GGNHSB(M)02/13
Minutes: 136 - 148

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 17 December 2002 at 9.30 am

P R E S E N T

Professor Sir John Arbuthnott (in the Chair)

Mr J Best	Professor M Farthing
Dr H Burns	Mr W Goudie
Mr R Calderwood	Councillor J Handibode
Mr R Cleland	Dr R Hughes
Councillor D Collins	Mrs W Hull
Ms R Crocket	Mrs S Kuenssberg CBE
Mr T Davison	Dr F Marshall
Professor G C A Dickson	Councillor D McCafferty
Mr T A Divers OBE	Mr I Reid
Councillor R Duncan	Mr A O Robertson OBE
Mrs E Smith	

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

Dr S Ahmed	Consultant In Public Health Medicine (for Minute 145)
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
Mr A McLaws	Director of Corporate Communications
Ms C Renfrew	Director of Planning and Community Care
Mr J Whyteside	Public Affairs 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
Dr J Nugent	Chair, LHCC Professional Committee
Mr H Smith	Chair, Area Allied Health Professions Committee
Mrs C Anderson	Chair, Area Pharmaceutical Committee (to Minute 143)

ACTION BY

136. APOLOGIES

Apologies for absence were intimated on behalf of Councillor J Gray, Ms S Plummer (Nurse Adviser to NHS Board) and Mr E P McVey (Chair, Area Optometric Committee).

ACTION BY

137. CHAIRMAN'S REPORT

The Chairman made reference to the following events in which he had been involved since the last NHS Board meeting:

(a) Attendance at the Scottish NHS Chairmen's Group meeting with the Minister on 29 November. Topics of discussion included:

- Waiting Times and the importance of identifying risk factors likely to have an adverse affect on national waiting targets and how to tackle these factors.

- The introduction of the Local Government Bill which included Community Planning legislation and a responsibility on NHS Boards to formalise its arrangements with local authority partners.

- Glasgow Alliance – the evaluation report was in its final stages and would form the basis of a consultation exercise early in 2003 about the future arrangements for community planning and action. It was paramount that the partners worked effectively to move forward the joint agenda.

(b) Attendance, on 3 December, at the Staff Governance Committee meeting. It was agreed that future meetings would be chaired jointly by the NHS Board Chairman and Bill Goudie, Employee Director. The meeting had been very constructive and detailed work planned to ensure staff were involved and engaged with NHS Greater Glasgow. The Chairman also referred to the Remuneration Subcommittee which he had attended on 19 November.

The Chairman referred to the recent public media coverage of the clinical investigation into the tuberculosis (TB) cases in Greater Glasgow. He invited Dr H Burns, Director of Public Health, to update and report on this. Dr Burns firstly commented on the importance in striking a balance between information released to the media and ensuring patient confidentiality. In preparing media releases, it was important to ensure that no information was divulged which could identify an individual patient. Similarly, however, it was important to inform and educate the public in relation to communicable diseases. Dr Burns advised that a protocol and guidelines would be written up regarding pro-active information on communicable diseases working within a legal framework.

The Chairman also made reference to the circulated action sheet which would be issued every month to identify action points following each NHS Board meeting

NOTED

138. CHIEF EXECUTIVE'S UPDATE

Mr Divers updated the NHS Board on the following issues:

(a) At the September 2002 NHS Board meeting, the following decisions were made in relation to the future of inpatient Ophthalmology; Ear, Nose and Throat Services; Gynaecology/Gynaecological Oncology Services in North Glasgow and inpatient services for Dermatology across NHS Greater Glasgow:

ACTION BY

- That Ear, Nose and Throat Services in North and East Glasgow be reconfigured through provision of an inpatient centre of excellence at Gartnavel General Hospital, provision of outpatient care from Stobhill and Gartnavel General Hospitals plus the Glasgow Royal Infirmary and that all children requiring ENT care be treated at the Royal Hospital for Sick Children.

- That Gynaecology Services in North and East Glasgow be reconfigured through the construction of a dedicated inpatient facility at Glasgow Royal Infirmary and that Gynaecology outpatient and day care should be provided from Stobhill Hospital, Glasgow Royal Infirmary and Gartnavel General Hospital.

- That Ophthalmology Services in North and East Glasgow be reconfigured through transfer of Stobhill Hospital's inpatient beds to an inpatient centre of excellence to be located at Gartnavel General Hospital and that outpatient and day case services continue to be provided from Stobhill, Gartnavel and Glasgow Royal Infirmary.

- That Dermatology Services across Greater Glasgow be reconfigured through the provision of a core inpatient centre at the Southern General Hospital; that this centre would be augmented by a network of Ambulatory Dermatology Centres, of which one would be located at the Stobhill Ambulatory Care Hospital and one at the Victoria Ambulatory Care Hospital and that a Paediatric Dermatology Service be located at Yorkhill NHS Trust.

At that time, the Board submitted its proposed changes to the Minister for Health and Community Care for approval. The Minister had now approved the proposals and had asked for further information in connection with the public transport implications of these reconfigurations. Mr Divers advised that this work was underway. Furthermore, arrangements would be made for a seminar with Greater Glasgow Health Council to discuss the public transport survey in relation to the Acute Services Strategy. **Chief Executive**

In response to a question from Dr Hughes, Mr Divers confirmed that theatre, outpatient and office space for ENT and Gynaecology Services was fit for the purpose.

(b) Mr Divers asked that Mr Calderwood update on the low pay concordat plans. Mr Calderwood advised that developments were ongoing in connection with low pay and that UNISON had written raising various issues. A response would be sent addressing these issues by the end of that week. Thereafter, it was proposed that the low pay issues would be considered in totality at a meeting in January 2003.

(c) Neil Campbell from NHS Grampian had been seconded to NHS Argyll and Clyde as Chief Executive. He had made early contact with Mr Divers and arrangements had been made to meet.

In response to a question from Councillor Collins, Mr Divers confirmed that he would highlight the key involvement of local authorities to Mr Campbell ensuring that strategic plans were consistent and that local authorities were involved at an early stage.

NOTED

ACTION BY

139. MINUTES

On the motion of Professor G C A Dickson, seconded by Mr A O Robertson, the Minutes of the meeting of the NHS Board held on Tuesday 19 November 2002 [GGNHSB(M)02/12] were approved as an accurate record and signed by the Chairman.

140. ACCOUNTABILITY REVIEW 2002/2003 : MID YEAR REVIEW OF PROGRESS

A report of the Chief Executive of Greater Glasgow NHS Board [Board Paper No 02/82] was submitted asking the NHS Board to:

- Receive the mid year update of progress in taking forward the priorities agreed at the 2002 Accountability Review meeting with the Scottish Executive Health Department.

- Note that a further update would be provided to the NHS Board in the Board meeting preceding the 2003 Accountability Review meeting.

The NHS Board's Annual Accountability Review meeting had been held on 20 June 2002 with the Chief Executive of NHS Scotland and his senior colleagues. The output from that meeting was set out in a letter dated 10 July 2002 from Trevor Jones, Chief Executive of NHS Scotland and this was included as a paper at the NHS Board's August 2002 meeting and in the Annual Report.

In terms of the mid year update of progress on the six key action points, Mr Divers took each in turn as follows:

(i) Managing Within Available Resources

The financial strategy adopted by the Board in the summer of 2002 was designed to ensure that, by April 2004, the NHS system across Greater Glasgow was in a position of recurrent financial balance. It was essential that financial balance was achieved by that point so that the pool of investment which was required to fund implementation of the Acute Service Strategy could begin to be built up. The Director of Finance's regular monitoring reports to the NHS Board had shown that with the injection of additional resource, allied to the strenuous efforts taken across all NHS Trusts to manage within the monies available, there appeared to be a level of stability to the overall financial position. There remained three particular areas of risk in the remaining months of this financial year:

- The continuing national discussions about the commitment within the Scottish Health Plan to address low pay within NHS Scotland – if the current pay offer was accepted, there would be a part year impact in 2002/2003.

- There may be a level of further funding required to ensure that the March 2003 intermediate waiting time target was delivered.

- Greater Glasgow NHS Trusts had a number of issues outstanding for resolution with some other West of Scotland NHS Boards.

These three issues would be kept under careful review during the remainder of the year. **Chief Executive/ Director of Finance**

ACTION BY

(ii) Managing the Capital Programme to Sustain Implementation of the Acute Services Review

Work on delivering this priority was progressing on three fronts:

- The most urgent was to progress the schemes for the Ambulatory Care Hospitals and for the second phase of the Beatson Oncology Centre redevelopment to enable the Capital Investment Group to consider the Business Cases in late January 2003. The Minister for Health and Community Care had already given the commitment that public funding would be available for the phase two redevelopment of the Beatson Oncology Centre; the expectation was that both Ambulatory Care Hospitals would be procured by public/private sector partnership (PPP).

- Work involving the development of the local Capital Plan for NHS Greater Glasgow. This was vital to progress the Acute Services Strategy and other Board strategies which were dependent on capital investment. The Capital Plan which was being developed for the next three years would ensure that enabling schemes and other key projects were sequenced in a way which allowed the timeous implementation of the major, strategic capital projects.

- A re-examination of the original timetable submitted to the Scottish Executive Health Department of the proposed implementation plan for the totality of the Acute Services Strategy. The Chairman had asked that this be completed by the end of January 2003.

Director of Finance/ Chief Executive

(iii) Delivering the Targets for Waiting Times

The major waiting times standard which NHS Boards had to deliver on during 2003 was to reduce the maximum inpatient and day case treatment guarantee to a period of nine months. The Board had also agreed an interim target, to be achieved by end March 2003, of effecting a 50% reduction in the total numbers waiting beyond nine months, compared with the position at April 2002. The Board had received monthly reports on progress towards both the interim target and the December 2003 commitment. Preparatory work was in hand with the relevant NHS Trusts so that they were well positioned to meet these future waiting times standards.

Mr Divers referred to agenda item number 13 (Board Paper No 02/89, page 171 of the Board papers) entitled "Waiting Times", and noted the current waiting times position – as at November 2002; 853 Greater Glasgow NHS patients were awaiting over nine months.

Mr Divers highlighted the risk factors associated with meeting the waiting time targets including nurse staff shortages, infection outbreaks and changing doctors' working hours. Nonetheless, it was anticipated that the NHS Trusts were on target to meet the March 2003 interim commitment and also the December 2003 target. It was possible, however, taking into account the loss of elective capacity in recent months that the December 2002 position may see around 100 patients adrift from the original plan figure but that this should have returned to plan to achieve the March 2003 target.

ACTION BY

In response to a question from Dr Marshall, Mr Divers advised that he would illustrate the spread of delivery in relation to where treatments were being carried out (either via NHS Trusts or other private sector providers) and that this information would be included on the back of the digest produced monthly by the Board's Public Affairs Manager. Similarly, target figures would be shown on the monthly report.

Chief Executive

Director of Planning and Community Care

(iv) Maintaining Progress on Developing the Beatson Oncology Centre

The NHS Board received quarterly updates on progress in taking forward the action plan – first developed in December 2001. Four key strategic recommendations were summarized including:

- The appointment of a new Medical Director.
- Restoring the previous complement of Consultant Clinical Oncologists.
- Developing the Specialist Oncologist Service Plan for the West of Scotland.
- Developing the Business Case for the phase two redevelopment at Gartnavel General Hospital.

(v) Working to Reduce the Incidence of Health Care Acquired Infection

Mr Divers referred to the Circular HDL(2002)82 – a copy of which was attached to the NHS Board papers and set out the action required of NHS Boards and Trusts to address key recommendations arising from two reports namely:

- The Ministerial Action Plan on Health Care Acquired Infection.
- The Watt Group Report on the Outbreak of Salmonella Infection at the Victoria Infirmary.

A fuller report would be brought to the NHS Board early in 2003 when more opportunity had been given to consider the importance of these papers and their implications.

(vi) Developing the Staff Governance Agenda

NHS Greater Glasgow Staff Governance Committee had been established and had met twice. In addition, the Remuneration Subcommittee had now met for the first time. The Staff Governance Committee, the Area Partnership Forum and Local Partnership Forum were now considering the recently issued self-assessment audit tool, designed by the Scottish Partnership Forum to form the basis of assessing performance in delivering the staff governance standard.

Each Committee had distinct areas of work and responsibilities which were evolving. Two further priorities in the immediate work programme were to try to develop a more inclusive process which allowed a much broader range of staff to participate in the development of the update of the Local Health Plan and to complete the "mapping" exercise and review of the extant working groups' structures which should support the Forum's role.

ACTION BY

A number of priorities agreed at the conclusion of the Accountability Review meeting already featured in reports brought periodically to the NHS Board – that arrangement would continue. An updated composite report would be brought to the Board prior to the 2003 Accountability Review meeting.

DECIDED:

- That the mid year update of progress in taking forward the priorities agreed at the 2002 Accountability Review meeting with the Scottish Executive Health Department be noted.

- That a further update be provided to the NHS Board in the month preceding the 2003 Accountability Review meeting be agreed. **Chief Executive**

141. DRAFT LOCAL HEALTH PLAN UPDATE

A report of the Director of Planning and Community Care [Board Paper No 02/83] asked the NHS Board to discuss and endorse the draft Local Health Plan update for wider circulation and debate.

The Local Health Plan set a strategic direction for the next five years but focused in detail on 2002/03. This updated Plan retained a similar strategic direction but included more detailed plans and priorities for 2003/04 and an indication of progress in the past year. The content of the Plan was a product of a whole range of different planning processes which included Local Authorities, NHS staff and other stakeholders. Much of that detailed planning had also included significant public engagement. It was intended that the document would provide an overview and signposting to detailed plans. Furthermore, a summary for general readers would be produced.

Ms Renfrew highlighted a number of important issues for debate during this next phase of development including:

- Ensuring the GGNHSB-wide health improvement activity fully reflected and influenced local priorities.

- New policy issues and priorities where action needed to be finalised.

- The balance between focusing on the limited range of national priorities and our own local strategies and priorities.

- Our performance over the past year in delivering the commitments set out in the first Local Health Plan.

- Identifying areas and issues where further action was required to achieve our objectives.

- Developing a financial plan which ensured we delivered our objectives, including achieving financial balance.

Generating an early update would enable a substantial programme of work over the early part of 2003 to ensure the final version addressed the issues outlined and properly reflected detailed discussions with the Board's key partners.

ACTION BY

In response to a question from Professor Dickson, Ms Renfrew confirmed that risks would be identified and a section devoted to this in the final version. He also sought clarity on the reporting mechanisms for the key performance indicators which were improving health, reducing inequalities and improving health services. Furthermore, he sought a key performance indicator for Section 7.9 "Education and Training" as this was critical to NHS Greater Glasgow, both in terms of retention and development of the current workforce and in relation to ensuring the NHS Board was able to recruit trained and skilled staff. **Director of Planning and Community Care**

Mrs Kuenssberg was keen to give Section 7.6 "Workforce Planning" a higher profile given that it was one of the biggest challenges facing the NHS in Scotland and impacted greatly on not only health services but social care and other critical local authority services. Ms Renfrew accepted this point and explained that this particular section would be more action orientated in the final report. **Director of Planning and Community Care**

Mr Davison referred to the balance between providing too much or too little detail and directed the Board to page 53 of the Board papers, at paragraph 1.3 which highlighted the twelve national priorities to be:

- Health Improvement
- Delayed Discharge
- 48 Hour Access to Primary Care
- Mental Health
- Waiting Times
- Workforce Development and Staff Governance
- Cancer
- Heart Disease and Stroke
- Public Involvement
- Hospital Acquired Infection
- Financial Breakdown
- Service Design

The Board agreed with a point raised by Councillor Collins that the Local Health Plan information should target three distinct audiences, that being, the Scottish Executive, the NHS Board and its staff and patients and the public. Furthermore, the report should pick up on the effort being made to improve health, treat illness and care for the terminally ill – as such the report should be dovetailed demonstrating how these are tackled by NHS Greater Glasgow and how these significant resource priorities are structured.

Dr Nugent emphasised the importance in ensuring that the targets were not only top down but bottom up and a balance between local and national priorities.

Mr Goudie congratulated Ms Renfrew and her team for the vast amount of work carried out in preparing the draft Local Health Plan. **Director of Planning and Community Care**

Mr Cleland re-iterated the point of sustainability in that the Local Health Plan must reflect not only work being undertaken but that the Board aspires to – therefore, highlighting the competing priorities and that resources do not stretch to tackling everything.

Ms Renfrew agreed to capture the key themes arising from the debate and report these back to the Board with proposals for action. **Director of Planning and Community Care**

ACTION BY

DECIDED:

That the draft Local Health Plan update be endorsed for wider circulation and debate. **Director of Planning and Community Care**

142. IMPLEMENTING BEST PRACTICE IN CONSULTATION AND PUBLIC INVOLVEMENT : PROPOSED ACTION PLAN

A report of the Director of the Director of Corporate Communications, NHS Greater Glasgow [Board Paper No 02/84] was submitted asking the NHS Board to consider the proposed action plan on implementing best practice in consultation and public involvement and to determine if NHS Greater Glasgow should now proceed with implementation of the action plan as set out.

Mr McLaws summarized the beginning of pan NHS Greater Glasgow initiatives to modernize and build the infrastructure for public and patient involvement in the development and delivery of services. This approach allowed NHS Greater Glasgow to respond to the Scottish Executive's Patient Focus and Public Involvement guidance in a co-ordinated fashion. He invited Mr Whyteside to present the key points of the proposed action plan.

Mr Whyteside described the concept of the public involvement network for Greater Glasgow and the short-life action plan steering group, chaired by Brenda Townsend, Director of Nursing at Yorkhill NHS Trust. The action plan steering group maintained the position that even if the public involvement network had a strategic function, it must divide services, information and opportunities to frontline staff, public and patients that would ensure it performed a useful, valued and sustainable role.

The steering group proposed a phased action plan to begin the process of setting up the public involvement network. This first action plan was based on three clear strands:

- Establishment of a management committee for the public involvement network.
- Establishment of a database of people, involvement activity and expertise to underpin the network.
- Development of an over-arching NHS Greater Glasgow public involvement strategy.

There were staffing implications arising from these strands and the group proposed that staff should be designated/appointed in specific roles. It was stressed, however, that these proposed appointments were necessary only for the basic set-up and functioning of the network – development and delivery of the network and public involvement in general should be regarded as a mainstream function.

Councillor Collins welcomed the proposed action plan and asked that representation for the public involvement network management committee be sought from Greater Glasgow NHS Board's Women's Health Group. Similarly, Dr Hughes sought representation from the Area Clinical Forum (or Advisory Committee structure) on this management committee.

ACTION BY

Mr P Hamilton highlighted that the concept of successful public involvement took resources, time and investment. He welcomed this as the beginning of the improvement process and recognised that the detail had yet to be fleshed out prior to its delivery. He also asked the NHS Board to recognise that given Greater Glasgow's high deprivation, other means of communication with its public be sought outwith those of the internet and website.

Councillor McCafferty considered the report to be very encouraging with clear outcomes and broad vision. In response to a question regarding funding, Mr Whyteside confirmed that the management committee would be looking at this.

Mrs Smith saw this as an excellent opportunity to inform and involve Greater Glasgow's public. It was paramount to ensure audiences were sought in areas of social deprivation and recognise the influence within the business and faith communities.

Dr Nugent highlighted the two-way process as the public could also educate and shape NHS services as well as the NHS Board educating the public. As such, Mr Best highlighted the importance in being open and honest in the reporting back ensuring that the NHS Board was a listening organization.

Sir John summarized the discussion and thanked the Communications Team for the production of this report. It provided a practical approach in relation to priorities and partnership working. It set goals in an open and transparent way and he was reassured that time and effort would be taken to attract different audiences to encourage their engagement – this should include clinical colleagues.

DECIDED:

- That the proposed action plan on implementing best practice in consultation and public involvement be approved. **Director of Corporate Communications**

143. JOINT FUTURE IMPLEMENTATION INTEGRATED SERVICES : EAST DUNBARTONSHIRE COUNCIL AND NHS GLASGOW

A report of the Director of Planning and Community Care [Board Paper No 02/85] asked the NHS Board to endorse the proposal to integrate services with East Dunbartonshire Council for wide consultation.

Ms Renfrew detailed the thinking and development process which underpinned the proposals to:

- Develop an integrated structure for the provision of health and social care within East Dunbartonshire Council.

- Establish a formal joint committee as a vehicle for the establishment of a partnership structure.

The focus of these proposals was to improve services for people jointly cared for whilst, in parallel, recognizing a number of issues for staff. The proposals were a logical further step in the objective the NHS Board had been pursuing with Local Authorities bringing together staff and systems to improve services.

Councillor Duncan emphasised that the report had been approved for consultation by the Joint Planning Forum and Joint Trade Union Partnership Forum.

ACTION BY

Councillor Collins recognised the radical restructuring but was mindful of the NHS White Paper due to be issued in January/February 2003 which may have an impact on implementation and timescales – both processes should complement each other.

Dr Marshall sought further detail on the implications for the provision of health and social care and in particular, the choice people had, work currently being carried out within primary care, budget setting and the sharing of confidential information. Mr Reid was hopeful that the consultation process would encourage further discussion around these challenging elements.

DECIDED:

That the proposal to integrate services with East Dunbartonshire Council for consultation be endorsed. — **Director of Planning and Community Care**

144. INFORMATION TECHNOLOGY AND COMMUNICATIONS (ICT) STRATEGY 2002-04 – PROGRESS

A report of the Director of Finance [Board Paper No 02/86] asked the NHS Board to note the progress made with implementing the ICT Strategy across NHS Greater Glasgow in the six months since its formal approval in May 2002.

Mrs Hull advised that significant progress had been made with each of the ICT priority projects, all of which were to timescale and budget. Importantly, strong working relationships had been established both with Information Technology (IT) staff across NHS Greater Glasgow and with the Scottish Care Information (SCI) Team. Pilot work had been jointly agreed that would take forward the creation of electronic records and an IT system to support the Ambulatory Care Hospitals. The NHS Greater Glasgow ICT Programme Board had been reconstituted to include all clinical chairs of IT Projects. This forum continued to lead with energy and enthusiasm the contribution that IT could make to modernizing patient services.

In response to a question from Dr Hughes, Mrs Hull confirmed that work was well underway to ensure ready home access to information for those professionals on-call.

DECIDED:

That the progress made with implementing the ICT Strategy across NHS Greater Glasgow in the six months since its formal approval in May 2002 be noted. — **Director of Finance**

145. AIDS (CONTROL) ACT REPORT 2001/2002

A report of the Director of Public Health [Board Paper No 02/87] asked the NHS Board to approve the AIDS (Control) Act Report 2001/2002 report for submission to the Scottish Executive.

Dr Burns welcomed Dr Ahmed to present the findings within the report.

Dr Ahmed advised that for the first year heterosexuals had the highest number of cases of any group – 46% of the total new cases reported. There were 11 new cases of AIDS reported during the year and most of these were people who were unaware that they had HIV infection until they became seriously ill. There were five deaths during the reporting year which reflected the continuing success of the drug treatment known as highly active anti-retroviral therapy (HAART).

ACTION BY

The cost of HIV related treatment continued to rise and was likely to go on rising for the foreseeable future as the number of patients being treated was expected to continue to increase.

The main preventive measures continued to focus on reducing transmission between men who had sex with men and drug injectors.

DECIDED:

That the AIDS (Control) Act Report 2001/2002 be approved for submission to the Scottish Executive and be widely distributed by the NHS Board in accordance with the 1987 Act. **Director of Public Health**

146. QUARTERLY REPORT ON COMPLAINTS : JULY – SEPTEMBER 2002

A report of the Head of Board Administration and Trust Chief Executives [Board Paper No 02/88] asked the NHS Board to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 July to 30 September 2002.

The Head of Board Administration highlighted the performances of each Trust against the national target of 70% of written Local Resolution complaints to be completed within 20 working days of receipt. In response to a question from Mr P Hamilton, it was confirmed that the Board and all Trusts did acknowledge receipt of complaints within three working days.

Mr J Hamilton referred to the NHS Greater Glasgow draft procedure for Vexatious and Habitual Complaints which was currently out for consultation.

Members noted the action taken and lessons learned for patient care as a result of complaints within Greater Glasgow's four Trusts.

Mrs Smith highlighted the difficulty within the South Trust in meeting the timescales to consider requests for Independent Reviews particularly when there were limited Trustees available to deal with complaints. As such, an Associate Convener had been appointed.

DECIDED:

That the quarterly report on NHS Complaints in Greater Glasgow for the period 1 July to 30 September 2002 be noted.

147. 2002/03 FINANCIAL MONITORING REPORT FOR SEVEN MONTHS ENDED OCTOBER

A report of the Director of Finance [Board Paper No 02/90] asked the NHS Board to note the results reported for the first seven months ended 31 October 2002.

Mrs Hull explained that the overall forecast for the year-end remained break-even but there were issues emerging that would be more fully analysed in the Mid Year Review – due to be presented to the January 2003 meeting of the Board. She particularly noted the current level of spending on GP prescribing which had recurrent implications for 2003/4, although it remained that the in-year position could be offset by reserves. She acknowledged the commitment of Trusts to monitoring the overall balanced results through a series of individual and specific initiatives. **Director of Finance**

ACTION BY

DECIDED:

That the results reported for the first seven months ended 31 October 2002 be noted.

148. MENTAL HEALTH (SCOTLAND) ACT 1984 – LIST OF APPROVED MEDICAL PRACTITIONERS

A report of the Director of Public Health [Board Paper No 02/91] 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: **Director of Public Health**

Dr Ishbel MacIver
Dr Jagdeep Luthra
Dr Pedro Larisma

Meeting ended at 12.20 pm