

GGNHSB(M)03/2
Minutes: 13 - 26

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 18 February 2003 at 9.30 am**

P R E S E N T

Professor G C A Dickson (in the Chair)

Mr J Best	Mr W Goudie
Mr R Calderwood	Councillor J Handibode (to Minute 20)
Mr R Cleland (to Minute 20)	Mrs W Hull
Councillor D Collins	Mrs S Kuenssberg CBE
Ms R Crocket	Dr F Marshall
Mr T Davison	Mr I Reid
Mr T A Divers OBE	Mr A O Robertson OBE
Councillor R Duncan	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
Mr A McLaws	Director of Corporate Communications
Ms C Renfrew	Director of Planning and Community Care

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

Dr F Angell	Chair, Area Dental Committee
Dr A Bryson	Interim Director, Beatson Oncology Centre (to Minute 20)
Mr S Bryson	Representative, Area Pharmaceutical Committee (to Minute 21)
Mr P Hamilton	Convener, Greater Glasgow Health Council
Dr J Nugent	Chair, LHCC Professional Committee
Mr H Smith	Chair, Area Allied Health Professions Committee
Dr B West	Vice Chair, Area Medical Committee

ACTION BY

13. APOLOGIES

Apologies for absence were intimated on behalf of Professor Sir J Arbuthnott, Dr H Burns, Professor M Farthing, Councillor J Gray, Dr R Hughes, Councillor D McCafferty, Ms S Plummer (Nurse Adviser to Greater Glasgow NHS Board), Mrs C Anderson (Chair, Area Pharmaceutical Committee), Mr J Cassidy (Chair, Area Nursing and Midwifery Committee), Ms G Leslie (Vice Chair, Area Optometric Committee).

14. CHAIRMAN'S REPORT

In the absence of the NHS Board Chairman, Professor Dickson updated on the following events in which the Chairman had been involved since the last NHS Board meeting:

- (a) Trust Chairs and Chief Executives had been actively involved with the Chairman in compiling a programme for the all-day seminar (scheduled for 26 February 2003) on the possible implications of the White Paper for NHS Greater Glasgow.
- (b) Following an interview of the Chairman with "The Herald", meetings had taken place with representatives from the Faculty of Medicine and the Faculty of Social Sciences, University of Glasgow to take forward the creation of a Glasgow Centre for Health Improvement. This project had gathered pace and the Chairman would progress it further with the Minister for Health and Community Care.
- (c) The recruitment process for the selection of two NHS Board Members and one Trustee Member for the South Glasgow Trust had been completed. The selection panel's recommendation had been submitted to the Minister for Health and Community Care and it was expected he would make his final selection from the nominated candidates in mid March.
- (d) Following visits from NHS24 to the NHS Board, the Chairman met with the NHS24 Board at its facilities in Clydebank and West Nile Street. A further meeting would be arranged to build a strong working relationship with NHS24.
- (e) The Board Seminar held on 4 February had been devoted specifically to discussions about a possible strategy for NHS Greater Glasgow manpower requirements in the next ten years – running parallel with the Acute Services Strategy.

NOTED

15. CHIEF EXECUTIVE'S UPDATE

Mr Divers updated the NHS Board on the following issue:

In connection with the national agreement on low pay which had been concluded, a definitive letter from the Scottish Executive Health Department, Director of Human Resources was expected which would make it clear that the agreement was legally binding.

NOTED

16. MINUTES

On the motion of Mrs S Kuenssberg, seconded by Mr T Davison, the Minutes of the meeting of the NHS Board held on Tuesday 21 January 2003 [GGNHSB(M)03/1] were approved as an accurate record and signed by the Chairman.

17. MATTERS ARISING

Members were circulated with the rolling action list which updated on the progress and timescale for ongoing matters arising.

NOTED

18. UPDATE ON IMPLEMENTING THE ACUTE SERVICES PLAN

Professor Dickson referred to the following three Board papers updating on implementing the Acute Services Plan:

- 6a – Acute Admissions Review : Initial Report
- 6b – Progress on Implementing the Strategy (including Communications Plan)
- 6c – Governance Aspects

Each was taken in turn.

18a Acute Admissions Review : Initial Report

A report of the Director of Planning and Community Care [Board Paper No 03/9a] asked the Board to note and consider emerging issues to-date on the initial programme of acute admissions review work in the context of an overview of progress on implementing the Acute Services Review.

Ms Renfrew described the structure of the review process and, in particular, the three groups in place to deliver the required outcomes. She highlighted the functions, membership and remit of the three groups namely:

- Review Steering Group
- Review Project Group
- Trust Implementation Groups

The first phase of the review had focused on developing a clear diagnosis of the issues to be addressed – this phase had had a number of elements including:

- SECTA's Report, contracted to provide external, expert support – their report was based on a programme of visits to each hospital site, interviews with key staff, analysis of data provided by Trusts and SECTA's experience from work elsewhere. A detailed report would be finalised and circulated as SECTA continued to provide support to the project group.
- Staff Open Sessions – sessions, open to all frontline staff in each hospital, were undertaken to hear staff views.
- Workshops – two workshops had taken place, organised by SECTA and the project group, bringing together a broad range of clinical and managerial staff.
- Website – The review had a dedicated page of the GGNHSB website – including all relevant papers and reports and with a facility to email in comments and suggestions.

All of the activity outlined above had enabled the acute admissions review to arrive at a degree of clarity on the key components of the problem.

Ms Renfrew summarised the conclusions from the diagnostic activity which were linked to four key areas:

- (i) The assessment and entry of patients into Greater Glasgow's hospitals.
- (ii) The processes for transferring patients within each of the hospitals.
- (iii) Blocked/closed beds and staffing levels.
- (iv) Discharge processes.

Based on the problem diagnosis, the project group had drafted a detailed project plan which identified a series of strands of work which Ms Renfrew summarized as follows:

- A. Assessment and Admission
- B. Patient Discharge
- C. Clinical Support Services
- D. Workforce
- E. Care Pathways
- F. Community Services
- G. Key Client Groups (older people, homeless people, people with addictions, head injuries and palliative care)
- H. Infrastructure

This work programme would also be informed by clinical advice and a programme of visits to other UK services which was already underway.

The next phase of the review process would involve working with Trusts to identify and address any other short-term issues which could improve their current position. From the progress the review had already made, however, it was clear that many of the issues were not amenable to quick solutions but were likely to require significant systematic change such as shifting patterns of clinical support services, the organisation of Consultant time and physical facilities.

Furthermore, the modern system of care which was already emerging from the review process would require a higher level and different organisation of clinical resources. As such, it would be necessary to make an in-depth assessment of whether such a system was achievable and sustainable in terms of workforce and resource on the current five sites.

Mr Calderwood re-iterated the point of looking at current systems in terms of physical and resource planning but also the importance in testing the hypothesis of managing acute services on three sites which was the ultimate goal.

Councillor Collins looked forward to seeing the finalised report of the Acute Admissions Review particularly the aspects of the policy groups which involved joint planning and working with the Board's Local Authority partners.

In a response to a question from Dr Nugent, Ms Renfrew confirmed that the delayed discharge figures changed month by month in accordance with nursing home capacity. Throughout the city, at the moment, there were different lengths of Consultant receiving duties with most only on a 24 hour commitment. Such arrangements potentially disrupted continuity of care and created unscheduled ward rounds. This system of management of clinical episode and acute admissions could be improved.

Mr Cleland referred to current issues and pressures which were very relevant in assessing a re-allocation of priorities and determining any room for manoeuvre. Mr Divers confirmed that a balance would be struck between a strategic piece of work and looking at next year's Local Health Plan choices and service pressures. A need for short-term action had to be seen in light of the overall financial position given that the Acute Services Strategy was in its implementation phase.

Ms Renfrew referred to the new money available to address the pressure of delayed discharge but identified that the challenge lay in changing people's working patterns not solely on resource issues. The project team had looked at the handling of delayed discharges in Leeds and Sheffield and their views on this would be included in their final report.

Mrs Kuenssberg emphasised that the review should not be restricted to acute admissions but relate widely to all Greater Glasgow hospitals recognising that these issues should be addressed regardless of the review. In response to a question from Mrs Kuenssberg regarding patient involvement, Ms Renfrew confirmed that Greater Glasgow Health Council were involved in the steering group and discussion had taken place with patients at the diagnostic stages. She accepted, however, that this was a further area of work that could be expanded.

**Director of
Planning and
Community Care**

DECIDED:

That the initial report on the Acute Admissions Review (and its emerging issues) be noted.

18b. Progress on Implementing the Strategy (Including Communications Plan)

A report of the Chief Executive [Board Paper No 03/9b] asked the Board to receive the progress report on taking forward the early stages in implementing the Acute Services Plan and to approve the next steps in the detailed Communications Plan.

The key early implementation steps had been two-fold: firstly, to ensure timely progress in moving forward the approved mechanisms and ensuring procurement launches for the first three capital projects (namely, the two ambulatory care hospitals and Phase 2 of the Beatson Oncology Centre); and secondly, to put in place overall project management structures which would allow work to progress on the key planks of implementation and review.

Mr Divers summarised these key issues in turn:

(i) Moving to Procurement of the Two Ambulatory Care Hospitals and Phase 2 of the Beatson Oncology Centre

The business case in respect of the two ambulatory care hospitals which would be developed at the Victoria Infirmary and Stobhill sites was approved by the Scottish Executive Health Department and the aim was now to proceed to procurement advertisement by the end of February.

Steady progress was continuing with the plans for the Phase 2 re-development of the Beatson Oncology Centre for which the Minister had already pledged Treasury funding.

Bevan Ashford and Shepherd Wedderburn had been appointed as the Board's legal advisers in taking forward the plans for the early years of implementation. The arrangements for the appointment of financial advisers were in hand with shortlisting interviews taking place in late February. It would then remain to appoint technical advisers to work as part of the NHS Board's Project Team in taking forward this major procurement programme.

(ii) Project Management

The philosophy behind this major programme of procurement was that the approach would mirror the arrangements for unified working within NHS Greater Glasgow. The implementation plan would be led by a Project Director at Executive Director level which would ensure that there was a clear Executive end point for concluding any cross organisational debates. The Project Executive Group (set up to oversee implementation activity) had established structural subgroups for whom lead Executive Officers had been agreed. The subgroups were as follows:

- Capital Planning and Procurement
- Financial Planning
- Communication and Community Engagement
- Transport and Accessibility
- Services/Beds/Activity

There was also being established a broader based subgroup addressing workforce planning. Each of these subgroups was preparing a set of terms of reference and membership arrangements so that the subgroups could be created within the next few weeks.

Mr Divers invited Mr McLaws to update on the Communications Action Plan.

Mr McLaws confirmed that NHS Greater Glasgow Communications staff had progressed on a highly pro-active mass communication plan to reach out to staff and communities. Strategies had been put in place to engage more effectively with the media, local communities, and the pan Glasgow audience and work in closer partnership with Local Authorities to enhance effective communication.

He summarised the three main communication vehicles that would be used in Phase 1 of the action plan:

1. NHS Greater Glasgow News – this would be in the form of a sixteen page full colour high quality newspaper. 150,000 copies would be distributed to around 1,000 sites (including NHS Greater Glasgow's FHS practitioners, libraries, hospital sites, major supermarkets, various shopping centres and Local Authority headquarters). The target audience was staff, patients and the general public. Mr McLaws described the content on the sixteen page newspaper as providing a focus on what the new hospitals within NHS Greater Glasgow would look like and would provide.
2. NHS Greater Glasgow Website – the launch of this would coincide with the first edition of NHS Greater Glasgow News. The content of the website would feature:
 - Acute Hospital Modernisation Programme
 - Interactive News Site
 - Public Involvement
 - Stop Smoking
 - Over Web Site Links
 - Proactive Media Activity
3. Modernising Acute Hospitals Information Packs – both the web site and the newspaper will invite people to request information folders giving details of the hospitals they wished to learn about. Each pack would contain a detailed 9 page overview of the process to date complete with images and editorial detailing sequence of events, rationale behind the acute strategy and investments to be made.

Mr McLaws went on to describe briefly Phase 2 and 3 of the Communications Action Plan which would evolve from the needs, demands and aspirations driven from Phase 1.

Councillor Collins complimented the Communications Team in taking forward this agenda so quickly. He encouraged all Local Authority areas to be actively involved particularly recognizing that different Local Authority areas had different systems of communication in place. Mr McLaws confirmed that the launch of the newspaper and web site would take place the same day throughout all of NHS Greater Glasgow and this included all Local Authority headquarters. He envisaged future shared information and links with Local Authority newspapers and web sites.

In response to a question from Dr Angell, Mr McLaws confirmed that the Communications Team was looking at the availability of the newspaper in Braille and other community languages. Following on from that point, Mr P Hamilton encouraged Mr McLaws not only to rely on access of information via the internet. Mr McLaws confirmed that the information would be available on CD Rom versions which could be made available and presented within communities to ensure a consistency of the message.

Mrs Smith commended the considerable achievement made and encouraged particular engagement within the social exclusion areas and volunteer groups.

Professor Dickson asked that all Board Members receive multiple copies of the newspaper for their own personal distribution and use.

DECIDED:

- (i) That the progress report on taking forward the early stages in implementing the Acute Services Plan be received and noted.
- (ii) That the next steps in the detailed Communications Plan be approved.

**Director of
Corporate
Communication**

18c Governance Aspects

A report of the Chief Executive [Board Paper No 03/9c] set out the suggested governance role for the NHS Board during the implementation of the Acute Services Plan and asked whether the arrangements proposed required further strengthening.

Mr Divers set out the three main elements of the Board's governance responsibilities as the Acute Services Plan moved to the implementation stage:

1. Being Assured that a Credible Implementation Plan was in Place – over the coming weeks, the project team would be developing a detailed project plan for the implementation of the entire Acute Services Strategy. That plan would set out the key milestones in implementation and would highlight specifically the critical points at which the NHS Board's governance role will be discharged.
2. Taking Key Decisions about the Procurement Strategy, Consistent with Affordability – In addition to its overview of the project management and implementation arrangements, the NHS Board would be involved directly in taking key decisions about the procurement of the new hospital facilities. Accordingly, the NHS Board would be asked to approve the approach to the procurement on which the legal and financial advisers would guide the project team. Such decisions would be set in the context of the overview of affordability which would underpin the implementation of the plan. That overview of affordability would itself regularly be updated at NHS Board meetings as part of the ongoing governance arrangements.
3. Being Assured that the Project Management Arrangements Would Meet the Requirements for External Review and Monitoring Which the Minister had Agreed – the NHS Board would require to be assured, through the medium of the quarterly update, that adequate arrangements were in place to meet the terms of reference set down for Audit Scotland's involvement. Furthermore, the Board would wish to be assured that appropriate arrangements were put in place to support the work of the two monitoring groups (set up to look at the continuation of named services within Stobhill Hospital and the Victoria Infirmary).

Mrs Kuenssberg found the suggested governance roles for the NHS Board very helpful and suggested the following addition:

“The NHS Board requires to be assured that a detailed implementation plan for this major project is developed and implemented, *progressing to time and on budget*”.

This would ensure that regular updates were reported to the Board and milestones achieved.

Chief Executive

In response to a question from a Member, Mr Divers confirmed that the overall Project Director would report to himself and would be a regular attendee at future Board meetings.

Mrs Smith commended the robust system of governance, leadership and accountability which would ensure the Board undertook what it had been tasked to do by the Minister for Health and Community Care.

Mr Goudie sought inclusion of the partnership approach but was assured that although the paper only highlighted the high level governance aspects; partnership was fully representative and integral at an operational level.

Mr Cleland referred to the Executive level input to the various subgroups set up to look at aspects of implementing the Acute Services Strategy. He asked about the contribution non Executives could make further improving the governance role of the NHS Board. The non Executive Members were supportive of this suggestion and agreed that their contribution would enrich the work of any project group or external process. Mr Divers agreed to make clear the accountability arrangements for such arrangements in relation to the project groups recognising that it would not alter the overall system of governance. To this end, this issue could be further discussed at the forthcoming Board Member away-day.

Chief Executive

DECIDED:

- That the discussion paper setting out the suggested governance role for the NHS Board during the implementation of the Acute Services Plan be received and noted.
- That the above comments suggested which would further strengthen the arrangements be included.
- That a copy of the paper be sent to Audit Scotland.

Chief Executive

Chief Executive

19. BEATSON ONCOLOGY CENTRE – UPDATE OF ACTION PLAN

A report of the Chief Executive and Interim Director, Beatson Oncology Centre [Board Paper No 03/10] asked the Board to receive the update of progress in implementing the action plan and authorise production of a further update to the Board in June 2003.

Mr Divers updated on the key action points set out in the report made by the Expert Advisory Group, whose initial report was considered by the NHS Board one year ago.

He summarised progress on those key issues within the action plan which the NHS Board had recognised as crucial in its previous discussions.

These included the appointment of a Medical Director (Professor Alan Rodger who would take up post on 2 June 2003). In terms of the overall staffing position within the Centre, the significant pressure remained on Consultant Clinical Oncologists, with no further substantive appointments made since last summer, in spite of on-going recruitment efforts. As such, Professor Rodger would be turning his attention to a recruitment strategy. Nonetheless, at end January 2003, there were 72 WTE more staff in post than at end March 2002.

Discussions had taken place to further develop a detailed West of Scotland Plan for Specialist Oncology Services. Those discussions had led to broad agreement in four of the five areas about the future pattern and disposition of specialist oncology services within each West of Scotland area. That work would now progress to allow the first stages in implementing this West of Scotland plan to be taken forward early in the new financial year.

The submission of the Phase 2 Business Case to the Scottish Executive Health Department's Capital Investment Group had been made and it was expected that the project would be able to proceed to procurement during March 2003.

Dr Bryson emphasised the ongoing difficulty regarding recruiting Consultant Clinical Oncologists but was reassured that the Beatson Oncology Centre had seven more Consultants present than Spring last year (which was two more than in November 2001). Although staff were still working under pressure, recruitment was ongoing particularly in terms of efforts being made to recruit to posts with defined specialist responsibilities in particular tumour types. An example of this was the current Consultant post being advertised with a major interest in the management of lung cancer.

In terms of further changes in the ways of working, a chemotherapy facility had been developed at Gartnavel General Hospital which had seen 70% of activity being transferred to that facility in an effort to alleviate congestion within the Beatson Oncology Centre. In connection with this, Mr P Hamilton commended Ward 4C at Gartnavel General as being a first class facility.

Professor Dickson recorded his gratitude to Dr Bryson for the role he had discharged since his secondment to the Beatson Oncology Centre.

DECIDED:

- That the update of progress in implementing the Action Plan be noted.
- That a further update of the Action Plan be included on the NHS Board agenda in June 2003.

Chief Executive

20. TOBACCO STRATEGY

A report of the Acting Director of Health Promotion [Board Paper No 03/11] asked Members to approve the draft Tobacco Strategy for Glasgow and commit NHS Greater Glasgow to contributing to the strategy's implementation.

Mrs Borland highlighted that smoking was the biggest single preventable cause of premature death in Greater Glasgow (with over 2,500 deaths annually directly attributable to smoking). While the health improvement performance targets for smoking were challenging for Scotland, they were even more so for Greater Glasgow.

The draft Tobacco Strategy, issued for consultation by the Glasgow Alliance, set out a co-ordinated multi-agency approach to tackling smoking. Mrs Borland highlighted the strategy's aims and objectives and summary of current activity including:

- Co-ordinating work on tackling tobacco in NHS Greater Glasgow
- Developing healthy policy and raising public awareness
- Working with young people
- Smoking cessation support

ACTION BY

Continued, sustained and co-ordinated action was required to reduce the impact of tobacco on Greater Glasgow. The development and implementation of Glasgow's Tobacco Strategy was, therefore, vital to improving the health of the city.

Mr Goudie suggested that the draft Strategy be endorsed subject to the statement "to make smoke free public places the norm and to work towards a situation where all employees are protected from environmental tobacco smoke" strengthened. Mr Calderwood commented that this had to be seen in light of the Board's original policy which facilitated patients to express a choice.

Dr West referred to the Pharmacy Research Project in North Glasgow Trust piloting a smoking cessation service for acute patients, linking with the community pharmacy service. She would welcome such a similar project in the South Trust although recognised that the bulk of smoking cessation services took place within the community but more could be targeted at acute level.

Mr Bryson commended the strength of model in community pharmacists delivering pharmacy smoking cessation support services. Their success was due to a balance between locally based, no appointment necessary and ease of access. As pharmacists had been empowered to dispense nicotine replacement therapy (NRT) a 30% client return rate to the pharmacists was currently achieved which demonstrated an excellent percentage.

Given the range of views received on the draft Strategy, Professor Dickson encouraged all Board Members to submit their comments in writing should they wish.

DECIDED:

- That the draft Tobacco Strategy for Glasgow be approved.
- That NHS Greater Glasgow be committed to contributing to the Strategy's implementation.

**Acting Director
of Health
Promotion**

**Acting Director
of Health
Promotion**

21. FINANCIAL PROSPECTS FOR 2003/2004

A report of the Director of Finance [Board Paper No 03/12] outlined details of the 2003/04 Revenue Allocations to NHS Greater Glasgow.

Mrs Hull described the overall growth monies of 7.4% received by NHS Greater Glasgow, equating to £66.7M new funds. This sum was considerably above the anticipated cost of inflation and pay awards and would provide investment opportunities to modernise and improve services to patients, in line with national priorities.

The declining population identified in the 2001 Census, combined with the recognised levels of ill health, did present the NHS Board with significant challenges in setting a balanced budget in 2003/04.

From the new monies available, adequate provision would need to be made for pay costs and related baseline requirements. Thereafter, the Board would need to decide how best to commit remaining funds to ensure national targets and priorities were met. All of this was against a backdrop of continuing the need to ensure that the Acute Services Implementation could be afforded as new developments came on stream. This would be discussed at the Board Seminar on 4 March 2003.

DECIDED:

- That the report be noted.
- That a more detailed analysis of the implications for investment and budget decisions in 2003/04 would be presented at a later meeting.

**Director of
Finance**

22. REVIEW OF PURCHASED ADDICTION SERVICES

A report of the Director of Planning and Community Care [Board Paper No 03/13] asked the Board to note the initial findings of the Review of Purchased Addiction Services and approve early discussions with the service providers on the initial findings of the review.

Glasgow City Council established a review of purchased addiction services in November 2001. The review process was established on a joint basis covering services purchased from the NHS in addition to the Local Authority. The review was directed by an inter-agency steering group which included Primary Care Trust input as well as significant involvement of the GGNHSB Addiction Planning Team.

The review was established as one of the final elements of a comprehensive joint consideration of all drug and alcohol services. The key objectives of the review were to:

- construct and implement a purchasing strategy informed by needs indicators, effective research and a financial framework
- produce quantitative and qualitative information on current services.

Ms Renfrew set out the analysis of need and which services should be commissioned to address these needs. She described the conclusions of the review of what services and interventions were effective, described progress so far on this joint review and the process to begin a dialogue with service providers to inform definitive conclusions.

In response to a question from Councillor Collins, Ms Renfrew confirmed that a process was underway to roll out such a review in the other Local Authority areas – this was being led by Glasgow City Council.

DECIDED:

- That the initial findings of the Review of Purchased Addiction Services be noted.
- That early discussions with service providers on the initial findings of the Review be approved.

**Director of
Planning &
Community Care**

**Director of
Planning &
Community Care**

23. WAITING TIMES

A report of the Director of Planning and Community Care [Board Paper No 03/14] noted progress towards delivering the Board's agreed over nine month waiting time reduction.

Ms Renfrew referred to the factors affecting the March 2003 position in both North and South Glasgow Trusts. These risks were highlighted to the Minister in October 2002 and in the Waiting Times and Standards 2002/03 paper submitted to the September 2002 Board which laid out GGNHSB's submission to the National Waiting Times Unit and described how it aimed to achieve the accountability review target to reduce the numbers of over 9 month waiters (with guarantees) by 50% by March 2003. In figurative terms this related to 325 patients (the January 2003 provisional figure being 853 patients).

Ms Renfrew referred to the additional information provided relating to those patients waiting over 9 months with no guarantee and also those patients who were being treated within guarantee targets. The figures demonstrated that overall, NHS Greater Glasgow was successful in ensuring that the large majority of patients received their treatment within the 9 month guarantee period.

The First Minister announced on 11 February that the current target of 26 weeks for an outpatient consultation would be accelerated by one year to 2005 and that a more accurate system of recording and monitoring the number of people waiting for an outpatient appointment would be introduced. He also announced that within coronary heart disease from 2004, there would be a guarantee that patients would not wait more than 18 weeks from diagnosis to treatment.

NOTED

24. 2002/03 FINANCIAL MONITORING REPORT FOR NINE MONTHS ENDED DECEMBER

A report of the Director of Finance [Board Paper No 03/15] asked the Board to note the results reported for the nine months ended 31 December 2002.

Mrs Hull confirmed that Greater Glasgow's Trusts were reporting a £2.165M deficit against the break-even target for the nine months to December 2002. This was a slight improvement of £370K on the November 2002 position. Overall, therefore, the position remained in line with that forecast. It was still anticipated that the total estimated £2M overspend against Trusts' startpoint allocations could be offset by reserves available at the year end.

NOTED

25. MINUTES OF GREATER GLASGOW HEALTH AND CLINICAL GOVERNANCE COMMITTEE

The Minutes of a meeting of the Greater Glasgow Health and Clinical Governance Committee [GGNHSB(HCGC)(M)03/1] held on Tuesday 28 January 2003 were noted.

26. ANY OTHER BUSINESS

(i) Professor G C A Dickson and Dr F Marshall

Mr Robertson referred to the fact that this was the last meeting of the NHS Board for Professor Dickson and Dr Marshall. On behalf of the NHS Board he acknowledged their huge contribution to the Board particularly in relation to their understanding of the vast range of health related issues. Their deep knowledge and careful attention to detail had been greatly valued and appreciated throughout their terms of office. Similarly, they had both been proactively involved in various subcommittees and working groups of the NHS Board where their experience and commitment had been gratefully appreciated. The NHS Board had valued their forthright and refreshing interpretation of many of the issues they had embraced as Members.

Professor Dickson and Dr Marshall thanked Mr Robertson and all Board Members for their kind sentiments and wished the NHS Board well for the challenges that lay ahead.

The meeting ended at 11.45 am