

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION
MEETING OF THE DIVISIONAL MANAGEMENT TEAM HELD
AT 9.00AM ON WEDNESDAY 26 JANUARY
IN THE LIBRARY, HEADQUARTERS, STOBHILL HOSPITAL

Present

Mr R Cleland, Chairman
Mr T Davison, Chief Executive
Dr W Anderson, Medical Director
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 I Neil, General Manager
Mr K Hill, General Manager
Prof A Elliott, Chairman of Division
Mr D Soutar, Chairman of Division
Ms. R. Dhir, Non-executive Director

Apologies

Mrs A MacPherson, Director of Human Resources
Mrs S Bustillo, Head of Communications
Prof A Rodger, Medical Director, BOC
Mr P Hamilton, Non Executive Director, GGNHSB
Miss M C Smith, Director of Nursing

In Attendance

Mrs E. Kerr

The chairman took a few minutes to introduce Rani Dhir, Non-executive Director to the group.

1. MINUTES OF THE MEETING OF DIVISIONAL MANAGEMENT TEAM ON WEDNESDAY 24 NOVEMBER 2005

The minutes of the meeting held on Wednesday 24 NOVEMBER 2004 were approved.

2. MATTERS ARISING

- GGH Travel Plan: AH confirmed that he would provide an update to the Senior Management Team as agreed at the previous meeting. For the record, AH confirmed that the travel group had met in December and car park attendants were now employed. A newsletter has been produced and will be published this week.

- BS confirmed that he had a final version of the financial forecast and this would be discussed more fully during item 3 Finance Reporting and Forecast.

3. FINANCE REPORTING AND FORECAST

Brian Steven (BS) reported that the Divisional accounts for the nine month period to December 2004 show a deficit of £171k against plan. BS went onto summarise the financial results. During December the Division showed a favourable movement of £62k in comparison with the November position. This is the fourth consecutive month that there has been a favourable variance recorded. To summarise, the Division's deficit position has now reduced by £201k. This confirms that the controls and schemes put in place are now progressing towards reaching the set targets.

Consultant Contract: There remains some concern in this area as the figures are quite volatile. However, the Division continues to assume within the financial forecast a neutral position.

Agenda for Change: It is anticipated that there will be fairly significant costs associated with the implementation of Agenda for Change. However costing exercises are on-going and it is assumed that all costs will be funded.

Recovery Plan: BS confirmed that significant recovery plan targets have been set across the Division.

Non-recurring relief: BS informed the group that the Division is continuing to rely on substantial levels of non-recurring relief being received.

Capital Expenditure: BS reported that the Health Board had removed the funding which was originally proposed to purchase two CT Scanners. Due to clinical need however, it has been decided that one machine will be funded from the existing equipment budget although this will have a knock on effect on priority equipment replacement plans within the Division. It will also require approximately £200k "top up" from the Health Board. BS confirmed that the project will, however, be considered for the 2005/06 capital plan.

Homoeopathy: Julie Carter (JC) confirmed that she has written to Douglas Griffen requesting that the homoeopathy monies be reinstated. As this point, Tim Davison briefly discussed the series of meetings which have been convened with Sandra Bustillo, Kevin Hill, David Reilly and Brian McAlorum, a patient group representative. TD has agreed that a paper be produced collaboratively from these meetings, setting out the case for and consequences of not closing the in-patient beds at the unit. It is hoped that the paper will be presented to the Corporate Management Team for their consideration during March.

It was agreed that more detailed discussion on finance would take place during the Senior Management Team meeting which was convening directly after the DMT.

4. WAITING LIST REPORT

Inpatients & Day Case: Jane Grant (JG) provided an update to the group on the current waiting list position. The Division continues to attempt to reach the 8 month position for all specialties, currently there are approximately 12 patients waiting from 8-9 months. This is a marked improvement on previous months but to date the 8-month target has not been achieved.

JG confirmed that Orthopaedics remains problematic with the number of patients currently waiting increasing to 117. Gastroenterology and Plastic Surgery are both proving challenging and a rise has been seen in both areas.

Outpatients: JG advised the group that the total number of patients waiting at the end of December 2004 was 37864 this shows a reduction of 3872 patients on the previous month. JG confirmed that the number of patients waiting in >6 months has also shown a decrease. The dental position shows that there is a total of 8933 patients waiting with 3936 in excess of 26 weeks. This position remains fairly static. Additional clinics have commenced targeting those patients waiting over 52 weeks.

Implementation Plans: JG confirmed that Colin Lauder (CL), Alan Hunter (AH), TD and herself had met with the Orthopaedic Consultants. CL is currently drafting a detailed paper from this meeting. It was recorded that currently progress in the private sector is working well, there is no issues surrounding transport and patient refusal rate is low. Within Plastic Surgery, two locums have now commenced work. Improvement expected from February onwards.

Finance: A revised forecast of the financial position has been presented to NHSGG. This indicates that there is approximately £3m slippage. Additional work is required to determine the exact position. The Division continues to work towards achieving the March targets in line with the original estimates of funding and activity.

JG informed the group that the NWTU had made additional funding of approximately £275k to be utilised in Ophthalmology, Plastic Surgery and Orthopaedics. The award of this money however is dependent on achieving March targets. Agreed targets should be determined by the Board and NGD by early February.

Future Actions: It was agreed that new capacity plans must be devised.

Donald Sime requested that there be some clarity around initiative payments for Saturdays. JG confirmed that she was in discussion with David Leese and Jim Crombie regarding this matter.

5. COMPLAINTS REPORT

Margaret Smith (MCS) reported that the Division had received 170 complaints during the previous quarter. Response times are fairly consistent with an average turnaround of 66% within 20 working days.

The Division has now launched the first phase of its Customer Care programme - "Putting People First". Discussion followed regarding categories of complaints and action plans from upheld complaints. WGA stated that it would be helpful if more detailed review could be provided of the "top four" categories of complaint.

6. HEALTH & SAFETY REPORT

As Anne MacPherson (AMacP) was unable to attend today's meeting the chairman requested that the group review her paper and feed back any comments they might have directly to her.

Brief discussion followed regarding a major incident at Glasgow Royal Infirmary involving centre block lifts. Divisional Health & Safety are reviewing the equipment and have sought advice from Health & Safety at the Executive.

7. ACHIEVING BETTER SERVICES

MCS advised the group that the Division has received reports from NHSQIS on Healthcare Governance, Older People and Anaesthesia. Action plans are currently being developed. A significant number of areas are being visited regarding inequalities in health and a working group has been established to review current practice and make recommendations for the future organisation structure.

8. WINTER PLANNING

Kevin Hill (KH) provided the group with a brief explanation of the graph included within his paper which showed the "hot" months as being December 2004/January 2005. The pressures during these months coincided with the resumption of elective activity after the Christmas/New Year period. KH went onto discuss the further contingency measures which have been put in place and summarised the frequency of trolley waits >4 hours. Discussion then followed on expenditure and it was agreed that KH would provide a breakdown of the service costs at the next SMT.

9. AOCB

No further business was discussed and the meeting ended.

10. DATE & TIME OF NEXT MEETING

Wednesday 23 March 2005 at 9am in the Meeting Room, Divisional HQ.