

GREATER GLASGOW NHS BOARD

**Greater Glasgow NHS Board
Minutes of a Meeting of the
held in the Board Room, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 16 March 2004 at 9.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Dr F Angell	Mr W Goudie
Mr J Best	Mr P Hamilton
Dr H Burns	Councillor J Handibode
Mr R Calderwood	Mrs W Hull
Mr R Cleland	Mrs S Kuenssberg CBE
Councillor D Collins	Mrs R Kaur Nijjar
Dr B Cowan	Dr J Nugent
Ms R Crocket	Mr A O Robertson OBE
Mr T Davison	Mrs E Smith
Mr T A Divers OBE	Professor S Smith
Councillor R Duncan	Councillor A White

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

Ms E Borland	..	Acting Director of Health Promotion
Mr J Crawford	..	Principal Health Promotion Officer (for Minute 34)
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Ms S Laughlin	..	Women's Health Co-ordinator (for Minute 35)
Mr A McLaws	..	Director of Corporate Communications
Ms D Nelson	..	Communications Manager
Ms C Renfrew	..	Director of Planning and Community Care

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

Mr J Cassidy	..	Chair, Area Nursing and Midwifery Committee
Mrs P Bryson	..	Convener, Greater Glasgow Health Council
Mr C Fergusson	..	Chair, Area Pharmaceutical Committee
Ms G Leslie	..	Chair, Area Optometric Committee
Mr H Smith	..	Chair, Area Allied Health Professionals Committee

ACTION BY

29. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Councillor J Coleman, Mr I Reid and Dr B West (Chair, Area Medical Committee).

Sir John welcomed the six new Non Executive Directors who had been appointed from 1 April 2004 and were in attendance as observers:

Mr John Bannon, MBE
Mrs Agnes Stewart, MBE
Ms Rani Dhir, MBE
Mr Gerald McLaughlin
Mrs Jessica Murray
Miss Amanda Paul

Sir John also noted that this would be Dr John Nugent's last NHS Board meeting and thanked him for his excellent contribution throughout his time as an NHS Board Member.

30. CHAIRMAN'S REPORT

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

- (a) The Minister for Health and Community Care had announced a series of pilot programmes to be established to tackle unmet need. NHS Greater Glasgow, NHS Argyll and Clyde and NHS Tayside had been identified as those three NHS areas with the highest deprivation and, as such, those most likely to participate in the pilot programme. NHS Greater Glasgow had been awarded £12m over two years and work was being carried out to put together a series of initiatives for approval by the Scottish Executive Health Department.
- (b) Sir John referred to the recent attention given to constituency survey outcomes particularly in relation to a widening gap between affluent and deprived populations.

Dr Burns advised that such constituency profiles needed to be worked up against the 2001 census to identify if this gap was, in fact, widening. Dr Burns also referred to the exciting programme of work to be initiated by the Centre for Population Health in Greater Glasgow particularly in relation to future research and development projects. A meeting was to be held on 22 March 2004 with the Minister for Health and Community Care to discuss the formal launch of the Centre for Population Health.

NOTED

31. CHIEF EXECUTIVE'S UPDATE

Mr Divers made reference to the following issues:

- (a) The public consultation on maternity services in NHS Greater Glasgow had drawn to a close. All responses received to the consultation would be available on the NHS Board's website from the morning of Tuesday 16 March 2004.
- (b) A meeting had taken place on 1 March 2004 at South Lanarkshire Council to launch their Joint Health Improvement Plan. In attendance had been the Deputy Minister for Health and Community Care, Mr Tom McCabe, Councillor Handibode and Mr Divers. This event had been very well attended which reflected the importance placed on joint inter-agency working.

- (c) Councillor White and Mr Divers had attended a joint meeting between West Dunbartonshire Council, NHS Greater Glasgow and NHS Argyll and Clyde representatives to continue discussion on strategic issues. A full programme of work was underway and it was intended that this series of meetings would continue.

NOTED

32. MINUTES

On the motion of Mr J Best, seconded by Mr T Davison, the Minutes of the meeting of the NHS Board held on Tuesday, 17 February 2004 [GGNHSB(M)04/2] were approved as an accurate record and signed by the Chairman pending the following amendments:

- (a) Minute 26 – Transfer of Medical Oncology Inpatient Beds from the St Mungo Unit, Glasgow Royal Infirmary, to the Beatson Oncology Centre

- (i) Page 13 – paragraph 2 – line 3

delete “Glasgow Royal Infirmary”.

insert “Beatson Oncology Centre”.

- (ii) Page 13 – new last paragraph to be inserted as follows:

“The NHS Board recognised the factors that had led to the need for acceleration of this transfer, however, Sir John emphasised the need to ensure that the NHS Board and stakeholders received the earliest possible indication of service pressures which were likely to affect the sustainability of a safe clinical service.”

33. MATTERS ARISING

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

NOTED

- (b) Item 16 (b) – Chief Executive’s Update

Councillor White referred to the series of meetings ongoing with NHS Argyll and Clyde senior officers and suggested that the NHS Board be notified of the outcome of such discussions. Mr Divers confirmed that he would be happy to share notes from such meetings with interested parties. He also agreed to reflect on the reporting of such updates at the NHS Board and sought to strike a balance by drawing together a summary of ongoing issues to provide an overview for NHS Board Members – over and above those communication links which currently existed at corporate team level. Councillor Collins agreed that this would be helpful.

Chief Executive

NOTED

34. ANNUAL REPORT ON RACE EQUALITY

A report of the Acting Director of Health Promotion [Board Paper No 04/14] asked the NHS Board to note ongoing work and approve the report for submission to the Commission for Racial Equality (CRE) and the Scottish Executive's National Resource Centre for Ethnic Minority Health.

Ms Borland outlined the progress made in NHS Greater Glasgow to meet the requirements of the Race Relations (Amendment) Act 2000 and the HDL Fair for All (FFA).

The Race Relations (Amendment) Act 2000 (RRAA) required all public bodies to have undertaken an analysis of their functions and to have published a Race Equality Scheme, setting out what actions would be taken to ensure the organisation prevented racial discrimination and promoted racial equality. NHS Greater Glasgow's Race Equality Scheme (and associated plans) were published in November 2002 and March 2003 respectively. There was a requirement to report annually on progress to the CRE.

Over and above the legal requirements placed on NHS Boards in terms of the RRAA, the Scottish Executive issued in 2003, the Health Department Letter (HDL) - Fair for All, which encouraged NHS Boards to ensure that their services were being provided in such a way as to be culturally competent.

The approach taken in NHS Greater Glasgow had been designed to ensure that there was sufficient local ownership and commitment to race equality. Each organisation within NHS Greater Glasgow, therefore, carried out an analysis of their functions and compiled their own Race Equality Action Plans specific to their own circumstances. It was, however, recognised that there were a number of strategic issues that could best be tackled on a pan Greater Glasgow level, and that work on these should be co-ordinated through the establishment of the Race Equality Co-ordinating Committee, which comprised senior officers from each organisation within NHS Greater Glasgow and was chaired by Ms Borland as the NHS Board designated "lead Director" in terms of Fair for All.

The key strategic issues had been identified as:

- Interpreting
- Advocacy
- Training
- Employment
- Research
- Information
- Communication
- Involving people/listening to communities
- Catering

Ms Borland referred to Appendix I which focussed on progress in relation to these key strategic issues and Appendices II to VI which reported on the actions specific to each individual part of NHS Greater Glasgow.

In the course of drafting the report, a number of black and ethnic minority (BEM) community organisations and individuals were sent draft copies for initial feedback and comment to inform the eventual report. Following approval by the NHS Board, the document would be more widely distributed among these black and ethnic minority communities.

Furthermore, a black and ethnic minority community consultative forum was in the process of being established and representatives from that forum would be appointed to the Race Equality Co-ordinating Committee, whose membership would be expanded to include representatives from Greater Glasgow Health Council, the Area Partnership Forum and the West of Scotland Race Equality Council.

Ms Borland commented that mainstreaming race equality was in the context of the changing legislative and policy landscape and highlighted four substantial challenges for NHS Greater Glasgow:

- Ensuring that the “one system” model continued to maintain a focus on race equality through balancing overall accountability with local ownership for action.
- Ensuring that the focus on race equality remained a priority alongside the anticipated developments around diversity and equality.
- Further developing the capacity of minority ethnic communities to engage with and influence the planning and review of health related services either solely within NHS Greater Glasgow or in partnership with others.
- Joining up work with other partners for the provision of direct services to minority ethnic communities or for the purpose of learning across organisations.

Councillor Collins commended the excellent programme of work and encouraged NHS Greater Glasgow to ensure that all action programmes were consistent in implementing policy issues. He further encouraged the NHS Board to link with the four Trusts to deliver policies in a consistent way across NHS Greater Glasgow to meet continuing challenges.

In response to a question, Ms Borland confirmed that the documentation would be submitted to the Commission for Racial Equality and the Scottish Executive’s National Resource Centre for Ethnic Minority Health. When Greater Glasgow NHS Board’s Race Equality Scheme and Race Equality Action Plans were submitted to them previously, these had been commended.

DECIDED:

- That the ongoing work being undertaken to meet the requirements of the Race Relations (Amendment) Act 2000 and the HDL Fair for All (FFA) be noted.
- That the report for submission to the Commission for Racial Equality (CRE) and the Scottish Executive’s National Resource Centre for Ethnic Minority Health be approved.

**Acting Director of
Health Promotion**

35. GLASGOW WOMEN’S HEALTH POLICY

A report of the Director of Public Health and Director of Planning and Community Care [Board Paper No 04/15] asked the NHS Board to:

- Note the progress made in implementing the Glasgow Women’s Health Policy within NHS Greater Glasgow.
- Note the redesignation of Glasgow as a multi-agency WHO Collaborating Centre for Policy and Practice Development for Women’s Health and Gender Mainstreaming.

- Consider how further progress on women's health and gender mainstreaming could be delivered in the context of addressing the health consequences of social inequalities within acute, mental health and primary care services.
- Consider the opportunities presented through the unified NHS Board structure to further develop and implement policy including policy aimed at promoting the health and well-being of women.
- Agree the establishment of a short life working group to consider the best way for the unified NHS Board to develop a corporate approach to policy including the Women's Health Policy.

Ms Renfrew advised that this report had been produced to highlight the work that had been carried out to implement the Glasgow Women's Health Policy, to consider progress but also the associated barriers to further progress and to identify the need for a strategic approach within NHS Greater Glasgow to addressing the health consequences of social inequalities. Further, the report considered this work within the context of the overall approach to policy development and implementation.

Ms Renfrew welcomed Ms Sue Laughlin, Women's Health Co-ordinator to present this paper.

Ms Laughlin outlined the background to the Glasgow Women's Health Policy and its process of implementation. She described its links to the World Health Organisation (WHO) in Europe who had identified the work on women's health in Glasgow as an example of good practice. To add to this, Glasgow had recently been redesignated as a Collaborating Centre for Policy and Practice Development in Women's Health and Gender Mainstreaming by WHO.

The Women's Health Policy for Glasgow recognised the importance of gender as a fundamental determinant of health and successful implementation of the Women's Health Policy. Indeed any such policy which sought to address the health consequences of social inequalities, presented a number of challenges and difficulties to the health service. Ms Laughlin outlined these challenges which resulted in progress on implementing the Glasgow Women's Health Policy only being regarded as partial. It was anticipated that there would continue to be many positive developments in relation to gender and health in Glasgow and that this would yield improvements in the way that services responded to both men and women. Nonetheless, there remained a number of barriers which Ms Laughlin summarised. There were, however, a number of opportunities for potentially overcoming the barriers to gender sensitive policy development and implementation particularly as the unified NHS Board structure should allow for a wider perspective moving beyond traditional medical boundaries.

It seemed, therefore, there existed a paradox in Glasgow. By comparison with other cities in both the UK and the rest of Europe, it was generally regarded as having made considerable progress firstly in raising the profile of women's health and secondly in developing thinking about gender and health. Progress had been made on both fronts yet although staff perceptions were everyone's concern, they appeared to be no-one's responsibility. Consideration needed to be given as to how the barriers that currently existed might be overcome and how innovation and change in addressing the health consequences of social problems be fostered, both within the health service and across other agencies charged with health improvement in Glasgow.

There were a number of dimensions to addressing the difficulties encountered in the work:

- The establishment of more explicit accountability and monitoring mechanisms for the development and implementation of policy.

- Recognition of the inter-relationship between different forms of inequality and the need to bring existing work closer together.
- Consideration of the role of officers currently responsible for the delivery of Women's Health Policy across NHS Greater Glasgow.
- Mapping of current and future needs.

The introduction of the new unified NHS Board presented opportunities to introduce such mechanisms and as such it was recommended that a short life working group be established to identify the best way of bringing this about. This group should comprise senior representatives of NHS Board directorates and Trust management.

Councillor Collins, Chairman of the Women's Health Policy Planning Group congratulated all officers involved in the production of this excellent work. It emphasised an area which had been recognised as good practice. He sought a corporate approach to look at the structures of policy groups to take forward common themes across NHS Greater Glasgow particularly as policies should be applied with a degree of consistency to ensure corporate delivery.

Dr Burns referred to the many other health inequalities that existed over and above gender. He referred to the number of reasons which had resulted in the inconsistent application of putting in place policy in the NHS. In this case, NHS Greater Glasgow had an internationally recognised group who had suggested ways to progress tackling of this one key area.

Ms Borland referred back to the previous NHS Board paper and the HDL Fair for All (FFA) which addressed all diversities not just race. A challenge for the NHS Board would be to look at ways to systematise that and learn from best practice to take forward more coherent ways of policy implementation.

DECIDED:

- That progress made in implementing the Glasgow Women's Health Policy within NHS Greater Glasgow be noted.
- That the redesignation of Glasgow as a multi-agency WHO Collaborating Centre for Policy and Practice Development for Women's Health and Gender Mainstreaming be noted.
- That further progress on women's health and gender mainstreaming could be delivered in the context of addressing the health consequences of social inequalities within acute, mental health and primary care services be considered. **Women's Health Co-ordinator**
- That opportunities presented through the unified NHS Board structure to further develop and implement policy including policy aimed at promoting the health and well-being of women be considered. **Women's Health Co-ordinator**
- That the establishment of a short life working group to consider the best way for the unified NHS Board to develop a corporate approach to policy including the Women's Health Policy be agreed. **Women's Health Co-ordinator**

36. PARTNERSHIP FOR CARE – TRANSITIONAL ARRANGEMENTS TOWARDS SINGLE SYSTEM WORKING

A report of the Head of Board Administration [Board Paper No 04/16] asked the NHS Board to:

- Agree the recommendations highlighted in bold in the paper to allow the business of the NHS Board to continue during the transitional period.
- Receive a revised Scheme of Delegation at the April NHS Board meeting.
- Receive recommendations at a future NHS Board meeting on a committee structure to be effective from 1 October 2004.

Mr J Hamilton referred to the February 2004 NHS Board meeting when a draft Scheme of Delegation was considered. At that time, it was agreed that the Scheme of Delegation be further developed in discussion with staff partnership and other key interests with a final scheme being considered by the NHS Board in April 2004. Furthermore, Members raised a number of issues which had since been discussed by the Corporate Management Team and formed part of an initial discussion with the Area Partnership Forum at its meeting on 1 March 2004. It was agreed to hold further discussions in a workshop session to consider the main principles underpinning the Scheme of Delegation, particularly how it affected employment matters.

It was reported that the Minister of Health and Community Care had written to the Chairman confirming that the NHS Board should proceed to implement the dissolution of the four NHS Trusts and establish a single system of working from 1 April 2004.

The NHS Board had asked that a paper be submitted to its Board meeting in March 2004 setting out the transitional arrangements in a move towards single system working on 1 April 2004.

Mr Hamilton described the key steps in moving to single system working on 1 April 2004, recognising that processes would be required to finalise the approval and adoption of the annual accounts 2003/04 and the remuneration arrangements for managers on executive pay for the financial year 2003/04.

Mr Hamilton led the NHS Board through the paper as follows:

(a) Dissolution of NHS Trusts

It was anticipated that the Statutory Instrument to dissolve the four NHS Trusts within NHS Greater Glasgow was likely to be made on the third week of March and to come into force on 1 April 2004. From that date, Greater Glasgow NHS Board would become the single legal entity with four Divisions of the NHS Board known as:

- (i) North Glasgow University Hospitals Division
- (ii) South Glasgow University Hospitals Division
- (iii) Yorkhill Division
- (iv) Primary Care Division

The NHS Board Chairman had written to all non Executive Directors about the appointments process for the Chairs of each Division and had sought expressions of interest for these positions so that they could be filled at, or close to, the commencement of single system working.

(b) New NHS Board Members

The Minister for Health and Community Care announced the outcome of the process to appoint new non Executive Directors to Greater Glasgow NHS Board from 1 April 2004. The Minister had re-appointed Mr Ronnie Cleland, Mrs Sally Kuenssberg CBE, Mr Andrew Robertson OBE and Mrs Elinor Smith; all four having served on the NHS Board as Chairs of the NHS Trusts.

Additionally, the Minister had appointed Mr John Bannon MBE and Mrs Agnes Stewart MBE both of whom had served for a number of years as Trustees on the North and South Trusts respectively. The Minister appointed four new non Executive Directors to the NHS Board, namely Ms Rani Dhir MBE, Mr Gerald McLaughlin, Mrs Jessica Murray and Miss Amanda Paul.

The Minister had also appointed Professor Stephen Smith, Executive Dean of the Faculty of Medicine, University of Glasgow, as a non Executive Director of the NHS Board from 16 February 2004.

Reflecting on the six Trustees on NHS Trusts whose term of office came to an end on 31 March 2004, the NHS Board formally recorded its thanks and appreciation to the contribution and commitment to the work of NHS Greater Glasgow to the following:

Mr Charles Scott – Primary Care Trust
Mr Bob Winter – Primary Care Trust
Mr Ian Irvine – North Glasgow Trust
Ms Maire Whitehead – South Glasgow Trust
Mrs Hazel Brooke – Yorkhill Trust
Mr Asif Haseeb – Yorkhill Trust

(c) Standing Orders for the Proceedings and Business of the NHS Board

The NHS Board was asked to approve the Standing Orders (page 68(i) to 68(p) of the Board papers) for implementation on 1 April 2004. As had been the case for many years, the Standing Orders would be reviewed annually, or earlier if required.

(d) Process to Approve Annual Accounts 2003/04

The NHS Board was asked to authorise that the Chairman, in conjunction with the Head of Board Administration, appoint non Executive Directors of the NHS Board and co-opted Members as appropriate to the Divisional Audit Committees and NHS Greater Glasgow Audit Committee to complete the above process (including Chairs for each).

(e) Process to Complete Appraisals of Senior Managers on Executive Pay Arrangements

The NHS Board was asked to authorise the Board Chairman, in conjunction with the Head of Board Administration, to appoint the appropriate number of non Executive Directors to Remuneration Groups to allow this process to be completed for 2003/04 performance plans. These Groups would be chaired by the Divisional Chairs.

(f) Committee Arrangements

(i) The NHS Board was asked to agree that the Chair of the Primary Care Division chaired the Pharmacy Practices Committee and a non Executive Director be appointed as deputy (to attend only in the absence of the Chair).

(ii) The NHS Board was asked to delegate to the NHS Board Chairman, the authority to appoint, as appropriate, non Executive Directors (and co-opted Members) to the Clinical Governance Committee to ensure they were able to conduct the business required of them.

- (iii) The NHS Board was asked to agree that, in line with current arrangements, the Primary Care Division be delegated the authority to appoint the required lay and professional members to serve on the FHS Disciplinary Committees.
- (iv) The NHS Board was asked to agree that all non Executive Directors be authorised to represent the NHS Board on Employee Appeals Panels/Committees. Requests would be received by the Head of Board Administration/Divisional Directors of Human Resources (or authorised nominee) for the involvement of a non Executive Director. Contact would be made with Members to confirm availability.

Mr Goudie referred to the training implications of all non Executive Directors being authorised for this function and Mr Divers confirmed that the NHS Board was sensitive to that particularly in the interim.

The arrangements for handling employee appeals was also raised by Mr Goudie and it was agreed that this matter would form part of the discussions with the Area Partnership Forum on the human resources element of the Scheme of Delegation.

- (v) The NHS Board was asked to either appoint one Complaints Convener for the Board's area, recognising that the majority of the work was carried out by the Associate Conveners at Divisional level, or appoint the Chair of each Division as Convener.
- (vi) The NHS Board was asked to agree the continuation of the arrangement that all non Executive Directors be available as "third panel" members of Independent Review Panels and the Head of Board Administration would continue to contact Members to check availability when required.
- (vii) The NHS Board was asked to approve the Code of Conduct for NHS Board Members.

Mr Hamilton raised the issue of Divisional Management Teams reporting to the Corporate Management Team during the transitional period and the need to define a minimum membership and quorum.

Mr P Hamilton referred to the diagram on page 68(h) of the NHS Board papers and sought the inclusion of the Patient Focus Public Involvement (PFPI) Group. Mr J Hamilton confirmed that a process was underway to review the work of this Committee and recommendations would be submitted to a future NHS Board meeting.

**Head of Board
Administration**

DECIDED:

- (i) That the Standing Orders for the Proceedings and Business of the NHS Board be approved.
- (ii) That for the transitional period from 1 April to 30 September 2004, the Chairman, in conjunction with the Head of Board Administration, be authorised to appoint non Executive Directors and Co-opted Members as appropriate to the NHS Board and Divisional Audit and Clinical Governance Committees and Remuneration Groups.
- (iii) That the Chair of the Primary Care Division chair the Pharmacy Practices Committee and a non Executive Director be appointed as deputy Chair.

**Head of Board
Administration**

**Head of Board
Administration**

**Head of Board
Administration**

EMBARGOED UNTIL MEETING
BOARD: 16 MARCH 2004

ACTION BY

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| (iv) | That the Primary Care Division be delegated the authority to appoint the required lay and professional members to serve on the FHS Disciplinary Committees. | Head of Board Administration |
| (v) | That all non Executive Directors be authorised to represent the NHS Board on Employee Panels/Committees. | Head of Board Administration |
| (vi) | That the Chairman, in conjunction with the Head of Board Administration, appoint a Convener for NHS Greater Glasgow under the current NHS Complaints Procedure. | Head of Board Administration |
| (vii) | That all non Executive Directors be authorised to represent the NHS Board as third Panel Members on Independent Review Panels under the current NHS Complaints Procedure. | Head of Board Administration |
| (viii) | That during the transitional period the Divisional Management Teams report to the Corporate Management Team and comprise, as a minimum, the Divisional Chair and Directors (former Executive Directors of NHS Trusts) and their quorum be set locally. | Head of Board Administration |
| (ix) | That the revised Code of Conduct for NHS Board Members be approved. | Head of Board Administration |
| (x) | That a revised Scheme of Delegation at the April NHS Board meeting be received. | Head of Board Administration |
| (xi) | That recommendations at a future NHS Board meeting on a Committee structure to be effective from 1 October 2004 be received. | Head of Board Administration |

37. 2003/04 FINANCIAL MONITORING REPORT FOR TEN MONTHS ENDED JANUARY

A report of the Director of Finance [Board Paper 04/17] asked the NHS Board to note the results reported for the ten months ended 31 January 2004.

The report updated details of the financial position for the ten months ended 31 January 2004 for the Trusts and the NHS Board. A deficit of £9,572k against the break-even target was reported, a reduction of £123k on the December report.

Councillor Handibode referred to the back pay for part-time staff in respect of public holidays from 2000. Mrs Hull advised that it may be the case that the Scottish Executive Health Department released reserves to cover this, however, it had not been included as it had not been confirmed that funding would be received. In future, it was agreed that where such ambiguity existed, a supporting statement would be added.

Director of Finance

DECIDED:

- That the NHS Board continue to monitor the forecast position for 2003/04.
- That any deficit at the year end would be first call on non recurrent funding in 2004/05 be noted.

Director of Finance

38. QUARTERLY REPORTS ON COMPLAINTS : OCTOBER – DECEMBER 2003

A report of the Head of Board Administration and Trust Chief Executives [Board Paper No 04/18] covered the report on complaints for the period October to December 2003 and sought extensions to the terms of office for seven Lay Chairs and six Conciliators.

Councillor Handibode welcomed the information shown in the section on “Lessons Learned” from Complaints and viewed this as particularly useful information for Members.

Mr P Hamilton asked what steps were being made to ensure the NHS Board had in place an advocacy service particularly as Greater Glasgow Health Council would no longer be there to support the complaints process from 1 April 2005. Mr J Hamilton replied by confirming that the NHS Greater Glasgow Complaints Officers Group had discussed this at its last meeting and steps were being made to ensure that advocacy services would be available.

DECIDED:

- That the quarterly report on NHS complaints in Greater Glasgow for the period 1 October to 31 December 2003 (Appendix A) be noted.
- That the extract from the Information Service Division’s (ISD) Annual Report entitled “NHSScotland Complaints Statistics – Year Ending 31 March 2003” (Appendix B) be noted.
- That the extension to the Terms of Office of 7 Lay Chairs and 6 Conciliators (Appendix C) be approved.

**Head of Board
Administration**

39. WAITING TIMES

A report of the Director of Planning and Community Care [Board Paper No 04/19] asked Members to note progress on meeting waiting time targets.

Ms Renfrew referred to the provisional waiting list position at 29 February 2004 as presented in Table 1 for patients waiting without availability status codes (ASCs). Table 2 presented the number of patients with availability status codes, for example, where a patient had asked to defer admission for personal reasons.

The NHS Board was currently sustaining the nine month guarantee and patients waiting over six months had reduced by 179 or 8.5% between January and February 2004.

In conjunction with the Trusts, the NHS Board was now preparing its plans for incremental performance improvement in waiting times in 2004/05, moving towards achieving the December 2005 target of inpatient and day cases being treated within six months of being placed on the waiting list.

NOTED

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

A report of the Director of Public Health [Board Paper No 04/20] asked the NHS Board to approve the following 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:

Dr Christine Carswell
Dr Deborah Monaghan

DECIDED:

That Dr Christine Carswell and Dr Deborah Monaghan be approved and authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984.

Director of Public Health

41. AREA CLINICAL FORUM MINUTES – 9 FEBRUARY 2004

The Minutes of the Area Clinical Forum meeting held on Monday 9 February 2004 [ACF(M)04/1] were noted.

NOTED

42. PERFORMANCE REVIEW GROUP MINUTES – TUESDAY 10 FEBRUARY 2004

The Minutes of the Performance Review Group held on Tuesday 10 February 2004 [PRG(M)04/1] were noted.

NOTED

The meeting ended at 11.10 am