

**Paper No : 05/56**

**NHS GREATER GLASGOW - SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION**

**Minute of Meeting of the Divisional Management Team held on Tuesday 3 May 2005** in the Board Room, Management Building, Southern General Hospital, Glasgow at 10.30 a.m.

**Present**

Mrs E Smith  
Mr R Calderwood  
Mr J Cameron  
Dr B Cowan  
Mr P Gallagher  
Mrs J Murray  
Mrs A Stewart MBE

Chairman  
Chief Executive  
Director of Human Resources  
Director of Medical Services  
Director of Finance  
Non-Executive Director  
Non-Executive Director

**In Attendance**

Mr G R Barclay  
Mr J Crombie

Head of Administration  
Director of Operations and Performance

**By Invitation**

Mrs S Clark  
Ms A Harkness (Items 1-7 only)

ex-Greater Glasgow Health Council  
General Manager (Medical Services)

Action

- 1) **Apologies**  
Apologies for absence were intimated on behalf of Miss Henderson.
- 2) **Minute**  
The Minute of Meeting of the Team dated 9 February 2005 was submitted and approved.
- 3) **Matters Arising**
  - a) **Review of Wheelchair Approved Service**  
With reference to Item 2 a) of the previous Minute, Mr Gallagher reported that the contract for the service had been successfully brought in-house on 1 April 2005.  
  
With regard to the issue of professional representation the Division had appointed a separate property adviser in order to ensure that its position was secured.
  - b) **Maternity Activity**  
With reference to Item 4 b) of the previous Minute, Mr Crombie reported that NHS Argyll and Clyde had agreed to £150,000 of the £200,000 outstanding costs for increased activity in 2004/05. Discussions were ongoing with NHS Argyll and Clyde regarding the remaining £50,000. A meeting had also been arranged to discuss the projected activity for 2005/06.
- 4) **Governance**
  - a) **Audit**  
The Minute of Meeting of the Audit Committee dated 13 April 2005 was submitted and adopted.

b) Staff Governance

The Minute of Meeting of the Staff Partnership Forum dated 26 January 2005 was submitted and adopted.

Mrs Clark noted the statement in the Minute that there would be 430 parking spaces for the Victoria ACAD and asked how many of these would be available for the public. Mr Calderwood advised that the Board's Car Parking Policy would set a percentage of spaces to be allocated to the public and a percentage to be allocated to staff. Spaces for staff would be allocated on the basis of a permit system.

c) Risk Management

Mr Cameron spoke to the Risk Register Exception Report and stated that the register had been recently updated and reflected the current risks to the organisation. He commented that Risk Management was now built into the overall management process and Service Risk Registers were regularly reviewed at the Service Performance Reviews. The Exceptional Risks and Business Risks were reviewed by the Risk Management Steering Committee.

Members noted that the risks currently highlighted as Exceptional Risks contained a mixture of some very specific and some strategic risks. Members acknowledged that some further work remained to be completed to ensure that some of the more specific risks were better reflected and resolved at Service level. The Risk Management Steering Committee would help with this process.

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Members noted that the South Glasgow approach was in line with the emerging pan-Glasgow Risk Management Strategy. This strategy would ensure that risks across the City could be managed through a single process.

5) **Performance Management Report as at 31 March 2005**

Mr Crombie spoke to his paper and reported that:-

- Inpatient activity continued above plan (by 3.9% for the year to 31 March 2005) mainly as a result of increased non-elective activity;
- Progress had been made to increase the level of day case activity with the March 2005 figure exceeding the Plan (being the first month to do so in the year to 31 March 2005). Further real increases in day case activity would be seen in the near future resulting from the recent new Consultant appointments;
- There had been a sustained reduction in the level of theatre cancellations;
- Real progress continued to be made in the number of patients waiting over six months without an ASC down to 227 patients at 31 March 2005, against a target of 342 patients;
- The number of outpatients waiting greater than 26 weeks continued to fall and the Division had achieved the 31 March 2005 target with 1,987 patients waiting against a target of 2,349;
- There had been a variance away from the planned position in delayed discharges;
- The number of patients waiting with an availability status code continued to fall.

Work was now under way to develop the targets and milestones for 2005/06. Mr Crombie stated that there would remain a need for internal waiting list initiatives in the current financial year. He highlighted the position with the introduction of Agenda for Change where the NHS would be unable to offer the current level of

additional payments to staff for waiting list initiative sessions. This subject had been discussed with the Partnership Forum and the Staff Side accepted that there was no opportunity to move away from the Agenda for Change arrangements.

In response to a question from Mrs Stewart on the effect of Agenda for Change on public holidays, Mr Crombie stated that the impact had been factored into planning for 2005/06. Dr Cowan stated that the disparity in the number of public holidays allocated to medical staff had been taken into account for 2005/06. Discussions were under way to establish whether two public holidays could be converted to annual leave in subsequent years.

Members noted the considerable efforts made by staff at all levels across the organisation to produce these real improvements in waiting times for patients.

6) **Winter Pressures in South Glasgow**

Ms Harkness spoke to her paper which updated Members on the winter pressures faced by the Division over the preceding months. She commented in particular on the period at the end of February and early March 2005 where considerable pressure had been experienced.

Ms Harkness stated that during May 2005 the new Haemato oncology ward would open at the Southern General Hospital. Currently these patients were admitted to medical beds on both sites and this new ward would free 12 beds for medical admissions at the Victoria Infirmary and six at the Southern General Hospital giving an overall increase of 18 additional beds in the Medical Service. In addition the Medical Assessment Unit at the Victoria Infirmary would move into a former ward area and this would increase the number of spaces available from 10 to 17. The ward area would also provide enhanced facilities for patients and staff.

Ms Harkness stated that work continued on capacity issues and providing support to allow patients to be discharged from hospital and to prevent unnecessary admission.

7) **Dermatology Services – Funding for Dermatology Hub**

Ms Harkness spoke to her paper and reported that the Centre for Change and Innovation had awarded £200,000 capital funding for the development of a Central Dermatology hub for specialist services at the Southern General Hospital. The hub would be created in the space vacated by a commercial laser company and would co-locate specialist clinics from across the City including a one-stop skin cancer and lesion treatment centre, MOHS surgery, regional lymphoma clinic and the tertiary contact dermatitis investigation unit. The Centre would allow NHS Greater Glasgow to address the skin cancer waiting times target.

Members noted the good work and progress which continued to be made in this area.

8) **Finance Summary as at 28 February 2005**

Mr Gallagher spoke to his paper and reported that at the end of February 2005 the Division had shown an under spend of £147,000 which represented a favourable movement from the £194,000 overspend at Month 10 and illustrated a month on month progression to obtain financial balance. Mr Gallagher forecast a break even out turn at the end of the financial year.

9) **Recovery Plan 2004/05 - Update**

Mr Gallagher spoke to his paper and confirmed that, as previously reported, the in-year target of £740,000 had been achieved and the full year effect of this would also be achieved.

10) **Capital Plan 2004/05 - Update**

Members noted the Capital Plan Update as at 28 February 2005. Mr Gallagher tabled the Capital Plan update as at 31 March 2005 and stated that the Capital Resource limit has been achieved and that, subject to audit, both the Capital and revenue profile had been achieved.

11) **ACAD**

Dr Cowan reported that the process to identify the preferred bidder had almost been concluded. A recommendation would be made to the Board's Performance Review Committee on 17 May 2005 on whether the value for money stage had been achieved. PricewaterhouseCoopers would also present a report to confirm the affordability of the project. Subject to a positive recommendation preferred bidder status could then be awarded. Work could then move to prepare for financial close, detailed planning and a start on site.

Work was being carried out on the opportunity for 23-hour surgery in the ACAD in an effort to "future proof" the facility. The Project Board would, following presentation of a paper, take a view on whether this additional service should be included within the ACAD. Such a move would see a shift of service from in patient hospitals to the ACAD.

In response to an earlier question from Mrs Clark, it was noted that the clinical transition process which sought to ensure that all planning work across the City took account of the new ACADs was under way and responses from Clinical Services Group and Planning Groups were being collated. Work was also under way on planning for the clinical transition of services between the existing buildings and the new ACADs. Dr Cowan stated that along with Mr McIntyre he would be meeting with the Health Forum South East on 10 May 2005 to give them a detailed presentation on progress with the ACAD including the "fly through" of the new building.

12) **Charter Mark**

Members noted the paper from Miss Henderson advising that the Physically Disabled Rehabilitation Unit and the Mansionhouse Unit Parkinson's Disease clinic had been successful in having their Charter Mark status renewed.

13) **Quarterly Complaints Report – October-December 2004**

Mr Barclay spoke to his paper and stated that the Division continued to meet and exceed the Scottish Executive target for the percentage of complaints completed within 20 working days.

Mr Barclay reported that the new NHS Complaints Procedure had taken effect from 1 April 2005, one of the main effects of which had been the removal of Independent Review and the right of complainants to appeal directly to the Ombudsman where they remained unhappy with a response to a complaint. Members noted that Mr Barclay continued to lead the pan-Glasgow implementation of the new system.

14) **Freedom of Information Report – January-April 2005**

Mr Barclay spoke to his paper which summarised the requests received by the Division in the first four months of the year. He stated that a total of twelve initial and two follow up requests had been received within the Division. Of the initial requests, five had been addressed within the Division, two had been co-ordinated by the NHS Board's Communications Department, two had been co-ordinated by the NHS Board's Finance Department and two were being co-ordinated by the NHS Board's Public Health Department.

Members noted the range of information requested and that responses to all requests had been sent within the required timescales.

15) **Roll Out of Meditech HIS to Victoria Infirmary**

Mr Gallagher reported that the Meditech HIS Patient Administration System had been rolled out to the Victoria Infirmary. While there had been some initial teething problems, these had now been overcome and the rollout would ensure a single computerised patient information system across South Glasgow.

16) **Date of Next Meeting**

It was agreed that the next meeting of the Team be held on Wednesday 29 June 2005, in the Board Room, Management Building, Southern General Hospital at 10.45 a.m.