

GGNHSB(M)03/8  
Minutes: 97 - 108

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 19 August 2003 at 9.30 am**

**P R E S E N T**

Professor Sir J Arbuthnott (in the Chair)

Dr F Angell	Mr T A Divers OBE
Mr J Best	Councillor R Duncan
Dr H Burns	Mr W Goudie
Mr R Calderwood	Mr P Hamilton
Mr R Cleland	Mrs W Hull
Councillor J Coleman	Mrs S Kuenssberg CBE
Councillor D Collins	Mrs R K Nijjar
Dr B Cowan	Dr J Nugent
Ms R Crocket	Mr I Reid
Mr T Davison	Mr A O Robertson OBE

Mrs E Smith

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

Mrs E Borland	Acting Director of Health Promotion
Ms S Gordon	Secretariat Manager
Mr J C Hamilton	Head of Board Administration
Mr A McLaws	Director of Corporate Communications
Ms D Nelson	Communications Manager
Ms C Renfrew	Director of Planning and Community Care
Mr J Whyteside	Public Affairs Manager

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

Mrs P Bryson	Convener, Greater Glasgow Health Council
Mrs F Needleman	Chair, Area Pharmaceutical Committee
Mr H Smith	Chair, Area Allied Health Professionals Committee
Dr B West	Chair, Area Medical Committee

**ACTION BY**

**97. APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Professor M Farthing, Councillor J Handibode, Councillor A White, Mr J Cassidy (Chairman, Area Nursing and Midwifery Committee) and Ms G Leslie (Chair, Area Optometric Committee).

**98. CHAIRMAN'S REPORT**

The Chairman updated on the following events which had occurred since the last NHS Board meeting:

- (a) Attended the final interviews for the Executive Dean of Medicine at the University of Glasgow on 22 July 2003. Professor Stephen Smith from Cambridge University had since been appointed and would take up post in early 2004. It was anticipated that Professor Smith would attend NHS Board meetings in advance of this. The Chairman also reported that a new Principal was now in place at the University of Glasgow and discussions would be arranged in the future to take forward various areas of joint working particularly in expectation of the Centre of Population Health in Glasgow.
- (b) The Working Group (chaired by Professor Margaret Reid) set up to look at the open process of assessment regarding Greater Glasgow's maternity services was now hearing evidence. The Group benefited from the input of professional advisors in relevant areas to the evaluation of maternity services. Mr P Hamilton reported that the Group had had three successful public sessions so far.

**NOTED**

**99. CHIEF EXECUTIVE'S UPDATE**

Mr Divers updated on the following developments since the last NHS Board meeting:

- (a) East Dunbartonshire Council had re-constituted its Community Planning Board which was now chaired by their Council Leader.
- (b) The Area Partnership Forum would be looking at aspects of pay modernisation in the months ahead and the key themes and challenges associated with this.
- (c) Mr Reid reported that a major development event had been arranged on Friday 3 October 2003 at Celtic Park. The event would be opened by the Minister of Health and Community Care with various health, Local Authority and partner agencies being invited to be represented.

**NOTED**

**100. MINUTES**

On the motion of Mr J Best, seconded by Mr T Davison, the Minutes of the meeting of the NHS Board held on Tuesday 15 July 2003 [GGNHSB(M)03/7] were approved as an accurate record and signed by the Chairman pending the following amendment:

- Minute 90 – External Audit : Annual Report to Board Members : page 7

delete: “Dr Nugent referred to the new GP contract and the payment structure which would be simplified and based on the number of patients a GP practice had”.

add: “Dr Nugent referred to the new GP contract and the payment structure which would be simplified and based on a service specification rather than on the number of patients a practice had”.

## **101. MATTERS ARISING**

Members were circulated with the rolling action list which updated on the progress and timescales of ongoing matters arising.

### **NOTED**

## **102. WHITE PAPER : PARTNERSHIP FOR CARE – CONSULTATION PROPOSALS**

A report of the Chief Executive, GGNHSB, [Board Paper No 03/51] asked the Board to:

- Approve the consultation paper which sought comment by 28 November 2003 on the Dissolution of NHS Trusts within Greater Glasgow.
- Note that a further consultation paper on the Creation of Community Health Partnerships would be brought to the NHS Board for consideration in December 2003 allowing detailed consultation to proceed between January and March 2004.

Mr Divers explained the background to the consultation exercise and the document's three main purposes:

- (i) To seek comments, by 28 November 2003, on the dissolution of the four NHS Trusts within Greater Glasgow and their replacement with four Operating Divisions. The aim was to move to these new arrangements with effect from 1 April 2004.
- (ii) To set out the process by which the proposals for developing Community Health Partnerships would be taken forward over the coming months, such that formal consultation on these proposals could proceed in the period from January to March 2004. Given the significant developmental challenge involved in the move to Community Health Partnerships, an implementation date for this change of 1 April 2005 was proposed.
- (iii) To set out how the NHS Board proposed to deliver the key priorities within the White Paper : Partnership for Care.

Mr Divers advised that a shorter plain English version of the consultation document would also be made available and this was currently being worked on by the Director of Corporate Communications, Ally McLaws, and his team.

**ACTION BY**

Mr Divers outlined the following key themes within Scotland's Health White Paper, Partnership for Care, which was published in February 2003:

- Improving health
- Listening to patients
- Higher standards of health care
- Partnership, integration and redesign
- Empowering and equipping staff

These five key inter-linked themes drove the vision for Partnership for Care and promoted health in the broadest possible sense, creating a modernised, patient focused health service fit for the 21<sup>st</sup> century.

Mr Divers set these in the context of NHS Greater Glasgow and highlighted not only the significant opportunities they presented but also the challenges, particularly in relation to working more effectively in partnership to deliver integrated services.

Mr Divers led the NHS Board through the key areas of the consultation document as follows:

- Proposal for consultation
- Enhancing leadership and the contribution of clinical leadership in NHS Greater Glasgow
- NHS Greater Glasgow as a single employer and a single system
- Developing community health partnerships
- Delivering our vision

Each was taken in turn.

(i) Proposal for Consultation

Mr Divers emphasised that the dissolution of NHS Trusts was not a return to the NHS prior to their establishment, but rather an opportunity to build on their experience and success over the past decade while adding value through a single system pan-Glasgow approach.

NHS Greater Glasgow's proposals for establishing Operating Divisions had to be submitted to the Scottish Executive Health Department in December 2003 so that the move to single working could take place in April 2004. These Divisions would form part of a single statutory NHS organisation for Greater Glasgow and the touchstone of the success of Operating Divisions would be the extent to which they were delivering, through evolutionary change, the vision for NHS Greater Glasgow.

Mr Divers highlighted the purpose and functions of the four Operating Divisions as well as their size (in terms of staff and expenditure). He briefed on how establishing a single system across NHS Greater Glasgow (and the implementation of the key drivers within the White Paper) would enable the delivery of a number of advantages for patients and NHS staff.

(ii) Enhancing Leadership and the Contribution of Clinical Leadership in NHS Greater Glasgow

Greater Glasgow NHS Board was committed to strengthening the role of clinical leaders at all levels across its health care system including Board, Division, Directorate and ward, team and departmental levels. There was a recognition that the initiation and implementation of service improvement would come faster if clinical staff were fully involved in developing and shaping this change. As such, there were a number of strands to the NHS Board's approach to enhance the role of clinical leadership:

- The role of clinical leadership in the pan-Glasgow context to redesign services could not be overlooked. Strong links with Local Authority partners had already been achieved and it was anticipated the NHS Board would involve further its academic partners in the workforce development plan and, as appropriate, in the design of clinical facilities to support service delivery.
- A recognition in the role that clinical leaders would play at the operational level in driving change in key service areas. Such areas were likely to improve care in Greater Glasgow and the NHS Board's support for local clinical leadership in service redesign would enable its pan-Glasgow objectives to be met.

Mr Divers highlighted the current strengths within NHS Greater Glasgow which could be enhanced and the work to be undertaken to ensure success by developing new opportunities. These areas were being taken forward by Ros Crocket, Director of Nursing and Dr Brian Cowan, Medical Director.

Furthermore, the NHS Board was keen to work with the Clinical Advisory Structure to create stronger links with the NHS Board's key objectives. In that way, the Advisory Structure would support clinical leaders at the operational level in their efforts to take forward service redesign and to facilitate change pan-Glasgow to deliver the NHS Board's service strategies.

Mr Divers referred to the significant progress already made towards enhancing clinical leadership but recognised much still had to be done.

(iii) NHS Greater Glasgow as a Single Employer and a Single System

NHS Greater Glasgow employed over 33,000 staff. In order to improve health and health care, it must support, value and empower the staff who delivered care. This meant giving staff the opportunity and incentive to design and deliver integrated services recognising that staff would initiate and lead service improvement if they were fully involved and understood the context of change. Getting the size, shape and skills of the workforce right would be critical against a major change agenda over the next decade in Greater Glasgow.

Moving from five employing authorities to one overall posed some major challenges highlighted by Mr Divers as follows:

**ACTION BY**

- Workforce Planning
- Pay Modernisation
- Learning Organisation
- Health and Safety

The implications of this for human resource management in NHS Greater Glasgow as a single employer were significant. During the consultation period, Mr Divers advised that NHS Board would work on a scheme of delegation to make this happen and would engage its staff in the process to ensure that the best result was achieved.

Mr Divers referred to the finance and information and communications technology (ICT) implications of single system working. He summarized the key priorities for further development:

- The Financial Governance Framework – A workshop to discuss audit arrangements had been held and more detailed proposals would be developed and finalised. Furthermore, a commitment had been made to review existing documentation that comprised the “Financial Governance Framework” in each Trust with a view to harmonizing all existing policies into a Board wide Financial Governance Framework.
- Scheme of Financial Delegation – Following work undertaken to progress the Financial Governance Framework, work could then begin on drafting a Scheme of Financial Delegation in order to support Board wide operations after March 2004.
- Ways of Working within Finance and ICT – Proposals would be developed to strengthen and consolidate a regular series of meetings which currently took place between the four Trusts’ and the NHS Board’s Directors of Finance. A matrix approach to working was already well established across IT and reflected the priority projects as set out in the pan Glasgow ICT Strategy. A range of further proposals was being developed to ensure continuing success in the delivery of the Glasgow wide ICT Strategy.

(iv) Developing Community Health Partnerships

Community Health Partnerships would have important roles in both working with Local Authority partners and services and in working with the Operating Divisions within NHS Greater Glasgow to strengthen the primary care/secondary care relationship.

Mr Divers highlighted the main proposals for Community Health Partnerships and the challenge in designing them tailored to meet local requirements, yet ensuring a degree of uniformity across the Community Health Partnership structures.

Mr Divers described the anticipated move from Local Health Care Co-operatives to Community Health Partnerships. He highlighted the need to accelerate progress in a number of areas and three other opportunities emerging from their development:

**ACTION BY**

1. Access – the development of services at a local level should both impact on the demand for hospital services and enable patients to move readily.
2. Inclusion – to explore the potential for wider responsibilities for regeneration and social inclusion as Community Health Partnerships developed.
3. Patients and public – Community Health Partnerships would ensure they maintained an effective dialogue with their local communities through the development of the local Public Partnership Forum.

Mr Divers referred to guidance issued by the Scottish Executive Health Department setting out more details of national thinking for Community Health Partnerships. He described the establishment of these in NHS Greater Glasgow context and the aim to conclude on the proposals by December 2003. By that time, it should be clear how the Community Health Partnerships would operate and how they would be best placed to make a difference.

(v) Delivering our Vision

In taking forward this formidable agenda, it was vital that the NHS Board's energies were directed towards delivering the priorities within the White Paper, through developing new ways of working and not least by strengthening the relationship between managers and clinical leaders.

Work would be ongoing throughout the period of consultation particularly in the development of a Scheme of Delegation to ensure effective delivery of the strategy. During the consultation period, there would be a programme of discussions arranged with the Advisory Structure, Partnership Forums, Greater Glasgow Health Council and with staff in order to develop the detailed implementation arrangements. Individuals and Groups would have the facility to participate both through these arrangements or through submitting individual views in response to the consultation paper. The closing date for consultation was set at Friday 28 November 2003.

Councillor Collins welcomed the initial comments to ensure publication of the document in a reader friendly format. Furthermore, he suggested the consultation document be produced specifically to target audiences, namely, staff, patients, public and partners. Although all were key players in the process, each had a different focus and it would be important to tailor the content of the document to meet each audience.

In response to a question from Mr Cleland, Mr Divers described the consultation process in that the White Paper : Partnership for Care consultation paper sought comments by 28 November 2003. A further consultation paper on the creation of Community Health Partnerships would be brought to the NHS Board for consideration in December 2003 allowing a consultation on that to proceed between January and March 2004.

Given this clarification it was agreed that the second recommendation of the NHS Board paper should be reworded to reflect this.

**ACTION BY**

Mr Divers referred to the National Policy Guidance and Health Reform Bill which set the backdrop to much of the developmental challenges. NHS Greater Glasgow's local processes must meet the national expectations and the consultation would generate many different views with many different emphasis.

Dr Nugent referred to the immense challenge which lay ahead and re-emphasised that Community Health Partnerships were not merely a scaling up of Local Health Care Co-operatives. He was supportive of the enhanced leadership and the contribution of clinical leadership proposals and hoped this would grow throughout NHS Greater Glasgow.

Mr Robertson was encouraged by the content of the paper and envisaged many positive outcomes from the formation of Community Health Partnerships if set up properly at the initial stages. As such, given the tight programme, it was important that corners were not cut.

In response to a question from Mrs P Bryson concerning the Health Council view that the current North Trust was too large, Mr Divers referred to page 15, paragraph 4.4, of the NHS Board papers and was sure that the migration of the four Operating Divisions gave the Board the right structure to ensure that it moved forward its key priorities for action.

Mr Goudie although welcoming the challenges that lay ahead, referred to the importance in maintaining services throughout the period of change and as such all efforts should be made during this difficult time particularly in leading effective team working. He further welcomed the view that the NHS Board would be looking at its advisory structure and how this could be managed more effectively. He confirmed that the consultation document would be considered with all staff-side organisations. Mr Reid re-iterated this point and confirmed that engagement would be encouraged with Local Authority Trade Unions in the formation of Community Health Partnerships.

Dr Cowan referred to the significant achievements already in place in NHS Greater Glasgow which could be built upon especially via the advisory structure and medical managers. Many improvements had already been seen and it was paramount to build on this momentum.

Ms Crocket referred to the advantage of single system working in that in working across clinical services, duplication was avoided whilst at the same time new ways of working could be explored. It would be important to support clinical managers and formalise their time regardless of resource implications.

Mrs Smith saw a great benefit in focusing on the opportunities that this afforded NHS Greater Glasgow rather than the challenges particularly in terms of empowering all staff.

Mr Peter Hamilton saw an opportunity to address weaknesses in the NHS system in relation to its patient and public involvement processes.

**DECIDED:**

- (i) That the attached consultation paper which sought comment by 28 November 2003 on the dissolution of NHS Trusts within Greater Glasgow be approved.

**Chief Executive**

- (ii) That a further consultation paper on the creation of Community Health Partnerships would be brought to the NHS Board for consultation in December 2003 allowing consultation on that to proceed between January and March 2004. In the interim, the NHS Board would submit its conclusions from the initial consultation to the Minister for Health and Community Care for approval.

**103. ACCOUNTABILITY REVIEW – 2002/2003 (INCLUDING 2003/2004 CORPORATE OBJECTIVES)**

A report of the Chief Executive was submitted [Board Paper No 03/52] asking the NHS Board to receive the record of the annual Accountability Review meeting between NHS Greater Glasgow and the Scottish Executive Health Department and to note progress made on the set of early action points arising from that review.

The annual Accountability Review meeting between NHS Greater Glasgow and the Scottish Executive Health Department was held on 25 June 2003. A record of the outcome of the meeting was set out in a letter from Trevor Jones on 17 July 2003 to the Chairman. Mr Divers referred to the copy of that letter which was included in the Board papers and which would be included in its Annual Report 2003/2003 and a summary of the action to be taken by NHS Greater Glasgow.

Mr Divers commented that the meeting had been positive, constructive and with plenty of opportunities for both the NHS Board and the Scottish Executive representatives to raise issues. He provided a brief update on the points identified as early action points arising from the Accountability Review meeting.

Following a meeting with the Area Clinical Forum and Staff Partnership Forum, main topics of discussion with the NHS Board included:

- Major service issues – particularly in relation to progress made on implementing the Acute Services Strategy and the procurement advancements of the Ambulatory Care Hospitals at Stobhill and the Victoria.
- Performance assessment framework – areas of concern were identified, including pre-school dental disease and the drop in the uptake of the MMR immunization. NHS Greater Glasgow was given recognition for the trend in the proportion of women still breast feeding at six weeks which was improving.
- Finance issues – NHS Greater Glasgow was commended on last year's performance and explained the challenges which lay ahead in financial terms for 2003/2004.
- Waiting targets – NHS Greater Glasgow was congratulated on its performance for 2002/2003 and was clear and focused on the challenges that lay ahead for 2003/2004.
- Delayed discharge
- Partnership for Care – the number of projects being taken forward in Greater Glasgow in order to deliver Partnership for Care and Improving Health in Scotland : The Challenge was acknowledged.

**ACTION BY**

- Integration of structure, dissolution of Trusts and development of Community Health Partnerships
- Pay Modernisation
- New Deal on Junior Doctors' hours
- Clean hospitals and infection control
- Maternity services

NHS Greater Glasgow was congratulated on a very good year for 2002/2003.

In reviewing the NHS Board's corporate objectives of Executive Directors for 2003/04, Ms Crocket asked for the inclusion of a section on Clinical Governance. Similarly, Mr P Hamilton emphasised the need to see a section on patient focus and public involvement.

**DECIDED:**

- That the record of the outcome of the Annual Accountability Review meeting between NHS Greater Glasgow and the Scottish Executive be received. **Chief Executive**
- That the summary of action points agreed at the conclusion of the meeting be noted. **Chief Executive**
- That the NHS Board's corporate objectives for 2003/04 which took account of the suggested amendments and review by the Remuneration Subcommittee, be completed. **Chief Executive**

**104. CONSOLIDATED ANNUAL ACCOUNTS FOR 2002/03**

A report of the Director of Finance [Board Paper No 03/53A] asked the NHS Board to note the consolidated financial position for NHS Greater Glasgow for the year to March 2003.

Mrs Hull explained that all four Trusts and the NHS Board had produced Annual Accounts which had been audited and approved by their respective Boards and submitted to the Scottish Executive Health Department. The Annual Report for NHS Greater Glasgow would report on the consolidated position for the Trusts and the NHS Board. Noteworthy, was that all four Trusts and the NHS Board achieved their individual financial targets. Mrs Hull referred to the two tables which showed NHS Greater Glasgow's consolidated position.

**NOTED**

**105. FINANCIAL POSITION FOR THREE MONTHS ENDED 30 JUNE 2003**

A report of the Director of Finance [Board Paper No 03/53B] asked the NHS Board to:

**ACTION BY**

- Note the risk associated with the 2003/04 revenue allocations and, in this context, to continue to monitor closely the financial data reported by each Trust for the first quarter to June 2003.
- Finalise proposals to take forward the review of revenue spending with a view to ensuring that NHS Greater Glasgow was in recurrent balance ahead of the implementation of the Acute Services Reconfiguration.

Mrs Hull referred to the revenue allocations agreed by the Board for 2003/04. These were challenging and, in year, break even would only be achieved if Trusts contained expenditure within startpoints and managed unfunded cost pressures through cost improvement schemes.

The position reported by each of the four Trusts for the first quarter, to June 2003, resulted in a cumulative deficit of £4.325m. This was over and above the planned deficit built in to startpoints of £23m which would be funded, non-recurrently, from land sales and other reserves. Although it would be possible to cover this amount in-year predominantly from non-recurrent capital transfers, NHS Greater Glasgow needed to be returned to recurrent revenue balance over the next two to three years.

Accordingly, the imperative remained to undertake a major review of current services so that NHS Greater Glasgow could return to recurrent balance ahead of Phase 1 of the Acute Service Review implementation. That process of review crucially needed to recognise that radical proposals to deliver services more efficiently would be required beyond the routine scope for cost improvements that Trusts were already developing to ensure breakeven against startpoints.

Trusts needed to concentrate on achieving breakeven against agreed 2003/2004 startpoints and to this end, considerable detailed work had been undertaken with each Trust to ensure complete understanding of agreed funding available in relation to inflation, junior doctors, medicines, issues involving services provided to other West of Scotland Boards, efficiency gain assumed in startpoints, 2003/04 service developments and confirmation of non-recurrent support in-year.

The NHS Board was reviewing remaining funds held and would continue to monitor any delay in startpoints for developments so that any slippage created could be made available against the overall deficit position.

Mr Cleland sought clarity around the size of the challenge so far and Mrs Hull re-iterated that the year 2002/03 ended in balance and that the modeling process undertaken focused on the recurrent gap. Furthermore, any change to the Arbutnott allocation to NHS Greater Glasgow and the uplift could add to the deficit totality.

Councillor Collins acknowledged the Trust recovery plans and encouraged emerging themes to be shared across NHS Greater Glasgow. He referred, in particular, to how service redesign and improving delivery may result in savings.

Mr Divers referred to the key role for the Performance Review and Monitoring Subgroup of the NHS Board which would be chaired by Andrew Robertson.

**ACTION BY**

Mr Cleland referred to the capital to revenue position and in particular the land sales of £14m. Mr Divers confirmed that he and Mrs Hull were meeting shortly with the Health Department's Director of Finance to confirm the earlier discussions about the handling of these issues.

Mrs Smith re-iterated that as a Board of Governance, many benefits could be achieved from single system working in that many current practices could be done better and differently and may incur savings. Mr Davison re-iterated this point in that radical change in the delivery of services in NHS Greater Glasgow may bring clarity on how the in-year position with the Trusts was balanced. Timing was of the utmost importance as the Clinical Services Strategy took ten years to implement.

Mr Goudie asked that the heading of "Drugs" on page 52 of the Board paper be changed to read "Medicines".

**Director of  
Finance**

**DECIDED:**

- That the risk associated with the 2003/04 revenue allocations and, in this context, to continue to monitor closely the financial data reported by each Trust for the first quarter to June 2003 be noted.
- That the proposals to take forward the review of revenue spending with a view to ensuring that NHS Greater Glasgow was in recurrent balance ahead of the implementation of the Acute Services Reconfiguration be finalised.

**Director of  
Finance**

**106. WAITING TIMES**

A report of the Director of Planning and Community Care [Board Paper No 03/54] asked Members to note the provisional waiting list position as at 31 July 2003.

This data was presented in two formats:

- Table 1 showed all NHS Board residents without availability status codes (ASCs).
- Table 2 showed all NHS Board residents with availability status codes (ASCs).

Ms Renfrew acknowledged that there were currently 991 patients waiting over 9 months at the end of July with no ASC applied – it was planned, however, to reduce this to zero by 31 December 2003.

Ms Renfrew referred to the availability status code definitions and the breakdown tables which showed the status of the various waiting lists.

In response to a question from Mr P Hamilton, Ms Renfrew confirmed that where possible, the National Golden Jubilee Hospital was used for the referral of patients prior to the consideration of accessing the private sector. One exception to this was a national decision made for the referral of patients to private premises for Orthopaedic treatment.

**NOTED**

**ACTION BY**

**107. MINUTES OF THE STAFF GOVERNANCE COMMITTEE – 10 JUNE 2003**

The Minutes of the Staff Governance Committee [SGC(M)03/2] from the meeting held on 10 June 2003 were noted.

**108. MINUTES OF THE HEALTH AND CLINICAL GOVERNANCE COMMITTEE – 29 JULY 2003**

The Minutes of the Health and Clinical Governance Committee [HCGC(M)03/3] from the meeting held on 29 July 2003 were noted.

The meeting ended at 11.20 am