

ANNUAL REPORT
STATEMENT OF ACCOUNTS
& DIRECTORY

FOR THE YEAR ENDED 31 MARCH 1990

**GREATER GLASGOW
HEALTH BOARD**



The past year has seen the Greater Glasgow Health Board decide upon some of the most far-reaching decisions in its history. Major strategic reviews involving Maternity Services, Care of the Elderly, Laboratory Services, and Acute Services have been considered, and the Board's recommendations on all of these strategies have been published.

Our conclusions on each review have been taken only after prolonged and detailed discussions.

Nobody is more aware than Board members of the importance of the issues we have been facing which will affect the health services in Glasgow into the next century.

The plans were first considered thoroughly before being put out to consultation to many public sectors. Every response, official or unofficial, was made available to each member of the Board.

More than 20 slide presentations of each strategy were made by the Board officers to interested groups.

Only then were our conclusions published. I am completely confident that these lengthy and careful procedures have ensured that

we have fulfilled our responsibility in defining policy for the delivery of the best possible caring service for the people of Glasgow.

I congratulate the many officers concerned for the quality of their work and the extra hours they gave to meet a strict timetable.

I also believe the decisions Board members made together on these weighty matters, and the challenge of doing so, has made us an even stronger corporate body than before.

This is to make no mention of the standard activities of members in visiting hospitals and community sites, and the chairing of appointment and other committees, which continue.

There are discussions at the moment over possible changes in the size and format of health boards.

Whatever the outcome of these may be, I am privileged to work with committed individuals who have given their time and expertise unstintingly.

The future of Local Health Councils is also under consideration but regardless of the shape they assume in the coming years, it is essential that there continues to be a strong input to our planning from patients and others whom we serve. I should like to thank personally every member who has served on our five Local Health Councils during my period in office.

Scottish Overseas Health Support (SOHS) was launched this year by the Scottish Health Minister, Mr Michael Forsyth, to offer medical expertise throughout the world. It is strongly endorsed by the Board and I am delighted to be Chairman of the Policy Board of SOHS. I am sure it will make a valuable contribution and flourish in the future.

Congratulations are appropriate on a number of fronts. We should always remember we are a health and not an ill-health board and we were all delighted at the appointment of Dr Philip Hanlon as Director of Health Promotion.

I am pleased to note an increasing interest in this field. Some of my friends even now are quoting their own cholesterol levels with pride!

Glasgow 2000 also continues to flourish particularly in their continuing success with the Smokebusters' Club which now has 25,000 members aged between 10 and 14. They don't smoke and encourage others to give up. I recently had the pleasure of presenting a television set to Louise Dayman, a Glasgow physiotherapy student, who won second prize in a competition with 12,000 entrants in conjunction with National No Smoking Day in March.

Congratulations as well to Victoria Infirmary staff – both past and present – on their centenary celebrations. We are all proud of the long association with this famous hospital and we are watching with interest as the centenary programme of events unfold. There has already been a Civic Reception, a dinner dance, the re-creation of a hospital ward as it would have been 100 years ago, and a very successful Gala Day recently in Queens Park. I also wish the 'Vicky Appeal' for a cardiac rehabilitation unit every success as they strive to raise £250,000 to establish the facility as a lasting reminder of a momentous year.

I was most pleased that the General Manager and fellow Board member, Mr Laurence Peterken, was awarded the CBE in the New Year's Honours List. The honour recognises his industry and the major contribution he has made to the Health Service not only in Glasgow but throughout Scotland.

Professor Peter Kennedy of the Institute of Neurological Sciences was presented with an award by Her Royal Highness The Princess of Wales after his selection as BUPA 'Doctor of The Year' at a ceremony in London for his research into how viruses cause neurological diseases.

The Board's in-house newspaper, "The Bulletin", is now a monthly production, and continues as a valuable means of communication between members of staff. I would encourage everyone to support it by submitting articles for consideration for future editions.

Writing this foreword gives me the opportunity to thank most warmly all members of staff in the Greater Glasgow Health Board for the hard work and devotion which they have shown during the last year. Contentious issues have been faced and will continue to confront us as we review present practices but I am confident that more effective and efficient clinical practices are being created. My best wishes and thanks to all of you.



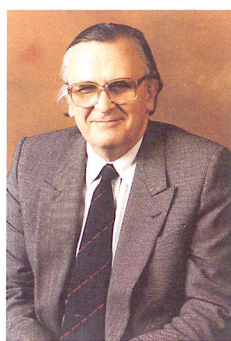
THOMAS J. THOMSON, Chairman



CHAIRMAN
Dr Thomas J Thomson
CBE LLD FRCP FACP



VICE-CHAIRMAN
Mr Paul W Holst



GENERAL MANAGER
Mr LE Peterken
CBE MA



Provost JE Cameron
JP



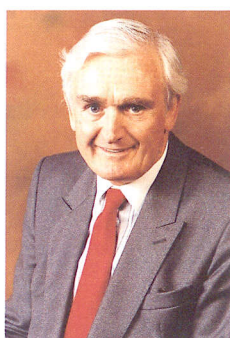
Rev RDM Campbell
BD FSAScot



Dr WK Davidson
CBE JP FRCGP



Miss E Donachie
RGN SCM



Mr AD Garland
FRICS JP



Mrs A Gilchrist



Lady Goold
BL CA



Mrs A Jarvis



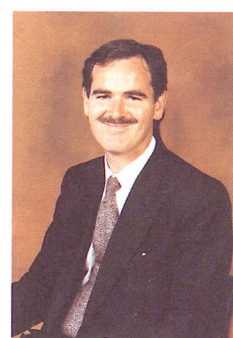
Mr BA Maan
JP DL



Mr AJ Mack MB ChB
MSC FRCS (Edin, Glas)



Professor RM Mackie
MD FRCP FRCPATH FRSE



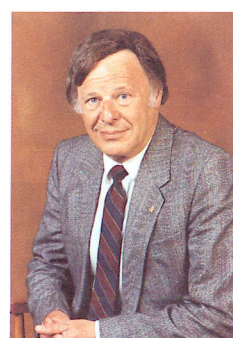
Mr W Macreath
LLB NP SSC



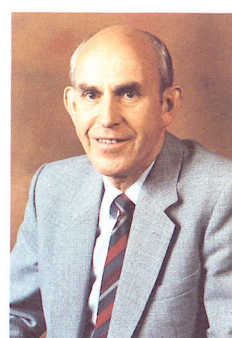
Mr C MacKay
BSc MB ChB FRCS
(Eng, Edin, Glas)



Mrs M McGarry
MA JP



Mr NM Naftalin
BL NP



Mr JA Peel
FIMLS



1. OVERVIEW

This was a year of considerable significance for the Board. Two major developments captured the attention of the public. First, the Board had to live with the consequences of a major step towards the goal of SHARE parity.

This meant that the Board's revenue allocation for 1989/90 was some £12 million less than it was originally anticipated as progress was made to putting all Health Boards on an equitable footing. This called for sound financial management and the Board benefited from its prudent housekeeping in recent years. Second, the Board concluded and consulted on four major service strategies. When these are in place, Greater Glasgow will have comprehensive plans on a city-wide basis, for the delivery of health services. Together with the strategies already completed Greater Glasgow will have reviewed in the last four years the services for 12,000 beds.

The Board has done this while continuing to provide satisfactory health care to the people of Glasgow. It has continued to find resources to develop the service.

2. REPORT FOR THE YEAR

Cash Out-turn

The Board's cash-limited allocations for Hospital and Community

Services and for Capital and Estate Programmes amounted to £511.8 million. This was underspent by £4.2 million on a cash basis which allows a 0.8% carry forward into 1990/91. This underspend will be available as planned for use in the new financial year as a contingency provision.

Revenue Expenditure

Revenue expenditure on Hospital and Community Services in 1989/90 increased by £22.8 million or 5% over the previous financial year. Hospital direct care spend has been increased by 7.1% and community direct care spend by 10.1%.

Building Schemes

The Board also continued a busy programme of building projects. The following schemes and refurbishments were announced.

- Two New 90-Bed Units for Mentally Ill Patients at Gartnavel Royal and Ruchill Hospitals.
- The Major Refurbishment of Psychiatric Ward Accommodation at Ruchill.

Hospitals	1988/89 £m	1889/90 £m	Change %
Direct Care	240.8	258.0	+ 7.1
Support Services (Excluding equipment)	111.3	112.4	+ 1.0
Community			
Direct Care	26.8	29.5	+ 10.1
Overheads, Accommodation etc.	7.6	7.0	- 7.9

Capital Account

Capital expenditure on a cash basis increased by £5.5 million or 24%. On an income and expenditure basis the total capital expenditure was £26.3 million. This exceeds the much increased expenditure level reported for 1988/89 at £24.8 million, which was already a record increase of some 46% over the previous year. The continued level of investment reflects the Board's commitment to the provision of new and upgraded hospital and community accommodation.

	1988/89 £m	1989/90 £m	Change %
Capital Programme	14.2	14.8	4.2
Estate Maintenance Programme	10.6	11.5	8.5
TOTAL CAPITAL ACCOUNT	24.8	26.3	12.7

– The Continuation of Major Refurbishment of Ward Accommodation at Lennox Castle, with the reduction of 50 to 30 beds per ward.

– The second phases of the Major Refurbishment of Care of the Elderly Facilities at Lightburn and Drumchapel Hospitals.

– The provision of Two Additional Linear Accelerator Rooms at the Western Infirmary.

In all, major schemes totalling £9 million were set in progress.

Openings

The past year saw several major openings. On 20 April 1989 HRH The Princess of Wales officially opened Parkhead Psychiatric Hospital, the first to have been built in Glasgow for almost a century. The capital cost was £4.5 million and the hospital accommodates 120 in-patients and provides 30 day places.

Mr Michael Forsyth, the Minister for Health in Scotland, officially opened two up-graded 30 bed wards and a hydro-therapy pool at Lennox Castle Hospital on 30 August 1989. Together they represent an investment of more than £1 million. The pool, the only one of its kind in the area, offers in particular an opportunity to combine enjoyment, recreation and therapy.

On 11 September 1989 Mr Forsyth also opened Pollok Health Centre. This cost £1.7 million and was the twelfth Health Centre to have been opened in Greater Glasgow in the last ten years. It provides a wide range of health facilities to the population of Pollok, Darnley and Nitshill. This was closely followed by the thirteenth Health Centre when Dr Thomson, Chairman of the Board opened Castlemilk Health Centre on 30 November. The Chairman also performed the official opening ceremony on 4 October 1989 at Fraser House and the new Occupational Therapy Department at Woodilee Hospital. Finally, Mr Jack McGinn, the Chairman of Celtic Football Club, formally opened Shettleston Day Hospital on 11 January. This was refurbished at a capital cost of £200,000 and provides a community based psychiatric service to people aged 65 years and over in the East End of Glasgow.

Property and Estate Management

The Board has continued to

rationalise its property. Sales in 1989/90 of land and property not required for Health Board purposes amounted to £6.1 million. It is particularly important that the Board proceeds with this at a time when the rules have been relaxed to allow all Boards to retain for reinvestment all of the receipts from land sales. This is proving a crucial component in the Board's planning.

In tandem with its property rationalisation programme the Board has continued to give priority to the maintenance of its property. The total spent in 1989/90 on backlog maintenance was £11.4 million and on routine building and engineering maintenance was £13.7 million.

The Board also completed its project for the relocation of Headquarters staff. Board Headquarters is now located at 112 Ingram Street, a building owned by the Board. The move from 225 Bath Street has saved the Board £1.2 million per annum.

Partnership Development

The Board also embarked on an innovative venture when it concluded an agreement with Takare plc. This brings private sector capital to the Health Service to enable an improvement in the quality of care of patients. The Board sold the site next to Rutherglen Maternity Hospital to the company. The company will build on this site facilities for 180 beds for elderly patients and these beds will be contracted to the Board. The brand new accommodation will be single storey and patients will have single rooms. There will be spacious day areas and the grounds will be landscaped. The patients remain in the care of NHS geriatricians who will have sole admission rights. The agreement contains provisions to enable the Board to monitor the quality of service to the patients and stringent financial safeguards. It is particularly pleasing that of the 180 beds, 90 are additional i.e. they will not be filled by the transfer of patients from Glasgow hospitals but will serve to remedy the long-recognised under provision in the south of the city for elderly patients. This has meant patients from Cambuslang and Rutherglen being admitted to Cleland Hospital in Lanarkshire.

Competitive Tendering

The Board completed the competitive tendering of all of its domestic, catering and portering services. This has resulted in a total of 57 contracts being awarded, 35 of which were to in-house teams. The savings achieved through these total £10.6 million per annum, averaging 25% of previous costs.

New ground was broken when the Board invited tenders for the Medical Records function at the Southern General Hospital. The Board's programme of competitive tendering will continue to seek improved value for money.

3. STRATEGY REVIEWS

Consultative Process

This year saw the culmination of the strategic review programme with the publication of four major strategy documents – on Acute Services, Maternity, Care of the Elderly and Laboratory Medicine Services. These attracted considerable interest and the Board launched a major consultative exercise. A special presentation employing slides and computer graphics to explain the Acute, Maternity and Care of the Elderly Strategies was devised. This was shown on 21 occasions to a wide range of interests including senior medical and nursing staff of the Board, the Area Advisory Committees, representatives of trade unions and professional organisations, Local Health Councils, MPs, Strathclyde Regional Council and Church bodies.

A considerable number of comments on the strategies were submitted and Board members received copies of every one. Finally, for each of the four documents, representatives of the clinicians attended the Board to present their views in person.

Acute Services Strategy

A total of 16 individual reviews fed into this strategy. These were assembled by a core group of senior officers to produce an all embracing city-wide strategy. The first strand was to recognise that three factors determined the requirement for beds in Greater Glasgow by 1996.