

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, G3 8YZ
on Tuesday, 18 November 2003 at 9.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

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

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

Ms E Borland	..	Director of Health Promotion
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Ms D Nelson	..	Communications Manager
Ms C Renfrew	..	Director of Planning and Community Care
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

Mrs P Bryson	..	Convener, Greater Glasgow Health Council
Mr C Fergusson	..	Chair, Area Pharmaceutical Committee

ACTION BY

138. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Best, Ms R Crocket, Councillor J Handibode, Mrs R K Nijjar, Councillor A White, Mr A McLaws, Mr J Cassidy (Chair, Area Nursing and Midwifery Committee), Ms G Leslie (Chair, Area Optometric Committee), Mr H Smith (Chair, Area Allied Health Professionals Committee) and Dr B West (Chair, Area Medical Committee).

139. CHAIRMAN'S REPORT

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

- (a) A meeting had been held with the new Principal and management team associated with medicine at the University of Glasgow. Sir John had been accompanied to this meeting by senior NHS Board officers. The Group had discussed several headline issues which could be jointly developed.
- (b) Sir John and Ian Reid, Chief Executive, Greater Glasgow Primary Care NHS Trust, had met with all Greater Glasgow's Further Education establishments to take forward workforce development issues. Mr Reid advised that this would be further discussed at the Area Partnership Forum meeting scheduled for 1 December 2003 and it was anticipated an NHS Board seminar session would be devoted to workforce planning issues early in the New Year. Mr Reid had also met with a representative from Scottish Enterprise who had offered to assist with the NHS Board's work. Sir John reported that he was also a Member of the National Workforce Committee for NHS Scotland who were looking at various categories of workforce planning and this work was gathering pace effectively for the whole of NHS Scotland.

NOTED

140. CHIEF EXECUTIVE'S UPDATE

Mr Divers made reference to the following issues:

- (a) A joint meeting had taken place at the Health Department on 7 November 2003 with representatives from NHS Argyll and Clyde, Ayrshire and Arran, Highland, Greater Glasgow and the Scottish Ambulance Service. This had given an opportunity to link strategies and share key connections in developing health care services. A further joint Executive meeting had also been scheduled for the first week in December with NHS Argyll and Clyde to take forward the key issues of acute services, maternity services and mental health.
- (b) Mr Divers had attended a meeting chaired by Councillor Collins on 11 November 2003 at East Renfrewshire Council. This had been a positive meeting discussing the development of Community Health Partnerships and key priorities of action for the next couple of months prior to formal consultation.
- (c) A meeting of the West of Scotland Planning Group had been held on Monday 17 November which had given representatives from the six NHS Boards an opportunity to discuss issues of common interest. One area that had progressed was the agreement that a feasibility exercise be conducted in relation to Cardiothoracic Services and the proposal that the Golden Jubilee Hospital play a greater role in service provision for the surgical services currently delivered from the Glasgow Royal and Western Infirmary and from Hairmyres Hospital.

There was also a growing recognition of the pressures around emergency care and a collective piece of work would be taken forward across the West of Scotland in parallel with work that was ongoing in this area in NHS Greater Glasgow.

NOTED

141. MINUTES

On the motion of Mr P Hamilton, seconded by Dr J Nugent, the Minutes of the meeting of the NHS Board held on Tuesday, 21 October 2003 [GGNHSB(M)03/11] were approved as an accurate record and signed by the Chairman.

142. MATTERS ARISING

(a) Item 129 “Modernising Maternity Services – The Next Steps”

Ms Renfrew had previously circulated to all NHS Board Members an update on the consultation process and planning activity for Maternity Services. The consultation process had been launched on the NHS Board’s website and the associated leaflets had been widely distributed.

Mr Goudie confirmed that the Area Partnership Forum was encouraging NHS Greater Glasgow’s individual Trust Partnership Forums to hold meetings to discuss the consultation proposals and feed their comments into the Area Partnership Forum. He encouraged all staff to comment during the consultation process. The next Area Partnership Forum meeting was scheduled for 1 December 2003 when it was envisaged that a programme of meetings for staff would be set for the New Year throughout NHS Greater Glasgow.

Mr P Hamilton confirmed that leaflets had been widely distributed to a database (of now over 1,000 recipients) on Tuesday 11 November 2003. A series of seven leaflets was now available. A copy of “Health News” would be distributed with the Daily Record on 9 December 2003 and the “Staff News” had devoted five pages to the consultation. Two open space events had been scheduled as follows:

- A public session scheduled for Tuesday 20 January 2004 at the Radison SAS Hotel on Argyle Street.
- A staff session – date and venue to be confirmed.

A telephone line was now in place and Essentia (who were operating the telephone line) had agreed to provide the Corporate Communications Team with a weekly update report of calls. Similarly, weekly information was being provided on the website hits on Maternity Services. This information could be made available to NHS Board Members.

Ms Renfrew confirmed that an invitation had been extended to all Local Authorities (via Chief Executives) for NHS Board representatives to attend a meeting and provide further information. Furthermore, all Councillors had been sent the consultation material.

Sir John commented that he and Mr Divers would be meeting the Medical Director, Clinical Director and Nurse Director in each site over the coming weeks.

Mrs Kuenssberg hoped that the analytical work being carried would inform the decision making process and suggested that the financial modelling would be done on more than one option. Mr Divers confirmed that the programme of work being undertaken currently reflected the consultation proposals and that this would inform the decision process.

Members would be kept informed of developments on a regular basis.

NOTED

(b) Item 130 “Beatson Oncology Centre – Action Plan”

Mr Divers confirmed that a request had gone to the Minister for Health and Community Care asking that he give consideration to returning the Beatson Oncology Centre to management within the North Glasgow University Hospitals NHS Trust. The NHS Board awaited the Minister’s decision.

NOTED

143. SERVICE REDESIGN COMMITTEE : PROPOSED ESTABLISHMENT

A report of the Director of Planning and Community Care [Board Paper No 03/67] asked the NHS Board to confirm the Chair, proposed membership and remit for the Service Redesign Committee.

Ms Renfrew reminded the NHS Board that it had considered at its September 2003 meeting the requirement in the White Paper “Partnership for Care” to establish a Service Redesign Committee. Since then, further discussions had taken place with the key advisory groups and other interests. It was proposed that the Committee be established and meet four times each year, reporting regularly to the NHS Board on its activities.

Dr Nugent acknowledged that the suggested membership reflected a number of imperatives and that it was important to see the Committee’s work adding value within NHS Greater Glasgow. Accordingly, the proposed membership had been established as a starting point and the detail of the Committee’s work would come from its first couple of meetings.

Mr Goudie advised that the Trade Unions and professional organisations had considered they should be represented on this Committee. Dr Nugent welcomed these comments and would be happy to discuss this further. Similarly, Mr P Hamilton would discuss the Committee membership further with Dr Nugent particularly in relation to patient and public representatives. Dr Cowan encouraged the core group to be of a size that could maintain focus and achieve its remit.

Dr J Nugent

In response to a question, Ms Renfrew advised that throughout NHS Scotland, she believed that a similar approach in relation to membership of Service Redesign Committees had been taken.

Sir John foresaw an impact of the work of this Committee on the formation and workings of the Community Health Partnerships and he encouraged Dr Nugent to make early connections with representatives from the Community Health Partnerships.

Ms Renfrew advised that the next step was to receive nominations from the respective Committees, NHS Trusts and staff and get first meeting organised.

DECIDED:

That the Board confirm the Chair, proposed membership and remit for the Service Redesign Committee.

**Director of
Planning and
Community Care**

144. DECONTAMINATION BUSINESS CASE

A report of the Chief Executive, Yorkhill NHS Trust [Board Paper No 03/68] asked the NHS Board to endorse the submission of the Decontamination Business Case to the Scottish Executive Health Department Capital Investment Group for consideration. Ms Hull advised that the documentation had already been discussed by NHS Board Members at the Board Seminar held on Tuesday 4 November 2003.

To assist with the timing of the submission of the Business Case to the Scottish Executive Health Department's Capital Investment Group (so that it could be considered at their November meeting), NHS Board Members agreed to approve the submission of the Business Case, subject to the NHS Board approving that action at its November meeting. The proposed scheme was included in the Capital Update Report submitted to the NHS Board meeting on 21 October 2003.

Mrs Hull reported that the SEHD Capital Investment Group had approved the submission.

Mrs Smith sought clarification around contingency plans for the replacement and maintenance of equipment. Mrs Hull agreed to check that the Capital provision had been included in the Business Case to allow for this. Mr Divers referred to the concept of a mutually supportive network of service contingency, in event of a major facility failure. This was being arranged with other Trusts in the West of Scotland and central belt to provide Glasgow's contingency requirements. Glasgow would be able to offer a reciprocal contingency of approximately 42,300 instruments per week (that was equivalent to 2.2 million instruments per annum).

Director of Finance

Dr Nugent referred to the new GP contract which allowed for the expansion of minor surgery, increasing primary care activity. He wondered if the implications for the Decontamination Business Case could be rolled out into primary care. Mr Reid confirmed that discussions had taken place with the Scottish Centre for Infection and Environmental Health (SCIEH) to improve the infrastructure and this be taken forward across NHS Scotland.

Mr Divers also confirmed that work was ongoing in connection with decontamination implications for Glasgow Dental Hospital and School.

DECIDED:

That the NHS Board endorse the submission of the Decontamination Business Case to the Scottish Executive Health Department's Capital Investment Group for consideration.

**Chief Executive,
Yorkhill NHS Trust**

145. ACUTE SERVICES STRATEGY IMPLEMENTATION UPDATE ACAD PROCUREMENT – NEXT STEPS

Mrs Kuenssberg declared an interest in this item and did not take part in any discussion.

A report of the Programme Director (Acute) [Board Paper No 03/69] was submitted asking the Board to:

- Endorse the Performance Review Group's discussions on submitting to the Scottish Executive Health Department proposals to engage with a single bidder on the basis of the "Strategy for Proceeding with a Single Bidder".

- Receive, from the Programme Director (Acute) an update on the progress on the ACAD procurement process.

Mr Calderwood reviewed the chronology of events in taking forward the single bidder process since the July NHS Board meeting and provided recommendations on the next steps. He referred to the external auditor's (PricewaterhouseCoopers) report – letter dated 17 October 2003 which confirmed that they were content with the process, which had resulted in a single bidder, and that the NHS Board had followed the required guidance and rules.

Mr Calderwood reported that he met with representatives of Glasgow City Council in relation to the planning for the two ACADs. He was optimistic that full Business Cases would be completed by July 2004, contractual close by October 2004 and construction commencing before the end of 2004.

It was intended that the arrangements be finalised for a paper on the Final Invitation to Tender and Negotiate to be considered at the 16 December 2003 Board meeting. At the same meeting the outcome of the Tender process for the Beatson Oncology Centre would also be considered. Three design companies had been short-listed and it was anticipated the proposals could be delivered within the financial framework and planned for already.

In response to a question from Councillor Duncan regarding the scope of the Victoria ACAD project to include sixty inpatient beds, Mr Calderwood advised that it was always the intention to replace the Mansionhouse Unit rehabilitation beds as part of the ACAD development. The final configuration at the Stobhill ACAD was similar with 90 rehabilitation beds already developed on that site. The clinical model would, therefore, be the same for both campuses.

DECIDED:

- That the Performance Review Group's discussions on submitting to the Scottish Executive Health Department proposals to engage with a single bidder on the basis of the "Strategy for Proceeding with a Single Bidder" be endorsed.
- That the update on the progress on the ACAD procurement process be noted.
- That the December NHS Board meeting consider the final Invitation to Tender and Negotiate for the two ACADs and the outcome of the tender process for the Beatson Oncology Centre.

**Programme
Director (Acute)**

**Programme
Director (Acute)
Programme
Director (Acute)**

146. PRIMARY CARE ACCESS STRATEGY – UPDATE REPORT

A report of the Chief Executive, Greater Glasgow Primary Care NHS Trust [Board Paper No 03/70] asked the Board to consider the progress made in achieving the 48 hour access strategy and endorse the further actions outlined.

Mr Reid referred to the Primary Care Access Strategy – the aim of which was to improve access to services across a range of measures and at the same time support the short-term goal of ensuring that patients could access an appropriate member of the primary care team in no more than 48 hours. Contact was defined as face to face, telephone or email communication between the patient and a primary care professional. The target, which was included in the quality and outcomes framework of the new GMS contract, applied to access to primary care services for routine purposes as any patient with an urgent requirement would be able to see the appropriate healthcare professional within 24 hours.

Mr Reid outlined the national performance criteria and highlighted a summary of the progress to date along with an overview of the Trust's performance against the national criteria.

In response to a question from Sir John, Mr Reid advised that the new GMS contract was to be implemented on 1 April 2004 which was the same timeframe as the target for the 48 hour access strategy. It was anticipated that the two would run in parallel.

With regard to the practices who were currently not meeting the targets, Greater Glasgow Primary Care NHS Trust officers were in touch with them offering them support on how best this could be tackled and achieved.

DECIDED:

- That the progress in achieving the 48 hour access strategy be noted.
- That the further actions outlined in the report be endorsed.

**Chief Executive,
Greater Glasgow
Primary Care
NHS Trust
Chief Executive,
Greater Glasgow
Primary Care
NHS Trust**

147. WAITING TIMES

A report of the Director of Planning and Community Care [Board Paper No 03/71] asked the Board to note monitoring information on progress against the key national target to have no over 9 months waits from December 2003.

Ms Renfrew reported that there were currently 651 patients waiting over 9 months at the end of October 2003 with no availability status codes (ASC) applied. This represented a decrease of 123 patients (16%) on the position last month. A further comparison between the months of October 2002 and 2003 showed an improved position from 1,283 patients to 651 patients – a decrease this year of 632 patients (49%). Furthermore, there was a decrease from September 2003 to October 2003 of 774 patients to 651 patients.

Mr Davison referred to the 12,500 people on waiting lists at North Glasgow University Hospitals NHS Trust and the 419 patients waiting over 9 months – this was on target for the North Trust although it was unclear to date what the level of acute medical admission over the winter period would be – this had been identified as a risk.

Mr Calderwood echoed Mr Davison's views and confirmed that similarly, South Glasgow University Hospitals NHS Trust was on target.

Mrs Smith commended all staff involved in working towards meeting these targets particularly those involved in redesigning and re-profiling current ways of working to achieve these targets. Many initiatives had been implemented which had resulted in a marked improvement in services to patients.

Mr Divers confirmed that the winter plan was in place and additional capacity had been sought from the Golden Jubilee National Hospital and the private sector as a "buffer" for the winter in the event that in-house elective surgery had to be postponed in order to treat medical emergencies.

NOTED

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

A report of the Director of Public Health [Board Paper No 03/72] was submitted seeking approval of nine 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 Kathryn Sowerbutts
Dr Susan Miller
Dr Karen Palmer
Dr Veena Math
Dr Denise Graham
Dr Brian Hart
Dr Daniel Smith
Dr Claire Stevenson
Dr Mark Luty

149. PERFORMANCE REVIEW GROUP MEETING – 22 OCTOBER 2003

The Minutes from the meeting of the Performance Review Group held on Wednesday 22 October 2003 [PRG(M)03/03] were noted.

The meeting ended at 10.35 am