

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the  
Greater Glasgow NHS Board  
held in the Reid Hall, Community Central Hall,  
304 Maryhill Road, Glasgow, G20 7YE  
on Tuesday, 21 October 2003 at 9.30 am**

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**P R E S E N T**

Professor Sir J Arbuthnott (in the Chair)

Dr F Angell	Councillor R Duncan (to Minute 130)
Mr J Best	Mr W Goudie
Dr H Burns	Mr P Hamilton
Mr R Calderwood	Councillor J Handibode
Mr R Cleland (to Minute 131)	Ms W Hull
Councillor J Coleman	Mrs S Kuenssberg CBE
Councillor D Collins	Dr J Nugent
Dr B Cowan (to Minute No 130)	Mr I Reid
Mr T Davison	Mr A O Robertson OBE
Mr T A Divers OBE (to Minute 130)	Mrs E Smith
Councillor A White (to Minute 131)	

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

Ms E Borland	..	Director of Health Promotion
Professor M Farthing	..	Principal, St George's Hospital Medical School
Ms S Gordon	..	Secretariat Manager (to Minute No 130)
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 (to Minute 130)
Professor S Smith	..	Head of Department of Obstetrics & Gynaecology, University of Cambridge
Mr J Whyteside	..	Public Affairs Manager

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

Mr J Cassidy	..	Chair, Area Nursing and Midwifery Committee (to Minute 130)
Mr C Fergusson	..	Chair, Area Pharmaceutical Committee
Ms G Leslie	..	Chair, Area Optometric Committee (to Minute No 130)
Mr J McMeekin	..	Vice Convener, Greater Glasgow Health Council
Mr H Smith	..	Chair, Area Allied Health Professionals Committee
Dr B West	..	Chair, Area Medical Committee (to Minute No 130)

**ACTION BY**

**127. APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Ms R Crocket, Mrs R K Nijjar and Mrs P Bryson (Convener, Greater Glasgow Health Council).

Sir John welcomed Professor Stephen Smith who had been appointed as Executive Dean of the Medical School, University of Glasgow (successor to Professor Michael Farthing). Professor Smith would take up post in January 2004.

Sir John also welcomed Professor Farthing who had been a member of the Maternity Services Working Group (chaired by Professor Reid) set up to undertake part of the pre-consultation process.

Sir John then welcomed everyone to the NHS Board meeting and particularly those in attendance to hear the discussion around the next steps of modernising maternity services in Greater Glasgow.

**128. MINUTES**

On the motion of Mr R Calderwood, seconded by Dr J Nugent, the Minutes of the meeting of the NHS Board held on Tuesday, 7 October 2003 [GGNHSB(M)03/10] were approved as an accurate record and signed by the Chairman.

**129. MODERNISING MATERNITY SERVICES – THE NEXT STEPS**

A report of the Chief Executive and Director of Planning and Community Care [Board Paper No 03/62] asked the NHS Board to endorse the proposals, derived from the recently concluded pre-consultation process, as the basis for formal public consultation on modernising maternity services. The NHS Board was also asked to endorse the proposed approach to consultation including the development of accessible public material. Furthermore, the NHS Board was asked to note the strong clinical advice about the co-location of adult, maternity and children's hospital services emerging from the pre-consultation process and consider its response.

Sir John began by clarifying that all documentation considered by the NHS Board so far had been part of a pre-consultation process – the purpose of which was to gather views of all key stakeholders on how maternity services in Greater Glasgow should be shaped and to ensure that this influenced the NHS Board's thinking. Views from local clinicians across NHS Greater Glasgow were in clear conflict and, therefore, the approach taken by Professor Reid, independent chair of the pre-consultative Working Group, was to seek external views from experts across the full range of clinical interests. The Working Group report had been written independently and had not been constrained or influenced by the NHS Board.

Sir John outlined the expectations from the NHS Board meeting in that it should consider the evidence and recommendations put before it to agree the terms of consultation prior to a final decision being made on the future of maternity services. The consultation paper would include a clear set of questions on each of the key points being consulted upon. He re-enforced the fact that the NHS Board was not closed to alternative suggestions but there should be no doubt that the status quo was not an option.

Sir John emphasised that whatever the outcome of the consultation, maternity services would be planned around the continuing presence of the Royal Hospital for Sick Children at the Yorkhill site for at least the next 15 years. The NHS Board had considerable investment plans involving several initiatives over the coming years and the Royal Hospital for Sick Children would continue to serve the needs of children for the next 15 years at least. He re-iterated that Greater Glasgow must modernise and change its maternity services if it was to meet the needs of mothers and babies in the future. To this end, he referred to a petition he had received prior to the meeting from Sandra White, MSP signed by people concerned to save Yorkhill. The petition signed by 1,620 people stated:

“We the undersigned note with concern the threat to the Queen Mother’s Maternity Hospital and Yorkhill Hospital due to the Maternity Services Review currently ongoing by NHS Greater Glasgow, further notes the special link between the Queen Mother’s and Yorkhill Hospital and calls for the retention of both hospitals”.

He assured all in attendance that the future of the Royal Hospital for Sick Children formed no part of the consultation process of modernising maternity services.

Sir John detailed the challenge facing the NHS Board; the undisputable fact of a significantly falling birth rate (a paper had been tabled highlighting the birth projections and historical trends for residents of NHS Greater Glasgow) and changes in clinical organisation required the NHS Board to reduce the number of maternity units from three to two. On this there was strong clinical agreement, however, there was no clinical consensus on which site should be retained and developed in addition to the new Princess Royal Maternity Hospital (PRMH). It was important to deliver clinical safety to mothers and babies and the discussion and decision could no longer be delayed. Sir John invited Mr Divers to present the proposals contained in the paper “Modernising Maternity Services – the Next Steps”.

Mr Divers reminded the NHS Board that its Maternity Services Strategy, approved in 1999 following an intensive process of public and professional debate, had included the decision to reduce the number of delivery units in Glasgow from three to two. He outlined the key reasons for this conclusion being reached. Deciding on which hospital should be developed as Greater Glasgow’s second delivery unit (alongside the PRMH) was always going to be a difficult decision. It was important to see this decision in the context that, while it was a key decision about a core part of the NHS Board’s maternity services, for the vast majority of women, almost all of their care during the normal process of pregnancy and birth was provided by midwifery, medical and primary care staff working in community settings. The NHS Board’s proposals, therefore, reflected that reality and included important questions about the development of the community and midwifery services particularly as the NHS Board’s objective was to provide high quality and safe hospital care with a focus on resourcing community services.

In May 2003, recognising the difficulty of charting the way forward, and with full commitment to public involvement, the NHS Board established a major pre-consultation exercise. This had ensured that before developing proposals for formal consultation, all of the critical issues had been considered in a way which enabled strong public and professional engagement. This pre-consultation process had had three strands:

- A working group, independently chaired, and including three Non Executive Board Members, with a remit to:
  - Comprehensively review and provide advice on how to provide modern, safe and sustainable maternity delivery services for our population as the final stage of implementation of the Maternity Services Strategy.
  - Carry out its work in a fully engaging, transparent and accessible way.

The Working Group report – produced from a detailed review of policy guidance, external clinical guidance, visits to the hospital sites, written evidence and a number of public sessions which enabled clinical and other staff to offer their views was attached with the Board papers.

- A workshop for midwifery staff from all three services offering the opportunity for practitioners to give their perspective on the future organisation of services – their report was attached with the Board papers.

- The development of a report of the Maternity Service User Network (MATNET) which was established by the Maternity Services Liaison Committee in May 2003 to develop and support user involvement in the planning, management and delivery of maternity services – their report was attached with the Board papers.

It was important that the NHS Board considered the recommendations of all three reports in moving to formal consultation and the proposals for consultation were directly drawn from the issues raised throughout the pre-consultation process.

Mr Goudie sought clarification around a very recent request from the Minister of Health and Community Care about the future of maternity services in Argyll and Clyde NHS Board and the need to discuss the outcome with NHS Greater Glasgow. Ms Renfrew confirmed that the Minister had asked NHS Greater Glasgow to liaise with NHS Argyll and Clyde to look at the pattern of maternity services particularly for those residents of Dumbarton and patients who currently attended the Vale of Leven Hospital. The NHS Board had been asked to report back to the Minister by April 2004. Ms Renfrew indicated that the Minister's question would be addressed and referred to the link between this piece of work and the consultation process but highlighted that it was not significant in terms of the consultation process itself or the impact on the number of maternity units needed in NHS Greater Glasgow. It would be important to provide the right community support and recognise the patients' choice.

Mr Divers referred to the proposed consultation process and how the planning of future services in Glasgow must take account of developments in other NHS Boards. To this end, over the last five years, the NHS Board had worked closely with Lanarkshire and Argyll and Clyde NHS Boards as they had developed and implemented proposals to change maternity services to ensure a co-ordinated approach.

A small number of women, from outside the West of Scotland, currently accessed services at the Queen Mother's Hospital, including Fetal Medicine, and the NHS Board had, therefore, kept all NHS Boards and the National Services Division of the Scottish Executive Health Department in touch with the pre-consultation process.

Mr Divers acknowledged the substantial level of stakeholders who had already been engaged in the process but was mindful that the NHS Board needed to ensure that the phase of formal consultation enabled all interested parties to express their views before final decisions were reached.

Accordingly, it was proposed that the consultation be firmly rooted in the outcome of the three strands of the pre-consultation process and as such, specific consultation questions had been developed into key themes. The NHS Board would test the final proposals for decision against the points raised in the consultation. A firm evidence base must be the basis on which the NHS Board came to its final conclusion.

Mr Divers referred to the information being accessible in user friendly information leaflets to ensure the consultation was fully engaging. This would be complemented by more detailed material and online information via the NHS Board's website ([www.nhsgg.org.uk](http://www.nhsgg.org.uk)). Additionally, all written material submitted to the Maternity Services Working Group would be made publicly available. The proposed timescale for the consultation was from the beginning of November 2003 until the end of January 2004, enabling a full report and recommendations to be made available at the February 2004 NHS Board meeting.

Councillor Collins commended the pre-consultation process but sought a further step to ensure that, prior to the formal consultation exercise deadline, all data and information received was appropriately analysed under each of the question headings to ensure that the NHS Board was being transparent and open to all new ideas. Mr Divers took on board this comment and encouraged consultees to respond at an early stage to ensure that all issues were appropriately analysed – there was an advantage in such a stage in the process to ensure that full justice was done to all consultees' comments.

In response to a question from Mr Robertson, Mr Divers appreciated that the consultation period included the holiday periods of Christmas and New Year and clarified that there was flexibility over the final consultation response closing date.

Mr Divers outlined the key issues for consultation drawing together the recommendations of the pre-consultation reports. These were as follows:

- (i) The Location of Delivery Services
- (ii) The Future Organisation of Maternity Services in Greater Glasgow
- (iii) Sustaining the Quality of Services
- (iv) Accessible Antenatal and Day Care
- (v) The Development of Midwifery Services
- (vi) The Future Arrangements for Fetal Medicine
- (vii) Access and Transport
- (viii) Services at the Royal Hospital for Sick Children

Each was taken in turn.

- (i) The Location of Delivery Services

Mr Divers outlined the consultation proposal which was that:

“Delivery services should be located in the new facilities at the Princess Royal Maternity Hospital and high quality provision at the Southern General Hospital.”

He referred to the Working Group recommendations and the points raised about location by the Midwifery Workshop and MATNET. As a result of this, three consultation questions had been posed on the location of the second service.

Dr Cowan referred to the difficult decision to be made but re-iterated that regardless of the choice of location, there was a need in NHS Greater Glasgow to move from three sites to two. This was being compounded by the intense difficulties establishing on-call rotas particularly with the new junior doctor hours and the European Working Time Directive which meant that rotas could not be sustained for three maternity sites in Glasgow. This was based on the fact that there required to be a minimum amount of clinical cover provided with maternity regardless of the amount of deliveries. Accordingly, it was paramount to utilise better the scarce skilled staff that were available.

Mr Goudie referred to the conclusion reached by the Working Group that the development of the Southern General was the preferred site for the second delivery unit but that the Midwifery Workshop and MATNET had not come to a conclusion on which site should close. As such, he was of the view that the consultation process should pose two questions, providing a choice of facilities at the Princess Royal Maternity Hospital and the Southern General Hospital or the Princess Royal Maternity Hospital and the Queen Mother's Hospital.

Mr P Hamilton, who had been a member of the Working Group, referred to the pre-consultation process which had lasted for three months. Following all the views received, the Working Group had come to a judgement. Accordingly, he did not feel the need for the two options concerning siting of the second service to be explored further via the consultation exercise.

Councillor White considered the two options should go to consultation particularly as all the written evidence made available to the Working Group had not yet been seen by all NHS Board Members. It was important that all comments received by the Working Group were considered by the NHS Board and not just the views of the Working Group itself.

Dr Nugent considered that the first consultation question (location of delivery services) swept up any factors not already considered and this question itself afforded the opportunity for consultees to express a view on their preferred site for development of the second service.

Dr Burns referred to the fact that there was no clinical consensus across the city for the location of the second delivery unit. He referred to the view of Obstetricians who were finding their rotas very difficult to support three delivery units at the moment – this problem also impinged on General Anaesthesia where staff were stretched covering the necessary rotas. He considered Professor Reid's Working Group report to have been a comprehensive listening exercise and expressed a view that the consultation exercise should ensure that all other fourteen Scottish NHS Boards were invited to respond as the model of care at Yorkhill provided a service to the whole population of Scotland.

Professor Farthing supported the views of Dr Burns and Mr P Hamilton and encouraged the NHS Board to remain focussed with its prime concern being for the care of babies and mothers. The Working Group had already heard some compelling evidence from a range of experts and from the pre-consultation stage and consultation exercise itself. This evidence led to the clear conclusion that the Southern General Hospital was the best option and that should be the basis for consultation.

Councillor Collins referred back to the choice potential consultees would have to express views through the proposed questions.

Mr Cleland acknowledged it was important that the NHS Board conduct an open, fair and transparent consultation vehicle to provide this (in accordance with the Health Department's Interim Guidance on Consultations) which suggested clear options should be presented for public consultation.

In response to these concerns about the wording of the consultation proposals, Mr Divers referred to the Working Group remit which had been set by the NHS Board. The Working Group had carried out their scrutiny in accordance with this remit and the questions on page 16, paragraph 3.4 of the Board papers allowed consultees to offer their comments on the location of the second site.

Councillor White considered that the Working Group had expressed a view but the NHS Board must be satisfied prior to engaging in consultation that it accepted this view and had looked at all written evidence. Furthermore, it was important to look at the poverty and deprivation issues in Greater Glasgow particularly as the Minister of Health and Community Care had suggested greater collaboration between Greater Glasgow and Argyll and Clyde NHS Boards in the eventuality that there may be other options to explore.

Mr Robertson referred to the interdependence of some of the Working Group's recommendations and highlighted that the recommendation under discussion could not be looked at in isolation.

Mr Davison recognised this was always going to be a difficult decision but considered that the pre-consultation process ensured that the formal consultation process was much more informed and open. The NHS Board should consult on a clear proposal in line with the Working Group's report but ensure that other views could be expressed.

Mrs Kuenssberg referred to the urgency to move forward particularly with the impact the uncertainty had on staff. On reflection she suggested a potential compromise in that, the wording of the three questions should make clear that if consultees did not support the location of the second service at the Southern General Hospital site, then they would support it at the Queen Mother's Hospital site. Mr Divers agreed to take this point on board.

Councillor Duncan was anxious whether, as two of the three pre-consultation groups had not come to a conclusion about the siting of the second delivery unit, the NHS Board had a basis to consult on the proposed closure of the Queen Mother's Hospital. This should be the purpose of the consultation exercise itself. In response to this, Mr Divers highlighted that there was never an expectation that the other two groups would come to a conclusion regarding the siting of the second delivery unit. That was a specific part of the remit for the Working Group. The consultation exercise would be designed to test the evidence and assumptions made by the Group and to generate further evidence from consultees.

Mr Divers agreed to amend the questions of the location of the second site along the lines suggested by Mr Davison and Mrs Kuenssberg.

(ii) The Future Organisation of Maternity Services in Greater Glasgow

Mr Divers referred to the consultation proposal that:

“There should be greater consistency and co-ordination in the organisation of maternity services with a Glasgow-wide approach to service delivery.”

All three pre-consultation reports offered important recommendations about the organisation of maternity services and the NHS Board was committed to considering the full range of those recommendations in reaching final decisions about services across Greater Glasgow. Accordingly, the consultation questions had been focussed on how best this could be achieved.

Mr Goudie agreed with the proposal but asked Mr Divers to consider again the last bullet point of paragraph 4.2 in light of the implications raised in the White Paper : Partnership for Care.

(iii) Sustaining the Quality of Services

The consultation proposal was that:

“The important quality of service issues outlined needed to be fully reflected in the NHS Board’s final reorganisation of services.”

Many of the points raised by the three pre-consultation Working Groups would need to be dealt with in greater detail as part of the process of implementing change.

Mr Goudie commended the proposals for sustaining the quality of services but suggested that if there were a rewording to the questions relating to the location of delivery services then the second question in this section would have to be reworded to reflect the choice to be made.

Councillor White was unclear as to how the NHS Board could avoid separating mothers from their sick babies if a mother was in the Southern General Hospital but the baby in the Royal Hospital for Sick Children. Miss Renfrew confirmed that avoiding separation for a period may not be possible on all occasions.

(iv) Accessible Antenatal and Day Care

The proposal for this was that:

“developing and improving community services would be a core part of the NHS Board’s proposals for service change.”

The feedback from the pre-consultation highlighted the importance of the provision and development of community services from the point of view of women and frontline staff.

The proposed consultation questions were worded to encourage comments on how best this could be achieved.

In response to a question from Mr Robertson, Ms Renfrew confirmed that, to add clarity, a detailed leaflet would be compiled outlining where women currently delivered their babies in Glasgow and teasing out issues of patterns of attendances.

(v) The Development of Midwifery Services

The proposal in relation to this section of the consultation was that:

“The NHS Board’s final re-organisation of services would include specific proposals to develop midwifery services which were central to the provision of high quality maternity care. The NHS Board wanted to ensure best practice and consistent care were provided across Greater Glasgow.”

Mr Divers reported that this was another area which emerged as of major significance during the pre-consultation process.

Mr Reid referred to the strengthening relationship with GPs, within local geographic service structures and highlighted how Community Health Partnerships and the GMS contracts could dovetail with this process. Dr Nugent echoed this view.

Mr Best commented that currently within Greater Glasgow there were three operational models of midwifery care. He reminded the NHS Board that MATNET had recommended the facilities at the Tower Suite in the Queen Mother's Hospital be used as a model for maternity facilities in the future.

(vi) Future Arrangements for Fetal Medicine

The consultation proposal for this was that:

“Fetal medicine services currently provided at the Queen Mother's Hospital would be transferred to the Princess Royal Maternity Hospital providing a single consolidated service for the West of Scotland and including current national services provided at the Queen Mother's Hospital.”

The fetal medicine service at the Queen Mother's Hospital was an important centre providing local, regional and national services; ensuring it was sustained and developed was critical. A significant issue arising from a decision to close the Queen Mother's Hospital would be the best future arrangements for fetal medicine.

Mr Goudie asked that if the conclusion was that the Queen Mother's Hospital remained open (with the Southern General Hospital Maternity closing), then would the fetal medicine service stay intact at the Queen Mother's Hospital.

Mr Calderwood referred to NHS Board's commitment to build a centre of excellence for fetal medicine and suggested that the outcome of the consultation should be the time to retest the best siting arrangements for these services.

(vii) Access and Transport

The consultation proposal was that:

“The final modernisation proposals should clearly take account of access and transport issues, mainly by delivering as much service as possible in community settings.”

In any service change, access and transport emerged as important issues. It was important to emphasise that it was not proposed that all women who presently delivered at the Queen Mother's Hospital would need to access services at the Southern General Hospital. Of the 3,200 women who presently delivered at the Queen Mother's Hospital, the NHS Board would expect around half to access services at the Princess Royal Maternity Hospital.

In response to a question from Dr West, Ms Renfrew clarified that women could choose which hospital they wished to deliver their baby in but midwives would have links with certain GP practices and hospitals.

Councillor White welcomed this section but was still concerned at the number of pregnant women from the north of the city that may have to attend the south should the Southern General Hospital site be the one chosen for development. Councillor Handibode re-iterated the crucial development of an integrated transport system.

Councillor Coleman explained that Glasgow City Council was currently undertaking a major transport study and Mrs Smith highlighted that transport was a crucial issue for all patient groups, not just confined to maternity services.

Ms Renfrew pointed out that the proposals contained within the draft consultation document suggested a wider range of services could be delivered in the community where local access would reduce transport problems.

(viii) Services at the Royal Hospital for Sick Children

The proposal was to:

“Consider what was an appropriate, separate, further process to decide what long-term decisions were required on the future of Children’s Hospital services.”

As Sir John had made clear at the beginning of the meeting it was proposed that the NHS Board did not need to seek comment on this recommendation at this stage but concluded that a future, separate process should be considered to advise on the pattern of hospital services for children. There was no suggestion of relocation of the Royal Hospital for Sick Children in the short or medium term (fifteen years). Throughout this process the NHS Board had been clearly, publicly committed to that position.

In light of this, Mr Goudie suggested that this proposal was not included in the consultation.

Mr Divers described how the change would be managed particularly in relation to supporting staff. Recognising that staff were highly committed and dedicated to the services they provided, the aim was to manage change as well as possible and Mr Divers highlighted a number of principles that were important in establishing detailed proposals to ensure the changes were managed as smoothly as possible.

Many staff had had the opportunity to participate in the pre-consultation exercise and it was also critical that staff expressed their views through the consultation process. If the conclusion, following the consultation exercise was that the Queen Mother’s Hospital should close, staff would be redeployed into the expanded services at the Princess Royal Maternity Hospital and the Southern General Hospital. Indeed this would hold whatever the final outcome. The detailed arrangements for this, however, could not be put in place until a final decision was reached and dialogue would begin with individual members of staff.

Mr Reid commented that there would be opportunities for staff to move into roles within the community as well as the two maternity hospitals. Mrs Smith emphasised that regardless of the choices made, staff must be supported throughout the process to prevent any further uncertainty.

In terms of financial issues, Mr Divers pointed out that the review was not driven by a financial agenda – the focus had been on clinical sustainability and safety as well as the continued commitment to excellence that typified Glasgow’s Maternity Services. During the consultation process, financial modelling, reflecting the proposals and questions raised in the consultation paper, would be undertaken to ensure that the NHS Board’s final recommendations included appropriate analysis of financial issues.

Mrs Kuenssberg welcomed the broad scope and tone of the consultation questions which should encourage wide-ranging open debate on all issues.

Referring to the Chairman's emphasis on the need for conclusions to be "evidence-based", Mrs Kuenssberg stressed that the issues involved in the debate were extremely complex. As such, the quality of the public consultation would crucially depend on accurate and comprehensive information being made available to all who wanted it about current services and the consequences of the proposed changes. Above all, NHS Board Members needed to remind themselves that the overall aim of the whole exercise was to improve services to mothers and babies.

Dr Burns agreed to encourage the other fourteen Directors of Public Health in Scotland to look at Professor Reid's Working Group report and conclude how services would be impacted within their own NHS area.

Councillor White stressed that he did not agree with the question relating to the location; Ms Renfrew emphasised that the NHS Board had already agreed the question was to be amended to reflect the comments about a choice of site. Councillor White also sought fuller information from officers on the collaboration with Argyll and Clyde NHS Board to ensure that these proposals did not cut across the NHS Board's plans.

In response to a question from Councillor Collins, Mr Divers confirmed that there would be an opportunity for all NHS Board Members to see the reworded consultation questions prior to their general distribution.

Mrs Borland re-iterated that there was a whole host of proposals being consulted on and not simply the siting issue – it was important to reflect this in the final consultation document.

It was agreed that in view of the likely timescale required to issue the proposals for consultation and the holiday period in December that there would be flexibility around the final date for responses.

Sir John summed up by referring to the difficult decision that had to be made but reminding all in attendance that no decision had been made today – the discussion had been to decide on the best form of wording for the consultation proposals. Given the views raised, the questions would be changed and reworded reflecting these views prior to its wide distribution.

**DECIDED:**

- That the proposals in the paper, derived from the recently concluded pre-consultation process, as the basis for formal public consultation on modernising maternity services be endorsed.
- That the proposed approach to consultation including the development of accessible public material be endorsed.
- That the strong clinical advice about the co-location of adult, maternity and children's hospital services emerging from the pre-consultation process be noted but that future arrangements for children's services would not be included in this consultation exercise.

**Chief Executive/  
Director of  
Planning and  
Community Care  
Director of  
Planning and  
Community Care  
Director of  
Planning and  
Community Care**

**130. BEATSON ONCOLOGY CENTRE – ACTION PLAN**

A report of the Chief Executive and Medical Director, Beatson Oncology Centre [Board Paper No 03/63] provided an update on the progress in implementing the recommendations of the Expert Advisory Group and asking the NHS Board to consider whether it was now timely for the Minister for Health and Community Care to be asked to return the Beatson Oncology Centre to management within the North Glasgow University Hospitals NHS Trust.

Substantial progress had been made in implementing all of the key recommendations within the Expert Advisory Group's report with the exception of the specific recommendation made about returning the numbers of Consultant Clinical Oncologists to their level prior to the resignations tendered in 2001. Dr Burns reported that a recent appointment had been made and discussions were continuing with other potential candidates for both clinical and medical oncology posts. He was also encouraged that clinical staff who were receiving their training at the Beatson Oncology Centre were expressing a desire to continue to work within the Centre once their training had been completed.

Professor Alan Rodger, the newly appointed Medical Director of the Beatson Oncology Centre, had had the opportunity over the past four months to establish himself in his post and develop working arrangements with his senior colleagues within the Beatson Oncology Centre. It was his view that it was timely to return the full management responsibility of the Centre to North Glasgow University Hospitals NHS Trust. The Expert Advisory Group recommended that the Beatson Oncology Centre should operate as a discreet division within the Trust and had also made the point that this division should encompass the responsibility for Haemato-oncological services within north Glasgow. It is proposed, therefore, that an expanded division be created over the coming months as part of the arrangements for taking forward the implementation of the "Partnership For Care" White Paper. There is strong support among the affected clinicians for the integration of the Haemato-oncological services within this expanded division.

It was proposed that Professor Rodger, as Medical Director, should have a direct line of accountability to the Trust Chief Executive.

Mr Davison indicated that arrangements at the Beatson Oncology Centre had stabilised significantly and the additional capital and revenue investment had been most welcome. However, he warned that there still continued to be very significant financial pressures on the Centre's budget and, in particular, in chemotherapy costs. If the Centre was to be returned to the North Trust it needed to be seen in the context of currently being in an overspent position. He believed that this would be manageable within the current financial forecasts for 2003/04 but the high cost pressures of cancer drugs, as highlighted by Dr Burns, would continue to be a significant problem for the Centre. The escalating costs of medicines would form part of the fundamental review of the NHS Board's financial framework for the coming years.

Mrs Hull indicated that she would look in detail at the costs highlighted and would be happy to support specific pilot areas for programme budgeting.

DECIDED:

That the Minister for Health and Community Care be asked to give consideration to returning the Beatson Oncology Centre to management within the North Glasgow University Hospitals NHS Trust.

**Chief Executive**

**131. 2003/04 CAPITAL ALLOCATIONS UPDATE AND BEYOND**

A report of the Director of Finance [Board Paper No 03/64] was submitted giving an update on the progress of the capital allocations for 2003/04 which had been agreed by the NHS Board in March 2003.

Mrs Hull advised that in reviewing proposals from NHS Trusts priority had been given to schemes that:

- (i) enabled the acute services reconfiguration/implementation;
- (ii) ensured adequate provision for ongoing commitment for regular investment in medical equipment, maintenance, IT, health and safety and decontamination; and
- (iii) recognised NHS Trust-specific priorities

The 2003/04 Capital Plan had been agreed by the NHS Board in March 2003 and given the challenging in-year revenue position, exceptionally it had been agreed that some underwriting from capital would be necessary on a non-recurrent basis covering land sales and contribution from slippage up to a total of £19 million.

The information contained in the report confirmed that the expected £10 million slippage assumed in setting the plan had already materialised in-year. Consequently, the expected over-commitment to be offset against next year's (2004/05) capital allocation had reduced to £3.675 million.

The in-year position had changed from that originally proposed as a consequence of:-

- (i) slippage on schemes;
- (ii) agreement to defer schemes not yet started into next year and beyond; and
- (iii) inclusion of new unavoidable requirements for capital in-year – this included joint futures/homelink joint store, social inclusion partnerships and additional cost of Aseptic unit – all totalling £2.47 million.

There was also a reduction in the £5 million revenue underwrite requirement to £2.5 million as a result of further sales receipts.

This clearly had an impact on 2004/05 and beyond and this was set out in tables in the paper which profiled the position for the four years from 2004/05. The commitments indicated were, at this stage, only indicative and there needed to be a further review to confirm requirements.

Mrs Hull also reported that the Scottish Executive Health Department had asked that capital to revenue transfer requirements for the five years to 2007/08 are confirmed. It is hoped that this information may be used to agree a permanent level of transfer across the NHS.

In summing up, Mrs Hull indicated that this report had provided an update on the in-year 2003/04 capital allocation. As the result of slippage and re-phasing the potential carry forward requirement into 2004/05 had been significantly reduced from that originally proposed.

In reply to a question from Councillor Handibode, it was confirmed that the commitment to partner agencies under the joint futures/homelink involved Local Authorities beyond just the City of Glasgow.

Mr Davison intimated that any speeding up of the rationalisation of specialties would require some level of capital investment and Mrs Hull indicated that she was keen to maintain a flexibility within the Capital Plan to be able to deal with emerging priorities.

Mr Goudie reminded the NHS Board that it had given a commitment not to reduce the in-patient acute beds at Stobhill until the medical receiving facilities at Glasgow Royal Infirmary had been improved.

The Performance Review Group were undertaking with the NHS Board's Directors, a fundamental review of the financial framework for future years and there would be detailed discussion around many issues before firming up on a financial plan for the next three to five years. Mrs Hull advised that the next meeting of the Performance Review Group would be held on Wednesday, 22 October 2003 and it would consider issues relating to the ACAD Procurement Process; revenue position for 2003/04; and the Laundry Business Plan. All NHS Board Members had been invited to attend.

**DECIDED:**

- |    |  |                            |
|----|--|----------------------------|
| 1. | That the re-profiled Capital Allocations for 2003/04 be approved.  | <b>Director of Finance</b> |
| 2. | That the slippage and re-phasing consequences are broadly affordable into 2004/05 and beyond, be noted.                |                            |
| 3. | That the new unavoidable requirements in-year of £2.47 million be approved.  | <b>Director of Finance</b> |
| 4. | That the capital to revenue transfer requirement, as advised by the Scottish Executive Health Department, be approved. | <b>Director of Finance</b> |

**132. WAITING TIMES**

A report of the Director of Planning and Community Care [Board Paper No 03/65] was submitted providing information on the progress against the key national target to have no in-patients or day case patients waiting longer than nine months from December 2003.

Mr Calderwood intimated that with 774 patients waiting over nine months at the end of September 2003 with no availability status codes that this showed a 45% decrease on the position in September 2002. Recognition was given to the significant effort made by clinical and other members of staff in achieving this decrease although it was recognised that there required to be a number of further initiatives in conjunction with the Trusts to ensure that the NHS Board delivered the planned position of no in-patient or day case patients waiting over nine months by 31 December 2003.

**NOTED**

**133. MINUTES OF THE PERFORMANCE REVIEW GROUP MEETING – 23 SEPTEMBER 2003**

The Minutes of the meeting of the Performance Review Group held on 23 September 2003 were noted.

**134. MINUTES OF THE STAFF GOVERNANCE COMMITTEE MEETING – 16 SEPTEMBER 2003**

The Minutes of the meeting of the Staff Governance Committee held on 16 September 2003 were noted.

**135. MINUTES OF THE AUDIT COMMITTEE MEETING – 30 SEPTEMBER 2003**

The Minutes of the meeting of the Audit Committee held on 30 September 2003 were noted.

**136. MINUTES OF THE RESEARCH ETHICS GOVERNANCE COMMITTEE MEETING – 22 SEPTEMBER 2003**

The Minutes of the meeting of the Research Ethics Governance Committee meeting held on 22 September 2003 were noted.

**137. GLASGOW CITY COUNCIL – JOINT COMMUNITY CARE MINUTES – 5 SEPTEMBER 2003**

The Minutes of the meeting of the Social Care Services Committee – Joint Community Care meeting of 5 September 2003 were noted.

The meeting ended at 12.50 pm