

NHSGG&C(M)06/6
Minutes: 124 - 152

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, 19 December 2006 at 9.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Professor D Barlow	Dr R Groden
Dr L de Caestecker	Mrs S Kuenssberg CBE
Councillor J Coleman	Ms G Leslie
Councillor D Collins	Mr G McLaughlin
Dr B Cowan (to Minute No 151)	Mrs J Murray
Ms R Crocket (to Minute No 143)	Mrs R K Nijjar (to Minute No 140)
Ms R Dhir MBE	Mr A O Robertson OBE
Mr T A Divers OBE	Mr D Sime
Councillor R Duncan	Mrs E Smith
Councillor T Fyfe	Councillor T Williams (to Minute No 140)
Mr D Griffin	Mr B Williamson

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

Dr S Ahmed	..	Consultant in Public Health Medicine (for Minute No 136)
Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning (to Minute No 151)
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division (to Minute No 151)
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Ms S Laughlin	..	Head of Inequalities and Health Improvement (for Minute No 132)
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy (to Minute No 151)
Dr A Scouler	..	Specialist Registrar in Public Health Medicine (for Minute No 136)
Ms M Valente	..	Head of Child Protection Unit (for Minute No 139)
Mr N Zappia	..	Head of Primary Care Support (for Minute No 152)

ACTION BY

124. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Mr G Carson, Mr R Cleland, Mr P Hamilton, Councillor J Handibode, Dr M Kapasi MBE, Ms A Paul and Mrs A Stewart MBE.

125. CHAIRMAN'S REPORT

(i) Sir John reported the following new appointments relating to the NHS Board:

- Grant Carson as a new Non-Executive Member
- Linda de Caestecker as Director of Public Health
- David Walker as Director of Inverclyde CHP

He extended his congratulations to all three and wished them well in their new posts.

(ii) Sir John reported that NHS Board Chairs had met with the Minister for Health and Community Care on Monday 18 December 2006. They had discussed ongoing progress at CH(C)Ps and referring to all the CH(C)P Minutes later on in the agenda, Sir John confirmed that he would discuss with Mr Divers how best the NHS Board could address and deal with CH(C)P business and how this could be linked to the Local Delivery Plan at NHS Board level.

NOTED**126. CHIEF EXECUTIVE'S UPDATE**

(i) Sir John, Mr Divers and other senior NHS Board officers had attended a Joint Budget Setting meeting with counterparts at Glasgow City Council on 27 October 2006. The intention was that this Group would bring together budget setting arrangements for the 5 Glasgow City CHCPs for 2007/08. The Group had agreed some broad principles at this meeting one of which was that neither party would act in a way that resulted in a cost pressure to the other. Mr Divers confirmed that this was an encouraging start to the future of budget setting for the CHCPs and looked forward to working in partnership with Glasgow City Council in the future.

(ii) Mr Divers reported that within NHS Greater Glasgow and Clyde, two HMIE inspection visits had taken place. One looked at the provision of services to asylum seekers and the other concerned the child protection arrangements in West Dunbartonshire. Feedback on both was awaited.

(iii) Mr Divers referred to the Financial Recovery Plan for Clyde set up to ensure a sustainable financial future across the NHS Board's expanded area. The plan itself had been discussed with the Area Partnership Forum and a process agreed that included proceeding with 30 projects. The outcome of the 30 projects would be reported to the Performance Review Group. Over and above this, Mr Divers confirmed that Robert Calderwood and Ian Reid had met with staff across Clyde to brief them on the Financial Recovery Plan and the aims and objectives of the projects in reaching overall financial break-even.

NOTED

127. MINUTES

On the motion of Mrs E Smith, seconded by Mr G McLaughlin, the Minutes of the meeting of the NHS Board held on Tuesday, 24 October 2006 [GGCNHSB(M)06/5] were approved as an accurate record and signed by the Chairman.

128. MATTERS ARISING FROM THE MINUTES

The rolling action list was circulated and noted.

NOTED**129. CLINICAL STRATEGY – SOUTH CLYDE ACUTE SERVICES**

A report of the Director of Acute Services Strategy, Implementation and Planning [Board Paper No 06/71] asked the NHS Board to note the consultation document relating to the delivery of acute hospital services at Inverclyde Royal Hospital (IRH) and the Royal Alexandra Hospital (RAH) and note that this consultation period would run from 8 December 2006 to 2 February 2007.

Ms Byrne referred to the full consultation document which outlined the future strategy for acute services at both hospitals and the summary consultation leaflet which would be distributed widely in the hospital catchment areas.

The consultation proposed a very different approach from the previous strategy developed in 2004 by the former NHS Argyll and Clyde Board. In this strategy, the NHS Board outlined that Accident and Emergency and core inpatient services such as emergency medical services, emergency surgical services and emergency trauma and orthopaedic services would be sustained at both Inverclyde Royal Hospital and the Royal Alexandra Hospital.

Ms Byrne summarised key messages contained in the consultation document which included:

- Accident and Emergency Services would be retained on both sites.
- Core emergency medicine, surgery and trauma and orthopaedic services would be retained on both sites.
- There would be some changes to sub-specialties on both sites.
- The NHS Board projected that less than 500 inpatients from IRH and less than 900 inpatients from the RAH would be affected by the proposed changes – this equated to less than 2% of total inpatient admissions.

Ms Byrne highlighted the areas on which the NHS Board was not in a position to consult at the moment – these included:

- Acute services for the population North of the Clyde
- Maternity services
- Mental health services
- Clinical and non-clinical support services

She explained that the eight-week consultation period had been agreed with local people and patient representatives and also with the Scottish Health Council. It was anticipated that the formal strategy document and outcome of the consultation would be discussed at the February 2007 NHS Board meeting before being sent to the Minister for Health and Community Care for a decision.

Over and above initial engagement events that had been held in Renfrew and Greenock, Ms Byrne confirmed that focus groups would be established for the specialties involved in the consultation and these would include users of the services.

Mrs Nijjar commended both the consultation document and the summary leaflet which were clear, concise and well laid out. Councillor Fyfe echoed these comments and hoped the consultation would receive a favourable response particularly as the proposals appeared to be supported by clinical staff as well as patients.

Councillor Williams referred to recruitment and retention of staff in this area and hoped that the uncertainty that had existed for many years would come to an end at the conclusion of this consultation and create a new climate for staff to work within.

Mr Divers re-iterated that the work in reviewing the strategy for acute services had been part of a broader programme of review which had been taken forward over the past eight months. That work had involved the development of other major service strategies and the crucial task of addressing and resolving the revenue deficit of £30.5M which the NHS Board had inherited. Achieving a return to financial balance in three years would both cement the NHS Board's proposals for sustaining and improving clinical services and create a platform of financial stability from which the NHS Board could look forward to investing in future service enhancement in the years ahead. Working towards financial balance would also assist in the negotiations with the Scottish Executive Health Department in the future and deal with areas of disparity.

DECIDED:

- That the consultation document relating to the delivery of acute hospital services at Inverclyde Royal Hospital and the Royal Alexandra Hospital be noted.
- That the consultation period would run from 8 December 2006 to 2 February 2007 be noted.

130. ANNUAL REVIEW : PROGRESS AGAINST 2006/07 ACTION LIST

A report of the Chief Executive [Board Paper No 06/72] asked the NHS Board to note the current progress on the Ministerial actions arising from the Annual Review and receive an updated progress report in May 2007.

Mr Divers explained that in his letter to the NHS Board Chairman following the Annual Review, the Minister had listed thirteen actions arising from the Annual Review. The actions ranged from developing the Area Partnership Forum to devising effective interventions on alcohol misuse, to shifting the balance of care and confirming the role of CH(C)Ps in reducing emergency hospital re-admissions.

Two actions in relation to the IT Strategy and the Inverclyde CHP Scheme of Establishment had already been reported to the Executive. Further reports were imminent. Mr Divers summarised current progress against all of the actions. He noted that for most, if not all, of these actions monitoring and reporting mechanisms already existed with the Executive. In some cases, the timescales for reporting to the Executive was slightly out of phase with the NHS Board's own planning but in these instances, interim reports would be provided.

In keeping with previous practice, it was expected that this would again be a substantial item for the NHS Board's next Annual Review and Mr Divers intended that a further update on progress would be made at the May 2007 NHS Board meeting.

DECIDED:

- That current progress on the Ministerial actions arising from the Annual Review be noted.
- That an updated progress report in May 2007 be received.

Chief Executive

131. REPORTING ON EQUALITY LEGISLATION – EQUALITY SCHEME 2006/09

A report of the Head of Inequalities and Health Improvement [Board Paper No 06/73] asked the NHS Board to endorse the equality scheme, approve the associated strategic action plan and accept the timetable for implementation.

Ms Laughlin explained that the purpose of the paper was to describe the context, content and implementation of the first Equality Scheme produced for NHS Greater Glasgow and Clyde and to seek its endorsement by the NHS Board. The scheme and strategic action plan had been produced in order to harmonise the requirements of the three pieces of legislation (Race Relations Amendment Act, Disability Equality Duty and Gender Equality Duty) and reflect the interaction between different forms of inequality and discrimination in people's lives. The decision to produce one scheme was also pragmatic since it was more manageable for the organisation to work within one coherent and clear framework. The scheme and action plan had been produced for December 2006 to coincide with the requirement of the disability duty and would apply for three years.

She explained that a critical purpose of the re-organisation of NHS Greater Glasgow and Clyde was to create an organisation that was better able to address the issues of inequality and discrimination. The scheme would serve as an important means by which institutional change would be effected. Its content had been designed to reflect the strategic purpose of the NHS Board's organisation and complemented both internal and external drivers for change. Three key drivers were the NHS Greater Glasgow and Clyde's 2007/2010 planning and priorities guidance, the Scottish Executive Health Department's "Fair for All" policy that sought to promote equality by dint of gender, race, disability, sexual orientation, age and faith and the Scottish Executive's plans to address sectarianism. Ms Laughlin led the NHS Board through the requirements of the legislation and described the vision for the equality scheme and key areas covered by the strategic and local action plans.

Ms Laughlin explained that an ongoing process of consultation with the population of Greater Glasgow and Clyde, to be mediated through the generalised patient focus and public involvement programme and the development of public participation fora, would need to account for the ways in which the needs of different population groups are taken into account. It would be important to ensure that the accumulatory evidence accrued from the work of these programmes and structures was incorporated into policy and planning.

In terms of facilitating the development and implementation of action plans, Ms Laughlin described how the re-organisation of NHS Greater Glasgow (and the establishment of NHS Greater Glasgow and Clyde) had established an architecture designed to support the constituent parts of the organisation to meet its overall aspirations. The role of the Corporate Inequalities Team was to facilitate and support the development of an inequalities sensitive approach within the key functions of the organisation by formulating policy, in forming planning processes, developing performance management frameworks and bringing forward effective methodologies for changing practice.

In summing up, Ms Laughlin explained that the equality scheme and strategic action plan were vital components in the delivery of the NHS Board's transformational themes and, therefore, in the delivery of improved health. The NHS Board was, therefore, asked to confirm that the equality schemes were appropriate to meet the scale of the organisational challenge to mainstream an inequalities perspective into its core business, to approve the strategic action plan as the means of delivery and to accept the timetable for production of Local Action Plans and reports on progress.

Mr Divers emphasised that the action plan reached across the whole organisation and, as such, it would be important to ensure that each part was aware of its individual contribution. Dr de Caestecker acknowledged this point and explained that she would also discuss this work with counterparts at Glasgow City Council to make sure it coincided with what happened at Council level to ensure a consistent approach.

Director of Public Health

Mrs Nijjar referred to Objective 4.2 relating to improving the collection and analysis of data in relation to ethnicity, disability, gender and sexual orientation. She would have expected to see faith included in this data collection. Ms Renfrew explained that, at the moment, the scheme focussed on three elements of the legislation but agreed that the strategic action plan should include references to the "Fair for All" obligations to ensure that links could be easily identified.

Councillor Collins pointed out that there would be a need to incorporate this work at a local level and within CH(C)Ps. Ms Renfrew agreed and noted that CH(C)Ps were a critical delivery arm to this work and the Corporate Inequalities Team was focussed on working with CH(C)Ps to ensure this was delivered locally.

Sir John commended the work undertaken so far to pull this together and highlighted the link to the wider range of equality issues. He recognised that there were various interfaces to deal with particularly in relation to work with clinicians in delivering diagnostic programmes.

DECIDED:

- That the Equality Scheme 2006/2009 be endorsed.
- That the associated action plan be approved.
- That the timetable for implementation be accepted.

**Head of Inequalities & Health Improvement
Head of Inequalities & Health Improvement
Head of Inequalities & Health Improvement**

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

A report of the Director of Public Health [Board Paper No 06/74] asked that the NHS Board 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 five Medical Practitioners listed on the NHS Board Paper for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 be approved.
- That retrospective approval be granted to two doctors previously approved by Members in order to meet the contingencies of the service.
- That the two Locum Consultants, included on the list of approved Medical Practitioners with effect from 11 December 2006, be endorsed.

Director of Public Health**Director of Public Health****Director of Public Health****133. INVERCLYDE COMMUNITY HEALTH PARTNERSHIP – STANDING ORDERS AND MEMBERSHIP FOR APPROVAL**

A report of the Head of Board Administration [Board Paper No 06/75] asked the NHS Board to approve a template for the Standing Orders and Non-Executive Director membership of the Inverclyde Community Health Partnership Committee.

Mr Hamilton reminded the NHS Board that it had considered and approved, at its October 2006 meeting, the Scheme of Establishment for Inverclyde Community Health Partnership. He reported that discussions would take place shortly with the CHP on the Standing Orders template and membership of the Committee. At this stage, to allow the Committee to be set up, the NHS Board was asked to approve the Standing Orders template and Non-Executive Director membership of the Inverclyde CHP Committee (Mrs E Smith (Chair) and Dr M Kapasi and the Council's representative (to be Inverclyde's nominated Councillor on the NHS Board - Councillor T Fyfe).

Councillor Fyfe welcomed Ms Elinor Smith as Chair of the CHP but stressed that the Council was unhappy that its role appeared to be minimised in terms of Committee membership. He sought clarity around the CHP membership and its Chair. Mr Divers referred to the existing priority which was to get the Committee set up. Thereafter, future integration could take place as soon as circumstances permitted. He reported that Inverclyde CHP was the last one in NHS Scotland to get underway and hoped to migrate quickly to the Committee arrangements with the Council's co-operation.

Mrs Smith was delighted to be appointed and reassured Councillor Fyfe that partnership working would be pivotal to the success of the CHP. She looked forward to working with Councillor Fyfe, his colleagues and the local voluntary sector.

DECIDED:

That the template for the Standing Orders and Non-Executive Director membership of the Inverclyde Community Health Partnership Committee be approved.

Head of Board Administration**134. FINANCE REPORT TO 30 SEPTEMBER 2006**

A report of the Director of Finance [Board Paper No 06/76] asked the NHS Board to note the Finance Monitoring Report for the six-month period to 30 September 2006.

Mr Griffin explained that the report had been developed to mirror the new organisational structure and was designed to provide an overview of financial outturn across all of the NHS Board's main operating divisions and directorates.

Mr Griffin explained that the overview of Clyde financial outturn was a supplementary report which had been prepared by extracting the “Clyde” elements from each of the different divisional and directorate reports to form a consolidated picture of outturn for this geographical area of the NHS Board’s activity. This would continue to be provided for an initial period of three years and would assist with tracking progress in resolving the recurrent financial gap of around £30M which currently existed between funding and expenditure within the Clyde area of the Board’s operations.

The summary of CHCP/CHP expenditure would be further adapted during the year to incorporate a “memo” report of CH(C)P expenditure for those services managed by CH(C)Ps which sat with Local Authority service budgets. This would enable a picture of CH(C)P expenditure outturn across all directly managed services, both NHS and Local Authorities, to be provided.

Mr Griffin confirmed that the Scottish Executive Health Department, who were keen to receive the NHS Board’s capital funding requirement for the remainder of 2006/07 to inform their own capital planning process across NHS Scotland, had met with the NHS Board and an agreement had been reached.

In response to a question from Mr McLaughlin, Mr Divers referred back to his opening remarks and confirmed that the Budget Working Group that had been set up with counterparts at Glasgow City Council had agreed that money provided by the Scottish Executive Health Department for a specific purpose, would be used for that purpose only. The new Group would work together within the parameters of each other’s financial positions.

Councillor Collins commended this integrated model as did Mr McLaughlin who recognised the huge amount of work and planning to get figures aligned to the new organisational structure. He paid tribute to the management team who had provided the NHS Board with a consistent level of financial reporting across the whole NHS Board.

NOTED

135. NHS GREATER GLASGOW CERVICAL SCREENING PROGRAMME ANNUAL REPORT : APRIL 2005 TO MARCH 2006

A report of the Director of Public Health [Board Paper No 06/77] asked the NHS Board to note the annual report of the NHS Greater Glasgow Cervical Screening Programme for the period April 2005 to March 2006.

Dr de Caestecker led the NHS Board through the key points from the report and explained that the programme invited all women aged between 20 and 60 years to attend for screening on a three yearly basis.

During the financial year, 66,975 (out of 257,368) women between 20 and 60 years old resident in NHS Greater Glasgow were screened. This represented 26% of the eligible population. 3.3% of NHS Greater Glasgow women aged 20 to 60 years screened had a dyskaryotic smear and women aged 30 to 39 years had the highest percentage of abnormal smears.

The overall NHS Greater Glasgow 5.5 year screening uptake (eligible women 20 to 60 years old who had a smear test within this period) was 81.7%. The uptake varied by deprivation category, falling from 86.2% in deprivation category 1 to 73.8 in deprivation categories 6 and 7 (the most deprived areas).

73% of NHS Greater Glasgow General Practices had a 5.5 year screening uptake of at least 80% and uptake across CHCP/CHPs varied from 90.6% to 76.1%. The most up to date information on cancer registration showed that there were 50 new invasive cervical cancers in Greater Glasgow residents during 2003. In 2005, there were 21 deaths from cervical cancer in NHS Greater Glasgow.

In terms of new innovations, Dr de Caestecker referred to the National call/recall system that was being developed. Over and above that, she referred to a vaccine being developed which was anticipated to be introduced in the future.

In response to a question from Ms Murray, Dr de Caestecker confirmed that the report on uptake rates could be circulated to CH(C)P Committees which would be useful for them to look at in detail.

Dr Groden welcomed the vaccine and awaited guidance on its issue. He also noted the new exception reporting that would take place and hopefully identify why some women did not attend for smears.

Dr de Caestecker confirmed that the 2006/07 Annual Report would include Clyde.

NOTED

136. AIDS (CONTROL) ACT REPORT 2005/06

A report of the Director of Public Health [Board Paper No 06/78] asked the NHS Board to approve the 2005/06 report to be submitted to the Scottish Executive Health Department and published by the NHS Board and widely distributed in accordance with the 1987 Act.

Dr de Caestecker introduced Dr Anne Scouler, Specialist Registrar in Public Health Medicine, to present the report.

Dr Scouler reported that, during the year, there were 116 newly diagnosed cases of HIV infection among Greater Glasgow residents. Of these, 56 probably resulted from sexual intercourse between men, 44 from sexual intercourse between men and women, 3 from mother to child transmission, 7 from other or uncertain routes, 5 from drug injecting and 1 from blood/tissue transfer. The latter case did not occur in the UK.

The largest group of new cases was amongst men who had sex with men – 48% of the total new cases reported and overtaking heterosexual transmission for the first time in two years. This re-enforced that men who had sex with men were still the population group most at risk of contracting HIV. In contrast to heterosexual transmission, where the infection was mostly contracted in countries with a high prevalence, most locally acquired infections were predominately among men who had sex with men.

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 UK and, therefore, their mothers did not have the opportunity to participate in the screening programme.

In this reporting period, 8 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 specialist services, had themselves been positive for HIV.

There were 23 new cases of AIDS reported during the year and clinicians reported no change in the percentage of AIDS related events compared with 2004/05. Among all the known cases of AIDS, there were three deaths during the reporting period which was an increase on the previous year when there was only 1. This compared, however, with a peak of 42 death in 1992/93 prior to the wide spread availability of the drug treatment known as Highly Active Anti-retroviral Therapy (HAART).

Specialist services for people with HIV infection in Greater Glasgow were provided at the purpose built Infectious Diseases Unit at Gartnavel Hospital. During the year, 762 patients were followed up (a rise of 18%) of whom around 80% were from Greater Glasgow. 133 patients attended for the first time in the reporting year and, of these, 97 were new diagnosis, 30 had been diagnosed and transferred from other areas and 6 were diagnosed but had not attended for treatment and care. This rise in the cohort numbers had led to a corresponding rise in the number of overall outpatient attendances – an increase of 24% on the previous year.

The cost of HIV related treatment was over £3M in the reporting year. 68% of the 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 Scouler referred to the main targeted preventative measures that continued to focus on reducing transmission between men who had sex with men and drug injectors. NHS Greater Glasgow commissioned PHACE Scotland to undertake the majority of the service provision for gay and bi-sexual men. In addition, the strategic framework to improve sexual health of gay and bi-sexual men was implemented and the “Equal” mass media marketing campaign focussing on HIV also continued. The number of operational pharmacies participating in the needle exchange scheme increased from 22 to 27 in the reporting period.

Prevention of transmission through heterosexual sex was addressed through the ongoing improvement in generic sexual health and family planning services in Glasgow. Free condoms, lubricant and dams were provided to all residents of Greater Glasgow once they had registered for a C-Card. In addition, there was ongoing work in development with African and BME communities to identify their information and service needs around HIV.

DECIDED:

That the AIDS (Control) Act Report 2005/06 be approved and submitted to the Scottish Executive, published by the NHS Board and widely distributed in accordance with the 1987 Act.

Director of Public Health

137. WAITING TIMES

A report of the Chief Operating Officer – Acute Services [Board Paper No 06/79] 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 October 2006. He led the NHS Board through the national targets for 2006 and 2007 and confirmed that the NHS Board had submitted its plans for delivery of these targets via the Local Delivery Plan to the Scottish Executive Health Department.

He confirmed that weekly reports were submitted to the Delivery Unit at the Scottish Executive and, over and above that, he received daily reports within the Acute Division.

NOTED

138. QUARTERLY REPORT ON COMPLAINTS : 1 JULY – 30 SEPTEMBER 2006

A report of the Head of Board Administration, Chief Operating Officer (Acute) and Lead Director, CHCP (Glasgow) [Board Paper No 06/80] asked the NHS Board to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 July to 30 September 2006.

Mr Hamilton led the NHS Board through the report and highlighted the following points:

- Following Councillor Williams request for the inclusion of activity levels to provide an insight into how many complaints were being received in terms of through-put, an analysis had been undertaken and the ratio was 1 complaint to 2,000 patient attendances.
- The new Independent Advice Support Service had now been introduced with 14 Citizen's Advice Bureaux across NHS Greater Glasgow and Clyde gearing themselves up to promoting the full range of advice and support. The new service would be publicised more proactively in the New Year as the staff of the Bureaux completed their induction and training sessions.

Mr McLaughlin referred to the ten Ombudsman reports that had been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases. Out of these, six had been partially upheld or fully upheld. Mr McLaughlin wondered what could be learned from these upheld aspects of complaints. Mr Hamilton reported that the Clinical Governance Committee received a report and scrutinised the Ombudsman's decisions and recommendations. Dr Barlow confirmed that the Committee had a structure in place to ensure lessons were learned organisationally and to avoid a recurrence of these complaints. Mr Divers suggested that an analysis be carried out after say one year of the impact of implementing the recommendations made by the Ombudsman.

**Head of Board
Administration**

NOTED

139. NHS GREATER GLASGOW AND CLYDE CHILD PROTECTION UPDATE AND PRESENTATION ON CHILD PROTECTION UNIT

A report of the Nurse Director [Board Paper No 06/81] asked the NHS Board to note progress made by NHS Greater Glasgow and Clyde Child Protection Forum since June 2006 and agree to receive a further update in June 2007.

Ms Crocket introduced Ms Valente to present how the establishment of systems and processes across NHS Greater Glasgow and Clyde improved child protection arrangements.

Ms Valente explained that the Child Protection Forum had been in existence for just over two years and continued to move forward with a work programme that embraced the National Reform Agenda. She explained that the work of the NHS Greater Glasgow and Clyde Forum continued to be rooted in the objectives of key policies, messages from national enquiries and the Government's vision for children.

Ms Valente explained the background to the establishment of the Child Protection Forum which now met three times a year and was chaired by the Director of Women's and Children's Services. Although the Forum was concentrating on strategic issues, two operationally focused groups had been set up, one covering the Acute Division and the other NHS Partnerships. Ms Valente was a member of both of these operational groups and the Child Protection Unit provided business support to them.

Ms Valente outlined the Child Protection Unit's key achievements within the last six months and explained that management responsibility for the three Clyde Child Protection Nurse Specialists had transferred to the Child Protection Unit and they were progressively integrating into all aspects of the Unit's work.

An annual conference was planned for March 2007 and would focus on forensic medicals, addictions, safe recruitment, asylum seekers and sex offenders. Child protection training for staff continued to increase in volume and routine management information reports were provided for the NHS Greater Glasgow and Clyde Child Protection Forum and Operational Groups. She highlighted the new training material that had been introduced and noted that the trainers had also delivered multi-agency integrated assessment training alongside Social Work. The Unit trainers piloted Child Protection Conferences and Court Skills as a full day amalgamated training and this had been positively evaluated.

A three year programme of inspections was introduced following the publication of the national audit of child protection. Two pilot inspections in Highland and East Dunbartonshire were conducted and reports published in 2005. The aim was for every authority area to be inspected by 2008 and Ms Valente noted the programme of inspections for 2007/08. West Dunbartonshire was currently in the process of being inspected. In December 2006, a specific pre-inspection group was set up to prepare for this and the group continued to meet regularly and progress health improvement.

The Child Protection Unit continued to provide support to staff via the 24 hour medical advice line and the nurse adviser advice line which operated during day time hours.

Councillor Collins welcomed the work of the Unit as it gathered together areas of good practice and was ensuring consistency across the NHS Board's area. He emphasised that not all of the principles were, however, new and many had been applied within Local Authorities for many years. Ms Crocket recognised this and hoped that the Unit would complement Local Authority work and widen its scope. It was important to recognise the Child Protection Unit as not a stand-alone unit for health but an inter-agency unit to ensure more joined up working.

Mrs Kuenssberg commended the ongoing training provided by the Unit particularly in establishing new networks. She referred to the inspections undertaken within Local Authorities and wondered how the "health" elements could be inspected. Ms Renfrew explained that the development of an integrated assessment framework would look at performance monitoring in this respect and one of the outcomes would be to demonstrate that fewer children were at risk. Mr Divers also referred to the NHS QIS inspections. He hoped to discuss with the Inspection Agencies areas of overlap that may be reduced and attempt to bring these various review bodies together.

Mr McLaughlin referred to the integrated assessment framework and hoped this would be a good platform for the non-integrated CHPs to build towards particularly as it may soon be legislation.

DECIDED:

- That the progress made by NHS Greater Glasgow and Clyde Child Protection Forum be noted.
- That a further update be received in June 2007.

Nurse Director

140. CLINICAL GOVERNANCE COMMITTEE – MINUTES : 1 NOVEMBER 2006 AND 4 SEPTEMBER 2006

The Minutes of the Clinical Governance Committee meetings held on 1 November 2006 [CGC(M)06/5] and 4 September 2006 [HCGC(M)06/4] were noted.

NOTED**141. AREA CLINICAL FORUM – MINUTES – 19 OCTOBER 2006**

The Minutes of the Area Clinical Forum meeting held on 19 October 2006 [ACF(M)06/6] were noted.

NOTED**142. PERFORMANCE REVIEW GROUP – MINUTES : 21 NOVEMBER 2006**

The Minutes of the Performance Review Group meeting held on 21 November 2006 [PRG(M)06/06] were noted.

NOTED**143. STAFF GOVERNANCE COMMITTEE – MINUTES : 24 OCTOBER 2006**

The Minutes of the Staff Governance Committee meeting held on 24 October 2006 [SGC(M)06/3] were noted.

NOTED**144. PHARMACY PRACTICES COMMITTEE – MINUTES : 17 NOVEMBER 2006 AND 22 NOVEMBER 2006**

The Minutes of the Pharmacy Practices Committee meetings held on 17 November 2006 and 22 November 2006 [Board Paper No 06/82] were noted.

NOTED**145. SOUTH EAST GLASGOW COMMUNITY HEALTH CARE PARTNERSHIP – MINUTES : 20 SEPTEMBER 2006**

The Minutes of the South East Glasgow Community Health and Care Partnership meeting held on 20 September 2006 [Board Paper No 06/83] were noted.

NOTED

146. SOUTH WEST GLASGOW COMMUNITY HEALTH CARE PARTNERSHIP COMMITTEE – MINUTES : 7 SEPTEMBER 2006 AND 24 OCTOBER 2006

The Minutes of the South West Glasgow Community Health and Care Partnership meetings held on 7 September and 24 October 2006 [Board Paper No 06/84] were noted.

NOTED

147. SOUTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIP OPERATING MANAGEMENT (PERFORMANCE MANAGEMENT) COMMITTEE – MINUTES : 4 SEPTEMBER 2006

The Minutes of the South Lanarkshire Community Health Partnership Operating Management (Performance Management) Committee meeting held on 4 September 2006 [Board Paper No 06/85] were noted.

NOTED

148. WEST GLASGOW COMMUNITY HEALTH CARE PARTNERSHIP COMMITTEE – MINUTES : 24 AUGUST 2006 AND 31 OCTOBER 2006

The Minutes of the West Glasgow Community Health Care Partnership meetings held on 24 August and 31 October 2006 [GCHCPC(WEST)(M)06/04 and GCHCPC(WEST)(M)06/05] were noted.

NOTED

149. RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP – MINUTES : 6 OCTOBER 2006

The Minutes of the Renfrewshire Community Health Partnership meeting held on 6 October 2006 [RCHP(M)06/2] were noted.

NOTED

150. NORTH GLASGOW COMMUNITY HEALTH CARE PARTNERSHIP – MINUTES : 9 OCTOBER 2006

The Minutes of the North Glasgow Community Health Care Partnership meeting held on 9 October 2006 [Board Paper No 06/86] were noted.

NOTED

151. EXCLUSION OF PUBLIC AND PRESS

A motion was approved to exclude the public and press during consideration of the following item of the agenda in view of the confidential nature of the business to be transacted.

152. FHS DISCIPLINARY REFERRAL – REPORT FROM LANARKSHIRE DENTAL DISCIPLINE COMMITTEE

A report of the Lanarkshire Dental Discipline Committee [Board Paper No 06/87] asked the NHS Board to consider the recommendations of the Lanarkshire Dental Discipline Committee in respect of this referral and the further information as presented.

Mr Zappia explained that the report was the outcome of a disciplinary referral made on behalf of NHS Greater Glasgow and Clyde by the Primary Care Division's Reference Committee on 21 February 2006 against a General Dental Practitioner on the NHS Board's Dental List.

DECIDED:

That the recommendations of the Lanarkshire Dental Discipline Committee in respect of this referral be accepted.

The meeting ended at 12.40 pm