

GGNHSB(M)02/06
Minutes: 60 - 71

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the
Greater Glasgow NHS Board
held in the Board Room, Dalian House,
350 St Vincent Street, Glasgow
on Tuesday 18 June 2002 at 9.30 am**

P R E S E N T

Professor D L Hamblen, CBE (in the Chair)

Mr J Best	Mr W Goudie
Ms M Boyle	Councillor J Gray (to Minute 64)
Dr H Burns	Councillor J Handibode
Mr R Calderwood	Dr R Hughes
Mr R Cleland	Mrs W Hull
Councillor D Collins	Mrs S Kuenssberg CBE
Mr T Davison	Dr F Marshall
Professor G C A Dickson	Councillor D McCafferty (from Minute 63)
Mr T A Divers OBE	Mr A O Robertson OBE
Councillor R Duncan	Mrs E Smith

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

Mrs E Borland	Acting Director of Health Promotion
Mr J C Hamilton	Head of Board Administration
Ms S Plummer	Nurse Advisor
Mr J Whyteside	Communications Manager

B Y I N V I T A T I O N

Mrs C Anderson	Chair, Area Pharmaceutical Committee
Mr J Cassidy	Chair, Area Nursing & Midwifery Committee
Ms C McCalman	Vice-Convener, Greater Glasgow Health Council
Dr J Nugent	Chair, LHCC Professional Committee
Dr A Bryson	Medical Director, BOC (to Minute 63)

ACTION BY

60. APOLOGIES

Apologies for absence were intimated on behalf of Professor M Farthing, Executive Dean, University of Glasgow; Mr P Hamilton, Convener, Greater Glasgow Health Council; Mr Frank Angell, Chair, Area Dental Committee; Ms Clare Ritchie, Chair, Area Paramedical Committee; Mr E McVey, Chair, Area Optometric Committee.

61. CHAIRMAN'S REPORT

The Chairman made reference to events in which he had been involved since the last meeting of Greater Glasgow NHS Board. These included the following:

- (a) Attendance on 10 June 2002 at the "Good Practice in Action" Conference at the Hilton Dunblane Hydro, which the Minister for Health and Community Care and two Deputy Ministers had attended. NHS Boards and Trusts presented over 100 posters demonstrating areas of good practice and work in progress across Scotland.
- (b) Attendance on 12 June 2002 at Lanarkshire NHS Board for the Signing Ceremony of the Lanarkshire Partnership Agreement.
- (c) Attendance on 12 June 2002 at a meeting of the East Dunbartonshire Planning Forum – Community Care.

NOTED

62. MINUTES

On the motion of Dr F Marshall, seconded by Mr T P Davison, the Minutes of the meeting of the NHS Board held on 21 May 2002 [GGNHSB(M)02/05] were approved as an accurate record and signed by the Chairman, subject to the following addition to Minute 54 – Health and Community Care Services Transitional Housing Benefit – Page 9 – second last paragraph:-

“..... when bidding for an unknown sum of money and he expressed concern about possibly underwriting an unknown debt.”

63. MATTERS ARISING FROM THE MINUTES

In reference to Minute 54 [GGNHSB(M)02/05] – Health and Community Care Services Transitional Housing Benefit – Councillor Handibode expressed his continued concern about the risks to the Board associated with the transitional housing benefits scheme.

Mr Divers explained that the Local Health Plan Steering Group had agreed a mechanism to take this issue forward and the need to try and establish an approach across the six different Local Authorities in the Board's area. These discussions would take place at the next round of Joint Planning meetings in order to establish a shared and joint means of managing the process with each Local Authority.

NOTED

64. BEATSON ONCOLOGY CENTRE – ACTION PLAN

A report of the Chief Executive and Medical Director, Beatson Oncology Centre [Board Paper No 02/42] enclosed the quarterly update on the action plan developed in December 2001 and a second action plan which picked up on the key recommendations from the Expert Advisory Group's Report.

Councillor Handibode indicated that he had only received the day before the paper on the Beatson Oncology Centre and the new agenda item on Capital Planning. This had not allowed him sufficient time to have studied and scrutinised the content of both papers and asked if both could be considered at the next Board meeting.

Mr Divers apologised for the late production of the quarterly progress report on the Beatson Oncology Centre action plans. To ensure that members received the most up-to-date information on progress it had been decided to await the discussions at the tripartite monitoring meeting held on Wednesday afternoon, 12 June. This meeting discussed the progress of the key recommendations and required action of both action plans. The Board paper therefore was not completed until Friday, 14 June and couriered out to members, with the recently received advice from the Scottish Executive – Health Department on Capital Planning which was considered essential to share with members and seek their authority to commit the first tranche of capital monies.

Members would discuss the issue of Board papers and their distribution at the Development Session that afternoon.

The Chairman then asked Mr Divers and Dr Bryson to give detailed presentations of the quarterly report and both action plans.

Mr Divers advised that almost all action points within the original plan had now been concluded and that with the Board's agreement, he would transfer the few remaining action points into the action plan developed from the key recommendations from the Expert Advisory Group's Report. This second action plan would form the basis of future updated reports to the NHS Board.

Progress was being made in increasing the staffing complement within the Beatson Oncology Centre. At 31 March 2002 there were 361 whole time equivalent (WTE) staff in post; by 1 July it was anticipated that the figure would be 395 WTE and, by 1 September, 425 WTE. The most significant increases would be 41 WTE additional nursing staff and 10 WTE therapy radiography staff. This was a promising start but much still required to be done. In particular, there remained a heavy workload pressure on the Consultant Clinical Oncologists.

Dr Bryson presented each of the remaining actions from the Expert Advisory Group's Report. He advised that two locum Consultant Clinical Oncologists had been identified who would work in the Centre over the summer period. A Staff Grade appointment would start on 1 October and a further advert for Consultant Clinical Oncologists had been published on 24 May with a closing date for applications of 28 June 2002. The response to the advert would be important in terms of the recommendation (2.5 within the Action Plan) which specified a return to the previous level of 20 Consultant Clinical Oncologists by September 2002.

In response to Councillor Collins' question about the delay in advertising from February to May, Dr Bryson replied that there was a national shortage of Clinical Oncologists and it was felt important to show potential candidates that significant improvements had been made to the staffing levels at the Centre and that there were visible benefits from the additional capital investment. Dr Bryson reminded Members that this was the second advertisement placed to recruit Consultants.

ACTION BY

The target of recruiting to a level of 20 Consultant Clinical Oncologists by September was the Expert Advisory Group's recommendation. If this figure was not reached the recommendation stated that the number of new patients to be accepted should be reduced and the excess patients should be treated elsewhere. In replying to points made by Councillor Handibode and Mr Goudie, Mr Divers advised that the position on the number of Clinical Oncologists would be clearer once the outcome of the current recruitment advert was known and any consideration of transferring workload to other centres should await the response to the advert. It was possible that good progress could be shown to have been made and that, not long after September, the target could have been surpassed.

Dr Bryson advised that the Outline Business Case to transfer the Beatson Oncology Centre to the Gartnavel General site had built into it future projections on demand and the Medical Planners Report on this aspect was expected to be received in about a fortnight.

Ward 4C at Gartnavel General was being refurbished and would be opened in August 2002 to alleviate the current pressure. He agreed with Mrs McCalman that this was delayed from the Easter timescales he had presented earlier in the year. This was due to a number of factors including the removal of asbestos ceiling tiles.

Dr Marshall raised concern at the plans to reduce the number of peripheral clinics and the impact on local access for patients. Dr Bryson agreed that the needs of patients were paramount, however, resources required to be used most effectively and amalgamating clinics was a means of best utilising Consultants' time. Specialisation was important and peripheral clinics would continue but they would be better planned and the quality of patient care would not be compromised. The quarterly report to be submitted to the Board in September would show the number of peripheral clinics proposed for the future and any alterations to the existing clinic arrangements.

**Medical Director,
BOC**

In response to Mrs Kuenssberg's comment about staff morale, Dr Bryson confirmed that the additional nursing posts had raised morale significantly; however, the Clinical Oncologists were still under pressure and were hopeful that the current recruitment process resulted in appointments of additional Consultant staff.

With the completion of the Management Consultants' report due around the time of the next quarterly report to the NHS Board, it was agreed that the Chief Executive would liaise with the Chairman over the timing of the next quarterly report as it was hoped it would capture the outcome of the Consultants' Report.

Dr Burns stated that Professor Rampling had advised the Health and Community Care Committee during its recent visit to Glasgow that the Beatson Oncology Centre was now seeing urgent radiotherapy cases within 3 weeks – comparable with any centre in the UK.

DECIDED:

- That the updated report on the action plans relating to the Beatson Oncology Centre be noted.
- That the transition to the updated action plan which reports on the recommendations of the Expert Advisory Group as the basis of future quarterly reports be approved.

CEO

- That the Chairman and Chief Executive determine the timing of the next quarterly report on the basis of the publication date of the Management Consultants' Report.

CEO

65. CAPITAL PLANNING – 2002/03

A report of the Director of Finance [Board Paper No 02/47] was submitted seeking authority to commit an initial allocation of £16 million of capital funds and note the work being undertaken to inform the distribution of the remaining capital funds.

The Scottish Executive Health Department had recently strengthened the role of NHS Boards in Capital Planning and Approval processes and had given Boards a single capital allocation for 2002/03 based on an agreed formula.

Under the transitional arrangements NHS Boards had received an additional allocation to meet the funding consequences in 2002/03 and 2003/04 for projects which had previously been approved by the Scottish Executive Health Department prior to 31 March 2002.

The capital funds available to NHS Greater Glasgow in 2002/03 were as follows:

	<u>£M</u>
Agreed Prior Commitments	7.467
Formula Allocation	<u>37.209</u>
	44.776
Commitments brought forward from 2001/02 (sum still to be confirmed by Scottish Executive - Health Department)	16.423
TOTAL	<u><u>£61.199</u></u>

It was proposed that the NHS Board made an initial allocation of £16M from its confirmed capital allocation to deal with routine backlog maintenance, minor refurbishments, health and safety requirements and ICT proposals. Under previous years' arrangements, the funding for these elements of the capital programme had been issued directly to NHS Trusts.

In response to a number of questions, Mrs Hull confirmed that the sum of £16.423M related to commitments brought forward from 2001/02 and the Board awaited final confirmation from the Scottish Executive Health Department as to the level of carry forward. This decision was imminent.

A paper would be submitted to the Board in September describing the process for approving capital investment applications in this and future years.

DECIDED:

- That an initial capital allocation of £16M for the purposes described in the paper, be approved.
- That a paper be submitted to the September Board meeting setting out the process and procedures to be followed in allocating the remaining capital allocation.

Director of Finance

Director of Finance

66. QUARTERLY REPORT ON COMPLAINTS: JANUARY – MARCH 2002

A report of the Head of Board Administration and Trust Chief Executives [Board Paper No. 02/43] was submitted giving details of the complaints activity in NHS Greater Glasgow for the period 1 January to 31 March 2002. There was tabled the report from South Glasgow University Hospitals NHS Trust. Mr Calderwood updated members on the number of complaints received (65) and the Trust's performance (61.5%) against the national target of completing 70% of written complaints within 20 working days of receipt.

Mr Goudie enquired about the impact the new CT Scanner at the Royal Infirmary and the MRI Scanner at Gartnavel General Hospital would have on waiting times. Ms Boyle agreed to provide a section for the next quarterly complaints report to the Board on quantification of the impact both Scanners had had on waiting times for patients.

Ms Boyle confirmed that complaints relating to clinical treatment were submitted to the Clinical Governance Committee for consideration.

There was no identified trend or theme for the complaints relating to treatment, attitude and behaviour. Professor Hamblen was keen that NHS Trusts continued to make significant efforts to achieve in each quarter the national target of 70% of written complaints completed within 20 working days.

In response to Dr Marshall's comment about the poor uptake of the Conciliation Service, Mr Hamilton agreed to write to Complaints Officers, Conveners and others involved in the complaints process to again draw their attention to the benefits of Conciliation and how to access the Board's trained Conciliators.

DECIDED:

- To note the Quarterly Complaints Report for the period 1 January – 31 March 2002.
- That a section on the impact the new Scanners had had on patient waiting times in north Glasgow be included in the next Quarterly Complaints Report.
- That the Head of Board Administration write to complaints personnel on the benefits of Conciliation and how to access the Board's trained Conciliators.

CEO, North Trust

**Head of Board
Administration**

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

A report of the Director of Public Health Board Paper No 02/44] was submitted seeking approval of 10 medical practitioners employed by Greater Glasgow Primary Care NHS Trust to be authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984.

DECIDED:

That the following medical practitioners be authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984:

**Director of
Public Health**

Dr Derek Van Der Klift
Dr Laurence Tuddenham
Dr Gillian Jess
Dr Gail Fleming
Dr Julia Rawstorne
Dr Alan Russell
Dr Siobhan Flanagan
Dr Kim Ulyatt
Dr Jason Westwater
Dr Melanie Baker

68. STAFF GOVERNANCE COMMITTEE

A report of the Chief Executive and Employee Director [Board Paper No 02/45] was submitted asking the Board to approve the Composition and Remit of NHS Greater Glasgow Staff Governance Committee.

A Working Group had been formed to provide recommendations to the Board on the composition and remit of the Staff Governance Committee. Mr Goudie summarised the discussions at its meeting on 17 May and the consensus that was reached on membership of the Committee and the steps that would be taken to follow the remit contained within the Staff Governance Standard.

DECIDED:

That the Working Group's recommended Composition and Remit of the NHS Greater Glasgow Staff Governance Committee be approved.

**Head of
Board Administration**

69. JOINT COMMUNITY CARE COMMITTEE – GLASGOW CITY COUNCIL MINUTES – 26 APRIL 2002

The Minutes of the Joint Community Care Committee – Glasgow City Council meeting held on 26 April 2002 were noted.

The linkage between the Joint Community Care Committee and the Joint Staff Forum would be raised with Glasgow City Council.

70. AREA CLINICAL FORUM MINUTES – 13 MAY 2002

The Minutes of the Area Clinical Forum meeting held on 13 May 2002 [ACF(M)02/02] were noted.

71. AUDIT COMMITTEE MINUTES – 30 APRIL 2002

The Minutes of the Audit Committee meeting held on 30 April 2002 [A(M)02/01] were noted.