

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, 26 July 2005 at 9.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Mr J Bannon MBE	Mr P Hamilton
Mr J Best	Councillor J Handibode
Mr R Cleland	Mrs S Kuenssberg CBE
Councillor D Collins	Mr G McLaughlin
Dr B Cowan	Mrs J Murray
Mrs R Crocket	Mrs R K Nijjar
Ms R Dhir (to Minute 96)	Ms A Paul (to Minute 92)
Mr T A Divers OBE	Mrs E Smith
Councillor R Duncan	Mrs A Stewart MBE
Mr W Goudie	Councillor A White

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

Ms S Bustillo	..	Communications Manager
Ms E Borland	..	Acting Director of Health Promotion
Ms E Gregory	..	Communications Manager
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Mr J M Hamilton	..	Assistant Director of Finance
Mr A McLaws	..	Director of Corporate Communications
Ms E McLeish	..	Corporate Reporting Manager (to Minute 92)
Ms C Renfrew	..	Director of Planning and Community Care
Mr C Revie	..	PricewaterhouseCoopers
Mr M White	..	PricewaterhouseCoopers

ACTION BY

84. APOLOGIES

Apologies for absence were intimated on behalf of Professor D Barlow, Dr H Burns, Mr R Calderwood, Councillor J Coleman, Ms J Grant, Dr R Groden, Ms G Leslie, Mr D Griffin, Mr I Reid, Mr A Robertson, Mr D Thomson (Chair, Area Pharmaceutical Committee), Dr C R Bell (Joint Chair, Area Dental Committee), Mr P Bennington (Joint Chair, Area Dental Committee), Ms L Love (Chair, Area Nursing and Midwifery Committee), Mr H Smith (Chair, Area Allied Health Professionals Committee) and Mr A J McMahon (Chair, Area Medical Committee).

85. CHAIRMAN'S REPORT

- (i) Sir John referred to the three "to follow" papers on the agenda and explained that their delay had been due to the ongoing consultation with colleagues and clinical staff during the holiday period. He apologised for this and had written out to all NHS Board Members to explain the delay in distributing the papers to Members.
- (ii) A public launch had taken place on 5 July 2005 providing information on the two Ambulatory Care Hospitals (ACADs) to be built at the Stobhill and Victoria Infirmary sites. Details had been designed specifically to intensify information to local citizens and provided in-depth literature on services that would be provided from both new hospitals. The information was available from local supermarkets and local community and leisure centres. So far, NHS Greater Glasgow had received a positive response to these publications and it intended, as the building of the new hospitals progressed, to ensure members of the public were kept up to date with developments.
- (iii) The NHS Board had received formal notification, from the Minister for Health and Community Care, of the membership and remit of the Clinical Advisory Group established to drive forward the planning of a new children's hospital in Glasgow. The Group was to be chaired by Professor Andrew Calder and the NHS Board looked forward to working with the Group. Mr Divers added that Professor Calder had had an initial meeting with NHS Greater Glasgow senior officers and a detailed work plan would be put in place shortly.
- (iv) The Minister for Health and Community Care had approved NHS Greater Glasgow's Community Health Partnership (CHP) Schemes of Establishment. Sir John commended all those who had been involved in forming the Schemes and referred to the intense amount of joint work that had taken place between Local Authorities, NHS Greater Glasgow and the Scottish Executive Health Department.

NOTED

86. CHIEF EXECUTIVE'S UPDATE

- (i) NHS Greater Glasgow was now working formally with NHS Argyll and Clyde and NHS Highland to develop comprehensive planning arrangements for the dissolution of NHS Argyll and Clyde and the ensuring adjustment within NHS Highland and NHS Greater Glasgow. The Minister for Health and Community Care was shortly to issue a consultation paper on the new boundaries that would be formed when NHS Argyll and Clyde had been dissolved. The three Chief Executives from each NHS Board area were working alongside senior colleagues and had formed a Project Board and a Project Team to work through the vast array of impending arrangements. The Minutes of these meetings would be available to NHS Board Members for their information.

Chief Executive

- (ii) The Minister for Health and Community Care had attended the launch in Glasgow of “Working for Health in Greater Glasgow”. The event had been held on 6 June 2005 and was a new employment project taken forward on a joint basis with key partners and agencies – supported, as a major funder, by Scottish Enterprise, Glasgow.

NOTED

87. MINUTES

On the motion of Mr P Hamilton, seconded by Mr G McLaughlin, the Minutes of the meeting of the NHS Board held on Tuesday, 17 May 2005 [GGNHSB(M)05/5] were approved as an accurate record and signed by the Chairman.

88. MATTERS ARISING FROM THE MINUTES

The Matters Arising Rolling Action List was circulated and noted.

NOTED

89. STATEMENT ON INTERNAL CONTROL 2004/05 – NHS GREATER GLASGOW

A report of the Convener of the Audit Committee [Board Paper No 05/46] 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 2004/05.

Subject to approval of the report, the NHS Board was asked to authorise the Chief Executive to sign the Statement on Internal Control 2004/05 which formed part of the NHS Board’s Annual Accounts.

The Convener of the Audit Committee, Mrs E Smith, presented the report.

The Audit Committee, at its meeting held on 12 July 2005, received a report which provided Members with evidence to allow the Committee to review the NHS Board’s system on internal control for 2004/05. This represented the NHS Board’s strategic, pan-Glasgow role together with the operational divisional activity to support this strategic role.

Based on the reviews of internal control within the four Divisions and within the NHS Board, the Audit Committee approved, at its meeting on 12 July 2005, both a statement of assurance to the NHS Board on the system of internal control within NHS Greater Glasgow and a statement on internal control for NHS Greater Glasgow.

Mrs Smith led the Board through both Appendix 1 and Appendix 2 and highlighted the following:

- There were no significant matters relating to the systems of internal control within NHS Greater Glasgow which required to be disclosed in the Statement on Internal Control.

- The Audit Committee recommended that the NHS Board should approve the Statement on Internal Control and that the Statement on Internal Control be signed by the Chief Executive.
- The system of internal control was designed to manage, rather than eliminate, the risk of failure to achieve the NHS Board's policies, aims and objectives; it could, therefore, only provide reasonable and not absolute assurance of effectiveness.
- The NHS Greater Glasgow Audit Committee ensured that within NHS Greater Glasgow audit mechanisms were in place, activities were within the law and regulations that governed the NHS in Scotland and an effective internal control system was maintained.
- NHS Quality Improvement Scotland had issued their local and national reports on the outcome of interim peer reviews (these consisted of a number of other NHS Scotland bodies as well as NHS Greater Glasgow). In the case of NHS Greater Glasgow, no significant issues were identified.

Mr Divers referred to previous control deficiencies in the control processes of the Practitioner Services Division of National Services Scotland which had required disclosure in last year's Statement of Internal Control. Recent audits of the Primary Care Division had reported a significantly improved position, however, and for 2004/05 NHS Greater Glasgow's review of these audits had provided sufficient assurance to conclude that there were no fundamental weaknesses in the control systems of third parties which would compromise the control environment within NHS Greater Glasgow.

Sir John thanked Mrs Smith and Members of the Audit Committee for their valued work throughout the year. Mrs Smith thanked NHS Greater Glasgow's finance teams, Audit Committee Members and the Internal and External Auditors – all of whom had worked very hard throughout the year to reach this point.

DECIDED:

- That the Statement of Assurance from the Audit Committee be considered.
- That the Statement on Internal Control be approved for signature by the Chief Executive.

Chief Executive

90. EXTERNAL AUDIT : ANNUAL REPORT TO BOARD MEMBERS 2004/05

A report of the External Auditors, PricewaterhouseCoopers [Board Paper No 05/47] was submitted enclosing the final report to NHS Board Members in respect of the statutory audit of the Annual Accounts for 2004/05.

Mr Revie and Mr White from PricewaterhouseCoopers presented the External Auditors' final report to NHS Board Members on the year ending 31 March 2005.

The Annual Report was issued as an element of the statutory audit of the NHS Board's Statement of Accounts for 2004/05. It was primarily designed to direct Board Members' attention to matters of significance that had arisen out of the audit process and to confirm the action planned by management to address the more significant matters identified for 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 drew attention to patient exemptions with regard to pharmacy, dental and ophthalmic charges.
- The Counter Fraud Services of the National Support Services performed testing in relation to patient exemptions with regard to pharmacy, dental and ophthalmic charges for the whole of Scotland. On the basis of the data obtained, the Counter Fraud Services extrapolated the information to give an estimated total value for patient exemptions that may be non-eligible. The extrapolation for NHS Greater Glasgow for 2004/05 suggested that exemptions amounting to £6.1m may have been given that were not eligible. As a result of the work by the Counter Fraud Services and the potential control deficiencies which may exist, the NHS Board had outlined this matter concerning patient exemptions in its Statement on Internal Control and Director's Report.
- The NHS Board had achieved its three financial targets of:
 - The net resource outturn did not exceed the revenue resource limit – the Board spent £1,268m against its revenue resource limit of £1,280m, resulting in a surplus of £12.1m.
 - Staying within its capital resource limit – the Board spent £66.154m against its capital resource limit of £66.213m.
 - The Board did not exceed its cash requirement target – the Board spent £1,218m against a limit of £1,219m.

Mr Revie briefly summarised the performance and business issues as highlighted in the Action Plan and noted the following areas for further development:

- Single system working.
- Major change projects including Acute Services.
- Workforce planning.
- Aligning strategic objectives and financial outturns.
- NHSGG IT Strategy.
- Integration of NHS Argyll and Clyde.

Sir John thanked staff within the Finance Directorate for their assistance throughout the annual accounts and audit processes – 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 2004/05 be noted.

91. STATEMENT OF ACCOUNTS FOR 2004/05

A report of the Acting Director of Finance [Board Paper No 05/48] was submitted enclosing the Statement of Accounts for the year to 31 March 2005.

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 2005 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:

- That the Statement of Accounts for the financial year ended 31 March 2005 be adopted and approved for submission to the Scottish Executive Health Department.
- That the Chief Executive be authorised to sign the Directors' Report.
- That the Chairman and Acting Director of Finance be authorised to sign the Statement of Health Board Members' Responsibilities in respect of the accounts.
- That the Chief Executive be authorised to sign the Statement on Internal Control in respect of the accounts.
- That the Chief Executive and Acting Director of Finance be authorised to sign the balance sheet.

Chief Executive

**Chairman/Acting
Director of
Finance
Chief Executive**

**Chairman/Acting
Director of
Finance**

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

A report of the Director of Public Health [Board Paper No 05/49] 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 Taiwo Adewumi
Dr Nagore Penades
Dr Pavan Srireddy
Dr Alisdair Kinniburgh
Dr Evonne Shek
Dr Graham McMillan
Dr Thomas Cullen
Dr Pedro Larisma
Dr Damien Lynch
Dr Sophie Kavanagh) Board Member approval already granted
Dr Abu M Ahmad) outwit meeting
Dr Edward Olugbemi)

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**

93. UPDATE ON CONSULTATION ON THE ESTABLISHMENT OF A WEST OF SCOTLAND CARDIOTHORACIC CENTRE AT THE GOLDEN JUBILEE NATIONAL HOSPITAL

A report of the Chief Executive [Board Paper No 05/50] asked the Board to note the key themes to have emerged from consultation on the proposal to establish a West of Scotland Cardiothoracic Centre at the Golden Jubilee National Hospital and the further work programme to address outstanding issues as well as to consider the outcome of consultation upon conclusion of that programme of work.

Mr Divers reminded the Board that the consultation on the proposal (to bring together Glasgow's Cardiothoracic Services, with planned Interventional Cardiology, together with Thoracic Services from NHS Lanarkshire) to establish a West of Scotland Cardiothoracic Centre at the Golden Jubilee National Hospital ran for the twelve week period between 10 February and 5 May 2005. The consultation attracted 67 responses and he updated on the key issues to have emerged from these and the programme of work being taken forward to address them.

No clear clinical consensus emerged from the consultation – some believed there were advantages to the proposal while others were not supportive. Whilst there was universal support for the creation of a single centre and the opportunities that this may bring to further develop the service, there were conflicting clinical views as to whether the Golden Jubilee National Hospital was an appropriate setting for this. Some acknowledged the modern accommodation available at the hospital, however, others questioned the availability of, and speed of access to, clinical support services that were essential for this specialised service.

There were also differences of clinical view on the proposed Cardiology model with particular concerns around the proposed separation of planned and emergency Intervention Cardiology.

Questions were also raised about staff related issues – in particular the proposed management arrangements and about the funding associated with the establishment of West of Scotland Cardiothoracic Centre at the Golden Jubilee National Hospital.

Mr Divers led the Board through a number of important and detailed issues that had been raised through the consultation exercise. In order to be able to progress this proposal, he explained that these issues had to be comprehensively worked through to a satisfactory conclusion with full engagement of all clinical staff.

Progress had been made in respect of these discussions in the following areas:

- links with other services;
- Interventional Cardiology model;
- management issues;
- finance.

Mr Cleland referred to a number of important pieces of work that were, therefore, being taken forward to address these issues. As Chair of the Steering Group, he recognised the level of complexity resulting from the issues raised in the consultation. He referred, in particular, to the proposed management arrangements set up to oversee the strategic direction of the West of Scotland Cardiothoracic Centre – this now needed to be progressed and refined in more detail.

In response to a question from Ms Dhir, Mr Divers confirmed that the West of Scotland Cardiothoracic Centre would be a major focus and the biggest clinical service provided from the Golden Jubilee National Hospital if it was transferred. Over and above this service, the hospital had an Orthopaedic Unit (providing elective Orthopaedic work) and their business plan contained provision for one more clinical service.

In response to a question from Mr P Hamilton, Dr Cowan explained that Interventional Cardiology was an evolving model and discussions were still taking place as to whether all Interventional Cardiology should be provided from the Golden Jubilee National Hospital or, as had been suggested, emergency Interventional Cardiology be provided from a site in Glasgow (Glasgow Royal Infirmary or Southern General Hospital).

Mrs Stewart asked about the Partnership Board that was to be established and Mr Divers did not envisage a problem with synchronicity across other NHS Board areas as its membership would include NHS Greater Glasgow, NHS Lanarkshire and the Golden Jubilee National Hospital as well as other Boards across the West of Scotland. The West of Scotland regional planning arrangement allowed for the formation of such an infrastructure and much of this was already in existence.

Mrs Murray sought clarification around the difference between planned procedural work and emergency Interventional Cardiology. Dr Cowan explained that as well as technological change in these areas, the pattern of attendance in Interventional Cardiology was changing. It was important, therefore, to revisit this model to see whether an alternative Interventional Cardiology model could be developed which was clinically acceptable.

DECIDED:

- That the key themes to have emerged from consultation on the proposal and the further programme of work to address outstanding issues be noted.
- That the outcome of consultation upon conclusion of this programme of work be

Chief Executive

- That this programme of work be further considered at the September NHS Board meeting with a view to making a decision.

94. INPATIENT BED MODELLING : DISCUSSION PAPER

A report of the Director of Planning and Community Care and Medical Director [Board Paper No 05/51] asked the Board to note the report of the Beds, Services and Capacity Subgroup and support the establishment of a process to debate its conclusions and inform the final proposals on bed numbers.

The Acute Services Review Programme Board, which was responsible for overseeing the implementation of the Board's Acute Services Strategy, established a Beds, Services and Capacity Subgroup to develop proposals for the new integrated facilities planned for the Southern General, Glasgow Royal Infirmary and Gartnavel sites. Its Subgroup's report had been developed to enable a wider process of clinical and other engagement over the next two months. To support wider debate, the Board's Communications Team was preparing an accessible version of the report.

Dr Cowan highlighted that reaching conclusions on inpatient bed numbers was a critical step to enable the preparation of Outline Business Cases to secure funding for the new hospital developments, the first of these was due to be completed in September for the new Southern General Hospital. The discussion paper provided three models for total Greater Glasgow bed numbers and these would inform the Outline Business Cases. He emphasised that bed numbers would be subject to further iteration as Outline Business Cases were developed and as they proceeded to Final Business Cases and, thereafter, in discussion with potential PFI partners.

Mr McLaughlin questioned paragraph 4.5 of the paper and asked about the data used to compile the models. Ms Renfrew was confident that the data used was fit for the purpose of macro level bed modelling although recognised the limitations of the clinical data used to support high quality clinical management in existence currently within NHS Greater Glasgow. She also re-emphasised that the three-phase nature of the capital developments in NHS Greater Glasgow did present a higher degree of flexibility than a single major development would.

Councillor Collins referred to paragraphs 2.11 and 4.7 which mentioned community settings and facilities – he asked what this meant. Ms Renfrew clarified that this could potentially refer to a range of community services and support outwith a hospital setting. She recognised that to develop this particular element, negotiations would take place between the NHS and Local Government staff to enhance interactions between CHPs and Acute Services.

Councillor White emphasised the importance of focussing on the patient's journey and not just clinical views. He was pleased to note that it was the intention of the NHS Board, therefore, to engage with other parties not just clinicians. He sought clarity around the difference made to the bed numbers when Argyll and Clyde NHS Board was dissolved. Ms Renfrew explained that the appraisal of bed numbers had been based on the real pattern of patient flows rather than relating to existing administrative boundaries. The assumption which underpinned the analysis was that there was no significant likely changes to the present flow of patients except that if the Vale of Leven Hospital did not continue to provide acute inpatient facilities (which was the proposal in Argyll and Clyde's clinical strategy) and that patients from that catchment area flowed into West Glasgow – in that scenario NHS Greater Glasgow would need to increase the scale of the final new hospital development at Gartnavel General.

In response to a question from Mr P Hamilton, Ms Renfrew explained that the document would be provided in a user-friendly format and mailed to around 2,500 people currently on the Communications Team database.

DECIDED:

- That the report of the Beds, Services and Capacity Subgroup be noted.
- That the establishment of a process to debate its conclusions and inform final proposals on bed numbers be supported.

**Director of
Planning and
Community Care**

95. EAST DUNBARTONSHIRE CHP REVISED SCHEME OF ESTABLISHMENT

A report of the Director of Planning and Community Care [Board Paper No 05/52] asked the NHS Board to approve the revised Scheme of Establishment for an NHS Community Health Partnership covering the East Dunbartonshire area.

Ms Renfrew advised that over the last 18 months NHS Greater Glasgow had worked with each Local Authority to try to reach agreement on the development of Community Health Partnerships (CHPs) to ensure that partnership working maximised the potential to improve health services and the health of the population. She outlined why the NHS Board was not now in a position to proceed in that way with East Dunbartonshire Council and highlighted the positive proposals to establish an NHS CHP to cover that Council area. In doing so, she restated the substantial benefits to the population that the NHS model CHPs provided.

Mr Divers described that in November 2004, as the Scheme of Establishment was being finalised, NHS members of the Executive Group formally raised concerns about the failure to make progress on children's services and the need for clarity to conclude the Scheme. A meeting was convened by the East Dunbartonshire Council Chief Executive at the end of November of key officers from NHS Greater Glasgow and the Council. That meeting agreed children's social work services should be included in the Scheme managed by the CHP, rather than by the status quo arrangement where children and families social work would have been managed by the Strategic Director (Communities) within the Council structure. That outcome on children's services was reported to the December 2004 Joint Committee meeting. The Scheme was revised on that basis and approved by the full Council and NHS Board in January 2005.

During the period from January to early June 2005 a number of critical exchanges took place whereby Board officers believed agreement had been reached to proceed on the basis of the Scheme of Establishment and put in place the management structure and process to populate it. It became clear, however, following a series of telephone and written exchanges between the Council's Chief Executive and NHS Greater Glasgow's Chief Executive that there was no resolution in establishing the CHP to include children's services and acknowledging all posts within the CHP were partnership posts.

Following a further series of meetings and correspondence, at a meeting on 17 June 2005, the Board's Chief Executive believed agreement had been reached on a way forward to establish the CHP and populate the agreed posts. With this in mind, the Board's HR Director and Council's opposite number continued a dialogue within what was understood to be an agreed framework.

Following that, however, the Council's Chief Executive raised substantial disagreement on the outcome of the 17 June 2005 meeting and made a number of critical points. Mr Divers led the Board through these as listed on paragraph 2.10 of the Board paper.

As such, the Board's Chair and Chief Executive formally wrote to the Council's Chief Executive confirming their appraisal that the absence of agreement to proceed, on the basis agreed in the Scheme of Establishment, left no option but to develop a revised Scheme to enable a viable CHP to be established on the basis of adult and community care services only.

Mrs Crocket, as a Member of the Joint Community Care Committee, agreed that throughout discussions over the 18 month period, it had been implicit that children's services be included as part of the integrated CHP. Given the events described, she asked that the NHS Board did not delay its decision in forming a health only CHP as staff were anxious to know their position.

Mrs Smith agreed and noted the disappointing chain of events but recognised that the NHS Board's approach was pragmatic and sensible. She was assured by Mr Divers' comments that the health only CHP may evolve at a later date, with both parties' agreement to an integrated CHP.

Councillor Duncan asked that the NHS Board did not approve the revised Scheme of Establishment. He explained that while the Council was in recess with many of its senior officers on annual leave at the moment, there was scope for the matter to be resolved through further discussions and partnership working once normal Council activities resumed. Mr Divers disagreed and referred the Board to paragraph 2.10 of the Board paper. He was of the view that it had been made clear there was no scope for a change of mind at the Council. Significant meetings and exchanges of correspondence had taken place and he was not of the view that by delaying the decision by a further month, this would make any difference.

Mrs Nijjar agreed that officers of the NHS Board had tried very hard to establish an integrated CHP – although it was disappointing that this was not going to be the case, she considered that the Board should proceed on the basis of an NHS CHP but leave the door open for further discussions. Mr McLaughlin agreed although emphasised that it was crucial such a decision did not impinge upon future joint working and relationships between the Council and the NHS Board. Mr Divers reassured the Board that there was no acrimony, just a reflection of disappointment. He did commend the joint work between the Council and the Board so far on both parts and did not see that this would be hampered – at the same time, he did not see it being a realistic prospect that an integrated CHP would be delivered in East Dunbartonshire Council in the short term.

Mrs Kuenssberg agreed that the work proceed on the basis of an NHS CHP and sought assurances that services for children would not be detrimentally affected because of a different model and asked that officers report back to the NHS Board at a future meeting to confirm so.

Chief Executive

Councillor White recognised that with the concept of CHPs different areas would have different approaches. In accordance with partnership working this should not make a difference as long as both sides were happy with the resultant decision. In this instance, he did not see this as being a successful outcome and respected the view of Councillor Duncan as an elected member when he asked for a further time period to allow further discussion to take place.

Ms Dhir offered a differing view in that no further delay was acceptable as there were practical issues to proceed with and any further delay was not helpful.

Sir John thanked the Board for their very helpful discussion and had listened with care to the many views made.

DECIDED:

That the revised Scheme of Establishment for an NHS Community Health Care Partnership covering the East Dunbartonshire area be approved.

Chief Executive

96. WAITING TIMES

A report of the Director of Planning and Community Care [Board Paper No 05/53] asked the Board to note progress made in meeting national waiting time targets.

Ms Renfrew led the Board through the waiting time targets and the performance across NHS Greater Glasgow – referring to the availability status codes, that referred to patients who had asked to defer admission.

NOTED

97. QUARTERLY REPORT ON COMPLAINTS : JANUARY – MARCH 2005

A report of the Head of Board Administration and Divisional Chief Executives [Board Paper No 05/54] asked the Board to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 January to 31 March 2005. This report was to be considered by the Health and Clinical Governance Committee at its next meeting.

Mr Hamilton explained that this report would be the last report providing information on the old NHS Complaints Procedure. From 1 April 2005, a new NHS Complaints Procedure had been put in place which had two stages, Local Resolution and Ombudsman (the old stage of Independent Review had been removed).

In response to a question from Mr P Hamilton, Mr J C Hamilton confirmed that ongoing negotiations were taking place with the Citizens Advice Bureaux within the NHS Board area. To date, initial meetings and a training session had taken place but funding still had to be agreed.

In response to a question from Sir John, Mr J C Hamilton agreed that it remained useful to see the themes, trends, action taken and lesson learned across NHS Greater Glasgow as a result of complaints. He also thought it would be helpful to see the outcome of any Ombudsman's report. Mr Hamilton agreed to include this in future reports. He also asked that Board Members consider what information they would like to see as part of the NHS complaints report in the future.

NOTED

98. AUDIT COMMITTEE MINUTES

The Minutes of the Audit Committee meetings held on 13 June 2005 [A(M)05/3] and 12 July [A(M)05/4] were noted.

NOTED

99. PERFORMANCE REVIEW GROUP MINUTES

The Minutes of the Performance Review Group meeting held on 17 May 2005 [PRG(M)05/03] were noted.

In respect of Item 24 “ACAD Procurement – Value for Money and Affordability”, Mr Divers reported that the project had moved on to the next stage of preferred bidder status. This was a positive milestone and moved the process into the final months towards financial close.

NOTED

100. YORKHILL DIVISIONAL MANAGEMENT TEAM MINUTES

The Minutes of the Yorkhill Divisional Management Team meeting held on 18 March 2005 [Board Paper No 05/55] were noted.

NOTED

101. SOUTH GLASGOW DIVISIONAL MANAGEMENT TEAM MINUTES

The Minutes of the South Glasgow Divisional Management Team meeting held on 3 May 2005 [Board Paper No 05/56] were noted.

NOTED

102. PRIMARY CARE DIVISIONAL MANAGEMENT TEAM MINUTES

The Minutes of the Primary Care Divisional Management Team meeting held on 5 May 2005 [PCDMIN2005/04] were noted.

NOTED

103. PHARMACY PRACTICE COMMITTEE MINUTES

The Minutes of the Pharmacy Practice Committee meeting held on 7 June 2005 [Board Paper No 05/57] were noted.

NOTED

104. GLASGOW CENTRE FOR POPULATION HEALTH MINUTES

The Minutes of the Glasgow Centre for Population Health meeting held on 10 May 2005 [GCPHMB(M)05/5] were noted.

NOTED

105. INVOLVING PEOPLE COMMITTEE MINUTES

The Minutes of the Involving People Committee meeting held on 23 May 2005 [Board Paper No 05/58] were noted.

NOTED

106. HEALTH AND CLINICAL GOVERNANCE COMMITTEE MINUTES

The Minutes of the Health and Clinical Governance Committee meeting held on 23 June 2005 [GGNHSBHCGC(M)05/2] were noted.

NOTED

The meeting ended at 12.15 pm