

PCDMIN2004/03

Minutes of a Meeting of the Divisional Management Team
held at 9.00 a.m. on
Thursday, 4th November 2004
in the Boardroom, Divisional Headquarters, Gartnavel Royal Hospital, Glasgow

PRESENT:	Andrew Robertson	Chairperson
	John Bannon	
	Bob Duncan	
	Rosslyn Crocket	Director of Nursing
	Douglas Griffin	Director of Finance
	Ian Reid	Chief Executive
	Dr Iain Wallace	Medical Director
IN ATTENDANCE:	Jane Arroll	Director of Allied Health Professions
	Elsbeth Campbell	Head of Communications (From Minute 6)
	Andy Carter	Head of Personnel
	Terry Findlay	Divisional General Manager, Primary Care
	Alistair Maclean	General Manager, Support Services
	Juli McQueen	Head of Organisational Development and Training
	Jill Paton	Secretariat Officer
	David Thomson	Director of Pharmacy
BY INVITATION:	(Present to minute 17 unless otherwise shown)	
	Stewart Daniels	Local Health Council
	Marie Garrity	Joint Partnership Forum Primary Care
	Gale Lesley	Chair, Area Optometric Committee
	Jonathon Squire	Joint Partnership Forum Mental Health
	Dr John Summers	Secretary, Divisional Psychiatric Advisory Committee

Action

1. APOLOGIES

Apologies for absence were submitted on behalf of Eileen Burns (Chair, Divisional Nursing Advisory Committee), Iona Colvin (General Manager, Addiction Services), John Dearden (General Manager, Corporate Services), Mark Feinmann (Joint General Manager for Learning Disabilities), Colin

Fergusson (Chairperson, Area Pharmaceutical GP Sub-Committee), Dr Linda Watt (Associate Medical Director) and Carol Wilson (Joint Partnership Forum – Learning Disabilities).

2. WELCOME AND AWARDS

The Chairperson welcomed John Bannon and Bob Duncan, Non-Executive Directors of NHS Greater Glasgow to the meeting.

Staff within the Primary Care Division won three awards at the Daily Record Health Awards ceremony held on 28th October 2004. The awards seek to promote excellence and celebrate and recognise the dedication, professionalism and humanity of the workers in the National Health Service in Scotland. Jake McGuinness, charge nurse in mental health at Parkhead Hospital, won the Nurses Award, Dr Richard Groden, Lead GP for Eastern LHCC won the Doctor's award, and the Health Improvement Team at the Forensic Directorate won the Mental Health Team Award. Other finalists within the Division included the Greater Glasgow Back Pain Team (Top Team Award), Fay Hamill, receptionist at Hunter Street Homeless Centre (Unsung Hero Award) and the Clydebank Community Older People's Team (Older People Care Award).

Easterhouse Community Health Centre was runner up in the Building and Procurement Advisory Board category of the NHS Scotland Environment, Estates and Facilities Awards.

The Chairperson congratulated all those involved on their recent successes.

3. CHIEF EXECUTIVE

Andrew Robertson advised the meeting that Ian Reid, currently Chief Executive of the Primary Care Division, had accepted the role of Director of Human Resources at the NHS Board. Ian would take up his new role on 6th December and it had been agreed that as it was only a matter of months until the introduction of Community Health Partnerships, Rosslyn Crocket would act as Chief Executive in the interim, assisted by Douglas Griffin and Dr Iain Wallace.

NOTED

4. MINUTES

The Minutes of the meeting of the Divisional Management Team held on 2nd September 2004 [MIN 2004/02] were approved as a correct record and signed by the Chairperson.

5. INTEGRATION OF ADULT MENTAL HEALTH SERVICES

Rosslyn Crocket introduced Paper 2004/028, which contained details of the outcome of the consultation on the integration of Adult Mental Health Services as presented to, and approved by, the Greater Glasgow NHS Board at their meeting on 12th October 2004.

In response to a question, Rosslyn confirmed that the Director Designate for the Mental Health Partnership would be a NHS appointment in collaboration with the Local Authorities and would report to a joint committee. Rosslyn acknowledged that there were concerns in relation to the service becoming fragmented and stated that it was vital to maintain a balance between vertical and horizontal integration. The model proposed in Glasgow was supported by the Scottish Executive.

DECIDED/-

That the outcome of the consultation exercises on the organisational arrangements for Integrated Adult Mental Health Services, and the proposed implementation arrangements which have been informed by this process be noted.

**Director of
Nursing**

6. COMMUNITY HEALTH PARTNERSHIP (CHP) DEVELOPMENT

Terry Findlay presented Paper 2004/029, which gave an update on progress and outlined the next steps towards establishing CHPs within NHS Greater Glasgow by April 2005. A range of groups had been established to support CHP development and implementation. A Glasgow City Council Joint Steering Group is in place and five GCC CHP Development Groups were established by October. Local groups have also been established in East Renfrewshire, West Dunbartonshire, East Dunbartonshire, and South Lanarkshire.

Terry advised that work was underway to agree short and medium term levels of delegation for a range of NHS services and functions, including:

- Greater Glasgow Wide Services
- Prescribing
- Health Improvement
- Children's Services
- Mental Health
- Joint Addictions and Learning Disability Services
- Oral Health

The outcome of this process would inform both CHP and NHS Divisional Structures.

The Professional Committees, Staff Partnership Fora, and Public Partnership Fora had started to get involved with the CHPs. A process for budget delegation had been established through the Finance Sub-

committee of the Integrated Steering Group to identify appropriate budgets and delegation frameworks for CHPs. Representatives of the acute sector had been identified for most CHP Steering and Development Groups. The North, South and Children's Clinical Fora would incorporate CHPs and their clinical leadership in their work. Work was ongoing to investigate potential changes to the way in which demand for diagnostic services was managed within primary care.

Terry commented that as much as possible would be done to meet the December 2004 deadline of gaining GGNHS Board and Local Authority approval prior to submission of the Scheme of Establishment for each CHP to the Scottish Executive Health Department. Thereafter work would continue to put everything in place for April 2005 to achieve the establishment of the CHPs.

NOTED

7. AGENDA FOR CHANGE IMPLEMENTATION

Andy Carter presented Paper 2004/030, which gave an account of the Primary Care Division's Plans for the implementation of Agenda for Change (AfC). Andy advised that NHS Scotland had established Project Sites to look into the three main work areas within AfC, the Knowledge and Skills Framework (KSF), Terms and Conditions, and Job Evaluation. Since March 2004, a national group of Trades Unionists and Management representatives had been reviewing the experiences of the early implementer sites in England and the pilot sites in Scotland. The review was now complete and had resulted in some changes to the new pay system surrounding on call arrangements, pay bands, improving the KSF and decoupling how work within unsocial hours would be paid. Subject to the Trade Union second ballot process, national roll-out was due to be implemented across the NHS from December 2004, with an effective date for backpay of October 2004.

Work was ongoing to ensure that staff involved in the Implementation Groups were trained.

NOTED

8. COMMITTEE MEMBERSHIP

Andrew Robertson introduced Paper 2004/031 which gave details of the revised arrangements for Non-Executive Members of the NHS Board to serve on Committees of the Divisional Management Team.

John Bannon (or in his absence Bob Duncan) would become an additional Member of the Divisional Management Team and act in the role of Vice Chair of the Division in the absence of Andrew Robertson (current Chair of the Division).

Gerry McLaughlin would Chair the Clinical Governance Committee with John Bannon as Deputy Chair. Existing co-opted Members would continue in their current roles.

Andrew Robertson would continue as Chair of the Remuneration Group with John Bannon replacing Gerry McLaughlin and Bob Duncan continuing in his current role.

All other arrangements in relation to Committee membership were unchanged.

DECIDED/-

1. That the revised arrangements for Non-Executive Members of the NHS Board to serve on Committees of the Divisional Management Team be noted.
2. That the proposed memberships set out in this report be confirmed.

**General
Manager,
Corporate
Services**

9. PHARMACY PRACTICES COMMITTEE

The Minutes of a meeting of the Pharmacy Practices Committee held on 5th October 2004 [Paper 2004/032] were noted.

Andrew commented that the National Appeals Panel had proposed that the Committee should undertake more site visits and oral hearings. The Director of Pharmacy explained that a large number of such visits took place informally and that this may have given the National Appeals Panel the impression that they were not undertaken.

10. LOCAL IMPLEMENTATION PLAN – MONITORING TO OCTOBER 2004

Andrew Robertson introduced Paper 2004/033 providing an update to 1st October on the achievement against targets set within the Divisional Local Implementation Plan for 2004/5.

The Director of Finance commented that in relation to the development of an operational Local Forensic Psychiatric Unit (reference 1.12), that the process was now gaining in momentum and that the contract was expected to be signed off by the end of January 2005. The preferred bidder, Robertsons, was then expected to sign the contract in February/March.

The implementation of joint working arrangements for Addictions (reference 1.16), had now taken place and the teams were working well.

A pilot had been agreed for the development and implementation of an IM&T system for Community Nursing (reference 2.5).

The Director of Allied Health Professions advised that the implementation of the Divisional Priorities for 2004/5 (reference 3.2) were expected to meet the deadline of March 2005.

The Royal College of General Practitioner's Practice Accreditation Scheme had been overshadowed by the introduction of the new GMS contract and its future was under consideration. As such it was unlikely that the target of 200 GP practices accredited under the scheme would be achieved (reference 3.4).

The revised PAF Indicators were only received recently and as such the monitoring of compliance with PAF targets applicable to the Division had not yet taken place (reference 5.3).

NOTED

11. WAITING TIMES

Dr Iain Wallace presented Paper 2004/034 on performance against agreed waiting times for the period ending September 2004.

Iain commented on the various exceptions to achievement of agreed targets. Waiting Times for mental health dietetics had been reduced with the introduction of an opt-in system which was now being implemented over a wider area of the city, subject to the availability of clerical support.

In relation to services provided by the Sandyford Initiative, Iain commented that the majority of services were direct access and as such the numbers waiting for an appointment were very small.

In relation to waiting times for the Allied Health Professions' services, Jane Arroll commented that the waiting times had been set a number of years ago, when the level of activity was significantly lower. Staff numbers had increased but not to a level which would meet demand within out-dated waiting time targets.

NOTED

12. FINANCE REPORT

Douglas Griffin presented Paper 2004/035 containing the financial progress report for the period to September 2004. The current report confirmed that the Division was operating £113K within its resource limit for the period to September 2004. This reflected the impact of additional cost containment initiatives implemented by the Division related to vacancy management, VAT recovery, catering and HQ expenditure. Balancing cost containment against additional costs forecast in the GMS Contract in relation to the payment of seniority payments due to GP practices was expected to yield a residual sum of £500K.

Douglas advised that the GMS contract Quality and Outcomes Framework (QOF) remained a key area of risk. Initial forecasts provided by GP practices within Greater Glasgow had suggested that the level of quality points achieved in 2004/5 might significantly exceed SEHD assumptions. If these forecasts prove to be correct, expenditure would exceed available resources. The SEHD, however, had confirmed that funding for quality payments would remain at their assumed level of quality points' achievement leaving the Division with a potential shortfall in funding of £3.3M in 2004/5.

At the end of September, £5.283M of capital expenditure had been incurred. Work would start in the near future on Pollok Health Centre and Cambuslang Clinic. Terry Findlay advised the meeting that the Primary Care Modernisation Scheme might not continue next year. The loss of this funding was particularly serious as smaller schemes were likely to receive less attention when the focus of the NHS Board was on major schemes.

NOTED

13. STAFF GOVERNANCE

Andy Carter and Juli McQueen presented Paper 2004/036 covering staff governance issues, including workforce data, race equality monitoring, pay modernisation and organisational development and training activity for the period to September 2004.

Andy advised that the number of staff in post had increased in the last quarter due in the main to the transfer of staff previously employed by the Glasgow Emergency Medical Services to the Division. The year-end targets were higher than agreed and would be revised.

Andy commented on the work undertaken by Imran Shariff of the Multi-Cultural Health Team on the Ethnic Minority Directory (a website which serves to exchange information, empower staff/service users and generally market Race Equality in NHS Greater Glasgow). This website had received 48,000 'hits' in the last five months and was an excellent resource.

Negotiations were ongoing with the British Medical Association (BMA) to agree a package of terms and conditions that would constitute a contract and new pay scale for salaried General Practitioners. Ian Reid advised that there had been little discussion on this issue nationally and that any proposal should be pre-agreed with the Divisional Management Team and the Scottish Executive as Glasgow appeared to be leading on this issue.

NOTED

14. LOCAL HEALTH COUNCIL

The Minutes of a meeting with the Local Health Council held on 2nd

September 2004 [Paper 2004/037] were noted.

15. LOMOND DIVISION OF ARGYLL AND CLYDE HEALTH BOARD

Ian Reid advised that Divisional Managers of the Lomond Division of Argyll and Clyde Health Board had decided at a recent meeting of their DMT to formalise their partnership with the Primary Care Division for the provision of in-patient adult mental health care beds. This issue would now be considered by Argyll and Clyde Health Board on Monday, 8th November 2004 and if approved, would be followed by three months' consultation.

16. NEXT MEETING

The next meeting of the Divisional Management Team was noted as 9.00 a.m. on Thursday, 13th January 2005.

17. CONFIDENTIAL ITEMS

DECIDED/-

That the following items be considered in private due to the confidential nature of the business to be transacted.

18. REMUNERATION GROUP

The Minutes of meetings of the Remuneration Group held on 1st September 2004 [Paper 2004/038] and 12th October 2004 [Paper 2004/039] were noted.

19. REFERENCE COMMITTEE

The Minutes of a meeting of the Reference Committee held on 20th September 2004 [Paper 2004/040] were noted.

20. DENTAL DISCIPLINARY PROCEEDINGS

Jill Paton advised the meeting that Paper 2004/041 referred to on the Agenda was unavailable and would be submitted to a subsequent meeting.

21. IAN REID – CHIEF EXECUTIVE

As this would be the last meeting of the DMT attended by Ian Reid as Chief Executive of the Primary Care Division, the Chairperson took the opportunity to congratulate Ian on his new role as NHS Greater Glasgow's Director of

Action

Human Resources and thank him for the contribution he has made to the Division in his time as Director of Human Resources, Deputy Chief Executive and Chief Executive.

The meeting ended at 10.55 a.m.