

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

**Meeting of the Divisional Management Team held at 9.00 am on
Wednesday 26 October 2005 in the Corporate Meeting Room,
Divisional Headquarters, Stobhill Hospital**

PRESENT

Mr R Cleland	Chairman
Ms R Dhir	Non Exec. Director, GGNHSB
Mrs J Grant	Acting Chief Executive
Mr P Hamilton	Non Exec. Director, GGNHSB
Mr K Hill	General Manager
Mr A Hunter	General Manager
Mr C Lauder	General Manager
Mrs A MacPherson	Director of HR
Mrs I Neil	General Manager
Prof A Rodger	Medical Director, BOC
Mr B Goudie	Chairman of Partnership Forum
Miss M C Smith	Director of Nursing
Mr K Robertson	Finance Manager

IN ATTENDANCE

Mrs L Armstrong Corporate Affairs Officer

1. **APOLOGIES**

Mr J Bannon, Dr W G Anderson, Mrs S Bustillo, Mrs J Carter, Mr D Soutar, Mr A Faichney, Prof J Reid

2. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting held on Wednesday 23 March 2005 were approved.

3. **MATTERS ARISING**

There were no matters arising not covered on the agenda.

4. **FINANCE REPORT**

Mr Robertson advised that the Divisions Annual Accounts for the 2004/05 financial year were presented to the Audit Committee on 30 June. He confirmed that the Division had achieved the following financial objectives as set by the Health Board:

- The net resource outturn did not exceed the Revenue Resource Limit (a surplus of £272k was achieved)
- The division stayed within the Capital Resource Limit

The Audit Committee endorsed the Divisions Annual Accounts and noted that they would form part of the Health Board's statutory accounts.

Mr Robertson reported that the Divisional accounts for the six-month period to September 2005

showed a deficit of £674k against plan, however it was noted that the position had begun to improve. It was recognised that the financial performance remained dependent on significant recovery plan savings and non-recurring relief level being achieved. In addition increasing cost pressures and winter pressures remain a concern.

He highlighted the following significant issues:

- It had previously been intimated that Gas and Electricity prices would rise significantly in 2005/06 as a result a cost pressure of £750k was accounted for within the financial plan. We have now been notified of the new prices, fully effective from August 2005, it is substantially higher than previously anticipated and could possibly result in a cost of approx. £1m
- The nursing budget is currently showing a significant overspend of approx. £1m. Considerable effort is being made to address this situation with various measures being implemented. These measures are showing positive results and further improvement is expected in the forthcoming months.

Mr Robertson explained that the capital plan for 2005/06 stands at a total of £44,168k following a capital to revenue transfer of £6,403k. The capital plan is not yet finalised and discussions were ongoing with GGNHSB regarding additional funds and virement of existing funds. Capital expenditure for the Division to date was £13,227k; this expenditure remains relatively low in comparison to the full year plan. Members noted the details concerning the new rules in place governing the brokerage of capital funds.

5. WAITING LISTS

Inpatients & Day Cases: Mrs Grant provided an update on the current waiting list position. There were a total of 15077 patients waiting for inpatient/day case treatment, which was a fall from 16504 at the end of August. 756 patients waiting between 6 – 9 months, a reduction from 762 at the end of August. There has been progress made in the majority of specialties during the past three months, although General Surgery, Plastics and Orthopaedics remain a considerable challenge.

It was noted that ASC codes had reduced again in September.

Outpatients: Mrs Grant advised that there had been a significant reduction in the outpatient totals during September. A range of in-house waiting list initiatives and 'see and treat' initiatives had contributed to this reduction and the indication was that this would continue in October, although this would be monitored closely. The total number of dental patients waiting over six months fell with significant progress in Periodontology.

2005/06 Issues: A funding agreement has been put in place to deliver the projected activity requirements to achieve the new maximum wait target of 26 weeks by December 2005. The inpatient monthly milestones have been delivered although there was some slippage on the outpatient milestones. These are being monitored on a weekly basis.

Significant numbers of waiting list initiatives were undertaken in house prior to July 2005 when the payment arrangements changed under Agenda for Change. There was a delay in obtaining all the agreed NGD allocations at the GJNH in the first half of the year, which affected the delivery of some targets.

Working groups have been set up at Health Board and Divisional level to ensure progress is made towards the target for cancer patients moving from referral to beginning treatment within 62 days. This is a massive challenge, however a project plan has been agreed and some progress is being made.

7. RISK MANAGEMENT

Miss Smith said that the challenge for staff was to continue to focus on the current risk plan while looking at single system working. NHSGG has established a Risk Management Steering Group to harmonise risk management arrangements across Greater Glasgow. While within the Division there has been steady progress in all areas of risk management.

Miss Smith indicated that the key areas for action over 2005/06 were:

- Harmonise risk management arrangements across Greater Glasgow
- Introduce agreed QIS Risk Management standards
- To develop a Greater Glasgow Risk Register
- Harmonise adverse incident reporting systems
- Develop training strategy for all areas of risk management for all levels of staff
- Prepare for the QIS assessment visit in April 2006
- Implement new risk management arrangements for single system

8. **COMPLAINTS**

Miss Smith reported that the Division had received 244 complaints during the quarter in question (April - June). The figures for the July – Sept would be available within the next few days. Response times remain fairly consistent, with an average turnaround of 55% within 20 working days. It was noted that the management of all MSP complaints had now been standardised.

Members noted the report on the changes to the way in which the Ombudsman office will report the outcome of their decisions on complaints and the specific implications for the Division as a result of these changes.

Miss Smith explained that the Independent Review Panel report appended to the paper had been finalised and issued to all parties concerned earlier in the year. The report highlighted concerns around record keeping but no clinical issues were raised. Members noted the report and that the Chief Executive would now write formally to the complainant to confirm that the DMT had considered the report and the recommendations.

9. **FREEDOM OF INFORMATION**

Mrs Grant said the paper offered a summary of the FOI requests received during the first six months since the Act came into force. In total we had received 38 requests, excluding a number of requests from journalists, which the communications team respond to on behalf of all the divisions. Of the 38, exemptions were claimed for not releasing information for two requests; in all other cases information was released.

The paper highlighted a number of general issues arising from dealing with the new legislation including:

- Requests sent to staff in departments who seem unaware of the Act
- Staff not seeking advice in handling requests, resulting in an inadequate response being sent which does not meet the legal requirements of the Act
- A complaint being received by the Scottish Information Commissioner as a result of the timescale not being met for a response
- Poor record keeping practices

10. **LEGAL CLAIMS**

Miss Smith confirmed that there are currently 277 live claims at various stages of investigation. The specialties with most clinical claims and subsequent financial risks are Surgical, Perinatal and Plastic Surgery with the major issues continuing to be around diagnostic and performance errors and the management of service delivery.

Miss Smith highlighted six outstanding claims, which have an estimated value of £1 - £1.5m all relate to the Obstetrics and Perinatal Directorate. In the financial year 2004/05 settlement costs in

respect of clinical and non-clinical claims against the Division were £1,031k. The annual increase of over £250k was due to a high number of significant non-clinical claims.

11. **PAY MODERNISATION**

Mrs MacPherson explained that the aim of the paper was to highlight the key activities over the last few months to deliver the two strands of the Pay Modernisation which impact on the Division, namely Consultant Contract and Agenda for Change. She took the opportunity to highlight the following:

Consultant contract – the Pan Glasgow Group agreed the wording of the NHSGG contract with the BMA and NGD issued all existing consultants with contracts relating to the new terms and conditions.

Job Planning Round 2 – All consultants with the exception of two outstanding appeals have completed job planning round 1 and all services are working towards completing round 2 and the appraisal process.

Current Activities – It has been agreed that the Pan Glasgow Consultant Contract Group will cease in its current form as the main activities around the consultant contract have been completed.

Medical Staff Forum – Formed as a Glasgow wide group, to replace the LNC and Glasgow Negotiating Forum.

Next Steps – The organisational Development and Training Team of HR are currently undertaking an audit of the appraisal process. The outcome of this review will refine our appraisal process and ensure that we have measurable quality standards.

Agenda for Change – The SMT issued a deadline for the submission of final job descriptions for the job evaluation process initially by the end of Sept. The SPRIG Group have instructed Health Boards to assimilate staff onto the new terms and conditions by the end of December 2005. Within GGNHSB this will not be feasible, it has been accepted that within NHSGG that the focus for the Dec 2005 date should be ancillary groups and midwifery.

12. **MINUTES OF THE AUDIT COMMITTEE**

The minutes of the Audit Committee meetings held on 22 March and 30 June 2005 were noted.

Mr Hamilton advised that Pricewaterhouse Cooper's contract as External Auditors to NHSGG would be coming to an end fairly soon and in future Audit Scotland would fulfil this role.

13. **MINUTES OF THE REMUNERATION COMMITTEE**

The minutes of the Remuneration Committee meeting held on 23 March 2005 were noted.

14. **MINUTES OF THE CLINICAL GOVERNANCE COMMITTEE**

The minutes of the Clinical Governance Committee meeting held on 2 August 2005 were noted.

15. **AOCB**

No other issues were discussed at this time.

16. **DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 25th January 2006 in the Corporate Meeting Room, Divisional Headquarters.