

**NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION**  
**MEETING OF THE DIVISIONAL MANAGEMENT TEAM HELD**  
**AT 9.00AM ON WEDNESDAY 24 NOVEMBER 2004**  
**IN THE LIBRARY, HEADQUARTERS, STOBHILL HOSPITAL**

**Present**

Mr R Cleland, Chairman  
Mr T Davison, Chief Executive  
Dr W Anderson, Medical Director  
Miss M C Smith, Director of Nursing  
Mr B Steven, Director of Finance  
Mr A Hunter, General Manager  
Mr C Lauder, General Manager  
Mr D Sime, Chairman of the Partnership Forum  
Mrs J Grant, General Manager  
Mrs S Bustillo, Head of Communications  
Mrs A MacPherson, Director of Human Resources  
Mrs I Neil, General Manager  
Mr N MacFarlane, Associate General Manager  
Mr P Hamilton, Non Executive Director, GGNHSB  
Mrs M McNaughton, Health Council

**Apologies**

Mr K Hill, General Manager  
Prof A Rodger, Medical Director, BOC  
Mr A Faichney, Chairman of Division  
Prof A Elliott, Chairman of Division  
Mr D Soutar, Chairman of Division  
Prof T Cooke, Chairman of Division

**In Attendance**

Mrs L Armstrong  
Mrs C Strain  
Ms R McDonald

**MINUTES OF THE MEETING OF DIVISIONAL MANAGEMENT TEAM ON  
WEDNESDAY 29 SEPTEMBER 2004**

1. The minutes of the meeting held on Wednesday 29 September 2004 were approved.

**MATTERS ARISING**

2. There were no matters arising from this previous minute.

**GARTNAVEL TRAVEL PLAN (DMT 04/18)**

3. Mrs Strain explained that the paper outlined the initial priorities of the Gartnavel Travel plan, which were to be carried out over the next 12-18 months. The BOC Phase II

development and other planned future development on the Gartnavel site will have a significant impact on increased travel to and from the site. Planning permission for the current development is subject to regulatory controls imposed by Glasgow City Council under a section 75. The travel plan will have to demonstrate to the authorities that the hospital is adhering to the terms and conditions under the section 75. Any further development of the site will be dependent on the robust and active implementation and management of the travel plan.

4. Ms Strain highlighted a number of initial priorities for the travel plan, which included public transport, a car-sharing scheme and promoting cycling and walking. Mrs McNaughton raised the issue of the continuation/ extension of the shuttle bus arrangement at GRI. Mrs Grant confirmed that this arrangement was still in place for staff and during the next phase of car park planning at GRI they will review the possibility of extending this to include patients.
5. Mr Davison suggested that the Steering Group which was to be set up to take forward the plans for Gartnavel should include Alan Hunter, Ronnie Clinton, Isobel Neil, a representative from Primary Care, an HR Manager, Tommy Gemmell and a staff representative. This group should also highlight any good practice initiatives, which could be applied on other sites. It was agreed that the Steering Group should report to the SMT in a month's time.

#### FINANCE REPORT (DMT 04/19)

6. Mr Steven explained that the accounts for the seven-month period to October showed a deficit of £238k against plan. The Health Board has issued a CAM to cover the deficit Funding Allocation. In addition CAMs have been issued in respect of the Lanarkshire Repatriation adjustment, deferred income and to fund the estimated increase in capital charges. An 11% inflation uplift has now been agreed with the West of Scotland Health Boards.
7. Mr Steven said that in respect of Consultant Contract arrangements, a total charge of £4.7m is included in expenditure to match the income accrual for the period to October. In addition £5.1m relating to back payment for 2003/04 has been charged against the provision. The figures also assume that implementation of Agenda for Change will be neutral. Overall the pay budget underspend position increased by £119k in October. It was noted that pharmacy, Labs/CSSD, equipment maintenance and laundry remained the main contributors to non-pay cumulative adverse variance.
8. The total capital expenditure for the period was £8,485k. The capital plan had been revised to reflect the latest expenditure profile for the BOC phase II and additional funding for CT scanners. The authorised capital funds now total £47,892k for this financial year. The Division had a cash balance of £3,858k at October an increase of £1,556k over September's balance.
9. Mr Steven tabled a paper on the financial forecast, which showed a likely revised deficit figure of £760k. He highlighted a number of challenges and risks, which could effect this, including:
  - Increased renal activity
  - Increasing HIV activity
  - Implementation of recovery plan scheme
  - Consultant contract fully funded
  - Significant recovery plan to be achieved
  - Level of non recurring relief assumed

- Level of cost per case income assumed
- Winter pressures

10. Mr Steven also described a paper which would be presented to the Health Board within the next week. The paper detailed the forecasted deficit for NHSGG, some potential ways to reduce this, the challenges and associated risks. He agreed to present the final version of the paper at the January DMT meeting.

#### WAITING LIST REPORT (DMT 04/20)

11. Mrs Grant confirmed there were a total of 10072 patients (excluding ASCs) waiting for inpatient and daycase treatment, a reduction of 336 patients on the previous month, while the number of patients waiting from 6-9 months had decreased by 149 during the same period, a decrease of 21%. The additional waiting list sessions are now beginning to impact on a number of specialties and this is assisting in reducing the number of patients waiting over 6 months. In addition, the locum staff are utilising sessions, which would otherwise have been cancelled, thus increasing overall activity. The number of ASC coded patients had increased during this period by 88 patients, giving a total of 6384 patients with ASC codes. It was noted that Orthopaedics remains the greatest challenge with the number of patients waiting in the 6-9 month category reducing by 46 patients in month.

12. There are a total of 48557 outpatients waiting, a reduction of 1936 patients on the previous month. It was noted that the number waiting more than 6 months had also decreased by 1117 patients. The plans to increase activity have begun to impact on the majority of specialties. With regard to dental, there are a total of 9220 patients waiting, with 4035 in excess of 26 weeks. Additional clinics have now commenced; particularly to target the 1052 patients of have been waiting over 52 weeks.

13. Progress is now being closely monitored against the MMI plan for patients waiting in excess of 6 months. Within inpatients and daycases, all specialties were below the plan with the exception of ENT surgery, which are 21 cases above plan. It was noted that outpatients were proving challenging and more activity was required to ensure the targets are met.

14. Mrs Grant highlighted that the main operational issue over the last month had been the continuing difficulties within Gartnavel theatres, where there have been ongoing problems in relation to dust. Following extensive investigation and assistance from infection control, it has been agreed to undertake a further exercise and to date this has proved effective. Mr Hunter said that it was hoped that an alternative access route via Gartnavel Royal, for works traffic could be agreed in the near future.

#### ENDOWMENT FUNDS ANNUAL ACCOUNTS (DMT 04/21)

15. Mr Steven summarised the paper, which detailed the Charitable Funds Annual Report, and Accounts for the year ending 31 March 2004. He confirmed that the accounts had been given a clear audit opinion. These would now go forward for formal approval by Greater Glasgow NHS Board as trustees for all endowment funds following the abolition of NHS Trusts as from 31 March. Members approved the accounts.

#### CAPITAL PROJECTS UPDATE (DMT 04/22)

16. Mr Steven presented a paper, which gave an update on the major capital projects being undertaken by the Division at the present time. These included Gartnavel (BOC Phase II and enabling works); GRI (ITU, new gynaecology unit, multi-story car park and highway works); Stobhill ACAD enabling works and redevelopment work at Blawarthill and Lenzie Hospitals. Members noted the progress against each of these projects.

#### MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 22 SEPTEMBER 2004

17. The minutes of the Audit Committee meeting held on Wednesday 8 September 2004 were noted.

#### DATE OF NEXT MEETING

18. The next meeting will take place on Wednesday 26 January 2005 at 9.00am in the Library, Divisional Headquarters.