



4) **2005 / 06 Income and Expenditure Proposals**

Mr Gallagher spoke to his paper which set out the proposed income and expenditure budget for 2005 / 06. The paper was the result of internal interaction with management team members and budget holders to obtain clarity on the main pressures, savings and funding issues flowing from the Glasgow-wide financial position. Mr Gallagher outlined the assumptions used to build up the budget including the allocation of income from other Boards in line with prior practice and assuming an equal rate of inflation uplift across all Boards.

The current Glasgow-wide financial plan indicated a financial challenge of £10.4 million in 2005 / 06 with a clear indication of addressing this during the year by developing further proposals to contain recurring costs within available funds. The corporate recovery plan already incorporated schemes arising from specific and separate working groups and sums had already been removed from South Glasgow budgets for catering at £234,000 and for Agency and Nurse Bank staffing at £300,000. Mr Gallagher also outlined the pressures facing the Division, in particular issues around laboratory reagents costs and a list of various internal pressures amounting to £170,000. These would all be incorporated into a Divisional Recovery Plan target.

Members noted the commentary to the budget, the items excluded and the assumptions made and approved the baseline budget position to allow budgets to be released and a first quarter position to be reported.

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5) **Capital**

a) Out-Turn for the Year Ended 31 March 2005

Mr Gallagher spoke to his paper and reported that the Division had achieved a successful out-turn to the Capital Resource Limit target for 2004/05 at £16.932 million. During the year the Division had also spent £22.998 million on non-recurring capital and revenue investments.

b) Capital Plan 2005/06

Mr Calderwood reported that following earlier high level approval by the NHS Board, the Corporate Management Team had now signed off the detailed capital plan for 2005/06. He listed the very positive capital allocation made to the Division which included:

- £950,000 for the final phase of the laboratory rationalisation;
- £980,000 for a range of further schemes
- £680,000 for enabling works for the new Victoria Hospital
- £500,000 for the Central Medical Block at the Southern General Hospital
- a share of £2.2 million across the city for laboratory automation
- a share of £2 million across the city for PACs enabling
- a share of £1 million earmarked for introducing car parking charges
- £1.5 million to upgrade the angiography suite in neuroradiology
- £2.4 million for medical equipment / formula capital
- £900,000 for health and safety schemes
- funding for a variety of schemes including completing the ward upgrading at the Victoria Infirmary, completing the boilerhouse decentralisation and a range of smaller schemes.

Details of allocations for IM&T expenditure across the city were awaited.

6) **Acute Activity and Waiting Times**

a) **Performance Management Report as at 31 May 2005**

Mr Crombie spoke to his paper and stated that:

- a robust review of performance against allocation with respect to waiting list funding had been completed;
- projections of waiting list funding requirements for 2005/06 would now be passed to the NHS Board which would include the full year effect of part year expenditure in 2004/05;
- at a high level inpatient activity was 3.9% below plan;
- day case activity was on plan and was 32% higher than the same period in 2004/05;
- the Division continued to make progress in reducing the number of inpatients / day cases waiting over six months without an ASC and remained ahead of target;
- some pressure was being felt in outpatients such that the Division currently fell short of the target for the number of outpatients waiting more than 26 weeks;
- the number of patients waiting with an availability status code had risen by 220 patients between March and May 2005, although this was due to patient driven codes such as failure to attend for scheduled appointments. The number of patients given an ASC for service driven reasons continued to fall;
- work was being undertaken with the Golden Jubilee Hospital to address pressures on general MRI waiting times.

Members noted the increase in delayed discharges and it was agreed that a detailed paper would be brought to the next meeting of the Team exploring the underlying factors.

b) **Letter from Minister for Health & Community Care**

A letter dated 16 June 2005 from the Minister for Health and Community Care to the Chairman of the NHS Board formally expressing thanks to NHS staff for the hard work undertaken to meet waiting time targets, along with a letter dated 21 June 2005 from the NHS Board Chairman to the Chairman and the Chairman's reply of 23 June 2005 were submitted and noted.

7) **Centre for Change and Innovation – Capital Investment**

Mr Crombie spoke to his paper which outlined the bids submitted to CCI and the funding successfully obtained for schemes in ENT, Dermatology, Neurology and Orthopaedics. Members noted that the significant investment obtained had been aligned to the Division's waiting times capacity plans to ensure that real and lasting improvements in waiting times were achieved.

8) **ACAD**

Dr Cowan reported that an open day for staff at the Victoria Infirmary had been well attended and well received.

Along with Mr McIntyre, he had given a presentation to the Health Service Forum South East and had addressed a wide range of questions at the meeting. He was somewhat disappointed that the minute of the meeting contained a number of issues which the Forum members had not raised at the meeting. Had they been, these matters could have been quickly and appropriately addressed. The minute had also contained a number of inaccuracies and Dr Cowan had since

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written to the Forum to correct these.

The Chairman reported that the Friends of the Victoria Infirmary had hosted a successful event at which the exhibition about the "Past, Present and Future" of the Infirmary had been officially launched by Sir Kenneth Calman.

Dr Cowan reported that a schedule of meetings had now been established over the summer and autumn so that the Consortium could discuss the detailed drawings for the building with staff.

9) **Complaints**

a) Quarterly Report – January – March 2005

Mr Barclay spoke to his paper and stated that the Division continued to exceed the Scottish Executive target and had completed 75% of complaints within 20 working days during the period against a target of 70%. Members noted the sustained high level of performance over the last 2 years and congratulated staff on this achievement.

Mr Barclay stated that there had been an increase in domestic / environmental complaints in the quarter which was directly related to recruitment and retention issues in the domestic department at the Southern General Hospital. These issues had since been resolved and the number of complaints had reduced.

Mr Barclay also reported that he had discussed the wording of partial booking letters and outpatient appointment letters with Mr Crombie to ensure that as from week commencing 4 July 2005 they fully reflected the national waiting time guarantees that no patient would wait longer than 26 weeks for a new outpatient appointment by 31 December 2005. Mr Crombie had provided reassurance that all the clinic letters had been amended to reflect this position.

Mr Barclay stated that he had concluded a process with complaints staff across the city to develop and agree a new policy, leaflets, posters and associated guidance which reflected the new complaints procedure.

b) Annual Report – April 2004 – March 2005

Mr Barclay spoke to his paper which outlined that over the year 75% of complaints had been responded to within 20 working days and the average response time for all complaints had been 16 working days. North Glasgow and Primary Care had managed to respond to 61% of complaints within 20 working days while Yorkhill had achieved 58%. It was noted that one of the challenges of single system working would be to instil a culture change across the organisation which raised the level of performance.

Members noted that there had been 11 initial and two second requests for Independent Review during the year of which eight were rejected and five had been returned for further local resolution. Three complainants had taken their complaints to the Ombudsman of which two had been rejected and a third was awaiting a decision on whether the Ombudsman would investigate.

10) **Consultation Documents – February – June 2005**

Members noted the list of consultation documents received and the action taken

11) **Scottish National Brachial Plexus Injury Service Annual Report 2004/05**

Members noted the first annual report for this newly designated national service.

- 12) **Patients Private Funds Accounts for the Year Ended 31 March 2005**  
The Patients Private Funds Accounts for the year ended 31 March 2005 were submitted and noted.
- 13) **Financial Statement for the Year Ended 31 March 2005**  
The Divisional Accounts Template for the Year to 31 March 2005 had been presented to the Audit Committee which had met earlier that morning. The Division had met its two financial targets - the Revenue Resource Limit and the Capital Resource Limit.

Members noted the Accounts.

- 14) **Final Report of the External Auditors**  
A presentation from the External Auditors on the Divisional Accounts Template had been given to the Audit Committee, which had met earlier that morning. The External Auditors had explained that as the Divisional Accounts would be consolidated into the NHS Greater Glasgow accounts no separate audit opinion or formal report by means of a final management letter was required. The External Auditors did not disagree with the Division's disclosures contained in the Statement of Internal Controls and the Division had used the format prescribed and had outlined the process designed to identify and evaluate the principal risks.

Members noted the position.

- 15) **Report and Recommendation from the Chairman of the Audit Committee**  
Mrs Stewart stated that her role was to provide a Statement of Assurance from the Audit Committee to the Divisional Management Team. She confirmed that she had been pleased to sign off this statement at the Audit Committee earlier that morning and now presented it to the Divisional Management Team.

Mrs Stewart recommended that the Divisional Management Team accept the Annual Accounts. The Team accepted the Accounts which were then signed.

- 16) **Date of Next Meeting**  
It was agreed that the next meeting of the Team be held on Wednesday 7 September 2005, in the Board Room, Management Building, Southern General Hospital at 10.45 a.m.