

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, 15 November 2005 at 10.30 am**

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**P R E S E N T**

Professor Sir J Arbuthnott (in the Chair)

Mr J Bannon	Mr P Hamilton
Professor D Barlow	Councillor J Handibode
Mr J Best	Mrs S Kuenssberg CBE
Mr R Calderwood	Ms G Leslie
Mr R Cleland	Mr G McLaughlin
Councillor J Coleman	Mrs J Murray
Dr B Cowan	Mrs R K Nijjar
Ms R Crocket	Mr A Robertson OBE
Mr T A Divers OBE	Mr D Sime
Councillor R Duncan	Mrs E Smith
Dr R Groden	Councillor A White

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

Ms S Bustillo	..	Communications Manager
Ms E Borland	..	Acting Director of Health Promotion
Dr L de Caestecker	..	Acting Director of Public Health
Ms S Gordon	..	Secretariat Manager
Mr D Griffin	..	Acting Director of Finance
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications
Mr H Smith	..	Chair, Area Allied Health Professionals Committee
Dr M Solar-Lopez	..	Senior Clinical Medical Officer, GGNHSB Breast and Cervical Screening Co-ordinator (for Minute 132)

**ACTION BY**

**124. APOLOGIES**

Apologies for absence were intimated on behalf of Councillor D Collins, Ms R Dhir MBE, Ms J Grant, Ms A Paul, Mrs A Stewart MBE, Mr I Reid, Ms C Renfrew, 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 L Love (Chair, Area Nursing and Midwifery Committee), and Mr A J McMahon (Chair, Area Medical Committee).

**125. CHAIRMAN'S REPORT**

- (i) Sir John welcomed Mr Donald Sime to his first NHS Board meeting as Employee Director replacing Mr Bill Goudie. Sir John looked forward to taking forward the partnership working agenda with Mr Sime. He also welcomed Dr Linda de Caestecker to her first meeting as Acting Director of Public Health, replacing Dr Harry Burns.

- (ii) Sir John reported that NHS Greater Glasgow had been actively involved in the public consultation meetings with NHS Argyll and Clyde and NHS Highland in taking forward the Scottish Executive Health Department's consultation on setting new boundaries following NHS Argyll and Clyde being dissolved. He invited Mr Divers to update on developments.

Mr Divers reported that Anne Hawkins, Chief Executive, Forth Valley Primary Care Division, had been seconded as Transition Director, working on behalf of NHS Highland and NHS Greater Glasgow to deliver the smooth integration of NHS Argyll and Clyde into this Board's responsibilities.

Mr Divers, along with Robert Calderwood and Catriona Renfrew, had attended nine out of the fifteen public meetings within NHS Argyll and Clyde to discuss the consultation on boundaries. These comprised attendance at the meetings held in Paisley, Dumbarton, Renfrew, Inverclyde, Dunoon, Greenock, Gourock, Rothesay, Largs and Helensburgh. He reported that all Glasgow's public meetings were well attended and summarised the three key themes which consistently arose:

- The future pattern of delivery of clinical services.
- The ramifications of all three boundary consultation options and whether it may be beneficial to support any particular one over the others. During these discussions, NHS personnel tried to re-assure members of the public that regardless of which option was selected the natural flow of patients to acute/tertiary care would continue as was.
- The history of financial deficit within NHS Argyll and Clyde, how it had arisen and how it had been handled.

The consultation had now concluded and a Ministerial decision was expected in early December. It was the intention of Mrs Hawkins to embark on a further series of meetings with groups of staff, the Area Partnership Forum and Local Partnership Forums commencing next week. Mr Divers also anticipated a larger event for Advisory Committee Members and Area Clinical Forum Members to come together and this was being timetabled over the next two/three weeks.

In parallel with this, the NHS Board hoped to begin to fill the senior posts in the new structure early in the new year.

Sir John acknowledged that this transitional period was difficult for staff and patients alike particularly given the uncertainty. As such, he was reassured that NHS Greater Glasgow was being transparent and open particularly as it moved formally to take over governance responsibilities from April 2006.

**NOTED**

**126. CHIEF EXECUTIVE'S UPDATE**

- (i) Mr Divers reported that a Director had been appointed to the East Renfrewshire Community Health and Care Partnership (CHCP). George Hunter had previously been Director of Social Work at East Renfrewshire Council. Furthermore, interviews had been arranged for candidates to the Director posts of the North and South Lanarkshire CHPs. Following these appointments, the appointment of Directors of the CHPs would be complete.

Work had begun with NHS Argyll and Clyde to develop their CHP Schemes of Establishment with Renfrewshire and Inverclyde Councils so that arrangements would be in place by April 2006.

- (ii) Mr Divers and Councillor White with key members of the Glasgow City and West Dunbartonshire Councils' Planning Partnership had met the Finance Committee of the Scottish Parliament to give evidence on the financial issues associated with deprivation. This had provided a good opportunity to expand upon their written submissions and to develop the spirit of community planning partnerships.

**NOTED****127. MINUTES**

On the motion of Mr P Hamilton, seconded by Mrs E Smith, the Minutes of the meeting of the NHS Board held on Tuesday, 20 September 2005 [GGNHSB(M)05/7] were approved as an accurate record and signed by the Chairman.

**128. MATTERS ARISING FROM THE MINUTES**

The Matters Arising Rolling Action List was circulated and noted.

**NOTED****129. PRIMARY CARE AND UNSCHEDULED CARE OUT OF HOURS SERVICES WINTER PLAN – 2005/2006**

A report of the Chief Executive, Primary Care Division [Board Paper No 05/69] asked the NHS Board to endorse the Primary Care and Unscheduled Care Out of Hours Services Winter Plan – 2005/2006.

Ms Crocket advised that the Scottish Executive Health Department had requested that NHS Boards submit an amended Primary Care and Unscheduled Care Out of Hours Services Winter Plan for 2005/06 which took account of comments received from themselves, NHS24 and other Boards.

The Winter Plan had to be submitted to the Scottish Executive Health Department by early November 2005 and Mrs Crocket led the NHS Board through the detail of the Plan outlining the key tasks and actions for the winter period with specific detail relating to the festive period.

Development and implementation of the Plan was led by Dr Iain Wallace, Medical Director, Primary Care Division, on behalf of NHS Greater Glasgow and a working group involving NHS24 had been established that would liaise with the Acute Divisions and Yorkhill.

Ms Crocket referred to the work as an excellent example of partnership working between NHS Greater Glasgow and NHS24. She highlighted, in particular, the following:

- GEMS – a review of statistics from 2004/05 had been undertaken and trends identified. From this, an analysis of learning points had been undertaken and staffing rotas phased and targeted to address these.
- Flu vaccination – a letter had been issued to staff encouraging the uptake of the flu vaccination particularly with regard to GEMS NHS staff, Primary Care Division staff, contractor staff and Social Work staff. In terms of patients, all NHS Greater Glasgow residents over 65 years old would be targeted together with those under 65 years old who were at risk.
- Scottish Ambulance Service – the Scottish Ambulance Service West Central Region was working in partnership with NHS Boards to address the impact of the additional workload throughout the winter period. The general increase in demand over this period would be monitored and analysed on an ongoing basis to match workload to demand ensuring response performance targets and patient care were provided timeously.

Dr Groden commended the robust plans and asked what measures were being put in place to publicise NHS service provision throughout the festive holiday period. Mr McLaws confirmed that this formed part of the Communications Strategy and adverts would appear widely within local communities. Details would not only include surgery opening times but also preventative measures that could be taken. He anticipated that these adverts would be placed shortly and would dovetail with NHS24's plans.

#### **DECIDED:**

That the Primary Care and Unscheduled Care Out of Hours Services Winter Plan – 2005/2006 be endorsed.

**Chief Executive,  
Primary Care  
Division**

### **130. NHS GREATER GLASGOW 2005 ANNUAL REVIEW**

A report of the Chief Executive [Board Paper No 05/70] asked the Board to receive a summary of the Annual Review meeting held on 31 August 2005 and note that the full text of the Minister's letter would be issued as soon as this was received by the Chairman. On receipt of the Minister's letter, the Board was also asked to confirm that its Corporate Objectives for 2005/06 (already agreed in draft in September 2005) would be finalised.

Mr Divers referred to NHS Greater Glasgow's annual review which had taken place on the afternoon of Wednesday 31 August 2005 in the Glasgow Royal Concert Hall. He highlighted two important changes made to the Annual Review process for the first time in that the meeting was chaired by the Minister for Health and Community Care and was held in public. In line with the arrangements for previous years' meetings, there was also the opportunity for a visit, as part of the day, and for meetings to take place respectively with Members of the Area Clinical Forum and the Area Partnership Forum.

The business meeting began with a presentation from the NHS Board Chairman followed by discussion on other topics. Mr Divers summarised the key points discussed on each of these topics namely:

- Health Improvement
- Waiting Times
- Partnership Working
- Infection Control
- Employment Contracts
- Finance

The Minister had congratulated NHS Greater Glasgow on an impressive performance over 2004/05; on meeting performance targets and on exercising sound financial management. The Minister concluded that he had been re-assured that the NHS Board was working well and in a strong position to meet the significant challenges which now faced NHS Greater Glasgow.

Sir John referred to the new format for conducting the Annual Review and commented that it encouraged interaction between the Scottish Executive Health Department and the NHS Board which was very important. Furthermore, as the meeting was in public, this gave a wider audience an insight into how the NHS Board's performance was measured. Although a complex day, it had been a success particularly given that Our Health 3 had been held in the morning.

**DECIDED:**

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|----|--|------------------------|
| 1. | That the summary of the 2005 Annual Review meeting, held on 31 August 2005 be received.  | <b>Chief Executive</b> |
| 2. | That the full text of the Minister's letter be issued as soon as the Chairman received it.   | <b>Chief Executive</b> |
| 3. | That the NHS Board's corporate objectives for 2005/06, already agreed in draft in September 2005, be finalised on receipt of the Minister's letter be confirmed. | <b>Chief Executive</b> |

**131. WAITING TIMES**

A report of the Director of Planning and Community Care [Board Paper No 05/71] asked the Board to note the progress made in meeting national waiting time targets.

Mr Calderwood led the NHS Board through the waiting time targets and the performance across NHS Greater Glasgow – referring to the availability status codes that referred to patients who had asked to defer admission.

Mr Calderwood noted that those patients waiting over 26 weeks for treatment had increased by 10% between September and October 2005, however, assured the NHS Board it was still ahead of plan, in that, by 31 December 2005, no patient would be waiting beyond 26 weeks for an outpatient appointment or for the subsequent inpatient/day case treatment that may be required. Furthermore, robust plans were now in place following the drop in outpatient performance at the September planning milestone and the marginal increase in inpatient/day case waiting time figures between September and October.

Mr Calderwood highlighted that the National Waiting Times Unit monitored waiting times now on a weekly basis which would identify any capacity issues. He also noted three sources of additional funding expected by the National Waiting Times Unit in the form of:

- Diagnostic Tests – the NHS Greater Glasgow’s bid was in the final stages of preparation and would be submitted to the National Waiting Times Unit shortly.
- Cardiac Waiting Time Standards – the West of Scotland bids were discussed at the West of Scotland Cardiac Consortium meeting on 31 October 2005. As a follow-up, NHS Greater Glasgow and NHS Lanarkshire met with the National Waiting Times Unit on 14 November 2005 to discuss the bids further.
- Cataract Delivery Programme – NHS Greater Glasgow would produce a local project plan with a clear focus on delivering the new waiting time standard that no patient should wait longer than 18 weeks for cataract surgery from referral to completion of treatment by December 2007. This was in the very early stages of development.

In response to a question from Mr Hamilton regarding availability status codes, Mr Calderwood explained that the data captured only those patients actively waiting. This meant that should a person defer treatment or be medically unfit, they would be on a suspended list but attempts would be made to treat them within an acceptable waiting time. Protocols would be put in place for those patients deemed unfit for treatment advising them how to become fit.

Mr Best highlighted the increased waiting times at Yorkhill and noted that this was with regard to the volume of patients awaiting religious circumcision. These patients were regarded as low clinical priority but did show up as a pressure. Guidance was awaited at a national level to resolve this issue.

Sir John congratulated the executive team involved in devising these plans and, in particular, all the clinical teams who worked so hard to achieve them. A tremendous effort and contribution was being made by all on a continual basis.

#### **NOTED**

### **132. PUBLIC HEALTH ISSUE – GGNHSB CERVICAL SCREENING PROGRAMME – ANNUAL REPORT 2003/2004**

A report of the Acting Director of Public Health [Board Paper No 05/72] asked Members to note this report which outlined the performance of the screening programme within the Board’s area.

Dr de Caestecker explained that this was the fourteenth annual report of GGNHSB’s Cervical Screening Programme. She reported that during the financial year 2003/04, 69,073 Glasgow women between 20 and 60 years old were screened. The overall 5.5 year screening uptake was 82%. As in previous years, uptake varied by deprivation category falling from 91% in deprivation category 1 to 79% in deprivation category 7. The number of GP practices reaching over 80% uptake had improved from 73% last year to 76% this year.

Over the period April 2003 to March 2004, a number of issues had dominated the activity within the programme:

- The transfer of the remaining call/recall practice based systems to the Primary Care Division based system.
- The work carried out to improve uptake of screening in specific areas of GGNHSB.
- The monitoring of the final implementation phase of liquid based cytology.
- The continued development of the Colposcopy IT system.

It was expected that the new IT system (Scottish Cervical Call/Recall System) set up to support the Scotland-wide cervical screening programme would commence implementation at the beginning of 2006 in a phased roll-out. Pre-implementation work had already started to ensure that all appropriate resources were in place within the required timescale. As part of the pre-implementation stage, NHS Boards had been requested by the Project Group to provide information on staff training needs and IT infrastructure including capacity of networking connections available across NHS Greater Glasgow. Training for call/recall, laboratory and colposcopy staff would be provided by the System Project Office in partnership with the Boards.

Dr Groden referred to the disappointing 33% (did not attend – DNA) rate. Dr Soler-Lopez advised that this had been a matter raised by Quality Improvement Scotland (QIS) and advised that work was going on to improve this particularly in relation to updating their computer systems. All women who do not attend are followed up and offered further appointments. It was anticipated that a review would be submitted shortly to QIS. Dr Soler-Lopez confirmed that when women received their results from the colposcopy clinic it did identify the severity of the abnormality at that stage.

In response to a question from Mrs Nijjar, Dr de Caestecker advised that there was a campaign notifying women in the age group between 20 and 29 to have a smear test. This campaign formed part of the Board's overall strategy to improve sexual health.

Dr Groden advised that the smear uptake was variable within GP practices across NHS Greater Glasgow and echoed the comments made earlier by Dr de Caestecker in relation to areas of deprivation. Further work is being taken forward to improve uptake rates.

#### **NOTED**

### **133. NEW MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003 – LIST OF s22 APPROVED MEDICAL PRACTITIONERS**

A report of the Acting Director of Public Health [Board Paper No 05/73] asked the Board to endorse the decisions taken by the NHS Board Chairman since the last NHS Board meeting on 20 September 2005 in approving the medical practitioners employed by the NHS Board to be authorised for the purpose of Section 22 of the new Mental Health (Care and Treatment) (Scotland) Act 2003. The paper also sought approval to five more medical practitioners under Section 22 of the Act.

#### **DECIDED:**

1. That the 59 medical practitioners approved by the NHS Board Chairman under Section 22 of the Act using the powers delegated at the previous NHS Board meeting be approved.

2. That the 5 named medical practitioners be authorised for the purpose of Section 22 of the new Mental Health (Care and Treatment) (Scotland) Act 2003.

**134. AUDIT COMMITTEE MINUTES**

The Minutes of the Audit Committee meeting held on Tuesday 13 September 2005 [A(M)05/05] were noted.

**NOTED**

**135. PERFORMANCE REVIEW GROUP MINUTES**

The Minutes of the Performance Review Group meeting held on Tuesday 20 September 2005 [PRG(M)05/05] were noted.

**NOTED**

**136. HEALTH AND CLINICAL GOVERNANCE COMMITTEE MINUTES**

The Minutes of the Health and Clinical Governance Committee held on Wednesday 13 October 2005 [GGNHSB(HCGC)(M)05/3] were noted.

**NOTED**

**137. SOUTH GLASGOW DIVISIONAL MANAGEMENT TEAM MINUTES**

The Minutes of the South Glasgow Divisional Management Team meeting held on Wednesday 7 September 2005 [Board Paper No 05/74] were noted.

**NOTED**

**138. PRIMARY CARE DIVISIONAL MANAGEMENT TEAM MINUTES**

The Minutes of the Primary Care Divisional Management Team meeting held on Thursday 1 September 2005 [PCDMIN2005/06] were noted.

**NOTED**

**139. YORKHILL DIVISIONAL MANAGEMENT TEAM MINUTES**

The Minutes of the Yorkhill Divisional Management Team meeting held on Friday 19 August 2005 [Board Paper No 05/75] were noted.

**NOTED**

The meeting ended at 12.20 pm