

NHSGG&C(M)06/3  
Minutes: 44 - 76

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the  
NHS Greater Glasgow and Clyde Board  
held in the Board Room, Dalian House  
350 St Vincent Street, Glasgow, G3 8YZ  
on Tuesday, 27 June 2006 at 10.30 am**

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**P R E S E N T**

Professor Sir J Arbuthnott (in the Chair)

Professor D Barlow	Dr R Groden
Mr R Cleland	Mrs S Kuenssberg CBE
Councillor J Coleman	Ms G Leslie
Councillor D Collins	Ms J Murray
Dr B N Cowan	Mrs R K Nijjar
Ms R Crocket	Mr A O Robertson OBE (to Minute 59)
Mrs R Dhir MBE	Mr D Sime
Mr T A Divers OBE	Mrs E Smith
Councillor R Duncan	Mrs A Stewart MBE
Councillor T Fyfe	Councillor A White
Mr D Griffin	Councillor T Williams

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

Ms L Bradley	..	Audit Scotland (to Minute No 56)
Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Mr N McGrogan	..	Head of Community Engagement
Mr A McLaws	..	Director of Corporate Communications
Mr C Revie	..	PricewaterhouseCoopers (to Minute No 56)
Mr I Reid	..	Director of Human Resources
Mr M White	..	PricewaterhouseCoopers (to Minute No 56)
Mr N Zappia	..	Head of Primary Care Support (for Minute No 76)

**ACTION BY**

**44. APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Mr J Bannon, Councillor J Coleman, Councillor J Handibode, Mr G McLaughlin, Ms A Paul, Mr P Hamilton, Ms C Renfrew and Dr L de Caestecker.

The Chairman welcomed Mr C Revie and Mr M White from PricewaterhouseCoopers and Ms L Bradley from Audit Scotland.

**45. CHAIRMAN'S REPORT**

- (i) The Chairman congratulated Mr Divers on receipt of his honorary doctorate from the University of Glasgow.

- (ii) The NHS Board's Annual Review meeting with the Minister of Health and Community Care would be held on 22 August 2006. The format, location and timings of the event would be announced shortly.
- (iii) The Chairman asked Mr Cleland to update the Board on developments to progress the new West of Scotland Regional Heart and Lung Centre at the Golden Jubilee National Hospital. Mr Cleland reported that a public meeting had been held on Monday 26 June 2006 to update on the progress made and raise awareness. There had been a turn out of around eighty people and presentations had concentrated on transport, accommodation and service developments. This was followed by a question and answer session and a tour around the new unit. It was anticipated that there would be one further session in the future to provide another update. The feedback had been positive and most agreed very informative.
- (iv) The Chairman reported that interviews had been held for the Non-Executive Member positions from the Clyde area. Recommendations had been made to the Minister for Health and Community Care and it was anticipated an announcement would be made shortly.

**NOTED****46. REPORT FROM THE VICE CHAIRMAN**

Mr Robertson congratulated Sir John on the extension to his Chairmanship of the NHS Board for another year. He had been asked by the Minister for Health and Community Care to remain in office until 30 November 2007. Sir John was delighted to extend his Chairmanship and looked forward to another year helping to guide NHS Greater Glasgow and Clyde through its modernisation plan.

**NOTED****47. CHIEF EXECUTIVE'S UPDATE**

- (i) Mr Divers had attended the third national seminar on Child Protection. This had been fruitful and resulted in significant outcomes in connection with affording greater recognition and cohesion amongst the various directorates and agencies involved in progressing the child protection agenda.
- (ii) Mr Divers advised that he and others from the NHS Board had participated in a major emergency planning exercise (Operation Cutty Sark) which had been set up to test organisational plans in the event of a terrorist attack. This had been an excellent learning experience over two and half days and had tested each agency's approach and handling of an emergency situation. He thanked all those officers who had participated in the event from NHS Greater Glasgow and Clyde and noted the lessons learned from the debrief session.
- (iii) Ongoing work continued with neighbouring NHS Boards, including NHS Lanarkshire and NHS Forth Valley in respect of affordability of key service strategies and assumptions as well as forward financial plans. This provided an excellent platform for the respective Chief Executives to work together and develop plans jointly recognising ongoing developments within each other's area.
- (iv) Ongoing dialogues were taking place with Renfrewshire and Inverclyde Councils in respect of establishing their Community Health Partnerships and strategic priorities.

**NOTED**

**48. MINUTES**

On the motion of Mrs A Stewart, seconded by Mrs E Smith, the Minutes of the meeting of the NHS Board held on Tuesday, 18 April 2006 [GGCNHSB(M)06/2] were approved as an accurate record and signed by the Chairman.

**49. MATTERS ARISING FROM THE MINUTES**

The Matters Arising Rolling Action List was circulated and noted.

**NOTED****50. AUDIT COMMITTEE MINUTES – 20 JUNE 2006**

The Audit Committee meeting Minutes from 20 June 2006 [A(M)06/4] were noted.

**NOTED****51. STATEMENT ON INTERNAL CONTROL 2005/2006 – NHS GREATER GLASGOW**

A report of the Convener of the Audit Committee [Board Paper No 06/26] was submitted attaching a report by the Audit Committee on the outcome of the Committee's evaluation of the NHS Board's system of internal financial control during 2005/2006.

Subject to approval of the report, the NHS Board was asked to authorise the Chief Executive to sign the Statement on Internal Control 2005/2006 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 20 June 2006, received a report which provided Members with evidence to allow the Committee to review the NHS Board's system on internal control for 2005/2006. This represented the NHS Board's strategic pan-Glasgow role together with the operational activity to support this strategic role.

Based on the review of internal control, the Audit Committee approved, at its meeting on 20 June 2006, 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 NHS Board through both Appendix 1 (Statement of Assurance by NHS Greater Glasgow Audit Committee in respect of the system of internal control within NHS Greater Glasgow) and Appendix 2 (Statement on Internal Control) 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.
- Risk management and internal control were considered by the NHS Board and the NHS Greater Glasgow Audit Committee and were incorporated into the corporate planning and decision making processes of the NHS Board.
- A Committee structure had been established to ensure that all aspects of risk relating to the Board's activities were addressed and a Risk Management Strategy for NHS Greater Glasgow was approved by the NHS Board in March 2005.
- It was appropriate that the Statement on Internal Control should refer to the issue arising from the work of NHSScotland Counter Fraud Services in respect of the potential level of incorrect claims at the point of delivery for exemption from NHS prescription, dental and ophthalmic charges.

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**

**52. EXTERNAL AUDIT – ANNUAL REPORT TO BOARD MEMBERS – 2005/06 – NHS GREATER GLASGOW**

A report of the External Auditors, PricewaterhouseCoopers [Board Paper No 06/27] was submitted enclosing the final report to NHS Board Members in respect of the Statutory Audit of the Annual Accounts for 2005/06.

Mr Revie from PricewaterhouseCoopers presented the external auditors' final report to NHS Board Members on the year ending 31 March 2006.

The Annual Report was issued as an element of the Statutory Audit of the NHS Board's Statement of Accounts for 2005/06. It was primarily designed to direct 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 of the Financial Statements was unqualified.

- The regularity opinion on income and expenditure was unqualified but drew attention to patient exemptions with regard to pharmacy, dental and ophthalmic charges.
- The Counter Fraud Services (CFS) of National Services Scotland 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 CFS extrapolated the information to give an estimated total value for patient exemptions that may be non-eligible. The extrapolation for NHS Greater Glasgow (now NHS Greater Glasgow and Clyde) for 2005/06 suggested that exemptions amounting to £7.2M may have been given that were not eligible. As a result of the work by the CFS and the potential control deficiencies which may exist, the NHS Board had outlined this matter concerning patient exemptions in its Statement of Internal Control and Directors' Report.
- The NHS Board had achieved its three financial targets of:
  - The net resource limit did not exceed the revenue resource limit – the NHS Board spent £1,358M against its revenue resource limit of £1,370.3M, resulting in a surplus of £12.3M.
  - Staying within its capital resource limit – the NHS Board spent £69.337M against its capital resource limit of £69.460M.
  - The NHS Board did not exceed its cash requirement target – the NHS spent £1,323M against a limit of £1,323M.

Mr Revie summarised the audit process and accounting issues and highlighted the following:

- A Glasgow-wide integrated operational financial service (OFS) had been established and faced a number of challenges.
- A key task was to merge Divisional ledgers – good progress had been made but the new ledger structure was complex.
- In year visits identified concerns of controls and processes – these had been reported to the Audit Committee and an action plan had been established by OFS management.
- The final visit in May 2006 revealed tangible improvements although bank account reconciliations required continued attention.
- Various audit adjustments were agreed with management and all were amended in the final Annual Accounts.

In respect of other governance matters, Mr Revie briefly discussed the NHS Board's four key governance responsibilities in respect of the NHS Board and the formation of Community Health Partnerships, namely, financial and performance governance, clinical governance, risk management and staff governance.

In respect of performance management, the NHS Board had a Local Delivery Plan which had twenty-eight targets, informed by thirty-two key measures distributed across four objectives. The Local Delivery Plan was supported by a five-year financial plan and a revised performance management framework was being implemented through each of the NHS Board's new Operating Units. Attention was being devoted to the challenge of meeting the maximum eighteen week waiting time target by December 2006.

Mr Revie highlighted the action plan at Appendix 1 which he confirmed was complete, included named responsibilities and timescales for completion.

Mr Divers was confident that the NHS Board would deliver its key targets for 2006/07. He confirmed that discussions were ongoing with the Scottish Executive Health Department regarding the transition process of Clyde. It had been agreed that the NHS Board would manage financial balance over a period of three years. This allowed time to get to know the organisation itself and to develop a detailed financial recovery plan.

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 NHS Board's external auditors, PricewaterhouseCoopers, in respect of the Statutory Audit of Annual Accounts for 2005/06 be noted.

**53. STATEMENT OF ACCOUNTS FOR 2005/06 – NHS GREATER GLASGOW**

A report of the Director of Finance [Board Paper No 06/28] was submitted enclosing the Statement of Accounts for the year to 31 March 2006.

Mr Griffin 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 the NHS Board Members which confirmed that their audit certificate on the NHS Board's financial statement for the year ended 31 March 2006 would be unqualified in respect of their true and fair opinion and regularity.

Mr Griffin 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 Griffin 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. He thanked Mr Revie and his colleagues for their work throughout the period for which they had served as External Auditors to the Board. Mr Revie thanked Mr Griffin 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 2006 be adopted and approved for submission to the Scottish Executive Health Department.

**Director of  
Finance**

- That the Chief Executive be authorised to sign the Directors' Report.
- That the Chairman and 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 Director of Finance be authorised to sign the balance sheet.

**Chief Executive**

**Chairman/  
Director of  
Finance  
Chief Executive**

**Chief Executive/  
Director of  
Finance**

**54. EXTERNAL AUDIT – ANNUAL REPORT TO BOARD MEMBERS – 2005/06 – NHS ARGYLL AND CLYDE**

A report of the external Auditors, Audit Scotland [Board Paper No 06/29] was submitted enclosing the final report to NHS Board Members in respect of the Statutory Audit of the Annual Accounts for 2005/06.

Ms Bradley from Audit Scotland presented the external auditors' final report to NHS Board Members on the year ending 31 March 2006.

At the outset, Ms Bradley thanked Mr J Hobson and his team from NHS Argyll and Clyde for their co-operation throughout the audit process. She confirmed that Audit Scotland had carried out its work in the context of dissolution of NHS Argyll and Clyde and this was reflected in their final report. She led the NHS Board through three broad areas, namely, dissolution and integration, financial position and the audit report.

In respect of dissolution and integration, Ms Bradley highlighted the following:

- This represented a major impact on the risks facing NHS Argyll and Clyde and on its operations – both to keep the day-to-day business going as well as to deliver service change.
- New structures and processes were developed in collaboration with NHS Highland and NHS Greater Glasgow and a Dissolution and Integration Project Board and a Dissolution and Integration Project Team was established.
- A new risk management structure was put in place strengthened by the appointment of an external project manager.
- Senior staff left the organisation and were not replaced, putting pressure on remaining staff and risk management processes.
- Despite the change and loss of staff, NHS Argyll and Clyde did meet waiting time targets, budget targets and from a patient's perspective it was business as usual. They also made good progress with their staff governance plans.

Ms Bradley advised that NHS Argyll and Clyde had a cumulative deficit of £81.7M. The Scottish Executive Health Department had provided £82.3M leaving the NHS Board with a surplus of £600,000 which would transfer to NHS Greater Glasgow and NHS Highland.

Audit Scotland was aware that NHS Greater Glasgow and Clyde was developing an alternative financial recovery plan recognising that the 2005/06 recurring funding gap of £28.4M had been transferred to the successor Boards and most of this specifically to NHS Greater Glasgow and Clyde.

Ms Bradley summarised the action plan from the audit processes and focussed on areas which had future implications for the successor Boards as follows:

- NHS Argyll and Clyde had no strategy in place to develop acute services to meet the requirements of Delivering for Health.
- There was a risk that the expected savings within the original plan would not be delivered because of a delay in implementing the clinical services strategy.
- CHPs were not implemented, creating a risk that the population in this area would not benefit from service development to the same extent as the rest of the NHS Board's population.
- NHS Argyll and Clyde did not implement the best value guidance and so this would be an area for successor Boards to address.
- A disaster recovery plan was not in place for IT systems.

Although the auditor's report included an explanatory paragraph on the dissolution, this was not a qualification. The report stated that the statements gave a true and fair view and had been properly prepared. It also stated that in all material respects, the expenditure and income had been incurred in accordance with the applicable laws and guidance.

Mr Divers made three points in response to the comments made on the NHS Argyll and Clyde deficit and the development of a recovery plan to address this.

- NHS Argyll and Clyde did not have in place comprehensive clinical strategies which had been approved by the Minister for either acute and non-acute services. Accordingly, there was as yet no approved plan for taking forward service change on which a financial savings plan could be based.
- The cost savings plan prepared by the former NHS Argyll and Clyde had been analysed in some detail by officers from NHS Greater Glasgow and NHS Highland. This examination had confirmed that the plan was not sufficiently developed to deliver more than a fraction of the targeted savings, reflecting the fact that service change plans had yet to be developed.
- Useful discussions had taken place with colleagues in Renfrewshire and Inverclyde Councils which would allow rapid progress to be made in taking forward plans to establish CHPs within these areas.

Sir John referred to the challenge that lay ahead but highlighted the many areas of work that had been achieved so far particularly given that there had been continuity of business and joint working with partners.

- **DECIDED:**

That the final report to NHS Board Members from the Board's External Auditors, Audit Scotland, in respect of the Statutory Audit of Annual Accounts for 2005/06 be noted.

**55. STATEMENT OF ANNUAL ACCOUNTS – 2005/06 – NHS ARGYLL AND CLYDE**

A report of the Director of Finance [Board Paper No 06/30] was submitted enclosing the Statement of Accounts for the year to 31 March 2006.

Mr Griffin 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 the NHS Board Members which confirmed that their audit certificate on the NHS Board’s financial statement for the year ended 31 March 2006 would be unqualified in respect of their true and fair opinion and regularity.

Mr Griffin 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 Griffin 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 thanked all staff for the helpful and productive way they assisted the external auditors in their role.

**DECIDED:**

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| <ul style="list-style-type: none"> <li>• That the Statement of Accounts for the financial year ended 31 March 2006 be adopted and approved for submission to the Scottish Executive Health Department.</li> </ul> | <p><b>Director of Finance</b></p>                      |
| <ul style="list-style-type: none"> <li>• That the Chief Executive be authorised to sign the Directors’ Report.</li> </ul>   | <p><b>Chief Executive</b></p>                          |
| <ul style="list-style-type: none"> <li>• That the Chairman and Director of Finance be authorised to sign the Statement of Health Board Members’ responsibilities in respect of the accounts.</li> </ul>           | <p><b>Chairman/<br/>Director of Finance</b></p>        |
| <ul style="list-style-type: none"> <li>• That the Chief Executive be authorised to sign the Statement on Internal Control in respect of the accounts.</li> </ul>  | <p><b>Chief Executive</b></p>                          |
| <ul style="list-style-type: none"> <li>• That the Chief Executive and Director of Finance be authorised to sign the balance sheet.</li> </ul>   | <p><b>Chief Executive/<br/>Director of Finance</b></p> |

**56. 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 06/31] 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:**

<p>That the sixty-three Medical Practitioners listed on the NHS Board paper be approved for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p><b>Acting Director of Public Health</b></p>
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**57. SITING OF NEW CHILDREN'S HOSPITAL – OUTCOME OF CONSULTATION PROCESS**

A report of the Director of Acute Services, Strategy, Implementation and Planning [Board Paper No 06/32] asked the NHS Board to note the issues raised in the consultation for the new children's hospital and to approve the siting of the new hospital on the Southern General campus.

The Clinical Advisory Group appointed by the Minister and chaired by Professor Calder confirmed that the Southern General Hospital represented the most suitable and only practicable site on which to provide a new children's hospital that achieved triple co-location of adult, children and maternity services.

Ms Byrne reminded the NHS Board of the background to the consultation process and led the NHS Board through the key themes from the consultation. Forty-eight written responses were received and sixty-five delegates had attended the consultation workshop event. The themes emerging from each constituent part of the consultation were similar and Ms Byrne described how the planning team and service providers would address them. She summarised the themes to be as follows:

- Age range and adolescents
- Transport and parking
- Upgrade facilities at Southern Maternity
- Design and facilities in the new children's hospital
- Timescales
- Communications
- Non clinical services
- Emergency services
- Maternity services in West Glasgow

The consultation exercise was just the start of an extensive period of engagement on the new children's hospital and had allowed the NHS Board to gather together views from a wide range of people to inform the process over the next few years. Consultees were concerned, however, about the transport and parking and it was essential that planners worked with other agencies to improve access to the site.

Consultees agreed that raising the age range for the children's hospital to sixteen was desirable and age appropriate services would apply rather than rigid chronological roles. Young people themselves wanted to be involved in designing that environment and there was strong support for improving the transition to adult services.

Treating children with minor injuries locally was supported if it was underpinned by education and awareness raising for the general public and parents and paediatric training for those working in minor injury units.

Consultees valued the opportunity to express their views through the consultation process. They highlighted the need for good publicity and communication around the exercise and recognised that engagement must be done in a variety of ways to reach all groups. They wanted to use existing groups and structures and were clear that children and young people must be given the opportunity to air their views.

In response to a question from Mrs Murray, Mr McGrogan advised that the NHS Board was in touch with a youth organisation, Local Authorities and education establishments regarding the consultation process and how it would align with children's and young people's views. He agreed that it would be important to engage with young people throughout the five-year journey, not only in the building design process but in ongoing service provision.

Councillor White remained concerned about access to services particularly from his Council area. Mr McGrogan confirmed that the NHS Board would work in partnership with transport providers to try to influence transport links to the campus.

Professor Barlow reminded the NHS Board that it was the Calder Group's vision that although delivery services would be provided at the Southern, ante-natal care would be provided more locally. This was welcomed and Ms Byrne confirmed that those involved in the planning processes would learn from good examples currently in existence in respect of ante-natal care in the city.

Mr Divers particularly welcomed the points raised in the consultation that touched on regional and national elements. He reported that work was ongoing to address these aspects.

**DECIDED:**

- That issues raised in the consultation for the new children's hospital which would be addressed through the detailed planning process for the project be noted.
- That the siting of the new children's hospital on the Southern General campus, the transfer of services and the related closure of the Royal Hospital for Sick Children be approved.
- That Ministerial approval for the closure of the site at Yorkhill be sought.

**Director of Acute Services, Strategy, Implementation and Planning  
Director of Acute Services, Strategy, Implementation and Planning**

**58. FINANCIAL PLAN**

A report of the Director of Finance [Board Paper No 06/33] asked the NHS Board to approve the financial plan for 2006/07 for Greater Glasgow and note the indicative figures and analysis provided for the years beyond 2006/07.

Mr Griffin explained that each year the NHS Board was required to submit a five-year financial plan to the Scottish Executive Health Department. This described the NHS Board's financial plan for 2006/07 and provided indicative figures and analysis for the years beyond 2006/07. It had already been considered by the NHS Board's Performance Review Group and would be used to inform the development of a longer term financial plan for NHS Greater Glasgow and Clyde during 2006/07, involving each operational area, its director and management teams in an inclusive process, scheduled to commence in August 2006.

A draft financial plan had also been prepared for the Clyde area of the expanded Greater Glasgow and Clyde NHS Board. This was currently being finalised and would be submitted to the Performance Review Group and NHS Board in due course.

**Director of Finance**

Mr Griffin led the NHS Board through the plan and highlighted the following key points:

- The Board was forecasting the achievement of financial breakeven over a five-year period to 2010/2011.
- The financial plan provided for an estimated net additional cost associated with accelerating the achievement of an eighteen-week waiting time target from the original target date of December 2007 to December 2006. The net additional recurring investment required to achieve this, commencing in 2006/07, after taking account of additional funding contributions anticipated from other NHS Boards and the national waiting times unit, was £4.9M.
- The financial plan provided for the latest forecast of additional funding required to support implementation of the acute services review together with other identified service commitments.
- The financial plan incorporated a Greater Glasgow cost savings plan for 2006/07 and 2007/08.

Mr Griffin summarised the revenue funding plan describing the main funding sources which the NHS Board would deploy to cover its expenditure commitments. He highlighted the extent to which the NHS Board's expenditure commitments were underpinned by non-recurring funding and provided an overview of the forward financial plan showing how new recurring revenue resources might prospectively be allocated.

In response to a question from Councillor Collins, Mr Griffin confirmed that a specific additional provision of £7M had been made for additional expenditure on energy in 2006/07 taking account of recent price movements associated with the supply of gas and electricity. In this regard, Sir John confirmed that increased energy costs had been discussed at the Chairmen's Group meetings with the Minister.

Councillor White raised the point that CHPs forecast their financial plans over a three year period and suggested that if there would be merit in aligning this to a five year period to be in sync with the NHS Board.

**DECIDED:**

- That the financial plan be approved.
- That the indicative figures and analysis provided for the years beyond 2006/07 be noted.

**Director of  
Finance  
Director of  
Finance**

**59. MODERNISING MEDICAL CAREERS – RESPONSE TO THE IMPLEMENTATION OF FOUNDATION TRAINING**

A report of the Medical Director [Board Paper No 06/34] asked the NHS Board to note the update on the next stage of the implementation of Modernising Medical Careers and the identification of the posts to take on roles currently performed by Senior House Officers (SHO).

Dr Cowan referred to the work undertaken by the Monitoring Medical Careers Implementation Group which had been considering the service impact of implementation. Their work initially considered the introduction of the first year of Foundation Training which was introduced in August 2005 and replaced Pre-registration House Officer (PRHO) posts. The introduction had gone smoothly with no impact on service, however, absorbing the additional supervision requirements had taken up Consultant time. Foundation Year 2 (FY2) would commence on 1 August 2006 with all current FY1 doctors entering into a further year of Foundation Training – this year replaced the current first year of SHO training and differed considerably from current SHO training.

Dr Cowan described the effects of FY2 on service delivery where it was expected there would be a direct impact. Furthermore, an initial estimate of the total cost of FY2 purely on the basis of a straight replacement of lost SHO hours by SHOs came to £3M for NHS Greater Glasgow. A more robust estimate of the total, including Clyde, was produced based on stricter criteria and the total full year costs were £2.37M for NHS Greater Glasgow and Clyde – the Director of Finance had made provision for the part year costs in the 2006/07 financial plan.

Dr Cowan advised that the key additional posts had been identified as follows:

- Nurse specialists/optometrists/extended scope practitioners
- SHO posts in:
  - A & E
  - Medicine/surgery/orthopaedics
  - Obstetrics

**DECIDED:**

That the update on the next stage of the implementation of Modernising Medical Careers and identification of posts to take on roles currently performed by Senior House Officers be noted.

**60. CONSULTATION ON NATIONAL TRANSPORT STRATEGY**

A report of the Head of Community Engagement and Transport [Board Paper No 06/35] asked the NHS Board to note that the Scottish Executive Health Department was consulting on the National Transport Strategy and to endorse the significant elements of an NHS Greater Glasgow and Clyde response to this strategy as outlined.

Mr McGrogan described the Scottish Executive consultation which set out key questions about Scotland's transport future which were to be addressed on the development of a National Transport Strategy.

He highlighted concerns which had previously been noted about public transport in Greater Glasgow and outlined critical points for the NHS Board's response which would be developed further through the Corporate Planning Policy and Performance Group.

He acknowledged some particular concerns with public transport in the Greater Glasgow and Clyde area and welcomed the overtures by Strathclyde Partnership for Transport to form a strategic relationship with the NHS Board in order to work collaboratively towards improving transport services for patients, visitors and staff.

Overall, the NHS Board welcomed the development of Scotland's first National Transport Strategy, noted that it would set the strategic context for regional transport strategies and would shape the way public monies were spent over the next seven years on transport initiatives.

**DECIDED:**

- That the Scottish Executive consultation on the National Transport Strategy be noted.
- That the significant elements of an NHS Greater Glasgow and Clyde response to the strategy as outlined be endorsed.
- That the importance of transport to aspects of public and individual health, access to health care and wellbeing, economic prosperity and environmental concerns be acknowledged.

**Head of  
Community  
Engagement and  
Transport**

**61. NHS GREATER GLASGOW AND CLYDE – CHILD PROTECTION FORUM UPDATE**

A report of the Board Nurse Director [Board Paper No 06/36] asked the Board to note the progress made by the NHS Greater Glasgow and Clyde Child Protection Forum since December 2005 and agree to receive a further update in December 2006.

Ms Crocket described the work of the Child Protection Forum which continued to be rooted in the key objectives of the policies that informed child protection work as well as messages from national enquiries and the Government's vision for children. She described the work of the Child Protection Unit, its staff and two Operational Focussed Groups that had been introduced (one covering the Acute Division, the second covering NHS Partnerships).

Ms Crocket described key achievements of the Child Protection Unit and work ongoing to further progress developments including:

- Advice and support to staff
- Management information
- Significant case reviews
- Research and knowledge development
- Staff consultation on children's service/child protection issues
- Child protection committees and work with other Authorities

In response to a question from Ms Murray, Ms Crocket confirmed that CHCP/CHP Directors had responsibility to ensure mechanisms were in place at partnership level to lead on child protection work. It also formed part of their Performance Management Review.

**DECIDED:**

- That progress made by NHS Greater Glasgow and Clyde's Child Protection Forum be noted.
- That a further progress report be submitted to the NHS Board in six months time.

**Nurse Director**

**62. GOVERNANCE ISSUES – COMMITTEES AND CHCPs/CHPs**

A report of the Head of Board Administration [Board Paper No 06/37] asked the NHS Board to approve the revised remits of various Standing Committees and approve the revised membership of each of the CHP and CHCP Committees and the move to hold these Committee meetings in public.

Mr Hamilton summarised the revisions made to the Standing Committees of the NHS Board since December 2005. He explained that in accordance with the partnership agreement for the West Dunbartonshire Council Health Improvement and Social Justice Partnership each Member required a named deputy member. Mrs Rani Dhir represented the NHS Board on this partnership and he asked any Member interested in the position of deputy to make contact with the NHS Board Chairman.

Mr Hamilton led the NHS Board through the membership update of each of the CHCP and CHP Committees. As Subcommittees of the NHS Board, they also operated under the NHS Board’s Standing Orders. As such, these Committees had been considering the issue of moving to hold their meetings in public and he asked the NHS Board to approve CHCP/CHP Committees moving to hold their meetings in public.

**DECIDED:**

- That the revised remits of the Audit Committee, Clinical Governance Committee, Staff Governance Committee, Performance Review Group, Spiritual Care Committee and Involving People Committee be approved.
- That the revised membership of each of the CHP and CHCP Committees be approved.
- That the CHP and CHCP Committees move to hold their meetings in public.

**Head of Board Administration**

**Head of Board Administration**

**Head of Board Administration**

**63. AUTHORISED SIGNATORIES – PROPERTY TRANSACTIONS**

A report of the Head of Board Administration [Board Paper No 06/38] asked the NHS Board to note the Ministerial decision to grant authority to the Chief Executive, Director of Finance, Director of Corporate Planning and Policy, Chief Operating Officer and Director of Acute Service Strategy Implementation and Planning to be authorised signatories to documents relating to the acquisition, management and disposal of land with immediate effect.

**DECIDED:**

That the authority granted to the Chief Executive, Director of Finance, Director of Corporate Planning and Policy, Chief Operating Officer and Director of Acute Service Strategy Implementation and Planning be authorised.

**Head of Board Administration**

**64. WAITING TIMES**

A report of the Chief Operating Officer – Acute Division [Board Paper No 06/39] asked the NHS Board to note the progress made in meeting national waiting time targets.

Mr Calderwood advised that the waiting times report was based on NHS Greater Glasgow and Clyde information up to 31 May 2006. He highlighted the following:

- The number of inpatients and day cases without availability status codes waiting over eighteen weeks reduced by 451 (31%) between April and May 2006.
- The number of inpatients and day cases waiting with availability status codes decreased by 316 (3%) between April and May 2006.
- The number of outpatients waiting over 18 weeks reduced by 728 (23%) between April and May 2006.

Mr Calderwood confirmed that the NHS Board had submitted its plans for delivery of all of the other new waiting time targets via its Local Delivery Plan to the Scottish Executive Health Department. Highlighted in that submission were the plans for some of the targets to be presented on an interim basis and currently subject to review. Separate plans have been submitted for NHS Greater Glasgow and NHS Argyll and Clyde as previously constituted as requested by the Scottish Executive Health Department. A unified NHS Greater Glasgow and Clyde Local Delivery Plan would be produced and operational from 2007/08.

**NOTED**

**65. QUARTERLY REPORT ON COMPLAINTS : JANUARY – MARCH 2006**

A report of the Head of Board Administration, Chief Operating Officer, Acute and Lead Director, CHCP (Glasgow) [Board Paper No 06/40] was submitted setting out the quarterly report on complaints handling within NHS Greater Glasgow for the period January to March 2006.

Mr Hamilton advised that this would be the last report on the old organisational structure and the format of the next report would be statistical information reporting on the Acute Service Division, Mental Health Partnership, CHCPs (six) and CHPs (four). At the same time, a new format report would also be introduced for the Clinical Governance Committee focussing on action taken as a result of complaints and organisational learning.

**NOTED**

**66. STAFF GOVERNANCE COMMITTEE MINUTES: 17 AUGUST 2005 AND 6 MARCH 2006**

The Minutes of the Staff Governance Committee meeting held on 17 August 2005 [SGC(M)05/3] and 6 March 2006 [SGC(M)06/1] were noted.

**NOTED**

**67. AREA CLINICAL FORUM MINUTES: 27 APRIL 2006**

The Minutes of the Area Clinical Forum meeting held on 27 April 2006 [ACF(M)06/3] were noted.

**NOTED**

**68. AUDIT COMMITTEE MINUTES: 8 MAY 2006**

The Minutes of the Audit Committee meeting held on 8 May 2006 [A(M)06/3] were noted.

**NOTED**

**69. CLINICAL GOVERNANCE COMMITTEE MINUTES : 5 MAY 2006**

The Minutes of the Clinical Governance Committee meeting held on 5 May 2006 [HCGC(M)06/2] were noted.

**NOTED**

**70. PHARMACY PRACTICES COMMITTEE MINUTES: 5 APRIL 2006**

The Minutes of the Pharmacy Practices Committee meeting held on 5 April 2006 [Paper No. 06/41] were noted.

**NOTED**

**71. WEST GLASGOW COMMUNITY HEALTH CARE PARTNERSHIP COMMITTEE MINUTES : 6 APRIL 2006**

The Minutes of the West Glasgow Community Health Care Partnership Committee meeting held on 6 April 2006 [GCHCPC(West)(M)06/02] were noted.

**NOTED**

**72. CHP SOUTH LANARKSHIRE – OPERATING MANAGEMENT (PERFORMANCE MANAGEMENT) COMMITTEE MINUTES : 22 MAY 2006**

The Minutes of the CHP South Lanarkshire – Operating Management (Performance Management) Committee meeting held on 22 May 2006 [Board Paper No 06/42] were noted.

**NOTED**

**73. EAST RENFREWSHIRE CHCP COMMITTEE MINUTES : 19 APRIL 2006**

The Minutes of the East Renfrewshire CHCP Committee meeting held on 19 April 2006 [Board Paper No 06/43] were noted.

**NOTED**

**74. PERFORMANCE REVIEW GROUP MINUTES : 16 MAY 2006**

The Minutes of the Performance Review Group meetings held on 16 May 2006 [PRG(M)06/03] were noted.

In respect of Minute No 26 (a), it was agreed that the NHS Board delegate full authority to the Performance Review Group to act on the NHS Board's behalf on approving the necessary steps to complete for contractual sign-off for the new Stobhill and Victoria Hospitals.

**Chief Executive**

**NOTED**

**75. EXCLUSION OF PUBLIC AND PRESS**

On the motion of Mrs Smith and seconded by Mr Cleland the Board agreed to exclude the public and press during consideration of the item listed in Part II of the agenda in view of the confidential nature of the business to be transacted.

**76. FHS DISCIPLINARY REFERRAL – REPORT FROM LANARKSHIRE DENTAL DISCIPLINE COMMITTEE**

A report of the Head of Primary Care Support [Board Paper No 06/44] asked the NHS Board to give consideration to the recommendations of the Lanarkshire Dental Discipline Committee in respect of these referrals and the further information as presented at Appendices A, B, C, D and E.

Mr N Zappia explained the background to these two disciplinary referrals and their outcomes. He summarised the discipline procedures and the findings of the Discipline Committee.

**DECIDED:**

- That the recommendations of the Lanarkshire Dental Discipline Committee in respect of the two referrals be accepted.
- That the FHS disciplinary procedures form a topic of discussion at a future NHS Board Seminar.

**Head of Primary  
Care Support**

**Head of Primary  
Care Support**

The meeting ended at 1.45 pm