EMBARGOED UNTIL MEETING
BOARD: 16 DECEMBER 2003

GGNHSB(M)03/13
Minutes: 150 - 166

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, G3 8YZ on Tuesday, 16 December 2003 at 9.30 am

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P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Dr F Angell
Mr J Best
Dr H Burns
Mr R Calderwood
Mr R Cleland
Councillor D Collins
Dr B Cowan
Ms R Crocket
Mr T Davison
Mr T A Divers OBE
Councillor R Duncan
Mr W Goudie
Councillor J Handibode
Mrs W Hull
Mrs S Kuenssberg CBE (to Minute No 156)
Dr J Nugent
Mr I Reid
Mr A O Robertson OBE
Mrs E Smith
Councillor A White

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

Ms E Borland	..	Director of Health Promotion
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Ms C Renfrew	..	Director of Planning and Community Care
Professor S Smith	..	Head of Department of Obstetrics & Gynaecology, University of Cambridge
Mr J Whyteside	..	Public Affairs Manager

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

Mrs P Bryson	..	Convener, Greater Glasgow Health Council
Mr C Fergusson	..	Chair, Area Pharmaceutical Committee
Mr J Cassidy	..	Chairman, Area Nursing and Midwifery Committee
Ms G Leslie	..	Chair, Area Optometric Committee
Dr B West	..	Chair, Area Medical Committee

ACTION BY

150. APOLOGIES

Apologies for absence were intimated on behalf of Councillor J Coleman, Mr P Hamilton, Mrs R Kaur Nijjar and Mr H Smith (Chair, Area Allied Health Professionals Committee).

151. CHAIRMAN'S REPORT

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

ACTION BY

(a) A meeting had taken place on 21 November 2003 with MSPs. This had taken the form of informing MSPs of NHS Greater Glasgow health issues and ongoing Parliamentary policy regarding health matters. A number of issues had emerged and it was intended that regular meetings would be held with MSPs to ensure an ongoing two-way exchange.

(b) The Scottish Executive Health Department had approved the concept of the Centre for Population Health and Sir John had attended two meetings in connection with the ongoing development of the Centre for Population Health:

- On 21 November 2003, a meeting of the Centre of Population Health Steering Group.
- On 2 December 2003 a meeting with NHS Health Scotland – accompanied by Dr Harry Burns.

A Business Plan would now be formulated for the Centre which was anticipated to start up on 1 April 2004. An appointments process would commence soon and discussions were ongoing with Glasgow City Council regarding premises for the Centre.

NOTED

152. CHIEF EXECUTIVE'S UPDATE

Mr Divers made reference to the following issues:

(a) The following meetings had taken place with MSPs:

- A winter planning discussion with Jean Turner MSP.
- A meeting with Jackie Baillie MSP and John McFall MP to discuss health provision in NHS Greater Glasgow.

(b) A meeting had been held on 1 December 2003 with colleagues in NHS Argyll and Clyde. This was the fifth in a series of regular meetings. Furthermore, there was now cross-representation of staff on each NHS Board's Committees which worked well in taking forward joint issues.

(c) The year-on action plan of the development of the race equality scheme had been approved.

(d) A West of Scotland community planning seminar had been held on 15 December 2003, at which over 100 delegates had attended. Mr Divers thanked Councillor White for helping stage and launch the event jointly with the Leader of East Dunbartonshire Council.

(e) Mr D Griffin, Director of Finance, Greater Glasgow Primary Care NHS Trust and Mr Divers had met with Pauline McNeill MSP and Bill Butler MSP to discuss the following issues:

- Gartnavel Hospital's campus plan.
- Green transport plan.
- Feasibility study regarding the development of a West of Scotland Cardiothoracic Unit in the Golden Jubilee National Hospital.

NOTED

ACTION BY

153. MINUTES

On the motion of Mr A Robertson, seconded by Dr J Nugent, the Minutes of the meeting of the NHS Board held on Tuesday, 18 November 2003 [GGNHSB(M)03/12] were approved as an accurate record and signed by the Chairman.

154. MATTERS ARISING

(a) The Rolling Action List of Matters Arising was circulated and noted.

NOTED

155. IMPLEMENTATION OF ACUTE SERVICES STRATEGY

(a) Emerging Pressures in Acute Services

A report of the Medical Director [Board Paper No 03/73a] asked the NHS Board to consider the issues raised in connection with emerging pressures in acute services and agree to receive a further report in February 2004.

Dr Cowan set out the proposals, from March 2000, for significant change in NHS Greater Glasgow and the key drivers behind these proposals. Following a process of planning and clinical and public debate, the Minister of Health and Community Care had approved proposals to reshape acute services with a major programme of capital investment in the period to 2012. A number of significant issues now created major challenges to sustain the current pattern of services for the timescales envisaged in the Acute Services Review. None of the issues, however, suggested a pattern of provision outside the framework agreed by the Minister.

Dr Cowan described the most significant problems and pressures currently facing NHS Greater Glasgow:

- New Deal for Junior Doctors
- Consultant contract
- SIMAP (European Court ruling about doctors' hours in hospital)
- Modernising medical careers
- European Working Time Directives
- Capacity

In particular, particular pressure was seen in the following services:

Stobhill – casualty, anaesthesia and general surgery

South Glasgow – surgery and trauma, Accident and Emergency, anaesthesia and intensive care.

ACTION BY

These factors were not unique to NHS Greater Glasgow and Dr Cowan briefly outlined the position in other health care systems including NHS Lothian, NHS Argyll and Clyde and NHS Lanarkshire.

It was important to establish an open and transparent process to properly explore and debate the impact of these problems and pressures. It would be particularly important to engage a wide range of clinical and other staff interests in that debate and also ensure appropriate political and public briefing.

Dr Cowan re-iterated the importance in carefully considering the available options to provide safe and sustainable services whilst also reviewing whether the present organisational and clinical leadership arrangements were best organised to enable these major challenges to be tackled.

Mr Divers confirmed that the emerging pressures in acute services had been shared with the Minister of Health and Community Care to be considered in the context of national policy.

In response to a question from Sir John, Dr Cowan described the working implications resulting from the new Consultant contract and SIMAP. SIMAP would result in all time spent in the workplace being counted as working hours from August 2004. This would be a maximum of 56 hours for all junior doctors (hours spent sleeping during 'on call' periods would be included in this). The new Consultant contract, to be introduced from April 2004, would require Consultants working ten, four hour sessions with a maximum of two further four hour sessions. Consultants would be required to have in place a job plan, time sheets and diary radically changing how Consultants undertook their workload. Given the change to junior doctors hours, the on-call commitment required of many Consultants had been affected.

Sir John confirmed that both the North and South Monitoring Groups had been informed of the problems of these emerging pressures and had been asked to work with the NHS Board to look at how they could best be addressed.

In response to a question from Dr Nugent, Dr Cowan acknowledged the work that could be achieved by looking at service redesign and new ways of working. It was not simply a case of employing more doctors as they were a scarce commodity particularly when their training involved five years at University and a further six years post graduate. Mrs Kuenssberg sympathised with this and encouraged the NHS Board to build even better relationships with the education systems in NHS Greater Glasgow's area in order to produce qualified staff.

In NHS Greater Glasgow there were six adult acute centres and the preference would be to reduce the number of sites but keep the same number of specialties which would allow staff to enhance their skills base as they would see enough varying types of patients and conditions. The scarcity of professional staff was a UK-wide problem.

Junior Doctors would be required to keep complex diaries and every six months, a two week period would be strictly audited. Furthermore, IT was being used to construct rotas and the IT system currently being used in NHS Greater Glasgow was the same as that accessed by the Department of Health in England.

Ms Crocket re-iterated that there was a lot of activity ongoing currently within NHS Greater Glasgow to comply with the new Junior Doctors Hours and exploring how other professions such as nurses and Allied Health Professions could help in particular areas.

ACTION BY

Dr Cowan described how the implications of the pressures had been tougher and sooner than originally anticipated.

DECIDED:

- That the issues raised in connection with the emerging pressures in acute services be noted. **Medical Director**

- That a further report be submitted to the NHS Board in February 2004. **Medical Director**

(b) The Outcome of the Tender Process for the Beatson Oncology Centre

A report of the Chief Executive, Greater Glasgow NHS Board [Board Paper No 03/73(b)] asked the NHS Board to:

(i) Receive the report on the Phase II Redevelopment of the Beatson Oncology Centre.

(ii) Note that both the capital and associated revenue costs for the project were within the sums previously agreed by the Health Department and West of Scotland Boards.

(iii) Authorise the acceptance of the tender from the preferred bidder, subject to final approval of the full business case by the Health Department's Capital Investment Group.

The second phase of the redevelopment of the Beatson Oncology Centre at Gartnavel General Hospital was one of the three early priorities for action in implementing the NHS Board's Acute Services Plan. The project would replace and enhance substantially the facilities and services which were currently provided in the Beatson Oncology Centre within the Western Infirmary.

Developed alongside and linked to the first phase of the redevelopment already completed at Gartnavel Hospital (The Tom Wheldon Building), the second phase of the project would deliver a single site, integrated tertiary cancer care centre for the West of Scotland. This specialist Centre would work in a West of Scotland network with the Cancer Unit Services developed in each of the West of Scotland NHS Board areas.

Mr Divers described the process for approval of the project and that the Scottish Executive Health Department's Capital Investment Group had approved the initial Outline Business Case in January 2002.

The project, including contractor's tender prices, matched the capital sum available and was in line with the original revenue sum proposed. The capital cost limit of £86.67M, therefore, including the contractor's cost for construction, fees and contingency of £60.337M, had been met.

The revised revenue requirement calculated on the overall capital sum of £86.67M was £7.7M. The reduction from the higher revenue estimate presented to West of Scotland Board Chief Executives in January 2003, stemmed largely from the standardisation in the interim of the application of capital charges, from the previous figure of 6% to the current figure of 3.5%. The maximum revenue contribution which NHS Greater Glasgow would require to meet, at 52.2% of the share of the extra costs, would be £4.04M, a figure which was just £40,000 higher than the estimate of £4M originally contained within the Board's Acute Services Plan.

ACTION BY

Mr Divers outlined some of the financial risks associated with the project which would require careful management and monitoring:

(i) Although the contractor's capital cost included a revised risk schedule, strict capital cost control would be required throughout the project, including the control of equipment costs.

(ii) Ongoing dialogue among West of Scotland NHS Boards would be necessary in relation to the funding of future increases in workload undertaken by the Beatson Oncology Centre, as both the Outline business Case and Full Business Case explicitly excluded this factor.

(iii) The calculations of affordability assumed a six month transfer period of services into the new Centre but excluded any additional requirement which might arise to use the vacated buildings for other purposes.

Each of these risks would be the subject of vigorous monitoring and review in the period ahead but none of them was judged to have a material impact on the assessment of affordability presented for the Phase II redevelopment.

Sir John confirmed that annual discussions would take place with West of Scotland NHS Boards to reflect the Specialist Oncologist plan for the West of Scotland pattern of cancer provision locally. To that end, Professor Alan Rodger, Medical Director, Beatson Oncology Centre, participated in all the cancer groups in the West of Scotland NHS Boards.

In response to a question from Mr Robertson, Mr Calderwood confirmed that the financial strengths of the bidder had been checked and all contractual terms had been clarified. This related to all three shortlisted consortia. Furthermore, an agreement had been reached whereby the arrangement was to build to cost.

DECIDED:

(i) That the report on the Phase II Redevelopment of the Beatson Oncology Centre be received. **Chief Executive**

(ii) That both the capital and associated revenue costs for the project were within the sums previously agreed by the Health Department and West of Scotland Boards be noted. **Chief Executive**

(iii) That the acceptance of the tender from the preferred bidder be authorised once confirmation of funding from the other West of Scotland NHS Boards had been agreed and formal Scottish Executive Health Department approval confirmed. **Chief Executive**

156. OUTCOME OF CONSULTATION ON NHS WHITE PAPER : "PARTNERSHIP FOR CARE"

A report of the Chief Executive, Greater Glasgow NHS Board [Board Paper No 03/74] asked the NHS Board to:

- Receive and consider the comments submitted by the consultees on "Partnership for Care".

- Ask the Minister for Health and Community Care to dissolve the four existing NHS Trusts to be replaced by four Operating Divisions on 1 April 2004.

ACTION BY

- Note that a separate consultation paper on the Development of Community Health Partnerships would be brought to the NHS Board for approval at its meeting in January 2004.

- Note that a fully detailed Scheme of Delegation would be brought to the NHS Board in February 2004, allowing a period of further discussion prior to its finalisation in April 2004.

Thirty-four responses had been received to the consultation and Mr Divers highlighted the key issues arising being built around the following key themes:

(i) The dissolution of the four existing NHS Trusts and their replacement with four Operating Division.

(ii) The importance of enhancing leadership and the contribution of clinical leadership in Greater Glasgow.

(iii) The move within NHS Greater Glasgow to a single employer and a single system.

(iv) The development of Community Health Partnerships.

(v) The development of a clear Scheme of Delegation as part of the move to "single system" working.

Ms Renfrew referred to the responses received in relation to the development of Community Health Partnerships and summarised the key points received so far including:

- All FHS practitioners had been supportive of the concept and were keen to be involved.

- Primary Care should be at the heart of the development of Community Health Partnerships.

- A locality focus should be retained.

It was recognised that the development of Community Health Partnerships would be the subject of a separate consultation with a paper being considered at the NHS Board in January 2004. Thereafter, a three month period of consultation would ensue with a final paper returning to the NHS Board in the Spring of 2004. It was expected that the effective date of operation for Community Health Partnerships would be 1 April 2005.

Mr Reid referred to this process and was encouraged that the NHS Board would discuss further Community Health Partnerships at its January 2004 meeting when some robust proposals could be considered.

Mr Goudie referred to the draft Scheme of Delegation which must accompany the move to single system working. This was helpful particularly as although there was no change for staff, the five NHS Greater Glasgow Chief Executives would become one NHS Greater Glasgow Chief Executive with four Divisional Chief Executives.

ACTION BY

Councillor Collins welcomed further discussion around the Scheme of Delegation as it was important this was not just a change of name for NHS Greater Glasgow. He encouraged the NHS Board to have a joint seminar for all Local Authorities particularly in taking forward the development of Community Health Partnerships as although they would all be different shapes and sizes, there would be common areas of good practice which could be built upon. Mr Divers agreed to pursue this matter further with Councillor Collins regarding the timing of such a seminar. Sir John emphasised that the exercise would not be a case of rebadging names but would be a challenge to the NHS Board in taking forward a new single vision recognising the needs of constituent parts.

DECIDED:

- The comments submitted by consultees on "Partnership for Care" be received and considered. — **Chief Executive**
- The Minister for Health and Community Care be asked to dissolve the four existing NHS Trusts to be replaced by four Operating Divisions on 1 April 2004. — **Chief Executive**
- A separate consultation paper on the Development of Community Health Partnerships be brought to the NHS Board for approval at its January 2004 meeting. — **Director of Planning and Community Care**
- A detailed Scheme of Delegation be brought to the NHS Board meeting in early 2004, allowing a period of further discussion prior to its finalisation in April 2004. — **Chief Executive**

157. A SEXUAL HEALTH AND RELATIONSHIPS STRATEGY

A report of the Director of Planning and Community Care [Board Paper No 03/75] asked the NHS Board to note the Sexual Health and Relationships Strategy for consultation and agree the proposed process to respond.

Ms Renfrew summarised the key points and recommendations contained in the summary document and described NHS Greater Glasgow's position. The strategy was very welcome in providing a national umbrella and direction within which further local change and development could be pursued in its holistic focus on sexual well-being.

It was an important strategy with broad coverage of a number of health service, health improvement and social justice issues all of which would concern NHS Greater Glasgow. As such, it was important to generate a comprehensive response to the consultation and it was proposed that the Sexual Health Planning and Implementation Group develop and lead a process to ensure such a response was submitted prior to the closing date of 27 February 2004.

DECIDED:

- That the Sexual Health and Relationships Strategy be noted. — **Director of Planning and Community Care**
- That the proposed process for responding to the consultation be agreed. — **Director of Planning and Community Care**

ACTION BY

158. MENTAL HEALTH SERVICES : ARGYLL AND CLYDE

A report of the Director of Planning and Community Care [Board Paper No 03/76] asked the NHS Board to agree, in principle, the proposed partnership arrangements for mental health services in Lomond.

Ms Renfrew outlined the proposals for NHS Greater Glasgow to manage adult mental health services to the population of Lomond. She highlighted the reasons for this approach and proposed accountability arrangements to ensure continuing local engagement. This proposed partnership for mental health services was the first which had emerged from improved joint working with Argyll and Clyde and was likely to be followed by other examples of joint arrangements where these could sustain a local service.

Councillor White referred to the discussions that took place in getting to this point and thanked Catriona Renfrew and her staff for all the work and effort put into taking forward this joint futures and partnership approach. Given that service users would be involved in taking forward the arrangements, he encouraged carers to also be consulted and perhaps be represented on the Partnership Board and Advocacy Group.

Mr Robertson agreed with this point and confirmed that Greater Glasgow Primary Care NHS Trust had been working with a Carer Strategy Group whom he would encourage to get involved.

Ms Renfrew extended her appreciation to the West Sector General Manager and his team for taking forward much of the work in relation to these proposals.

In response to a question from Mr Goudie, Ms Renfrew clarified the cross-boundary flow and monitoring systems in place to facilitate this arrangement. She confirmed that Greater Glasgow Primary Care NHS Trust would manage the budget for NHS Argyll and Clyde but NHS Argyll and Clyde was solely funding the service.

Ms Crocket referred to the current bed management system in place and the cross-charging arrangements when patients travelled to Glasgow from other areas. She was satisfied that robust monitoring arrangements were currently in place.

In response to a question from Dr Nugent, Ms Renfrew confirmed that there was a mental health inpatient ward at the Vale of Leven Hospital.

Sir John thanked all those involved in making this proposal possible and cited this as an excellent example of joint working.

DECIDED:

That the proposed partnership arrangements for mental health services in Lomond be agreed. **Director of Planning and Community Care**

159. REFORMING CHILD PROTECTION

A report of the Director of Planning and Community Care [Board Paper No 03/77] asked the NHS Board to note progress to strengthen NHS Greater Glasgow's arrangements to protect vulnerable children and respond to Scottish Executive requirements.

Ms Renfrew referred to a number of important reviews and enquiries over the last two years which had highlighted significant issues about the protection of vulnerable children and the significant NHS implications particularly:

ACTION BY

- Tackling child protection concerns where the patient was not the child.
- Sharing information with other agencies.
- Ensuring all NHS staff were aware of child protection issues.
- Ensuring clear systems to enable concerns to be raised and addressed.
- Delivering corporate leadership and commitment to child protection.

She referred to the complex set of guidance for NHS staff and work with the Local Authority Child Protection Committees to address interagency issues.

A process was in place to establish a Greater Glasgow wide NHS Child Protection Group and Ms Crocket would chair this Group on behalf of the NHS Board. Membership would include staff from all Trusts to ensure the delivery of the changes required to improve the protection of vulnerable children.

Ms Crocket confirmed that she had written to all Trust Chief Executives seeking nominations for membership of the Child Protection Group. Furthermore, she had had a meeting with Glasgow City Council representatives and had arranged similar meetings with the other Local Authority areas. She referred to pockets of excellent work currently in existence within NHS Greater Glasgow particularly within the Yorkhill Hospitals NHS Trust and Greater Glasgow Primary Care NHS Trust. It would be important to share that work across the whole NHS system. She confirmed that the Child Protection Group would set out its remit and work plan to meet the Scottish Executive Health Department's requirements, whose leadership and support would remain critical.

Councillor Collins confirmed that within East Renfrewshire Council, work was underway to address many of the issues raised and take forward joint training ventures. Similarly, Councillor White confirmed that within his Local Authority area, existing mechanisms were being reviewed with a view to improvements being made. Councillor Duncan's Council were also having in-depth discussions about this and picking up the key recommendations within the reports as a starting point to building on how to take this forward.

Ms Crocket agreed that it was important not to make this a bureaucratic process but to co-ordinate better good work that was currently being done and joint training was pivotal to this work.

DECIDED:

That the progress to strengthen the arrangements to protect vulnerable children and respond to Scottish Executive requirements be noted. **Director of Planning and Community Care**

160. 2003/04 FINANCIAL MONITORING REPORT FOR 7 MONTHS ENDED 31 OCTOBER 2003

A report of the Director of Finance [Board Paper No 03/78] updated the 2003/04 Mid Year Review presented and discussed in some detail at the November 2003 meeting of the Performance Review Group. The NHS Board was asked to confirm and endorse the following:

- That the overall financial position forecasted a deficit at the year-end of up to £10M in terms of the underlying position, albeit with some potential offset through technical accounting.

ACTION BY

- That the forecast continued to assume a further underwriting of up to £23M from, essentially, capital receipts and other "capital to revenue" transfers.

- That the measures in place within Trusts to contain expenditure would continue to the year-end and would be augmented by an ongoing review of any reserves that might be made available to offset the overall position.

- That the approach to risk management should now focus on the more radical cost recovery proposals for 2004/05 as set out in the Chief Executive's report.

Mrs Hull commented that in setting revenue budgets for 2003/04, a difficult balance had to be found between containing spending pressures being experienced within the Acute Trusts and the need to honour pre-existing investment decisions made in the Local Health Plan 2001-2006. As set out in earlier months' financial reports, the forecast outturn remained a deficit of £10M and this was over and above the £23.1M over commitment that was currently being covered non-recurrently in 2003/04 only. She summarised the best and worst cases year-end forecasts with the best being an estimated year-end position of £10,158,000 deficit and the worst case being £19,200,000 deficit – this would need to be carried forward to the next financial year.

In response to a question from Councillor White regarding capital to revenue transfers, Mrs Hull confirmed that there had been no change to the capital programme since it was last considered by the NHS Board.

Mrs Smith paid tribute to the Senior Management Teams of the NHS Board and Trusts who had worked hard to contain the situation. She referred to the future work to be done by the Service Redesign Committee in looking at re-engineering working patterns and the impact this may have on the NHS Board's financial position.

DECIDED:

- That the overall financial position forecasting a deficit at the year-end of up to £10M in terms of the underlying position, albeit with some potential offset through technical accounting be endorsed. **Director of Finance**

- That the forecast continued to assume a further underwriting of up to £23M from, essentially, capital receipts and other "capital to revenue" transfers be endorsed. **Director of Finance**

- That the measures in place within Trusts to contain expenditure would continue to the year-end and would be augmented by an ongoing review of any reserves that might be made available to offset the overall position be confirmed. **Director of Finance**

- That the approach to risk management should now focus on the more radical cost recovery proposals for 2004/05 as set out in the Chief Executive's report be endorsed. **Director of Finance**

161. WAITING TIMES

A report of the Director of Planning and Community Care [Board Paper No 03/79] provided monitoring information on the NHS Board's progress against the key national target to have no over 9 month waits from December 2003.

Ms Renfrew reported that there were currently 246 patients waiting over 9 months at the end of November 2003 with no availability status codes (ASCs) applied. This represented a decrease of 405 (62%) on the position last month. A further comparison between the months of November 2002 and 2003 showed an improved position from 1,118 patients to 246 patients – a decrease this year of 872 (78%).

ACTION BY

Ms Renfrew confirmed that the national target would be delivered but that the challenge was in the sustainability of this.

Mr Cleland commended the tremendous amount of work undertaken across NHS Greater Glasgow to achieve this target.

NOTED

162. QUARTERLY REPORTS ON COMPLAINTS : JULY – SEPTEMBER 2003

A report of the Head of Board Administration and Trust Chief Executives [Board Paper No 03/80] asked the NHS Board to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 July to 30 September 2003.

Mr Best referred to Yorkhill Trust's disappointing performance in responding to only 39% of written Local Resolution complaints within 20 working days of receipt. He explained that this was due to the very often difficult and complex cases received at Yorkhill Hospital which made the timescales harder to meet. This was often further compounded by having to seek the consent of parents if the complaint was made outwith the family or by an MSP. It was agreed this should be made clear in future reports from Yorkhill Hospital.

Mr Hamilton referred to the anticipated new NHS Complaints Procedure and confirmed that he had already met with the Complaints Officers within NHS Greater Glasgow to discuss the new arrangements. A further meeting had been planned for the turn of the year to prepare new local procedures, guidance and training in line with the new proposals from the Scottish Executive Health Department.

In relation to the changing roles of Health Councils, it may be the case that the NHS Board would be required to commission advocacy services to help complainants take forward their complaints through the NHS complaints procedure.

Mrs Smith referred to the inconsistency across NHS Scotland in relation to patient consent requirements when MSPs sought information. Mr Hamilton agreed to report this back to the next meeting of the Scottish Complaints Association as patient consent should be sought nationally when MSPs seek information on behalf of patients. On this point, Dr Burns referred to a current consultation exercise regarding open access to MSPs which would change the statutory instrument to allow MSPs to seek information without seeking a patient's approval.

DECIDED:

That the quarterly report on NHS complaints in Greater Glasgow for the period 1 July to 30 September 2003 be noted. — **Head of Board Administration**

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

A report of the Director of Public Health [Board Paper No 03/81] was submitted seeking approval of two 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**

ACTION BY

Dr Adam Brodie
Dr Perminder Sihra

164. PERFORMANCE REVIEW GROUP MINUTES – 18 NOVEMBER 2003

The Minutes from the Performance Review Group held on Tuesday 18 November 2003 [PRG(M)03/04] were noted.

165. HEALTH AND CLINICAL GOVERNANCE COMMITTEE MINUTES – 28 OCTOBER 2003

The Minutes of the meeting of the Health and Clinical Governance Committee held on Tuesday 28 October 2003 [HCGC(M)03/4] were noted.

166. ANY OTHER BUSINESS

(i) Merry Christmas and a Happy New Year

Sir John wished all NHS Board Members and those in attendance a very merry Christmas and best wishes for 2004.

The meeting ended at 11.55 am