

NHSGG&C(M)07/6
Minutes: 128 - 157

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, 18 December 2007 at 9.30 am**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Professor D Barlow	Mr P Hamilton (to Minute No 143)
Dr C Benton MBE	Councillor J Handibode
Mr G Carson	Dr M Kapasi MBE
Dr L de Caestecker (to Minute No 142)	Councillor J McIlwee
Mr R Cleland (to Minute No 141)	Mr G McLaughlin
Councillor J Coleman (to Minute No 141)	Mrs J Murray (to Minute No 143)
Dr D Colville	Mrs R K Nijjar (to Minute No 141)
Dr B Cowan	Councillor I Robertson
Ms R Crocket	Mr D Sime
Mr P Daniels OBE	Councillor A Stewart
Ms R Dhir MBE (to Minute No 141)	Mrs A Stewart MBE
Mr T A Divers OBE	Mr B Williamson
Mr D Griffin	Councillor D Yates

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

Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning (to Minute No 156)
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division (to Minute No 156)
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications (to Minute No 141)
Ms C Renfrew	..	Director of Corporate Planning and Policy
Ms D Den Herder	..	Director, Clyde Acute Services (to Minute No 141)
Mr D Leese	..	Director, Renfrewshire CHP (to Minute No 141)
Ms A Hawkins	..	Director, Mental Health Partnership (to Minute No 156)
Ms S Laughlin	..	Head of Inequalities and Health Improvement (for Minute No 133)
Dr E Crighton	..	Consultant in Public Health Medicine (to Minute No 142)

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

Mrs G Leslie	..	Chair, Area Optometric Committee (to Minute No 156)
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128. APOLOGIES

ACTION BY

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Councillor D MacKay, Ms A Paul and Mrs E Smith.

129. CHAIR'S REPORT

- (i) Mr Robertson acknowledged the significant achievements of the NHS Board during the tenure of his predecessor, Sir John Arbuthnott. He referred to the ongoing implementation of the NHS Board's Acute Services Review which had progressed significantly, as had work in cementing and developing relationships with key partners. Mr Robertson considered that the NHS Board was now clearly directed, strong in purpose and confident in itself and he looked forward to working with the NHS Board's dedicated staff to close the gap in health across the city and our Local Council areas.
- (ii) Mr Robertson asked the NHS Board to note the petition which had been received and signed by 3,067 individuals. He read the petition as follows:

"We the undersigned oppose any proposals by NHS Greater Glasgow and Clyde to implement car parking charges within the Stobhill Hospital campus.

We note that there is ample spaces for parking within the campus; any proposal to charge for parking would result in hospital users parking in the local residential area".

NOTED**130. CHIEF EXECUTIVE'S UPDATE**

- (i) On 29 October 2007, Mr Divers attended a briefing with Councillor Yates and personnel from Her Majesty's Inspectorate of Education (HMIE) to discuss the child protection arrangements within East Renfrewshire Council. HMIE had produced a very positive report on the existing standards and arrangements. Work would progress shortly to take forward the action points raised in the report.
- (ii) On 5 November 2007, Mr Divers co-chaired, with Donald Sime, an Area Partnership Forum event exploring inequalities and diversity. Significant constructive input had been received which would help develop the NHS Board's approach to these key challenges.
- (iii) On 7 November 2007, Mr Divers contributed to a presentation to the ministerial task force on inequalities. Along with the other presenters, this developed the thinking of the task force and, from this, various strands of work had been identified.
- (iv) Mr Divers had attended a third meeting of the Scottish Government Forum which provided an excellent opportunity to contribute to some other aspects of public sector vision and ensured ongoing local partnerships remained tightly anchored.

NOTED**131. MINUTES**

On the motion of Mrs A Stewart, seconded by Councillor D Yates, the Minutes of the meeting of the NHS Board held on Tuesday, 23 October 2007 [NHSGG&C(M)07/5] were approved as an accurate record and signed by the Chairman.

132. MATTERS ARISING FROM THE MINUTES

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

NOTED

133. EQUALITY LEGISLATION – FIRST MONITORING REPORT FOR THE NHS GG&C EQUALITY SCHEME 2006-2009

A report of the Head of Inequalities and Health Improvement [Board Paper No 07/53] asked the NHS Board to review progress in implementing the NHS GG&C Equality Scheme 2006-2009 and approve the report including its recommended next steps.

Ms Renfrew explained that the Single Equality Scheme and Strategic Action Plan had been produced in order to harmonise the requirements of the current equality legislation. The Scheme and Action Plan, which applied for three years, were endorsed by the NHS Board at its meeting in December 2006 to coincide with the requirement of the Disability Equality Duty. Public sector organisations had a requirement to produce an annual monitoring report – the first of which had been produced by the NHS Board. She summarised the context, content and next steps for consideration by the NHS Board explaining that the first monitoring report had been produced with a number of different audiences in mind, both internal and external. Although much of the progress made in the first year was proportionate and relevant to the size and nature of the organisation, the challenge, however, was to ensure that the rate of implementation was maintained and that there was an equivalent level of improvement in years 2 and 3 before the Equality Scheme was reviewed.

The report would be disseminated to Equality Scheme Leads throughout NHS Greater Glasgow and Clyde and would form the basis of the first quarterly meeting in 2008 between the Corporate Inequalities Team and the Leads and, thereafter, all subsequent developments in Local Action Plans.

Mrs Nijjar referred to various references throughout the document to disability, gender, race and age. She asked that religion, belief and sexual orientation be added to this grouping. Ms Laughlin agreed to this inclusion although confirmed that, to-date, there was no legislation for faith but that the Report could make reference to the NHS Board’s “Fair for All” policy.

**Head of
Inequalities and
Health
Improvement**

Mr Carson noted that, to date, the NHS Board had received information from 47% of its workforce, following two attempts to monitor its diversity – he wondered if this 47% could be broken down to establish pockets of non-responders. Ms Laughlin confirmed that, using the SWISS system, this should be able to be undertaken.

**Head of
Inequalities and
Health
Improvement**

In response to a question from Mr Carson, Ms Laughlin acknowledged that more work needed to be done with the Involving People network to ensure the development of all NHS Board staff. This would be undertaken in conjunction with the Learning and Education Team, the Corporate Inequalities Team and Equality and Diversity Team.

DECIDED:

- That progress in implementing the NHS Greater Glasgow and Clyde Equality Scheme 2006-2009 be reviewed and noted.

**Head of
Inequalities and
Health
Improvement**

- That the first monitoring report, including its recommended next steps be approved.

134. SCOTTISH GOVERNMENT AND LOCAL AUTHORITY CONCORDAT

A report of the Director of Corporate Planning and Policy and the Director of Finance [Board Paper No 07/54] asked the NHS Board to note the issues arising from the concordat which had been agreed between the Scottish Government and the Confederation of Scottish Local Authorities (COSLA).

Ms Renfrew explained that the concordat set out a package of measures and agreements to shift the relationship between Local and National Government. She led the NHS Board through the paper and highlighted the issues arising from the concordat for the NHS including:

- The principle of an outcome focused relationship between Local Authorities and Scottish Government.
- The emerging National Performance Framework and local outcome agreements which would underpin this new relationship – a number of which were significant to the NHS.
- The end of ring fencing for a number of present funding streams raised significant issues for the NHS including:
 - A number of the funding streams contributed directly to meeting NHS service costs, for example, changing children's services and delayed discharges.
 - The other streams represented large sums of money which contributed to a range of joint services and to services which were fundamental to the delivery of care to many of the NHS Board's key client groups and which were often matched by NHS funding.
- The outlined changes to community planning resources would also be of significance for the NHS as a key community planning partner.

In summary, the concordat, at principle level, presented a more positive and mature relationship between the Scottish Government and Local Authorities and would provide a welcome modus operandi if translated to the NHS.

Mr Griffin explained that the financial issues and risks potentially created required early and detailed engagement with the NHS Board's Local Authority partners.

Mr Williamson noted from the concordat that it was the Scottish Government's intention to stand back from micro managing Local Authority delivery, thus reducing bureaucracy and freeing up Local Authorities and their partners to get on with the job – he wondered if this thinking could be rolled out in the NHS? Mr Divers outlined the different mode of overview between Scottish Government and Local Government/NHS in that NHS Boards were non-departmental bodies and therefore were managed differently. He assured the NHS Board that senior officers would work with each partner Local Authority to make a positive contribution to the concordat.

Dr Benton sought clarity around the future of supporting people and funding for learning disabilities. Ms Renfrew confirmed that any resulting cost pressures to the NHS would be identified and addressed with Local Authority partners.

Mrs Stewart referred to other ways in which the concordat hoped to reduce bureaucracy. She was assured to hear that the NHS had no difficulty in working with Local Authorities to progress community planning processes.

NOTED

135. OVERVIEW OF SPENDING REVIEW AND ITS IMPACT ON NHS GG&C IN 2008/09

A report of the Director of Finance [Board Paper No 07/55] provided the NHS Board with an initial appraisal of the outcome of the spending review and its anticipated impact on NHS GG&C in 2008/09.

Mr Griffin summarised the spending review announced by the Scottish Government Health Directorate (SGHD) and explained that the precise level of uplift which would ultimately be received by NHS GG&C in 2008/09 would depend on the Government's approach to the further application of the Arbuthnott formula. He anticipated, however, that this would not be less than 3% which equated to £60.4m of additional funding in 2008/09. In addition, the spending review identified a 2% general cost savings target for health in 2008/09 albeit that the SGHD had indicated that Health Boards would be able to retain cost savings which they generated for local investment. For NHS GG&C, a 2% general cost savings target equated to £35m of cost savings to be achieved in 2008/09 – this included cost savings generated as part of the process of restoring the Clyde area of its management responsibilities to financial breakeven.

Mr Griffin led the NHS Board through an updated projection of unavoidable cost inflation for 2008/09 as well as other expenditure commitments including a number of national, regional and local service commitments which were not covered by earmarked funding allocations recently announced as part of the spending review.

During the forthcoming weeks and months, the NHS Board would work to develop a cost savings plan which was capable of delivering a level of cost savings unprecedented in recent years, to enable it to maintain overall financial balance while addressing its £26m share of an overall recurrent deficit within Clyde of £30m.

Mr Sime recognised the significant challenge that lay ahead for the NHS Board but was reassured that Mr Divers met monthly with the SGHD and other NHS Board Chief Executives and Chief Operating Officers to ensure all Scottish NHS Boards worked consistently to achieve their cost savings targets and that these were monitored monthly.

NOTED

136. CLYDE SERVICE CHANGES : REPORT OF THE INDEPENDENT SCRUTINY PANEL

A report of the Director of Corporate Planning and Policy [Board Paper No 07/56] asked the NHS Board to welcome the Independent Scrutiny Panel's report and advice and note the detailed responses to points raised by the Panel.

Ms Renfrew summarised the series of service and strategy reviews which had been undertaken since April 2006 with the migration of the Clyde area and services into Greater Glasgow. These were conducted on the basis of the extant planning and public engagement guidance of the Scottish Executive. Following the May election and the establishment of the Scottish Government, the new Cabinet Secretary for Health and Wellbeing announced a new process of external scrutiny for proposals for service change. Currently, the final process for external scrutiny was subject to wide consultation but the principles articulated had been applied to the proposed Clyde services changes.

The outcome of the Clyde reviews were submitted to the NHS Board at its meeting in June 2007. At that time, they were approved as the basis for formal public consultation and for the external review process. Since that time, the Independent Scrutiny Panel had published its report.

Ms Renfrew led the NHS Board through the Independent Scrutiny Panel's conclusions and offered the NHS Board's observations on these in relation to:

- Mental health
- Maternity services
- Unscheduled medical admissions
- Older people's continuing care
- Value for money and best value and option appraisal
- Consultation and public engagement

She restated the context, principles, national policy and change drivers which initially informed the NHS Board reviews. She summarised the proposals for change which were concluded in June 2007 and which had been subject to the Independent Scrutiny Panel process. The Independent Scrutiny Panel report provided the NHS Board with a wealth of useful material and advice to consider in bringing forward the service strategies and reviews to a conclusion. Also welcomed was the fact that the process of independent scrutiny was intended to improve public confidence in the decision making by NHS Boards. The Panel's endorsement of the principles of (all but one of the main proposals) its conclusions about the quality of a number of the elements of work and detailed advice on the further work and material which should be available for formal consultation, should create greater public confidence in the process of making decisions. This was particularly the case in relation to the proposals on the future of integrated care at the Vale of Leven which had generated a high level of local community concern. It was, however, important to state that although the NHS Board accepted many of the Panel's conclusions and guidance, some required clarification, debate or represented points of divergence.

Mr P Hamilton asked what evidence the Independent Scrutiny Panel referred to in reaching mental health conclusions. Ms Renfrew confirmed that the evidence came from selected published peer reviews rather than the NHS Board's local evidence of the positive impact of hospital closure programmes.

ACTION BY
Director of
Corporate
Planning and
Reporting

Mr Williamson proposed that the NHS Board consider some of the suggestions from the Independent Scrutiny Panel report to make available quantitative and qualitative information to members of the public which may enhance their confidence and understanding of the issues. This suggestion was welcomed.

Councillor Robertson summarised the Independent Scrutiny Panel's key conclusions as set out on page 85 of the NHS Board papers. Given that "the NHS Board had much to do to convince stakeholders of the merits of its proposals", Councillor Robertson proposed the following motion:

"The NHS Greater Glasgow and Clyde Health Board should accept the recommendations within the Scrutiny Panel's report which identify further work and testing of options; and this work should be undertaken and, wherever possible, be completed prior to finalising the options for formal consultation".

Councillor Robertson explained that the main reason for his motion was to give back credibility to the NHS Board by local people and local communities seeing that the change process could involve them. He believed there were other specific issues that would undermine the NHS Board's efforts to modernise the services and that these would be assisted if there was more complete work presented prior to consultation. He appreciated the difficult challenge these issues presented but asked the NHS Board to work harder to secure more acceptable solutions for the people and communities north of the river.

The Chairman asked Councillor Robertson to consider whether this was the most appropriate time for the motion or alternatively he might prefer to make the motion in direct relation to the particular proposal to which he objected. Councillor Robertson confirmed that he wished to propose the motion at this juncture.

Ms Renfrew responded to Councillor Robertson's concerns and explained that in a number of elements the summary of the Independent Scrutiny Panel report, which he included in his motion, contradicted the content of the document in dealing with the NHS Board's specific proposals. Mr Divers referred to the four very different service areas and issues arising from them – confirming the need for the NHS Board to look at them individually rather than collectively. He explained, once again, the financial position and stressed that the Cabinet Secretary had been clear on the requirement placed upon the NHS Board to return to financial balance by March 2010. That aside, it was the NHS Board's priority to deliver safe, sustainable services to the Vale of Leven catchment area – to achieve this the NHS Board needed to modernise services there.

Councillor Robertson submitted his motion (as above) and this was seconded by Councillor McIlwee.

The Chairman sought a vote on this motion by a show of hands and the motion attracted two votes in support, twenty-two against and three abstentions.

DECIDED:

- That the Independent Scrutiny Panel's report and advice be welcomed.
- That the detailed responses to points raised by the Independent Scrutiny Panel with regard to mental health, maternity services, unscheduled medical admissions, older people's continuing care, value for money and best value option appraisal and consultation and public engagement be noted.

Director of
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Planning and
Policy
Director of
Corporate
Planning and
Policy

137. SCOTTISH HEALTH COUNCIL REPORT ON NHS GREATER GLASGOW AND CLYDE'S PUBLIC ENGAGEMENT ON CLYDE HEALTH AND SERVICES STRATEGIES

A report of the Director of Corporate Planning and Policy [Board Paper No 07/57] asked the NHS Board to note the Scottish Health Council's report alongside the NHS Board's proposals to move forward Clyde Health and Service Strategies.

Ms Renfrew led the NHS Board through the Health Council's report and highlighted, in particular, the conclusions on each of the NHS Board's service proposals.

She explained that for mental health services, maternity services and older people's services, the NHS Board's proposed next steps were outlined in the following three Board papers (07/58, 07/60 and 07/61) and these proposals would ensure that the NHS Board could address the Health Council's conclusions in its formal consultation process.

Ms Dhir sought clarity around the NHS Board's working definition of "community engagement" and what weight it placed on this. Ms Renfrew explained that the NHS Board's decision making processes were informed by community engagement, a view endorsed in the Scottish Health Council's report. It was important that the NHS Board felt confident that local communities had had the opportunity to be involved in the decision making process.

Councillor Robertson considered that for people in West Dunbartonshire, there was a perception that the NHS Board's community engagement was informing rather than consulting. Mr Divers recognised this perception and agreed that it was important to work with local communities to explain in more detail the NHS Board's proposals in terms of providing safe and sustainable services in their local area. Work would be taken forward by the Community Engagement Team to progress this particularly given the emotive nature of some proposals. In this regard, Mr Williamson felt it would be paramount to explain to local communities how access to hospitals would be addressed in terms of not only public transport but by the Scottish Ambulance Service.

NOTED

138. MODERNISING CLYDE MENTAL HEALTH SERVICES

A report of the Director of Corporate Planning and Policy and the Director, Mental Health Partnership [Board Paper No 07/58] asked the NHS Board to endorse the proposed next steps to respond to the Independent Scrutiny Panel's report and move to formal public consultation.

Ms Renfrew set out the NHS Board's detailed response to the Independent Scrutiny Panel's comments on mental health. She explained that the Panel's input and advice would enable the NHS Board to develop the proposals in its June 2007 NHS Board paper to proceed to public consultation. The proposal to the NHS Board was to prepare for that consultation towards the end of January 2008, modifying and developing the proposals previously considered to reflect the Panel's conclusions. Consulting with these modifications would address the primary issues the Panel raised and improve the quality of the consultation process and materials.

DECIDED:

That the proposed next steps to respond to the Independent Scrutiny Panel report and move to formal public consultation be endorsed.

**Director of
Corporate
Planning and
Policy /Director,
Mental Health
Partnership**

139. INTEGRATED CARE AT THE VALE OF LEVEN

A report of the Director of Corporate Planning and Policy and Director of Acute Services Strategy, Implementation and Planning [Board Paper No 07/59] asked the NHS Board to discuss the Independent Scrutiny Panel conclusions on integrated care and unscheduled medical admissions at the Vale of Leven to inform the development of proposals on next steps.

Ms Renfrew led the NHS Board through a number of key points made by the Independent Scrutiny Panel in relation to the NHS Board's conclusions about the integrated care pilot and proposals to relocate unscheduled medical admissions.

She responded to each of the substantive issues raised by the Panel including:

- Public engagement
- Future of the Vale of Leven
- Options for service relocation
- Ambulance journeys
- Evaluation of prediction and stratification model

And highlighted the key clinical conclusions, from the Panel's report, as:

- confirming the NHS Board's conclusions about anaesthetic sustainability were substantiated by the Panel's external expert advice;
- supporting the NHS Board's decision not to proceed with the full implementation of the integrated care model in the light of clinical concern expressed and lack of confidence in the model in a substantial part of medical opinion;
- stating that the weight of UK medical opinion was that unscheduled medical admissions should not be maintained on a stand alone basis without other acute services including ITU;
- stating that the overwhelming majority of clinical opinion was that unscheduled medical admissions should not be dealt with where there was no immediately available anaesthetic cover and, in most instances, no ready access to acute surgery;
- confirming the soundness in principle of the NHS Board's proposal to relocate the Vale unscheduled medical admission service confirming that the present Vale service, separated from the full range of acute services, including ITU, was significantly less than ideal.

Dr Brian Cowan noted that these conclusions confirmed the NHS Board's existing concerns about the safety and sustainability of the service at the Vale, particularly that the NHS Board's proposals were entirely in line with external medical opinion and advice. He highlighted the extent to which the Panel's endorsement of the NHS Board's position required the rapid planning of the transfer of the service. Professor Barlow noted, in his capacity as Chair of the NHS Board's Clinical Governance Committee, the Panel's conclusions reflected the concerns and conclusions of that Committee, albeit a number of short term measures had been put in place to try and mitigate the issues which had been raised.

A lengthy discussion followed, including a number of further contributions in relation to the viability of the present arrangements. Members noted the contradictions between the Independent Scrutiny Panel's endorsement of the clinical elements of the NHS Board proposals and its recommendations to consult on options which were at odds with those clinical conclusions. Board Members also noted that the NHS Board had taken a consistent approach not to consult on options which were not viable and that this position was in line with the Scottish Health Council's advice. Mr McLaughlin asked what the NHS Board's position would be if there was a clinical incident at the Vale and it had continued to run this service when the Panel's independent and external clinical advice had so clearly confirmed the NHS Board's concerns. This outcome of the scrutiny process created a serious dilemma for the NHS Board. Mr Divers summarised the discussion, offering two options:

- To proceed, as would have been his preference, through the normal due process, to public consultation based on the proposals considered by the NHS Board in June 2007 but with the challenge of not having an obvious deliverable alternative option to present.
- To decide that on the basis of clinical safety, clinical governance and sustainability, endorsed by the Independent Scrutiny Panel, the NHS Board could decide to transfer unscheduled medical care, in a managed way, with the minimum possible delay, while making a commitment to an extensive and detailed programme of public engagement to endeavour to explain the basis for the need to make these changes and how the new service would operate.

No NHS Board Members spoke to support the first option and Mr Sime stated that no health professional could support the continuation of the service as it stood. As such, the NHS Board endorsed the second option with dissent recorded from Councillor Robertson.

DECIDED:

- That the Independent Scrutiny Panel's clinical conclusions supported the Board's proposals on integrated care and unscheduled medical admissions at the Vale of Leven.
- That on the basis of safety and clinical governance, plans should be developed to transfer unscheduled medical admission services in a planned and managed way from the Vale of Leven Hospital to the Royal Alexandra Hospital.

**Director of
Corporate
Planning and
Policy/Director of
Acute Services
Strategy,
Implementation
and Planning
Director of
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Acute Services
Strategy,
Implementation
and Planning**

**ACTION BY
Director of
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Policy/Director of
Acute Services
Strategy,
Implementation
and Planning**

- That a detailed programme of local community engagement would also be organised to explain why these changes were necessary. Local staff would be fully involved in the development of the planning and community engagement process.

These plans would be considered by the NHS Board at its meeting scheduled for 22 January 2008.

140. CLYDE MATERNITY SERVICES REVIEW

A report of the Director of Corporate Planning and Policy and Director Clyde Acute Services [Board Paper No 07/60] asked the NHS Board to endorse the proposed next steps to respond to the Independent Scrutiny Panel report and move to formal public consultation.

Ms Renfrew explained that in most respects, the Panel endorsed the process which had developed the NHS Board proposal to cease the delivery services within the Community Midwifery Unit (CMU). The Panel, however, criticised the NHS Board's public engagement and recommended that the NHS Board consult on an option to retain the delivery services for a number of years, revise the risk criteria for CMU delivery and consider providing post natal care within the CMU. Ms Renfrew summarised the four areas in which the NHS Board would challenge the Panel's conclusions:

- Public engagement
- Continuing the current service
- Promoting the service
- Post natal inpatient care in CMU

There was no persuasive evidence that a further three years of delivery services in the CMU would impact significantly on through-put and reduce the Unit cost to an acceptable level. There was no basis, therefore, to recommend to the NHS Board foregoing the potential to secure £1.5m saving over that three year period by accepting this recommendation. The proposition was, therefore, that the NHS Board should proceed to consultation with the full option appraisal transparent to the public and a preferred option to cease the CMU delivery services. The consultation should be proportionate to the fact that the NHS Board's proposal was to ask 150 patients per annum to make a single journey to the Royal Alexandra Hospital for a hospital stay usually of less than 48 hours with the vast majority of activity remaining in the CMU.

If the NHS Board accepted the Panel's conclusion that further public testing of the choices made by mothers would be of value, the NHS Board could undertake such a study during the consultation period to be reported to the NHS Board with the outcome of consultation.

Councillor McIlwee referred to key elements of the Scrutiny Panel report which did not support the proposal to consult on closing the delivery elements of the CMU which he did not, therefore, find acceptable. Ms Renfrew addressed the points raised by Councillor McIlwee and suggested that the Independent Scrutiny Panel report with its full conclusions should be included as an integral part of the consultation material to ensure openness and transparency for public comment. This was welcomed by Councillor McIlwee.

**Director of
Corporate
Planning and
Policy**

DECIDED:

- That the proposed next steps to respond to the Independent Scrutiny Panel report and move to formal public consultation be endorsed.
- That, as part of the formal public consultation materials, the Independent Scrutiny Panel report be included.
- That during the consultation process there be further public testing of the choices made by mothers to be reported to the NHS Board with the outcome of consultation.

**Director of
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Policy**

141. BALANCE OF OLDER PEOPLE'S CARE : JOHNSTONE HOSPITAL

A report of the Director of Corporate Planning and Policy and Director, Renfrewshire Community Health Partnership [Board Paper No 07/61] asked the NHS Board to endorse the proposed next steps to respond to the Independent Scrutiny Panel report and move to formal public consultation.

The Independent Scrutiny Panel had endorsed the overall concept of the NHS Board's proposal for Johnstone Hospital as appropriate and the principles sound. The Panel also confirmed the proposed model was reasonable. As such, Ms Renfrew explained that the NHS Board proposed to move to formal consultation on the closure of Johnstone Hospital but fully respond to the Panel's conclusions in terms of the consultation process and material.

In the light of the concerns expressed by the Panel about the overall financial framework for older people's services in Renfrew, the NHS Board would also include in the consultation material a detailed financial overview.

Councillor Yates was comfortable to consult with these modifications which would address the primary issues the Panel raised and improve the quality of the consultation process and materials.

Ms Renfrew noted that a discussion paper on the NHS Board's proposed response to the Scottish Government's consultation on the role of Independent Scrutiny Panels would be available for consideration at the January 2008 NHS Board meeting.

**Director of
Corporate
Planning and
Policy**

DECIDED:

That the proposed next steps to respond to the Independent Scrutiny Panel report and move to formal public consultation be endorsed.

**Director of
Corporate
Planning and
Policy**

142. PUBLIC HEALTH SCREENING PROGRAMMES ANNUAL REPORT TO MARCH 2007

A report of the Director of Public Health [Board Paper No 07/68] asked the NHS Board to note the Public Health Screening Programmes Annual Report to March 2007.

Dr de Caestecker outlined the Annual Report which presented information about the following screening programmes offered to residents across NHS Greater Glasgow and Clyde:

- Cervical Screening
- Breast Screening
- Communicable Diseases in Pregnancy
- Down's Syndrome
- Neural Tube Defects
- Newborn Bloodspot
- Universal Newborn Hearing
- Diabetic Retinopathy Screening
- Pre-school Visual Screening

In addition, plans for the implementation of bowel screening were highlighted.

Dr de Caestecker explained that screening was a public health service offered to specific population groups to detect the potential health conditions before symptoms appeared. Screening had the potential to save lives and improve quality of life through early diagnosis of serious conditions. Each year, approximately 250,000 NHSGG&C residents were eligible for screening and these screening programmes stretched across the whole organisation with successful delivery relying on a large number of individuals working in a co-ordinated manner towards common goals in a quality assured environment. It was essential that good information management systems were in place to monitor and evaluate each component and the overall performance of every screening programme offered to the NHS Board's residents. All the screening programmes, with the exception of pre-school visual screening, had clinical standards set by NHS Quality Improvement Scotland which the NHS Board strived to meet.

Dr de Caestecker confirmed that following the dissolution of NHS Argyll and Clyde and the formation of NHS Greater Glasgow and Clyde, one challenge for the Public Health Screening Unit was the different modalities and service provision across NHS Greater Glasgow and Clyde. The Annual Report highlighted both similarities and differences in the delivery of the screening programmes and constituted a benchmark in the path for integration and harmonisation across NHSGG&C.

A concerted effort was required across all screening programmes to ensure a high uptake within the confines of informed consent, while ensuring that the impact on inequalities in health was monitored and addressed.

On behalf of the Area Optometric Committee, Dr Colville highlighted that the pre-school visual screening did not diagnose the cause of any difficulty but simply established any reduced vision – thereafter, if needed, a referral was made either to the hospital eye service or to the child's own optometrist. Furthermore, the Area Optometric Committee was concerned about the orthoptic resource in NHSGG&C but recognised this was a national issue also.

In response to a question from Mrs Murray, Dr de Caestecker confirmed that the new General Medical Services (GMS) contract did not require GPs to pursue a patient for cervical screening after three failed attempts to contact. The NHS Board had written to the Scottish Government Health Directorate to highlight this issue and still encouraged practices to increase their uptake of cervical screening by continually contacting patients by sending reminders. Dr Colville assured the NHS Board that general practices did attempt to engage patients for this purpose.

With regard to “did not attend (DNA)” rates, Dr Benton suggested that it would be useful to collate a breakdown of this statistic to establish if there may be religious/ethnicity reasons for this.

NOTED

143. ANNUAL ACCOUNTABILITY REVIEW : ACTION PLAN

A report of the Director of Corporate Planning and Policy [Board Paper No 07/62] asked the Board to note the action plan and letter from the Cabinet Secretary for Health and Wellbeing following the NHS Board's Annual Review held on 10 October 2007.

Ms Renfrew referred to the action plan which detailed the key issues discussed, action agreed and the NHS Board officer responsible to progress this. This would provide assurance not only for NHS Board colleagues but also in preparing for the mid-year review with the Scottish Government Health Directorates.

NOTED**144. WINTER PLAN 2007/08**

A report of the Director of Acute Services Strategy, Implementation and Planning [Board Paper No 07/63] asked the NHS Board to receive an update on Winter Planning for this year, including progress on developing the contingency/escalation plan and the decision making process.

Ms Byrne confirmed that monthly meetings of the Winter Plan Group would continue until January 2008 (and beyond, if necessary), with a review meeting scheduled for April 2008 to assess the effectiveness of this year's plan and identify what lessons could be learned for the future. Over and above this, the Executive Group would continue to meet to fine tune the escalation plan and decision making process and would continue to closely monitor and oversee the day-to-day application of the plan.

NOTED**145. PATIENTS' PRIVATE FUNDS – ANNUAL ACCOUNTS 2006/07**

A report of the Director of Finance [Board Paper No 07/64] asked the NHS Board to adopt and approve, for submission to the Scottish Government Health Directorate, the 2006/07 Patients' Private Funds Annual Accounts for NHSGG&C.

Mr Griffin explained that NHSGG&C held the private funds of many of its patients; especially those who were in long-term residence and who would have no ready alternative to safekeeping and management of their funds. Each of the NHS Board's hospitals had arrangements in place to receive and hold, and where appropriate, manage, the funds of any patients requiring this service. Any funds that were not required for immediate use were invested to generate interest, which was distributed to the patients' accounts based on each individual's balance of funds held. NHS Boards were required to submit audited Annual Accounts for these funds to the Scottish Government Health Directorate. KPMG, External Auditors of the funds had indicated that they were prepared to sign their report without qualification.

DECIDED:

- That the Patients' Private Funds Annual Accounts for NHSGG&C be adopted and approved for submission to the Scottish Government Health Directorate.

**Director of
Finance**

ACTION BY
Director of
Finance/Chief
Executive
Chairman/
Director of
Finance
Chief Executive

- That the Director of Finance and Chief Executive to sign the Abstracts of Receipts and Payments for 2006/07 be authorised.
- That the Chairman and Director of Finance to sign the Statements of Board Members' Responsibilities be authorised.
- That the Chief Executive to sign the Letter of Representation to KPMG on behalf of the NHS Board be authorised.

146. 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 07/65] 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 eleven 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

147. WAITING TIMES AND ACCESS TARGETS

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No 07/66] asked the NHS Board to note progress against the national targets as at the end of November 2007.

Mr Calderwood led the NHS Board through progress across the single system towards achieving waiting time and other access targets set by the Scottish Government Health Directorate – commonly known as HEAT Targets.

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

In respect of outpatient waiting times, the national target of a maximum waiting time of 18 weeks for all new outpatients had to be achieved by December 2007. The overall position, at the moment, demonstrated a total of 510 outpatients waiting over 18 weeks in November 2007. These patients had all been offered an outpatient appointment by 31 December 2007.

Mr Divers referred to the NHS Board's average performance of 97% of patients being treated and discharged, admitted or transferred from Accident and Emergency within four hours of arrival at the Department. He alluded to work being undertaken across the NHS Board to achieve the national target of 98%.

Mr Daniels commended the huge effort made by clinicians, clinical teams and managers to deliver on these national targets. The Chairman recognised the significance of the achievement and thanked, on behalf of the NHS Board, all those involved for their hard work in providing an improving and consistent service to patients interacting with our services.

NOTED

148. FINANCIAL MONITORING REPORT TO 30 SEPTEMBER 2007

A report of the Director of Finance [Board Paper No 07/67] asked the NHS Board to note the Financial Monitoring Report for the six month period to 30 September 2007.

Mr Griffin highlighted that, as at 30 September 2007, NHSGG&C was reporting a close to breakeven position against a year to date budget of £1,245m. This confirmed that the NHS Board continued to manage its expenditure levels in line with the budget.

In 2006/07, the NHS Board reported a revenue surplus of £27.3m which arose as a result of the impact of property disposals that were concluded during 2006/07. It was agreed with the SGHD that this one off benefit could be carried forward into 2007/08 and deployed on a non-recurring basis to support the achievement of national waiting times targets by the required date of 31 December 2007. At this stage of 2007/08, the year end outturn was forecast to be a breakeven position against the overall revenue budget. During December, a detailed mid-year financial review would be concluded covering all service areas and funding sources. This would allow the NHS Board to firm up its forecast outturn for 2007/08.

In respect of expenditure on acute services, this continued to run broadly in line with budget during the year to date with a surplus of £0.7m reported for the first six months. With regard to expenditure on NHS partnerships, Mr Griffin reported this was also close to budget for the year to date with an overall breakeven position reported.

The NHS continued to work on the development of a three year cost savings plan for addressing the recurring deficit within the Clyde area.

NOTED**149. QUARTERLY REPORT ON COMPLAINTS : 1 JULY TO 30 SEPTEMBER 2007**

A report of the Head of Board Administration, Chief Operating Officer (Acute) and Lead Director CHCP (Glasgow) [Board Paper No 07/69] asked the NHS Board to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 July to 30 September 2007.

Mr J Hamilton noted the improved performance of complaints received and completed within 20 working days – both the Acute Services Division and Partnerships had improved this quarter against the previous quarter.

He noted the fifteen NHSGG&C cases that had been considered by the Ombudsman within the quarter and explained that the issues arising from these would be considered fully by the NHS Board's Clinical Governance Committee.

NOTED

150. PHARMACY PRACTICES COMMITTEE MEETING MINUTES : 16 OCTOBER 2007, 22 OCTOBER 2007, 30 OCTOBER 2007, 7 NOVEMBER 2007, 21 NOVEMBER 2007 AND 27 NOVEMBER 2007

The Minutes of the Pharmacy Practices Committee (PPC) meetings held on 16 October 2007 [PPC(M)2007/15], 22 October 2007 [PPC(M)2007/16], 30 October 2007 [PPC(M)2007/17], 7 November 2007 [PPC(M)2007/18], 21 November 2007 [PPC(M)2007/19] and 27 November 2007 [PPC(M)2007/20] were noted.

The NHS Board endorsed the following appointments:

- PPC Chair – Agnes Stewart
- PPC Deputy Chair – Peter Daniels

**Head of Board
Administration**

NOTED

151. CLINICAL GOVERNANCE COMMITTEE MEETING MINUTES : 23 OCTOBER 2007

The Minutes of the Clinical Governance Committee meeting held on 23 October 2007 [CGC(M)07/5] were noted.

NOTED

152. AREA CLINICAL FORUM MEETING MINUTES : 1 NOVEMBER 2007

The Minutes of the Area Clinical Forum meeting held on 1 November 2007 [ACF(M)07/6] were noted.

NOTED

153. AUDIT COMMITTEE MEETING MINUTES : 5 NOVEMBER 2007

The Minutes of the Audit Committee meeting held on 5 November 2007 [A(M)07/6] were noted.

NOTED

154. STAFF GOVERNANCE COMMITTEE MEETING MINUTES : 20 NOVEMBER 2007

The Minutes of the Staff Governance Committee meeting held on 20 November 2007 [SGC(M)07/3] were noted.

NOTED

155. PERFORMANCE REVIEW GROUP MEETING MINUTES : 20 NOVEMBER 2007

The Minutes of the Performance Review Group meeting held on 20 November 2007 [PRG(M)07/6] were noted.

NOTED

156. EXCLUSION OF PUBLIC AND PRESS

The NHS Board approved a motion to exclude the public and press during the consideration of following item of the agenda in view of the confidential nature of the business to be transacted.

NOTED

157. FAMILY HEALTH SERVICE COMMITTEE MEETING MINUTES : 23 NOVEMBER 2007

The Minutes of the Family Health Service Committee meeting of 23 November 2007 [FHSC(M)07/01] were noted.

NOTED

The meeting ended at 1.30 pm