

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, 20 July 2004 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 P Hamilton          |
| Mr J Bannon MBE   | Councillor J Handibode |
| Mr R Calderwood   | Mrs S Kuenssberg CBE   |
| Mr R Cleland      | Mr G McLaughlin        |
| Dr B Cowan        | Mrs J S Murray         |
| Ms R Crocket      | Mr I Reid              |
| Mr T Davison      | Mr A O Robertson OBE   |
| Mr T A Divers OBE | Mrs E Smith            |
| Mr W Goudie       | Professor S Smith      |
|                   | Mrs A Stewart MBE      |

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

|                 |    |  |
|-----------------|----|--|
| Ms E Borland    | .. | Acting Director of Health Promotion                        |
| Mr J Dearden    | .. | General Manager, Corporate Services, Primary Care Division |
| Ms S Gordon     | .. | Secretariat Manager  |
| Mr J C Hamilton | .. | Head of Board Administration                               |
| Mr J M Hamilton | .. | Assistant Director of Finance                              |
| Mr M Mazzuco    | .. | PricewaterhouseCoopers                                     |
| Ms D Nelson     | .. | Communications Manager                                     |
| Mr C Revie      | .. | PricewaterhouseCoopers                                     |
| Ms C Renfrew    | .. | Director of Planning and Community Care                    |
| Mr C Scott      | .. | Convener, Audit Committee                                  |
| Mr M Thomson    | .. | PricewaterhouseCoopers                                     |
| 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 H Smith   | .. | Chair, Area Allied Health Professionals Committee |
| Dr B West    | .. | Chair, Area Medical Committee                     |

**ACTION BY**

**70. APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Mr J Best, Dr H Burns, Councillor J Coleman, Councillor D Collins, Mrs R Dhir MBE, Councillor R Duncan, Dr R Groden, Mrs W Hull, Mrs R K Nijjar, Ms A Paul, Councillor A White, Mr A McLaws, Mr C Fergusson (Chair, Area Pharmaceutical Committee), Mr J Cassidy (Chair, Area Nursing and Midwifery Committee) and Ms G Leslie (Chair, Area Optometric Committee).

**71. CHAIRMAN'S REPORT**

The Chairman advised that the Minister for Health and Community Care had taken the formal step of cutting the turf for the Phase 2 redevelopment of the Beatson Oncology Centre. As such, Sir John thanked those staff involved from the North Division for their ongoing co-operation particularly in arranging site visits.

**NOTED**

**72. CHIEF EXECUTIVE'S UPDATE**

Mr Divers made reference to the following:

- (a) A meeting had taken place with Sir John, the Executive Dean, University of Glasgow and himself to progress their joint strategic relationship regarding education and regular progress would be submitted to the Board.
- (b) A meeting had taken place on 22 June 2004 with NHS Argyll and Clyde colleagues in taking forward strategic and service issues on a regional planning basis.

**NOTED**

**73. MINUTES**

On the motion of Mr A O Robertson, seconded by Mrs A Stewart, the Minutes of the meeting of the NHS Board held on Tuesday, 18 May 2004 [GGNHSB(M)04/5] were approved as an accurate record and signed by the Chairman.

**74. MATTERS ARISING FROM THE MINUTES**

The Rolling Action List of matters arising was circulated and noted.

**NOTED**

**75. STATEMENT ON INTERNAL CONTROL 2003/04**

A report of the Convener of the Audit Committee [Board Paper No 04/35] was submitted attaching a report by the Audit Committee on the outcome of the Committee's evaluation of the NHS Board's system on internal financial control during 2003/04.

Subject to approval of the report, the NHS Board was asked to authorise the Chief Executive to sign the Statement on Internal Control 2003/04 which formed part of the NHS Board's Annual Accounts.

The Convener of the Audit Committee, Mr C Scott, presented the report.

The Audit Committee, at its meeting held on 6 July 2004, received a report which provided Members with evidence to allow the Committee to review the NHS Board's system on internal control for 2003/04.

Based on its review of the available evidence, the Audit Committee concluded that, subject to one exception, the system of internal control complied with the required control standards and recommended that the Chief Executive sign the Statement of Internal Control:

- (i) The Practitioner Services Division (PSD) of the Common Services Agency (CSA) had responsibility for calculating and making payments to Family Health Service (FHS) contractors on behalf of Primary Care Trusts (now Primary Care Divisions of the NHS Boards). In 2002/03, certain weaknesses were identified in the control processes operated by PSD which were highlighted by the Service Auditor and External Auditors of PSD. These weaknesses had now been addressed such that, during 2003/04 there had been no significant weaknesses that required individual disclosure and, although the Service Auditor had continued to report a number of weaknesses in the PSD's control systems, it was not considered that these had a fundamental impact on the accuracy or control of FHS payments. This improvement had enabled the External Auditors to remove the audit qualification.
- (ii) Within PSD, however, the NHS Board's External Auditors had highlighted in their 2002/03 report that work carried out at a national level had indicated a significant level of incorrect claims that had been made at point of delivery for exemption for NHS prescription, dental and ophthalmic charges. As this exercise was not quantified at an individual Trust/Health Board level, the External Auditors qualified their opinion on regularity arising from a limitation in the scope of their work. Further work had been carried out on this area during 2003/04 and the results of this had been extrapolated at Health Board level to give an indication of the possible level of FHS income lost due to incorrect claims by patients for exemption from NHS charges. The extrapolation of the sample results for NHS Greater Glasgow indicated that the level of income lost in prescription, dental and ophthalmic charges in the year 31 December 2003 could possibly amount to £5.96m. It was emphasised that no assurance as to the likely accuracy of this estimate had been given. Given this, the Primary Care Division of NHS Greater Glasgow was considering, on a pro-active basis, local initiatives to augment the effectiveness of exemption checking and this was currently being pursued on a pilot basis.

Mr Scott referred to the transitional arrangements which had been put in place for the period 1 April 2004 to 30 September 2004 to ensure continuity with particular emphasis on the process for approval of Annual Accounts and Statement on Internal Control. Arrangements to apply from 1 October 2004 were intended to harmonise corporate, clinical and staff governance at Divisional level. Work was continuing on the practical implementation of the new arrangements.

Sir John thanked Mr Scott and members of the Audit Committee for their valued work throughout the year.

**DECIDED:**

- (i) That the Audit Committee's report on the outcome of the evaluation of the NHS Board's system on internal control 2003/04 be approved.
- (ii) That the Chief Executive be authorised to sign the Statement of Internal Control subject to the statement disclosing the matters identified in the review.

**Director of  
Finance**

**Chief Executive**

**76. EXTERNAL AUDIT : ANNUAL REPORT TO BOARD MEMBERS 2003/04**

A report of the External Auditors, PricewaterhouseCoopers [Board Paper No 04/36] was submitted enclosing the final report to NHS Board Members in respect of the statutory audit of the Annual Accounts for 2003/04.

Mr Revie from PricewaterhouseCoopers presented the External Auditors final report to NHS Board Members on the year ending 31 March 2004.

The final report was primarily designed to direct the attention of the NHS Board to matters of significance that had arisen out of the 2003/04 audit process and to confirm what action was planned by management to address any of the more significant matters identified for review or improvement.

The matters dealt with in the final report were identified by PricewaterhouseCoopers during its conduct of its normal audit procedures which were carried out in accordance with the framework and principles embodied within the Code of Audit Practice.

Mr Revie led the NHS Board through the final audit report and highlighted the following:

- The true and fair opinion on the financial statements was unqualified.
- The regularity opinion on income and expenditure was unqualified.
- The NHS Board had achieved its three financial targets of:
  - ❖ The net resource outturn did not exceed the revenue source limit – the Board spent £1099m against its revenue resource limit of £1101m.
  - ❖ Staying within its capital resource limit – the Board spent £29m against its capital resource limit of £29m.
  - ❖ The Board did not exceed the cash requirement target – the Board spent £1137.2m against a limit of £1137.5m.

These formal audit opinions related not only to Greater Glasgow NHS Board but the North Glasgow Trust, South Glasgow Trust, Primary Care Trust and Yorkhill Trust.

In relation to the continuing work being carried out by the Scottish Executive Health Department to reduce fraud, Mr Revie confirmed that there were significant Scotland-wide issues identified by the Counter Fraud Services (CFS) regarding all income not being collected from Family Health Service (FHS) patient charges. The CFS had extrapolated its findings to give an estimated (and possible) total value for patient exemptions that may be non-eligible for NHS Greater Glasgow of £5.96m. As a result of the work by the CFS, and the potential control efficiencies which may exist, the Board had outlined in its Statement on Internal Control details of this matter concerning patient exemptions and of the plans to improve this position in the future.

NHS Greater Glasgow's four Trusts had achieved a balanced financial position for 2003/04 through the use of non-recurring relief from the Board, non-recurring savings and the utilisation of income from other non-recurring actions such as capital receipts.

Mr Revie referred to recent advice which had been received from the Finance Department at the Scottish Executive Health Department, on the accounting treatment for enhanced pension costs for those staff who retired early before 1995. Under resource accounting principles, it was necessary to make full provision for the lifetime costs of enhanced pensions. The advice provided clarity on the impact of resource accounting from April 2002 and applied to all Scottish NHS Boards. It had been necessary, therefore, to make a prior year adjustment to the NHS Board accounts which had resulted in the creation of a provision at March 2003 of £41.2m which was offset by an equivalent movement in the general fund. The provision reduced to £39.4m at March 2004 and would progressively reduce over the remaining lives of the retirees.

As the annual cost of the enhanced pension could now be offset against the provision, there was a reduction in the 2003/04 operating costs of £3.2m leading to an amended outturn of £5m technical underspend.

Sir John agreed with Mr Revie that it was disappointing this advice had been so recently received but thanked him and Board Officers who had made the necessary amendments to the Board's accounts for 2003/04.

Mr Revie indicated that the Board had established programme management arrangements for the delivery of a Corporate Recovery Plan for 2004/05. Themes within the plan needed to be developed further, however, including detailed arrangements to manage the delivery of the detailed action plan. Due to the size and complexity of the Corporate Recovery Plan there would almost certainly be slippages in delivering projects and the savings identified may not be as much as estimated. There was also concern that the Divisions may need to deliver local savings before they could contribute to the Corporate Recovery Plan. As a result, there was a potential risk of "double counting" savings at both an operational level and within the Corporate Recovery Plan. There was also a risk that the Board would be unable to deliver the Corporate Recovery Plan as it may overspend in other areas due to pressures of delivering the reduced waiting time targets by December 2005. A further challenge was the Board's ability to negotiate with other West of Scotland Boards to obtain the full cost of cross-boundary activity. The delivery, in full, of the Corporate Recovery Plan would represent a considerable challenge and required the full support of the NHS Board if it was to be delivered.

Mr Divers reiterated the summary of challenges outlined by Mr Revie for the 2004/05 period particularly in terms of the non-recurring support utilised in 2003/04 and the need to move to recurring balance over the next two years. The move to single system working had greatly assisted in managing the 2003/04 outturn and in working up the challenge for 2004/05 the non-recurring elements of the budget had been highlighted in the Director of Finance's report to the NHS Board.

The Performance Review Group had considered the development of a Corporate Recovery Plan over a number of months and recently had approved the single Recovery Plan, project management arrangements for the actions and the monitoring arrangements. Douglas Griffin, Director of Finance, Primary Care Division, had been appointed Project Manager of the Recovery Plan and the progress towards achieving the financial savings target would be considered by the Performance Review Group at its meeting in August 2004. The ongoing systematic project management arrangements now in place should avoid duplication of schemes and the possibility of double-counting. PricewaterhouseCoopers had assisted the Corporate Management Team in identifying the range of issues which should be reviewed in light of the NHS Board's financial position and this work had been built into the single Corporate Recovery Plan.

With regard to the recoverable income from West of Scotland NHS Boards, an agreed process was being pursued with these NHS Boards and thereafter discussions would turn to the timing of resources being reimbursed to NHS Greater Glasgow.

Mr Divers emphasised that the Corporate Recovery Plan was a critical component of returning the NHS Board to financial balance.

Mr Robertson stressed the work undertaken by clinical and management staff throughout this challenging financial period and encouraged their close engagement and involvement in scrutiny of services for the next 12 month financial period. Sir John echoed this and thanked all management and clinical staff for their continuing input to the recovery plan process.

Sir John then thanked staff within the Finance Directorate for their assistance throughout the Annual Accounts and audit process - likewise, Mr Revie thanked all NHS Greater Glasgow staff who had co-operated throughout their audit investigation.

**DECIDED:**

That the final report to NHS Board Members from the Board's External Auditors, PricewaterhouseCoopers, in respect of the statutory audit of Annual Accounts for 2003/04 be noted.

**77. STATEMENT OF ACCOUNTS FOR 2003/04**

A report of the Director of Finance [Board Paper No 04/37] was submitted enclosing the Statement of Accounts for the year to 31 March 2004. In line with the requirement of the NHS Scottish Executive Health Department and following the dissolution of NHS Trusts on 31 March 2004, the NHS Board was responsible for signing off the accounts of the former Trusts and those of the NHS Board, certified by the External Auditors and submitted to the Scottish Executive Health Department by 31 July 2004.

Mr Hamilton, Assistant Director of Finance, introduced the accounts which had previously been considered by the Audit Committee. The External Auditors had completed their audit of the accounts and had issued their final report to NHS Board Members which confirmed that their audit certificate on the NHS Board's financial statement for the year ended 31 March 2004 would be unqualified in respect of their true and fair opinion and regularity.

Mr Hamilton confirmed that the NHS Board's financial statement disclosed that the NHS Board had met its financial targets.

In commending the accounts for approval, Mr Hamilton recorded his appreciation of the considerable efforts of all members of staff who had contributed to the financial year outcome and also to the External Auditors for their assistance and forbearance.

Sir John endorsed these sentiments and Mr Revie thanked Mr Hamilton and his staff for the helpful and productive way they assisted the External Auditors in their role.

**DECIDED:**

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|-------|---|---|
| (i)   | That the statement of accounts for the financial year ended 31 March 2004 for each of the former Trusts and the NHS Board be adopted and approved.  |   |
| (ii)  | That the Chairman and Director of Finance of the NHS Board be authorised to sign the Statement of Trust Board Members' responsibilities in respect of accounts for each of the former Trusts. | <b>Chairman/<br/>Director of<br/>Finance</b>        |
| (iii) | That the Chairman and Director of Finance of the NHS Board be authorised to sign the Statement of Health Board Members' responsibilities in respect of the NHS Board accounts.                | <b>Chairman/<br/>Director of<br/>Finance</b>        |
| (iv)  | That the Chief Executive of the NHS Board be authorised to sign the Statement of Internal Control in respect of the NHS Board Accounts.   | <b>Chief Executive</b>                              |
| (v)   | That the Chief Executive and Director of Finance of the NHS Board be authorised to sign the balance sheet (Form A3.0) for each of the five organisations.                                     | <b>Chief Executive/<br/>Director of<br/>Finance</b> |

**78. NHS ARGYLL & CLYDE : CLINICAL STRATEGY CONSULTATION**

A report of the Director of Planning and Community Care [Board Paper No 04/38] asked the Board to note the consultation on clinical strategy for NHS Argyll and Clyde and agree to consider the formal Greater Glasgow NHS response at a later date.

Ms Renfrew briefly set out the key points from the strategy and highlighted the important issues from a Greater Glasgow perspective.

Similar to NHS Greater Glasgow's Acute Services Review, the focus of this clinical strategy consultation was on providing services that were safe, sustainable and affordable, but also accessible. Three key propositions of particular relevance to Greater Glasgow were:

- The Royal Alexandra Hospital in Paisley, as the major acute hospital for the NHS Board area, centralising Accident and Emergency and specialist acute care.
- The need to develop regional networks for a number of services, for example, chemotherapy.
- Options of either an ambulatory care and diagnostic centre linked to acute services in Glasgow hospitals or an intermediate hospital linked to the Royal Alexandra Hospital at the Vale of Leven or appropriate alternative local site.

It was critical in terms of NHS Greater Glasgow's own service planning and delivery, that NHS Argyll and Clyde had stable and sustainable services where changes to patient flows were predicted and planned for. As such the Board needed to continue to work with NHS Argyll and Clyde to link their future plans for more specialist services to NHS Greater Glasgow's own detailed planning of new in-patient acute facilities.

Ms Renfrew referred to the critical point relating to timing and capacity particularly as NHS Greater Glasgow could not accommodate flows from the Vale of Leven before its own final hospital developments were in place in 2012.

**DECIDED:**

- (i) That the consultation on the clinical strategy for NHS Argyll and Clyde be noted.
- (ii) That a formal NHS Greater Glasgow response be drafted and considered at a future NHS Board meeting.

**Director of  
Planning and  
Community Care**

**79. REVIEW OF ASSUMPTIONS UNDERPINNING JUNE 2002 DECISIONS ON ACCIDENT AND EMERGENCY SERVICES.**

A report of the Director of Planning and Community Care [Board Paper No. 04/39] asked the Board to consider for approval the proposed review process to retest the assumptions underpinning the June 2002 acute services decisions in relation to Accident and Emergency (A&E) Services.

Ms Renfrew reminded the Board of the pattern of future provision of Accident and Emergency Services made at its meeting on 27 June 2002 in that:

- Two specialist 24 hour Accident and Emergency and Trauma Units would be created at Glasgow Royal Infirmary and the new South Glasgow Hospital.
- Emergency Acute Receiving Services would be re-organised, including a unit at Gartnavel General to receive GP referred emergencies and the establishment of five minor injuries units across the city.

The Minister for Health and Community Care ratified this strategy in August 2002. Following a debate within the Scottish Parliament the Minister agreed that the assumptions that underpinned the future shape of A&E Services should be reviewed in two years time. Accordingly, Ms Renfrew set out the proposals to undertake the agreed review of the key assumptions supporting the Board's June 2002 decision on A&E.

This proposed process attempted to ensure that the review of the assumptions was undertaken in an open and inclusive way which enabled key stakeholders to re-interrogate the assumptions on which the decisions were based. It was suggested the review of assumptions should have three stages:

- Stage One – a detailed paper restating the original analysis which underpinned the Board's decisions and the programme of work which had taken place since June 2002. This detailed paper would be circulated to all key interests for comment during September 2004 and also asking for feedback on any other relevant issues or perspectives which should be considered at stage two.
- Stage Two – a major workshop on Friday 15 October 2004 designed to feedback the outcome of the stage one process and to enable direct debate with key partners.
- Stage Three – the output of the September discussion phase and October event would be reported to the Board in the winter.

Mr P Hamilton suggested that the stage two process include input from the Acute Admissions Steering Group. Ms Renfrew agreed that this would have many benefits and further advised that the detailed discussion paper at the stage one process would include relevant information from the Acute Admissions Steering Group.

Dr Cowan agreed that the Group's input would be vital particularly as the new proposed model would cross-cut the whole spectrum of services, therefore, the Group had a crucial input to make.

Furthermore, it was suggested that the five casualty watch surveys undertaken by Greater Glasgow Health Council may provide relevant information for the stage two process. Ms Renfrew agreed although re-iterated that the purpose of the consultation was to identify how the new model would operate rather than labouing the weaknesses in the current model.

Mrs Kuenssberg supported the process and encouraged the Board to be forward looking, referring to what had changed between the June 2002 original decision making process and service provision now. This had to be seen in the light of a lot of ongoing work being undertaken in the interim two-years timeframe.

In response to a question from Ms Murray, Mr Divers summarised the work being undertaken to address public transport issues. Mr J Best chaired a Transport Working Group (which included members from Strathclyde Public Transport) and Mr McGrogan, the NHS Board's Head of Community Engagement, was also looking at transport networks throughout the city.

Mr Divers suggested that it may be helpful for the newer Board Members to receive a briefing at a future NHS Board seminar identifying the main themes underpinning the Board's June 2002 decision. This suggestion was welcomed.

**Chief Executive**

**DECIDED:**

That the proposed review process to retest the assumptions underpinning the June 2002 decisions on Accident and Emergency Services be approved.

**Director of  
Planning and  
Community Care**

**80. HOMOEOPATHIC IN-PATIENT SERVICES : UPDATE**

A report of the Director of Planning and Community Care [Board Paper No. 04/40] asked the Board to note progress on the review of Homoeopathy Services.

Ms Renfrew began by explaining that in setting financial allocations for 2004/05, the NHS Board faced a substantial resource challenge which it agreed would be addressed by a Corporate Recovery Plan, to achieve a return to financial balance. This recovery plan included a series of significant service reviews covering a wide range of NHS Greater Glasgow's functions and services. A summary of the elements of the Corporate Recovery Plan formed part of the Local Health Plan update approved by the Board in April 2004. The Board's objective continued to be to maximise savings from non clinical services but also recognising that a number of clinical services would also be subject to scrutiny and that the NHS Board would consider what further processes of engagement and consultation would be required for any resulting service changes. The NHS Board had to provide services within its available resources and that would, inevitably, mean change and reprioritisation.

In this regard, one element of that programme of service scrutiny was a review of the inpatient homoeopathic service, which was being led by the North Glasgow Division.

The proposed new service model needed to be developed and tested further particularly in relation to care pathways for the main conditions listed on Appendix 1 (page 235 of the Board paper) and also through review, in more detail, of the organisation of services in other centres and the relationships between other Glasgow services and homoeopathy.

It was proposed that work on reviewing the service continue to a conclusion in order to bring a further report to the NHS Board that would then enable it to reach a decision on whether it wished to make proposals about the in-patient beds. If so, a public engagement and consultation exercise would commence.

Mr Davison emphasised that homoeopathy services in NHS Greater Glasgow were being retained – what was being subject to scrutiny was that of the inpatient homoeopathy services. He discussed this in the context that 95% of attendances at the Glasgow Homoeopathic Hospital were as outpatients. Any proposed closure of the inpatient service would bring NHS Greater Glasgow into line with other homoeopathic services in the UK and allow improvements to be made in the provision of outpatient services thereby reducing waiting times and releasing financial savings.

He re-iterated that this was one consideration of the Corporate Recovery Plan. If this component was not agreed, it would need to be replaced by another proposal as savings had to be made.

Mr P Hamilton welcomed the visits being arranged by the North Division for Board Members to visit the Homoeopathic Hospital. He suggested that clinicians from the hospital be invited to present to Board Members at one of their seminar sessions to bring Members up to speed with service provision. Mr Divers concurred with this suggestion and agreed to make appropriate arrangements.

**Chief Executive**

In response to a question from Mr McLaughlin, Mr Davison acknowledged that it would be helpful to include in any consultation document, comparable views from other Homoeopathic Hospitals in the UK where inpatient services had been withdrawn.

Mrs Stewart sought clarity around the cross-boundary flow of patients attending Glasgow Homoeopathic Hospital and Mr Davison explained that the North Division did not receive specific funding identified for these services but that it was included in the block allocations received by the Division from other areas. He confirmed that the vast majority of users to the hospital were from NHS Greater Glasgow, NHS Argyll and Clyde and NHS Lanarkshire.

Mrs Smith was sympathetic to the financial challenge faced by the NHS Board and referred to the benefits gained if improvements were seen in the outpatient services particularly in addressing long waiting times.

Mr Cleland agreed that there was an opportunity to develop a service in a preferred holistic approach and the proposals suggested provided not only a vision to incur savings but expand outpatient services.

Mr Robertson sought a proposed timescale for the proposals and Ms Renfrew advised that any such proposed closure of inpatient beds would require to be approved by the NHS Board following which there would be a consultation exercise. Thereafter a recommendation would be made to the Minister for Health and Community Care.

**DECIDED:**

- (i) That progress on the review of homoeopathy services be noted.
- (ii) That a further report be considered by the Board proposing the future pattern of homoeopathic in-patient services in NHS Greater Glasgow.

**Chief Executive,  
North Division**

**81. SHORT LIFE WORKING GROUP ON IMPROVING CORPORATE POLICY TO ADDRESS HEALTH CONSEQUENCES OF INEQUALITIES**

A report of the Director of Planning and Community Care [Board Paper No. 04/41] asked the Board to note progress on addressing issues on inequalities policy development and implementation.

Ms Renfrew advised that the aim of this short-life working group was to make a series of recommendations as to the how the health service in Greater Glasgow could become more efficient and effective in defining policy aimed at addressing different aspects of inequality and health and also in the implementation of such policy. A remit had been identified for the group within the context of the current environment of change within the NHS in Scotland. Its purpose was to bring forward recommendations on how to develop and implement policy to make all health services in Greater Glasgow more responsive and effective in tackling the impact of inequalities including gender on health within the context of national and local requirements.

It was anticipated that the group would meet six times to draw together a report which would be presented to the NHS Board in the early part of 2005. Mrs R Dhir had agreed to chair this group and its first meeting had already taken place.

**DECIDED:**

- That progress on addressing issues on inequalities policy development and implementation be noted.
- That the Minutes from this short-life working group be submitted to the Centre for Population Health for their information.

**Director of  
Planning and  
Community Care**

**82. WAITING TIMES**

A report of the Director of Planning and Community Care [Board Paper No 04/42] asked Members to note the progress on meeting waiting time targets.

NHS Greater Glasgow was currently sustaining the nine month guarantee and over six month waits reduced by 118 (6%) between May and June 2004.

Ms Renfrew briefly summarised the Board's plans for improving waiting times by March 2005. In response to a question, she explained that it was unlikely availability status codes (ASCs) could be abolished completely as patients had a right to decide when they wanted to be treated.

**NOTED**

**83. INVOLVING PEOPLE COMMITTEE OF THE NHS BOARD**

A report of the Chair, Involving People Group [Board Paper No 04/43] was submitted detailing the progress on the work associated with Patient Focus Public Involvement.

Mr P Hamilton outlined progress to date since the Involving People Group was formed and met for the first time on 28 April 2003. Members had mainly focussed on delivering and reviewing the initial Patient Focus Public Involvement (PFPI) action plan as well as playing a part in three main consultative processes that had taken place across NHS Greater Glasgow in 2003/04. Mr P Hamilton referred to the performance assessment of PFPI undertaken by the Scottish Executive whereby the Board had received a very strong rating from its assessment. The Scottish Executive had indicated that NHS Greater Glasgow should, in the next twelve months, aim to:

- Move further to single-system integration of PFPI, with particular emphasis on sharing best practice and developing pan-Greater Glasgow strategies and policies.
- Move beyond Fair For All in relation to equality and diversity.
- Consider the role of the Involving People Group in developing PFPI.

Given these commitments and the increased governance role of the Committee, it was proposed that the current Involving People Group be reconfigured as a formal Committee of the NHS Board in order to discharge the function of governance. Mr P Hamilton briefly led the Board through a proposed remit and responsibilities for the Committee.

Mrs P Bryson valued the work being undertaken by the Group and suggested that members of the public become involved in the workings of the Group particularly when Greater Glasgow Health Council was dissolved in March 2005.

Mrs Kuenssberg congratulated those involved in the achievements so far and respected the view that there was a need for a Committee of the Board to act as a governance body in this area. Similarly, Ms Crocket recognised the huge amount of activity involved and to increase the Committee's credibility suggested a scheme of delegation be worked through in an effort to ensure that the Committee's work was embedded in to local Divisional practices.

**DECIDED:**

- That the progress made to date by the NHS Greater Glasgow Involving People Group in assembling a sustainable framework to deliver Patient Focus Public Involvement be noted.
- That the future challenges emerging, particularly in respect of the legal duty imposed on NHS Board as a result of the NHS (Scotland) Reform Bill be noted.
- That the proposal for the Involving People Group to be recast as a formal Committee of the NHS Board in order to effectively address the forthcoming challenges and obligations be approved.

**Head of Board  
Administration**

**84. FREEDOM OF INFORMATION (SCOTLAND) ACT 2002**

A report of the Head of Board Administration and General Manager, Corporate Services, Primary Care Division [Board Paper No 04/44] was submitted on the arrangements associated with the Freedom of Information (Scotland) Act 2002.

Mr Dearden briefly introduced the implications of the Freedom of Information (Scotland) Act 2002 which was an Act of the Scottish Parliament coming fully into force on 1 January 2005. The Act built upon existing rights of individuals to access information held by Scottish Public Bodies but was much wider in application than existing provisions. It was part of the Scottish Executive's plans to make public bodies more accountable.

The Act would have significant implications for NHS Greater Glasgow in how information was held and in ensuring obligations were met on openness which were implicit in what the Act expected of public authorities.

Mr Dearden summarised the principles of the Act and the obligations to proactively publish information via a publication scheme from 1 September 2004.

The Act presented a considerable challenge in ensuring that staff at all levels in NHS Greater Glasgow were aware of its requirements. To meet these requirements, plans were underway to raise the awareness through leaflets, posters, Staff News and local briefing arrangements. Within the NHS Board and each Division, training was being planned or had already been delivered to target groups of staff. As January 2005 approached, systems would be put in place to meet the obligations under the Act recognising that for an organisation the size of NHS Greater Glasgow it was important there was a degree of commonality of approach whilst meeting local operating circumstances.

**DECIDED:**

- That the summary of the Freedom of Information (Scotland) Act 2002 be noted.
- That under the Act, which would come fully into force from 1 January 2005, the Board had to produce a publication scheme based on a model scheme approved by the Scottish Information Commissioner be noted.
- That a draft of the publication scheme which would come into effect from 1 September 2004 and endorse the scheme's adoption be received.
- That arrangements for decisions made under the Act which were subject to a "request for review" to be considered by the Chairman of the Board, Chairs of Divisions or another Non Executive acting on their behalf be approved.
- That arrangements being put in place to ensure staff were aware of the obligations under the Act and that appropriate systems would be introduced between now and 1 January 2005 be noted.

**Head of Board  
Administration/  
General Manager,  
Corporate  
Services, PCD  
Head of Board  
Administration/  
General Manager,  
Corporate  
Services, PCD  
Head of Board  
Administration/  
General Manager,  
Corporate  
Services, PCD  
Head of Board  
Administration/  
General Manager,  
Corporate  
Services, PCD**

**85. QUARTERLY REPORTS ON COMPLAINTS : JANUARY – MARCH 2004**

A report of the Head of Board Administration and Divisional Chief Executives [Board Paper No 04/45] asked the Board to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 January to 31 March 2004.

Mr Reid and Mr Davison referred to their respective disappointing Divisional performances in meeting the national target of 70% of written Local Resolution complaints to be completed within twenty working days of receipt. Both commented that attempts were being made at Divisional level to achieve better results via a continual review of complaints handling.

Mr J Hamilton referred to the visit by the Scottish Public Services Ombudsman to NHS Greater Glasgow on Wednesday 29 September. This one day event was to present to key complaints personnel and to provide a broad understanding of what would be their new role in the new NHS Complaints Procedure. It would also provide an opportunity for the Ombudsman's staff to learn from the experiences of NHS staff directly involved in complaints handling. Invitations to this event had been broadly circulated and Mr Divers encouraged Board Members to attend.

In response to a question, Mr J Hamilton understood that the Citizens' Advice Bureau would have a stronger role in representing patients who required assistance in making a complaint about the NHS. Previously much of this role had been undertaken by Health Council staff who would be greatly missed.

**DECIDED:**

That the quarterly report on NHS complaints in Greater Glasgow for the period 1 January to 31 March 2004 be noted.

**86. MEMBERSHIP OF THE GREATER GLASGOW HEALTH COUNCIL**

A report of the Head of Board Administration and Convener, Greater Glasgow Health Council, asked the Board to approve the appointment of four new members to the Local Health Council and note the revised membership of Greater Glasgow Health Council.

**DECIDED:**

- That four new members, namely, Gino Satti, Eric Canning, Rosemary Pearce and Michael Wilson be appointed for a term to 31 March 2005.
- That the revised membership for Greater Glasgow Health Council be noted.

**Head of Board  
Administration**

**87. AUDIT COMMITTEE MINUTES**

- (a) The Minutes of the Audit Committee held on Tuesday 11 May 2004 [A(M)04/2] were noted.
- (b) The Minutes of the Audit Committee held on Tuesday 6 July 2004 [A(M)04/3] were noted.

**NOTED**

**88. PERFORMANCE REVIEW GROUP MINUTES**

The Minutes of the Performance Review Group held on Monday 14 June 2004 [PRG(M)04/03] were noted.

**NOTED**

**89. STAFF GOVERNANCE COMMITTEE MINUTES**

The Minutes of the Staff Governance Committee held on Tuesday 15 June 2004 [SGC(M)04/1] were noted.

**NOTED**

**90. PHARMACY PRACTICES COMMITTEE MINUTES**

The Minutes of the Pharmacy Practices Committee held on Tuesday 1 June 2004 [Board Paper No 04/47] were noted.

**NOTED**

**91. GLASGOW CENTRE FOR POPULATION HEALTH**

The Minutes of the Management Board of the Glasgow Centre for Population Health held on 23 June 2004 [GCPHMB(M)04/02] were noted.

The meeting ended at 11.55 am