

GGNHSB(M)03/6
Minutes: 69 - 83

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 June 2003 at 9.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Mr J Best	Professor M Farthing
Mr R Calderwood	Councillor J Handibode
Councillor D Collins	Mrs W Hull
Ms R Crocket	Mrs S Kuenssberg CBE
Mr T Davison	Mrs R K Nijjar
Mr T A Divers OBE	Dr J Nugent
Councillor R Duncan	Mr I Reid
Mr W Goudie	Mr A O Robertson OBE
	Mrs E Smith

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

Ms E Borland	Acting Director of Health Promotion
Councillor J Coleman	Glasgow City Council
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
Professor A Rodger	Medical Director, Beatson Oncology Centre (for Minute No 76)
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 J Cassidy	Chair, Area Nursing and Midwifery Committee
Ms G Leslie	Chair, Area Optometric Committee
Mr J McMeekin	Vice Convener, Greater Glasgow Health Council
Mrs F Needleman	Chair, Area Pharmaceutical Committee
Mr H Smith	Chair, Area Allied Health Professionals Committee
Dr B West	Chair, Area Medical Committee

ACTION BY

69. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr H Burns, Mr R Cleland, Mr P Hamilton, Mrs P Bryson (Convener, Greater Glasgow Health Council).

The Chairman welcomed Councillor Coleman, representing Glasgow City Council (replacing Councillor John Gray) to the meeting. Ratifications to NHS Board membership to be announced shortly by the Minister for Health and Community Care were:

Frank Angell – as Chair of the Area Clinical Forum
Brian Cowan – as the Medical Director

Following these ratifications, the NHS Board membership would total twenty-five Members.

In terms of local authority representation, the following had been confirmed:

Glasgow City Council – Councillor Jim Coleman
East Dunbartonshire Council – Councillor Robert Duncan
East Renfrewshire Council – Councillor Danny Collins
South Lanarkshire Council – Councillor Jim Handibode
West Dunbartonshire Council – local nomination process to be completed by end of June

NOTED

70. CHAIRMAN'S REPORT

The Chairman updated on the following events which had occurred since the last NHS Board meeting:

- (a) Attendance on 28 May at a meeting with senior officers from the Scottish Executive Health Department Public Appointments Unit. This was to discuss the task which lay ahead in appointing Non Executive Members to the NHS Board.
- (b) Attendance on 28 May at a meeting of the City Region Partnership at the City Chambers. This was an important meeting and would be followed up on a city basis as well as a regional basis.
- (c) Met the Monitoring Group Chairs (established by the Minister for Health and Community Care to oversee the continuation of “named” inpatient services at Stobhill Hospital and the Victoria Infirmary prior to the implementation of the major strategic change which was planned later in this decade) on 28 May 2003. Both Ian Miller (North) and Peter Mullen (South) had held their first respective Monitoring Group meetings and would continue to brief the Chairman on ongoing developments.
- (d) Attended a working dinner at the Principal's Lodge, University of Glasgow, on 29 May to discuss the Glasgow Centre for Population Health. This was now being taken forward by an external Advisory Group and the Chairman would send a letter to the Minister of Health and Community Care regarding the course of action to be taken in connection with its implementation in Glasgow.

NOTED

71. CHIEF EXECUTIVE'S UPDATE

Mr Divers updated on the following developments since the last NHS Board meeting:

- (a) In terms of the ongoing City Partnership working, Mr Divers was taking forward the elements relating to Community Planning.
- (b) Bill Goudie (Employee Director) and Mr Divers had arranged a further facilitated half-day seminar with the Area Partnership Forum looking at the staff governance strategy and how it might develop to take account of the White Paper – Partnership For Care.
- (c) A meeting had taken place on Monday 16 June 2003 at which he, Bill Goudie and three full-time union officials met with other senior NHS Greater Glasgow staff to take forward discussion regarding the “Soft FM” services within the public/private agreement associated with the implementation of the acute services strategy. Key actions points had been agreed and discussions would continue as the procurement process proceeded.

NOTED

72. MINUTES

On the motion of Mr A O Robertson, seconded by Councillor D Collins, the Minutes of the meeting of the NHS Board held on Tuesday 20 May 2003 [GGNHSB(M)03/5] were approved as an accurate record and signed by the Chairman pending the following amendment:

- Councillor J Handibode's name to be deleted from those present.
- Ms Pat Bryson's name added to those present

73. MATTERS ARISING

Members were circulated with the rolling action list which updated on the progress and timescale for ongoing matters arising. In terms of specific action, the following was reported:

- (a) The Chairman had written to Councillor John Gray thanking him for his valuable contribution to the work of the NHS Board.
- (b) Professor Margaret Reid had agreed to act as Independent Chair of the Working Group looking at the open process of assessment regarding Greater Glasgow's Maternity Services. Non Executive Members who had also agreed to form part of this Working Group were:

Peter Hamilton
Ros Crocket
Professor M Farthing

The Group would benefit from the input of professional advisers in relevant areas to the evaluation of Maternity Services. A first meeting of the Group was scheduled for the afternoon of Tuesday 17 June 2003 when Professor Reid and Members would agree their modus operandi.

ACTION BY

**Director of
Corporate
Communications**

The Director of Corporate Communications would make available to the Press background information about Professor Reid and the Working Group members.

NOTED

74. LOCAL HEALTH PLAN

(a) Final Update 2003/04

A report of the Director of Planning and Community Care [Board Paper No 03/39a] asked the NHS Board to approve the final update of the Local Health Plan.

Sir John referred to the new financial strategy which was now in place to ensure that pressures could be met without affecting the long-term objectives of the Local Health Plan. In total, the NHS system would invest £1.2 billion this financial year while almost £7M of Health Plan developments in this year's plan had been re-phased or reconsidered for year two and beyond. Affected were aspects of developments in Mental Health, Child and Maternal Health, Acute and Primary Care and Community Services. Nonetheless, the NHS Board remained committed to its developing Local Health Plan and recognised that continuity of commitment to the people of Greater Glasgow in areas of recognised need was paramount. This often involved major partners. Financial pressures would be felt in some newer priority areas where the commitment to future funding had to be secure before these could be initiated.

Ms Renfrew outlined the purpose of the Local Health Plan which set a strategic direction for the next five years but focused in detail on 2002/03. The updated version of the 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 Local Health 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 and it was intended that the document would provide an overview and sign posting to detailed plans. A summary for general readers would also be produced.

Over the past five months, the draft update of the Local Health Plan had been widely discussed and Ms Renfrew set out the main areas of change resulting from the discussion at the December 2002 NHS Board meeting. The most significant change since December 2002 was the reduction in the availability of new resources.

The consequences for the Local Health Plan were reflected in the update taking cognisance of the strong Scottish Executive Health Department focus on the twelve national priorities. Although the updated Local Health Plan focused on delivering these priorities, this would be particularly challenging within the resources the NHS Board had been able to allocate. The plan, therefore, highlighted those pressure points and associated risks. Ms Renfrew commented on new sections added to the Local Health Plan including:

ACTION BY

- A contribution from each of Greater Glasgow's NHS Trusts setting out in more detail the contribution of NHS Trusts to the delivery of strategic themes and priorities in the Local Health Plan (Section 8 of the Local Health Plan).
- Public involvement (Section 7.10 in the Local Health Plan).
- Working with local authorities as NHS Greater Glasgow's most important planning partners (Section 4 of the Local Health Plan).

Finalising the plan had been challenging with the revised financial assumption. Early and comprehensive process and progress on revisiting the Financial Strategy, which was such a critical element of the Local Health Plan, would be important to delivering a coherent update to the plan for 2004/05.

In response to a question from Councillor Collins, Mr Divers advised that the Local Health Plan Steering Group meeting on Monday 16 June 2003 had the six local authorities present and they had the opportunity to consider further the final draft and offer any final editing by the end of the month.

Mr I Reid suggested that the document be widely shared with staff in particular, as last years staff survey had shown that staff had little or no knowledge of the Local Health Plan. It was agreed that the plan be widely circulated via the four NHS Trusts and Partnership Forum. Ms Renfrew also commended the staff newsletter produced by the Corporate Communications Team at the NHS Board – this was widely circulated and briefed staff on elements of the Local Health Plan.

**Director of
Planning and
Community Care**

Referring to the costs of implementing the Mental Health Act (as discussed on page 25 of the Board Papers) Dr Nugent sought clarity around the cost associated with this. Ms Renfrew explained that the associated costs were mainly in the administrative processes and Psychiatric time. The Scottish Executive had commissioned an independent evaluation of likely costs to NHS Boards and Greater Glasgow Primary Care NHS Trust was due to be visited by a member of this Evaluation Group to have an assessment undertaken in relation to supporting the implications of this Act.

DECIDED:

That the final update of the Local Health Plan be approved, subject to some final editing.

**Director of
Planning and
Community Care**

(b) Revenue Planning 2003/04 and Financial Strategy 2003/04

A report of the Chief Executive [Board Paper No 03/39b] was submitted finalising allocations and a financial plan for 2003/04.

Mr Divers highlighted the three key objectives in taking forward the update of the Local Health Plan:

- To continue the major task involving a two-year approach started last year to return the acute sector Trusts to recurrent balance.

- To maintain the commitment to invest across all care programmes set out in the existing Local Health Plan.
- To position the NHS Board to build up, from 2004/05, the revenue which was required to fund implementation of the Board's Acute Services Plan, the local Forensic Psychiatric Unit and other key strategies.

The overall objective of the in-year financial strategy was to ensure break-even. Given the challenges inherent in Trusts' start-points, it would be essential that the monthly financial performance was closely monitored. The timing of the review of the Financial Plan for future years needed, therefore, to be carefully co-ordinated with any issues that may arise from the emerging in-year position.

Mr Divers outlined the time and effort spent in over-hauling the investments which it was initially hoped the Revenue Plan would be able to support in 2003/04. The outcome of this had brought about a reduction in the planned expenditure across the four major programmes (Mental Health, Child and Maternal Health, Acute and Primary Care and Community Services) of almost £7M in 2003/04.

Mr Divers summarised why it had been necessary to review the Financial Plan and referred to a number of changes that had occurred including:

- Instead of prescribing costs increasing by the forecast 10% or less, new and more expensive products saw costs rise by 12% or 13%.
- Glasgow's dwindling population had affected the Board's Arbutnott Formula status – the system used to calculate Greater Glasgow's share of national allocation. The NHS Board moved from being a "gaining" Board in the last three years to being a "losing" Board in the current financial year.
- The cost of pay and pay related inflation (including significantly higher national insurance costs this year) were ahead of those planned for in the financial framework.
- The impact of the junior doctors' "New Deal" agreement was several million of pounds higher than the early years' estimates.

Mr Davison outlined the important work going on in redesigning the clinical workforce by looking at junior doctors' compliance with the "New Deal". He explained the fragile situation particularly in monitoring compliance of these rotas which was very rigid. Three phases of work were ongoing to address the implications of the "New Deal" agreement:

- (i) A Steering Group had been established.
- (ii) External advisers had been commissioned.
- (iii) A Project Team had been recruited.

The key issue was in deploying staff more efficiently and not in reducing costs as such, there were links between this work and workforce planning (being led by Ian Reid). Mr Davison advised that the next meeting of the Steering Group was to take place in the afternoon of Tuesday 17 June 2003 and he would keep the NHS Board advised of future developments.

In connection with the GP prescribing, Dr Iain Wallace (Medical Director, Greater Glasgow Primary Care NHS Trust), had formed a Group with the specific remit of looking at the implications of this. As the workings of this group progressed, it was suggested that Dr Wallace attend a future NHS Board meeting to update on the work of this Group.

NOTED

(c) 2003/04 Revenue Startpoints

A report of the Director of Finance [Board Paper No 03/39c] asked the NHS Board to:

- Note the complexities of the 2003/04 and beyond revenue position for NHS Greater Glasgow.
- Agree that for 2003/04 the Board should deploy the totality of the resources available to it in order to meet startpoint revenue allocations and the reduced commitments on all programme proposals, mindful of the need to continue to validate ongoing investments in-year.
- Recognise the challenge in these startpoints and in the programme investments and agree that the Performance and Resources Monitoring Group monitors in-year performance rigorously to ensure that financial break-even for the year was achieved.
- Remit to the Performance and Resources Monitoring Group, the task of overseeing the review of the entire financial plan for future years with this work beginning in August 2003.

Mrs Hull commented that progress in agreeing both startpoint allocations and new investment plans for 2003/04 had been complex and challenging. The “first cut” analysis discussed by the Board on 4 March 2003, confirmed the new monies available to NHS Greater Glasgow in 2003/04 as £67.4M. This differed from that expected by £11.1M as a result of:

- £7M – change in Arbutnott reflecting reduction in population identified by the census, whereby NHS Greater Glasgow was no longer a “gaining” Board.
- £4.1M – no additional funding for increased National Insurance Contributions.

Mrs Hull led the Board through the summary of the 2003/04 revenue position and the eight recommended points, particularly in relation to prioritising investment decisions, the availability of non recurring funding and other programme proposals.

**ACTION BY
Director of
Finance**

In response to a question from Mr Robertson, Mrs Hull agreed to tease out the £8.90M described as “other” at step one on page 43 of the Board papers. The Performance and Resource Monitoring Group would be established as quickly as possible so that it oversaw the NHS Board’s revenue and capital planning processes and decision-making.

Mr Best recognised the difficulties and challenges but praised staff who were providing ongoing care, balancing work in recognition of national and financial priorities.

Mr Goudie expressed his disappointment at the Government’s continual announcements of new initiatives which had cost implications to NHS Boards and raised expectations of staff and members of the public. Such messages were not helpful to the NHS Board in working to meet the needs of its population within budgetary constraints.

It was recognized that this was a difficult year, however, a significant number of new investments would be supported. The NHS Board’s Communications Strategy was improving significantly and many initiatives around patient focus and public involvement were being developed.

DECIDED:

- That the complexities of the 2003/04 and beyond revenue position for NHS Greater Glasgow be noted.
- That for 2003/04 the Board deploy the totality of the resources available to it in order to meet startpoint allocations and the reduced commitments on all programme proposals, mindful of the need to continue to validate ongoing investments in-year be agreed.
- That the challenge in these startpoints and in the programme investments be recognised and that the Performance and Resources Monitoring Group monitors in-year performance rigorously to ensure that financial break-even for the year was achieved be agreed.
- That the Performance and Resources Monitoring Group be tasked with overseeing the review of the entire financial plan for future years, with this work beginning in August 2003.

**Director of
Finance**

**Director of
Finance**

**Director of
Finance**

75. ACUTE SERVICES REVIEW – PROGRESS : QUARTERLY REPORT

A report of the Chief Executive, GGNHSB and Chief Executive, South Glasgow University Hospitals NHS Trust [Board Paper No 03/40] asked the NHS Board to receive the quarterly update of progress in taking forward key aspects of the Acute Services Plan.

Mr Divers referred to the terms of reference of Audit Scotland who were responsible for monitoring and reporting annually on:

- The overall governance and project management processes adopted by the NHS Board.
- The NHS Board’s arrangements for updating the key planning assumptions and the high level capital and revenue estimates.

- The arrangements for effective consultation with stakeholders.

The detailed audit would be conducted by PricewaterhouseCoopers, the NHS Board's external auditors and over recent weeks, the external auditors had been developing their plans for taking forward this responsibility. Given the early stages of the implementation, PricewaterhouseCoopers proposed to commence the next part of their review during late August 2003, with the aim of providing a formal report by late October/early November 2003. That report would, therefore, come to the NHS Board at its November meeting.

To support the NHS Board's governance role in taking this strategy forward, a Project Executive Group was established, chaired by the NHS Board Chief Executive. It involved all five NHS Greater Glasgow Chief Executives, other senior Executive colleagues within NHS Greater Glasgow, in addition to staff partnership input and input from the Scottish Executive Health Department. This Group was charged with overall responsibility for progressing the implementation of the review and was the key link with the NHS Board and the Programme Director, Mr Robert Calderwood.

Ms Renfrew and Dr Brian Cowan (Medical Director, South Glasgow University Hospitals NHS Trust) were jointly leading the Services/Beds and Capacity Subgroup. Reflecting the importance of clinical engagement in this work, the Board was establishing a Pan Glasgow Clinical Board, with Trust and Advisory Committee membership to provide a strong clinical overview across the Subgroup's work. In addition, for each of the key specialties, there would be created a small clinical group to participate in the capacity modeling and for those specialties where there were still disposition issues to resolve there would be a more extended clinical engagement to consider the key issues.

Mr Calderwood led the Board through various blocks of work put in place to oversee the Acute Services Review. Reporting to the Project Executive Group were financial advisers, legal advisers, Trust advisers and technical advisers. The overall review had been divided into eight key areas as follows:

Ambulatory Care Hospitals (ACADs)	Financial Planning
Community Engagement	Workforce Planning
Communication	Clinical Groups
Transport and Accessibility	Services/Beds/Activity

A senior officer had been nominated to lead each area and working groups established to take forward the agenda under each heading.

The next stage would be to establish a core central team to link together the work of all teams into a coherent management programme. All strands of work would be reported back to the NHS Board.

ACTION BY

In relation to the expectation of single system working, Councillor Collins and Mr Robertson both raised the point about dedicated time and skills of the Project Executive Group. Mr Calderwood confirmed that the balance and range of skills of the current Group sat appropriately with the positioning and status of the Acute Services Review. There was a strategic balance in the Group particularly given that the Chief Executives were committed to pan Glasgow working – given this, the Group was sensitive to striking a balance as new strategic issues emerged. The Group's work would evolve through time and the exact arrangements would be kept under review. In addition, Mr Robertson encouraged the Project Executive Group to build on the very positive working that had taken place with Glasgow City Council and Strathclyde Passenger Transport particularly in relation to developments on the Gartnavel Hospital site.

Sir John appreciated that progress was in a transitional state at the moment but was certain that the complex issues to be addressed would be done so with the key players involved.

In response to a question from Mr Goudie, Mr Divers confirmed that Audit Scotland would also comment on the Services/Beds and Capacity issues.

Mrs Smith was heartened to see the transition from the consultation and debate to an action plan and the involvement of the Project Executive Group which demonstrated pan Glasgow working. She hoped the NHS Board would support the Trusts in as many ways as possible particularly given that key staff had been seconded to ensuring the success of the overall project. This was agreed.

Professor Farthing sought the involvement of Glasgow's Universities who could formally contribute particularly in areas of new teaching methods and research.

**Programme
Director**

In response to a question from Mrs Nijjar, Ms Renfrew confirmed that all communities would be involved in influencing the shape of recruitment to the community engagement teams and that she would share the protocols with her.

**Director of
Planning and
Community
Care**

Dr Nugent commended the community engagement process particularly in trying to maximise patient gain possibly through influencing service design or by addressing issues that arose as a result of proposed service change.

DECIDED:

That the quarterly update of progress in taking forward key aspects of the Acute Services Plan be received and noted.

76. BEATSON ONCOLOGY CENTRE – UPDATE OF ACTION PLAN

A report of the Chief Executive, GGNHSB and Medical Director, Beatson Oncology Centre [Board Paper No 03/41] asked the NHS Board to receive the update of progress in implementing the action plan and authorise the production of one further update to the NHS Board in Autumn 2003.

Sir John welcomed Professor Alan Rodger who had been appointed Medical Director, Beatson Oncology Centre.

Professor Rodger had been in post for two weeks and began by commending the sterling role carried out by his predecessor, Dr Adam Bryson, who had been seconded as Medical Director to the Beatson Oncology Centre.

Professor Rodger described the approach he was taking both towards recruitment of Consultant Oncologists and Therapy Radiographers as well as other material areas of workforce development within the Beatson Oncology Centre.

The two staff groups under most pressure were the Clinical Oncologists and Therapy Radiographers although both had increased staffing levels compared to March 2002. In particular, Professor Rodger was pleased to announce the recent appointment of ten Therapy Radiographers though he recognized that there still remained a significant number of unfilled vacancies.

One method being explored further was the extension of the retraining programme for Radiographers run by the Beatson Oncology Centre which encouraged those who had not worked in the field for sometime to return to work following a retraining programme. The results from this had been very encouraging.

Professor Rodger had already visited three NHS Boards associated with the West of Scotland Plan to discuss logistically how the strategy for specialist oncology services could be taken forward.

Mr Divers referred to Annex 1 (pages 52 to 54 of the Board papers) and Annex 2 (pages 55 to 59 of the Board papers) which provided the NHS Board with a formal update of action taken as a result of the recommendations made by the Expert Advisory Group. The key elements within both the summary action plan and the more detailed Expert Advisory Group report had now substantially been addressed. The material outstanding recommendation from the Expert Advisory Group report, which related to the head count of Consultant Clinical Oncologists, was a key focus of Professor Rodger's strategy in the coming months. As the NHS Board developed its plan for implementation of the "Partnership for Care" White Paper, the opportunity should be taken, during the Autumn of 2003, to determine whether sufficient progress had been made against the five pre-determined criteria to give the NHS Board the confidence that it should ask the Minister for Health and Community Care to consider returning the full management responsibility for the Beatson Oncology Centre to the North Glasgow University Hospitals NHS Trust.

In response to a question from Dr J Nugent, Professor Rodger confirmed that, at present, there were 16.2 Consultant Clinical Oncologists and 3 locums in post. No patients were being turned away for treatment and treatment capacity was increasing. Waiting lists were not a crucial issue at the moment – patients being referred to the Beatson Oncology Centre were being seen there and not being referred elsewhere.

DECIDED:

- That the update of progress in implementing the action plan be received.
- That production of one further update to the NHS Board in Autumn 2003 be authorised.

**Chief
Executive/Medical
Director, Beatson
Oncology Centre**

77. INTEGRATED ADDICTION SERVICES : OUTCOME OF CONSULTATION

A report of the Director of Planning and Community Care [Board Paper No 03/42] asked the NHS Board to approve proposals to move to an integrated structure for the delivery of addiction services within Glasgow City Council.

Ms Renfrew reported on the work undertaken to develop addiction services and on how integrated management arrangements could be progressed. She described the development work, the consultation which followed it and proposals to deliver integrated services and structures in terms of benefits for individual patients and organisational objectives and imperatives.

Responses to the consultation indicated that the broad aims were understood and accepted but a number of issues had been raised. These issues had been looked at in detail with thought given to the proposed way forward and next steps to address them. One final significant issue was the need to work with the NHS Board's other local authorities to agree how a similar approach for their areas could be delivered. Integrated community addiction teams with other local authorities had already been agreed but this platform needed to be built upon.

The proposals offered the opportunity to:

- Deliver better services for people with addiction problems.
- Meet national and local imperatives and commitments on service integration.
- Provide stronger local accountability for addiction services.

Further detailed implementation would be led by a joint general manager who would be appointed during the summer of 2003.

Dr F Angell, in noting that the Area Dental Committee had been consulted, was disappointed to note there was no mention of dentistry, particularly the methadone programme and the effect this had on oral health. Ms Renfrew advised that the addictions team was looking at other ways to tackle this but for the purposes of the paper it was a strategic and not operational document at this stage.

In response to a question from Mrs Nijjar, Ms Renfrew confirmed that support had been received from voluntary organisations throughout Greater Glasgow.

Mr Goudie sought further information on the concept of a single key worker and Ms Renfrew confirmed that this point was still being discussed on how best this could be achieved albeit that the broad principle had been accepted.

Dr Nugent drew attention to the key links with GP practices and commended the success so far of the pilot community addiction teams (CATs) who were working with local GP practices. He hoped this pilot would be rolled out to encourage the engagement of all Greater Glasgow's GPs at a practical level.

DECIDED:

That the proposals to move to an integrated structure for the delivery of addition services with Glasgow City Council be approved.

**Director of
Planning and
Community Care**

78. WAITING TIMES

A report of the Director of Planning and Community Care [Board Paper No 03/43] noted progress towards delivering the NHS Board's agreed over nine month waiting time reduction.

There were currently 873 patients waiting over 9 months at the end of May 2003 with no Availability Status Code (ASC) applied – it was planned to reduce this to zero by 31 December 2003.

It was intended that a detailed report would be presented to the NHS Board in future providing additional information to differentiate between the availability status codes.

**Director of
Planning and
Community Care**

NOTED

79. QUARTERLY REPORTS ON COMPLAINTS : JANUARY – MARCH 2003

A report of the Head of Board Administration and Trust Chief Executives [Board Paper No 03/44] asked the Board to note the quarterly report on complaints in Greater Glasgow for the period 1 January to 31 March 2003.

The Head of Board Administration commended the work undertaken by the North and South Trust who had responded to 84% and 75% respectively of their complaints received within 20 working days of receipt.

The Head of Board Administration confirmed that the Chairman had responded to the Scottish Executive Health Department consultation document on reforming the NHS Complaints Procedure. The outcome of the consultation exercise was awaited.

NOTED

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

A report of the Director of Public Health [Board Paper No 03/45] was submitted seeking approval of four medical practitioners employed by the 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 Rachel Brown
Dr Sheena Jones
Dr Kartini Nor
Dr Douglas Paterson

81. NOTES OF THE MEETING OF THE AUDIT COMMITTEE

The notes of the meeting of the Audit Committee [A(M)03/2] held on 29 April 2003 were noted.

82. MINUTES OF THE STAFF GOVERNANCE COMMITTEE

The Minutes of the meeting of the Staff Governance Committee [GGNHSB SGC(M)03/1] held on Wednesday 23 April 2003 were noted.

Mr Goudie referred to the progress made since the Accountability Review meeting in 2002 when staff had indicated they were unhappy at the lack of involvement in strategic thinking and decision making and the need to avoid duplication of effort in taking forward key sections of partnership working.

The Area Partnership Forum was influencing strategic issues and the Staff Governance Committee was monitoring progress towards meeting the Staff Governance standard, utilizing the joint action plans developed from the staff survey and self assessment tool.

The Staff Governance Committee would consider a comprehensive report at its next meeting in connection with the implementation of PIN Guidelines and identifying factors of difficulty in their implementation. Work was being undertaken looking at a mapping exercise (led by the Head of Board Administration) of all Committees/Groups covering all of NHS Greater Glasgow's activities and how staff could be better informed and their input sought.

The completion and monitoring of the totality of the performance assessment framework (PAF) lay with the soon to be formed Performance and Resources Monitoring Group and this work would be co-ordinated by David Walker (Assistant Director for Planning and Community Care)

In reporting to the Accountability Review meeting on 25 June 2003, Mr Goudie had more positive developments to report and a clear direction of travel.

NOTED

83. MINUTES OF THE AREA CLINICAL FORUM

The Minutes of the meeting of the Area Clinical Forum held on Monday 12 May 2003 were noted.

The meeting ended at 12.05 pm