

GGNHSB(M)02/09
Minutes: 83 - 96

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the
Greater Glasgow NHS Board
held in the Board Room, Dalian House,
350 St Vincent Street, Glasgow
on Tuesday 20 August 2002 at 9.30 am**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr J Best	Professor M Farthing
Dr H Burns	Councillor J Gray
Ms M Boyle	Mr W Goudie
Mr R Calderwood	Dr R Hughes
Councillor D Collins	Mrs W Hull
Ms R Crocket	Mrs S Kuenssberg CBE
Mr T A Divers OBE	Mrs E Smith

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

Ms E Borland	Acting Director of Health Promotion
Ms S Dean	Press Officer
Ms S Gordon	Secretariat Manager
Mr J C Hamilton	Head of Board Administration
Dr H Irvine	Consultant in Public Health Medicine (for Item 88)
Mr J Whyteside	Communications Manager

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

Dr F Angell	Chair, Area Dental Committee
Mr P Hamilton	Convener, Greater Glasgow Health Council
Mr H Smith	Chair, Area Paramedical Committee (PAMS)

ACTION BY

83. APOLOGIES

Apologies for absence were intimated on behalf of Mr R Cleland (Chairman, North Glasgow University Hospitals NHS Trust), Mr T Davison (Chief Executive, Greater Glasgow Primary Care NHS Trust), Professor G C A Dickson (Interim Chairman), Councillor R Duncan, Councillor D McCafferty, Ms C Renfrew (Director of Planning and Community Care), Ms S Plummer (Nurse Adviser to the Board), Mrs C Anderson (Chair, Area Pharmaceutical Committee), Mr J Cassidy (Chair, Area Nursing and Midwifery Committee), Mr E P McVey (Chair, Area Optometric Committee) and Dr J Nugent (Chair, LHCC Professional Committee).

84. APPOINTMENT OF CHAIR

In the absence of a Chair and the Interim Chair, on the motion of Mrs E Smith, seconded by Professor M Farthing, it was agreed that Mr A O Robertson chair the meeting.

85. CHAIRMAN'S REPORT

The Chairman made reference to events in which the Interim Chair, Professor G C A Dickson, had been involved since the last meeting of Greater Glasgow NHS Board. These included the following:

- (a) Attendance on 29 July 2002 at a visit to Glasgow by the Deputy Minister for Health and Community Care, Mr Frank McAveety. He visited the Southern General Hospital, Glasgow Royal Infirmary and the headquarters of the Glasgow Homeless Addictions Team which gave the opportunity for discussion on the Joint Homelessness Strategy.
- (b) Chaired the Appointments Committee on 13 August 2002 to appoint a Director of Corporate Communications for NHS Greater Glasgow. Alastair McLaws, currently Head of Communications at NHS Lanarkshire, had been appointed to the post and was expected to start in October 2002
- (c) Attendance on 16 August 2002 at an NHS Board Chairs' meeting with the Minister for Health and Community Care and Chief Executive of NHS Scotland. Discussion at the meeting concentrated on:
 - The implementation of the current Health Plan.
 - The development of the Health Policy White Paper - expected to be issued during the winter of 2002.
 - A review of the Guidance for Local Health Plans.

Mr Robertson advised that he had attended a visit by Mr Frank McAveety, Deputy Minister for Health and Community Care at West Dunbartonshire Council Offices. The Assistant Director for Planning and Community Care, Mr Alex McKenzie, presented the ongoing work being undertaken between NHS Greater Glasgow and West Dunbartonshire Council in taking forward the Joint Future agenda.

Mr Robertson confirmed that the Acting Director of Health Promotion, Evelyn Borland, had written out to all Board Members advising of the arrangements of the first City Health Week, taking place between 8 and 15 September 2002. This event was being organised primarily by Glasgow City Council, with support from the Health Promotion Directorate at Greater Glasgow NHS Board and the theme of the week would be "Glasgow's Busy Beeing Healthy" - using the character of a bee in publicity materials. The Health Week was an opportunity to increase understanding among the public and partners of the importance of health to Glasgow's image and welfare and to underline the commitment that already existed to tackle Glasgow's health problems.

NOTED

86. MINUTES

On the motion of Mrs E Smith, seconded by Councillor D Collins, the Minutes of the meeting of the NHS Board held on Tuesday 23 July 2002 [GGNHSB(M)02/08] were approved as an accurate record and signed by the Chairman.

NOTED

87. ACCOUNTABILITY REVIEW 2001/2002 - OUTCOME

A report of the Chief Executive was submitted [Board Paper No 02/52] asking the Board to receive the record of the outcome of the annual accountability review meeting between NHS Greater Glasgow and the Scottish Executive and to note progress made on the set of early action points arising from that review.

The annual accountability review meeting between NHS Greater Glasgow and the Scottish Executive was held on 20 June 2002 at Dalian House. It was attended by the five NHS Greater Glasgow Chairs and Chief Executives, Bill Goudie (Chair, Area Partnership Forum), the Chief Executive of NHS Scotland, Trevor Jones and his team. A record of the outcome of the meeting was set out in a letter from Trevor Jones on 10 July 2002 to Professor David Hamblen, then Chairman of the NHS Board. Mr Divers referred to the copy of that letter which was included in the Board papers and which would be included in its annual report 2001/2002 and a summary of the action to be taken by NHS Greater Glasgow.

Mr Divers commented that the meeting had been positive, constructive and with plenty of opportunities for both parties to raise issues. He provided a brief update on the points identified as early action points arising from the accountability review meeting as follows:

- Area Partnership Forum - a meeting of the Area Partnership Forum had taken place in the week following the accountability review meeting. A draft work programme for the present year was discussed and should be finalised at the September meeting of the Area Partnership Forum. Additionally, the Joint Chairs of the Forum had had an initial meeting with UNISON and ongoing discussion would take place in the coming weeks.
- Major Service issues - a final submission on the Acute Services Strategy was made to the Chief Executive of NHS Scotland and to the Minister for Health and Community Care immediately following the NHS Board meeting held on 27 June 2002. The Minister for Health and Community Care had now completed his detailed consideration and scrutiny of all three submissions which the NHS Board had submitted. On 10 August 2002 the Minister wrote to the Interim Chairman, Professor Gordon Dickson, and gave approval to the proposals flowing from Greater Glasgow's acute services strategy. The details of the ministerial decision were as follows:
 - ❖ That the clinical strategy based on three adult inpatient sites, supported by two Ambulatory Care and Diagnostic Units (ACADs) on the Stobhill site and on a site adjacent to the Victoria Infirmary site was the appropriate pattern for future years.
 - ❖ In North Glasgow, acute inpatient services would be provided from the redeveloped Glasgow Royal Infirmary and Gartnavel General Hospital.

- ❖ In South Glasgow, acute inpatient services would be provided from a major new development at the Southern General Hospital.
- ❖ That full A & E services would be provided from two sites located at Glasgow Royal Infirmary and the Southern General Hospital and that:
 - Acute receiving services would be provided from three inpatient sites at Glasgow Royal Infirmary, Gartnavel and Southern General Hospital.
 - Trauma and Orthopaedic inpatient services would be provided from the two full A & E sites. Orthopaedic outpatient and day case services to be provided from all five adult sites.
 - Minor Injuries Units would be provided from all five adult sites (Gartnavel, Stobhill, GRI, Victoria and Southern General).
 - Paediatric A & E and Emergency Services would be provided from the Royal Hospital for Sick Children at Yorkhill.

In his letter of approval, the Minister also welcomed the NHS Board's proposal that Audit Scotland undertake a governance role in respect of implementation of the acute services plan. The Minister had asked that the final remit agreed between the NHS Board and Audit Scotland be shared with his Department as soon as that had been finalised.

- Financial Issues - the two immediate action points arising from the discussion on financial issues had been taken. Mr Divers and Ms Hull met with the Health Department's Director of Finance and members of his team on 2 August 2002 to take forward the next steps in the discussion about the development of the five year financial plan. An agreed timescale for an initial submission (by end August 2002) and of a more detailed submission (by end December 2002) had been agreed. Furthermore, NHS Greater Glasgow's five Directors of Finance had met on 19 August to move this forward.
- Waiting Times - a detailed report had been sent to the Director of the National Waiting Times Unit setting out the proposals for the next year and a half, in order to address the key ministerial waiting time targets.

In summary, Mr Divers highlighted the priorities for NHS Greater Glasgow for the year 2002/2003 being:

- To manage within available resources.
- To manage the capital programme to sustain implementation of the acute services review.
- To deliver the targets for waiting times.
- To maintain progress to develop the Beatson Oncology Centre.
- To make progress on the eradication of instances of hospital acquired infection.
- To develop the staff governance agenda.

ACTION BY

Mr P Hamilton was concerned to note the lack of reference to consultation and public involvement which were regarded as imperatives to the delivery of NHS services. Mr Divers advised that not every key priority featured in the review and that there should be no doubt of the importance NHS Greater Glasgow and the Scottish Executive attached to consultation and public involvement. Whilst it may have been reassuring to see this written in the accountability review, there was no lack of commitment from either the Scottish Executive or Greater Glasgow NHS Board to taking this forward. Mr Hamilton suggested that it could perhaps be argued that a patient representative attend future accountability review meetings. Mr Divers commented that the accountability review meeting had taken on a different format this year with the attendance of the Chair of the Area Partnership Forum and it may be that engagement with such agencies as Health Councils may take place in the future. It was agreed that Mr Divers would submit these comments to the Chief Executive of NHS Scotland to highlight the sense of feeling. Greater Glasgow Health Council would also write to the Chief Executive of NHS Scotland on the issue they had raised.

Chief Executive

DECIDED:

- That the record of the outcome of the annual accountability review meeting between NHS Greater Glasgow and the Scottish Executive be received.
- That the progress made on the set of early action points arising from that review be noted and that a quarterly report on progress be submitted to the NHS Board.

Chief Executive

Chief Executive

88. PUBLIC HEALTH ISSUE : CRYPTOSPORIDIUM

Dr Burns welcomed Dr Helene Irvine, Consultant in Public Health Medicine who had chaired the cryptosporidium outbreak control team in 2000. Dr Jim McMenamin had chaired the cryptosporidium outbreak control team 2002 but due to other commitments was unable to attend the Board meeting.

Dr Burns presented the key information in relation to the recent cryptosporidium outbreak - comparing this with the May 2000 outbreak. He described the nature of cryptosporidium as a ubiquitous protozoal infection with several sub types. These were fairly species specific and not all were infective in humans. Generally, cryptosporidium arose from contact with faeces.

He described the way that water was collected in Scotland in that for as long as water was collected on the surface, there was a risk that it could be contaminated by cryptosporidium. He described the complex water network supply from Loch Katrine and the associated two aqueducts. He referred to data which indicated that there was a peak of cryptosporidium at spring time and this could be linked with the lambing season particularly around the surrounding farmland at Loch Katrine. He highlighted that the laboratory confirmed cases reported to Scottish Centre for Infection and Environmental Health were less within the Greater Glasgow NHS Board area than was the case Scotland wide. He compared the May 2000 and current incident outbreaks as follows:

May 2000 Outbreak

- 90 cases
- many in North Glasgow
- high rainfall causing increased turbidity of water

Current Outbreak

- heavy rains
- increased turbidity
- rising level of cryptosporidium at Mugdock

ACTION BY

- no routine monitoring of cryptosporidium
- disagreement on cause of outbreak
- West of Scotland water did not endorse the report of the outbreak control team
- it was accepted that the most likely source of the outbreak was water borne but there was no conclusive evidence which linked the human cases to sheep faeces in the catchment area of Loch Katrine
- no forensically solid chain of evidence linking Loch Katrine to cases
- in the view of the Consultants in Public Health Medicine and the Environmental Health Officers, a very high probability of a link existed
- public health protection required action on sheep around Loch and repair of aqueducts
- health anxieties about continued presence of sheep in area
- notify the public about risk after the sheep were removed. Assess new risk before anything could be communicated
- At risk groups - GPs notified of extended list of diagnoses
- decision to inform public about spring time risk of sheep on the hill
- West of Scotland Water decision to remove sheep
- risk radically reduced
- monitoring programme started
- rising levels in aqueduct
- problem assessment group
- incident management team
- boil water notice
- action taken at less than 0.4 cysts per 10 litres
- agreed action to reduce exposure
- agreed levels for rescinding notice
- monitoring continues

Dr Burns paid tribute to the Scottish Water engineers involved in the handling of the 2002 cryptosporidium outbreak. Similarly, Mr Robertson commended the work undertaken by the Consultants in Public Health Medicine at the NHS Board who had handled the situation in a speedy and professional manner. As yet no person had contracted cryptosporidial diarrhoea from this incident and the ongoing process had been revealing with many lessons learned as the situation developed.

In response to a question from Dr Frank Angell, Dr Burns confirmed that he was not aware of any filter available that could be used in dental practice for the cooling jets which removed cryptosporidium from the water supply. He expected that some general dental practitioners may have used bottled water.

In response to a question from Professor Farthing, Dr Irvine advised that prior to the decision being made to advise people to boil water, the detection rate for cryptosporidium had gone up significantly. She further clarified that the analysis of a sample was taken from 1,000 litres of filtered water over 24 hours.

ACTION BY

Mr Goudie referred to local controversy regarding the ability of the plant proposed for Mugdock reservoir. Dr Burns confirmed that NHS Greater Glasgow would take advice from experts in this field but that if a treatment works was in place then the risk of such outbreaks would be greatly reduced.

In response to a question from Dr Hughes, Dr Burns advised that he was not yet able to confirm whether the cryptosporidium was pathogenic - this was currently being tested.

The Incident Team report into the recent outbreak would be submitted to the NHS Board when available.

**Director of Public
Health**

NOTED

89. CONSULTATION AND PUBLIC INVOLVEMENT IN SERVICE CHANGE : DRAFT INTERIM GUIDANCE

A report of the Chief Executive [Board Paper No 02/53] was submitted asking Members to note the Consultation and Public Involvement in Service Change : Draft Interim Guidance which replaced the Scottish Home and Health Department 1975 Circular entitled "Closure and Change of Use of Health Service Premises".

Greater Glasgow NHS Board had been asked to offer comments on the draft Interim Guidance and Mr Divers set out a proposed response which had been informed by a dialogue with Greater Glasgow Health Council.

The renewed emphasis in the draft Guidance on patient, public and community involvement was welcomed. The Board had a programme of work in place to develop its local approach to public involvement and to deliver on the commitments made in the December 2001 Scottish Executive Health Department Guidance "Patient Focus and Public Involvement", which followed up commitments made in the Scottish Health Plan.

While welcoming the Guidance and its emphasis in general terms, Mr Divers led the Board through a number of specific points to be made in the Board's response including:

- The absence of any stratification in the form of consultation appropriate for different service changes.
- Stratification of interests - the Board's general approach would be to place service users and carers at the centre of involvement and consultation.
- Primary Care - the potential role of LHCCs in public consultation and involvement and how this could be encouraged particularly with primary care practitioners.
- Local Authorities - recognising the increasing work done in tandem with Local Authorities, thought needed to be given to developing guidance to public bodies, in general, rather than simply focussing on the NHS.
- National Policy - recognising that the Board would often be required, to varying timescales, to implement national policy which may severely restrict the ability for local consultation to influence outcomes or, when centrally set timescales were short to even enable a meaningful local process.

The national guidance needed to be realistic in its scope and avoid generating public expectations on the breadth and depth of consultation which could not be met and simply run the risk of discrediting NHS consultation processes.

Councillor Collins welcomed the document and saw this as a step forward in public involvement. One crucial point, particularly in working with Local Authorities, was timing and he suggested that a plan should be drawn up giving cognisance of ensuring adequate opportunities to Local Authorities to discuss plans at the earliest stages - such a mechanism would need to be developed. Mr Divers recognised this challenge and hoped to ensure adequate opportunity for joint debate.

Mr P Hamilton referred to the helpful meeting with Mr Divers, Ms Renfrew and Greater Glasgow Health Council and confirmed that Greater Glasgow Health Council intended to respond to the consultation exercise and had views not dissimilar from that of the NHS Board.

Councillor Gray saw the benefit in publicising the Board's intention (in leaflet form) in relation to public involvement and consultation to ensure it reached a broad audience. He saw this as a good start particularly in striving to improve messages given to the residents of Greater Glasgow.

Ms Crocket drew attention to the document's lack of clarity in relation to "significant change" - it would have to be clear what was meant by *significant*. She recognised that consultation was not an end process but must happen at the very beginning to shape services in the future - it was very much an educating process. Given this, it should be borne in mind that the process may be time consuming and this should be reflected in the Board's response.

Mrs Kuenssberg referred to paragraph 19 of the draft interim guidance and was mindful that an acknowledgement should be made to the possible wide range of conflicting views that would be received when consultation exercises took place. Ultimately, it was the decision makers who had to balance these responses before coming to a decision and as such it was important to know the parameters of the consultation. Dr Hughes re-iterated this point acknowledging that the onus to make decisions based on the outcomes of consultations lay with decision makers.

DECIDED:

That the Chief Executive draw together all the comments received on the Consultation and Public Involvement in Service Change : Draft Interim Guidance and submit a response to the Scottish Executive.

Chief Executive

90. FINANCIAL MONITORING 2001/02

A report of the Director of Finance [Board Paper No 02/54] asked Members to note the final outturn for Trusts for the year to March 2002, based on Audited Annual Accounts and the cumulative Income and Expenditure Surplus position for Trusts and the NHS Board.

Mrs Hull described for each Trust and in total, the final financial outturn for the year to March 2002. The information was an extract from Trusts' Audited Annual Accounts and, in total, the Trusts achieved a surplus of £972K against the break even (operational) target. After accounting for profits/(loss) on sale of land and buildings, the final outturn was £1094K in surplus. This compared with the previous forecast outturn of £1041K. Given the level of funding available to NHS Greater Glasgow, this represented a remarkably good outcome to a difficult financial year. In achieving this result, the NHS Board acknowledged the open and constructive co-operation that had been a feature of working with the Trusts during the year.

Mrs Hull referred to the cumulative income and expenditure to March 2002 for the Trusts and the Board. Having received £13.6M from the Scottish Executive Health Department during 2001/02 to fund the accumulated deficits at the North and South Glasgow Trusts, the Trusts were now £7.8M in surplus. The Board showed an accumulated £10.1M deficit. The opening cumulative deficit for the Board of £10.7M included the provision of £6.7M for legal claims (mainly medical negligence). As this related to claims for incidents which took place before Trusts were established, the balance should reduce over time when the claims settled.

DECIDED:

- That the final outturn for Trusts for the year to March 2002, based on audited annual accounts be noted.
- That the cumulative income and expenditure surplus position for Trusts and the Board be noted.

91. CAPITAL PLANNING 2002/03 UPDATE

A report of the Director of Finance [Board Paper No 02/55] was submitted asking the Board to approve the further release of £15.2M capital funds in 2002/03. Furthermore, the Board was asked to note the retention of the remaining £8M for release following further consideration of the acute strategy requirements and related priorities in 2002/03 contingent on the process for agreeing a 3/5 year capital plan.

At its June 2002 meeting, the NHS Board received a report setting out details of the revised capital planning process and the funding available to the NHS Greater Glasgow in 2002/03 and beyond. At that time, the Board agreed to:

- confirm the allocation of an initial tranche of £16M capital funds to Trusts;
- consider the further distribution of remaining capital funds at a later meeting.

Mrs Hull provided an update on the process to develop a capital plan for 2002/03 and beyond. She described the two steps in finalising proposals to allocate remaining capital funds. Stage one involved obtaining early approval for further release of funds to reflect priority "straightforward" schemes against agreed criteria and stage two involved concentrating on the wider process and priorities that would underpin the 3/5 year capital plan.

ACTION BY

As this was the first year in which the responsibility had been devolved to NHS Boards, Mrs Hull also set out future processes for agreeing a 3/5 year capital plan. As there was some urgency in releasing funds in year, the Board was asked to approve the release of a further £15.2M capital funds in 2002/03. This would leave £8M to be finally allocated once further work on capital planning processes was complete.

Dr Hughes referred to the proposal to refurbish the intensive care unit at Glasgow Royal Infirmary. Mr Divers confirmed the priority of this scheme and advised that a subsequent paper would be considered by the NHS Board which would include this proposal.

Mr P Hamilton referred to the significant implication costs, pan Glasgow, in relation to the Disability Act and various Health and Safety ramifications. This point was acknowledged and Ms Crocket advised that in terms of the Primary Care Trust, allocation funds had been set aside for this purpose for Health Centres and Clinics across Greater Glasgow. Ms Boyle advised that North Glasgow University Hospitals NHS Trust had not made a specific request for this purpose but the capital allocations received to date reflected necessary refurbishing and upgrading requirements..

Chief Executive

DECIDED:

- That the further release of £15.2M capital funds in 2002/03 be approved.
- That the retention of the remaining £8M for release following further consideration of the acute strategy requirement and related priorities in 2002/03 be noted.
- That the process for agreeing a 3/5 year capital plan be submitted to the NHS Board by the end of the year for approval.

Director of Finance

92. 2002/03 FINANCIAL MONITORING REPORT FOR THREE MONTHS ENDED JUNE 2002

A report of the Director of Finance [Board Paper No 02/56] was submitted asking the Board to confirm the 2002/03 Trust Startpoint Allocations as set out in Annex 1 (page 58 of the Board Papers) as the basis for the in-year financial monitoring and to note the results reported for the first quarter, the three months ended 30 June 2002.

Mrs Hull advised that the report confirmed that the decisions made at the May 2002 Board meeting had been consolidated into Trust 2002/03 Startpoint Revenue Allocations. She summarised the financial performance for the three months ended 30 June 2002 as reported by each Trust. At this early stage in the year, the forecast outturn for NHS Greater Glasgow remained break-even at the year end.

In North Glasgow, Ms Boyle reported a deficit of £366K for the period against a planned deficit of £313K. The implementation of saving programmes was placed more heavily towards the latter part of the year and would result in a balanced position being achieved for the full year. In common with other Glasgow Trusts, the annual level of monies from non Glasgow Boards was not fully agreed and, therefore, presented some risk.

ACTION BY

In South Glasgow, Mr Calderwood reported a surplus of £32K against a planned break-even position. Overspending in supplies, particularly pharmacy, was more than offset by underspending caused by a significant number of staff vacancies. As the year progressed it was anticipated that many of the vacancies would be filled and that this could create pressure on the achievement of break-even.

At Yorkhill Trust, Mr Best reported a surplus of £568K against the break-even target for the months to June 2002. This compared unfavourably with the budget surplus of £836K. This shortfall was largely the result of overspending in pharmacy supplies. This needed careful review at the Trust to establish if this overspend was the result of an atypical pattern of expenditure which would return to a more normal pattern in future months. On this assumption, the Trust was forecasting a break-even position for the full year.

At the Primary Care Trust, Mr Robertson reported that expenditure in the Mental Health and Learning Disabilities divisions was in line with plan and it was expected to continue this way throughout the year. At this early stage, there was little information on primary care expenditure to support forecasts for the year. Early indications on prescribing expenditure for April showed higher than planned values. This was being closely analysed and further months' spend would allow realistic trends to be established. Subject to the outcome on prescribing expenditure, the Trust continued to forecast break-even for the year.

DECIDED:

- That the 2002/03 Trust Startpoint Allocations as set out in Annex 1 (page 58 of the Board papers) as the basis for the year financial monitoring be confirmed.
- That the results reported for the first quarter, the three months ended 30 June 2002 be noted.

Director of Finance

93. MENTAL HEALTH (SCOTLAND) ACT 1984 - LIST OF APPROVED MEDICAL PRACTITIONERS

A report of the Director of Public Health [Board Paper No 02/57] was submitted seeking approval of three medical practitioners employed by Greater Glasgow Primary Care NHS Trust to be authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984.

DECIDED:

That the following medical practitioners be authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984:

Dr Aziz Manzar
Dr Terrence Burke
Dr Shamsul Jaigirdar

Director of Public Health

94. ETHICS COMMITTEE MINUTES - 7 JUNE 2002

The Minutes of the Greater Glasgow NHS Board Ethics Committee meeting held on Friday 7 June 2002 [GGNHSBEC(M)02/1] were noted.

95. HEALTH AND CLINICAL GOVERNANCE COMMITTEE MINUTES - 25 JUNE 2002

The Minutes of the Greater Glasgow Health and Clinical Governance Committee [Board Paper No 02/58] held on Tuesday 25 June 2002 were noted.

Professor Farthing referred to the link between the Area Clinical Effectiveness Committee and the Health and Clinical Governance Committee. It was recognised that clinical effectiveness was a subset of clinical governance and, therefore, should become a Subcommittee of the Health and Clinical Governance Committee.

96. AUDIT COMMITTEE MINUTES - 23 JULY 2002

The Minutes of the Audit Committee meeting held on 23 July 2002 [A(M)02/3] were noted.

Meeting ended at 11.10 am