

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, 17 August 2004 at 9.30 am**

P R E S E N T

Mr R Cleland (in the Chair)

Dr F Angell	Councillor R Duncan
Mr J Bannon MBE	Mr W Goudie
Mr J Best	Dr R Groden
Dr H Burns	Councillor J Handibode
Mr R Calderwood	Mrs S Kuenssberg CBE
Councillor J Coleman	Mrs R Kaur Nijjar
Councillor D Collins	Mrs J S Murray
Dr B Cowan	Ms A Paul
Ms R Crocket	Mr I Reid
Mrs R Dhir MBE	Mrs E Smith (to Minute 99)
Mr T A Divers OBE	Mrs A Stewart MBE

Councillor A White

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

Ms E Borland	..	Acting Director of Health Promotion (to Minute 108)
Professor I Greer	..	University of Glasgow (to Minute 108)
Mr J C Hamilton	..	Head of Board Administration
Mr J M Hamilton	..	Assistant Director of Finance (to Minute 108)
Mr D R McCall	..	Consultant in Dental Public Health (to Minute 99)
Mr A McLaws	..	Director of Corporate Communications
Mr W S Marshall	..	Secretariat Officer
Ms D Nelson	..	Communications Manager (to Minute 108)
Ms C Renfrew	..	Director of Planning and Community Care
Mr D Walker	..	Assistant Director of Director of Planning and Community Care (to Minute 99)
Mr J Whyteside	..	Public Affairs Manager (to Minute 108)

B Y I N V I T A T I O N (T O M I N U T E 1 0 8)

Mrs P Bryson	..	Convener, Greater Glasgow Health Council
Dr B West	..	Chair, Area Medical Committee

ACTION BY

92. APOLOGIES AND INTRODUCTORY REMARKS

In the absence of Professor Sir John Arbuthnott who was on annual leave, the NHS Board agreed that Mr R Cleland should take the Chair.

Apologies for absence were intimated on behalf of Professor Sir J Arbuthnott, Mr T Davison, Mr P Hamilton, Mrs W Hull, Mr G McLaughlin, Mr A O Robertson OBE and Mr C Fergusson (Chair, Area Pharmaceutical Committee).

93. CHAIRMAN'S REPORT

The Acting Chairman reported that the Chairman had attended the University of Glasgow/NHS Board Strategy Group on 30 July 2004 and that progress was being made on a number of issues. The University of Glasgow had appointed Professor D Barlow as its new Executive Dean of Medicine to replace Professor S K Smith.

The Acting Chairman also reported that the Chairman had attended the Centre for Population Health Board meeting on 4 August 2004. A number of agreed initiatives were now gaining momentum. The Minutes would be submitted to the NHS Board for information.

**Head of Board
Administration**

NOTED

94. CHIEF EXECUTIVE'S UPDATE

Mr Divers made reference to the following:

(a) Accountability Review

The annual Accountability Review meeting between NHS Greater Glasgow and the Scottish Executive Health Department had taken place on 21 July 2004. The format of the meeting had followed that previously agreed where the Chief Executive of NHS Scotland and Members of the Department's Management Board had met with the NHS Board Chairman first and then with the representatives of the Area Clinical Forum, followed by a meeting with the Area Partnership Forum. The opportunity had also been taken to visit one of Glasgow's Addiction Services outlets. The main business meeting was held in the afternoon. Mr Divers advised that the meeting had been positive and it was expected that the Scottish Executive Health Department's report would arrive in about six weeks' time. The outcome of that report would include an action plan.

(b) Annual Statutory Meeting with Greater Glasgow Health Council

Mr Divers reported on the last statutory meeting to be held between the NHS Board and the Health Council. As usual, it had been a constructive meeting where perspectives were shared over a number of issues. Mr Divers took the opportunity of thanking the Health Council Members and others for their efforts on behalf of patients over almost 30 years and the positive contribution they had made in that time. Mrs Bryson thanked Mr Divers for his comments which were much appreciated.

NOTED

95. MINUTES

On the motion of Mr I Reid, seconded by Mr R Calderwood, the Minutes of the meeting of the NHS Board held on Tuesday, 20 July 2004 [GGNHSB(M)04/6] were approved as an accurate record and signed by the Acting Chairman.

96. MATTERS ARISING FROM THE MINUTES

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

NOTED

97. CHILD PROTECTION

A report of the Nurse Director [Board Paper No 04/48] asked the Board to note progress to improve NHS child protection arrangements within Greater Glasgow.

In December 2003, the Board had received a report on child protection which highlighted a number of major issues for the NHS particularly:

- 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.

Ms Crocket advised that the report had highlighted the extent of the challenge facing the NHS to address these issues and had proposed the establishment of an NHS Child Protection Forum to be chaired by the Board's Nurse Director. The terms of reference had been agreed and the Forum had been established in February 2004. In its short lifetime, it had achieved steady progress and had identified a clear work plan. The Forum now had an extensive programme of work and by autumn it will have delivered:

- Clear, corporate leadership on child protection in all Divisions.
- Detailed Divisional action plans setting priorities for change, led by Nursing and Medical Directors.
- Information for all NHS staff about their responsibilities backed up by web based resources and training.
- Improved NHS input to Local Authority Child Protection Committees. The Forum was enabling the pursuit of a more consistent and co-ordinated way of relating to the five Local Authorities with whom it worked.
- More systematic NHS engagement in cases requiring multi-agency co-operation including a commitment and clear approach to the sharing of information.
- Co-ordinated NHS input into serious case reviews.

Ms Crocket advised that the NHS Child Protection Forum was working in liaison with a couple of major initiatives including the National Reform Programme and work with Local Authority colleagues. In 2002, the Scottish Executive had established a multi-agency reform programme with the aim of developing child protection arrangements across all the relevant agencies. A number of national standards had been established and currently work was ongoing with each Local Authority Child Protection Committee to develop multi-agency plans for the implementation of these standards. In connection with the multi-disciplinary inspection of child protection, the design of this process was underway and it was anticipated that a pilot approach would be developed by the end of the year. Guidance on the review of Child Protection Committees was expected imminently.

Since the NHS Child Protection Forum was established, the NHS representation on each Local Authority Child Protection Committee had been reviewed and revised. Each Local Authority Child Protection Committee had a detailed multi-agency action plan addressing all the recent child abuse inquiries and Government guidance. Ms Crocket emphasised the need to remind Ministers of the specific challenges facing Greater Glasgow and in particular Glasgow City. This was in the context of vulnerable children, particularly in respect of children affected by deprivation, drug and alcohol misuse. Glasgow had seven of the most deprived constituencies in Scotland and it was estimated within the city a minimum of 10,000 children were affected by parental drug misuse.

Ms Crocket concluded that a major issue was the very limited and fragmented specialist resources available to support child protection activity within the NHS and deliver on all of the challenges she had outlined. The NHS Child Protection Forum was, therefore, presently working on a proposal to put in place a single Child Protection Unit to improve and support child protection systems across the NHS. This Unit would also improve the NHS response to other agencies.

Councillor Collins welcomed the initiatives being undertaken and pointed out that Local Authorities had been heavily involved in child protection work since 1996. Much of this work had been undertaken in conjunction with local NHS services.

Mrs Kuenssberg congratulated Ms Crocket on the infrastructure being put into place to tackle child protection issues locally. It was certainly a challenge to get individual practitioners fully aware of their responsibilities particularly in relation to information sharing. There were certain legal implications to be considered in some child protection work and she wondered whether Managed Clinical Networks had a role to play within the infrastructure being adopted.

Ms Crocket advised that clinicians were aware that if they had any doubts regarding a vulnerable child then any information they had should be shared. Many clinicians involved in child protection activity were in regular contact with children's reporters and some were members of Child Protection Committees. A Managed Clinical Network had been set up for the West of Scotland and this was being led by Dr J Herbison at the Yorkhill Division.

Mrs Murray asked about training. Ms Crocket advised that the NHS Child Protection Forum had a training programme but at the moment it was prioritising in certain areas. She recognised the need to develop training capacity.

DECIDED:

That the Board note the progress to improve NHS child protection arrangements within Greater Glasgow and receive a further progress report in the early part of 2005.

Nurse Director

98. WHITE PAPER “PARTNERSHIP FOR CARE” – SCHEME OF DELEGATION AND NEW COMMITTEE ARRANGEMENTS REVIEW

A report of the Chief Executive and the Head of Board Administration [Board Paper No 04/49] was submitted on the governance and Committee arrangements from 1 October 2004.

Mr Divers explained the background to this report. A set of transitional arrangements had been approved by the NHS Board in March 2004 to ensure the smooth and effective conduct of the NHS Board’s business from 1 April to 30 September 2004 to allow time for the development of a fuller set of arrangements and structures to take account of the move to single system working. The transitional arrangements took account of the process required to finalise the Annual Accounts 2003/04 and the appraisals of senior managers on executive pay arrangements, both of which had now been completed.

NHS Quality Improvement Scotland (NHS QIS) had advised the NHS Board that it was carrying out an interim peer review of all NHS Boards in Scotland to provide an overview of progress to date on the development and implementation of governance frameworks. This review would cover four main areas comprising clinical governance, risk management, patient focus public involvement and single system working. This review would be in two phases. The first consisted of completion of a self assessment to be submitted to NHS QIS by 13 September 2004 together with a range of core policies and documents. The second phase would be a meeting with the Peer Review Panel on 8 December 2004 to discuss self assessment and core documents. A national report providing a base-line for future performance assessment reviews would be published in May 2005. The review by NHS QIS added focus and urgency to the establishment of governance fora and to the work of harmonising the arrangements for risk management throughout NHS Greater Glasgow.

Mr Divers took Members through the papers as follows:

High Level Scheme of Delegation

The NHS Board at its February 2004 meeting had approved a draft high level scheme of delegation which described the levels of responsibility of the NHS Board, the Divisions and the Corporate Management Team. It also agreed that further work be carried out in partnership to develop key aspects relating to human resources’ matters.

The NHS Board had agreed to move formal meetings of the Board and the Performance Review Group to alternate months, on a two monthly cycle. For Annual Accounts purposes and to meet the Scottish Executive Health Department timescale, there would still require to be a NHS Board meeting in July.

In addition, Members had been keen to create more opportunities for dialogue between Members of the NHS Board and members of the public and staff. As a result of the non Executive Directors’ meeting with the Chairman on 15 June 2004, Members’ visits were being arranged, focussing on facilities which would be the subject of debate at future NHS Board sessions/meetings. The Annual General Meeting had been arranged for Thursday 23 September 2004 and consideration would be given to holding two further “open” meetings later in the financial year possibly in other parts of NHS Greater Glasgow (ultimately in each Local Authority area).

Scheme of Delegation – Human Resources

NHS Greater Glasgow had become a single employer on 1 April 2004 following the dissolution of the four NHS Trusts. The Area Partnership Forum was now established as the Board-wide vehicle for partnership and consultation; all major organisations with the exception of the British Medical Association now participated in its work which linked to the development and implementation of the Greater Glasgow Local Health Plan.

In order to strengthen the current arrangements for partnership working in support of single system development, it was proposed to create a Human Resources Forum which would have responsibility, at NHS Board level, for the negotiation of changes to terms and conditions of employment (where these were not nationally determined) and for the harmonisation of common interpretations of policies and terms and conditions across Greater Glasgow.

Mr Divers emphasised that discussions were progressing currently amongst staff-side organisations about the composition of the Human Resources Forum. The Area Partnership Forum could serve as the vehicle for handling any urgent issues in the interim.

Mr Divers pointed out that “Partnership for Care” was clear, however, that NHS Boards must not again become “command and control” organisations of the past. There would, therefore, continue to be devolved to Operating Divisions the major responsibility for the execution of the Human Resources function. Divisional Partnership Forums would continue as the main vehicles by which partnership working and consultation were delivered locally. The handling of employee conduct matters would continue to be discharged within Divisions, with Members of the NHS Board continuing to participate in Appeal Panel Hearings.

Within these principles, it was proposed that the finer details continue to be developed through a pan-Glasgow Partnership Agreement. The NHS Board had approved and had now embarked on recruitment of, a Director of Human Resources. The establishment of that post, allied to the other developments of the partnerships described, would support also the further strengthening of the staff governance arrangements within NHS Greater Glasgow.

Standing Financial Instructions (SFIs)

Mr Divers advised that this was a key component of the detailed Scheme of Delegation – NHS Boards’ revised overarching Standing Financial Instructions detailed the financial responsibilities, policies and procedures for NHS Greater Glasgow. The Standing Financial Instructions incorporated the limits delegated to NHS Boards to instigate competitive tendering, write off losses and authorise special payments, schedule of authorised signatories and administrative delegation. The Standing Financial Instructions were considered by the NHS Greater Glasgow Audit Committee at its meeting on 9 March 2004 at which it was decided to recommend their approval to the NHS Board.

Future Committee Arrangements

The NHS Board had an initial discussion about future committee arrangements and the potential role of the governance fora at its seminar on 3 August 2004. In respect of those committees where the appointment of a new chair was required, notably, the Audit Committee, the Health and Clinical Governance Committee and the Research Ethics Governance Committee, the Board Chair should make the necessary arrangements to fill these positions.

In the light of discussion at the Accountability Review meeting, the NHS Board should review the role of the Area Clinical Forum with the chair and members of that group.

At the August Board Seminar, the Employee Director had made a presentation on the standard which set out for Board Members the extensive responsibilities which the Staff Governance Committee would carry in ensuring delivery of the standard.

It was proposed, therefore, that the Staff Governance Committee should develop over the next four months a three year action plan to address the requirements of the standard and to ensure that there was a clear process by which the Committee could monitor implementation of the agreed action plan. It would also be an opportunity to review the role of the Staff Governance Committee both to take stock of experience over its first two years and to reflect that the staff governance standard was now enshrined in legislation.

Following the seminar discussion, it was proposed that any changes to the remits of other Board committees should be debated first within those committees with recommendations for change taken forward by the Board as part of the ongoing programme of Board development.

Governance Fora – Divisional Level

At this seminar it had been agreed that:

- To exploit fully the existing assurance and risk management processes, the work of the Governance Fora could be incorporated into the regular business of the Divisional Management Team. It was recognised that existing arrangements for the organisation of the routine and operational aspects required to support financial, clinical and staff governance may need to be retained within each Division.
- To enable the Governance Fora to better discharge this assurance role, the Divisional Management Team should be augmented by the appointment of additional non Executive Directors. The finer details and appointments would be worked through as part of the Board's ongoing development programme and led by the Chairman.
- When acting as the Governance Forum, meetings of the Divisional Management Team should be chaired by a non Executive Director.
- It would normally be sufficient for the Governance Fora to meet quarterly.

These arrangements would allow the main planks of governance to be in place at 1 October 2004 while giving some further opportunity for refining aspects with the involvement of Board Members in the ongoing programme of Board development.

Councillor Collins referred to the need for a strict timetable for policy groups delivering their actions and the need to keep Members fully informed of the various changes as they arose. Mr Divers acknowledged this point and agreed to take stock of the relevant groups and actions to be tracked. Mrs Smith regarded the processes underway as the best "fit" given the size and complexity of NHS Greater Glasgow.

Mrs Stewart suggested that there should be a more uniform standard for the remits of the Standing Committees. Mr Divers acknowledged this point and would seek ways of addressing this particular point.

DECIDED:

- (i) That this update on the Governance Committee arrangements proposed from 1 October 2004 be received and noted.
- (ii) That the Standing Financial Instructions (SFIs) included as Annex 2 to this report be approved.
- (iii) That the arrangements for the appointments to the Chairs of the Audit, Health and Clinical Governance and Research Ethics Governance Committees be approved.
- (iv) That the broad arrangements for assuring governance at Division level, with the further details and appointment of Members to be worked through as part of the ongoing programme of Board development and led by the Chair be approved.

**Director of
Finance**

**Head of Board
Administration**

**Head of Board
Administration**

99. ORAL HEALTH STRATEGY 2004-2009 : CONSULTATIVE DRAFT

A report of the Director of Planning and Community Care [Board Paper No 04/50] asked the Board to approve the draft strategy for consultation and to agree to receive a final report based on that consultation at the Board's December meeting.

Mr Walker explained the background to the production of the Oral Health Strategy for 2004-2009. Oral health was currently the subject of much national attention. Responses from the Scottish Executive were expected in the autumn to major consultations on "Improving the Oral Health of Children" and "Modernising NHS Dental Services in Scotland". The Board had previously commented on both of these consultation documents. The responses of the Scottish Executive Health Department would shape the future national framework for the delivery of dental services and determine the prospects for better oral health. The proposed Oral Health Strategy for Greater Glasgow had attempted to anticipate the outcome.

Mr Walker pointed out that there were a number of key pressures affecting oral health within Greater Glasgow. Greater Glasgow's oral health was poor. For all the principal age groups, Greater Glasgow exhibited poorer oral health than almost anywhere else in Scotland which in turn had one of the poorest oral health records in western Europe. Whilst there were some signs of improvement, these were occurring at a slower rate than in other areas. The prevalence of dental caries amongst five year old children in Greater Glasgow continued to be a cause of concern.

Within Greater Glasgow there were substantial inequalities in terms of levels of oral health, where geographically there was a direct relationship with poverty and deprivation. Access to dental services, with many marginal groups, for example, older people in care, homeless people and children with special needs, receiving limited support in terms of treatment, care and prevention, again directly related to disadvantage.

Mr Walker pointed out that oral health mirrored the pattern of Greater Glasgow's general ill health with Glaswegians having a poor attitude towards their own health in general. Compared with the rest of Scotland, Greater Glasgow had amongst the highest numbers of NHS dentists per population and the highest rates of registration with a dentist and yet its oral health record was amongst the poorest. Of expenditure on oral health in Greater Glasgow, 88% was spent on general dental services yet, because of the limitations of the present GDS contract, this spending conspired with other factors to leave major gaps in provision. Unlike general medical services, the alternative public service option was limited in oral health with the Community Dental Service being proportionately smaller than in other areas of Scotland.

Mr Walker advised that the vision for oral health in Glasgow was that "healthy mouths matter in Greater Glasgow. Good oral health will be valued as part of healthy living. Everyone will have healthy mouths and be able to maintain them".

To deliver this vision, the Oral Health Strategy was built on the following core principles:

- Reducing inequalities.
- Integrated working in pathways.
- Evidence based practice.
- Making oral health everybody's business.
- Making oral health integral to holistic health.

The success of the strategy would depend on the implementation of a number of critical and inter-relating factors. These included:

Partnership Working

Improvement in oral health would depend not just on dentists. The delivery of the strategy would rely on the close working, co-ordination and leadership of a wide range of primary care professionals, including dental nurses, therapists, hygienists and health promoters as well as dentists, general medical practitioners and health visitors. Better integration was necessary also with secondary care, notably with Glasgow Dental Hospital and School.

Service Change

A number of important dental services could be expected to change significantly over the lifetime of the strategy. These included the potential for resiting of the Glasgow Dental Hospital and School, meeting waiting time targets for dental specialties, delivering on national plans for dental training, relocating and streamlining the Child Dental General Anaesthesia Service, redesigning the Oral and Maxillofacial Service and responding to a new national contract for General Dental Practitioners. It was vital that all of these changes were consistent with the aims and objectives of the Oral Health Strategy.

Leadership

A key issue to be tackled was that of water fluoridation. The strategy identified this as the single most effective measure that could be taken to counter dental decay. The strategy also acknowledged that it was a highly contentious issue which was likely to take at least five years to implement even within a favourable or permissive national policy environment. Consequently, the strategy advocated a range of other measures, some were exclusive to oral health others shared with other strategies.

Resources

The strategy required that existing resources would be used to better effect in the future and it also required further investment if Greater Glasgow's oral health was to be significantly improved. Specific measures had been identified within the strategy which were realistic and were indicative of the need for a fairer recognition for oral health issues.

Mr Walker concluded that this was a five year strategy which if put fully in place would go a long way to enabling Greater Glasgow to meet the national targets. The performance of the strategy would be reviewed annually and possibly rolled out as part of the Performance Assessment Framework (PAF) within the Accountability Review process. The consultation process was being structured to reflect the underlying philosophy of the strategy, that is, that oral health was everyone's business. The consultation process would be structured, targeted and interactive and the intention was to report back on its outcome at the December meeting of the Board.

Both Mrs Dhir and Mrs Stewart raised concerns regarding the fluoridation of the public water supply. Dr Burns pointed out that the scientific evidence was robust in that fluoridation of the public water supply was the single most effective measure that could be taken to counter dental decay. He acknowledged that there may be other issues involved in fluoridation which were of a more ethical nature but from the purely medical point of view it was a proven health benefit.

Dr Angell made a number of points in relation to the content of the Oral Health Strategy and pointed out that registration with a General Dental Practitioner was for a 15 month period whereas for a General Medical Practitioner is usually for life. He alluded to the long waiting lists for specialist dental services and the need for additional staff.

Councillor White referred to the disparities in funding between areas of social deprivation and more affluent areas within Greater Glasgow. Mr Walker acknowledged these disparities but pointed out that they were generally a reflection of where dentists chose to set up their practices. However, he was hopeful that the establishment of a unified salary service would help to alleviate such disparities in the future. The benefits of community planning and the need for oral health to be part of that process were acknowledged.

Mrs Murray welcomed the Oral Health Strategy but questioned the practicality of establishing tooth brushing programmes within primary schools. Mr Walker acknowledged this point but emphasised the need to have the importance of oral health registered with children and teachers through the auspices of School Health Teams.

DECIDED:

- (i) That the draft Oral Health Strategy 2004-2009 be approved for consultation.
- (ii) That a revised Oral Health Strategy based on the outcome of that consultation be submitted to the December meeting of the Board be agreed.

**Director of
Planning and
Community Care
Director of
Planning and
Community Care**

100. UPDATE ON KIRKINTILLOCH INITIATIVE PARTNERSHIP AGREEMENT WITH EAST DUNBARTONSHIRE COUNCIL

A report of the Chief Executive of the Primary Care Division [Board Paper No 04/51] asked the Board to re-affirm its commitment to the partnership between East Dunbartonshire Council and Greater Glasgow NHS Board as enshrined in the Kirkintilloch Initiative Partnership Agreement.

Mr Reid explained the background to this issue. At its meeting on 18 December 2001 the Board had approved the former Greater Glasgow Primary Care NHS Trust's partnership agreement with East Dunbartonshire Council to promote the socio-economic regeneration of Kirkintilloch. This partnership was known as the Kirkintilloch Initiative and its legal structure and form were documented in the partnership agreement.

During the course of the last three years, the partnership has progressed many key issues such as securing planning consents for a number of key projects. The partners had developed the project plans and proposals within the context of East Dunbartonshire Council's local plan framework. The draft local plan which updated the extant local plan necessitated a review of the Initiative's proposals. The review had, in turn, resulted in a number of changes to the partnership agreement.

Mr Reid took Members through progress to date and the key points of the draft revised partnership agreement. The Scottish Executive had already approved the original partnership agreement and assuming NHS Board and East Dunbartonshire Council approvals, the intention was to submit this revised partnership agreement to the Scottish Executive for affirmation of their approval.

Councillor Duncan thanked the key players involved in drawing up the Initiative partnership agreement and suggested that it was a very good example of what community planning and working together could deliver. He pointed out that East Dunbartonshire Council were fully supportive of the draft revised partnership agreement as outlined in the paper submitted to the NHS Board.

DECIDED:

That the Board's commitment to the partnership between East Dunbartonshire Council and Greater Glasgow NHS Board, as enshrined in the Kirkintilloch's Initiative Partnership Agreement, be re-affirmed.

**Chief Executive,
Primary Care
Division**

101. PUBLIC HEALTH ISSUE – GREATER GLASGOW NHS BOARD CERVICAL SCREENING PROGRAMME – ANNUAL REPORT 2002/2003

A report of the Director of Public Health [Board Paper No. 04/52] asked the Board to note Greater Glasgow NHS Board Cervical Screening Programme Annual Report for 2002/2003.

The Director of Public Health pointed out that each year NHS Boards were required to provide a report on the activity and outcomes of the cervical screening programme in their area. Cervical cancer was a relatively uncommon cancer but it was easily detected in a pre-malignant stage when pre-cancerous cells could be treated, preventing the subsequent development of an invasive malignancy. Over the years, a progressive decline in cervical cancer mortality has been noted in Scotland, confirming the success of the cervical cancer screening programme.

The Director of Public Health pointed out that the latest report presented information about all the different components of the programme. During the financial year 2002/03, 74,631 women between 20 and 60 years of age were screened. The overall 5.5 year screening uptake was 82% (uptake was measured within sequential 5.5 year periods since this was agreed as the time limit within which women should be invited and should attend for smears). As in previous years, uptake varied by deprivation category, falling from 89% in deprivation category 1 to 78% in deprivation category 6. 73% of NHS Greater Glasgow general practices had a 5.5 year screening update of at least 88%.

The Director of Public Health advised that three major issues had dominated the cervical screening programme during the period April 2002 to March 2003; the review of the screening programme by NHS Quality Improvement Scotland; the introduction of liquid based cytology and work undertaken to improve uptake of screening in specific areas of Greater Glasgow NHS Board. These initiatives were all discussed in detail within the report.

In response to a reference made to the number of General Practitioners undertaking their own cervical smear screening programmes, Dr West emphasised that there was no evidence of any worst outcomes as a result. The Director of Public Health acknowledged this point. Dr West referred specifically to a point made in the report which showed that women aged 20-29 years had the highest percentage of abnormal smears. She pointed out that in England women did not present for a smear until they were 25 years of age. The Director of Public Health acknowledged this point but emphasised that the current arrangements within Scotland were working well and should remain.

In response to questions from Mrs Dhir regarding non-attenders, Dr Burns pointed out that a failsafe system was in operation. Non-attenders or patients with abnormal smears were very quickly followed up. Regarding the promotion of the cervical screening programme, the various leaflets and videos which had been produced were specifically targeted at those practices with low uptakes.

DECIDED:

That the GGNHSB Cervical Screening Programme – Annual Report for 2002/2003 be received and noted.

**Director of Public
Health**

102. MEMORANDUM OF UNDERSTANDING BETWEEN NHS GREATER GLASGOW AND THE UNIVERSITY OF GLASGOW ON THE CONDUCT OF CLINICAL TRIALS

A report of the Director of Public Health [Board Paper No. 04/53] asked the Board to approve a draft Memorandum of Understanding between the University of Glasgow and NHS Greater Glasgow on the conduct of clinical trials within the Board's area.

Dr Burns advised that on 1 May 2004 new regulations had come into force which changed the legal framework within which clinical trials on medicines took place. These new regulations implemented in the United Kingdom the European Union Clinical Trials Directive 2001/20. The new regulations clarified specific legal duties of the various sponsors and investigators in clinical trials of medicines and the regulations were based on internationally agreed principles.

The regulations did not alter the responsibilities and potential liabilities of researchers or of the NHS. The Department of Health and UK Universities had sought to reassure the service that these new regulations did not change the underlying allocation of responsibilities and potential liabilities in clinical trials, rather they sought to remind all participants of the need for continuing high standards in clinical research governance.

The Memorandum of Understanding agreed between NHS Greater Glasgow and the University of Glasgow had been reviewed by the Central Legal Office and the document incorporated some minor amendments suggested by them.

Dr Burns advised that the only additional burden imposed on the Board by the arrangements would be the establishment of a register. However, since such events were rare it was not anticipated that this would involve a great deal of work for the participants.

In response to a question from Mrs Kuenssberg, Dr Burns advised that the Memorandum of Understanding was solely between the University of Glasgow and NHS Greater Glasgow. There were no plans at the moment to enter into any such arrangements with either Glasgow Caledonian University or the University of Strathclyde since their research arrangements were of a different type.

DECIDED:

That the draft Memorandum of Understanding between the University of Glasgow and NHS Greater Glasgow on the conduct of clinical trials within the Board's area be approved.

**Director of Public
Health**

103. WAITING TIMES

A report of the Director of Planning and Community Care [Board Paper No 04/54] asked the Board 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 54 (3%) between June and July 2004. Ms Renfrew pointed out that this progress had been sustained against the backdrop of a holiday period.

NOTED

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

A report of the Director of Public Health [Board Paper No 04/55] asked the Board to approve the following Medical Practitioners employed by the Primary Care Division of NHS Greater Glasgow to be authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984:

Dr David Johnson
Dr Selwyn McIlhinney
Dr Anupam Agnihotri
Dr John Prestwich
Dr Jacqueline Wiggins
Dr Rebecca Philip
Dr Sheila Flett
Dr Diane Forsyth
Dr Olwyn Gallagher

DECIDED:

That the above named Medical Practitioners 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**

105. HEALTH AND CLINICAL GOVERNANCE COMMITTEE MINUTES

The Minutes of the Health and Clinical Governance Committee held on 27 July 2004 [HCGC(M)04/3] were noted.

NOTED

106. RESEARCH ETHICS GOVERNANCE COMMITTEE MINUTES

The Minutes of the NHS Greater Glasgow Research Ethics Governance Committee held on 12 July 2004 [NHSGGREGC(M)04/1] were noted.

NOTED

107. PERFORMANCE REVIEW GROUP MINUTES

The Minutes of the Performance Review Group held on 15 July 2004 [PRG(M)04/4] were noted.

NOTED

108. EXCLUSION OF PUBLIC AND PRESS

On the motion of the Acting Chairman, seconded by Dr B Cowan, it was -

DECIDED:

That the public and press be excluded from the remainder of the meeting in view of the confidential nature of the business to be transacted.

109. PROPOSED DISPOSAL OF ROADWAYS AT ROBROYSTON

A report of the Director of Planning and Community Care [Board Paper No 04/56] asked the Board to agree the recommendation of the NHS Board's Property Adviser to dispose of the solum of various private roads running through the former Robroyston Hospital grounds, which were omitted from the original sale of those grounds in the 1970s and to accept the price and terms and conditions of the sale as offered by the proposed purchaser.

Ms Renfrew advised that the report summarised the reports and advice given by the NHS Board's Property Adviser and an Independent Valuer in relation to the disposal of roadways at Robroyston. Greater Glasgow Health Board as it was then sold the former hospital at Robroyston in the 1970s. It had transpired, however, that not all of the Health Service ownership at Robroyston had been sold but the solum of various private roads running through the estate were excluded.

DECIDED:

That the recommendation of the Property Adviser to dispose of the solum of various roads at the former Robroyston Hospital, on the terms and conditions offered by the proposed purchaser, be approved.

**Director of
Planning and
Community Care**

The meeting ended at 11.20 am