EMBARGOED UNTIL MEETING
BOARD: 17 FEBRUARY 2004

GGNHSB(M)04/2
Minutes: 14 - 28

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, 17 February 2004 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
Mr J Best
Dr H Burns
Mr R Calderwood
Councillor J Coleman
Dr B Cowan
Ms R Crocket
Mr T Davison
Mr T A Divers OBE
Mr W Goudie
Mr P Hamilton
Councillor J Handibode
Mrs W Hull
Mrs S Kuenssberg CBE
Dr J Nugent
Mr I Reid
Mr A O Robertson OBE
Mrs E Smith
Councillor A White

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

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|---|---|---|
| Ms E Borland | .. | Director of Health Promotion |
| Ms S Gordon | .. | Secretariat Manager |
| Professor I Greer | .. | Deputy Dean, Medical School, University of Glasgow |
| 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 D Walker | .. | Assistant Director of Planning and Community Care (for Minutes 21 and 23) |
| Mr J Whyteside | .. | Public Affairs Manager |

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

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| Mrs P Bryson | .. | Convener, Greater Glasgow Health Council |
| Dr B West | .. | Chair, Area Medical Committee |

**ACTION BY**

**14. APOLOGIES**

Apologies for absence were intimated on behalf of Mr R Cleland, Councillor D Collins, Councillor R Duncan, Mrs R K Nijjar, Professor S Smith, Mr C Fergusson (Chair, Area Pharmaceutical Committee), Mr J Cassidy (Chair, Area Nursing and Midwifery Committee), Ms G Leslie (Chair, Area Optometric Committee) and Mr H Smith (Chair, Area Allied Health Professionals Committee).

**15. CHAIRMAN'S REPORT**

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

**ACTION BY**

(a) The appointment process for new NHS Board Members had been completed and a statement from the Minister of Health and Community Care was awaited.

(b) The public consultation on maternity services in NHS Greater Glasgow was drawing to a close. The NHS Board would prepare to receive and analyse in detail the responses. Members would have the opportunity to consider all issues and to seek any further information that they felt was necessary. The NHS Board's Medical Director would also provide a full account of the extensive programme of further work undertaken by the Maternity Planning Group which he chaired. Sir John would again visit all three delivery units within the near future and other NHS Board Members could request such visits if they wished. As had been emphasised throughout the consultation period, this would be a very thorough, open and transparent process. **Members**

NOTED

## 16. CHIEF EXECUTIVE'S UPDATE

Mr Divers made reference to the following issues:

(a) A meeting had taken place between Sir John, Mr Cleland, Mr Davison, Mr Divers and members of the Golden Jubilee National Hospital regarding the ongoing feasibility study to develop part the Golden Jubilee National Hospital as a West of Scotland Cardiothoracic Surgery Unit. It had been agreed that further follow-up meetings be arranged to continue this dialogue.

(b) The fifth in a series of meetings with NHS Argyll and Clyde senior officers had taken place. The agenda had covered a full spectrum of issues including:

- maternity services
- adult acute medical receiving
- mental health
- Community Health Partnerships
- moving forward together with the West of Scotland Oncology Plan

NOTED

## 17. MINUTES

On the motion of Mr Calderwood, seconded by Dr J Nugent, the Minutes of the meeting of the NHS Board held on Tuesday, 20 January 2004 [GGNHSB(M)04/1] were approved as an accurate record and signed by the Chairman pending the following amendments:

(a) Councillor J Coleman should be added to those present.

(b) Minute 6 – Community Health Partnerships : Boundary Proposals and Principles

(i) Page 4 – paragraph 5

delete "He was also concerned about the proposed need to create mutual accountability between Community Health Partnerships and the NHS Operating Divisions for specialist NHS Services".

**ACTION BY**

insert "He was also concerned about the proposed responsibilities for managing clinical pressures and delivering local service changes which could lead to an increase on community services".

(ii) Page 4 – paragraph 8 – first line

delete "16 January 2004"

insert "16 December 2003"

(c) Minute 12 – Staff Governance Minutes – 16 December 2003

third paragraph - delete "may"

insert "will"

## 18. MATTERS ARISING

(a) The Rolling Action List of Matters Arising was circulated and noted.

NOTED

(b) Mr Divers provided the following updates in connection with the Beatson Oncology Centre:

- The Minister of Health and Community Care had accepted the NHS Board's recommendation that full management responsibilities should rest once again with North Glasgow University Hospitals NHS Trust. Accordingly, this had now been affected.

- The Scottish Executive Health Department's Capital Investment Group had approved the Full Business Case for the £87m West of Scotland Cancer Centre at the Beatson Oncology Centre site following the support received from the West of Scotland NHS Boards and a contract for the work had now been let.

NOTED

## 19. MATERNITY SERVICES : ESTATES REVIEW

A report of the Director of Planning and Community Care [Board Paper No 04/6] asked the NHS Board to note a detailed report on the condition of the Queen Mother's and Southern General Maternity Units.

Ms Renfrew referred to the report which had been commissioned in June 2003 to feed into the Maternity Services Working Group. This was to ensure that there was an objective and fair appraisal of the condition and related capital cost issues in considering the closure of a maternity unit.

The estates review was reflected in the report of the Maternity Services Working Group presented to the NHS Board in October 2003 and the basis of the NHS Board's current formal consultation. The review had been circulated to all NHS Board Members in November 2003. Issues around the condition of the two maternity buildings had become a focus of public interest during the consultation process. It was, therefore, appropriate to ensure this analysis had an appropriate public profile.

**ACTION BY**

Mr Divers suggested that it may be helpful if the design team from Keppie Design Limited and Currie and Brown attend a future NHS Board seminar to give a presentation on their findings. Mr Best welcomed this suggestion and it was agreed this would be organised. **Chief Executive**

**DECIDED:**

That the detailed report on the condition of the Queen Mother's and Southern General Maternity Units be noted and that the Design Team be invited to a future NHS Board Seminar to discuss their findings. **Director of Planning and Community Care**

## 20. PARTNERSHIP FOR CARE : DRAFT SCHEME OF DELEGATION

A report of the Chief Executive [Board Paper No 04/7] asked the Board to consider the draft Scheme of Delegation as set out and agree that, subject to discussion and amendment, it be developed in discussion with staff partnership and other key interests with a final scheme being considered in April 2004.

Mr Divers outlined the key elements of the draft Scheme of Delegation which described the levels of responsibility of the NHS Board, the Operating Divisions and the Corporate Management Team. It proposed some further work, developed in partnership during the next two months, in order to deliver in the spring of 2004, an agreed, updated Scheme of Delegation.

He referred to the diagram on page 38 of the NHS Board papers which illustrated the key roles and responsibilities of each element of the NHS Board's unified system of working. This diagram set out layered responsibilities in the context of the collectivism of the Corporate Management Team and would most likely change as Community Health Partnerships developed, with their substantive responsibilities for health improvement, planning and partnership.

In order to help shape the governance arrangements within single system working, Members of the Audit Committees within NHS Greater Glasgow had explored the options for the future in three workshops with PricewaterhouseCoopers, the external auditors and Deloitte and Touche, the internal auditors. The key principles adopted were that there must be clear lines of accountability and that robust governance arrangements be in place within the Operating Divisions. It was recognised that the arrangements must meet the needs of NHS Greater Glasgow, reflecting the size of the new combined organisation and take account of the availability of NHS Board Members to participate in structures devised.

Mr Divers described the draft Financial Scheme of Delegation and draft Human Resources Scheme of Delegation. Both had currently in existence detailed policies and procedures and Mr Divers emphasised the need to the move to a single employer ensuring fairness and consistency of people management policy and practice on a pan Glasgow basis, underpinned by the principles of partnership working. It was, therefore, proposed that a detailed review be undertaken in partnership of these key policies and procedures in order to ensure that the Scheme of Delegation finalised in the spring was underpinned by partnership agreement of any procedures which required amendment.

It was proposed that formal meetings of the NHS Board and of the Performance Review Group be held on alternate months on a two-monthly cycle. Additionally, an extra NHS Board meeting would be held in July for the purpose of receiving the Annual Accounts, with arrangements continuing also to hold a public Annual General Meeting in November.

**ACTION BY**

In addition to those eight NHS Board meetings/events, it was proposed two further "open" meetings be held in the course of the year. It would remain open to the Chairman to call any further meetings of the NHS Board which were required in addition to this proposed cycle of meetings. It would similarly be open to the Chair of the Performance Review Group to arrange any additional meetings which that Group felt were required.

Sir John referred to the expected announcement from the Minister of Health and Community Care in relation to the appointment of new NHS Board Members. He, therefore, anticipated new Members being involved in the process of working towards single system working.

In response to a question from Mrs Kuenssberg, Mr Divers confirmed that the Staff Governance Committee had been subsumed under the "risk and governance" heading. Ms Kuenssberg emphasised the need to consolidate the work of Clinical Governance Committees across the four Trusts to ensure the learning of good practice in a consistent way. She welcomed the role of a designated Director of Human Resources which would add strength and control across the function providing professional advice to the NHS Board. With regard to the future NHS Board agendas, she suggested that these be constructed and tailored to meet the needs of the public audience as this was a real opportunity to take messages to the community.

Mr Robertson welcomed the proposed business cycle and the intention to appoint a designated Director of Human Resources. He commented that further work needed to be done to ensure the NHS Board's and Trusts' Directors of Finance worked effectively in ensuring a seamless transfer to single system working. The diagram on page 38 of the NHS Board papers needed to reflect new ways of working and he emphasised the need for the Chief Executives of the Operating Divisions and the NHS Board Directors to work as a coherent management team and think how best the NHS system across Greater Glasgow could be driven forward. He suggested the inclusion of an additional sentence to the second recommendation about the NHS Board and Trust Chief Executives being committed to the Scheme of Delegation, continuing to work to the present structure until a developed transitional plan was introduced to ensure a seamless transfer to single system working. Mr Robertson also wanted to see the Committee structure and how the Pharmacy Practice Committee and Reference Committee fitted in.

Mrs Smith welcomed the post of a designated Director of Human Resources to strengthen the function for NHS Greater Glasgow's 33,000 employees. She sought further clarity around the interdependent nature of the Audit, Risk and Governance Committees and how they would be linked in the future and communicate with each other. She was keen to see greater emphasis on managing risk. She applauded the suggestion of greater engagement with members of the public and patients and the proposal to hold more open type NHS Board meetings.

Dr Nugent welcomed the proposed NHS Board's business cycle and asked that the NHS Board think about training and development issues for Non Executive Members especially the Chairs of the new Divisions.

Mr Goudie described how the Scheme of Delegation could afford the NHS Board the opportunity to look at the composition and function of the Area Partnership Forum in taking forward the NHS Board's partnership working in the future.

Mr Divers confirmed that the issues raised would be taken on board and a finalised Scheme of Delegation would be considered at the April 2004 NHS Board meeting. He welcomed any further suggestions from NHS Board Members on how the NHS Board could operate more effectively. **Members**

**ACTION BY**

**DECIDED:**

(i) That the draft Scheme of Delegation be noted. **Chief Executive**

(ii) That the draft Scheme, subject to the suggestions above, be developed in discussion with staff partnership and other key interests such that a final Scheme could be brought for decision in April 2004. **Chief Executive**

(iii) That a transition plan be developed to take account of the main themes to be considered in moving to single system working. **Chief Executive**

## 21. NHS QUALITY IMPROVEMENT SCOTLAND : REVIEW OF PHYSICAL DISABILITY SERVICES IN NHS GREATER GLASGOW

A report of the Director of Planning and Community Care [Board Paper No 04/8] detailed NHS Greater Glasgow's response to the main recommendations of the NHS Quality Improvement Scotland (NHS QIS) review of physical disability services in NHS Greater Glasgow.

The Chairman welcomed Mr D Walker, Assistant Director of Planning and Community Care to present this paper.

Mr Walker advised that NHS QIS visited health services for children and adults (under 65 years) with physical disabilities in NHS Greater Glasgow in March 2003. This was a follow-up to an earlier visit in August 2000 by the Scottish Health Advisory Service, now part of NHS QIS.

Their visit took place over three days (3 to 5 March 2003) with a team of nine reviewers visiting over thirty different service areas involving in excess of fifty separate meetings. Their final report was published in June 2003 and made seven key recommendations of which six were relevant to NHS Greater Glasgow highlighting important issues for improving service provision.

Mr Walker led the NHS Board through the seven recommendations and remarked that the NHS QIS review process had been a helpful mechanism to highlight good practice and areas for further development. This work sat alongside the development of the draft Glasgow Adult Physical Disability Strategic Framework and actions identified would be pulled into this process. Many aspects of the recommendations were process orientated and were currently being addressed through appropriate planning and operational arenas. Other recommendations such as advocacy, wheelchair provision and repair, and acquired brain injury developments would require investment with bids being made through the 2004/05 local health planning process.

In response to a question from Councillor Handibode, Mr Walker confirmed that South Lanarkshire Council had indeed been involved with the NHS QIS visit. Despite the size and complexity of services within NHS Greater Glasgow, NHS QIS allocated the same length of time for the visit to NHS Greater Glasgow as it would to any other NHS area within Scotland.

Mr Goudie sought clarification around services for people with acquired brain injury and it was confirmed that there was now a more co-ordinated care plan approach for this patient group particularly with regard to their placements.

Mr Reid emphasised the key areas of work needing addressed particularly with regard to integration and exploring further modelling to meet the joint futures agenda.

**ACTION BY**

Sir John saw opportunities for the NHS and Local Authorities to work with education establishments and noted that NHS QIS had not visited any educational establishment. Colleges and Universities were important players in taking forward health and social care and time should be devoted to how further work could be done with these key partners.

Mr Robertson welcomed the recommendations which cut across a whole range of interests. Accordingly, he suggested an amendment to the recommendation which sought inclusion of an acknowledgement of the joint strands of work which required to be brought together. This was agreed. **Director of Planning and Community Care**

**DECIDED**:

That the recommendation made by NHS QIS and the action being taken across NHS Greater Glasgow be noted and taken forward in a joint and coherent way. **Director of Planning and Community Care**

## 22. A BREATH OF FRESH AIR FOR SCOTLAND : TOBACCO CONTROL ACTION PLAN

A report of the Acting Director of Health Promotion [Board Paper No 04/9] asked the NHS Board to:

- Endorse the priority being given to the prevention of smoking among young people, and through the Joint Health Improvement Plan (JHIP) process seek further support for the expansion of the Smoke Free Me and Smoke Free Class programmes.

- Instruct officers to work with NHS Health Scotland in support of the national communications strategy and review activities aimed at young people once the results of their research was available.

- Agree the expansion of the provision of evidence based smoking cessation services, with particular focus on pregnant women and people living in disadvantaged circumstances.

- Play an exemplar role in the implementation of the Glasgow Tobacco Strategy and enlist the support of local authorities and other community planning partners to take forward a co-ordinated programme to reduce rates of smoking and the subsequent ill-health among people in Greater Glasgow.

- Play an active part in promoting the benefits of smoke free workplaces and smoke free public places.

- Establish a GGNHSB working group to develop a new tobacco policy within the strategic framework of making NHS Greater Glasgow smoke free.

- Note the new target for the reduction of smoking rates in adults and the particular challenge this poses in areas of deprivation.

- Note the expected production of the results of test purchasing pilot schemes and the provision of new enforcement protocols and, once these have been published, seek the support of Local Authority partners in their implementation.

**ACTION BY**

Ms Borland summarised the commitments made in a Breath of Fresh Air for Scotland – the Tobacco Control Action Plan which was issued by the Scottish Executive in January 2004. She updated the NHS Board on actions being undertaken in NHS Greater Glasgow which supported the national plan. There was an extensive programme of tobacco related work in Greater Glasgow and the Tobacco Strategy for Glasgow provided a strategic framework which set the NHS action alongside that of other community planning partners.

Mr P Hamilton welcomed the aims of the plan and noted that, at the moment, each organisation with NHS Greater Glasgow had its own smoking policy. The advent of single system working as one NHS organisation in April 2004, provided the opportunity to develop a single tobacco policy.

In response to a question from Mrs Kuenssberg, Ms Borland advised that all smoking cessation services were evaluated. This information would be gathered and a database formed to track all patients passing through the service.

The NHS Board would, thereafter be able to identify if targets were being met and furthermore target further problematic areas. This would have to be seen in light of funding requirements and other competing pressures.

Ms Crocket referred to the concern at the rates of smoking among people (especially young females) where no reduction was evident. She added to this the implications of pregnant women smoking and the danger to their babies particularly in relation to them being under weight and having an increased chance of having asthma.

Dr Nugent referred to the introduction of the new GP contract which formalised the involvement of GPs in such service areas.

**DECIDED**:

- That the priority being given to the prevention of smoking among young people, and through the Joint Health Improvement Plan process seek further support for the expansion of the Smoke Free Me and Smoke Free Class programmes be endorsed. — **Acting Director of Health Promotion**

- That officers be instructed to work with NHS Health Scotland in support of the national communications strategy and review activities aimed at young people once the results of their research is available. — **Acting Director of Health Promotion**

- That the expansion of the provision of evidence based smoking cessation services, with particular focus on pregnant women and people living in disadvantaged circumstances be agreed. — **Acting Director of Health Promotion**

- That an exemplar role be played in the implementation of the Glasgow Tobacco Strategy and the support of local authorities and other community planning partners being listed to take forward a co-ordinated programme to reduce rates of smoking and the subsequent ill-health among people in Greater Glasgow. — **Acting Director of Health Promotion**

- That an active part in promoting the benefits of smoke free workplaces and smoke free public places be played. — **Acting Director of Health Promotion**

- That a GGNHSB working group to develop a new tobacco policy within the strategic framework of making NHS Greater Glasgow smoke free be established and that it report to the NHS Board in December 2004. — **Acting Director of Health Promotion**

- That the new target for the reduction of smoking rates in adults and the particular challenge this poses in areas of deprivation be noted. — **Acting Director of Health Promotion**

**ACTION BY**

- That the expected production of the results of test purchasing pilot schemes and the provision of new enforcement protocols and, once these have been published, the support of Local Authority partners in their implementation be sought. **Acting Director of Health Promotion**

**23. BUILDING ON SUCCESS : FUTURE DIRECTIONS FOR THE ALLIED HEALTH PROFESSIONS IN SCOTLAND**

A report of the Director of Planning and Community Care [Board Paper 04/10] asked the Board to:

- Note the content of the national report and its implications for Greater Glasgow.
- Approve Annex 1 as the overall action plan to develop Allied Health Professional (AHP) services in Greater Glasgow.
- Agree to submit the action plan to the Scottish Executive.
- Receive a further update on progress in twelve months time.

Mr Walker was in attendance to present this paper which introduced the national strategy and outlined the Greater Glasgow response to the strategy's key recommendations.

Mr Walker referred to the action plan at Annex 1 of the NHS Board paper which focussed on the principal actions necessary to advance the aims of the national target set in the context of local circumstances. An Implementation Steering Group had been established with representation from the NHS Board, each of the Trusts, AHP and other relevant professions, the AHP Advisory Committee, as well as the Local Health Council, higher education and the Area Partnership Forum. Additionally, contact had been made with each of the six Local Authorities. Mr Walker led the NHS Board through Annex 1 which included:

- Improving Health
- New Models of Care
- Service Redesign
- Clinical Governance, Research and Development
- Career Pathways, Continuing Personal Development
- Recruitment and Retention

While recognising the partnership approach required to take this forward, there was much that could be driven forward at a Greater Glasgow level and the core elements of the proposed approach in Greater Glasgow were:

- Transformation of culture
- Integrated, partnership, inter-agency and cross-boundary working
- Promoting universal high quality service and practice
- Professional development and leadership
- Better informed and knowledgeable practitioners
- Greater influence on decision making at operational, Trust and Board levels.

As a result of implementing the action plan, there would be resource consequences which had not yet been fully quantified but would be reported within the next 12 months.

Mr Reid referred to an opportunity to directly influence local colleges and universities with a view to targeting the workforce to what was required locally. Investment should also be made with the integration of further work with Local Authorities via joint community care structures building on good practice of integration.

**ACTION BY**

Dr Angell sought clarification around the list of Allied Health Professional staff as presented on page 57 of the NHS Board papers. He was advised that this was a Scottish Executive list and that NHS Greater Glasgow would be flexible in terms of its representatives and look at this in the context of workforce planning – this may mean additional professions being added to the list such as clinical psychologists and hospital scientists.

Mr Goudie advised that the Area Partnership Forum would be providing Mr Walker with nominations for involvement in the work of the Implementation Steering Group. **W Goudie**

Ms Crocket welcomed the work but emphasised that a link should be made into a multi-disciplinary approach to workforce planning and cross-fertilisation including retraining existing staff in other areas if their skills were considered transferable.

Mrs Hull referred to the NHS Greater Glasgow ICT Strategy and confirmed that representation would be included on the ICT Project Board to tackle current restricted access to information and to provide and maintain comparative information across the NHS Board and care groups.

**DECIDED:**

- That the content of the national report and its implications for Greater Glasgow be noted.

- That the overall action plan to develop Allied Health Professional services in Greater Glasgow be approved. **Director of Planning and Community Care**

- That the action plan to the Scottish Executive be agreed and submitted. **Director of Planning and Community Care**

- That a further update report on progress be received in twelve months time. **Director of Planning and Community Care**

**24. 2003/04 FINANCIAL MONITORING REPORT FOR NINE MONTHS ENDED DECEMBER**

A report of the Director of Finance [Board Paper No 04/11] asked the NHS Board to note the results reported for the nine months ended 31 December 2003.

The report updated the NHS Board by providing details of the financial position for the nine months ended 31 December 2003 for the Trusts and the NHS Board. A deficit of £9,695k against the break-even target was reported, an increase of £811k on the November report. The trends were shown graphically and continued to indicate a year end forecast of £10m as set out in some detail in the 2003/04 Mid Year Review.

Mrs Hull referred to the uncertainty about the financial position since the Mid Year Review as the following factors had become known:

- Back pay for part-time staff in respect of public holidays from 2000 for all part-time staff. The cost in 2003/04 could be of the order of £4m with an annual cost of £1m.

- Additional cost of Consultants' contract beyond that estimated at Mid Year Review could add a further £3m, that was, worst case forecast.

- Remaining difficulties with NHS Lanarkshire arbitration and the assumed offset against other costs on which agreement had not yet been reached.

**ACTION BY**

A 2004/05 allocation letter had confirmed that any in year deficit would be carried forward into 2004/05.

Mr Robertson welcomed the figures being shown as a best and worst case scenarios and the need to understand all areas of potential difficulty.

Councillor Handibode sought the inclusion to the recommendation that the NHS Board would "continue to monitor the forecast deficit position for 2003/04" and this was agreed.

Mr Davison referred to the volatility of the position for the next financial year rather than this year and referred in particular to the new Consultants' contract and its associated financial implications. This was acknowledged and there were no other factors of risk of which the NHS Board was aware at this time for 2003/04

Mrs Smith referred to the previous discussion around the Scheme of Delegation and suggested the development of a risk analysis template to analysise areas where there was not certainty.

**DECIDED:**

- That the NHS Board continue to monitor the forecast deficit position for 2003/04. **Director of Finance**

- That any deficit at the year end would be first call on non recurrent funding in 2004/05 be noted. **Director of Finance**

## 25. WAITING TIMES

A report of the Director of Planning and Community Care [Board Paper No 04/12] asked Members to note progress on meeting waiting time targets.

At the January 2004 meeting, the NHS Board noted the national targets that now needed to be addressed were:

- No inpatient/day case waits in excess of 6 months to be achieved by December 2005.

- No outpatient waits in excess of 26 weeks to be achieved by December 2005.

- To continue to deliver and sustain all existing targets and guarantees.

Accordingly, it was proposed that the reporting format for monitoring over 9 month waits to 6 to 9 month waits for inpatients and day cases be changed. As before, this would be presented separately for residents without Availability Status Codes and those with Availability Status Codes. Over the coming months, this would be developed further to include outpatients and performance against the targets as set out in the NHS Board's plans for 2004/05.

It was considered that sustaining the 9 month maximum wait guarantee was a major challenge as was the move towards delivering a 6 month maximum wait in a constrained resource environment.

In conjunction with the Trusts, the NHS Board was now preparing its plans for incremental performance improvement in waiting times in 2004/05, towards achieving the December 2005 targets.

**ACTION BY**

The NHS Board had been allocated non recurrent funding of £1.4m to deliver additional activity, both in-house and in the private sector, by the end of March. This would allow the NHS Board to sustain the guarantee of no waits in excess of 9 months and would also allow a move towards delivering the new targets in the period to March 2004.

**NOTED**

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

A report of the Director of Public Health [Board Paper No 04/13] asked the NHS Board to approve the following 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:

Dr Kim Hickey
Dr Roisin Dunn

**DECIDED:**

That Dr Kim Hickey and Dr Roisin Dunn be approved and authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984. **Director of Public Health**

**27. HEALTH AND CLINICAL GOVERNANCE COMMITTEE MINUTES – 27 JANUARY 2004**

The Minutes from the Health and Clinical Governance Committee held on Tuesday 27 January 2004 [HCGC(M)04/1] were noted.

Dr Burns referred to the discussion around risk management and the handling of serious incidents and sought the NHS Board perspective on a pan Glasgow approach to clinical risk management. The previous discussion around the Scheme of Delegation and the proposal to create a Governance Forum would be a helpful way for this work to evolve.

NOTED

**28. TRANSFER OF MEDICAL ONCOLOGY INPATIENT BEDS FROM THE ST MUNGO UNIT, GLASGOW ROYAL INFIRMARY, TO THE BEATSON ONCOLOGY CENTRE**

A report of the Chief Executive, North Glasgow Trust [Board Paper No 04/14] asked the NHS Board to agree that the planned transfer of medical oncology inpatient beds from the St Mungo Unit, Glasgow Royal Infirmary to the Beatson Oncology Centre be brought forward to take place with effect from 1 March 2004.

Mr Davison outlined the plan for these Medical Oncology beds which at St Mungo were used mainly for breast and colorectal patients. The reconfiguration of beds in the Beatson Oncology Centre would have these tumour types admitted to Wards G6, G7 and G10. The patient load from the seven medical oncology beds would be subsumed within the workload of G6, G7 and G10 by opening G10 one further night per week and by seeking more efficient use of all the Beatson Oncology Centre beds in line with the targets to be achieved for the opening of the new centre in 2007

**ACTION BY**

The move would allow the St Mungo building inpatient beds to be integrated as a single service with both patients and nurses moving between the Bone Marrow Transplant Unit on Ward 40 and support beds on Ward 41 as required. It would allow the haemato-oncology nursing expertise to be developed even further and provide the new Beatson Oncology Centre with a valuable resource of highly trained haemato-oncology nursing staff when it opened in 2007.

Mr P Hamilton recognised that the planned transfer was always part of the oncology strategy but that was on the basis of it moving to the new site at Gartnavel. He was concerned that the accommodation at Glasgow Royal Infirmary was already well populated and that patients and staff had not been consulted. Further concerns surrounded Ward G10 which he understood to be a mixed sex ward. Similarly, Mrs Bryson was concerned that although Greater Glasgow Health Council understood the need to accelerate changes on acute services, this particular element had not been subjected to consultation and the accommodation at the Beatson Oncology Centre may not be up to the standard that patients had already experienced at the St Mungo Unit.

Mr Davison responded by advising that without making such a move, a safe clinical service could not be provided to patients at the St Mungo Unit as it was unsustainable. He agreed to look into the suggestion that Ward G10 was a mixed sex ward but re-iterated that maintaining a safe clinical service must take priority. **Chief Executive, North Glasgow Trust**

Dr Cowan recognised the dilemma regarding providing safe clinical services versus public consultation and appreciated the difficult decision that had to be made. Due to the concern expressed by Members, it was agreed that prior to the urgent move, contact would be made with colleagues at Greater Glasgow Health Council to discuss the proposals. Mrs Bryson welcomed this and would take this forward with Mr Davison. **Chief Executive, North Glasgow Trust**

**DECIDED:**

That pending further discussion with Greater Glasgow Health Council, the planned transfer of medical oncology inpatient beds from the St Mungo Unit, Glasgow Royal Infirmary to the Beatson Oncology Centre be brought forward to take place with effect from 1 March 2004 be agreed. **Chief Executive, North Glasgow Trust**

The meeting ended at 11.35 am