

NHS GREATER GLASGOW - SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION

Minute of Meeting of the Divisional Management Team held on Monday 11 October 2004
in the Board Room, Management Building, Southern General Hospital, Glasgow at 10.00a.m.

Present

Mrs E Smith	Chairman
Mr R Calderwood	Chief Executive
Mr J Cameron (Item 5 onwards)	Director of Human Resources
Dr B Cowan	Director of Medical Services
Mr P Gallagher	Director of Finance
Miss M Henderson OBE	Director of Nursing
Mrs A Stewart MBE	Non-Executive Director

In Attendance

Mr G R Barclay	Head of Administration
Mr J Crombie	Director of Operations and Performance

By Invitation

Mrs S Clark	Greater Glasgow Health Council
Ms A Harkness	General Manager, Medical Services

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| 1) <u>Minute</u>
The Minute of Meeting of the Team dated 11 August 2004 was submitted and approved. | Action |
| 2) <u>Matters Arising</u>
a) Consultant Contract
With reference to Item 4 a) of the previous Minute, Dr Cowan reported that 90% of consultants had signed off the new contract. | |
| 3) <u>Performance Management Report as at 31 August 2004</u>
Mr Crombie spoke to his paper, copies of which had been previously circulated. Mr Crombie reported that in August the number of inpatients admitted was 3.8% over plan giving a year to date position of 3.6% over plan. Emergency activity continued to exceed plans in all service areas equating to approximately 1,048 patients (5.3%) for the year to date. Elective activity was broadly on target.

Day case performance to August showed a shortfall in all specialties totalling 6.4% against plan. However, this figure showed a 5.4% increase in activity over the same period last year. The August figures demonstrated significant increases in Urology, General Medicine and ENT.

Theatre cancellations had increased to 21% of available sessions in July but had reduced to 15% in August. Mr Crombie indicated that some increase in cancellations could be expected over the peak summer period and work continued to meet the Audit Commission "Full House" target of 90% utilisation of available sessions. | |

The number of patients waiting between 6 and 9 months continued to fall with 595 patients in this category on the true waiting list at the end of August 2004. Work to date had targeted inpatient and day case activity and from October and November 2004 significant work would begin on reducing the length of outpatient waits.

The number of delayed discharges had also fallen from 110 in April 2004 to 78 in September 2004. This reduction should allow some latitude in coping with winter pressures.

Mrs Clark noted that the number of birth episodes had increased by 12% over the same period last year and asked what had caused this. Mr Crombie stated that further work remained to be carried out to identify the post code of residence of patients but anecdotal evidence suggested that the considerable publicity around the maternity services review and the changes to services in Argyll and Clyde had led to the increase in activity.

In response to a question from Mrs Stewart, Mr Crombie stated that he was close to being able to present benchmarking information to the Divisional Management Team but some work remained to be completed to finalise the data.

JCr

In response to a question from Mr Calderwood on Orthopaedic activity, Mr Crombie stated that in the first quarter of the year there had been some theatre session cancellations and the case mix of surgery performed had seen more complex operations undertaken which had reduced the overall number of procedures performed. However, following capital investment by the NHS Board a third Orthopaedic theatre at the Southern General Hospital would open later in the week and interviews would also take place later in the week for two additional Consultant Orthopaedic surgeons. Mr Crombie anticipated that the new consultants would be in post over the next couple of months and this would see a significant increase in activity.

In response to a question from Dr Cowan on theatre activity Mr Crombie stated that analysis of start and finish times for individual theatre sessions was the next area to be addressed by the Information Team.

4) **Finance Summary as at 31 August 2004**

Mr Gallagher spoke to his paper, copies of which had been previously circulated. Mr Gallagher reported that at the end of August 2004 the deficit had reduced to £217,000 compared to £353,000 at the end of July. The deficit was composed of an overspend on revenue and a percentage underachievement of the Division's £740,000 Corporate Recovery Plan target. Mr Gallagher reminded Members that the Division would need to return to break even and achieve the Recovery Plan target by the end of the financial year.

5) **Recovery Plan 2004/2005**

Mr Gallagher spoke to his paper, copies of which had been previously circulated. Mr Gallagher reported that action to achieve the Recovery Plan target was well under way. Members noted the actions and options approved to date and the savings which would result from these actions. Members noted, however, that NHS Greater Glasgow had still to identify approximately £14 million of additional savings to break even in 2004/05 and as such an additional Recovery Plan target was likely to be forthcoming.

6) **Capital 2004/05 as at 31 August 2004**

Mr Gallagher spoke to his paper, copies of which had been previously circulated. Members noted the detailed information provided on the progress of each scheme.

Mr Gallagher stated that the Laundry scheme had progressed in line with the forecast and would be handed over to the NHS on 13 October 2004.

Mr Gallagher stated that a report on the gynaecology scheme would be submitted to the next meeting of the Team.

PG

7) **HSE Improvement Notices - Update**

Mr Cameron spoke to his paper, copies of which had been previously circulated. Mr Cameron summarised the progress which had been made to date against the four Improvement Notices received by the Division in April 2004. A report was due to the Health and Safety Executive by the end of October 2004. Mr Cameron reminded Members that in the main the Improvement Notices required the Division to develop plans. A follow on issue would be how those plans would be implemented.

The main issue under the Violence and Aggression Notice centred around the creation of a response team. The Violence and Aggression Working Group was considering how this might be implemented in the context of inner City hospital locations in a way which served to de-escalate rather than escalate situations.

The main issue for the Manual Handling Improvement Notice concerned training resources and arrangements. Mr Cameron stated that he would present a paper to the Divisional Management Group outlining the financial implications of compliance.

JCa

A requirement of the Transport Improvement Notice was to carry out a traffic management survey. Plans had been put in place to carry out a survey but these were now being reassessed on the advice of the contractor's insurers.

The requirements of the Asbestos Improvement Notice had been put in place. Mr Cameron stated that he was confident that the Division would meet the requirements of the improvement notices as set out.

8) **Refurbishment of the Victoria Infirmary**

Mr Crombie spoke to his paper, copies of which had been previously circulated. Mr Crombie highlighted the work of the co-ordinating group which had been established to ensure that work on the refurbishment progressed to completion by May 2005.

In response to questions, Ms Harkness commented on the practical implications of the refurbishment and stated that in the main, while Medicine was the largest bed holding Directorate in the hospital, the majority of the medical wards had already been upgraded and the impact on the Medical Service of the remaining upgrading would therefore be less than previously.

Members noted other developments which were under way which included the creation of an 18-bed Haematology ward at the Southern General Hospital. This would allow the relocation of the Haematology service from Ward A at the Victoria Infirmary which would, in turn, allow those 13 beds to be reallocated

to the General Medical Service.

The opening of the new Geriatric Orthopaedic Rehabilitation Unit in October 2004 would also help with pressures allowing more effective use to be made of the Acute Orthopaedic beds. Plans were also under way for the creation of a new Stroke Unit at the Southern General Hospital most likely linked to the Institute with rehabilitation beds at the Southern General Hospital and Mansionhouse Unit. Taking all these developments into account, while there would be a loss of beds within the Victoria Infirmary itself the number of beds, and in particular Medical beds, across the Division would increase by the end of these developments.

9) **ACAD**

Dr Cowan reported that the Consortium bidding for the ACAD contract had now submitted its tender and the financial and clinical aspects were now being assessed. The separate in-house submission for soft FM services had also been submitted and this was also being assessed. Further draft plans would be available for staff to view on 14 October 2004 and further work on the design would be carried into the New Year. It was anticipated that, subject to the necessary financial and clinical quality criteria being met, it would be possible to recommend the preferred bidder in December 2004 to allow "financial close" to be achieved by the summer of 2005. This would allow the ACAD to be opened in late 2007/early 2008.

A Transition Group had been set up with colleagues in the Primary Care Division to look at the practicalities and implementation of planned patient pathways from Primary Care into the services provided from the ACAD.

As part of a rolling programme of contact with the local community a road show had been held involving Jim Murphy MP and Ken Macintosh MSP in their constituency covering an overview of the project. The response from Members of the Public who had attended had been primarily positive.

10) **Discharge and Rehabilitation Team (DART) – Progress Report April 2003-August 2004**

Ms Harkness spoke to her paper, copies of which had been previously circulated.

Ms Harkness outlined the background to the DART Team and its expansion to support discharge from Medicine, Orthopaedics and Medicine for the Elderly across the Division. Ms Harkness explained that, while the local authorities had initially expected that this would lead to a significant increase in community care needs or would require sustained periods of intervention, neither of these had proved to be the case. The benefit of this well planned and jointly implemented service had been that other projects involving the local authorities were now moving forward with greater ease.

Most of the patients supported by the service were female and were over the age of 75. While 60% of the patients required home care from Social Services on discharge, 50% of these had already been receiving home care prior to admission. The vast majority of patients were able to manage without ongoing health support after their three-week period of intervention and 90% of patients stated that they had improved their functional status following DART intervention. 100% of patients who had responded to the Patient Satisfaction Survey were satisfied with the service. The Team had therefore made a successful

contribution to reducing the number of delayed discharges by providing an intensive period of support to people to allow earlier discharge from hospital.

A Stroke Team had now been established and was providing similar care for stroke patients for up to six months after discharge. Plans were also being developed for a Respiratory Team and also for follow up from A&E attendances including a link to existing community services which would aim to prevent attendance at A&E departments in the first place.

Dr Cowan and Miss Henderson both commented that the DART development was seen as an excellent service which had been well received by patients and staff alike.

11) **Scotland's Health at Work Silver Award**

Miss Henderson spoke to her paper, copies of which had been previously circulated. Miss Henderson stated that both the former Victoria Infirmary and Southern General Hospital Trusts had gained the Bronze Scotland's Health at Work Award. A new South Glasgow Divisional Health Promotion Committee had been established which had been working towards the Silver Award. The assessment visit was taking place later in the day.

Members commended the considerable amount of work which had been undertaken by the Health Promotion Committee and wished them well in achieving the Award.

12) **Victoria Infirmary – Hospital Sub-Dean Report**

Dr Cowan spoke to his paper, copies of which had been previously circulated. He highlighted the issue of teaching accommodation and library provision and stated that he would follow up these issues with the University.

13) **Risk Management Annual Report**

Mr Cameron spoke to his paper, copies of which had been previously circulated. Members noted the considerable amount of work which had been undertaken in the field of Risk Management and offered congratulations to both Mr Cameron and Mrs Cormack on the work which they had undertaken and continued to do.

Mr Cameron stated that, while work continued at NHS Greater Glasgow level on a Risk Management Steering Strategy it appeared that the model to be adopted would follow that in the South Division.

14) **Achieving Better Services for Patients Report**

Members noted the Six Month Update Report on Achieving Better Services for Patients. Members noted the significant work which had been taken forward in the field of Patient Focus and Public Involvement including the PFPI Mapping Exercise. Members also noted the work on Advocacy, Ethnic Minorities, Race Equality, Asylum Seekers, Disability Discrimination and Diversity which represented a steadily increasing agenda of activity.

15) **Consultation Documents March 2004 / September 2004**

Members noted the list of consultation documents received from March 2004 to September 2004 and the action taken.

16) **Media and Communications Report**

Mr Barclay spoke to his paper, copies of which have been previously circulated. He highlighted several aspects of the positive media work recently undertaken

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including the Glasgow-wide media launch of a pilot project with deaf connections, work around the first UK interfaith remembrance service held to celebrate the gift of life from organ donors and their families which had generated significant local and national Press interest, the local launch of the Hospital Modernisation Programme display boards and continuing work with the BBC Radio Scotland Medical Matters series.

Mr Barclay commented that the in-house Newsletter "News and Views" continued to be produced every two months and Members confirmed that this was a valuable addition to internal communication and one which they would continue to support. Mr Barclay also reported that a communications plan for the Division had been adopted by the Divisional Management Group in August 2004 and the Division had contributed to the Glasgow-wide Audit of Communications Activities being carried out by the Internal Auditors.

17) **Quarterly Complaints Report – April to June 2004**

Mr Barclay spoke to his paper outlining the number of complaints received and performance against the national target for response times. In the quarter 74% of complaints had been completed within 20 working days which again exceeded the national target of 70%. The average response time continued to fall and was now at 14 working days.

Mr Barclay highlighted areas where there continued to be trends in complaints received, in particular around the information contained in letters used for the partial booking system and around the number of cancellations for Ophthalmology Outpatient appointments.

18) **Greater Glasgow Health Council – NHS Awards 2005**

Members noted that the Health Council was now inviting nominations for the 2005 awards and that information posters and nomination forms had been distributed throughout the Division.

Mrs Stewart noted that Brian Beacom, a former Non-Executive Trustee of the South Glasgow Trust and a Member of the South General Hospital Research Ethics Committee had been appointed as the new Chair of the Scottish Health Council. It was agreed that the Chairman would write to Mr Beacom on behalf of the Divisional Management Team congratulating him on his appointment.

19) **Annual Report on Clinical Effectiveness Department Activity 2003 / 2004**

Dr Cowan spoke to his paper which covered the Annual Report submitted by the Clinical Effectiveness Department. Members noted the range and coverage of work carried out by the Clinical Effectiveness Department. Mrs Clark commented that the report was particularly clear and helpful and highlighted in a very useful way the activity embodied by Clinical Effectiveness.

20) **Date Of Next Meeting**

It was agreed that the next meeting of the Team be held on Wednesday 8 December, 2004, in the Board Room, Management Building, Southern General Hospital at 10 a.m.