

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

**PAPER NO:- 05/74**

**Minute of Meeting of the Divisional Management Team held on Wednesday 7 September 2005** in the Board Room, Management Building, Southern General Hospital, Glasgow at 10.45 am.

**Present**

Mrs E Smith	Chairman
Mr R Calderwood (Items 1 – 4)	Chief Executive
Mr J Cameron	Director of Human Resources
Dr B Cowan	Director of Medical Services
Miss M Henderson OBE	Director of Nursing
Mr P Gallagher	Director of Finance
Mrs J Murray (Items 1 - 8)	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
Ms A Harkness (Items 1 and 2 only)	General Manager (Medical Services)

**By Invitation**

Mrs S Clark	Ex Greater Glasgow Health Council
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1) **Minute**

The Minute of Meeting of the Team dated 29 June 2005 was submitted and approved.

2) **Matters Arising**

a) **Delayed Discharges**

With reference to item 6a of the previous Minute, Ms Harkness spoke to her paper outlining performance with reducing the number of delayed discharges.

Ms Harkness explained that while significant progress had been made in reducing the number of delayed discharges throughout 2004, the number had risen in the first part of 2005. However, from a peak in May 2005 the number of delayed discharges was again beginning to fall. The increasing number of patients remaining in the system because of interventions arising from the Adults with Incapacity Act and the length of time it took to process these had been one of the main reasons for the increase.

3) **Governance**

a) Risk Management

Mr Cameron spoke to the Exceptional Risks Report and reminded Members that it included items that could not be addressed by one Service Area acting alone or within the resources allocated to it. As such, it would be for the Executive Team to consider how these risks might be addressed.

It was noted that the Risk Management Steering Committee considered the Exception Report at each meeting and the Risk Manager was working with the General Managers to bring consistency to the issues they considered to be exceptional risks.

Action

Members discussed, in general terms, the exception reporting arrangements for Risks under the new organisational structure.

- b) **Audit**  
The Minute of Meeting of the Audit Committee dated 29 June 2005 was submitted and adopted.
- c) **Clinical Governance**  
The Minute of Meeting of the Clinical Governance Committee dated 22 July 2005 was submitted and adopted.

4) **Performance Management Report as at 31 July 2005**

Mr Crombie spoke to his paper. He advised that while elective activity continued to exceed plan there had been a reduction in the level of non-elective activity, the net result being that inpatient activity was 1.9% below plan for the year to date. Day case activity continued to exceed the plan and a considerable increase in day case activity had been demonstrated in a number of specialties.

The number of inpatients and day cases without an ASC code waiting between six and nine months continued to fall such that the Division remained on track to reach the target of no patients waiting more than 6 months by December 2005. The number of outpatients waiting more than 26 weeks exceeded the plan by 311 and work was being undertaken with the relevant specialities to ensure that the variance was eliminated and the target of no patients waiting more than 26 weeks by December 2005 was achieved.

The number of inpatients and day cases with an ASC code remained broadly static, with a slight decrease reported in July 2005. Patient driven codes, which accounted for 67% of the total remained static while a reduction had been seen particularly in Code A (treatment delayed for medical reasons).

The waiting time for MRI Scans in Regional Services was beginning to show a downturn and internal milestones had been developed to ensure that this continued.

5) **Waiting Times Challenge 2005 / 06 and Beyond**

Mr Crombie spoke to his paper which outlined the challenge facing the Division to sustain the 26 week inpatient, day case and outpatient targets beyond December 2005 and to meet the 18 week targets for December 2007.

He outlined the proposals the Division had to ensure that these targets were met, and the revenue and capital resources which had been made available to the Division to ensure that the targets were achieved within those timescales.

He commented that the Division had demonstrated a consistent approach to capacity planning which had provided a robust foundation for financial resource allocation from NHS Greater Glasgow. Ongoing performance monitoring would be essential over the coming months and within the transitional arrangements to ensure continued efforts were focused on delivering the waiting time targets.

6) **Finance Summary as at 31 July 2005**

Mr Gallagher spoke to his paper and stated that at July 2005 the Division was reporting an overspend of £297,000, an increase from £168,000 at the end of June 2005. This represented an underspend of £206,000 in Pay offset by an

overspend of £388,000 in Supplies. The major contributor to the supplies overspend was pressures in gas and electricity costs of £350,000. Mr Gallagher predicted that this pressure would continue throughout the year, particularly given recent increases in the world oil price.

Work was underway to deliver the savings required from agency nurse spend as identified in the Recovery Plan. Miss Henderson was working with nursing colleagues across the city to establish the pan-Glasgow Nurse bank. Once this was established it was anticipated that the agency spend would decrease.

7) **Capital 2005 / 06 as at 31 July 2005**

Members noted the paper submitted by Mr Gallagher which provided an update on capital spend to 31 July 2005.

8) **Accelerated Services Review : The Way Forward**

Mr Crombie gave a presentation which summarised the work carried out to date on the feasibility of accelerating the implementation of the Acute Services Review by creating "hot" and "cold" sites within South Glasgow by 2008. The work built on the extant operational planning for the Acute Services Review and also took important account of issues of sustainability of services, contributing to the overall Acute Services Review, and delivery of performance improvements.

Mr Crombie outlined the service by service implications of rationalising "hot" services on to one site and "cold" services to another including the capital and revenue implications and the opportunity for service redesign. The creation of a "hot" site at the Southern General Hospital was predicated on the provision of additional beds on the site, most likely through an extension to the Langlands Building, as this would be future proofed against the final configuration of services upon completion of the new South Glasgow Hospital.

9) **ACAD**

Dr Cowan reported that work on signing off the 1:200 scale floor plans was well underway and was proceeding according to timetable.

10) **Research Ethics Committees Annual Report – April 2004 – March 2005**

Dr Cowan spoke to the combined Annual Report of the Southern General Hospital and the Victoria Infirmary Ethics Committees for the year April 2004 – March 2005. He stated that during the year both Committees had met the challenge of introducing the new ethics governance arrangements.

During the year it had also become clear that the new arrangements did not require two separate Committees and work had been undertaken to successfully merge the Committees from April 2005. Dr Cowan commented that in line with the new organisational arrangements, there would be an opportunity for further review of Ethics Committees across the city.

11) **Human Resources Report**

Mr Cameron spoke to his report summarising the work of the Human Resources Department over the previous quarter.

He highlighted the significant volume of work generated by the implementation of Agenda for Change and the involvement of Human Resources staff in supporting managers to guide their staff through the system, as well as sitting on job matching panels. A great deal of preparatory work had also been undertaken for implementation of the Knowledge and Skills Framework which would be fully

rolled out after the Job Matching had been completed.

Mr Cameron also highlighted the significant input from Human Resources staff to a range of Working Groups connected with the organisational restructuring.

12) **Department of Spiritual and Religious Care Annual Report April 2004 – March 2005**

Members noted the first annual report produced by the Department of Spiritual and Religious Care and the variety of work undertaken by the hospital chaplains and volunteer support.

13) **Quarterly Complaints Report – April – June 2005**

Mr Barclay spoke to his paper, which was the first prepared under the new Complaints Procedure implemented from 1 April 2005. The Division had completed 72% of complaints within 20 working days in an average response time of 16 days.

Mr Barclay advised that he had worked with complaints staff across the city to prepare a new Glasgow wide Complaints Handling Policy, Unreasonably Demanding Complainants Policy, revised consent forms, complaints information leaflets and posters and these would all be introduced shortly following approval by the relevant Committee.

Mr Barclay also stated that the new organisational arrangements would materially impact on complaints handling staff and detailed discussions would be held with affected staff following the conclusion of Phase 2 of the organisational restructuring.

14) **Freedom of Information Report – May – August 2005**

Mr Barclay spoke to his paper which detailed the 19 requests for information received under the Freedom of Information Act from May – August 2005.

Mr Barclay commented on the current systems in place for receiving and responding to requests across the city and stated that, while a decentralised system had been established in order to cope with an anticipated high number of requests, in practice such an approach meant considerable time was spent checking whether requests had been received in different parts of the city and whether requests received in only one location were seeking information city-wide. Mr Barclay stated that there was an opportunity to streamline this under the new organisational arrangements.

Members noted the sources of the requests for information and the broad range of information requested.

15) **Date of Next Meeting**

It was agreed that the next meeting of the Team be held on Wednesday 14 December 2005, in the Board Room, Management Building, Southern General Hospital at 10.45 a.m.