

NHSGG&C(M)07/3
Minutes: 49 - 74

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Board Room, Dalian House
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 26 June 2007 at 9.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Professor D Barlow (from Minute No 61)	Ms G Leslie
Mr G Carson	Mr G McLaughlin
Mr R Cleland	Mrs J Murray
Dr B Cowan	Mrs R K Nijjar (to Minute No 57)
Ms R Crocket	Ms A Paul (to Minute No 59)
Mr P Daniels OBE	Mr A O Robertson OBE
Ms R Dhir MBE	Mr D Sime
Mr T A Divers OBE	Mrs E Smith
Mr D Griffin	Mrs A Stewart MBE
Dr M Kapasi MBE	Mr B Williamson

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

Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Ms S Gordon	..	Secretariat Manager
Mrs A Hawkins	..	Director, Mental Health Partnership (to Minute No 59)
Ms D den Herder	..	Director, Clyde Acute Services (to Minute No 57)
Mr A McLaws	..	Director of Corporate Communications
Ms S Morrison	..	Head of Planning and Health Improvement, Renfrewshire CHP (to Minute No 57)
Mr K Redpath	..	Director, West Dunbartonshire CHP (to Minute No 57)
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy (to Minute No 57)

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

Councillor J McIlwee	..	Inverclyde Council
Councillor A Stewart	..	East Dunbartonshire Council
Councillor D Yates	..	East Renfrewshire Council

ACTION BY

49. WELCOME AND APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Dr C Benton MBE, Dr L de Caestecker, Councillor J Coleman, Mr P Hamilton, Councillor J Handibode, Councillor D MacKay and Councillor I Robertson.

The Chairman welcomed the three new Councillors to their first meeting. The NHS Board had submitted, to the Public Appointments Unit, their names to join the NHS Board as Non-Executive Members. The formal appointment by the Cabinet Secretary for Health and Wellbeing was expected shortly.

Sir John explained to the NHS Board that the Councillors in attendance, although not, as yet, full Non-Executive Members, would be able to fully participate in the discussions on the NHS Board agenda but did not have the full status of an NHS Board Member.

50. CHAIRMAN'S REPORT

- (i) Sir John, Mr Divers and other senior NHS Board officers had met with the new Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon MSP, on 12 June 2007 in Dalian House.
- (ii) A new joint project between NHSGGC and the Clinton Hunter Development Initiative had delivered equipment excess to the NHS Board to Malawi. Due to the NHS Board's modernisation programme, it not only had the opportunity to improve services for the people of the West of Scotland but also to make a significant improvement to health services in one of Africa's most densely populated countries.
- (iii) "Our Health 6" had taken place on 14 June 2007 and had been well attended. Sir John thanked all those who had participated in the event and in its organisation.
- (iv) The new mental health secure care centre on the Stobhill site, Rowanbank Clinic, opened on 22 June 2007 and was set to receive patients by the end of July 2007. Sir John referred to Rowanbank's innovative design and layout which was single storey, had small wards with individual bedrooms and separate therapy areas and consulting rooms.
- (v) The new Beatson Oncology Centre was now up and running and receiving patients. Sir John commended the accommodation available on the 4th floor that was owned by the charity "Friends of the Beatson". This was a relaxation centre and was a state of the art facility which would open in two weeks.

NOTED

51 CHIEF EXECUTIVE'S UPDATE

- (i) Mr Divers reported that the arrangements for the NHS Board's Annual Review with the Cabinet Secretary were in the process of being finalised and the required self-assessment document would be completed and discussed at a NHS Board seminar. Although the format for the event remained similar to those in previous years, with sessions with the Area Clinical Forum, Area Partnership Forum, service users and stakeholders, an additional short question and answer session for members of the public would also be arranged.
- (ii) The NHS Board had instigated a full review of breast services at Inverclyde Royal Hospital in Greenock in light of concerns that the assessment and diagnosis of possible breast cancer symptoms may not have routinely followed best practice standards. Two external breast care experts had been asked to assist with the review and their work would begin early in July with a report being produced for the NHS Board within four weeks. 198 patients had been identified that would be recalled for a further consultation to ensure that a conclusive diagnosis was made. Of them, 180 women had already been seen. Mr Divers commended all NHS Board staff who had speedily made arrangements to see these women.

Sir John also applauded the response of staff and NHS24 who had set up a help line for any patient who had attended the Breast Clinic at Inverclyde Royal Hospital – he would be writing formally to thank all those involved with the arrangements.

Chairman

NOTED

52. MINUTES

On the motion of Ms A Paul, seconded by Ms R Dhir, the Minutes of the meeting of the NHS Board held on Tuesday, 17 April 2007 [NHSGG&C(M)07/2] were approved as an accurate record and signed by the Chairman.

53. MATTERS ARISING FROM THE MINUTES

The Rolling Action List of matters arising was circulated and noted. It was agreed that the “Progress” column be more specific in terms of action being taken to complete each Matter Arising.

**Head of Board
Administration**

NOTED

54. STATEMENT ON INTERNAL CONTROL – 2006/2007

A report of the Convener of the Audit Committee [Board Paper No 07/24] was submitted attaching a report by the Audit Committee on the outcome of the Committee’s evaluation of the NHS Board’s system of internal financial control during 2006/07.

Subject to approval of the report, the NHS Board was asked to authorise the Chief Executive to sign the Statement on Internal Control 2006/07 which formed part of the NHS Board’s Annual Accounts.

The Convener of the Audit Committee, Mrs E Smith, presented the report.

The Audit Committee, at its meeting held on 5 June 2007 received a report which provided Members with evidence to allow the Committee to review the NHS Board’s system on internal control for 2006/07.

Based on the review of internal control, the Audit Committee approved, at its meeting on 5 June 2007, both a Statement of Assurance to the NHS Board on the system of internal control within NHSGGC and a Statement on Internal Control for NHSGGC.

Mrs Smith led the NHS Board through both Appendix 1 (Statement of Assurance by NHS Greater Glasgow and Clyde Audit Committee in respect of the system on internal control within NHS Greater Glasgow and Clyde) and Appendix 2 (Statement on Internal Control) and highlighted the following:

- There were no significant matters relating to the systems of internal control which required to be disclosed in the Statement of Internal Control. It was, however, appropriate that the Statement of Internal Control referred to risk management (work was ongoing to complete the process for identifying and reporting corporate risks) and the potential for fraudulent claims by patients for exemption from NHS charges.
- The risk management arrangements in place throughout the year largely reflected the previous organisational structure and work was ongoing to harmonise these arrangements.

- The Audit Committee recommended that the NHS Board approve the Statement on Internal Control and that the Statement on Internal Control be signed by the Chief Executive as accountable officer.

Sir John thanked Mrs Smith and Members of the Audit Committee for their valued work throughout the year. Mrs Smith thanked NHSGGC's finance team, Audit Committee Members and the Internal and External Auditors – all of whom had worked very hard throughout the year.

DECIDED:

- That the Statement of Assurance from the Audit Committee be accepted and noted.
- That the Statement on Internal Control be approved for signature by the Chief Executive.

Chief Executive

55. STATEMENT OF ACCOUNTS FOR 2006/07

A report of the Director of Finance [Board Paper No 07/25] was submitted enclosing the Statement of Accounts for the year to 31 March 2007.

Mr Griffin introduced the accounts which had previously been considered by the Audit Committee. The External Auditors had completed their audit of the accounts and had issued their final report to NHS Board Members which confirmed that their audit certificate on the NHS Board's financial statement for the year ended 31 March 2007 would be unqualified in respect of their true and fair opinion and regularity.

Mr Griffin confirmed that the NHS Board's financial statements disclosed that the NHS Board had met its financial targets. He summarised the revenue resource outturn and confirmed that the year ended with a revenue outturn which was closely in line with that which had previously been forecast and was £27.3m within the NHS Board's Revenue Resource Limit. This was attributable to non-recurring funding derived from property disposals during the year, in particular the disposal of the former Woodilee Hospital site. Mr Griffin further reported that the NHS Board's capital outturn was within £2.5m of its Capital Resource Limit for the year. In both cases SEHD agreement had been secured to carry forward funding for deployment in 2007/08.

Mr Williamson asked how the £27.3m revenue funding would be used. Mr Griffin explained that a large proportion (around £20m) was earmarked for meeting waiting times targets in 2007/08. Further detail on this was provided in the Financial Plan 2007/08 to 2009/10 to be considered later on in the agenda [Board Paper No 07/28].

Mr McLaughlin commended Mr Griffin and his staff for meeting these targets particularly in such a challenging year; not only working to the new single system but also with the integration of Clyde and the formation of CH(C)Ps.

DECIDED:

- That the Statement of Accounts for the financial year ended 31 March 2007 be adopted and approved for submission to the Scottish Executive Health Department.
- That the Chief Executive be authorised to sign the Directors' Report.

Director of Finance

Chief Executive

- That the Chairman and Director of Finance be authorised to sign the Statement of Health Board Members' responsibilities in respect of the accounts.
- That the Chief Executive be authorised to sign the Statement on Internal Control in respect of the accounts.
- That the Chief Executive and Director of Finance be authorised to sign the Balance Sheet.

**ACTION BY
Chairman/
Director of
Finance**

Chief Executive

**Chief Executive/
Director of
Finance**

56. CLYDE HEALTH AND SERVICE STRATEGIES : OUTCOME OF REVIEWS AND PROPOSALS FOR CONSULTATION

A report of the Directors of Corporate Planning and Policy, Acute Services Strategy Implementation and Planning, Mental Health Partnership, Renfrewshire Community Health Partnership and Clyde Acute Services [Board Paper No 07/26] was submitted asking the NHS Board to approve the outcome of Clyde health and service strategy reviews and proposals as the basis for formal consultation and external review.

Ms Renfrew explained that in April 2006, at the point of dissolution of Argyll and Clyde NHS Board and the migration of the Clyde area and services into Greater Glasgow, the NHS Board established a series of service and strategy reviews. She reported on the outcomes of these reviews and sought approval for a process of formal consultation where that was required within the terms of the extant national guidance on service change. The timing of that process would depend on the nature and timing of the requirement for external review.

The service and strategy reviews had a number of aims and drivers which at headline level were as follows:

- The need to modernise services in Clyde and ensure the right balance of local community and inpatient care and social health care. This particularly applied to mental health and older people's services.
- The requirement to ensure safe and sustainable services. This particularly applied to integrated care at the Vale of Leven Hospital.
- The imperative to ensure economic provision of services and to identify action to address the £30m deficit the NHS Board inherited with its Clyde responsibilities – in line with the NHS Board's agreement with the Scottish Executive Health Department. This particularly applied to maternity services.

Ms Renfrew explained that the NHS Board paper had been divided into six annexes and would be discussed as follows:

- (i) Overview – led by Ms Renfrew, Director of Corporate Planning and Policy
- (ii) Adult and Older People's Mental Health Services for Inverclyde, Renfrewshire, West Dunbartonshire and East Renfrewshire – led by the Mrs A Hawkins, Director of Mental Health
- (iii) Maternity Services Review – led by Ms D den Herder, Director, Clyde Acute Services

- (iv) Balance of Older People's Care, Johnstone Hospital – led by Ms S Morrison, Head of Planning and Community Care, Renfrewshire Community Health Partnership (CHP)
- (v) Integrated Care at the Vale of Leven – led by Ms H Byrne, Director of Acute Services Strategy, Implementation and Planning
- (vi) Health Needs and Services for West Dunbartonshire and Lochside – led by Ms C Renfrew, Director of Corporate Planning and Policy

Each was taken in turn.

(i) Overview

Ms Renfrew set the context within which each of the review programmes and planning process had been undertaken. She articulated the over-arching drivers for change which had informed the proposals and described the principles which had been consistently applied in developing these namely:

- Safe and sustainable services
- Shifting the balance of care – wherever possible services should be provided outside hospitals in primary care
- Accessible – ensuring accessibility for patients and their visitors was a critical responsibility
- Economic – services needed to be delivered in an economic way
- Engagement – all proposals had included a substantial programme of public and community engagement
- Staff – it was clear that the proposed changes would impact on significant numbers of staff across a number of locations.

Ms Renfrew summarised the proposals which required formal consultation as follows:

- The transfer of low secure learning disability services from Dykebar Hospital to Leverndale Hospital
- The transfer of adult and elderly acute admission beds for mental health at the Vale of Leven to Gartnavel Royal Hospital
- The transfer of adult acute admission beds for mental health from the Royal Alexandra Hospital (RAH) to Dykebar Hospital
- The reprovision of continuing care beds for older people's mental health from Dykebar Hospital to partnership facilities
- The conclusion of the Integrated Care Pilot at the Vale of Leven Hospital and the reprovision of unscheduled care at the RAH
- The transfer of the continuing care service for older people at Johnstone Hospital to partnership facilities
- The closure of the delivery service provided in the Community Maternity Units at Inverclyde Royal Hospital and the Vale of Leven Hospital

She described the NHS Board's proposed approach to formal consultation building on the extensive programmes of public and community engagement which had already been at the heart of the review and planning processes.

(ii) Adult and Older People's Mental Health Services for Inverclyde, Renfrewshire, West Dunbartonshire and East Renfrewshire

Mrs Hawkins explained that Local Joint Health and Local Authority Planning Groups, including service user representatives, had been working with frontline staff to review the way existing services were organised with a view to developing plans that would achieve service improvement and modernisation. In particular, this work had looked at how best the NHS Board could redesign current services to shift the balance of care more towards enhanced community services which better met individual needs. The strategy provided the outcome of the joint work and set out:

- What a modern mental health service looked like
- Where the NHS Board was now compared to such a service
- How the NHS Board could put in place the core elements of a modern mental health service through redesign of services and reinvestment of savings to fund service developments.

Mrs Hawkins described the six core building blocks of the strategy as follows:

1. Development of community services
2. Closure and reprovision of continuing care beds
3. Reconfiguration of inpatient services
4. Specialist services development
5. Investment of resources released from the redesign of acute and continuing care inpatient services to fund service developments and achieve £2m savings
6. Bridging funding to support the transition and service redesign to enable development of robust community services in advance of inpatient bed reductions and bridging funding to support service redesign pending full release of site based savings.

Mrs Hawkins described the benefits and limits of the strategy and explained that the strategy should be regarded as a major and ambitious further phase of service development, rather than a complete response to all service deficits identified in the strategy process. It should also be recognised that the experience of mental health services, as they go through the development cycle, was that once they had operated such a rebalanced service there would doubtless be further flexing and refinements of use about bed numbers and models of care. This was particularly the case as services became more flexible in working with new cohorts of service users and less dominated by the needs of the historic long stay cohorts. As such, the strategy should be seen as a three to five year route map, rather than an inflexible and unchangeable pattern of provision for a period beyond 3 to 5 years.

(iii) Maternity Services Review

Ms den Herder explained that the review of maternity services in the Clyde area had focussed on two main issues:

- The impact of changes which were planned to maternity services in Greater Glasgow on services in Clyde
- The utilisation of the community maternity units in Clyde

She explained that the proposals for consultation were the closure of the delivery elements of the community maternity units (CMUs) at Inverclyde Royal and the Vale of Leven Hospitals with women from those areas retaining the choice to access Consultant or midwife led services at the RAH or the Maternity Units in Glasgow.

She described the inclusive process involving staff, staff side representatives, service users and managers that had been carried out to review the community maternity units in Clyde, culminating in the proposal of an alternative model of care which retained choice for women in Clyde and provided local access to antenatal and postnatal care, whilst maximising the use of resources and delivery of financial savings. The proposal of a single midwifery led delivery service at the RAH also aligned service configuration to the strategic direction of Glasgow's maternity services whereby low intervention, low risk deliveries would be provided alongside Consultant led services at the Southern General Hospital and Princess Royal Maternity Hospital.

She explained that the CMUs within Clyde would continue to offer a valuable comprehensive outpatient maternity service to their local population.

Maternity services across Clyde would be subject to further review following the implementation of these changes and as part of the continuing process to achieve financial balance.

(iv) Balance of Older People's Care : Johnstone Hospital

Ms S Morrison, Head of Planning and Community Care, Renfrewshire CHP, set out the proposal to consult on changes to the NHS continuing care provision for frail older people in Renfrewshire including the closure of the present services at Johnstone Hospital. She outlined the background, context and key drivers to this change. In describing the current service challenges, she explained why change in the provision of continuing care services was necessary. She described the review process that had been undertaken which covered a range of analysis. From this, there was evidence confirming a change relating to average length of stay across the 60 NHS continuing care beds for frail older people at Johnstone Hospital. Furthermore, there had been a continued use of these specialist care beds to temporarily accommodate patients who were categorised as being delayed in their discharge from hospital, often awaiting a move to a care home place.

Ms Morrison confirmed that the NHS Board remained committed to providing NHS continuing care services within Renfrewshire for older people. The NHS Board was also committed to ensuring a high quality service that was accessible and focussed on those with greatest need. The review had concluded that the NHS Board needed fewer NHS continuing care beds, stronger relationships between the acute assessment and continuing care services and that NHS continuing care must be provided within a modern accommodation setting. It was recognised that the NHS Board must also invest in further community based service development.

In transferring the continuing care service for frail, older people at Johnstone Hospital to partnership facilities, considerable planning for the implementation phase would be required to deliver this proposed model during 2008.

(v) Integrated Care at the Vale of Leven

Ms Byrne explained that in April 2006 when NHS Greater Glasgow and Clyde was established, the Lomond Integrated Care Project was running at the Vale of Leven Hospital but the 'Pilot' had not been fully implemented. NHSGGC committed to developing plans to fully implement the pilot which was intended to enable emergency medical care to continue to be provided at the hospital. In September 2006, it became clear that the integrated care pilot could not proceed to full implementation because of concerns about clinical safety. NHSGGC, therefore, established a substantial planning and community engagement process to consider the future arrangements for the provision of unscheduled medical care at the Vale of Leven Hospital.

Ms Byrne outlined the outcome of that planning process covering in detail the provision of Anaesthetics, unscheduled medicine and rehabilitation services at the Vale of Leven Hospital. She also described the service changes that had taken place at the Vale of Leven Hospital over recent years.

She described the proposal for consultation which was that the Integrated Care Pilot could not be safely fully implemented and should be concluded, requiring the transfer of unscheduled medical care to the RAH. Following appropriate consultation, if Ministerial approval was given, this transfer could take place as soon as possible.

The detailed work on the partial model of integrated care currently in place at the Vale of Leven highlighted significant clinical issues in relation to the protocol intended to ensure the most seriously ill patients bypassed the Vale of Leven and were taken to Paisley.

(vi) Health Needs and Services for West Dunbartonshire and the Lochside

Ms Renfrew set out the outcomes of the four strands of review and planning which related to West Dunbartonshire and the Lochside, namely:

- Health needs assessment
- Modernising mental health services
- Review of maternity services
- Review of integrated care

She referred to the health needs assessment conclusions and recommendations and the outcome of three strands of planning and review that required formal public consultation and Ministerial approval because they proposed service changes at the Vale of Leven. She described these as follows:

- The conclusion of the Integrated Care Pilot at the Vale of Leven Hospital and the re-provision of unscheduled care at the RAH affecting 6,000 patients each year against a level of hospital activity of 98,400.
- The closure of the delivery service provided in the Community Maternity Units at Inverclyde Royal Hospital and the Vale of Leven Hospital affecting 147 patients against continuing activity of over 34,000.

- The transfer of adult and elderly acute admission beds for mental health from the Vale of Leven and their reprovision at Gartnavel Royal Hospital affecting around 500 patients.

Sir John thanked all presenters for their brief summaries given the detailed complex information contained within the proposed consultation documents.

Mr Sime welcomed the proposals for consultation and thanked Mr Divers for attending the last meeting of the Area Partnership Forum to give an overview of the key areas. The Area Partnership Forum was encouraged by the handling of the staffing issues and looked forward to working in partnership with the NHS Board in the implementation phases following consultation and Ministerial approval. Mr Reid re-affirmed this partnership approach and confirmed that Human Resource subgroups had already been formed in line with each area for consultation. Furthermore, all staff would be interviewed regarding their intentions and preferences for future employment and location.

Ms Dhir drew attention to the reliance on other partners providing their commitment to the success of these proposals – she referred, in particular, to reliance on better transport links in the future. Ms Renfrew acknowledged this point and confirmed that partners were supportive to delivering better integration within communities. In this regard, much work was ongoing with the Scottish Ambulance Service and bus operators to identify how best transport and access could be addressed. Sir John referred to the transport model implemented recently within Glasgow city and noted that many lessons had been learned from this to identify how best it may be rolled out in other pockets within NHSGGC.

Mr Daniels commended the comprehensive review and, in particular, the fact that the proposals would ensure services were rebalanced across the whole of NHSGGC. He acknowledged the work of NHS Board officers who had conducted this review within 15 months and recognised the limited information that was available to date regarding the Cabinet Secretary's intention to conduct an external review. Mr Divers referred to the current consultation process which would have seen the NHS Board consulting then considering the outcomes from that consultation followed by a decision making process and recommendation to the Minister. The Cabinet Secretary's intention regarding the process of external review in terms of its timing, the people involved and its process was in the process of development. One of the NHS Board's key priorities, however, was to return to financial balance and deliver equity across the piece.

In response to a question from Mr Robertson, Mrs Hawkins confirmed that in terms of the shift in mental health service provision within Clyde, many lessons had been learned from the Glasgow process already undertaken. As such, she recognised the challenge but was confident that, in partnership with Local Authorities, the proposals were achievable. Local planning staff from both the NHS and Local Authorities were already in discussion. In terms of the impact on vacating old accommodation at Gartnavel Royal Hospital, Mrs Hawkins described the relocation arrangements that had been put in place. She also clarified that the forensic beds proposed were a joint arrangement for West of Scotland Boards which included NHS Lanarkshire, NHS Dumfries and Galloway, NHS Ayrshire and Arran and NHS Greater Glasgow and Clyde.

Mr Calderwood confirmed that a detailed manpower profile had been compiled in association with the Scottish Ambulance Service and that detailed costings would be worked through. The Scottish Ambulance Service paper would be included in the final documentation for consultation.

Mr Williamson welcomed the transparent way that the consultation material had been prepared. He recognised the inter-dependencies between the various strands for consultation which was essentially glued together as one programme of work in that the success of one very much depended on the success of the other. In response to a question, Mr Divers confirmed that the proposals were not financially driven but that they were robust and deliverable as part of the NHS Board's overall financial plan. Mr Williamson welcomed this and highlighted his hope that the composition of the Cabinet Secretary's external review groups included clinical advisers.

In response to a question from Dr Kapasi, Mrs Hawkins agreed there would be staff training issues to consider during the implementation phases and, in particular, within primary care settings.

With regard to the proposed approach to formal consultation, this would build on the extensive programme of public and community engagement which had shaped the review. Mr Divers confirmed that the consultation process would include reader friendly documents, staff and public events, information on the web site, media releases and one-to-one meetings and briefings for individual stakeholders. Ms Dhir welcomed patient involvement in this process.

In relation to measuring patient feedback following implementation of these proposals, Ms den Herder confirmed that this could be captured from patient surveys and outcomes. Furthermore, longer term, audit evidence would become available.

Mrs Smith noted that in the proposal for the closure of Ravenscraig Hospital, the services to be reprovided in partnership would result in better accommodation for patients. This was a critical point to reassure the local community. Likewise, in the proposed closure of the maternity provision, this was a reprovision of the beds. In this regard, Mrs Smith sought clarification around the "booked" delivery figures compared with the actual number of births at the CMUs. Ms den Herder explained the reasons for this. The high number of women transferred was due to women being insufficiently healthy to be eligible to deliver within the CMUs – the health needs were such that local provision of the full range of antenatal and postnatal services was essential. The provision of high quality antenatal and postnatal care was of particular importance to women living in deprived communities.

DECIDED:

That the outcome of reviews and proposals for consultation be approved as the basis for formal public consultation and for external review.

**Director of
Corporate
Planning and
Policy**

57. PROPOSED CAPITAL PLAN 2007/08

A report of the Director of Acute Services Strategy Implementation and Planning [Board Paper No 07/27] asked the NHS Board to approve the current capital resources available across both Greater Glasgow and Clyde for 2007/08 and to note proposals for the allocation of these resources.

Ms Byrne confirmed that the NHS Board had received confirmation of its allocation for capital funds for 2007/08 and she outlined the level of capital funding available. The resources were made up of the NHS Board's national formula and medical equipment allocations from the Scottish Executive. The national formula allocation was the main recurring sum of capital funding that was provided to the NHS Board on an annual basis.

Ms Byrne confirmed that the NHS Board's Capital Planning Group had considered the component parts of the capital plan in order to allocate the available capital resources. In deciding spend allocations for 2007/08, the Capital Planning Group agreed to prioritise the following three areas:

- General allocation for minor new local schemes
- Completion of existing schemes
- Essential new schemes.

Ms Byrne confirmed that the Capital Planning Group was connected with the Joint Capital Planning Groups which had been established with Local Authority partners to review funding opportunities for joint projects. This was achieved by common membership across the NHSGGC Capital Planning Group and Joint Capital Planning Groups.

In response to a question from Mr Daniels, Mr Griffin explained that capital receipts would normally be included in the NHS Board's Capital Plan but that at this stage no significant capital receipts were forecast for 2007/08. He also explained that £24.7m of 'brokerage' essentially meant monies carried forward from earlier years.

DECIDED:

- That the proposed allocation of funds for 2007/08 be approved
- That the authority to allocate available funds against the 2007/08 capital plan throughout the year be delegated to the Capital Planning Group.
- That the capital planning process for 2007/08 be noted.
- That the capital plan for 2008/09 and 2009/10 would be submitted later in the financial year be noted.

**Director of Acute
Services Strategy,
Implementation
and Planning**

58. FINANCIAL PLAN : 2007/08 TO 2009/10

A report of the Director of Finance [Board Paper No 07/28] asked the NHS Board to approve the Financial Plan for 2007/08 to 2009/10.

Mr Griffin explained that the Performance Review Group had already endorsed the Financial Plan at its meeting on 15 May 2007. A draft of the Plan had also been submitted to the Scottish Executive Health Department, as required, during March 2007. This comprised a firm plan for 2007/08 with indicative figures for subsequent years. Mr Griffin led the NHS Board through the key elements of the Financial Plan and the main underlying assumptions.

The forthcoming three year period presented a series of very difficult financial challenges to NHSGGC in terms of preparing a financial plan which balanced funding and expenditure to secure the achievement of the Board's revenue financial targets. The uncertainty which surrounded the Board's future funding levels, together with the potential for expenditure on pays to move outwith the limit of affordability, created a volatile environment for financial planning. Against this backdrop, the NHS Board required to secure the achievement of financial breakeven while addressing two very significant financial challenges, namely, the commissioning of two new ACADs in 2009/10 and restoring recurrent financial balance within the Clyde area of its management responsibilities.

DECIDED:

- That the Financial Plan for 2007/08 to 2009/10 be approved.
- That the process which would be followed by the NHS Board's Planning, Policy and Performance Group to allocate available funding to proposed new service commitments in 2007/08 to 2009/10 be noted.

Director of Finance

59. MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003 – LIST OF SECTION 22 APPROVED MEDICAL PRACTITIONERS

A report of the Director of Public Health [Board Paper No 07/29] asked that the NHS Board approve the list of Medical Practitioners employed by the NHS Board to be authorised for the purpose of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

DECIDED:

That the eight Medical Practitioners listed on the NHS Board Paper for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 be approved.

Director of Public Health

60. COMMITTEE MEMBERSHIPS INCLUDING COMMUNITY HEALTH (AND CARE) PARTNERSHIPS

A report of the Head of Board Administration [Board Paper No 07/30] asked the NHS Board to agree that proposals for membership of the main Committees of the NHS Board be submitted to the August 2007 NHS Board meeting and agree that the Chairs and Members listed be appointed to the CHCP Committees of Glasgow City and East Renfrewshire.

Mr Divers explained that, at the April 2007 NHS Board meeting, the NHS Board noted that the membership of the main Committees and Community Health (and Care) Partnership Committees would be considered once notification had been received from the relevant Local Authorities on their elected member nominations to the NHS Board and CH(C)P Committees following the outcome of the local elections. The seven Local Authorities represented on the NHS Board had submitted their elected member nominations for Non-Executive membership of the NHS Board. Each nomination had been submitted to the Head of the Public Appointment Unit, Scottish Executive Health Department, seeking approval of the Cabinet Secretary for Health and Wellbeing. Once the NHS Board was notified by the Public Appointment Unit of new appointments to the NHS Board, steps would be taken to provide a structured induction programme for the new Members of the Board. It would also then be an opportunity to consider the vacancies on the main Committees of the Board and make recommendations to the August 2007 Board meeting to fill current vacancies.

DECIDED:

- That proposals for membership of the main Committees of the NHS Board be submitted to the August 2007 NHS Board meeting be agreed.
- That the Chairs and Members listed in Section 3.1 of the NHS Board paper be appointed to the CH(C)P Committees of Glasgow City and East Renfrewshire be agreed.

Head of Board Administration

Head of Board Administration

**ACTION BY
Head of Board
Administration**

- That subject to the elected member nominations from the Councils being appointed as Non-Executive Members of the NHS Board by the Cabinet Secretary for Health and Wellbeing, they be appointed to the relevant CHP Committees be agreed.
- That the Chairman be delegated authority to determine the appointment of an elected member (once appointed to the NHS Board by the Cabinet Secretary for Health and Wellbeing) to chair the Mental Health Partnership Committee and appoint a Non-Executive Member and advise the August NHS Board meeting of the outcome be agreed.
- That the process to appoint a Vice Chair of the NHS Board once all members have been appointed be noted.

**Head of Board
Administration**

61. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No 07/31] asked the NHS Board to note the progress against the national waiting times and access targets.

Mr Calderwood advised that the NHS Board paper had been revised to cover the reporting of waiting time and other access targets set out by the Scottish Executive Health Department (commonly known as HEAT Targets). He outlined progress across the single system towards achieving these targets.

The Acute Division had met the maximum waiting time of 18 weeks for all inpatient/day case patients on the true waiting list in December 2006. It had maintained this position since December 2006 and would continue to achieve the 18 week maximum wait in the next period.

The national target of a maximum waiting time of 18 weeks for all new outpatients had to be achieved by December 2007. Mr Calderwood explained that the overall position demonstrated a total of 2966 outpatients waiting over 18 weeks in April 2007. This represented a reduction of 1276 patients on January 2007 (30% reduction) and a reduction of 380 patients on March 2007 (11% reduction).

In response to a question from a Member, Mr Calderwood confirmed that weekly monitoring was in place across the specialties for patients with cancer and all patients referred as urgent were tracked to ensure monitoring of their progress along the patient journey. Mr Williamson welcomed that the NHS Board was providing more information than that required by the Scottish Executive Health Department and noted that this was useful to clinicians to understand the detail behind the statistics.

NOTED

62. QUARTERLY REPORT ON COMPLAINTS : 1 JANUARY TO 31 MARCH 2007

A report of the Head of Board Administration, Chief Operating Officer (Acute) and Lead Director CHCP (Glasgow) [Board Paper No 07/32] asked the NHS Board to note the quarterly report on NHS complaints in NHS Greater Glasgow and Clyde for the period 1 January to 31 March 2007.

Mr Calderwood referred to the complaints received across NHS Greater Glasgow and Clyde and those completed in this quarter. He noted the eleven Ombudsman reports that had been laid before the Scottish Parliament concerning NHSGGC cases.

In noting that only 45% of the acute complaints were received and completed within the national target of 20 working days, he referred to the complex nature of many of the complaints received. He confirmed that the investigative capability at the Acute Division was being restructured to tighten administration aspects of the investigation of complaints and draft responses to attempt to improve on this target. Mr Divers welcomed this but emphasised that in so much as meeting the target was important it was important also to conduct a thorough investigation of complaints received.

Mr Daniels noted the percentage of complaints either upheld or upheld in part across NHSGGC. From the total number of complaints completed which was 431, 231 had been either upheld or upheld in part – this was 54% which seemed high. Mr Divers set this in the context of complaints completed pro rata to patient activity levels which showed an approximate ratio of 1 complaint per 1835 attendances.

Mr Calderwood referred to the Scottish Public Services Ombudsman (SPSO) statistics for the year 2006/07. In terms of health cases received in this period, the SPSO had received 336 enquiries and 497 complaints totalling 833 cases. GP and GP practice cases ranked highest with 185, followed by hospitals (general medicine) with 86 and dental and orthodontic services with 80. In respect of NHSGGC, 95 cases were received by the SPSO in 2006/07. Hospitals (general medicine) ranked highest with 18, followed by hospitals (care of the elderly) with 11 and hospitals (other) with 10.

NOTED

63. PHARMACY PRACTICES COMMITTEE MINUTES : 29 MARCH 2007, 10 APRIL 2007, 2 MAY 2007 AND 24 MAY 2007

The Minutes of the Pharmacy Practices Committee meetings held on 29 March 2007, 10 April 2007, 2 May 2007 and 24 May 2007 [PPC(M)2007/05, PPC(M)2007/06, PPC(M)2007/07 and PPC(M)2007/08] were noted.

NOTED

64. PERFORMANCE REVIEW GROUP MINUTES : 20 MARCH 2007 AND 15 MAY 2007

The Minutes of the Performance Review Group meetings held on 20 March 2007 and 15 May 2007 [PRG(M)07/2 and PRG(M)07/3] were noted.

NOTED

65. CLINICAL GOVERNANCE COMMITTEE MINUTES : 17 APRIL 2007

The Minutes of the Clinical Governance Committee meeting held on 17 April 2007 [CGC(M)07/2] were noted.

NOTED

66. GLASGOW CENTRE FOR POPULATION HEALTH MANAGEMENT BOARD MINUTES : 21 MARCH 2007

The Minutes of the Glasgow Centre for Population Health Management Board meeting held on 21 March 2007 [GCPHMB(M)07/11] were noted.

With regard to the research into employment and health related intervention for people on incapacity benefit (a study being conducted by the Centre for Population Health), Ms Murray thought the outcomes of that work would be useful to the CH(C)Ps. Sir John agreed and would ensure that the CH(C)Ps received feed back on completion of this study.

Chairman**NOTED****67. STAFF GOVERNANCE COMMITTEE MINUTES : 15 MAY 2007**

The Minutes of the Staff Governance Committee meeting held on 15 May 2007 [NHSGGCSGC(M)07/1] were noted.

NOTED**68. AUDIT COMMITTEE MINUTES : 27 MARCH 2007 AND 5 JUNE 2007**

The Minutes of the Audit Committee meetings held on 27 March 2007 and 5 June 2007 [A(M)07/02 and A(M)07/03] were noted.

NOTED**69. EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP MINUTES : 18 APRIL 2007**

The Minutes of the East Renfrewshire Community Health and Care Partnership Committee meeting held on 18 April 2007 [ERCHCP(M)07/02] were noted.

NOTED**70. EAST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP MINUTES : 19 MARCH 2007**

The Minutes of the East Glasgow Community Health and Care Partnership Committee meeting held on 19 March 2007 [EGCHCP(M)07/03] were noted.

NOTED**71. WEST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP MINUTES : 14 MARCH 2007**

The Minutes of the West Dunbartonshire Community Health Partnership Committee meeting held on 14 March 2007 [WDCHP(M)07/02] were noted.

NOTED

72. RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP MINUTES : 23 FEBRUARY 2007 AND 20 APRIL 2007

The Minutes of the Renfrewshire Community Health Partnership Committee meeting held on 23 February 2007 and 20 April 2007 [RCHP(M)07/2 and RCHP(M)07/3] were noted.

NOTED

73. WEST GLASGOW COMMUNITY HEALTH CARE PARTNERSHIP COMMITTEE MINUTES : 20 FEBRUARY 2007 AND 17 APRIL 2007

The Minutes of the West Glasgow Community Health and Care Partnership meetings held on 20 February 2007 and 17 April 2007 [GCHCPC(WEST)(M)01/07 and GCHCPC(WEST)(M)02/07] were noted.

NOTED

74. EAST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP COMMITTEE MINUTES : 23 FEBRUARY 2007

The Minutes of the West Dunbartonshire Community Health Partnership Committee meeting held on 23 February 2007 [EDCHP(M)07/01] were noted.

NOTED

The meeting ended at 12.45 pm