glasgow and Clyde. The Chairman, on behalf of the Board, had written to Professor Cooke’s family expressing deepest regret and sympathy.
(ii) On 3 July 2008, Mr Robertson attended the openings of the West of Scotland Regional Heart and Lung Centre and Milngavie Water Treatment Works by HM the Queen.

(iii) On 5 July 2008, Mr Robertson had attended the NHS 60th Anniversary event at the Royal Concert Hall. This had been an excellent event providing memories of the NHS throughout the sixty years as well as providing the heart warming opportunity to conduct the NHS Greater Glasgow and Clyde Diamond Awards.

(iv) On 21 July 2008 and 8 August 2008, Mr Robertson had visited the Vale of Leven Hospital. He had been pleased to get a conducted tour of the hospital itself and meet with staff there. Mr Robertson paid tribute to the hard work, commitment and dedication of the staff which was very much evident.

(v) On 18 August 2008, the Cabinet Secretary for Health and Wellbeing had chaired the Board’s Annual Review. The event was held at the Royal Concert Hall and was well attended. Initial early feedback had been positive.

**NOTED**

79. **CHIEF EXECUTIVE’S UPDATE**

(i) Mr Divers referred to press coverage that morning around concerns expressed about the length of time that had elapsed before the removal of deceased patients from the ward where they had died. In both cases, respecting specific requests made by family members had been one factor which had contributed to the delay. An audit of all hospital facilities across the Acute Division would be conducted particularly of mortuary facilities (focussing particularly on their capacity and standard of viewing rooms). Mr Calderwood described how, following completion of the Board’s modernisation programme, 60% of beds would be provided within single rooms. In the interim period, however, single room provision would be audited to establish how they were currently being utilised and to identify any improvements that could be made. Similarly, the audit would look at multiple occupancy rooms in an attempt to establish any improvements that could be made to ensure patient privacy and dignity. In tandem with this, the Board’s policies regarding the interaction with families following bereavement would be updated with revised guidance incorporated.

Mr Divers confirmed that Mrs Hawkins, Director, Mental Health Partnership, would undertake a similar audit in respect of all mental health inpatient facilities throughout the Board’s area. Following these audits, Mr Divers agreed to advise Members of the outcome. **Chief Executive**

(ii) Discussions continued with senior managers from the St Margaret’s of Scotland Hospice and the Board. Two detailed pieces of work had been agreed as well as work around financial costings of modelling. The debate and dialogue would continue and Mr Divers anticipated he would be in a position to report further to the Board at its October meeting. **Chief Executive**
Mr Divers referred to the two separate reports that had been published following an outbreak of Clostridium difficile (Cdiff) at the Vale of Leven Hospital. The first was the findings from the Independent Review Panel into the Vale of Leven outbreak and the second was a national report from Health Protection Scotland.

Both had clear implications for the whole of NHSGGC. Senior management would ensure that the issues of leadership, governance and accountability were fully addressed and would work with staff to take forward a programme of improvements, including greater empowerment for charge nurses in regard to hospital acquired infections. A detailed action plan would now be prepared to address all the recommendations of the Independent Review Panel. He explained that the uncertainty over the future of the Vale of Leven Hospital had been a factor in the lack of major modernisation investments. Mr Divers gave his commitment that the Board would bring forward proposals in September which would set out a clear vision for the future of the Vale of Leven site that could then be subject of public debate over the next few months.

Mr Divers led the Board through a short presentation outlining the actions (and lead senior officers) that would ensure the work to complete the recommendations within the action plan in terms of governance, facilities, clinical leadership, surveillance, education, communication and finance. The completion target date for all bar one of the recommendations was the end of 2008. As such, it was his intention to provide monthly updates regarding progress on the totality of the action plan to the Performance Review Group, Clinical Governance Committee and Board meetings in line with the programmed cycle of these meetings.

Mr P Hamilton asked why the work on finance, specifically, charge nurses having access to resources to address urgent estates shortcomings and replacement of equipment had a target date of April 2009. Mr Calderwood explained that, at the moment, maintenance budgets were not allocated to that level of staff. Relevant Schemes of Delegation would require to be introduced as would new ways of allocating resources across Directorates so as to ensure that the relevant staff could access resources when required.

In response to a question from Ms Dhir, Mr Divers confirmed that the families of those patients who had been interviewed by the Independent Review Panel would be invited to be represented in the process to implement the recommendations. This would be built-in through the communication process, either directly or via patient focus public involvement (PFPI) or local Public Partnership Forum arrangements.

Mr Daniels referred to the report of the Independent Review Panel and, in particular, the general terms in which it was written. He welcomed the action plan that had been compiled and, in particular, the clear identification of the senior staff involved in taking these actions forward.

**NOTED**

80. **MINUTES**

On the motion of Mr P Hamilton, seconded by Mrs E Smith, the Minutes of the meeting of the Board held on Tuesday, 24 June 2008 [NHSGG&C(M)08/4] were approved as an accurate record and signed by the Chairman.

**NOTED**
81. MATTERS ARISING FROM THE MINUTES

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

NOTED

82. PROPOSED CHANGES TO MATERNITY SERVICES IN CLYDE: OUTCOME OF CONSULTATION

A report of the Chief Operating Officer (Acute Services) and Director of Acute Services Strategy, Implementation and Planning [Board Paper No 08/35] asked the Board to note the outcome of the consultation process on proposed changes to maternity services in Clyde and the responses received. Furthermore, the Board was asked to support the continued provision, for the next three years, of midwife-led birthing services at the community midwifery units (CMUs) in Inverclyde Royal Hospital (IRH), the Vale of Leven Hospital (VoL) and the Royal Alexandra Hospital (RAH). During this period there would be a positive publicity campaign to encourage use of the Units and birth suite activity would be monitored.

Ms Byrne led the Board through the paper setting out the conclusions of the consultation process that had been undertaken. She explained that the initial review of maternity services within Clyde was undertaken during 2006 and 2007. A paper summarising the findings of the review (and the engagement process on which it was based) was submitted to the Board at its meeting in June 2007. This was followed by a period of independent scrutiny which considered the findings of the review and the wider review process. Formal consultation, taking account of the Independent Scrutiny Panel findings, was launched on 27 March 2008 and initially scheduled to finish on 19 June 2008. This period was extended to 27 June 2008 to enable all interested parties to respond.

Ms Byrne summarised the findings of the review process and the proposals put forward for full consultation including reference to the Independent Scrutiny Panel findings and recommendations. Based on these findings and following a review of options, the preferred option presented for public consultation was to close the birthing service at the Inverclyde Royal Hospital and Vale of Leven CMUs and move to a single midwifery-led birthing unit at the Royal Alexandra Hospital. All antenatal and postnatal services currently provided at the CMUs would continue to be provided.

Over and above this option, views were also sought on the three other options considered during the review, as follows:

- Status Quo
- Retain local births at all units through an on-call shift pattern at VoL and IRH
- Retain local births at all units through caseload management at VoL and IRH

Mr Calderwood explained that the driver of the proposed change to services was predominantly financial. There were no immediate clinical sustainability or safety concerns in relation to the community midwifery service, although it was acknowledged that the transfer rates during labour from IRH and VoL to RAH were significantly above the national average. He summarised the key themes resulting from the consultation and led the Board through the results of an audit of women receiving antenatal and postnatal care at the units which set out the key factors that influenced the mother’s choice of where to give birth.
Mr Calderwood noted that the recommendation presented to the Board was different from the preferred option that was presented for public consultation. He was conscious of the possibility that heightened publicity might promote greater use of the VoL and IRH CMUs and was not prepared to encourage any steps which might prejudice their longer term retention in the event of such strongly expressed demand. It was, therefore, recommended that the Board retain the units for three years to allow a determination on whether a combination of currently increasing activity, a greater local understanding and acceptance and increased demand from women to undertake subsequent pregnancies in the local CMU would lead to an increase in activity. An improvement in the underlying health status of mothers, making an increased number eligible for a CMU birth, would also be a factor. Increased numbers of births would clearly make the services more cost effective.

Furthermore, in the context of increasing actual and potential demand for birthing services, there were a number of other reasons why it was recommended that the Board sustain the birthing services at the VoL and IRH. The Board’s partnership working with the Local Authorities sought both to improve the health and wellbeing of the communities and support economic regeneration activities. It was suggested during the consultation period that successful regeneration would lead to increased numbers of people moving to the Inverclyde and Vale of Leven areas and that this, in turn, would potentially lead to increased demand for CMU births.

The levels of activity would be carefully monitored over the next three years and should activity levels not increase to appropriate levels set out then a further review would be undertaken driven by the continued need for the Board to ensure services represented the best use of public resources.

Mr Williamson commended the outcomes from this consultation which had clearly been inclusive of partners and local communities. Although recognising that levels of activity would be carefully monitored over the next three years, he sought inclusion of clinical outcomes being similarly monitored. Ms Byrne confirmed that this would be the case and ongoing clinical audit would be important in ensuring safe sustainable services. Both Councillors McIlwee and Robertson welcomed the report and particularly the attempts it had made to understand the dynamics of the community. Councillor Robertson offered, on behalf of the Local Authority, to be involved in the public engagement activities to assemble and implement a communications plan quickly to promote increased usage of the CMUs. In this respect, Councillor Yates asked how success would be measured in terms of the proposed marketing campaign. Mr Calderwood responded by confirming that an appropriate increase of usage would result in increased financial viability which would bring into line the volume of births through the units with that across other services in NHSGGC.

As Chair of the Inverclyde Community Health Partnership (CHP), Mrs Smith commended the proposals and recognised the positive impact this would have on the local community, particularly in building good working relationships with trust and respect.

In response to a question from Mr Lee, Mr Divers confirmed that although the targets were challenging, an annual report on progress would be considered by the Board throughout each of the three years of monitoring.

**DECIDED:**

- That the outcome of the consultation process and the responses received to the proposed changes to maternity services in Clyde be noted.
• That the continued provision, for the next three years of midwife-led birthing services at the Community Midwifery Units (CMUs) in Inverclyde Royal Hospital (IRH), the Vale of Leven Hospital (VoL) and the Royal Alexandra Hospital (RAH) be supported.

• That during this three year period there be a positive publicity campaign and birth suite activity would be monitored and be the subject of ongoing audit.

83. MODERNISING AND IMPROVING MENTAL HEALTH SERVICES ACROSS CLYDE : OUTCOME OF PUBLIC CONSULTATION

A report of the Director, Mental Health Partnership [Board Paper No 08/36] asked the Board to endorse four proposals for significant service change for submission to the Cabinet Secretary for Health and Wellbeing for approval. Furthermore, the Board was asked to note further work being undertaken to explore mental health proposals in the light of issues raised through the public consultation, and confirm its support for the various wider service change proposals summarised in the paper.

Mrs. Hawkins explained the background to the multi-agency Clyde Strategy Group which co-ordinated the process to develop a service strategy for modernising mental health services. As part of this process, local planning groups were tasked with the development of local proposals within the agreed strategic framework. The Board approved the Modernising Mental Health Services Strategy as the basis for public consultation in July 2007. Subsequently, the Scottish Government established a process of independent scrutiny and in December 2007, the Board considered a report setting out the Independent Scrutiny Panel (ISP) findings and the Board’s response and commitments in light of the ISP recommendations. The further work to respond to the issues raised by the ISP and the public consultation documentation was completed by April 2008 with the public consultation process running from 9 April to 2 July 2008. That further work included commissioning an Independent Consultant to manage a process of option appraisal (as recommended by the Independent Scrutiny Panel) to inform the final proposals for public consultation. The option appraisal process broadly confirmed that the previously developed proposals remained those preferred, albeit with some refinement to the detail within the options.

Ms Hawkins led the Board through the logic of the consultation proposals and summarised the significant service change subject to public consultation. She set these in the context of the recommendations from the Independent Scrutiny Panel as well as linking them with the responses received to the consultation. Given the very different responses, she outlined them in terms of South Clyde, North Clyde and specialist services. She summarised feedback as follows:

• The proposals for South Clyde were broadly welcomed with only a small number of responses directly challenging the proposals and the majority of comments being more about detailed practical considerations to be taken into account within the implementation process.

• The proposals for specialist services commanded a high level of support with only a small number of responses directly challenging the proposals.
• The proposals for North Clyde commanded a low level of public support in terms of the proposals to transfer inpatient services currently provided from Christie and Fruin Wards at the Vale of Leven to Gartnavel Royal. The public were concerned to see any proposals for mental health assessed and located within an articulated vision for the future of services located at the Vale of Leven site.

Mrs Hawkins went through, in detail, the key themes arising from the consultation and, for completeness, highlighted the Board’s response to these. For clarity, she summarised the conclusions and recommendations as follows:

• It was recommended that the proposal to transfer low secure learning disability forensic services from Dykebar Hospital to Leverndale Hospital be submitted to the Cabinet Secretary for approval.

• It was recommended that the Board approve the transfer of IPCU services from Dykebar Hospital to Inverclyde and Leverndale Hospitals.

• It was recommended that the Board approve the transfer of IPCU services for North Clyde from Lochgilphead Hospital to Gartnavel Royal Hospital.

• It was recommended that the Board approve the consolidation of South Clyde and South/West Glasgow addiction inpatient services at Leverndale Hospital.

• It was recommended that the Board approve the retention of Rowanbank as the provider of medium secure inpatient services for the West of Scotland (including Argyll and Bute catchment) on a permanent basis.

• It was recommended that the Board approve the development of low secure adult mental health forensic services for Clyde at Leverndale Hospital.

• It was recommended that the Board approve the development of intensive rehabilitation inpatient services for South Clyde at Dykebar Hospital with access to these services for East Renfrewshire at Leverndale Hospital and for West Dunbartonshire at Gartnavel Royal Hospital.

Councillor Yates sought clarity around one of the responses received that concerned access to community psychiatric nurses for custodial services. Ms Hawkins explained that currently court services within Glasgow have access to community psychiatric nurses but, to date, this service was not available at the court in Greenock.

Councillor Robertson broadly welcomed these proposals, in particular, the decision to link discussion about the future of the services provided in Christie and Fruin Wards to the forthcoming “vision” paper promised on overall service sustainability at the Vale of Leven Hospital. Councillor MacKay agreed and commended the improvement of services for local clients.

DECIDED:

• That the following four proposals for significant service change be submitted to the Cabinet Secretary for Health and Wellbeing for approval:

  ➢ Replacing a significant number of adult mental health continuing care beds at Dykebar Hospital with alternative forms of care accommodation and support in the community.
- Transferring adult acute mental health admission beds from the Royal Alexandra Hospital to more modern, purpose built, single room accommodation at Dykebar Hospital.

- Re-providing older people’s mental health continuing care beds from Dykebar Hospital to higher quality accommodation within an NHS Partnership bed model with the independent sector.

- Transferring low secure learning disability forensic services from Dykebar Hospital to Leverndale Hospital

- In light of responses and feedback from the consultation, the Board endorse the proposed commitment to consult on the Board’s vision for the future of the Vale of Leven site and that consultation on the various elements, including in-patient mental health, should be integrated within that process. Furthermore, the Board noted further work being undertaken to explore the mental health proposals in light of the issues raised through public consultation.

- The Board confirmed its previous support for the various wider service change proposals, beyond those subject to the statutory public consultation process, whilst noting that the range of detailed and practical implementation issues raised would be proactively managed through the local implementation processes.

Mr Divers took the opportunity to provide an update on the development of a vision for future service provision at the Vale of Leven Hospital with particular regard to the retention of services and provision of new services. He presented to the Board a summary of current service provision and noted these in terms of patient episodes, totalling 115,000 attendances per annum.

Birthing services at Inverclyde and the Vale of Leven Hospitals would be sustained for three years, supported by a communications campaign to increase utilisation. Furthermore, a full range of post and antenatal services would continue to be delivered.

With regard to Clyde-wide mental health services, Mr Divers referred to Mrs Hawkins’ earlier presentation and re-emphasised that the bulk of the strategy was non-contentious with a clear way forward accepted for South Glasgow. In respect of frail elderly/elderly mental health, there may be potential to use spare accommodation attached to the Fruin Ward, with minor upgrading to achieve a better mix of patient groups, as well as examining potential for linkages with frail elderly and rehabilitation services.

Mr Divers referred to the report of the external experts which looked at unscheduled medical care. They had concluded that many selected GP assessed admissions and self-presenting cases were likely to be able to be managed in a GP-supported unit. Anaesthetics, however, was not sustainable. Detailed protocols and staffing models would be taken forward during the pre-consultation period, alongside a more detailed review of existing attendances at the Medical Assessment Unit which would allow a firm estimate of the future caseload to be set out in the formal consultation paper.

In addition to the care home development, plans had also been developed for a new Alexandria Medical Centre. Estimated capital costs were around £18m and a draft Outline Business Case was almost ready for submission. Full planning permission had been granted to develop the Centre on the Vale of Leven site and this would become part of the overall Vale campus and increase integration of primary and secondary care.
Finally, Mr Divers summarised opportunities for possibly bringing additional services to the site especially regional specialist services (oral/dental health), additional dialysis capacity and medical and surgical specialties (urology, rheumatology and gastroenterology).

Mr Divers anticipated that a final set of proposals covering all future aspects of service sustainability for the Vale of Leven site, including unscheduled medical care should be ready for consideration by the Board in September 2008.

Councillor Robertson welcomed the presentation and, in particular, recognised this as an area where partnership working had ensured aspirations for services were being developed in a shared way contributing to the wider picture. Ms Dhir echoed this view and recorded her appreciation regarding the future vision for the Vale of Leven campus and hoped this would be reassuring to staff and patients within the local community.

Councillor MacKay was mindful of the recent publicity regarding the Vale of Leven Hospital and hoped that any uncertainty was removed and replaced now with confidence. He looked forward to receiving further financial information that would support the proposals discussed earlier. In response to this, Mr Divers noted that it remained important to get the Board’s Financial Recovery Plan for Clyde balanced.

In response to a question from Mrs Stewart regarding the GP supported unit, Mr Divers explained that discussions and protocols would be developed to determine the case mix. These would take place as the engagement and pre-consultation proceeded. He confirmed that given the heavy dependence on GPs, full consultation would take place with the Board’s Area Medical Committee and Local Medical Committee to ensure that all key interests were fully engaged in a proactive way. An early meeting had already been arranged with senior officers from NHS Highland to ensure that they were fully involved in the development of the proposals.

The Chair summarised the discussion and welcomed the recognition of the interdependency of the services to be provided at Vale of Leven campus. He looked forward to receiving further information at the September Board meeting.

**NOTED**

84. **WAITING TIMES AND ACCESS TARGETS**

A report of the Chief Operating Officer – Acute Services Division [Board Paper No 08/38] asked the Board to note progress against the national targets as at the end of June 2008.

Mr Calderwood led the Board through progress across the single system towards achieving waiting time and other access targets set by the Scottish Government Health Directorates – commonly known at HEAT Targets.

In response to a question concerning delayed discharges, Mr Calderwood outlined examples of the complex cases that often could not be resolved within the target timescales. Although this was disappointing, Mr Daniels commended the Board’s efforts at addressing delayed discharges. Mr Calderwood reassured the Board that he was working with neighbouring Local Authorities, particularly those who had reported funding difficulties, to resolve these issues.

**NOTED**
85. WINTER PLAN 2008/09 – PROGRESS REPORT

A report of the Director of Acute Services Strategy Implementation and Planning [Board Paper No 08/37] asked the Board to receive an update on winter planning for 2008/09 which included reference to lessons learned from 2007/08.

Ms Byrne summarised some of the lessons learned from 2007/08 including effective communication, information sharing, escalation plan/senior decision making rota, occupational health and innovation.

As was the case with the 2007/08 Winter Plan, the 2008/09 Winter Plan would be co-ordinated by a system-wide Winter Planning Group and, in addition, an Executive Group with representation at senior level from across the key organisations. It would be important to put in place any relevant initiatives to stem the increase in activity and also be clear about the expectation of target delivery across all parts of the organisation. Historically, planning had focussed on pressure periods over the winter months due to a number of reasons; increase in cold/influenza type viruses; and adverse weather. It was becoming increasingly more common, however, for peaks in activity to happen all year round. This was one of the reasons why it was decided to continue with the Winter Planning Group and Executive Group all year round. Target delivery remained a priority twelve months of the year.

Ms Byrne acknowledged that, in 2007/08, Christmas Day and New Years Day fell on a Tuesday helping ease the pressures in the system as GP surgeries, pharmacies and other support services worked as normal on both Mondays. This was seen to be the main contributory factor to dealing successfully with pressures over the festive period. In 2008/09, however, the two public holidays each week would run immediately before a weekend, effectively meaning a four day “out of hours” period. Ms Byrne advised that NHS Greater Glasgow and Clyde had hosted a Regional West of Scotland event in July 2008 where that message had been reinforced. A national event would be held on 23 September 2008 at which NHS Greater Glasgow and Clyde and partners would be well represented.

Ms Byrne also highlighted additional resource requirements associated with putting in place initiatives to address acute pressures

DECIDED:

- That an update on Winter Planning for 2008/09, which included reference to lessons learned from 2007/08 and the work underway in developing the 2008/09 Winter Plan be received.

- That the Winter Plan for 2008/09 be submitted to the Board meeting in October 2008.

86. FINANCIAL MONITORING REPORT FOR THE 3 MONTH PERIOD TO 30 JUNE 2008

A report of the Director of Finance [Board Paper No 08/39] asked the Board to note its financial performance for the first three months of the financial year.

Mr Griffin highlighted that the Board, and its Operational Divisions, were currently reporting a breakeven outturn position against its revenue budget after the first three months of the year. The Board continued to forecast a revenue breakeven position for 2008/09.
Mr Griffin led the Board through the details of expenditure to date against the Board’s 2008/09 capital allocation and highlighted the progress report on achievement of the Board’s 2008/09 cost savings target.

The Board continued to implement a three year cost savings plan in respect of the recurring deficit within the Clyde area of its management responsibilities. For 2008/09, the Board had reached an agreed position with the Scottish Government Health Directorate regarding how the residual gap of £12m would be addressed.

Mr Sime asked what measures were being put in place to counter increasing energy costs. Mr Griffin outlined the measures being taken at Board level and explained that the Scottish Government were negotiating, on behalf of all public organisations, a Government-wide initiative to minimise energy costs. The NHS would play into that process. Mr Griffin explained that currently the Board pays a total of around £30m per annum on gas and electricity. There could be an additional £1m per month between October 2008 and March 2009.

**NOTED**

87. INVOLVING PEOPLE COMMITTEE MEETING MINUTES : 2 JUNE 2008

The Minutes of the Involving People Committee meeting held on 2 June 2008 [Board Paper No 08/40] were noted.

**NOTED**

88. CLINICAL GOVERNANCE COMMITTEE MEETING MINUTES : 3 JUNE 2008

The Minutes of the Clinical Governance Committee meeting held on 3 June 2008 [CGC(M)08/3] were noted

**NOTED**

89. AREA CLINICAL FORUM MEETING MINUTES : 5 JUNE 2008

The Minutes of the Area Clinical Forum meeting held on 5 June 2008 [ACF(M)08/3] were noted

**NOTED**

90. GLASGOW CENTRE FOR POPULATION HEALTH MEETING MINUTES : 9 JUNE 2008

The Minutes of the Glasgow Centre for Population Health meeting held on 9 June 2008 [GCPHMB(M)08/02] were noted.

**NOTED**
91. AUDIT COMMITTEE MEETING MINUTES : 24 JUNE 2008

The Minutes of the Audit Committee meeting held on 24 June 2008 [A(M)08/04] were noted.

NOTED

92. PERFORMANCE REVIEW GROUP MEETING MINUTES : 1 JULY 2008

The Minutes of the Performance Review Group meeting held on 1 July 2008 [PRG(M)08/04] were noted.

NOTED

The meeting ended at 12.25 pm