

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the  
Greater Glasgow NHS Board  
held in the Board Room, Dalian House,  
350 St Vincent Street, Glasgow, G3 8YZ  
on Tuesday, 20 December 2005 at 9.40 am**

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**P R E S E N T**

Professor Sir J Arbuthnott (in the Chair)

Professor D Barlow (to Minute 157)	Mr P Hamilton
Mr R Calderwood	Councillor J Handibode
Mr R Cleland	Mrs S Kuenssberg CBE (to Minute 157)
Councillor J Coleman	Ms G Leslie
Councillor D Collins	Mr G McLaughlin
Dr B N Cowan	Mrs J Murray
Ms R Crocket	Ms A Paul (to Minute 157)
Ms R Dhir MBE	Mr A O Robertson OBE
Mr T A Divers OBE	Mr D Sime
Councillor R Duncan	Mrs E Smith
Dr R Groden	Mrs A Stewart MBE

Councillor A White

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

Dr S Ahmed	..	Consultant in Public Health (for Minute 150)
Dr L de Caestecker	..	Acting Director of Public Health
Ms J Grant	..	Acting Chief Executive, North Glasgow Division
Mr D Griffin	..	Acting Director of Finance
Mr J C Hamilton	..	Head of Board Administration
Ms A Hawkins	..	Transition Project Director (for Minute 159)
Mr A McLaws	..	Director of Corporate Communications
Ms C Renfrew	..	Director of Planning and Community Care (for Minute 159)
Mr H Smith	..	Chair, Area Allied Health Professionals Committee
Mr W S Marshall	..	Secretariat Officer

**ACTION BY**

**140. APOLOGIES**

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Ms E Borland, Mrs R K Nijjar, Mr I Reid, Dr C R Bell (Joint Chair, Area Dental Committee), Mr P Benington (Joint Chair, Area Dental Committee), Ms L Love, (Chair, Area Nursing and Midwifery Committee) and Mr A J McMahon (Chair, Area Medical Committee).

**141. CHAIRMAN'S REPORT**

- (i) The Chairman intimated that the Board had recently received funding from the Scottish Executive Health Department to provide for positive intervention in disadvantaged areas. This funding was one of the implications of the recent Kerr Report.

- (ii) The Chairman intimated that the ongoing arrangements for community health care partnership working were continuing and good progress was being made with North and South Lanarkshire.

**NOTED**

**142. CHIEF EXECUTIVE'S UPDATE**

- (i) The Chief Executive referred to meetings that he and other senior officers of the Board had held with both clinical and staff groups within the current NHS Argyll and Clyde area. These meetings had been mutually beneficial to establishing the principles upon which NHS Argyll and Clyde staff and services could be integrated within the new structure. Meetings had also taken place with Renfrewshire Council and Inverclyde Council. The Chief Executive intimated that discussions were continuing with Inverclyde Council as to which particular model of Community Health Partnership they wished to have. Meetings had also been held with their Area Clinical Forum and another meeting was due to be held with that body early in the New Year.
- (ii) The Chief Executive reported that he had attended the first meeting of the Area Partnership Forum under the chairmanship of Mr D Sime. He was particularly gratified to see a good attendance of the full-time trade union officials and hoped that this would continue in the future. The Chairman concurred with this view.
- (iii) The Chief Executive reported that he had attended a meeting involving 170 public sector leaders throughout Scotland. These meetings were likely to be bi-annual and were intended to find mechanisms to encourage closer working between various public bodies. They were potentially a very useful mechanism.
- (iv) The Chief Executive reported on the annual meeting with the Mental Welfare Commission where a number of matters had been discussed including the implications of the new Mental Health Act and the arrangements around tribunals. A further meeting was anticipated in the Spring of 2006.
- (v) The Chief Executive reported that he, Ms Renfrew and Dr Cowan had met with a number of Glasgow MSPs where the focus had been on the Board's bed modelling plans within the current Acute Services Review.

**NOTED**

**143. MINUTES**

On the motion of Mr A O Robertson, seconded by Professor D Barlow, the Minutes of the meeting of the NHS Board held on Tuesday, 15 November 2005 [GGNHSB(M)05/8] were approved as an accurate record and signed by the Chairman.

**144. MATTERS ARISING FROM THE MINUTES**

The Matters Arising Rolling Action List was circulated and noted.

**NOTED****145. NHS GREATER GLASGOW CHILD PROTECTION PROGRAMME**

A report of the Nurse Director [Board Paper No 05/76] asked the NHS Board to note the progress the NHS Greater Glasgow Child Protection Forum had achieved since April 2005 and agree to receive a further update in June 2006.

The Nurse Director explained the background to the NHS Greater Glasgow Child Protection Forum and focussed on a number of key policies that informed its work. She referred to the Child Protection Unit. The Unit continued to develop and had made steady progress. The following additional staff had been appointed:

- Head of Child Protection Development
- Clinical Director for Child Protection
- 2 Child Protection Trainers

Arrangements were in place to recruit the following:

- Business Manager
- Child Protection Adviser
- Child Protection Trainer

It was envisaged that these staff would be in place by February 2006 at the latest.

The Nurse Director pointed out that the key achievements of the Child Protection Unit to date were as follows:

- Staff had been co-located in premises within Yorkhill Hospital which provided a base for their work throughout Greater Glasgow.
- Arrangements for a formal launch of the Unit in February 2006 were underway.
- A communications plan had been produced.
- Administrative arrangements have been reviewed and staff re-aligned.
- The remit and workload of the Child Protection Advisers had been reviewed and changes in their role established. Work on setting out their responsibilities in line with the new organisational arrangements had begun.
- An audit of NHS Greater Glasgow staff skills had been completed.
- Efforts to enhance staff knowledge base had begun.
- A clear action plan for September 2005 to April 2006 had been produced. Key targets for the six months period had been identified. Longer-term targets had also been set out.

The Nurse Director pointed out that there had been significant movement in the production of procedures and protocols. These included NHS Greater Glasgow staff attendance at child protection case conferences, accident and emergency guidelines, domestic abuse guidelines and significant case review investigations. Currently under preparation were non-accidental head injury guidelines, referrals to Social Work and missing family alerts.

Child protection training was continuing apace and had begun to increase in volume. A quarterly management information and progress report was now routinely provided for the NHS Greater Glasgow Child Protection Forum. Work was currently underway to scope out a full training needs analysis for the entire workforce.

In respect to preparation for inspection (HMIE) that would take place during 2006 a Pre-Inspection Working Group had been set up. This Group had begun to identify key issues raised for health from the two pilot inspections in Highland and East Dunbartonshire, identify key aspects of the NHS Greater Glasgow service that embraced child protection, identified documentation required to be available for the inspectors, scoped out a timetable for self evaluation and agreed communication mechanisms pre-inspection. This Group would progress any work to be undertaken pre-inspection and post-inspection.

The Nurse Director concluded by referring to the specific question of advice and support to staff where a paper had been produced and consulted on regarding current arrangements. Further detailed data would be collated over a three to six month period and analysed to inform any future changes in service provision. Further work was also being undertaken in respect to significant case reviews, research and knowledge development, staff consultation on children's service and child protection issues and child protection committees and work with other Local Authorities.

The Chairman was very encouraged by the amount of inter-agency working being undertaken under the current child protection arrangements. These arrangements involved the police, education and housing at both a strategic and operational level. The Nurse Director concurred that very good working relationships with these groups was continuing.

Mrs Kuenssberg also welcomed the inter-agency working and was particularly pleased to see the progress being made in the production of procedures and protocols. Mr McLaughlin suggested that a future report should give some sense of the main areas of targeting, a point which the Nurse Director noted.

**DECIDED:**

- (i) That the progress being made regarding the NHS Greater Glasgow Child Protection Forum be noted.
- (ii) That the Nurse Director submit a further update to the NHS Board in June 2006.

**Nurse Director**

**146. NHS GREATER GLASGOW GOVERNANCE ARRANGEMENTS**

A report of the Head of Board Administration [Board Paper No 05/77] asked the NHS Board to approve, note and agree to the new governance arrangements being put into place.

The Head of Board Administration pointed out that in February 2005 the NHS Board had approved the new organisational arrangements to implement the next steps of the “Partnership for Care” White Paper. “Partnership for Care” had set out the top level structures within the new organisational arrangements with the objectives of:

- Abolishing NHS Trusts and creating a single system NHS.
- Establishing Community Health Partnerships as substantive partnerships with Local Authorities.
- Improving health and narrowing the inequality gap.
- Securing better access and higher standards of care.

There had been considerable work carried out to establish the new organisational structures necessary to move to single system working in NHS Greater Glasgow which would:

- Make better use of our resources to improve services for patients.
- Devolve decision making at local level.
- Increase consistency and equity of access.
- Reduce duplication.

The NHS Board now required to review its detailed governance arrangements, in light of the introduction of single system working in a phased way from now until 1 April 2006 so as to ensure it could properly discharge its responsibilities and statutory functions.

The Head of Board Administration highlighted the changes to the Standing Orders for the Proceedings and Business of the NHS Board and decisions reserved for the NHS Board. He advised of the process underway to review the Standing Financial Instructions, Standards of Business Conduct and the Fraud Plan.

He explained the background to the new Standing Committees of the NHS Board. The new single system Standing Committees would be effective from 1 January 2006 and appropriate arrangements were being put in place to dissolve the Divisional Management Teams and their supporting committees covering audit, clinical governance and remuneration by 31 December 2005. A Lead Director would be responsible for managing the transition from the Divisional Committees to the new Single System Committees.

The Standing Committees of the NHS Board were the Audit Committee, Clinical Governance Committee, Staff Governance Committee, Performance Review Group, Public Involvement Committee, Research Ethics Governance Committee, Pharmacy Practices Committee, Remuneration Subcommittee, Reference Committee, FHS Disciplinary Committees and the Area Clinical Forum. The remits and membership of these Committees were attached to the report as appendices.

In reference to the Mental Health Partnership, the NHS Board was only being asked to approve the Non Executive Director membership of the Mental Health Partnership and it would receive a further report covering the remit, responsibilities, accountability and governance arrangements in the New Year.

In reference to the arrangements for Community Health Partnerships, work had been undertaken between officials of NHS Greater Glasgow and Glasgow City Council to prepare formal Standing Orders for the proceedings and business of the five Glasgow Community Health and Social Care Partnership Committees and any subsequent Subcommittees.

The draft Scheme of Delegation would be developed further as consideration was given to preparing a governance memorandum between the City Council and NHS Board. This would set out the arrangements around joint appointments, financial management, procurement, reporting obligations to the NHS Board and Council, data protection and freedom of information protocols, ICT management, training, property strategy and dispute resolution. It was necessary at this stage to approve the Standing Orders so that the CHSCP Committees had a governance framework within which to meet in shadow form.

The Head of Board Administration also referred to the arrangements being put into place for the Community Health and Care Partnership in East Renfrewshire and the Community Health Partnerships in West Dunbartonshire and East Dunbartonshire.

The Head of Board Administration concluded by referring to the position of Vice Chair of the NHS Board. Following the Chairman's letter to Non Executive Director Members, one nomination had been received, that of Mr Andrew O Robertson, the current Vice Chair. The NHS Board was asked to approve the re-appointment of Mr Robertson to the position of Vice Chair until April 2007. Ms Dhir referred to the term of office of the Vice Chair which was usually for only one year whereas appointments for all of the other Non Executive Members of the NHS Board was four years. For the sake of continuity, she thought that the Vice Chair should also serve a term of office of four years. The Chief Executive acknowledged this point but suggested that this matter should be deferred until April 2007.

In respect of NHS Board membership it was proposed to write to the Scottish Executive advising that the Executive Director cohort on the NHS Board from January 2006 should comprise the Chief Executive, Director of Public Health, Director of Finance, Medical Director and Nurse Director. This was agreed.

The Board was also asked to note the proposed business cycle showing the dates of the various Standing Committees of the NHS Board. In addition, the Corporate Management Team would be replaced by the following arrangements:

- (i) A Corporate Planning Policy and Performance Management Group would steer and monitor the development of the planning and performance guidance and manage the business being submitted to the NHS Board. It would meet on an eight weekly cycle and ahead of the NHS Board meeting in order to manage the business going to the NHS Board. The CPPPMG would be chaired by the Chief Executive and its membership would include the Headquarters' Directors, Chief Operating Officer – Acute and the CHP and Mental Health Partnership Directors.

In addition, the Chief Executive would meet regularly with the Chief Operating Officer – Acute and Director of Acute Planning on acute service performance, planning and policy issues; the Community Health Partnership Directors on planning and policy issues; the integrated CHSCP Directors, Directors of Social Work Glasgow City Council and Chief Executive East Renfrewshire Council on performance, planning and policy issues and the Headquarters' Directors on allocation of responsibilities, managing cross-overs and co-operative co-ordination.

In conclusion, the Head of Board Administration pointed out that the above arrangements did not, at this stage, take account of the integration with NHS Argyll and Clyde from 1 April 2006. The integration of governance arrangements and committees was currently being considered and would be reported to the NHS Board separately at a later date.

Councillor Collins referred to the common elements of training which would be required for Community Health Partnership Chairs. Time would have to be set aside for this. The Chief Executive acknowledged the point and would look to liaise with the various Community Health Partnerships in due course to determine the most suitable time for all parties.

**DECIDED:**

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|--------|---|-------------------------------------|
| (i)    | That the revised Standing Orders for the Proceedings and Business of the NHS Board and the Decision Reserved for the NHS Board (Appendix 1) be approved.  | <b>Head of Board Administration</b> |
| (ii)   | That the work to be undertaken to review the Standing Financial Instructions, Financial Scheme of Delegation, Standards of Business Conduct and Fraud Plan including supporting policies be noted.  | <b>Director of Finance</b>          |
| (iii)  | That the dissolution of the Divisional Management Teams and Supporting Committee from 31 December 2005 and the establishment of Single System Committees of the NHS Board from 1 January 2006 be noted.   | <b>Divisional Chief Executives</b>  |
| (iv)   | That the Audit Committee, Clinical Governance Committee, Staff Governance Committee, Performance Review Group, Research Ethics Governance Committee and Remuneration Subcommittee review their draft remits and submit any revisions to the NHS Board for approval was approved.  | <b>Head of Board Administration</b> |
| (v)    | That the remits of the remaining Standing Committees and the revised membership of the Standing Committees of the NHS Board be agreed.  | <b>Head of Board Administration</b> |
| (vi)   | That the Standing Orders for the Proceedings and Business of the five Glasgow Community Health and Social Care Partnership Committees subject to drafting changes; the membership of these Committees and the ongoing work to complete the Governance Memorandum and Schemes of Delegation between the NHS Board and the City Council be respectively approved and noted. | <b>Head of Board Administration</b> |
| (vii)  | That there would be further discussions with East Renfrewshire Council to conclude the Standing Orders for the Proceedings and Business of East Renfrewshire Community Health and Care Partnership and that the membership of the Committee be approved.  | <b>Head of Board Administration</b> |
| (viii) | That the Standing Orders for the Proceedings and Business of West Dunbartonshire and East Dunbartonshire Community Health Partnerships subject to drafting changes and the membership of these Committees be approved.  | <b>Head of Board Administration</b> |
| (ix)   | That the appointment of Mr A O Robertson OBE as Vice Chair of the NHS Board until April 2007 be approved.   | <b>Head of Board Administration</b> |
| (ix)   | That the authority of the Scottish Executive Health Department be sought to confirm the Executive Director cohort at the NHS Board from January 2006 to the five posts mentioned above be agreed.   | <b>Head of Board Administration</b> |

**147. FINANCIAL REPORT TO SEPTEMBER 2005**

A report of the Acting Director of Finance [Board Paper No 05/78] comprising the Finance Report to September 2005 was submitted.

The Acting Director of Finance advised that the outturn for the first six months showed overall expenditure exceeding available funding by £1.3m. This could be attributed to additional expenditure incurred within acute services relative to the plan. In explanation the contributory factors included prescribing expenditure, energy prices and nursing expenditure levels.

In regard to prescribing expenditure, the Local Health Plan provided an additional £3.1m for expenditure on prescribing within acute services. A significant proportion of this related to cancer services where a growth in the volume of treatments had been anticipated. Patient activity levels in the first six months had exceeded expectations generating net additional costs of £400,000 after making allowance for what was recoverable from other Health Boards related to increased activity.

In regard to energy prices, costs had risen significantly relative to 2004/05 levels, on account of price rises of in excess of 40%. Divisions had been unable to contain this growth in expenditure within allocated funding for non-pay inflation resulting in a cost pressure of circa £1.1m in the first six months. Each Division had been actively exploring the scope for introducing energy efficiency measures which might offset, at least in part, this growth in expenditure. In a drive to progress this work, a pan Glasgow Project Group had recently been established under the leadership of the new Director of Facilities, working within the framework of the Corporate Recovery Planning process.

In regard to nursing expenditure levels, the second quarter of the financial year had seen a general growth in expenditure on nursing notwithstanding the use of a range of measures to control expenditure, including increased use of bank staff and tight authorisation procedures for additional hours and overtime. This had resulted in additional costs of circa £2m in the first half of the year relative to budget. Divisional management were closely reviewing this area of expenditure to confirm the main contributory factors and determine whether there was a need to adapt the containment measures which were currently in place.

It was possible that some of the additional expenditure could be attributed to the impact of changed terms and conditions associated with the implementation of Agenda for Change and in particular to the costs of backfill. This was currently being reviewed to assess whether it was appropriate to release funding from the provision set aside for backfill costs within the Local Health Plan for 2005/06 to offset at least in part these additional costs.

Additional expenditure in the areas described had been mitigated in part by the impact of cost containment measures within other areas of the Board's activities to provide a net overall deficit of £1.3m for the first half year. A firm projection of the likely annual outturn was made within a separate paper which provided a full mid-year review of the 2005/06 financial plan.

At the half year stage, after taking account of additional income received from other Boards related to increased levels of patient activity, net Divisional spend was within £1.3m of plan, with Divisions projecting full year expenditure at £2m above plan (0.16% of total plan). On this basis, a break-even forecast was maintained for Divisional expenditure for the full year.

**DECIDED:**

That the Finance Report to September 2005 be noted.

**Acting Director of  
Finance**

**148. MID YEAR REVIEW OF FINANCIAL PLAN FOR 2005/06**

A report of the Acting Director of Finance [Board Paper No 05/79] comprising a mid-year review of the Financial Plan for 2005/06 was submitted.

The Acting Director of Finance pointed out that a review of the NHS Board's Financial Plan for 2005/06 had recently been completed. This review confirmed that it was reasonable for the NHS Board to continue to forecast that it would manage its total expenditure within a total available resource envelope of £1.8 billion in 2005/06 and thereby remain within its revenue resource limit for 2005/06.

The Acting Director of Finance explained the background to the Annual Financial Plan and summarised some of the key points. In reference to the sources of income, the NHS Board's updated forecast of total income for 2005/06 was £1.802 billion.

The Acting Director of Finance pointed out that a revised assessment had been carried out of the increase in income which could be anticipated from West of Scotland Boards in 2005/06 related to general cross-boundary patient flow. The financial model which was used to calculate the values of West of Scotland cross-boundary patient flows had now been updated to incorporate 2003/04 patient activity levels. As a result, the net level of additional income attributable to NHS Greater Glasgow reduced from £6m to £4.8m. The annual income forecast had been updated to reflect this.

Forecast additional funding of £1.5m had been assigned to off set additional costs currently being incurred in providing services to asylum seekers living within the Greater Glasgow area. It was disappointing that engagement with the Scottish Executive Health Department to secure additional funding for this patient group had thus far not succeeded in bearing fruit. The NHS Board would continue to pursue this matter with the Department.

The Acting Director of Finance intimated that there remained some risk that income forecasts in respect of land sales (£7.5m) and general West of Scotland cross-boundary flow income (£4.8m) may not be fully achieved. At this stage, no provision was made within the NHS Board's financial plan to cover the eventuality of a partial non-achievement of these income forecasts. This was deliberate and reflected the action plans currently in place to secure their achievement. Both areas would be maintained under close review during the remaining months of the financial year with regular progress updates provided within routine financial monitoring reports.

The Acting Director of Finance then turned to expenditure where the NHS Board's updated forecast of total expenditure for 2005/06 was £1.802m. An updated forecast of Divisional expenditure had been produced and amongst the various items noted was the increased spend on energy that could be attributed to a significant increase in energy prices of approximately 40%.

Understandably, Divisions had been unable to contain the full impact of this within energy budgets with the result that expenditure was currently running some £2m to £3m per annum above plan for the financial year.

A comprehensive review, encompassing all projects forecast to contribute cost savings to the Corporate Recovery Plan during 2005/06 had been carried out during September and October 2005. Almost every project was now fully underway with savings targets integrated into Divisional expenditure budgets; nevertheless it was still useful to review project progress as this provided additional insight into Divisional performance in the year to date. A detailed executive summary was appended to the mid-year report.

All other areas of the Board's expenditure plan had been reviewed and updated to reflect the current forecast of annual outturn. This review had focussed on actual expenditure incurred to date, factoring in an assessment of likely spend on approved commitments in the second half-year. At this stage, £73.46m of approved funding remained to be committed. This broadly represented the total of funding commitments made within 2004/05 and 2005/06 Local Health Plans where expenditure had yet to get fully underway. This included provision for additional expenditure where there was little discretion on implementation dates (for example, Agenda for Change back pay provision of £18m), provision for additional expenditure on a range of expenditure commitments, both national and local, where implementation dates were not yet firmed up or were delayed relative to original expectations and there remained scope to manage expenditure levels in the current year and provisions where actual expenditure was now forecast to be less than originally envisaged.

The mid year review process had included an assessment of likely spend on all individual expenditure commitments of £250k and above within this category to arrive at a forecast of the level of funding which was likely to be "released" either through slippage or because it was no longer required, to contribute towards achieving financial balance in 2005/06. This had indicated that it was reasonable to anticipate that between £20m and £25m would be "released" in 2005/06. This enabled the NHS Board to cover a planned level of funding slippage of £11m which had been incorporated in its Financial Plan from the outset of the financial year and also cover its additional non recurring savings target of £10.4m which was incorporated into the annual Financial Plan at a later date.

A total amount of "slippage" of £21.4m or 1.1% of total NHS Board expenditure, could also be regarded as reasonable and realistic in the light of previous years' experience.

The Acting Director of Finance concluded that the mid year review of the 2005/06 financial plan confirmed that the NHS Board continued to forecast the achievement of financial breakeven in 2005/06 having explained the key points and assumptions on which these conclusions were based.

Mr Robertson commended the financial plan submitted by the Acting Director of Finance as being a well-developed framework for supporting the NHS Board's financial sustainability over the coming years. It was an integral part of the NHS Board's recovery plan and reflected the good work which was being undertaken throughout the NHS Board between clinicians and management.

In response to a question from Councillor Handibode, the Acting Director of Finance explained the origins and mechanisms for managing approved funding commitments outlined in the financial plan. Councillor Handibode also asked what was happening regarding the old Belvidere Hospital site. The Acting Director of Finance confirmed his understanding that an agreement had been reached with a purchaser for this site and that the timing of this process would reach a conclusion possibly by the end of the current year.

**DECIDED:**

That the mid year financial plan be noted.

**Acting Director of  
Finance**

**149. WAITING TIMES**

A report of the Director of Planning and Community Care [Board Paper No 05/80] asked the Board to note the progress made in meeting national waiting time targets.

Mr Calderwood pointed out that at the end of November 2005 there were 187 patients waiting more than 26 weeks for inpatient and day case treatment which represented a 37% reduction between October and November 2005. There were currently 1,370 outpatients waiting longer than the national target of 26 weeks for treatment but this reduced by 2,131 or 61% between October and November 2005. All of these patients have been offered an appointment before the end of December 2005 as part of a drive to meet the NHS Board's targets by the end of this year.

**NOTED****150. AIDS CONTROL ACT REPORT 2004/05**

A report of the Acting Director of Public Health [Board Paper No 05/81] comprising the AIDS (Control) Act Report for 2004/05 was submitted for approval prior to submission to the Scottish Executive.

Dr S Ahmed pointed out that during the year there were 118 newly diagnosed cases of HIV infection among Greater Glasgow residents. Of the 118 cases, 32 probably resulted from sexual intercourse between men, 65 from sexual intercourse between men and women, 3 from mother to child transmission, 15 from other or uncertain routes and 3 from drug injecting. As last year, heterosexuals have the highest number of cases of any group, 55% of the total new cases reported.

Dr Ahmed pointed out that antenatal HIV testing had been offered to all women receiving antenatal care in Glasgow since July 2003. During the reporting period, 3 new cases of HIV infection among children were identified. All resulted from perinatal transmission and all of the children were born outwith the United Kingdom and, therefore, their mothers did not have the opportunity to participate in the screening programme.

In this reporting period, 10 women not previously known to be HIV positive, were identified through the screening programme. All were offered appropriate treatment and care and were referred on to HIV Specialists for ongoing treatment of their HIV infection. To date, none of the children born to women in Glasgow whose HIV positive status was known prior to delivery or who were delivered in specialists services, have themselves been positive for HIV.

There were 20 new cases of AIDS reported during the year. Clinicians reported a 24% decrease in AIDS related events compared with 2003/04.

The cost of HIV related treatment was over £2.5m in the reporting year. 69% of patients currently attending for care were receiving anti-retroviral therapy. As the number of patients being treated was expected to continue to increase, the cost of drug treatment was likely to go on rising for the foreseeable future.

Dr Ahmed concluded that the main targeted preventive measures continued to focus on reducing transmission between men who have sex with men and drug injectors. Prevention of transmission due to heterosexual sex was addressed through the ongoing improvement in generic sexual health and family planning services in Glasgow.

In response to a question, Dr Ahmed pointed out that the expenditure on drug injectors also included patients contracting Hepatitis C.

**DECIDED:**

That the NHS Board receive and approve the AIDS (Control) Act Report for 2004/05 and that it be submitted to the Scottish Executive in accordance with the 1987 Act.

**Dr S Ahmed**

**151. PATIENTS' PRIVATE FUNDS : ANNUAL ACCOUNTS FOR 2004/05**

A report of the Acting Director of Finance [Board Paper No 05/82] was submitted in respect of Patients' Private Funds Annual Accounts.

The Acting Director of Finance pointed out that the NHS Board held the private funds of many of its patients especially those who have long term residence and who would have no ready alternative to safe keeping and management of their funds. Each of the NHS Board's hospitals had arrangements in place to receive, hold and, where appropriate, manage the funds of any patients requiring this service. The NHS Board kept individual records for each patient using the "Trojan" computerised record keeping system. Any funds that were not required for immediate use were invested on behalf of the patients in an interest bearing deposit account. The interest generated by this account was distributed across the patients' accounts based on each individual's balance of funds held.

The majority of the patients, whose funds the NHS Board managed, were considered by their Consultant as incapable of managing their own affairs. The welfare of these patients was regulated by Section 94 of the Mental Health (Scotland) Act 1984 and the Adults with Incapacity (Scotland) Act 2000. The NHS Board was permitted to take responsibility for the funds of these patients under the provisions of the above Acts and managed them on the patient's behalf.

The management of patients' funds was strictly controlled in accordance with Standing Financial Instructions and procedural guidance. Annual accounts, in the form of an Abstract of Receipts and Payments (Form SFR19.0) must be sent to the Scottish Executive Health Department each year. The summary for 2004/05 had been audited and showed that £1,348,907 was received during the year with £1,324,307 paid out. In addition, £39,468 interest was received on the balances held and this had been credited to the patients' accounts. The total balance of funds, held on behalf of patients, at 31 March 2005 was £1,389,037.

The Acting Director of Finance had prepared the Abstract of Receipts and Payments for 2004/05 along with the statement of Board Members' responsibilities and auditors report. KPMG, external auditors of the patients' private funds, had indicated that they were prepared to sign their report without qualification.

To comply with auditing standards, KPMG required representations from the audited body on certain matters that may have a bearing on the audit. This effectively confirmed to the auditors that the audited body had disclosed all relevant information relating to the audit and included such areas as fraud, error and potential non-compliance with laws and regulations. A letter containing the appropriate representations, required by KPMG, had been prepared.

The Chairman pointed out that in future these accounts would come to the NHS Board's Audit Committee.

**DECIDED:**

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|---|-----------------------------------|
| (i) That the Board's responsibilities as detailed in the submitted document be noted.   | <b>Acting Director of Finance</b> |
| (ii) That the Abstract of Receipts and Payments for 2004/05 to be signed by the Acting Director of Finance and the Chief Executive be approved. | <b>Acting Director of Finance</b> |
| (iii) That the attached statement of Board Members' Responsibilities be signed by the Chairman and Acting Director of Finance be confirmed.     | <b>Acting Director of Finance</b> |
| (iv) That the Chief Executive to sign the letter of representation to KPMG on behalf of the Board be confirmed.                                 | <b>Chief Executive</b>            |

**152. MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003 – LIST OF SECTION 22 MEDICAL PRACTITIONERS**

A report of the Acting Director of Public Health [Board Paper No 05/83] 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 27 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 Chief Executive of the Primary Care Division**

**153. QUARTERLY REPORT ON COMPLAINTS : JULY – SEPTEMBER 2005**

A report of the Head of Board Administration and the Divisional Chief Executives [Board Paper No 05/84] asked the Board to note the Quarterly Report on NHS complaints in Greater Glasgow for the period 1 July to 30 September 2005; appoint the Head of Board Administration as the Complaints Officer for NHS Greater Glasgow and grant delegated authority to the Chief Operating Officer of the Acute Division, the Director, Mental Health Partnership and Directors of the CH and SCPs/CHCP/CHPs to be authorised to sign responses to complaint letters and that a further level of delegation to officers reporting directly to these individuals should this be required at each organisational unit.

The Head of Board Administration pointed out that the quarterly complaints report provided a commentary and statistics since the introduction of the new NHS Complaints Procedure on 1 April 2005. There were currently two requests for Independent Review still being handled throughout NHS Greater Glasgow both of which were in North Glasgow. The report detailed performance across NHS Greater Glasgow and detailed the action taken and lessons learned for future patient care. The report also detailed the new NHS Complaints Procedure as well as outlining some detail of the Scottish Public Services Ombudsman's report for 2004/05.

Members noted the downturn in the North Division's performance against the national target and also that at present seven out of the nine outstanding notifications to the Public Services Ombudsman involved cases in North Glasgow. Ms Grant explained the complex nature pertaining to a number of these cases and advised that the complaints handling procedure within the Division had been reviewed with a view to improvement.

The Head of Board Administration intimated that the revised NHS Complaints Procedure became operational across the NHS in Scotland on 1 April 2005. A pan NHS Greater Glasgow Working Group involving complaints staff from across the NHS Board's area had been meeting regularly over the past year to draw together the similar but slightly different complaints handling practices across the Divisions into a new Complaints Handling Policy and Procedure and also to take account of the new national complaints arrangements.

The guidance issued by the Scottish Executive Health Department indicated that the Chief Executive of an NHS Board was statutorily responsible for the quality of care delivered by the organisation and should appoint a named member of their Executive Team to take responsibility for delivering the organisation's patient feedback on complaint processes and for ensuring that all necessary organisational learning took place.

The Directions issued by Scottish Ministers indicated that the NHS body should appoint a Complaints Officer to manage the operation of the procedures for dealing with complaints under the arrangements and in particular to perform the functions of the Complaints Officer under these Directions to perform such other functions relating to the investigation of complaints as the NHS body may require. There was formal delegation of responsibility from the NHS Board and the Corporate Management Team recommended that the Head of Board Administration be appointed as the Complaints Officer for NHS Greater Glasgow.

The Head of Board Administration also pointed out that the guidance stated that the complaints process should be completed by the Chief Executive by reviewing the case to ensure that all necessary investigations and actions had been taken and once satisfied a letter should be issued to the person making the complaint. It was not considered practical that all complaints received annually by NHS Greater Glasgow would require to be signed by the Chief Executive. It was recommended therefore that the NHS Board be asked to agree that authority to sign off complaints should be delegated as follows:

- Chief Operating Officer of the Acute Division
- Director of the Mental Health Partnership
- Directors of the Community Health and Social Care Partnership/Community Health Care Partnership and Community Health Partnerships

with the proviso that a further level of delegation to officers reporting directly to these individuals may also take place at each organisational unit.

Ms Dhir suggested that the new pan Glasgow policy should be submitted to the Public Services Ombudsman for his information. The Chief Executive acknowledged this point and advised that the Public Services Ombudsman had herself wished a more common approach across the entire public sector. She was looking at a system whereby apologies could be offered without any admission of liability with a view to providing some guidance on this in the future.

Mr Divers also advised that the Ombudsman would now be submitting a monthly Compendium Report of investigated cases to the Scottish Parliament. The NHS Board would see a copy of any draft report which included a complaint in its area before it appeared in the Compendium.

**DECIDED:**

- |       |   |                                     |
|-------|---|-------------------------------------|
| (i)   | That the quarterly report on NHS complaints in Greater Glasgow for the period 1 July to 30 September 2005 be noted and that it also be considered by the Health and Clinical Governance Committee at its next meeting.  | <b>Head of Board Administration</b> |
| (ii)  | That the Head of Board Administration be appointed as the Complaints Officer for NHS Greater Glasgow.   | <b>Head of Board Administration</b> |
| (iii) | That delegated authority to the Chief Operating Officer of the Acute Division, the Director, Mental Health Partnership and Directors of the CHP and SCPs/CHCP/CHPs to be authorised to sign responses to complaint letters and that a further level of delegation to officers reporting directly to these individuals should this be required at each organisational unit be granted. | <b>Head of Board Administration</b> |

**154. AUDIT COMMITTEE MINUTES**

The Minutes of the Audit Committee meeting held on Tuesday 25 October 2005 [A(M)05/06] were noted.

**NOTED**

**155. NORTH GLASGOW DIVISIONAL MANAGEMENT TEAM MINUTES**

The Minutes of the North Glasgow Divisional Management Team meeting held on Wednesday 26 October 2005 [Board Paper No 05/85] were noted.

**NOTED**

**156. PRIMARY CARE DIVISIONAL MANAGEMENT TEAM MINUTES**

The Minutes of the Primary Care Divisional Management Team meeting held on Thursday 3 November 2005 [PCDMIN2005/07] were noted.

**NOTED**

**157. INVOLVING PEOPLE COMMITTEE MINUTES**

The Minutes of the Involving People Committee meeting held on Tuesday 25 October 2005 [Board Paper No 05/86] were noted.

**NOTED**

**158. EXCLUSION OF PUBLIC AND PRESS**

On the motion of the Chairman, seconded by Mr A O Robertson, 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.

**159. NHS ARGYLL AND CLYDE OUTCOME OF CONSULTATION**

A report into the outcome of consultation on NHS Argyll and Clyde [Board Paper No 05/87] was received and advised that the Minister for Health and Community Care had now confirmed his proposed boundaries to enable the dissolution of Argyll and Clyde NHS Board. NHS Greater Glasgow would take responsibility for the whole of West Dunbartonshire and East Renfrewshire Council areas and for the Renfrewshire and Inverclyde Council areas.

The purpose of the report was to set out the emerging issues 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 Highland.

Discussion on the paper concentrated on the financial position, human resources issues and next steps.

**DECIDED:**

- (i) That further dialogue was required with the Scottish Executive Health Department about the terms of the transfer of functions from NHS Argyll and Clyde to NHS Greater Glasgow.
- (ii) That a further report be submitted to the February 2006 NHS Board meeting setting out the progress and proposition on the transfer of responsibilities.

**Director of  
Planning and  
Community Care**

**Director of  
Planning and  
Community Care**

The meeting ended at 12.25 pm