

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, 12 October 2004 at 9.30 am**

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**P R E S E N T**

Professor Sir J Arbuthnott (in the Chair)

Mr J Bannon MBE	Mr P Hamilton
Mr J Best	Councillor J Handibode
Mr R Calderwood	Mrs S Kuenssberg CBE
Mr R Cleland	Mr G McLaughlin
Councillor D Collins	Mrs J S Murray
Dr B Cowan	Ms A Paul
Ms R Crocket	Mr I Reid
Mr T P Davison	Mr A O Robertson OBE
Mr T A Divers OBE	Mrs E Smith
Councillor R Duncan	Mrs A Stewart MBE

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

Ms E Borland	..	Acting Director of Health Promotion
Ms S Gordon	..	Secretariat Manager
Professor I Greer	..	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 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 J Cassidy	..	Chair, Area Nursing and Midwifery Committee
Mr H Smith	..	Chair, Area Allied Health Professionals Committee
Dr B West	..	Chair, Area Medical Committee

**ACTION BY**

**110. APOLOGIES AND INTRODUCTORY REMARKS**

Apologies for absence were intimated on behalf of Dr F Angell, Dr H Burns, Councillor J Coleman, Ms R Dhir, MBE, Mr W Goudie, Dr R Groden, Mrs W Hull, Mrs R K Nijjar, Councillor White, Mr C Fergusson (Chair, Area Pharmaceutical Committee) and Ms G Leslie (Chair, Area Optometric Committee).

The Chairman welcomed in attendance campaigners against any closure of inpatient beds at Glasgow Homoeopathic Hospital together with Bill Butler, MSP, Robert Brown, MSP, Jean Turner, MSP, Alex Neill, MSP and Stewart Stevenson, MSP.

**111. HOMOEOPATHIC HOSPITAL**

In accordance with Standing Order 9(2), it was agreed to have added to the agenda an update on the Homoeopathic Hospital. Many campaigners and MSPs had turned up to attend the NHS Board meeting with the sole purpose of hearing an update from the NHS Board on inpatient homoeopathic services. The Chairman advised that Mr Divers would firstly give an update of work in progress in taking forward the future of the existing inpatient beds at the Homoeopathic Hospital last discussed at the July 2004 NHS Board meeting. Following that, Mr B McAlorum, a representative from the patient group (Homoeopathic Hospital), would provide a statement from the Patients Group.

Mr Divers spoke of the five strands of work agreed at the July 2004 NHS Board meeting to be undertaken prior to any future discussion by the NHS Board in connection with the Homoeopathic Hospital inpatient beds.

He outlined these as follows:

- (i) Comparison with other UK Homoeopathic Centres – any proposed closure of inpatient services would bring NHS Greater Glasgow into line with other Homoeopathic Services in the UK. As such, it had been agreed that comparable views from these other Homoeopathic Hospitals in the UK be sought where inpatient services had been withdrawn.
- (ii) The proposed new service model needed to be developed and tested further particularly in relation to alternative patient pathways.
- (iii) Visits would be organised for NHS Board Members to go to the Homoeopathic Hospital and discuss service provision with clinicians and patients.
- (iv) Given that approximately 50% of inpatients came from NHS Boards outwith NHS Greater Glasgow it had been agreed that a discussion take place with the other West of Scotland Boards about the implications of the NHS Board's proposals.
- (v) A capacity plan was being developed by Mr Davison in relation to referrals made to the hospital and the programme of work being taken forward.

**Chief Executive –  
North Division**

It had been agreed by the NHS Board that once this above work had been undertaken, a further paper would be submitted to the Board for consideration, prior to any decision to consult or otherwise, on the possible closure of the inpatient homoeopathic beds.

Sir John invited Mr McAlorum to present his view on behalf of the Patient Group.

Mr McAlorum urged the Board to resolve this issue as soon as possible. He highlighted what he considered to be anomalies in the NHS Board's 20 July 2004 Board paper. He considered this to be an unbalanced report giving a biased picture. He referred to another version of the paper by Dr David Reilly a Consultant at the Homoeopathic Hospital and asked that this version be made available to all NHS Board Members.

**Chief Executive –  
North Division**

He provided a brief history of the hospital referring to the 1974 Endowment Funding Agreement. He confirmed that the Homoeopathic Hospital Board financed the new hospital.

He referred to various statistics outlined within the July 2004 NHS Board paper and sought to redress the balance particularly as many of the inpatients who attended the Homoeopathic Hospital regarded it as a lifeline as conventional medicine had not proved successful for them. On behalf of all the campaigners, he sought clarification around what services would be made available if the inpatient beds were to close.

Mr McAlorum thanked the Patients Group and MSPs for their attendance and support.

Sir John thanked Mr McAlorum and offered an assurance that the NHS Board would have a full evidence base of all these points prior to coming to any decision on consultation on the future of inpatient services. He thanked all those campaigners and MSPs in attendance.

**NOTED**

**112. CHAIRMAN'S REPORT**

The Chairman updated on the following:

- (a) The Chairman reported that the AGM held on 23 September 2004 and the "Our Health Workshops" had been very well attended. He thanked all staff involved in making the arrangements for this event, the workshop facilitators and all staff who had manned the various stands.
- (b) On 30 September 2004, the Chairman had received the outcome of the Minister's deliberation regarding NHS Greater Glasgow's Maternity Services and this had been shared with Members. Shortly thereafter there had been a change of Minister for Health and Community Care and Andy Kerr had been appointed with Rhona Rankin his Deputy. The new Minister's letter on the outcome of maternity had been widely circulated to all NHS Greater Glasgow staff.
- (c) The Chairman had met with the new Minister on Monday 11 October 2004 and welcomed the enhanced open and transparent way of working that had been suggested.
- (d) The Chairman referred to the recent publicity regarding the incidence of MRSA and referred to the Board's high profile new campaign which had commenced. He re-iterated that NHS Greater Glasgow took this issue very seriously and it could not be complacent about eradicating such a micro-organism from health care establishments.

**NOTED**

**113. CHIEF EXECUTIVE'S UPDATE**

Mr Divers made reference to the following:

- (a) A liaison meeting had taken place with colleagues at NHS Argyll and Clyde to discuss their consultation on clinical strategy. This platform had provided an opportunity to discuss further a common approach in taking forward Community Health Partnerships (CHPs). It had proved fruitful and six-weekly meetings would continue to take place to progress these matters.

- (b) Mr Divers and Alex MacKenzie (Assistant Director of Planning and Community Care) had attended East Dunbartonshire's Community Assembly event. The event had been very positive and well attended with excellent discussions taking place around community planning for the future.

**NOTED**

**114. MINUTES**

On the motion of Mrs A Stewart, seconded by Mrs E Smith, the Minutes of the meeting of the NHS Board held on Tuesday, 17 August 2004 [GGNHSB(M)04/7] were approved as an accurate record and signed by the Chairman.

**115. MATTERS ARISING FROM THE MINUTES**

The Rolling Action List of matters arising was circulated and noted.

**NOTED**

**116. OUTCOME OF ACCOUNTABILITY REVIEW 2004 – ACTION LIST**

A report of the Chief Executive [Board Paper No 04/57] asked the Board to receive the report outlining the outcome of the 2004 Accountability Review and note the immediate follow-up action already taken. Furthermore, the Board was asked to agree that regular updates of progress on the accompanying Action Plan be reported to meetings of the Performance Review Group.

The 2004 Accountability Review meeting with the Chief Executive of NHS Scotland and his senior team was held on 21 July 2004. The outcome of the review was summarised in a letter of 30 August 2004 from Trevor Jones to Sir John; the letter included an Action Plan which would be the principal means of monitoring in-year progress against the outcomes agreed at the conclusion of the review meeting.

Mr Divers led the Board through the key action points and referred to the immediate follow-up that had already begun. He referred to the previous day's discussion with the new ministerial team and the likelihood of a change in approach for future Accountability Review meetings which may be held in public.

Mrs Smith welcomed this new approach and the timescales given against the action points. This ensured progress was measurable and added rigour to the review process.

Mr Robertson similarly welcomed the logical review process and the recommendation that regular updates be considered by the Performance Review Group. To facilitate this, however, he commented that the Performance Review Group remit required to be reconsidered to endorse this role.

Sir John advised that the new Minister for Health and Community Care had sought from NHS Boards a paper outlining how investment monies had been spent particularly demonstrating local benefits of the additional funds. This was currently being prepared. Sir John also welcomed the new pattern of ministerial involvement regarding health care and health improvement.

**Head of Board  
Administration**

**DECIDED:**

- (i) That the report of the outcome of the 2004 Accountability Review be received.
- (ii) That the immediate follow-up action already taken be noted.
- (iii) That regular updates of progress on the accompanying Action Plan go to meetings of the Performance Review Group be agreed pending a revision of the Performance Review Group's remit and submission to the NHS Board for approval.

**Chief Executive**

**Chief Executive/  
Head of Board  
Administration**

**117. COMMUNITY HEALTH PARTNERSHIPS - UPDATE**

A report of the Director of Planning and Community Care [Board Paper No 04/58] asked the Board to note progress on the development of Community Health Partnerships (CHPs).

Ms Renfrew introduced the update on progress in developing CHPs by restating the guiding principles which underpinned the Board's approach to their development. She outlined the fundamental aspirations and key objectives for CHPs and the progress made so far in taking forward their boundaries and roles in terms of managing services, resources, staff and functions.

Ms Renfrew described the current position on a number of key issues:

- Schemes of Establishment – the Board was required to submit detailed Schemes of Establishment to the Scottish Executive Health Department. The objective was to draft the Schemes of Establishment over the next three to four weeks to include detailed discussions with each Local Authority, enabling the NHS Board and appropriate committees to consider a final draft during December 2004.
- Services Issues – detailed discussions with each Local Authority about the extent to which the services for which they were responsible could be managed within CHP structures were taking place. In concluding these discussions with Local Authorities, a critical factor would be the resolution of issues about governance and accountability.
- Working with Argyll and Clyde – the Board had two CHPs, covering East Renfrewshire and West Dunbartonshire, which would cover NHS Argyll and Clyde and NHS Greater Glasgow. A joint NHS group had, therefore, been established to try and develop consistent approaches and the aim was to resolve these differential positions to enable agreement on Schemes of Establishment.

- Governance and Accountability – the Board had developed a proposal about governance and accountability which was based on a number of key assumptions. Ms Renfrew outlined these assumptions and the proposal that CHPs should be jointly governed by the NHS and Local Authorities. Such arrangements balanced the need for professional and clinical involvement with the requirements of proper and balanced governance and offered the opportunity to meet the requirements of Local Authorities to consider delegating services and functions into CHPs. The draft guidance from the Scottish Executive, however, did not enable this model of governance and the Board continued to try to influence the shape of the final Scottish Executive guidance alongside its Local Authority partners.
- Health Improvement – one of the most important responsibilities of CHPs would be to drive health improvement and tackle inequalities in their area, both through their own functions and in partnership with other organisations. The implications for public health, health promotion and planning functions, presently managed at Greater Glasgow NHS Board were still being worked through and it would be critical that a balance be achieved in terms of the delegation of resources and expertise to CHPs.
- Primary Care Division Services – the Primary Care Division had established a detailed review of its services and support management to finalise proposals on the migration of responsibilities.
- Engagement with LHCCs – LHCCs were fully involved in the CHP establishment processes with each of the Local Authorities outside Glasgow City. For Glasgow City's five CHPs, local development groups had been launched bringing together LHCC leads and area Social Work staff with health improvement specialists to anchor work with the City Council in a local structure.

Ms Renfrew concluded by referring to the substantial programme of work in place to ensure the NHS Board could offer the fully developed Schemes of Establishment for consultation in December 2004. Resolving the outstanding debate around governance and accountability would be critical to ensuring the delivery of fully integrated CHPs which would maximise the service improvement for patients and the ability to tackle wider health issues.

Councillor Collins described the role of Local Authorities and emphasised that although health service matters were important other general health matters such as environmental health matters also fell within the auspices of Local Authorities. He asked that the December Board paper make this Local Authority responsibility clear particularly in relation to community planning. He also encouraged joint seminars between the NHS Board and Local Authorities which would assist in progressing matters more smoothly. He welcomed the debate that the paper stimulated but recognised that it did not include the plethora of structures and substructures at Local Authority level. To encourage community engagement these would have to be recognised and fed into appropriately.

Councillor Handibode endorsed Councillor Collins' comments and sought clarity around the further development work required in Rutherglen/Cambuslang – a CHP which would link-in to Lanarkshire NHS Board's policies. Ms Renfrew confirmed that this CHP would be within NHS Greater Glasgow but much discussion would need to take place with South Lanarkshire Council and Lanarkshire NHS Board to ensure a consistency of approach between the two NHS Boards. She confirmed that this CHP would not be a cross boundary CHP but that the Scheme of Establishment had to be consistent.

In response to a question from Mr McLaughlin, Ms Renfrew confirmed that three other NHS Board areas had the same aspirations as Greater Glasgow NHS Board in terms of the proposal that a CHP should be jointly governed by the NHS and Local Authority. She clarified that the NHS Board was seeking flexibility to accommodate this arrangement but if this could not be given within national guidance then the Board would be required to further discuss their proposed arrangements at the December NHS Board.

Mrs Stewart referred to the review of older people and children services, where integration was less well developed within a CHP structure. She emphasised the need to ensure these services were well organised particularly in recognition of the fact that well organised local services may not be enough to provide patients with the best possible service. She commended the massive opportunity for CHPs to deliver a seamless service to maximise service improvement for patients and tackle wider health issues.

Dr West sought clarification around the influence of CHPs on acute services. Ms Renfrew recognised the challenge in the organisation of this to make a difference to patients and explained that there would be clinical involvement within CHP structures to develop thinking around how best this could be progressed.

Mrs Kuenssberg welcomed the potential of CHPs but recognised the challenges that lay ahead particularly with regard to budget flows and competing pressures.

Mr Reid referred to the CHP Development Leadership Programme which eighty people throughout NHS Greater Glasgow were currently involved with. This took forward key initiatives in the delivery and management of CHPs and would be instrumental in taking CHP development work forward.

Sir John welcomed the comments made by Members. This matter would be discussed further at the November 2004 Board Seminar particularly in relation to the arrangements to support NHS Greater Glasgow in single system working.

**DECIDED:**

That the progress on the development of Community Health Partnerships be noted and that a paper on the Governance and Accountability issues be submitted to the December NHS Board.

**Director of  
Planning and  
Community Care**

**118. LANARKSHIRE NHS BOARD : CONSULTATION ON COMMUNITY HEALTH PARTNERSHIPS**

A report of the Director of Planning and Community Care [Board Paper No 04/60] asked Members to note the consultation paper prepared by NHS Lanarkshire on Community Health Partnerships entitled "Joining Up for Health Communities".

Ms Renfrew commented that the document essentially sought views on the proposed boundaries for CHPs in Lanarkshire, described in general terms the expectations for CHPs and mapped out the further work that would be undertaken to complete the Scheme of Establishment. The consultation period ended on 31 October 2004. The proposals were of interest to NHS Greater Glasgow because of:

- cross-boundary implications;
- the emerging CHP model including the response to the guidance; and
- the timescale for implementation.

Ms Renfrew described the three boundary issues which had implications for Greater Glasgow concerning Cambuslang/Rutherglen, Northern Corridor (Chryston, Moodiesburn, Stepps and Muirhead) and Busby.

The principal discernable distinction with NHS Greater Glasgow was in the scope and emphasis of the CHPs. NHS Lanarkshire intended to integrate primary and secondary care services within each of its CHPs thereby replacing its Divisions. Three of its CHPs would have a District General Hospital within its boundary. Under this model, CHPs would provide all NHS services with individual CHPs hosting current pan-Lanarkshire services. Although it acknowledged that its CHPs should develop significant partnerships with Local Authorities and should act as a catalyst for further integration of community care and children services, it was, as yet, unclear how far and in what way Local Authorities would be engaged in CHPs.

The timescales implementation in the consultation paper had a critical difference from NHS Greater Glasgow's proposal. NHS Lanarkshire proposed introducing CHPs in a transitional form from April 2005 with full establishment a year later in 2006.

#### **DECIDED:**

That the report on Lanarkshire NHS Board's consultation on Community Health Partnerships be noted.

### **119. ADULT MENTAL HEALTH SERVICES – OUTCOME OF CONSULTATION ON INTEGRATION**

A report of the Director of Planning and Community Care [Board Paper No 04/59] asked the Board to confirm its support for the proposed organisational arrangements for adult mental health services and the suggested implementation arrangements.

Ms Renfrew described the background to the consultation exercise and the outcome of overwhelming support to move to integrated services as representing a way forward to deliver better care. Based on this positive commitment, formal proposals were developed and the Sainsbury Centre for Mental Health were commissioned to review and develop options for the organisational arrangements.

Following the conclusion of the consultation, approval was being sought from the NHS Board and Local Authority committee structures to move to deliver the fully integrated mental health organisation which all of the work had concluded would improve the care offered to patients. Subject to such approval, it was intended to begin the implementation by appointing a Director Designate for the mental health partnership with full Local Authority involvement. The Director Designate would have a number of important tasks in advance of the full establishment of the partnership and when this work was completed the full partnership arrangement could be put in place – the aim would be to achieve shadow operation by April 2005 and implementation of the full organisational partnership arrangement, including the recruitment and assimilation of all staff by April 2006.

Ms Renfrew confirmed that the proposals had been discussed at Joint Community Care Committee level.

Mrs Stewart sought clarification around patient funds and who would take responsibility for this. Ms Renfrew responded by explaining that the statutory responsibilities for each organisation would remain and advised on the role of the pan Glasgow audit and how this would work.

**DECIDED:**

That the support for the proposed organisational arrangements for adult mental health services and the suggested implementation arrangements be confirmed.

**Director of  
Planning and  
Community Care**

**120. WAITING TIMES**

A report of the Director of Planning and Community Care [Board Paper No. 04/61] asked the Board to note the progress on meeting waiting time targets.

Mr Divers referred to the updated reporting format for monitoring over six month waits for inpatient and day cases (which was presented separately for residents without availability status codes and those with availability status codes) to include outpatient waiting times. Also, when the Board meetings were held on a monthly basis, the figures had been based on the provisional position for the immediately preceding month. This would now revert to the fully validated waiting time position for inpatients/day cases and new outpatients one full month behind the date of the Board meeting.

Mr Divers referred to Table 1 which showed the current numbers waiting over six months for all NHS Board residents without availability status codes. These had reduced by 120 or 7% between June and July and plans were in place to improve the Yorkhill position which was the only Division to have deteriorated.

With regard to Table 2 which presented on the number of patients with availability status codes, there had been an increase by 205 or 2% between July and August. In this regard, Mr Divers referred to a National Working Group established to look at availability status codes in terms of redefining and simplifying the reporting arrangements.

Mr Divers referred to the outpatient waiting times where currently there were 20,546 waiting longer than the national target of 26 week maximum wait. It was intended that incremental performance improvement would be reported in future months as currently reported with inpatients/day cases. The Board was currently working on plans to eliminate all waits over 52 weeks as a first step to achieve the December 2005 target. Specialties that offered the most difficult task in relation to performance improvement were Orthopaedics, Plastic Surgery and ENT – these three specialties accounted for 81% of all specialty waits in excess of 52 weeks across all of the Glasgow Divisions at the end of August.

With particular regard to Orthopaedics, Mr Davison confirmed this was a national problem and work was being led nationally to reduce waiting times. Mr Divers confirmed that this matter had been flagged to the Scottish Executive Health Department and the urgent need for Orthopaedic waiting times to be addressed – there was a recognition that to alleviate this, work may have to be done outwith the NHS.

In response to a question from Dr West, Mr Davison described the redesign of Orthopaedic Services with regard to the development of the new role of extended scope practitioners to allow Orthopaedic Surgeons more time in theatre. These roles were being extended throughout North and South Glasgow with a vision to roll out the concept at primary care level where pilots were currently being conducted at Clydebank and Springburn.

**NOTED**

**121. QUARTERLY REPORTS ON COMPLAINTS : APRIL – JUNE 2004**

A report of the Head of Board Administration and Divisional Chief Executives [Board Paper No. 04/62] asked the Board to note the quarterly reports on NHS complaints in Greater Glasgow for the period 1 April to 30 June 2004 and note that it would be considered by the Health and Clinical Governance Committee.

Mr Hamilton advised that the NHS Board awaited formal notification of the timescale of the introduction of the new NHS Complaints Procedure although it was likely that it would be introduced in the next few months. The Head of Administration, South Division, met regularly with the Divisions' Complaints Officers to prepare for single system working and the introduction of the new NHS Complaints Procedure.

Mr Hamilton referred to the success of the Ombudsman's Road Show visit to NHS Greater Glasgow on Wednesday 29 September 2004 which was attended by many of those involved in the Complaints Procedure including the Chief Executive, Non Executive Directors, Lay Chairs, Conciliators, Complaints Personnel and Greater Glasgow Health Council.

**NOTED**

**122. STAFF GOVERNANCE COMMITTEE MINUTES**

The Minutes of the Staff Governance Committee held on Tuesday 7 September 2004 [SGC(M)04/2] were noted.

**NOTED**

**123. AREA CLINICAL FORUM MINUTES**

The Minutes of the Area Clinical Forum held on Monday 6 September 2004 [ACF(M)04/3] were noted.

**NOTED**

**124. AUDIT COMMITTEE MINUTES**

The Minutes of the Audit Committee held on 29 July 2004 [A(M)04/4] were noted.

**NOTED**

**125. PERFORMANCE REVIEW GROUP MINUTES**

The Minutes of the Performance Review Group held on Monday 23 August 2004 [PRG(M)04/5] and Tuesday 21 September 2004 [PRG(M)04/6] were noted.

**NOTED**

**126. GLASGOW CENTRE FOR POPULATION HEALTH**

The Minutes of the meeting of the Glasgow Centre for Population Health held on Wednesday 4 August 2004 [GCPHMB(M)04/3] were noted.

**NOTED**

The meeting ended at 11.50 am