GGNHSB(M)06/1
Minutes: 1 - 19

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, 21 February 2006 at 9.30 am

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P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Mr J Bannon
Professor D Barlow
Mr R Cleland
Councillor J Coleman
Councillor D Collins (to Minute 9)
Dr B N Cowan
Ms R Dhir MBE
Mr T A Divers OBE
Councillor R Duncan
Mr D Griffin
Mr P Hamilton
Councillor J Handibode
Mrs S Kuenssberg CBE
Ms G Leslie
Mr G McLaughlin
Mrs J Murray
Mrs R K Nijjar
Ms A Paul
Mr I Reid
Mr A O Robertson OBE
Mr D Sime
Mrs E Smith
Mrs A Stewart MBE

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

Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	..	Chief Executive, South Division
Ms S Gordon	..	Secretariat Manager
Ms J Grant	..	Acting Chief Executive, North Glasgow Division
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications
Ms C Renfrew	..	Director of Planning and Community Care
Mr D Walker	..	Head of Performance and Corporate Reporting

ACTION BY

1. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Ms R Crocket, Dr R Groden, Councillor A White and Dr L de Caestecker.

The Chairman welcomed Helen Byrne to her first meeting as Director of Acute Services Strategy, Implementation and Planning.

2. CHAIRMAN'S REPORT

Sir John referred to the important role of governance placed on the NHS Board (and the crucial role of Non Executive Board Members) in driving forward the lessons learned from isolated, but tremendously regretful patient incidents. It was paramount that safety protocols improved at every opportunity to enhance patient care and outcome.

ACTION BY

The NHS Board's new Clinical Governance Committee, put in place as a result of single system working, was well placed to ensure this agenda retained momentum.

NOTED

3. CHIEF EXECUTIVE'S UPDATE

(i) Sir John and Mr Divers had attended the third in a series of meetings with Renfrewshire Council to establish its Community Health Partnership (CHP). Catriona Renfrew and Anne Hawkins would continue this dialogue to progress its establishment. Similarly, meetings had begun with Inverclyde Council's Chief Executive exploring potential models to progress the establishment of a CHP.

(ii) Mr Divers reported that detailed discussions were continuing with NHS Lanarkshire, NHS Ayrshire and Arran and NHS Forth Valley on their respective clinical strategies. He was confident that with these arrangements for regional co-ordination in place each NHS Board understood the impact of the potential changes in light of outcomes from their public consultations and any likely knock-on effect this may have on a regional basis.

(iii) Mr Divers and Ms Byrne had attended a public consultation meeting on NHS Lanarkshire's "Picture of Health" in Muirhead on the previous evening. They had provided reassurance to this community that their continued acute hospital care would be provided within Greater Glasgow and had assured those in attendance that there would be improved engagement with their community from the North Lanarkshire CHP.

(iv) Mr Divers referred to the work which had been taken forward by Dr Cowan, Medical Director, on the provision of about twelve short stay beds for planned procedures at the new Stobhill and Victoria Hospitals. NHS Board Members had endorsed this work at their recent Seminar.

NOTED

4. MINUTES

On the motion of Mr A O Robertson, seconded by Mr R Cleland, the Minutes of the meeting of the NHS Board held on Tuesday, 20 December 2005 [GGNHSB(M)05/9] were approved as an accurate record and signed by the Chairman.

5. MATTERS ARISING FROM THE MINUTES

The Matters Arising Rolling Action List was circulated and noted.

NOTED

ACTION BY

6. DELIVERING FOR HEALTH : WHITE PAPER

A report of the Chief Executive [Board Paper No 06/01] asked the NHS Board to receive the "Delivering for Health – White Paper" from the Scottish Executive which set out national policy for the NHS and reapplied its founding principles and sought to shift the balance of care, focussing on tackling the causes of ill health and providing care which was quicker, more personal and closer to home. The NHS Board was also asked to discuss the steps in taking forward the plans for implementation and note that further updates would come to the NHS Board as the various strands of implementation were developed.

Mr Divers advised that the "Delivering for Health" document applied the findings of Professor Kerr's "Building a Health Service Fit for the Future : A National Service Framework for Service Change in the NHS in Scotland" report in a national context. It set out a programme of action, reducing reliance on episodic, acute care in hospitals for treating illness, moving towards a system which emphasised a wider effort on improving health and well being. It described the main actions that would be taken within current spending plans to implement the Kerr Report.

The Minister and the Chief Executive of NHSScotland were now putting in place the detailed arrangements for implementing "Delivering for Health" and it was anticipated that a Health Department Letter (HDL) setting out the implementation arrangements would be issued shortly. Part of the approach to implementation would involve a Director from the Health Department working with a Board Chief Executive to lead the development of the more detailed implementation plan for each of the main strands within the paper.

Mr Divers led the Board through the document, summarising its main objectives and highlighting early priorities for action which affected NHS Greater Glasgow. He set out where the NHS Board was now and summarised progress to date as well as identifying a future model of care. To deliver such a model, there were four big priorities for investment and reform to shape the NHS in this way:

- The NHS as local as possible.
- Systematic support for people with long-term conditions.
- Reducing the inequalities gap.
- Actively managing hospital admissions.

The White Paper set out in some detail how each of these four priorities would be progressed.

In terms of delivering services for the whole of Scotland, integration would be promoted to achieve the objectives of high quality services and better productivity. Service co-location would support the aim of integration but much more important was the development of a culture and the creation of working practices that enabled co-operation and teamwork. Underpinning the changes was a need for an appropriate workforce. Regional Workforce Plans had been produced for January 2006 with Board Workforce Plans due by April 2006 and a National Workforce Plan by December 2006. The aim was to ensure NHSScotland was maximising the efficiency and effectiveness of its use of the workforce. It allowed assessment of the numbers of staff required for the future, the type of staff required, how they would work differently and the changes in education, training and regulation needed.

ACTION BY

In terms of taking this forward in NHS Greater Glasgow, Mr Divers confirmed that the NHS Board embraced the direction of travel set out in the White Paper and significant work was already underway to ensure the changes recommended were taken forward. There were three main strands of work which were urgent priorities in the coming months:

- The work on unscheduled care which was being taken forward Regionally.
- The implementation of two Prevention 2010 priorities within Glasgow Community Health Care Partnerships (CHCPs) to address anticipatory care.
- The pattern of some highly specialist tertiary children's hospital services.

Mr Divers confirmed that further update papers would come to the NHS Board in the coming months as the detailed plans for implementation became clearer following the issue of the forthcoming Health Department Letter (HDL).

Sir John referred to the Prevention 2010 programme whereby the Minister for Health and Community Care had decided that NHS Greater Glasgow should host two of the five pilot schemes being funded. These schemes would be taken forward in the East and North CHCPs within the City of Glasgow. The programmes would focus on the most deprived general practice population within each of these two localities. Additional resources made available would enable Primary Care Teams to spend more time in assessing the needs of individuals who currently presented while creating capacity also to ensure more contact with others who did not currently regularly attend general practice.

Mr P Hamilton referred to a recent Glasgow City CHCP event which focussed on tackling health inequalities. This had provided a greater insight into understanding at locality level how challenging these issues were and where focus had to be sharpened. He hoped that such events would be taken forward with the other CHPs as it had been an encouraging development and learning experience.

DECIDED:

(i) That the "Delivering for Health – White Paper" from the Scottish Executive be received. **Chief Executive**

(ii) That further updates would come to the NHS Board as the various strands of implementation were developed. **Chief Executive**

7. LOCAL DELIVERY PLAN 2006/07

A report of the Director of Planning and Community Care and Director of Finance [Board Paper No 06/02] set out the process for the implementation of a new system of Local Delivery Plans.

Ms Renfrew referred to the more rigorous approach to performance management taken by the Scottish Executive Health Department (SEHD) in its introduction of Local Delivery Plans 2006-07.

ACTION BY

The Local Delivery Plan was designed as a performance and delivery agreement between the SEHD and each individual NHS Board. It was built upon a set of key objectives, targets and measures which formed the core of the Ministerial agenda for health over the next three years. The Local Delivery Plan system was being accompanied by a re-organisation within the SEHD which consolidated performance related activity across the Executive into a new Local Delivery Unit under a single Director of Delivery. The new system replaced the previous arrangements of the Performance Assessment Framework and Local Health Plan.

For 2006-07, the Scottish Executive had asked NHS Argyll and Clyde to prepare its own separate Local Delivery Plan. As such, NHS Greater Glasgow's Local Delivery Plan would incorporate Clyde for the first time in 2007-08. Ms Renfrew led the NHS Board through the format of the Local Delivery Plan which had twenty-eight targets, informed by thirty-two key measures distributed across four objectives, namely:

- health improvement
- efficiency and effectiveness
- access
- treatment

For some targets, an alternative trajectory prepared by NHS Greater Glasgow had been inserted informed by local experience and knowledge. These would require to be agreed with the Local Delivery Unit. Where no alternative was provided, the SEHD proposed trajectory was accepted. The Local Delivery Plan included sections on the 26-week target for inpatients and day cases and outpatients which was achieved by December 2005 and which was now a national standard.

Ms Renfrew outlined the implications for the NHS Board. She restated that the Local Delivery Plan had been pulled together in a very short timescale and the Board's financial allocation information for 2006/07 had only been received the day before this NHS Board meeting. As such, a number of elements required further detailed exchanges with the SEHD including risks, funding, information, balance, cultural and technical elements.

This Local Delivery Plan, together with its financial plan, were due to be submitted to the SEHD by 28 February 2006 with a view to being operational from 1 April 2006 following negotiations with the SEHD during March. Performance against NHS Board planned trajectories would be tracked by the SEHD on a monthly basis as far as possible beginning in the summer of this year. The SEHD would concentrate on areas where there was deemed to be a significant and/or sustained deviation from planned performance and would seek assurance from the NHS Board on remedial action for improvement. From 2007, the results of the Local Delivery Plan process would form a major component of the NHS Board's annual review with the Minister.

Mr Griffin led the NHS Board through the Indicative Financial Plan for 2006/07. It began with an assumed opening financial position based on the 2005/06 outturn. The plan included entries of funding inflows and expenditure outflows. Mr Griffin highlighted the anticipated additional funding, inflation costs and service commitment costs. The overall financial projections resulted in a deficit of £10.2M at this stage and, therefore, further work was required to get to a balance. He highlighted two points:

- The 2006/07 Indicative Financial Plan included only NHS Greater Glasgow's commitments – separate discussions were taking place around the eventual incorporation of the element of Argyll and Clyde Health Board.

ACTION BY

- The Indicative Financial Plan did not take account of the new Cardiothoracic Centre at Clydebank and further discussions would take place with SEHD regarding this.

In response to a question from Mrs Stewart, Ms Renfrew confirmed that NHS Greater Glasgow had seen the NHS Argyll and Clyde's Local Delivery Plan but this would be developed separately for the 2006/07 year.

Mr Robertson commented on the rate of growth projected for prescribing costs (both in Primary Care and Acute) which was being managed at a lower rate of growth compared to earlier years.

Mr Walker commented on the huge variety of targets but explained that most of them were not new to the NHS system; most were being focussed on already but the new single system structure in NHS Greater Glasgow brought about responsibility for performance management in a more organised way. He commented on the negotiation that would take place with the SEHD regarding some differing opinions on the trajectories and explained that the NHS Board would not sign up to something that was undeliverable.

Sir John clarified that although CHCPs and CHPs were devolved, they would have responsibility to meet their local targets and contribute to meeting performance on an NHSGG wide basis through the NHS Board. Professor Barlow commented that this way of reporting would provide a bottom-up approach.

In response to a question, Mr Griffin explained that the financial plan was a working document at this stage with some cost estimates still to be firmed up. This would be done during the following three to four week period.

Councillor Handibode sought clarity within the document on what particular targets lay with CHPs as part of a local service. He cited Smoking Cessation as an example. This formed part of the CHP responsibility but the paper did not make that clear. Ms Renfrew agreed to amend the Local Delivery Plan to reflect where responsibility for meeting the targets lay. **Director of Planning and Community Care**

DECIDED:

- That the draft Local Delivery Plan be approved for submission to the Scottish Executive Health Department subject to changes noted above and including work to finalise the Plan with the SEHD. **Director of Planning and Community Care/ Director of Finance**

- That progress in developing the NHS Board's Financial Plan 2006/07 be noted.

- That progress on the Local Delivery Plan, together with the outcome of monitoring by the Executive's Local Delivery Unit, would be reported regularly to the NHS Board or Performance Review Group. **Director of Planning and Community Care**

8. NHS ARGYLL AND CLYDE INTEGRATION

A report of the Chief Executive [Board Paper No 06/3] asked the NHS Board to note progress in exchanges with the Scottish Executive Health Department (SEHD) over the NHS Argyll and Clyde integration.

ACTION BY

Mr Divers set out the issues which had emerged from the NHS Board's work to date through the joint structures which were established to manage the dissolution of NHS Argyll and Clyde and its integration into the responsibilities of NHS Greater Glasgow and NHS Highland. He also provided an update on the NHS Board's progress in reaching agreement with the SEHD on how these issues would be addressed in a way which did not create detriment to the present Greater Glasgow population in either service or financial terms.

In order to assess and understand the financial position of NHS Argyll and Clyde, a joint financial planning subgroup was formed between the three Boards. A period of intensive work led to a number of detailed conclusions for discussion with the SEHD. The review highlighted a number of significant financial issues, including high risks associated with elements of the present Argyll and Clyde savings plan, most particularly, savings in community care services which were not agreed with the Local Authorities. There were also a number of emerging pressures.

Mr Divers had met with the SEHD Chief Executive and Acting Director of Finance to discuss NHS Greater Glasgow's appraisal with the following proposals:

- Each NHS Board should receive a core allocation based on dividing the total Argyll and Clyde Arbuthnott share between Highland and Greater Glasgow on an Arbuthnott formula basis.

- Sources of funding and applications which related to the NHS Board's new responsibilities should be distinct from the existing Greater Glasgow financial flows during the agreed transitional period.

- There should be a formal agreement with the SEHD to provide the necessary financial support for a three year period, with a commitment from NHS Greater Glasgow to develop detailed plans to return to spending within the appropriate Arbuthnott allocation.

In addition to these issues regarding savings, a series of further points for discussion were raised and Mr Divers anticipated that further similar issues would continue to emerge over the next few months. In particular it had become clear in a number of key services areas that current Argyll and Clyde residents had access to substantially lower levels of service than would be the case for the population served by NHS Greater Glasgow.

Mr Divers confirmed that the discussions with the SEHD had been productive. There was an understanding of the substantial financial challenges associated with the Clyde responsibilities and a willingness to work with NHS Greater Glasgow to deal jointly with these. This included a commitment to establish a timely process to reach a detailed agreement on transitional finance before the Local Delivery Plan was signed off. This progress enabled NHS Greater Glasgow to establish a new financial planning process with Local Authorities based on existing spending patterns.

In terms of human resources issues, Mr Divers summarised a number of problems and potential risks including:

- Potential voluntary redundancy and redeployment costs of NHS Argyll and Clyde staff who could not be matched into Greater Glasgow or Highland roles.

- The impact of the NHS Argyll and Clyde voluntary early retirement and redundancy programme though which in excess of 150 administrative and managerial staff, had left or were leaving the Board.

- A further risk associated with the redundancy programme lay in the gaps in knowledge and expertise as NHS Greater Glasgow aimed to develop a more detailed understanding of the underlying position which it may inherit.

- Interim clinical staffing arrangements not fully reflected in recurring budgets.

Mr Divers confirmed that the NHS Board would be kept up to date as discussions needed to progress rapidly over the next few weeks.

Mr Sime, on behalf of the Area Partnership Forum, welcomed this paper and commended the excellent negotiations that had taken place. He was particularly reassured to note that the Minister had made a commitment regarding the transitional funding arrangements.

Councillor Collins appreciated the challenges that lay ahead and commented that NHS Greater Glasgow should not inherit a deficit financial position.

Mr McLaughlin was also reassured by the content of the paper but asked about the loss of organisational knowledge from NHS Argyll and Clyde and the cultural challenge that lay ahead in bringing both organisations together. Mr Divers referred to the Clyde element of NHS Argyll and Clyde whereby restructuring had begun to include one acute hospital division, two CHPs and corporate support services. Appointments were already being be made and staff were committed to getting themselves up to speed regarding knowledge about the area. Mr Divers recognised that organisational development for the future would be crucial to progress this.

Ms Dhir raised the concern that patients from NHS Argyll and Clyde had to see a better service following the dissolution of its Board or they would wonder why there had been a change in the first place. Mr Divers agreed with this which had come up at some of the public meetings he had attended. In this regard, NHS Greater Glasgow was committed to providing equitable care across the whole population. There was recognition that this could not be established from day one but that a strategy had been put in place to offer such re-assurance. Early key priority areas would be focussed on first.

Mrs Smith commended the systematic process for managing the various challenges that lay ahead.

NOTED

9. SITING OF NEW CHILDREN'S HOSPITAL – PROPOSED CONSULTATION PROCESS

A report of the Director of Planning and Community Care [Board Paper No 06/04] asked the NHS Board to note the proposed consultation process for the new children's hospital presently under discussion with the Scottish Health Council

Ms Renfrew explained that the NHS Board anticipated the Minister would shortly release a recommendation on the siting of the new children's hospital. She set out the NHS Board's proposals to consult on the siting of the new hospital and related closure of the Royal Hospital for Sick Children.

She emphasised that this consultation was the beginning of an extensive process to involve patients, parents and voluntary organisations in the design and development of the new facility. The process and content of the consultation were complex in drawing together a number of strands of prior process and engagement including:

- Pre-consultation and development work for the Maternity Services Strategy in 2003.

- Formal public consultation on that strategy in late 2003/early 2004.

- Work of the Calder Ministerial Group between September 2005 and January 2006.

- Option appraisal process on potential children's hospital sites run by NHS Greater Glasgow in October 2005.

Ms Renfrew described the proposed process for consultation which was primarily based on written material distributed to a wide range of key stakeholders and a major public workshop. The proposed consultation period would be eight weeks – enabling a report to be lodged with the Minister as soon as possible in order that the detailed planning of the hospital could begin without further delay.

Mr P Hamilton welcomed the consultation with the Scottish Health Council particularly at the earliest stages of defining the consultation process. Given the circumstances of the ongoing debate around this, he considered the eight-week consultation process to be adequate particularly as this was not the start of the debate but the debate coming to an end once the outcome of the Calder Group had been reported to the Minister.

Ms Byrne confirmed that work would also be driven by Niall McGrogan, Head of Community Engagement. In this regard, Mrs Kuenssberg reflected that thought should be given on how to engage with young people and children and how best they could be involved in the planning processes. Sir John echoed the need to involve young people as appropriate.

NOTED

10. PATIENT FOCUS AND PUBLIC INVOLVEMENT IN NHS GREATER GLASGOW

A report of the Chair, Involving People Committee [Board Paper No 06/5] asked the Board to note the progress made by the Involving People Committee in delivering the Patient Focus Public Involvement (PFPI) agenda and consider how, in future, the Involving People Committee should discharge its remit in the context of a re-organised and enlarged NHS Greater Glasgow.

Mr P Hamilton described the background of the Committee and its remit which was to ensure NHS Greater Glasgow discharged its legal obligations to involve, engage and consult patients, the public and communities in the planning and development of services and in decision making about the future pattern of services.

He went on to describe the Committee's progress with key issues and projects such as:

ACTION BY

- Involving People Action Plan
- Involving People Network
- Priorities Resulting from the 2004/05 Performance Assessment Framework
- Communications
- Our Health Events
- Acute Services Information Campaign
- Major Consultation/Engagement Exercises

There were a number of points on which the Committee would like to encourage discussion over the coming months and these included:

- Mainstream Integration of PFPI Principles
- The Scottish Health Council
- Performance Assessment Framework Submission for 2005/06
- Upcoming Challenges and Priorities
- Re-organisation – an Opportunity
- The Way Forward

In conclusion, he commented that external assessment on the Committee's performance over the past two years in relation to the PFPI agenda had been very positive – due to the commitment, professionalism and openness of NHS Greater Glasgow's staff. The Committee was, nonetheless, not complacent and recognised and welcomed the challenges ahead. In this regard, Mr P Hamilton thanked the Corporate Communications Team and members of the Involving People Committee for the commitment they had shown since Autumn 2004.

DECIDED:

- That the progress made by the Involving People Committee in delivering the Patient Focus Public Involvement (PFPI) agenda be noted.

- That the outcome of regular discussions between the Scottish Health Council and the Involving People Committee and the submission made in relation to the 2005/06 Performance Assessment Framework be noted.

- That the future of the Involving People Committee, its remit and how PFPI would be achieved in the context of a re-organised and enlarged NHS Greater Glasgow be considered. **Chair, Involving People Committee**

11. ANNUAL MONITORING REPORT – FREEDOM OF INFORMATION

A report of the Head of Board Administration [Board Paper No 06/06] asked the NHS Board to note the first Annual Monitoring Report on the impact of the Freedom of Information (Scotland) Act 2002 for NHS Greater Glasgow.

Mr J C Hamilton outlined the action taken to prepare for the introduction of the Freedom of Information (Scotland) Act 2002 and summarised the requests for information received by NHS Greater Glasgow in the first year of operation.

204 requests had been received in the first twelve months of the Act's operation, 86.2% of which had been dealt with within the statutory timescale of 20 working days. The figures indicated a fairly consistent number of enquiries being received throughout 2005. Of the 204 cases, an exemption was cited on 28 occasions where a request for information was refused. Mr Hamilton went on to describe the broad range of subjects that had been covered by the requests received so far and the most common exemptions applied under the Act.

ACTION BY

To date, there had been five requests for an internal review received and completed in the course of 2005. From these, the original decision in two cases were upheld in full and in three cases the decision was upheld in part. The Freedom of Information Commissioner had had a total of four cases referred to him from people dissatisfied with the response of NHS Greater Glasgow. One case had been withdrawn after discussion and the Commissioner did not report on the case, the other four were with the Commissioner who had yet to report on his findings.

One year on, the Scottish Executive had launched a consultation of the operation of the Act. Mr Hamilton referred to the "Pack for Respondents" which provided a full list of the questions raised in the consultation and there was encouragement that this be used as a template for responding. NHS Greater Glasgow FOI Steering Group would meet to review the operation of the Act within NHS Greater Glasgow and provide comment on the consultation by 31 March 2006.

If NHS Board Members would like to feed thoughts and comments into the consultation, Mr Hamilton welcomed these either via the questions template or directly to him whereby they could be included in the NHS Board's response. A copy of the full NHS Board response would be made available to Members in April 2006.

Head of Board Administration

Councillor Coleman raised concern at the public money being spent on the enforcement of the Act particularly with regard to staff time and resources. As such, he welcomed the review being undertaken since the Act's introduction.

Mrs Stewart welcomed the content of the report, the contents of which were very informative.

Mr McLaughlin asked what issues the NHS Board may wish to highlight in the consultation exercise. Mr Hamilton commented that it was likely the response would include concern about the tight 20 working day response timeframe, dealing with multiple requests and the fact that an applicant did not need to quote the Act when making a request – this made the capturing of statistics difficult.

In response to a question from Ms Dhir, Mr Hamilton confirmed that NHS Greater Glasgow had not charged for the provision of information within the first year of operation nor had NHS Greater Glasgow collated a detail of the costs incurred by it as an organisation in discharging the requirements under the Act.

DECIDED:

That the first annual monitoring report on the impact of the Freedom of Information (Scotland) Act 2002 for NHS Greater Glasgow be noted.

12. ANNUAL REVIEW 2005 – PROGRESS REPORT 2006/07

A report of the Director of Planning and Community Care [Board Paper No 06/07] asked the NHS Board to note the update since the Annual Review in August 2005.

The report provided an update on the actions agreed with the Scottish Executive as an outcome of NHS Greater Glasgow's Annual Review in August 2005. It covered:

- Partnership Working
- Modernising Hospital Services
- Smoking Cessation
- Waiting Times
- Winter Planning
- Infection Control
- NHS Employment Contracts
- Efficiency

NOTED

13. WAITING TIMES

A report of the Chief Executive – South Glasgow University Hospitals Division and Acting Chief Executive – North Glasgow University Hospitals Division [Board Paper No 06/08] asked Members to note the progress made in meeting national waiting time targets.

Mr Calderwood began by recording his appreciation to all staff for their effort to meet the December 2005 target and, in particular, Jane Grant and Jonathan Best for helping to drive forward this work. Sir John echoed this sentiment.

Mr Calderwood pointed out that at the end of December 2005, there were no inpatients or day cases waiting over 26 weeks without availability status codes (ASCs). The 26 week maximum wait was, from January 2006, a national standard for service delivery. NHS Greater Glasgow failed to make its target in respect of outpatients with one patient waiting longer than 26 weeks for an outpatient appointment at 31 December 2005. This patient was seen at an outpatient clinic on 10 January 2006 and the incident highlighted some problems in the processing of referrals which had been reviewed and rectified.

Mr Calderwood emphasised that the scale of the challenge in Glasgow should not be underestimated. He put this in context by describing that at its peak, more than 25,000 outpatients were waiting longer than 26 weeks.

Mr McLaughlin asked about NHS Greater Glasgow's ability to sustain this position particularly given the comments in the recent Audit Scotland Report. Mr Divers responded by confirming that the capacity plans developed over the past two years had specifically shown what recurring and non-recurring monies were necessary to achieve these standards. Mr Divers had been disappointed with elements of the Audit Scotland Report as NHS Greater Glasgow had a systematic programme of building into the service the capacity and resources to sustain the improved standards after the new targets had been reached.

Mr Cleland asked if it would be possible to receive a more up to date insight into the waiting time figures (he noted that this report looked at the figures up to 31 December 2005). Mr Divers explained that it was his intention to present a more recent picture in future at the PRG meetings over and above bi-monthly consideration at NHS Board meetings.

NOTED

ACTION BY

14. FINANCE REPORT TO NOVEMBER 2005

A report of the Director of Finance [Board Paper No 06/9] asked the NHS Board to note the Finance Report to November 2005.

Mr Griffin commented that the outturn for the period to November 2005 showed overall expenditure exceeding available funding by £1.2m. This presented a very similar picture to that reported at the mid year point confirming that, in overall terms, the NHS Board was continuing to manage expenditure levels closely in line with the plan.

NOTED

15. EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP – STANDING ORDERS FOR APPROVAL

A report of the Head of Board Administration [Board Paper No 06/10] asked the NHS Board to approve, from 1 April 2006, the Standing Orders and Membership (to date) of the East Renfrewshire Community Health and Care Partnership Committee, subject to any minor drafting points to be agreed with the Council.

Ongoing discussions would continue with officers of the Council to bring to a conclusion some minor points of detail to be agreed over the next week. Similarly, the remaining Members of the CHCP would be worked through over the coming weeks with the appropriate nominating bodies to ensure that the CHCP Committee could operate from 1 April 2006.

The Head of Board Administration asked that the NHS Board consider increasing the Non-Executive Director representation from one to two to achieve a better balance of membership in the CHCP Committee.

DECIDED:

(i) That the Standing Orders and Membership (to date) of the East Renfrewshire Community Health and Care Partnership Committee, subject to any minor drafting points to be agreed with the Council, be approved. **Head of Board Administration**

(ii) That the Non-Executive Director representation from NHS Greater Glasgow be increased to two. **Head of Board Administration**

16. NEW MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003 – LIST OF Section 22 APPROVED MEDICAL PRACTITIONERS

A report of the Acting Director of Public Health [Board Paper No 06/11] asked the NHS Board to approve the list of medical practitioners employed by the NHS Board to be authorised for the purpose of Section 22 of the New Mental Health (Care and Treatment) (Scotland) Act 2003.

DECIDED:

That the three medical practitioners listed on the Board paper be approved for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003. **Acting Director of Public Health**

ACTION BY

17. PERFORMANCE REVIEW GROUP MINUTES

The Minutes of the Performance Review Group meeting held on 15 November 2005 [PRG(M)05/06] were noted

NOTED

18. SOUTH GLASGOW DIVISIONAL MANAGEMENT TEAM MINUTES

The Minutes of the South Glasgow Divisional Management Team meeting held on Wednesday 14 December 2005 [Board Paper No 06/12] were noted.

NOTED

19. GLASGOW CENTRE FOR POPULATION HEALTH MINUTES

The Minutes of the Glasgow Centre for Population Health Management Board [GCPHMB(M)05/6] meeting held on Thursday 20 October 2005 were noted.

NOTED

The meeting ended at 12 noon