NHS Gt. Glasgow & 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, 21 October 2008 at 9.30 am

PRESENT

Mr A O Robertson OBE (in the Chair)
Dr C Benton MBE
Professor D Barlow
Mr G Carson
Mr R Cleland
Councillor J Coleman (to Minute 105)
Dr D Colville (to Minute 106)
Dr B Cowan
Mr P Daniels OBE
Ms R Dhir MBE
Mr T A Divers OBE
Mr D Griffin
Mr P Hamilton

Councillor J Handibode (to Minute 110)
Dr M Kapasi MBE
Mr I Lee
Councillor D MacKay
Mr G McLaughlin
Mrs J Murray
Mrs R K Nijjar (to Minute 110)
Councillor I Robertson
Mr D Sime
Mrs A Stewart MBE
Councillor A Stewart

IN ATTENDANCE

Ms H Byrne .. Director of Acute Services Strategy, Implementation and Planning (to Minute 110)
Mr R Calderwood .. Chief Operating Officer, Acute Services Division
Mr J C Hamilton .. Head of Board Administration
Mr A Lawrie .. Director, South Lanarkshire CHP (to Minute 106)
Mr I Reid .. Director of Human Resources
Ms C Renfrew .. Director of Corporate Planning and Policy/Lead NHS Director, Glasgow City CHCPs (to Minute 101)

ACTION BY

96. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon, Mrs A Coulthard, Ms R Crocket, Dr L de Caestecker and Councillor D Yates.

97. CHAIR’S REPORT

(i) Mr Robertson advised that he had visited the Accident and Emergency Department, Victoria Infirmary to talk to staff about the impending changes. On the same day he had attended Glasgow Royal Infirmary to present an ‘Ideas in Action’ Award to Susan Evans for her idea of recycling any clean paper/card/plastic thrown away as a result of normal daily activity at work.

He was joined by Mr Robert Calderwood, Chief Operating Officer – Acute Services Division on a visit to Inverclyde Hospital and was shown the new imaging equipment and heard about the renewed confidence from staff in promoting the Community Midwife Units to expectant mothers following the NHS Board’s decision to retain the Units.
(ii) On 30 September he had attended the carers conference – ‘How Good Are Our Services for Young Carers?’ and heard from young carers looking after parents and other family members.

On 7 October he had chaired the high level Policy discussion on Carers with representatives from the NHS, Social work, COSLA, Scottish Government and the Voluntary Sector. The meeting had been attended by the Princess Royal and had attracted good media coverage. There was now a better profile being achieved for carer issues and this was greatly welcomed and would be developed even further in the future.

(iii) On 15 September he had attended the regular meeting of the NHS Board and Glasgow University Strategy Group. There was a developing programme of joint work around research, education and future developments and much of this work would be intensifying in the coming months.

(iv) On 20 October, he was joined by Mr Tom Divers and Mr John Hamilton in meeting the two Chairs of the Monitoring Groups set up to monitor the retention of named services at Stobhill Hospital and the Victoria Infirmary. The Chairs were due to meet the Cabinet Secretary for Health and Well-being in mid-November to discuss the work of the Groups.

(v) Mr Robertson congratulated Mr Peter Hamilton and the Public Involvement Team for organising yet another highly successful Our Health Event. The topic was – Mental Health – and it attracted a large turn-out and a significant amount of positive feedback.

Lastly, the Chair advised that the NHS Board had been asked to note receipt of 5,536 slips signed by patients stating:

“I am a patient on the [named] practice and I am writing to express my objections to your plans to remove health visitors from my GP practice.

I am supporting my GP’s call for an immediate halt to the current implementation of the review of Community Nursing and ask that the NHS Board undertake a new consultation that takes into account the views of the doctors, nurses and patients that will be affected by these changes.”

Ms Renfrew advised that discussions were continuing with the Local Medical Committee and Trade Unions and Dr de Caestecker had submitted a proposal to the Local Medical Committee for discussion. Dr Colville advised that the Local Medical Committee had discussed the proposal at length the night before and would be meeting again shortly to conclude their deliberations. In response to comments made by Dr Kapasi, Ms Renfrew advised that the review of health visitors would see a mix of attachments to GP practices and in geographic teams and for both models the immunisations rates had been similar.

**NOTED**

**98. CHIEF EXECUTIVE’S UPDATE**

(i) Mr Divers advised that he would be meeting with Sir John Savill, the new Chief Scientist for NHS Scotland, and would be accompanied by Mr Robert Calderwood, Mr Douglas Griffin, Dr Brian Cowan, Professor David Barlow, Professor John Coggins and Professor Chris Packard to discuss the priorities for research in Scotland and how finance could be directed to the four Clinical Academic Centres – this could have financial planning implications for the NHS Board in a couple of years.
(ii) Mr Divers referred to the pre-consultation period on the vision for the Vale of Leven Hospital. Meetings had been held to present the proposals for the Vale of Leven with Argyll and Bute Council in Lochgilphead, Hospital Watch and the Helensburgh and Lomond Locality Planning Group. A meeting was being arranged with West Dunbartonshire Council. The consultation documentation would be finalised to a sufficient level of detail to allow the launch of the formal consultation by the end of next week.

(iii) Lastly, Mr Divers advised that Mr Calderwood was reviewing whether a nurse-led chemotherapy service could be provided from the new Stobhill Ambulatory Care Hospital when it opened in the summer of 2009. Mr Divers advised that such a model would not be replicating the specialist oncology/chemotherapy service in the new Victoria Hospital. A previous decision when creating the new Beatson Oncology Centre had seen specialist oncology/chemotherapy services for the north and east of the city being located in the new West of Scotland Beatson Oncology Centre.

NOTED

99. MINUTES

On the motion of Mrs E Smith, seconded by Mrs A Stewart, the Minutes of the meeting of the NHS Board held on Tuesday, 19 August 2008 [NHSGG&C(M)08/5] were approved as an accurate record and signed by the Chair.

On the motion of Mrs E Smith, seconded by Mrs J Murray, the Minutes of the meeting of the NHS Board held on Tuesday, 16 September 2008 [NHSGG&C(M)08/6] were approved as an accurate record and signed by the Chair subject to the following amendment:

Minute 93 – Apologies and Welcome - delete second paragraph.

NOTED

100. MATTERS ARISING FROM THE MINUTES

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

(ii) In relation to Minute 79(i) – Chief Executive’s Update – Mr Divers advised that the review of the audit of rooms in hospitals to ensure patient privacy and dignity by Acute Services and Mental Health would be completed by the end of the month and members would be advised in writing during November of the outcome.

Chief Executive

NOTED

(iii) In relation to Minute 41- Review of NHS Continuing Care for Frail Elderly – in response to Cllr. Robertson’s request for an update, Mr Divers advised that Ms A Harkness, Director – Rehabilitation and Assessment Directorate, had met with representatives of St Margaret’s Hospice to discuss financial costings of modelling and consideration of local and national emerging work on non-cancer palliative care services.

NOTED
The outstanding piece of work related to the need to meet St Margaret’s Hospice on the two alternatives – nursing home care or services for the elderly mentally ill. The intention was to conclude that debate in order that a paper could be submitted to the NHS Board meeting in December 2008.

**NOTED**

(iii) In relation to Minute 94 – Future Services at Vale of Leven Hospital – Pre-Consultation Document – in response to a question from Mr P Hamilton about the emerging issues during the engagement period, Mr Divers advised that the feedback to date had been positive.

In relation to the supported GP Acute Unit the two main issues were the volume of acute care and the staffing model. In addition, the other main area of discussion was whether there could be a viable local adult acute mental health in-patient service.

Ms Byrne advised that the Scottish Health Council feedback reports had been received for In-patient Disability Services, Older People’s Services and Mental Health Services and they had been positive. In addition, the Cabinet Secretary had approved the NHS Board’s proposals for In-patient Physical Disability Services in Clyde.

Dr Kapasi enquired about the work under way to progress the GP Acute Unit – he was advised that weekly meetings were being held with GPs and physicians from the Vale of Leven, Royal Alexandra Hospital and hospitals in Glasgow. Dr Benton was advised that unscheduled transport would be included in the consultation document. Once the consultation documentation had been finalised a copy would be sent to Members and it would be discussed at the NHS Board Seminar in November 2008.

**NOTED**

101. **JOINT WORKING WITH GLASGOW CITY COUNCIL**

A report of the Director of Corporate Planning and Policy/Lead NHS Director Glasgow City CHCPs [Board Paper No. 08/46] asked the NHS Board to note the revised temporary arrangements for the management of the Glasgow CHCPs, to comment on the issues described in the paper and to consider how Non-Executives could be engaged in the CHCP development and joint working review processes.

Ms Renfrew took Members through the paper and highlighted that Glasgow City Council was the NHS Board’s largest Local Authority partner and the one with which the Board faced the most significant challenge to deliver the intention to improve the health of the population served by the Board and to do everything possible to address inequalities.

In the last two years there had been substantial changes to the working arrangements with the City Council: Community Planning structures had been re-shaped, the City Council had merged its Education and Social Work Directorates and changed its management structures. These changes offered the potential of better joint working; however, they also presented challenges and there had been particular issues in the development of CHCPs within Glasgow. In establishing the arrangements outlined in the paper, the NHS Board was responding positively to the challenges by providing a stronger and more positive focus on the key organisational issues, with four main objectives:
(i) the development of the CHCPs which was consistent with the organisational model as agreed in the approved Scheme of Establishment;

(ii) beyond that, to develop with the City Council the next phase of the development of CHCPs in Glasgow to give fresh momentum to the wider reform agenda;

(iii) to agree and implement revised CHCP governance arrangements which give confidence that the NHS Board as an employer could meet its responsibilities to staff in joint posts;

(iv) to take stock of wider arrangements for joint working and to bring forward proposals for change, improvement and development.

The intention was to make substantial progress on CHCP development and also to conclude the review of joint working in the Spring 2009.

Cllr. Coleman welcomed the proposals in the paper and acknowledged the Council’s commitment to work positively with the Board to develop the CHCPs. The Chair welcomed Cllr. Coleman’s comments.

Mr Sime would welcome the return of joint meetings between CHCP Chairs, Vice-Chairs, the Leader of the Council and Directors from both organisations. He was keen to hear how the Area Partnership Forum could play into the issues highlighted in the paper. Ms Renfrew advised that the review had not commenced and this would be one of the subjects for the Directors and Chairs to discuss at their forthcoming meeting. In addition, there would be involvement with the Partnership Forums at CHCP level.

Mr Williamson asked how the City Council viewed the challenges highlighted in the Board paper and Ms Renfrew replied that the aim was that both organisations took stock of their position on the development of CHCPs and move forward with a joint programme of development work.

Mr McLaughlin could see the clear accountability lines for Community Health Partnerships (CHPs) but was less clear on the CHCP Committee governance arrangements. Mr Divers advised that the Organisational Performance Review arrangements had added significantly to holding the CHCPs to account and the second round of these reviews was now under way. The City Council Scrutiny Committee now received and reviewed CHCP Committee minutes and sought the attendance of Chairs and Directors when required. This was an important development in allowing the City Council’s corporate centre to be comfortable with the role and accountability of CHCPs.

In response to questions from Members, Ms Renfrew emphasised that this was not a review of CHCPs but about the next stage of the development of CHCPs and moving forward areas identified as requiring improvements and different ways of working. The budget setting arrangements were clearly a particular issue and further areas for delegation to CHCP Directors need to be an outcome of the review.

Mr P Hamilton advised that the Involving People Committee had agreed to a meeting in December 2008 to support officers working with Public Partnership Forums across NHS Greater Glasgow and Clyde to ensure they were not working in silos and missing opportunities of sharing best practice.
Mr Cleland asked if the City Council recognised that the work to be undertaken to identify and then address any issues would lead to a process and plan to deliver CHCPs fully consistent with the approved Scheme of Establishment by April 2009. Ms Renfrew referred to Cllr. Coleman’s statement that he had welcomed the review and that the first meeting with the CHCP Directors had been arranged for that afternoon. The aim was to move forward a development plan with the Council. If that presented issues the NHS would develop its approach and continue to try and engage with the Council. There was a lot of good work under way in CHCPs and it was the case that this should be built upon with other improvements and developments which should deliver the full potential of CHCPs from April 2009.

Mr Daniels was keen that the focus of the review should not be lost and he welcomed the timescale of more effective working from April 2009. In addition, he strongly supported the re-introduction of the meetings of Chairs, Vice-Chairs and other key players.

Mrs Smith was very interested in the range of comments and level of interest from Non-Executive Directors in this review. She believed that close working with all local authority partners was essential for improving the health and well-being of the population and looked forward to the outcome of the reviews. She was keen that the NHS Board received regular feedback on the progress and Ms Renfrew advised that a progress report would be submitted to each subsequent NHS Board meeting up to April 2009.

**DECIDED:**

1. That the revised temporary arrangements be noted.
2. That the comments made by Members on the issues raised in the paper be taken into account in taking forward the review.
3. That regular progress reports be submitted to future NHS Board meetings and arrangements be made to re-introduce the meetings of Chairs, Vice-Chairs and other key players.

**102. PROCUREMENT MODEL FOR THE CONSTRUCTION OF THE NEW DEVELOPMENT ON THE SOUTHERN GENERAL HOSPITAL SITE**

A report of the Director of Acute Services Strategy, Implementation and Planning/Chief Operating Officer – Acute Services Division [Board Paper No. 08/42] asked the Board to receive and approve the Procurement Model to construct the New Adult Acute Hospital, Children’s Hospital and New Laboratory Facility on the Southern General Hospital site.

Ms Byrne provided an overview of the work undertaken since March 2008 in developing a procurement model and advised Members of the proposed procurement method to take forward the new hospitals and laboratory developments on the Southern General Hospital site. Eight different models of procurement had been considered at a workshop attended by senior Board officers, Scottish Government representatives, the Board’s Legal and Financial Advisers and a number of Technical Advisers.

From the output of the workshop the Project Team completed an option appraisal of all eight procurement models measured against the Board’s required criteria of cost, programme, facility and risk. The outcome was the selection of the two-stage Design and Build.
Ms Byrne then described the process to select potential bidders for the scheme and the output from the market sounding exercise undertaken by the Board’s Financial Advisers. She advised that of the nine companies approached, three indicated that they were sufficiently interested in the project to take part in the next stage of the process.

The outcome and procurement model were discussed by the Performance Review Group on 16 September 2008 and at an NHS Board Seminar on 7 October 2008 and Members were content with the intention to present the proposed procurement model to the NHS Board for consideration and approval.

Dr Kapasi sought reassurance that the NHS Board would not be under-writing the bidder costs. Mr Calderwood advised the most appropriate procurement method to achieve the Board’s objectives was the two-stage Design and Build process with rapid selection to a single bidder at stage one using the competitive dialogue procedure, with the preferred bidder developing the detailed design in conjunction with the Board at stage two. Therefore, the NHS Board would not take any financial risk on the first stage of the move in identifying a single preferred bidder.

Mr Carson enquired about the impact of the credit crunch and down-turn in the markets. Mr Calderwood advised that as the project was to be Treasury funded and with the Government’s intention to increase public sector spending during this period, both should assist in securing a preferred bidder for the project.

**DECIDED:**

That the Procurement Model, as recommended by the New South Glasgow Executive Board and supported by the Board’s advisers, of the two-stage Design and Build process with rapid selection of a single preferred bidder at stage one using the competitive dialogue procedure, be approved.

### 103. NEW STOBHILL HOSPITAL – DEVELOPMENT OF SHORT-STAY AND ELDERLY REHABILITATION BEDS

A report of the Chief Operating Officer – Acute Services Division [Board Paper No. 08/43] sought NHS Board approval to an extension of the new Stobhill Ambulatory Care Hospital to accommodate 48 elderly rehabilitation beds and 12 (23-hour) surgery beds.

Mr Calderwood advised that the new Stobhill Hospital had been planned in 3 phases:-

i) Construction of the new Stobhill Ambulatory Care Hospital;

ii) Seven months after the new hospital had been opened, the demolition of specific wards and other buildings and the construction of a new road;

iii) Following the withdrawal of in-patient acute services from the site the creation of a new-build facility attached to the new hospital for elderly rehabilitation beds and the 23-hour surgery beds.

Therefore the approved strategy was to accommodate these beds in the original retained estate for 3 to 4 years pending a later procurement of the new build accommodation. He advised that an opportunity had arisen to revise the strategy in the context of the planned rationalisation of the Stobhill site by late 2010.
To move forward with the proposal, the Intensive Therapy Unit (ITU) at Stobhill Hospital would require to be re-located during the construction period into a Modular ITU building. This would be specified by the clinical team and procured through the Capital Plan. In addition, the modular unit would be able to be utilised at the Southern General Hospital once vacated at Stobhill Hospital.

The design evaluation of the project had been completed by the Board’s Technical Advisers and the clinical teams and the cost model for the unitary charge was consistent with the original terms and conditions set out in the PFI model. The Board’s Financial Advisers had confirmed that the terms on offer were within the recognised benchmark. The financial implications were determined as affordable within the Board’s Acute Services Strategy cost envelope. The project offered value for money, was affordable and competent under the terms of the existing contract with Glasgow Hospital Facilities Ltd.

Mr P Hamilton asked whether it would be possible to locate the nurse-led chemotherapy service within the new hospital. Mr Calderwood advised that with the in-built additional capacity within the new hospital it may be possible and this would be looked at as one of the options for utilising that capacity.

Dr Benton asked about the elderly rehabilitation beds and the involvement of Social Work and the impact on their budgets. Mr Calderwood stated that the Elderly Planning Group had held discussions on the bed model and agreed the number and resource transfer arrangements. The infra-structure support was already funded and it was now important to get the beds re-provided in better and more modern accommodation.

**DECIDED:**

1. That the extension of the new Stobhill Ambulatory Care Hospital to accommodate 48 elderly rehabilitation beds and 12 (23-hour) surgery beds be approved.

2. That the Chief Executive and Chief Operating Officer be authorised to conclude the negotiations with Glasgow Hospital Facilities Limited for the extension of the existing PFI agreement be approved.

3. That the Performance Review Group receive a paper on conclusion of the negotiations in order to approve the Board Additional Works Variation to the PFI contract be approved.

**104. PROGRESS REPORT ON C.DIFF ACTION PLAN**

A report of the Chief Executive and Medical Director [Board Paper No. 08/44] asked the NHS Board to receive the second draft report on progress in taking forward the Action Plan on Clostridium Difficile (C.Diff.) following the publication of the review produced by the Review Team, Chaired by Professor Cairns Smith. The report had been accompanied by a specific plan of actions which had to be delivered in the period between September 2008 and April 2009. The progress on the Action Plan was being monitored by regular meetings with the Chief Nurse for Scotland and each monthly update was submitted to the Cabinet Secretary for Health and Well-being.

The Board had agreed that Members would see and review the progress against the Action Plan on a monthly basis and this had been achieved by the submission of the Progress Report to the Performance Review Group and NHS Board and made available on the NHS Board’s website.
Dr Cowan took Members through the detail of each of the actions and answered Members’ questions in relation to the wider aspects of learning lessons from the Vale of Leven Hospital to other hospitals within NHS Greater Glasgow and Clyde in connection with managing health care acquired infections.

Mr Calderwood advised that from April 2009 funds would be allocated from the capital plan to Senior Charge Nurses for essential maintenance within their areas of responsibility. The Estates Department would then be tasked with carrying out the work requested within a given timescale. Any delays in this process would be escalated up the management structure in order that they are resolved as quickly as possible. The overall intention was that Senior Charge Nurses would have protected management time and training to allow management issues and the development of policies and procedures to be undertaken at ward level. Their job description now included Health Care Associated Infections (HAIs), professional accountability and responsibility.

Mr Cleland asked about rolling out the actions agreed for managing HAIs in the Vale of Leven Hospital across NHS Greater Glasgow and Clyde. It was reported that the range of actions and lessons learned was being applied in the NHS Board’s hospitals. Board-wide monitoring of the actions taken and progress made would in future form a key part of a regular report to the NHS Board from January 2009 on implementing the actions and recommendations on HAIs across NHS Greater Glasgow and Clyde. This would follow the requirements of the returns now to be made by all Scottish NHS Boards to the Scottish Government Health Directorates.

In response to Ms Dhir’s concern that there should have been more awareness of a trend developing at the Vale of Leven Hospital, Dr Cowan advised that individual cases were identified and managed: however, new monitoring and reporting arrangements now introduced would ensure trends were identified at a much earlier stage.

A review of the infection control management structure would lead to a clarity of responsibilities for HAI from ward level through to the Lead Executive Director (Medical Director).

Mrs Nijjar asked about previous figures for rates of HAI within hospitals: the future reporting to the NHS Board would include a trend analysis covering key areas over the previous year where data was available.

In response to Members’ concerns about HAI in hospitals, Dr Cowan advised that multiple resistant organisms were present in structures of buildings and in the community. The move away from staff routinely washing their hands and antibiotic policies had increased the prevalence. Steps were now under way to review policies on visitors and HAI was now a national priority for all clinical staff and managers within the NHS. The actions now being implemented in managing HAI were being regularly monitored and audited to ensure high compliance rates and the increased role and visibility of Senior Charge Nurses was particularly welcomed.

**DECIDED:**

That the second draft report on progress taking forward the C.Diff Action Plan be received.

**105. WINTER PLAN 2008/09**

A report of the Director of Acute Services Strategy Implementation and Planning [Board Paper No. 08/45] asked the NHS Board to accept an update on the approach to Winter Planning 2008/09, to approve the Winter Plan for 2008/09 and to agree that it be signed off by the Chief Executive.
Ms Byrne took Members through the paper on the Winter Plan – 2008/09 and advised that at a national level the Emergency Access Delivery Team had taken over the role of co-ordinating winter planning for 2008/09. A regional event was hosted by NHS Greater Glasgow and Clyde in July 2008 and this was followed up by a national event on 23 September 2008. The key messages which emerged were that winter plans should be single system and should demonstrate inter-agency working across all partners, with a major emphasis placed on the key role of mental health services including addiction services and the availability of in-hours and out-of-hours social services; a robust out-of-hours primary care provision with the full involvement of NHS 24 and that winter demand and capacity issues should also be factored into plans using the experiences of previous years and predictive tools.

The Winter Planning Group agreed that it would meet throughout the year during 2008/09 in light of the pressures and the Executive Group also now meets throughout the year.

Ms Byrne set out the key components of the Winter Plan:-

i) NHS 24 and NHS Greater Glasgow and Clyde out-of-hours services would profile their staffing arrangements based on previous experience and predictive software indications.

ii) The Scottish Ambulance Service would increase resources to meet predictive demand at peak times.

iii) CHCPs would liaise with Social Work departments around availability of social care staff and they would work with the Rehabilitation and Assessment Directorate to ensure links were in place to provide rapid response services for vulnerable older people.

iv) The Acute Services Division would ensure timeous bed management and discharge planning.

v) Additional emergency diagnostics capacity would be established to expedite discharge.

vi) Crisis mental health services would be available as would access to addiction services.

A concern for 2008/09 related to the two 4-day holiday periods during the Festive Season and discussions were under way as to how to alleviate pressure this year given that GP surgeries would be closed over these 4-day periods.

Cllr. Stewart asked about the contact details of on-call arrangements for the new crisis service which had been developed within mental health services. It was confirmed that the finalised material would incorporate the relevant contact details.

Dr Colville advised that the Local Medical Committee supported the Winter Plan and he was aware that GPs were intending to suspend elective appointments in order to cope with the additional pressure of patients requiring to see GPs following the two 4-day breaks. He was keen that as much as possible was put in place to bring to the attention of patients the out-of-hours arrangements during the Festive period. Ms Byrne intimated that a major focus this year was patient education and posters had been developed and would be widely distributed as would the winter planning booklet highlighting the availability of services during the Festive period. The local Public Partnership Forums had also been heavily involved in drawing up this year’s arrangements.
DECIDED:

1. That the update on the approach to winter planning 2008/09 be noted.

2. That the Winter Plan for 2008/09 be approved and it was agreed that it be signed off by the Chief Executive.

106. REPORT ON PROGRESS WITH REGARD TO THE CAMGLEN/ NORTHERN CORRIDOR TRANSFER IMPLEMENTATION

A report of the Director, South Lanarkshire CHP and Director, North Lanarkshire CHP [Board Paper No. 08/47] provided Members with an update on the work undertaken with regard to the proposed transfer of further accountability planning and governance for the localities of Cambuslang/Rutherglen (Camglen) and the Northern Corridor to NHS Lanarkshire.

Mr Lawrie explained that a Project Board had been established for the implementation and included key stakeholders including Staffside representatives and local GPs. Eight work-streams had been established, each of which had specific Terms of Reference and a Work Plan that identified the issues to be concluded prior to the transfer of responsibility by 1 April 2009.

The key actions for the coming months included:-

i) the development of a legally acceptable Service Level Agreement between NHS Greater Glasgow and Clyde and NHS Lanarkshire in respect of the management of the GMS contract;

ii) the completion of all matters associated with TUPE including terms and conditions to ensure transfer of identified staff on 1 April 2009;

iii) agreement on the final model for the provision of information management and technology services for all professional groups;

iv) agreement to the financial package to transfer, including agreement for the methodology for Service Level Agreements for community services provided to the two localities;

v) the clear identification of resources associated with the headquarters functions which would transfer to NHS Lanarkshire; and

vi) the consistent communication of progress to date with key stakeholders including the public and patients.

Dr Colville advised that the GPs welcomed the fact that their contracts would remain with NHS Greater Glasgow and Clyde (although managed by NHS Lanarkshire) as the patients remained part of NHS Greater Glasgow and Clyde and the patient flows were predominantly to hospitals within Glasgow.

Cllr. Handibode had welcomed the useful and open dialogue that had taken place and he felt it was important to ensure the best outcome of the actions being taken forward rather than being driven by timescale alone.

DECIDED:

That the progress report be noted and that a further update be provided to the NHS Board in the new year.

Director – South Lanarkshire CHP
107. DESIGN ACTION PLAN UPDATE


Ms Byrne reminded Members that the NHS Board had approved the Design Action Plan in October 2007 and had requested a progress report which related to the actions that were set out for consideration, development and refinement in working towards the publication of a Resource Handbook to support capital project teams and that the Design Action Plan should be tested against a live capital project.

The Capital Planning Group was identified as being responsible for overseeing the implementation of the Design Action Plan and had approved the update for submission to the NHS Board.

She advised that the two projects which were identified against which key concepts and processes outlined within the Design Action Plan were to be piloted were the Barrhead Health and Social Care Centre and the new Maternity Development at the Southern General Hospital. Feedback from this exercise had indicated that despite both projects being initiated prior to the Design Action Plan being in place work had been in line with the key concepts and any gaps were easily identified. In addition, any necessary action would be supported by the Design Action Plan and future preventative action would be directed by the process outline. The Project Managers had felt that the Design Action Plan had been relevant, practical and added value to existing activity and processes.

Ms Byrne highlighted a range of projects, including partnership development which the Design Action Plan had been used to influence, namely, the new Arts Centre in Kirkintilloch which was currently exploring the feasibility for an Arts Health Co-ordinator post to ensure health and well-being was promoted across the building and links to the Kirkintilloch Health Centre; the new Drumchapel Child and Family Health Centre Arts Sub-Group has successfully commissioned a lead Arts Curator to the Design Team in July 2008; the new Stobhill and Victoria Hospitals had a core Arts Programme included in each building and the Maternity Unit project had established an internal Arts Sub-Group.

The Design Action Plan would be incorporated into the procurement of the new Adult/Children’s Hospital at the South Glasgow Hospital and this would be included in the tender documentation. Mrs Smith and Cllr. Mackay welcomed the report and approach taken and commended the work undertaken by Ms Byrne and her team.

DECIDED:

That the progress report on the implementation of the Design Action Plan be noted.

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

A report of the Director of Public Health [Board Paper No. 08/49] 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 28 Medical Practitioners listed in the NHS Board paper for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 be approved.

Director of Public Health

109. PATIENTS’ PRIVATE FUNDS – ANNUAL ACCOUNTS 2007/08

A report of the Director of Finance [Board Paper No. 08/50] asked the NHS Board to adopt and approve for submission to the Scottish Government Health Directorates the 2007/08 Patients’ Private Funds Annual Accounts for NHS Greater Glasgow and Clyde.

Mr Griffin advised that the NHS Board held the private funds of many of its patients, especially those who are in long term residence and who would have no ready alternative to the safe-keeping and management of their funds. Each of the Board’s hospitals had arrangements in place to receive and hold and, where appropriate, manage the funds of any patients requiring this service and any funds that were not required for immediate use were invested to generate interest which was then distributed to the patients’ accounts based on each individual’s balance of funds held.

NHS Boards were required to submit audited annual accounts for these funds in the form of an Abstract of Receipts and Payments to the Scottish Government Health Directorates. The funds had been audited and now required NHS Board approval prior to the auditors then signing their report, which had no qualifications.

Cllr. Stewart enquired about the impact of the recent down-turn in the markets for Patients’ Private Funds. Mr Griffin advised that the funds related to approximately 1,200 patients and it had been decided previously to move away from individual accounts in order to improve the management and investment potential. In light of recent events, he and his colleagues would keep under review the best means by which to hold these accounts to ensure risks to individual patients’ sums of money were kept to a minimum.

DECIDED:

1. That the Patients’ Private Funds Annual Accounts for 2007/08 be adopted and approved for submission to the Scottish Government Health Directorates.

2. That the Director of Finance and Chief Executive be authorised to sign the Abstracts of Receipts and Payments for 2007/08.

3. That the Chair and Director of Finance be authorised to sign the Statements of Board Members’ Responsibilities for 2007/08.

4. That the Chief Executive be authorised to sign the Letter of Representation to KPMG LLP on behalf of the NHS Board.

Director of Finance

110. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer – Acute Services Division [Board Paper No. 08/51] asked the NHS Board to note progress against the national targets as at the end of September 2008.
Mr Calderwood advised that the Scottish Government target was that by March 2011 the total maximum journey time for patients would be 18 weeks from referral to treatment. The Government had set an interim milestone for March 2009 when the maximum wait for an out-patient appointment would be 15 weeks and the maximum wait for admissions for in-patient and day case treatment would also be 15 weeks. As at the end of September 2008 all in-patients, day cases and out-patients had an appointment within 15 weeks and the intention was that from 1 October 2008 all in-patients, day cases and out-patients would be treated within 15 weeks, meaning that the Board had achieved this target six months early.

Mr Daniels welcomed this achievement and congratulated those involved. He continued, however, to be concerned at the cancer wait times and the position in relation to delayed discharges.

Mr Calderwood advised that significant efforts were being made by many staff including individual managers in trying to achieve the cancer wait times, although it was acknowledged that challenges remained in upper GI, head and neck, lung and colorectal cancers. Monthly action plans were in place in an attempt to improve performance and strenuous steps were being taken to identify blockages within the patients pathway to ensure the cancer targets were met across the NHS Board.

Mr Calderwood acknowledged that there had been small numbers of patients whose discharge had been delayed more than the 6 weeks target: however, there appeared to be no specific trend or pattern within any particular local authority that was causing concern. Considerable progress had been achieved over the last year in reducing the number of patients delayed in hospital awaiting discharge and Cllr. Mackay indicated that there was no reduction in funding within Renfrewshire Council where there was a slight increase in those waiting over the 6 week target. The NHS Board would continue to work with its local authority partners in an effort to reduce the small number of patients who were waiting beyond the 6-week target.

Dr Kapasi enquired about the diagnostic waiting times and the potential cumulative effect of waiting for a range of diagnostic tests. Mr Calderwood advised that the target was based on 6 weeks for each of the 8 different tests: however, the overall target of 18 weeks from referral to treatment covered the concerns highlighted by Dr Kapasi.

Dr Kapasi raised the maximum wait from GP referral through to rapid access chest pain clinic to cardiac intervention of 16 weeks. Mr Divers advised that whilst this was the target, many patients waited a maximum of 3 to 4 days and some as little as 2 hours depending on their clinical assessment and clinical need.

Professor Barlow welcomed the significant improvements that had been made to wait times over the last 2 to 3 years and was confident that further reductions in wait times would be forthcoming.

**NOTED**

**111. QUARTERLY COMPLAINTS REPORT: 1 APRIL 2008 – 30 JUNE 2008**

A report of the Head of Board Administration, Chief Operating Officer, Acute Services Division and Lead Director, CHCPs (Glasgow) [Board Paper No. 08/52] asked the NHS Board to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 April to 30 June 2008.
Mr J Hamilton highlighted the continued disappointing performance of approximately 50% of complaints received and completed within 20 working days against a national target of 70%. He highlighted the restructuring of the complaints function within the Acute Services Division and that the improvements of cross-cover, skill-mix of staff, senior support and staff aligned to support Directorates leading to greater familiarity with specific Directorates had already improved response times with 60% of complaints being responded to within 20 working days in July 2008 and 57% in August.

In addition, he highlighted the service improvements identified within the paper and also that the Independent Advice and Support Service first Annual Report had now been made available and would be sent to Members for information.

Mr Daniels commented that he continued to be disappointed at the poor performance in dealing with complaints within the national target and he felt it was a matter of concern for the NHS Board.

Dr Benton asked what action was being taken to address the significant number of complaints that related to attitude/behaviour of staff and Mr Hamilton advised that the training programme for frontline staff was informed by the trends identified within the Quarterly Complaints Report.

Mr Cleland advised that the Clinical Governance Committee reviewed at its meeting the outcome and recommendations from the Ombudsman Reports to ensure that each of the recommendations was fully implemented and also that lessons were learned across the NHS Board, particularly where the Ombudsman’s Office had highlighted specific trends.

Dr Kapasi enquired about the number of complaints received within the family health services and how these were reported. Mr Divers advised that routine collection of this data was in place as the Information Services Division published annually the total number of complaints raised against GPs and Dental Practitioners. Mr Hamilton agreed to report back to the Board on how this information could be shared as part of the Quarterly Complaints Report.

It was recognised that greater efforts were required to ensure that the Acute Services Division and the individual partnerships improved their performance in complaint handling and the Board was keen to see early improvements in this area.

**NOTED**

112. INVOLVING PEOPLE COMMITTEE MINUTES: 4 AUGUST 2008

The Minutes of the Involving People Committee meeting held on 4 August 2008 [IPC(M)08/04] were noted.

**NOTED**

113. PHARMACY PRACTICES COMMITTEE MINUTES: 1 SEPTEMBER 2008 AND 9 SEPTEMBER 2008

The Minutes of the Pharmacy Practices Committee meetings held on 1 September 2008 [PPC(M)08/18] and 9 September 2008 [PPC(M)08/19] were noted.

**NOTED**
114. **AUDIT COMMITTEE MINUTES: 9 SEPTEMBER 2008**

The Minutes of the Audit Committee meeting held on 9 September 2008 [A(M)08/05] were noted.

**NOTED**

115. **PERFORMANCE REVIEW GROUP MINUTES: 16 SEPTEMBER 2008**

The Minutes of the Performance Review Group meeting held on 16 September 2008 [PRG(M)08/05] were noted.

**NOTED**

The meeting ended at 12.40 p.m.