

NHS GREATER GLASGOW - SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION

Minute of Meeting of the Divisional Management Team held on Monday 8 December 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	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 J Murray	Non-Executive Director
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

Ms D Buchan (Items 3-9)	
Mrs S Clark	General Manager, Surgical Services Greater Glasgow Health Council

	Action
1) <u>Minute</u>	
a) The Minute of Meeting of the Team dated 11 October 2004 was submitted and approved.	
b) The unconfirmed Minute of Meeting of the Audit Committee dated 11 October 2004 was submitted and noted.	
2) <u>Matters Arising</u>	
a) Argyll and Clyde Births With reference to Item 3 of the previous Minute and, in response to a question from Mrs Clark, Mr Crombie stated that a significant increase in births amounting to 12% had been identified in relation to mothers with an Argyll and Clyde postcode. Initial discussions had been held with the NHS Board and the financial issues were being worked up prior to a paper being taken to NHS Argyll and Clyde.	
b) Orthopaedics With reference to Item 3 of the previous Minute, Mr Crombie reported that the first of the two additional Consultant Orthopaedic Surgeons had now joined the Division and the second Consultant would take up post in January 2005.	
c) Victoria Infirmary – Hospital Sub Dean Report With reference to Item 12 of the previous Minute, Dr Cowan reported that he was in discussion with the Sub Dean on a number of issues and would raise the matter of library provision and teaching accommodation as part of those discussions.	

3) **Performance Management Report as at 31 October 2004**

Mr Crombie spoke to his paper, copies of which had been previously circulated. He explained that the Division continued to show inpatient activity in excess of plan, culminating in a year to date position of 4% above plan. Day case activity, while 2.5% higher than the same period last remained 5.9% below plan. Theatre cancellations in October had increased to 16% mainly due to the school holiday week. Discussions had been held with clinical groups to minimise the level of cancellations. Information on session utilisation was now available and had been supplied to the clinical services so that issues could be addressed with individual specialties.

At the end of October 2004 the number of patients waiting over 6 months without an ASC code was 806 against a target of 745. There were particular pressures in Neurology and Orthopaedics but plans were now in place to move towards and achieve the December 2004 interim milestone.

Work continued towards the 26 week waiting time target for Outpatients at December 2005 and against the interim milestones set for December 2004 and March 2005. The Division continued to make progress towards the target and a number of specialties were currently performing in excess of the Plan although difficulties had been encountered in Ophthalmology, ENT and Dermatology. The Division was on track to meet the overall interim milestone for December 2004.

The number of Inpatients and Day Cases with ASC codes continued to fall. A specific review of all patients who had been given an ASC 4 Code was being carried out as the Scottish Executive had advised that this code would not be available from December 2006.

Mr Crombie highlighted waiting times for imaging services which continued to fall, in particular the waiting time for a general MRI scan which stood at 11 weeks.

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

Mr Gallagher spoke to his paper, copies of which had been previously circulated. He reported that at the end of October 2004 the Division showed a shortfall of £131,000, a reduction of £61,000 from the September 2004 position. This had partly been achieved through the phasing in of £77,000 of finance schemes. Challenges remained to ensure that the Division broke even at the end of the financial year but progress in this direction continued to be made.

5) **Recovery Plan 2004/2005 as at 31 October 2004**

Mr Gallagher spoke to his paper, copies of which had been previously circulated. He reported that the in year target of £740,000 had been achieved although work continued to identify a further £202,000 in order to ensure that the full year effect for 2005/06 of £948,000 was achieved. The E-film project and further vacancy management should allow the Division to achieve this position.

Mr Gallagher highlighted that a procurement savings target of £103,000 had been identified by NHS GG which would be allocated to the Division.

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

Mr Gallagher spoke to his paper, copies of which had been previously circulated. Members noted the detailed schedule which had been provided and that £11 million of the £21 million allocation for the current financial year had been spent to date. Members noted that this represented considerable progress against the position in the previous years.

7) **Project Management of Capital Projects in the South Division**

Mr Crombie spoke to his paper, copies of which had been previously circulated. He outlined the background to the management of capital and the need to develop a more structured approach to the development and monitoring of capital projects. A Capital Plan Group would establish the strategy and the capital available and Planning Groups would take forward individual projects. The level of direct liaison with relevant users would be significantly increased within a controlled process.

In response to a question from Mrs Stewart, Mr Crombie stated that reports on capital would continue to be brought to meetings of the Divisional Management Team.

Members noted the arrangements and supported the implementation of the management framework.

8) **Accelerated Acute Services Implementation**

Mr Crombie spoke to his paper, copies of which had been previously circulated. He described the central planning arrangements which had been created and the development of a project steering group for South Glasgow. This Group had held its first meeting and had established milestones.

The first priority was to create new accommodation at the Southern General Hospital to allow a move of Inpatient beds from the Mansionhouse Unit and Victoria Infirmary. The lead-time for Capital developments within the NHS was long but the Division had an opportunity to work with Carillion to extend the Langlands Building. These discussions had commenced. Mr Crombie stated that he would report back to the Divisional Management Group and Divisional Management Team on progress.

9) **Review of Wheelchair Approved Service**

Ms Buchan spoke to her paper, copies of which had been previously circulated. Ms Buchan explained the background to the project and the plans to bring the wheelchair approved service back in house. She reminded Members of previous decisions to extend the current contract while work to achieve an in-house service was carried out. The current extension was to January 2005. However, final agreement on a number of issues remained outstanding and Ms Buchan requested a further extension to April 2005.

Members noted the work which remained to be carried out prior to April 2005 and the possibility to alternatively extend the contract to its natural close at October 2005.

Members agreed to delegate authority to the Chief Executive and the Director of Finance to take a decision by mid-January 2005 pending the outcome of the Value for Money Report, on the length of the extension to either April or October 2005 and to report back to the Divisional Management Team in February 2005 on the decision which had been taken.

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Members discussed the issue of professional representation and it was agreed that Mr Calderwood would arrange for this matter to be looked into and reported to the Audit Committee in January 2005 and to the Divisional Management Team in February 2005.

10) **Single Case Note Initiative**

Mr Crombie spoke to his paper, copies of which had been previously circulated. Mr Crombie explained that the rollout of the HIS system to the Victoria Infirmary provided the opportunity for a single case record to be created across South Glasgow. He outlined the work which had been undertaken by a Group within the Division to draw together a proposal for a single case note and the processes which would need to be put in place to achieve this.

In considering the paper Members commented that:

- The timetable should be rephased to meet the opening of the ACAD in 2008;
- that once started the Division would need to commit to the full financial impact of the project as it could not be stopped;
- that the costs would be a pressure and would need to be included as part of the presentation to NHS Greater Glasgow on next year's budget;
- that agency staff should be used for the first six months of the project pending redeployment issues arising from the management reorganisation becoming clear.

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11) **Winter Planning**

Mr Calderwood spoke to his paper, copies of which had been previously circulated. He commented that in previous years an additional allocation had been made for winter planning although this would not be case in the current financial year. However, planning to ensure capacity for emergency admissions while maintaining elective activity was now a year round process, given added impetus by the imperatives of the waiting list targets. Overall planning continued to focus on ensuring the sustained response to emergency admissions while meeting these elective targets. Preparing for winter was, therefore, integrated into the ongoing work and developments throughout the Division.

Mr Calderwood highlighted a range of developments which had been put in place during the year and a number of temporary arrangements which would be put in place in the Division funded on a non-recurring basis over the winter period. He also highlighted further temporary arrangements that could be put in place if required and subject to funding being made available.

12) **Governance Arrangements to 31 March 2005**

Mr Barclay spoke to his paper, copies of which had been previously circulated. He highlighted the arrangements for Governance Fora at Divisional level which had been agreed by the NHS Board at its meeting on 17 August 2004 and outlined how these would be implemented within the Division. Members noted the arrangements and agreed that Governance would be discharged through the receipt and review of the Minutes of the Clinical Governance Committee, the Staff Partnership Forum and the Audit Committee and through a report on exceptional risks from the Risk Management Steering Committee.

13) **Reshaping of NHS Greater Glasgow**

Mr Calderwood spoke to his paper, copies of which had been previously circulated. He reported that arising from arrangements described in the White Paper "Partnership for Care" there had been a need for NHS Greater Glasgow to review its management arrangements particularly around the implications of the abolition of Trusts, the shift to single system working and the evolution of Community Health Partnerships.

The NHS Board had considered revised arrangements at a seminar on 2 November 2004 and presentations had been given to senior managers across Glasgow and in the Division during the following two weeks. A proposal would be submitted to the NHS Board at its meeting on 21 December 2004 after which there would be a period of 6/7 weeks for consultation. The outcome of the consultation would be considered by the NHS Board at its meeting in February 2005 at which time it was expected a final decision on the structure would be made.

Members noted the staff briefing which had been issued by the Chief Executive, Human Resources Director and Employee Director of NHS Greater Glasgow, a press release dated 14 November 2004, an internal briefing for senior managers within South Glasgow dated 16 November 2004 and copies of the presentation given to that meeting.

14) **Victoria Infirmary Ward Upgrading Programme – Progress Report**

Mr Crombie reported that the first phase of the current ward refurbishment programme had been completed and the second phase was moving forward albeit with one week's delay. Mr Calderwood stated that work remained on track to complete the refurbishment by the end of May 2005 at which time the Victoria Infirmary would have 334 operational beds and would fully meet the requirements set out by the Health and Safety Executive.

15) **HSE Notice – Update**

Mr Cameron spoke to his paper, copies of which had been previously circulated. He stated that following the visit from the Health and Safety Executive in January 2004 four notices had been received and action had now been taken to comply with three of the four notices. The only outstanding issue in the final notice related to the recruitment of two further moving and handling trainers and this was under way.

16) **Agenda for Change – Update**

Mr Cameron spoke to his paper, copies of which had been previously circulated. He reported that Agenda for Change had been implemented in Scotland from 1 December 2004 with the pay elements for staff being backdated to 1 October 2004. Members noted the report and various briefings issued to staff along with details of the job-matching timetable.

Members noted the significant volume of work which would be required from staff across the entire organisation to implement Agenda for Change. Mr Cameron commented that alongside the matching process there would inevitably be queries regarding implementation of Agenda for Change and the Division needed to develop a speedy responsive machinery to allow queries to be addressed at both local and national level.

17) **ACAD**

Dr Cowan reported that a briefing for key staff who had already been involved in

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the project had been held at the Victoria Infirmary on 14 October 2004 at which the latest draft designs for the ACAD had been presented. He stated that there was a need to hold a further presentation for all staff once the final drawings had been made available.

Dr Cowan reported that the Value for Money Audit work was nearing completion and the Clinical Transition work with GPs was moving ahead. He stated that the latter was an ambitious project working with primary care colleagues to determine how patient pathways would flow into the ACAD.

18) **Charitable Funds Annual Accounts for the Year Ended 31 March 2004**

Mr Gallagher spoke to the Annual Accounts, copies of which had been previously circulated. He stated that the Accounts were being submitted for noting as responsibility to sign the accounts now lay with NHS Greater Glasgow. Mr Gallagher stated that income had fallen by 25% and expenditure had fallen by 14% although investments as a whole had increased by £1 million.

Members asked Mr Gallagher to clarify two issues relating to expenditure on the Archivist and the future of Scottish Hospital Trust assets.

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

Miss Henderson spoke to her paper, copies of which had been previously circulated. She reported that following submission of evidence for the Silver Award, a visit to the Division had taken place on 11 October 2004 and it had been confirmed that the Silver Award had been awarded with effect from 18 October 2004. A formal presentation of the certificate would be made in the near future.

Members acknowledged the significant achievement which this represented and the volume of work carried out by a range of staff across the Division. It was agreed to write to Mrs Gillespie, Deputy Director of Nursing who chaired the Group to note the congratulations of the Divisional Management Team.

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20) **Voluntary Services Annual Review 2003/04**

Miss Henderson spoke to the Voluntary Services Annual Review for 2003/04 copies of which had been previously circulated.

Members noted the significant input which continued to be made by volunteers across the Division and congratulated the Voluntary Services department on the excellent report.

21) **Clinical Governance Annual Report 2003/04**

Mr Barclay spoke to his paper, copies of which had been previously circulated. He stated that as an interim measure prior to the issue of the new Healthcare Governance Standards by NHS Quality Improvement Scotland the NHS Board's Health and Clinical Governance Committee had asked that for 2003/04 each former Trust prepare an annual report on Clinical Governance activity.

The report had been considered by the Division's Clinical Governance Committee, submitted to the NHS Board, circulated to all Consultants within the Division and made available on the Intranet. Members noted the report.

22) **Quarterly Human Resources Report – July to September 2004**

Mr Cameron spoke to his paper, copies of which had been previously circulated. In response to a question on the waiting time for occupational health

appointments Mr Cameron stated that work was under way to reduce the waiting time and a detailed review of activity was being carried out.

23) **Quarterly Complaints Report – July to September 2004**

Mr Barclay spoke to his paper, copies of which had been previously circulated. He reported that for the quarter July to September 2004, 76% of complaints had been closed within 20 working days against the Scottish Executive target of 70%.

Mr Barclay commented that during the quarter the formal report of the Independent Review Panel held in February/April 2004 had been received. The Associate Director of Medical Services was taking forward an Action Plan and a report would be made available to the next meeting of the Divisional Management Team.

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24) **Clinical Governance Symposium**

Mrs Stewart reported that she had chaired the Annual Clinical Governance Symposium on 3 December 2004 which had again been a very worthwhile and well-attended event. It was agreed to write to the Head of Clinical Effectiveness and the Clinical Effectiveness Committee to congratulate them on their efforts in organising this event.

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25) **Charter Mark – Spinal Unit**

Miss Henderson reported that the Spinal Unit had been successful in having its Charter Mark status renewed.

26) **Date Of Next Meeting**

It was agreed that the next meeting of the Team be held on Wednesday 9 February, 2005, in the Board Room, Management Building, Southern General Hospital at 10 a.m.