

NHS GREATER GLASGOW - SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION

Minute of Meeting of the Divisional Management Team held on Wednesday 9 February 2005 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 (Items 1 – 10 only)	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

Mrs S Clark	Greater Glasgow Health Council
Ms A Harkness (Item 6 only)	General Manager (Medical Services)
Dr D Stewart (Item 12 only)	Associate Director of Medical Services

- | | Action |
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| 1) <u>Minute</u> | |
| a) The Minute of Meeting of the Team dated 8 December 2004 was submitted and approved subject to the undernoted amendment:
Item 9 – paragraph 4, remove “to the Audit Committee in January 2005 and”. | |
| 2) <u>Matters Arising</u> | |
| a) Review of Wheelchair Approved Service
With reference to Item 9 of the previous Minute, Mr Gallagher reported that it was still anticipated that the contract would return in-house from 1 April 2005.

With regard to the issue of professional representation, confirmation had been received that the existing arrangements were acceptable, although if discussions moved on to areas such as rent etc, alternative arrangements would need to be put in place. | |
| b) Charitable Funds Annual Accounts for the Year Ended 31 March 2004
With reference to Item 18 of the previous Minute, Mr Gallagher reported that the expenditure on the Archivist related to back charges of the Division’s share of storage facilities in the City Council library along with a part share of the Archivist’s salary. | |
| 3) <u>Governance</u> | |
| a) Audit
The Minute of Meeting of the Audit Committee dated 17 January 2005 was submitted and adopted. | |

- b) Clinical Governance
The Minute of Meeting of the Clinical Governance Committee dated 21 January 2005 was submitted and adopted subject to the undernoted amendment:
Item 7, paragraph 1, final sentence, replace “had been appointed” with “was being established”.
- c) Staff Governance
The Minute of Meeting of the Partnership Forum dated 24 November 2004 was submitted and adopted.

Members discussed the issues arising from Agenda for Change in terms of protection of existing terms and conditions,

- d) Risk Management
 - i) Risk Management Steering Committee Annual Report
The Annual Report from the Risk Management Steering Committee which had been prepared by Dr H Hosie, Vice Chairman of the Committee, was submitted and noted.
 - ii) Risk Register
Members noted a paper by Mr Cameron which outlined progress made in establishing the Divisional Risk Register and included a copy of the Division’s Exception Report.

Mr Cameron explained that the Divisional Risk Register was made up of Service Risk Registers, Functional Department Risk Registers, Exceptional Risks and the Corporate / Business Risk Register. Each of these registers had now completed their first cycle of identification and grading of risks and the setting out of actions to be taken to minimise or reduce those risks. The Risk Manager was now working with General Managers to bring greater consistency to the methodology for elevating risks onto the Exceptional Risk Register. Similar processes were underway to ensure consistency across the city.

In response to a question from Mrs Stewart, Mr Cameron advised that the Risk Manager worked through the risks with local managers every six months. In addition, the Risk Management Steering Committee received a report on exceptional risks at each meeting, and there was a formal review with Services and Departments through the Service Performance Reviews on a quarterly basis.

Members noted that the draft Glasgow Risk Management Strategy drew heavily on the process currently in place in South Glasgow. This would eventually lead to a Glasgow-wide Risk Register. This Register would follow the current South Glasgow format being a series of linked documents held locally but with risks escalated when required.

4) **Performance Management**

- a) Performance Management Report to 31 December 2004
Mr Crombie spoke to his paper, copies of which had been previously circulated. He explained that, as previously reported, inpatient and outpatient activity continued to exceeding projections. Work continued to address the level of day case activity which still fell below plan. Mr Crombie highlighted the additional

investment in recovery facilities in Regional Services which had, in turn, allowed greater throughput and placed this service ahead of target in many areas. Gastroenterology activity continued at a high level.

Members considered the level of theatre cancellations and it was agreed that the data collected on reason for cancellation should be added into the paper for future reports. Members noted that theatre activity was now being recorded on the same basis across the city in order to allow comparison of data.

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The number of patients without an ASC waiting over 6 months continued to decrease and the Division had achieved the inpatient and day case waiting time interim milestone at 31 December 2004. The January 2005 interim milestone had also been achieved. The number of patients with an ASC continued to fall. The Division had achieved the 31 December 2004 interim milestone for outpatients waiting over 6 months.

There had been a slight increase in the number of delayed discharges in December 2004, which was consistent with the same period in the previous year. The overall trend remained downwards and the Division remained on target to achieve a 20% reduction on the April 2004 position by April 2005.

b) **Maternity Activity**

Mr Crombie spoke to his paper which highlighted births at the Southern General Hospital over a 3 year period analysed by referring Board (with a projection for 2004 / 2005) and specifically from Argyll and Clyde analysed by postcode of residence. Work was also underway to analyse out-patient activity to give a projection of activity for 2005 / 2006 based on actual bookings.

An invoice had been raised with NHS Argyll and Clyde for the additional activity undertaken in 2004 / 2005 and work continued to determine whether this represented a permanent shift in booking patterns or a short term "blip" arising from the recent changes in maternity provision in Argyll and Clyde. There had been an increase in the number of births to Glasgow residents in the current year at the Southern General Hospital. Work continued to analyse this by postcode of residence and to determine whether there was a case for resource transfer between maternity units or for additional funding to support an absolute increase in births.

5) **NHS Quality Improvement Scotland : Healthcare Associated Infection (HAI) Infection Control Standards - Update**

Dr Cowan spoke to his paper. He reminded Members that NHS Quality Improvement Scotland had published their Infection Control Standards in December 2001 and carried out their first review, through a series of peer review visits, over the summer of 2002. A follow up review had been carried out in the Spring of 2004, this time using a paper based approach requiring submission of written evidence. Draft reports were issued in the early Autumn. Following receipt of comments from across Scotland, QIS decided that there remained a need for face-to-face meetings between the Review Teams and local staff to seek clarification on various issues. Representatives from South Glasgow met with the QIS Review Team in November 2004.

In 2002 the former Trust "met" 37 of the 69 criteria (54%). Of the remaining 32 criteria, 29 had been assessed as "not met" and 3 had been assessed as "not met – insufficient evidence". A number of criteria were "not met" due to the fact that the former Trust had not completed the cycle of submitting annual reports

and having these reviewed by relevant committees at the time the standards were assessed. Following the 2004 assessment the Division now “met” a further 25 criteria, meaning that in total the Division had now “met” 62 out of the 69 criteria (90%). Members noted that two of the criteria which had not been “met” were now out-of-step with operational reality and should be removed from the standards.

At the review meeting held in November 2004 QIS had praised the Division for its work on Environmental Audits as it considered this to be exemplary work. The Division has been invited to contribute this as an example of good practice for a forthcoming conference on the HAI Standards.

Members noted the considerable progress which had been made and the volume of work which had been carried out by staff at all levels across the Division.

6) **Dermatology Services**

Ms Harkness spoke to her paper which summarised the consolidation of the dermatology inpatient service at the Southern General Hospital along with ongoing work on dermatology services across the city.

Ms Harkness stated that South Glasgow had taken responsibility for the pan-Glasgow management of dermatology services in April 2004. A 21 bed new inpatient unit had opened in the Langlands Building on 10 January 2005 drawing together separate services previously provided in the Southern General Hospital and Western Infirmary. This would, in turn and subject to funding being made available, allow the creation of an ambulatory dermatology centre at the Western Infirmary and a “hub” for specialist dermatology services at the Southern General Hospital. General dermatology outpatient services would continue to be provided at sites across the city to ensure local access.

An innovative project to develop and evaluate a training programme for General Practitioners with a special interest in dermatology was also underway, which would allow more specialist dermatology care to be provided in the community and avoid the need for referral to hospital.

Members noted, with appreciation, the considerable progress made in this service.

7) **Finance Summary as at 31 December 2004**

Mr Gallagher spoke to his paper and reported that at the end of December 2004 the Division had shown a shortfall of £489,000, an adverse movement against the £131,000 shortfall position at the end of October 2004, but an improvement on the £504,000 shortfall at the end of November 2004.

He stated that the overspend continued to have two predominant factors, an increase in gas prices and an under-recovery of OATS income. The gas supply contract had been changed so that gas was now purchased on a month by month basis from the cheapest supplier.

Mr Gallagher cautioned that the impact of Agenda for Change had not yet been incorporated into the year end forecast on the basis that this would be consolidated centrally. Additional costs were projected at between 5% and 7.5% although the final figure would not be known until all the job matching had taken place. The NHS Board’s accounts would include an accrual of costs backdated

to October 2004. The Division had emphasised that any accrual could not affect the Division's achievement of its year-end position.

8) **Recovery Plan 2004 / 2005 as at 31 December 2004**

Mr Gallagher spoke to his paper and confirmed that, as previously reported, the in year target of £740,000 had been achieved and he anticipated that the full year effect of this would be achieved once the manpower plan had been finalised.

9) **Capital 2004 / 05 as at 31 December 2004**

Mr Gallagher spoke to his paper and reported that at 31 December 2004 £13.619 million had been spent against the £17.6 million allocation leaving £3.981 million to be spent prior to the end of the financial year, along with a further £5.158 million capital to revenue transfer.

Members noted the detailed report on progress against each scheme. Additionally, Mr Gallagher reported that the Divisional Management Group had approved the purchase of four internal transport ambulances to be funded from a combination of equipment funding, moving and handling funding and a significant donation from the WRVS. The Chairman reported that, along with Miss Henderson, she had attended a presentation at which the WRVS had formally handed over a cheque for £85,000 which would be used to purchase two of the ambulances and fund equipment in Westmarc. Members noted, with appreciation, the generosity of this donation.

10) **Gynaecology Capital Scheme**

Mr Gallagher spoke to his paper which took the form of a post-completion project evaluation. He outlined the background to this capital scheme and the variation which had arisen between the indicative capital budget of £4.6 million and the final expenditure of c£8 million. As a consequence of this variation he had conducted a value for money review.

The analysis had identified the principal reasons for the variation in costs which were due to significant alterations to the project brief and the schedule of accommodation. There had also been a dis-aggregation of responsibilities between the Project Board and the Design Team. The Project Board had not been responsible for the capital spend but had taken responsibility for significant alterations to the scheme. This had allowed changes to be authorised within the capital allocation for any one financial year, but without an overview of the capital spend on the entire project over a number of financial years.

In response to questions from Members, Mr Calderwood outlined, in broad terms, the process for the development of capital schemes and the variations which might arise during the course of those schemes. Typically changes arose as a result of changing clinical requirements or practices. In the Gynaecology scheme the changes made had added significant clinical value to the final scheme.

Members noted that the paper on the Capital Planning process considered at the December meeting of the Team set out a structure which would ensure clear lines of responsibility for, and overview of, capital projects to ensure that in future a single Project Board would have overall responsibility for all aspects of a project including capital and the financing thereof.

Members noted the report.

- 11) **Capital Projects – Progress Report**
Mr Crombie spoke to his paper and gave an overview of the various capital schemes underway within the Division.
- 12) **Independent Review Panel – Mr McC re Mrs McC (Deceased)**
Dr Stewart summarised the report and recommendations of the Independent Review Panel established under the Complaints procedure to look into the complaint made by Mr McC re the care afforded to Mrs McC. Dr Stewart stated that the Independent Review Panel had made a number of recommendations, all of which had been welcomed by the Division. Dr Stewart had worked with a number of clinicians across the Division to agree a response to the recommendations and he summarised the actions which would be taken.
- Members noted the actions taken by the Division and noted that the Chief Executive would now write to Mr McC outlining these.
- 13) **South Glasgow Monitoring Group**
Members noted the paper by Mr Calderwood which summarised the work of the South Glasgow Monitoring Group since its establishment in March 2003.
- 14) **Race Equality Scheme – Implementation Plan**
Members noted the paper by Miss Henderson which summarised progress against the Division's Race Equality Implementation Scheme. Members noted the progress made regarding the provision of Halal and Kosher meals and the actions planned to work with the Sikh, Hindu and African Caribbean communities to establish their needs.
- 15) **ACAD**
Dr Cowan reported that work would shortly begin on the detailed departmental layouts and a review of the equipment lists which had been prepared. A final paper on the clinical transition was due by the end of April 2005 which would ensure that all planning and service groups across the city had taken account of the development of the ACADs in any plans they had made for future disposition and development of services.
- Mr Calderwood reported that a paper would be submitted to the Board's Performance Review Committee in March 2005. The paper would cover issues such as land purchase, financial affordability and the reviews carried out by the Scottish Executive through PUK and by the Board's Auditors. Subject to approval of these aspects the project could then move to "preferred bidder" status.
- 16) **Charter Mark**
Miss Henderson spoke to her paper which outlined the work undertaken by the Queen Elizabeth National Spinal Injuries Unit to retain their Charter Mark status. The Unit was compliant in all of the standards.
- Members noted the significant work undertaken by staff and noted that the Chairman had written offering congratulations on the successful retention of Charter Mark status.
- 17) **Dying with Dignity – Proposal for a Member's Bill**
Members noted the proposal for a Member's Bill in the Scottish Parliament which, if enacted, give a competent adult suffering from a terminal illness, who

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made persistent and considered requests to die, the right to receive medical help to bring about his or her death.

In view of the very sensitive nature of the proposed Bill, and the impact of the Bill on the deeply held views of individual staff and patients, Members considered that it should be for individual staff to respond directly to the consultation process should they wish to express a view.

18) **Achieving Better Services for Patients – Update**

Miss Henderson spoke to her paper which gave an update on all aspects of Achieving Better Services for Patients. Miss Henderson highlighted the significant work which had been taken forward in the area of minority ethnic issues and volunteering.

In terms of disability issues, Deaf Awareness training had been held, induction loops had been purchased and a prioritised list of actions to address physical access issues was being prepared by the Divisional Disability Discrimination Act Steering Group.

19) **Quarterly Human Resources Report – October – December 2004**

Mr Cameron spoke to his paper and highlighted the work recently undertaken on the implementation of Agenda for Change.

He commented on the significant increase on sickness absence over the year from 5.7% in April 2004 to 7.69% in November 2004. Work was underway to identify whether there were any underlying causes.

Members noted that the portering services at the Southern General Hospital, which had been contracted out to Mite Olscot, had returned in-house on 4 February 2005.

20) **Media and Communications Report**

Mr Barclay spoke to his paper which summarised recent media and communications activity within the Division. He highlighted work on a third programme with BBC Radio Scotland “Medical Matters” and significant and ongoing media enquiries in relation to knife culture and binge drinking.

A survey of staff views on the local and Glasgow-wide newsletters would be carried out. Comprehensive information on Agenda for Change was now available on a dedicated Intranet site. Mr Barclay outlined recent changes in staffing within the department and the timescale for the move to a pan-Glasgow communications function.

In response to a question from Mrs Stewart on preparatory work prior to 1 January 2005 for the introduction of the Freedom of Information (Scotland) Act, Mr Barclay stated that a comprehensive training manual had been prepared, a briefing had been held for Executive Directors and Senior Managers, 35 middle managers had attended a 2 hour training course, 100 staff from across the Division had attended one of three general awareness sessions and a leaflet outlining the main features of the Act and staff responsibilities had been distributed to all 6,000 staff. There had also been articles in the Divisional and Glasgow-wide staff newsletters.

21) **Consultation Documents – October 2004 – January 2005**

Members noted the list of consultation documents and the action taken.

22) **Nurse Recruitment**

Miss Henderson reported that the Division would be participating in a nurse recruitment event in Madrid along with the North Division and the Golden Jubilee Hospital.

23) **Honours and Visits**

The Chairman reported that Margaret McKillop, Senior Nurse Manager for Rehabilitation Services based at the Southern General Hospital had been awarded a MBE in the New Year's Honours List. The Chairman had written to Mrs McKillop to congratulate her and had received a reply.

Miss Henderson reported that Billy MacDonald, a Porter at the Southern General Hospital, had been invited to a reception hosted by the Prime Minister at 10 Downing Street to recognise the contribution of non-clinical staff to the NHS.

24) **Date Of Next Meeting**

It was agreed that the next meeting of the Team be held on Wednesday 13 April 2005, in the Board Room, Management Building, Southern General Hospital at 10 a.m.