

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, 19 April 2005 at 9.30 am**

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**P R E S E N T**

Professor Sir J Arbuthnott (in the Chair)

|                      |                        |
|----------------------|------------------------|
| Mr J Best            | Dr R Groden            |
| Dr H Burns           | Mr P Hamilton          |
| Mr R Calderwood      | Councillor J Handibode |
| Mr R Cleland         | Mrs S Kuenssberg CBE   |
| Councillor D Collins | Mr G McLaughlin        |
| Dr B Cowan           | Mrs J S Murray         |
| Mrs R Crocket        | Mrs R K Nijjar         |
| Mr T Davison         | Ms A Paul              |
| Mr T A Divers OBE    | Mr A O Robertson OBE   |
| Councillor R Duncan  | Mrs E Smith            |
| Mr W Goudie          | 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                     |
| Ms E Gregory    | .. | Communications Manager                  |
| Mr J C Hamilton | .. | Head of Board Administration            |
| Mr A McLaws     | .. | Director of Corporate Communications    |
| Mr I Reid       | .. | Director of Human Resources             |
| 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**

|            |    |   |
|------------|----|---|
| Mr H Smith | .. | Chair, Area Allied Health Professionals Committee |
| Ms L Love  | .. | Chair, Area Nursing and Midwifery Committee       |

**ACTION BY**

**55. APOLOGIES**

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Professor D Barlow, Councillor J Coleman, Ms R Dhir MBE, Councillor A White, Mr D Griffin (Acting Director of Finance), Mr D Thomson (Chair, Area Pharmaceutical Committee), Dr C R Bell (Joint Chair, Area Dental Committee), Mr P Bennington (Joint Chair, Area Dental Committee), Ms G Leslie (Chair, Area Optometric Committee) and Mr A J McMahon (Chair, Area Medical Committee).

**56. CHAIRMAN'S REPORT**

The Chairman advised that he had attended the Scottish Parliament debate on 11 April about the future of NHS Scotland (and, in particular, manpower requirements for the future). Around 120 delegates had attended the event representing the general public, health professionals and action groups. A range of issues had been covered during the full day event and the novel interactive approach had ensured active participation.

**NOTED**

**57. CHIEF EXECUTIVE'S UPDATE**

Mr Divers made reference to the following:

- (i) Representatives from the General Dental Council had visited NHS Greater Glasgow and met with himself and Mr Davison. The visitors had been very much encouraged by the progress made particularly in relation to the decontamination facilities – work that was being led by Mr Jonathan Best and which was coming to a conclusion.
- (ii) A West of Scotland Chairs Group meeting had been held on 6 April 2005 to which the West of Scotland Chief Executives had been invited. This had given the Group an opportunity to discuss, amongst other things, regional planning and to be updated on a number of strategic issues that were being taken forward by the Regional Planning Group.

**NOTED**

**58. MINUTES**

On the motion of Mr J Best, seconded by Mr G McLaughlin, the Minutes of the meeting of the NHS Board held on Tuesday, 22 March 2005 [GGNHSB(M)05/3] were approved as an accurate record and signed by the Chairman.

**59. MATTERS ARISING FROM THE MINUTES**

The Matters Arising Rolling Action List was circulated and noted.

**NOTED**

**60. COMMUNITY HEALTH PARTNERSHIPS (CHPs): SCHEME OF ESTABLISHMENT FOR EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP**

A report of the Director of Planning and Community Care [Board Paper No 05/32] asked the Board to approve the proposed Scheme of Establishment for the East Renfrewshire Community Health and Care Partnership with East Renfrewshire Council and NHS Argyll and Clyde (as it was subject to approval by both) and agree, subject to this parallel approval, to submit it to the Scottish Executive.

Ms Renfrew explained that the proposed Scheme of Establishment for a Community Health and Care Partnership (CHCP) covering the East Renfrewshire area brought into a single integrated cross-boundary structure, responsibilities for local health and social work services and health improvement.

The Scheme had been prepared in partnership with East Renfrewshire Council and NHS Argyll and Clyde. Following agreement by its cabinet, the full Council was due to consider this Scheme for approval at its meeting on 27 April 2005. The Scheme would be presented to Argyll and Clyde NHS Board at its meeting on 9 May 2005.

The proposed Scheme had been developed through a process involving a development group including representatives of both Local Health Care Co-operatives in the area, the NHS Boards, the Local Health Council and officers of the Council. There had been active engagement of the Joint Staff Partnership Forum established under the Joint Future Arrangements.

In terms of content, Ms Renfrew explained that the Scheme was in line with the principles and policies established by the NHS Board in relation to CHPs and reflected in the draft Model of Establishment approved at the December 2004 Board meeting. In particular, the Scheme established a joint director post to lead the CHCP reporting to the respective Chief Executives of both NHS Boards and East Renfrewshire Council.

The Scheme was in the format prescribed by the Scottish Executive Health Department and set out much of the detail of how the CHP would operate. In terms of next steps, subject to Board approval, the Scheme would be submitted to the Scottish Executive Health Department. In parallel to the Scottish Executive Health Department consideration, the Board would develop detailed implementation proposals to establish the new CHCP committee and CHCP management arrangements. Progress on this would be regularly reported to the NHS Board.

Ms Renfrew referred specifically to staff governance which was a statutory requirement on both NHS Boards. The wording of the staff governance standard within the proposed Scheme had been suggested by the Area Partnership Forum. Mr Goudie raised the point that this Scheme of Establishment had not yet been approved by the Area Partnership Forum but recognised that it would be considered at its next meeting prior to being submitted to the Scottish Executive Health Department.

Councillor Collins welcomed the progress that had been made with ongoing discussions between officers at both NHS Boards and East Renfrewshire Council.

**DECIDED:**

- That the proposed Scheme of Establishment for the East Renfrewshire Community Health Care Partnership with East Renfrewshire Council and NHS Argyll and Clyde be approved.
- That this approval be subject to parallel approval from East Renfrewshire Council and NHS Argyll and Clyde be noted.
- That subject to the above the Scheme of Establishment be submitted to the Scottish Executive Health Department.

**Director of  
Planning and  
Community Care**

**Director of  
Planning and  
Community Care  
Director of  
Planning and  
Community Care**

**61. COMMUNITY HEALTH PARTNERSHIPS (CHPs): SCHEME OF ESTABLISHMENT FOR GLASGOW CITY COMMUNITY HEALTH AND SOCIAL CARE PARTNERSHIPS**

A report of the Director of Planning and Community Care [Board Paper No 05/33] asked the Board to approve the proposed Scheme of Establishment for the Glasgow City Community Health and Social Care Partnerships with Glasgow City Council, noting that this was subject to parallel approval by Glasgow City Council and agree, subject to this parallel approval, to submit it to the Scottish Executive Health Department.

Ms Renfrew described the proposed Scheme of Establishment for the five Community Health and Social Care Partnerships (CHSCPs) covering the Glasgow City Council area. The proposed CHSCPs brought into a single integrated structure, responsibilities for local health and social work services and health improvement but retained clear lines of accountability into the two statutory organisations.

The Scheme had been prepared in partnership with the Council through a process involving a Joint Steering Group, including representatives from across NHS Greater Glasgow and the City Council and would also be considered by the Council's Social Care Committee on Tuesday 19 April 2005.

In terms of content, the Scheme was in line with the principles and policies established by the NHS Board in relation to CHPs and reflected in the draft Model Scheme of Establishment approved at the December 2004 Board meeting and the policy framework established by the Council's Policy and Resources Committee. In particular, the Scheme established a joint director post to lead each CHSCP.

The Scheme set out the broad principles for the establishment of CHSCPs in Glasgow, their priorities, the services managed within CHPs, governance arrangements and the strategic framework within which they would operate. At this stage, the Scheme of Establishment provided the framework for the ongoing development of CHSCPs in Glasgow City, and, if approved, would allow the Council and NHS Greater Glasgow to move to appoint the management teams to provide capacity for further work required on the detail of their operations. Initial work on a project plan for the CHSCPs had been undertaken to map out the key tasks for the Council and NHS over the next three years in implementing CHSCPs in Glasgow City.

The Scheme was in the format prescribed by the Scottish Executive Health Department and set out much of the detail of how the CHSCPs would operate. In terms of the next steps, subject to Board approval, the Scheme would be submitted to the Scottish Executive Health Department prior to implementation. Progress would regularly be reported to the NHS Board.

As was the case with the proposed East Renfrewshire Community Health and Care Partnership Scheme of Establishment, the words used in the Staff Governance section of this proposed Scheme of Establishment were those suggested by the Area Partnership Forum.

Dr Groden advised that the draft Scheme was due to be considered by the Local Health Care Co-operative (LHCC) Professional Advisory Committee and the NHS Steering Group at their next scheduled meetings. Ms Renfrew explained that none of the proposed individual Schemes was outwith the original principles that had been agreed – albeit that there were variations – all were within this prescribed framework.

Mr Robertson referred to the huge amount of work involved in putting the draft Schemes of Establishment in place, particularly in relation to the ongoing engagement between the NHS and Local Authorities. Although the amount of work still to evolve could not be overlooked, this platform and practice would go some way to easing the process as it developed and gave greater confidence to those undertaking the negotiations.

Mrs Stewart referred to paragraph 4.5 (page 55 of the Board papers) and, in particular, to the references made to “the virtual public partnership forum network”. She wondered what forms of communication would be available to those in communities who did not have access to computers and, thereby, the virtual network. Mr McLaws explained his team was leading work linking with communities and had formed an action plan. The virtual network and paper based communications were only two forms of this action plan and a commitment had been made to ensure all people in communities were involved in an equitable way. Furthermore, the Patient Focus Public Involvement (PFPI) Group was actively engaging with many groups, including volunteer groups.

Mr P Hamilton reiterated this and explained that the Involving People Committee was also looking at the best ways to engage the public and noted that this was regarded as a key driver in taking this work forward. Ms Borland agreed and highlighted that public involvement was crucial to the development of the health improvement agenda within CHPs and valued the networks that were being set up and the preparatory work currently going on in a bid to achieve this.

Councillor Collins welcomed the efforts being made to engage with the community but was mindful that the responsibility lay not only with the NHS but that existing networks within Local Authorities should also be engaged.

In response to a question from Mrs Nijjar regarding the monitoring and evaluation of CHPs, Ms Renfrew outlined the audit, accountability and governance arrangements for performance management. She explained that much of the detailed work on delegation had yet to be fleshed out as the Schemes of Establishment evolved. In terms of evaluation, she explained that work would be carried out with Local Authorities to clarify how best to do this in the medium to long term whereby it was expected differences in the community should be seen. Mr Divers also outlined the national work that would be led for measuring the effectiveness of the varying CHP models that would exist across NHS Scotland.

**DECIDED:**

- That the proposed Scheme of Establishment for the Glasgow City Community Health and Social Care Partnerships within Glasgow City Council be approved.
- That this approval be subject to parallel approval by Glasgow City Council be noted.
- That, subject to the above, submission thereafter to the Scottish Executive Health Department be agreed.

**Director of  
Planning and  
Community Care  
Director of  
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Director of  
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Community Care**

**62. ANNUAL REPORT ON RACE EQUALITY**

A report of the Acting Director of Health Promotion [Board Paper No 05/34] asked Members to note ongoing work and approve the annual report on race equality for submission to the Commission for Racial Equality (CRE) and the Scottish Executive's National Resource Centre for Ethnic Minority Health.

Ms Borland explained that the Race Relations (Amendment) Act 2000 (RRAA) required all public bodies to have undertaken an analysis of their functions and to have published a Race Equality Scheme, setting out what actions would be taken to ensure the organisation prevented racial discrimination and promoted racial equality. NHS Greater Glasgow's Race Equality Schemes and associated action plans were published in November 2002 and March 2003 respectively. There was a requirement to report annually on progress to the CRE and this was the second annual report on race equality action.

Over and above the legal requirements placed on the Board in terms of the RRAA, the Scottish Executive in 2003 issued a letter entitled "Fair for All", which encouraged Boards to ensure that their services were being provided in such a way as to be culturally competent.

Ms Borland outlined the progress made in NHS Greater Glasgow to meet the requirements of the Race Relations (Amendment) Act 2000 and this letter. She described the approach taken in Greater Glasgow which had been designed to ensure that there was sufficient local ownership and commitment to race equality. Each Division within NHS Greater Glasgow, therefore, carried out an analysis of their functions and compiled their own race equality action plans specific to their own circumstances. It was, however, recognised that there were a number of strategic issues that could be best tackled on a pan Greater Glasgow level and that work on these should be co-ordinated through the establishment of the Race Equality Co-ordinating Committee, which comprised senior officers from each Division within NHS Greater Glasgow and which Ms Borland chaired, as the Board's designated "lead director", in terms of "Fair for All".

She summarised the key strategic issues that had been identified as:

- Interpreting
- Advocacy
- Training
- Employment
- Research
- Information
- Communication
- Involving people/Listening to communities
- Catering

She briefly focussed on progress in relation to these key strategic issues and noted that the reports on the actions specific to each individual part of NHS Greater Glasgow were attached as appendices to the report. During the latter part of 2004/05, two further strategic issues were identified, those of complaints and procurement and these would be included in the next Annual Report.

In response to a question regarding the research strategy, Ms Borland referred to a survey that had been undertaken with the Afro-Caribbean, Indian and Pakistani communities regarding their health and well-being. This would draw some comparisons with the 2002 overall population research survey undertaken and facilitate a comparison and contrasting exercise. The results would be widely disseminated and used not only by the NHS but all partners.

In response to a question from Sir John, Ms Borland confirmed that, in progressing partnership working, all efforts were made to ensure that subcommittees were populated with black and ethnic minority representatives to ensure equality and that it was hoped this good practice would be rolled out as CHPs developed also.

On this point, Mr Divers referred to pages 67 and 68 of the Board papers which highlighted the considerable development in areas of the current action plan across NHS Greater Glasgow including:

- Access to the NHS
- Building a Bridge Project
- Care Careers
- Communication
- Recruitment Activities

**DECIDED:**

- That the ongoing work be noted.
- That the report for submission to the Commission for Racial Equality (CRE) and the Scottish Executive's National Resource Centre for Ethnic Minority Health be approved.

**Assistant Director  
for Health  
Promotion**

**63. CHILD PROTECTION**

A report of the Nurse Director [Board Paper No 05/35] asked the Board to note progress to improve NHS child protection arrangements.

Mrs Crocket referred to the paper presented to the August 2004 NHS Board highlighting the progress made towards establishing systems and processes across NHS Greater Glasgow in relation to child protection arrangements. In order to address the challenge of child protection facing the NHS in a co-ordinated and systematic way, the report described the Terms of Reference for the NHS Child Protection Forum whilst noting the Scottish Executive programme of work on reforming child protection and requesting reassurances about the effectiveness of local child protection arrangements.

Mrs Crocket described the present position and updated progress in terms of:

- The National Reform Programme – NHS Greater Glasgow had completed a benchmark exercise indicating its compliance with the “Protecting Children and Young People : Framework of Standards”. In connection with multi-disciplinary inspection of child protection, East Dunbartonshire Council was chosen as one of two pilot sites (Highland Council being the other). The pilots took place during January and February 2005 with the involvement of a wide range of NHS Greater Glasgow staff. Initial feedback was encouraging and the formal report was awaited.

- Working with Local Authority Colleagues – work continued with each Local Authority to implement multi-agency action plans which addressed all the recent child abuse inquiries and government guidance. Multi-agency training was a key part in developing working relationships across agencies and this was a clear priority in each multi-agency action plan. Furthermore, the emergence of CHPs provided a real opportunity to further develop multi-agency working relationships and practice.
- The NHS Child Protection Forum – the NHS Child Protection Forum had been up and running for just over one year and continued to make steady progress with its work programme which took account of the National Reform Agenda, all relevant child abuse inquiries and government guidance. Mrs Crocket led the Board through progress made to date by the NHS Child Protection Forum in terms of what it had so far delivered.
- NHS Child Protection Unit – a Unit Manager had been appointed with the aim of improving and supporting child protection systems across NHS Greater Glasgow and further improving its responses to other agencies. Over and above this appointment, an additional Child Protection Adviser with specific responsibility for Acute Services had been employed and recruitment was underway to appoint two additional Child Protection Trainers. The Scottish Executive had awarded one year's funding for a Nurse Consultant for Child Protection and this post was also currently at the recruitment stage.

Mr Divers referred to the priority in finding the investment to get the Child Protection Unit established and the lessons to be learned from the pilot undertaken with East Dunbartonshire Council where the NHS had played a part. He also acknowledged the leadership role taken by Mrs Crocket in co-ordinating child protection arrangements thus far.

**NOTED**

**64. WAITING TIMES**

A report of the Director of Planning and Community Care [Board Paper No 05/36] asked the Board to note progress made in meeting national waiting time targets.

Ms Renfrew reported the following:

- Outpatient performance – the March 2005 outpatient milestone was achieved in February 2005 and this had now reduced further to 9029 patients at the end of March 2005. The end of year performance was, therefore, 2972 or 25% better than target.
- Inpatient/day case performance – it was always considered that this would be a difficult milestone to achieve, however, the Divisions had surpassed the target of 700 patients at the end of March 2005 by delivering a total of 531 inpatients/day cases waiting longer than 26 weeks. The end of year performance was 169 or 24% better than target.

Sir John commended this positive performance and thanked all staff and managers who had worked to achieve these targets.

**NOTED**



**65. PERFORMANCE REVIEW GROUP MINUTES : 15 MARCH 2005**

The Minutes of the Performance Review Group meetings held on 15 March 2005 [PRG(M)05/02] were noted.

Mr Robertson reported that, since this meeting, the West of Scotland NHS Board Chief Executives and Directors of Finance had come to an agreement on cross-boundary patient flow monies and the sum due to NHS Greater Glasgow.

**NOTED**

**66. YORKHILL DIVISIONAL MANAGEMENT TEAM MINUTES : 18 FEBRUARY 2005**

The Minutes of the Yorkhill Division Management Team meeting held on 18 February 2005 [Board Paper No 05/37] were noted.

**NOTED**

**67. NORTH GLASGOW DIVISIONAL MANAGEMENT TEAM MINUTES : 26 JANUARY 2005**

The Minutes of the North Glasgow Divisional Management Team meeting held on 26 January 2005 [Board Paper No 05/38] were noted.

**NOTED**

**68. SOUTH GLASGOW DIVISIONAL MANAGEMENT TEAM MINUTES : 9 FEBRUARY 2005**

The Minutes of the South Glasgow Divisional Management Team meeting held on 9 February 2005 [Board Paper No 05/39] were noted.

**NOTED**

**69. GLASGOW CENTRE FOR POPULATION HEALTH MANAGEMENT BOARD MINUTES : 23 FEBRUARY 2005**

The Minutes of the Glasgow Centre for Population Health Management Board meeting held on 23 February 2005 [GCPHMB(M)05/5] were noted.

**NOTED**

The meeting ended at 11.10 am