

## NOT YET ENDORSED AS A CORRECT RECORD

PCDMIN2005/01

Minutes of a Meeting of the Divisional Management Team  
held at 9.30 a.m. on  
**Thursday, 13th January 2005**  
in the Boat Room, Hall Street Clinic, Clydebank

<b>PRESENT:</b>	Andrew Robertson	Chairperson
	Bob Duncan	Non-Executive Member
	Rosslyn Crocket	Chief Executive
	Douglas Griffin	Director of Finance
	Dr Iain Wallace	Medical Director
<b>IN ATTENDANCE:</b>	Jane Arroll	Director of Allied Health Professions (to Minute 25)
	Robert Broadfoot	Director of Primary Dental Care (from Minute 5)
	Elsbeth Campbell	Head of Communications
	Andy Carter	Head of Personnel (to Minute 25)
	John Dearden	General Manager, Corporate Services
	Alistair Maclean	General Manager, Support Services (to Minute 25)
	Juli McQueen	Head of Organisational Development and Training (to Minute 25)
	David Thomson	Director of Pharmacy (to Minute 25)
	Dr Linda Watt	Associate Medical Director (to Minute 25)
<b>BY INVITATION:</b>	<b>(Present to Minute 23 unless otherwise shown)</b>	
	Eileen Burns	Divisional Nursing Advisory Committee
	Dr Roch Cantwell	Divisional Psychiatric Advisory Committee
	Stewart Daniels	Local Health Council
	Marie Garrity	Joint Partnership Forum Primary Care
	Dr George Ralston	Divisional Psychology Advisory Committee
	Jonathon Squire	Joint Partnership Forum Mental Health
	Dr Barbara West	Area Medical Committee, GP Sub-Committee
	Steven Mannion	Representative of the Scottish Committee of the Council on Tribunals (for Minute 26)

### Action

#### 1. APOLOGIES

Apologies for absence were submitted on behalf of John Bannon (Non-Executive Member), Iona Colvin (General Manager, Addiction Services), Mark

Feinmann (Joint General Manager for Learning Disabilities), Terry Findlay (Divisional General Manager, Primary Care), Colin Fergusson (Area Pharmaceutical GP Sub-Committee), Gale Lesley (Area Optometric Advisory Committee), Jill Murray (Divisional AHP Advisory Committee) and Carol Wilson (Joint Partnership Forum – Learning Disabilities).

## 2. ANNOUNCEMENTS

The Chairperson and Members extended congratulations to Myra Lamont (Associate Director of Nursing, Sandyford Initiative) whose contribution to nursing had been recognised in the Queen's New Year Honours with award of an OBE.

The Chairperson was pleased to report on the following service developments within the Division:-

### **Glasgow Adult Autism Service**

The Deputy Minister for Health, Rhona Brankin, would launch this service on 24th January 2005. The service was a joint initiative between NHS Greater Glasgow and Glasgow City Council developed with significant funding from the Scottish Executive. It was designed to improve the current standard of care, treatment and information for adults with autism and increase joint working between health and social care. This new service aimed to improve the social, physical and emotional wellbeing of adults with autism and build their capacity to live full and independent lives. The service, based in Maryhill, included an Autism Resource Centre.

### **Start Project**

NHS Greater Glasgow and Depression Alliance Scotland had launched a new self-help project for people with mild to moderate depression. The Start (Self-help Treatment Access Resource Team) project was one of seven such projects across Scotland as part of the Scottish Executive's "Doing Well by People with Depression" Initiative. Initially the Community Mental Health Teams in Strathkelvin, Clydebank and Maryhill/Woodside would pilot the project before roll out across the rest of Glasgow over the next three years.

The Chairperson also drew attention to the next NHS Greater Glasgow **Our Health Event** planned for the morning of 24th February 2005 at the Royal Concert Hall in Glasgow. The event would update community groups, patients and the public on key health developments and focus on the development of Community Health Partnerships. Those interested in attending were encouraged to contact the Communications Department at Gartnavel Royal or Dalian House.

### **NOTED**

**3. MINUTES**

The Minutes of the meeting of the Divisional Management Team held on 4th November 2004 [MIN 2004/03] were approved as a correct record and signed by the Chairperson.

**4. GREATER GLASGOW NHS – IMPLEMENTING PARTNERSHIP FOR CARE – THE NEXT STEPS**

Rosslyn Crocket introduced Paper 2005/01, which enclosed the consultation paper issued by the Health Board on the next stage of the move to single system working under Partnership for Care.

Rosslyn explained that comments on the paper were to be received by the Health Board by 14th February 2005 and would then be considered by the Board at its meeting in late February. Whilst the effective date for implementing the new arrangements was stated as being 1st April 2005, it was expected that the organisational change would be implemented on a phased basis over the remainder of 2005/6.

The DMT did not propose to comment on the consultation, but encouraged the various Advisory Committees, the Partnership Fora and individuals to express their views so that these could be taken into account by the Health Board. The proposals saw a move away from the existing Divisional structure to new arrangements for the planning and delivery of adult acute, maternity and specialist children's services and the developments of an integrated structure for older people's services and rehabilitation and enablement. These latter proposals were still being developed. The planned move to formation of Community Health Partnership sat alongside these developments.

The representatives of the Advisory Committees and Partnership Fora shared with the DMT their own thinking on these proposals. It was also noted that UNISON were arranging a series of workplace meetings with staff to discuss the proposals.

Members of the DMT encouraged the Advisory Committees and Partnership Fora to continue to share their thoughts and to remember it was important to put forward any suggestions within the context of National policy as set out in "Partnership for Care". Wherever possible they were also encouraged to make positive suggestions for how the system could be better organised, rather than raise objection to what was proposed.

**NOTED**

**5. WEST SECTOR MENTAL HEALTH - FULL BUSINESS CASE**

Douglas Griffin presented Paper 2005/02 on the work being undertaken to finalise the West Sector Mental Health Full Business Case (FBC) for the re-

provision of in-patient accommodation incorporating 117 beds over 6 wards (3 adult admissions, 2 elderly acute admissions and one IPCU) with associated clinical accommodation on the Gartnavel Royal Hospital site. The proposal would allow for old and unsuitable accommodation on the Gartnavel Royal site to be vacated and was included as part of the Master Plan for re-development of the Gartnavel campus alongside the acute sector provision at Gartnavel General.

The FBC was almost complete and discussions were on-going with the preferred bidder under a PFI Scheme. It was planned to submit the FBC to a meeting of DMT Members on 2nd February 2005 and thereafter submit it to the Board and the Scottish Executive for approval. If Scottish Executive approval was agreed, it was hoped to achieve financial close on the contract by the end of March, with construction commencing in the Summer of 2005. The service and service configuration set out in the plans on which the FBC was formulated had previously been agreed.

***DECIDED/-***

That the Full Business Case for the West Sector In-Patient Mental Health provision be submitted for consideration to a meeting of Members of the DMT on 2nd February 2005.

**Director of Finance**

**6. NHS GREATER GLASGOW RISK MANAGEMENT STRATEGY**

Alistair Maclean submitted Paper 2005/03 enclosing a draft Risk Management Strategy for NHS Greater Glasgow prepared by the Board's Risk Management Steering Group. The Strategy was an overarching document and the intention was that each Division (or future operational unit) would develop and maintain documentation particular to their own activities.

The draft document had been circulated for comment and the Board's Audit Committee would consider comments received in January 2005. Within the Division, two minor comments had been made on the document and these would be passed on to the Audit Committee.

The DMT supported the development of the Strategy, whilst noting that it would require to be revised following adoption of the revised organisational structure currently under consideration by the Board.

***DECIDED/-***

That the comments made be forwarded as the Division's response to the consultation.

**General Manager, Support Services**

**7. PRIMARY CARE RISK REGISTER**

Alistair Maclean submitted Paper 2005/04 enclosing an update of the Division's Risk Register which was founded on the Aus/NZ 4360 Risk Management

Standard.

Alistair commented that the style and layout of the Risk Register had been amended following partnership working with Glasgow City Council and followed a format which was likely to be adopted pan Glasgow. He also drew attention to the entries relating to:-

Agenda for Change  
Management of Healthcare Associated Infection  
Community Health Partnerships

Douglas Griffin drew attention to the increasing complexities associated with the development of joint working between health and local authorities and the need to ensure that there was a framework developed which reflected the risks of joint services and cross-organisational working.

**DECIDED/-**

That the revised Divisional Risk Register for 2004/5 be endorsed.

General  
Manager,  
Support  
Services

**8. HEALTHY START: UPDATE ON THE DISTRIBUTION OF INFANT FORMULA VIA PRIMARY CARE DIVISION PREMISES**

Paper 2005/05 prepared by the Divisional General Manager, Primary Care was submitted based on recommendations put forward by the Division's Nutritional Steering Group.

Dr Iain Wallace reminded the DMT of the background to this issue where the practise of selling infant formula from Primary Care premises was inconsistent with the NHS Greater Glasgow Breastfeeding Strategy and potentially conflicted with the WHO code for the marketing of breast milk substitutes. Such sales currently constituted 20% of the total distribution of infant formula; the rest being distributed free via milk tokens or at a reduced rate to those eligible under the Working Families Tax Credit and the Welfare Food Scheme. The then TMT in July 2002 had agreed in principle to end the sale of infant formula to non-beneficiaries via health centres and clinics in anticipation of a new National Healthy Start Scheme. This scheme would provide for vouchers of equal value for breast and formula feeding mothers which would be exchangeable at retail outlets for milk and fresh fruit and vegetables. Introduction of this scheme had been delayed, but was now anticipated to be introduced on a phased basis during 2005.

Taking account of the changes to be implemented later in 2005, the Division's Nutrition Steering Group had taken the view that it would be preferable to defer ceasing the sale of formula milk prior to the reform of the whole Welfare Food Scheme. The Group remained concerned, however, that the Division was seen to follow the UNICEF/UK Baby Friendly Initiative; National Guidance; and local Greater Glasgow Policy whilst minimising the confusion that may occur from a number of changes in practice in a short period. It therefore made a number of

recommendations which the DMT was asked to endorse.

**DECIDED/-**

That, pending introduction of the Healthy Start Scheme on a National basis:-

**General  
Manager,  
Primary  
Care**

- (a) the decision to discontinue the provision and sale of infant formula from Health Centre and Clinic premises remains a matter for determination by each LHCC;
- (b) the DMT strongly promotes best practice of encouraging breastfeeding and where informed choice is made to formula feed whey based milk is recommended; and
- (c) the DMT acknowledge that continued sales of formula milk compromises achievement of policy directives and supports those LHCCs who wish to implement the best practice standards to cease to distribute infant formula to non-beneficiaries.

**9. MODERNISING MEDICAL CAREERS**

Dr Linda Watt presented Paper 2005/06 on changes to the post graduate training programme for doctors which was to be implemented following publication by the four UK Health Departments in 2003 of a policy Statement entitled "Modernising Medical Careers". Plans for implementing this policy statement had been discussed by a UK wide Strategy Group who had published their recommendations in April 2004. This document set out the principles and bare bones of a two year foundation programme followed by specialist and general practice programmes for entry to either the Specialist Register or the GP Register allowing doctors to practise as basic Consultants or Principals in General Practice.

Linda explained the essential requirements of the new programme which required a published set of competences and outcomes to be achieved within a two-year time-frame. The first year would be at Medical School and was equivalent to the current Pre-Registration House Officer year where the doctor would have limited registration and rotate through three four month placements in acute specialities. The second year would similarly comprise four month rotations through three of the specialties of Medicine, Surgery, Accident and Emergency, Psychiatry and General Practice. Trainees would be subject to competency based assessment and would require to show competency in a range of generic skills. Thereafter there would be single run-through Specialist and General Practice professional training programmes.

Linda commented on the impact this programme would have on the services provided by the Primary Care Division following commencement of the first year in August 2004 and the second year in August 2005. This included:-

- requirement to identify a number of current SHO posts to be part of the second year programme from August 2005; of the 66 SHO posts

approximately 11 had been identified for this purpose;

- these individuals would take up post for 4 months rather than six months at present and would therefore require more frequent induction and supervision;
- there would be an impact on Consultants in terms of assessment of a greater number of trainees;
- foundation trainees would be subject to NHS appraisal arrangements whereas previously this was a role undertaken by the Postgraduate Deaneries; and
- entry to Specialist or General Practice training programmes would be by competitive process with the need to guide trainees into appropriate Specialist or General Practice training programmes.

Dr Iain Wallace commented that the principles of the revised scheme were well founded, but there remained many unresolved issues under the new arrangements, not least:-

- arrangements for part-time doctors;
- movement between programmes;
- organisation of the General Practice placements in year two; and
- the full financial impact the programme would have on the NHS.

**NOTED**

## **10. MANAGING MEDICAL EQUIPMENT**

Alistair Maclean presented Paper 2005/07 which set out the arrangements made for establishment:-

- (a) of a Medical Equipment Committee chaired by the Medical Director;
- (b) of a medical equipment register within each business unit; and
- (c) of a Procurement Group to influence purchasing policy

to ensure that the Division proactively managed medical equipment following from a number of Audit Scotland National Reports and receipt by the former Trust of an Audit Action Plan.

**NOTED**

**11. DEVELOPMENT, INTEGRATION AND COLLOCATION OF OUT OF HOURS SERVICES AT EASTERHOUSE HEALTH CENTRE**

Rosslyn Crocket introduced Paper 2005/22 prepared by the Divisional General Manager, Primary Care. The report set out the response to consultation undertaken since September 2004 on plans to relocate the GEMS NHS Service from Lightburn Hospital to Easterhouse Health Centre, along with the Out of Hours District Nursing Service based at Carntyre, Muirhead and Townhead Clinics (which covered the East of Glasgow and the Strathkelvin areas).

The paper set out a summary of the 117 responses from individuals and six responses from Community groups to the proposals. The proposals had received support from 71% of those who responded. Of those that did not support the move, most expressed concern about getting to Easterhouse and some expressed concerns about safety. During the consultation, GEMS had undertaken a survey of how people travelled to Lightburn and the vast majority (83.78%) used private transport. Only 2.06% walked. The Police had advised that pattern of local crime reported in Easterhouse and Lightburn were no different. There was also the assurance that a full security system covered the area outside the Health Centre which was well lit.

Stewart Daniels indicated that the Health Council view was that Easterhouse Health Centre was a better location for the GEMS Out of Hours Service. Staff were also reported as being supportive of the move.

***DECIDED/-***

That, subject to endorsement of the move by the Out of Hours Steering Group at its next meeting, the proposed relocation and integration of out of hours services for the North East at Easterhouse Health Centre be agreed.

**Divisional  
General  
Manager,  
Primary  
Care**

**12. AUDIT COMMITTEE**

The minutes of a meeting of the Audit Committee held on 5th November 2004 [Paper 2005/08] were noted.

**13. CLINICAL GOVERNANCE COMMITTEE**

The minutes of a meeting of the Clinical Governance Committee held on 2nd December 2004 [Paper 2005/09] were noted.

The Chairman referred to the resignation of Professor Lewis Gunn who had been a lay member of the Committee over the last 5 years and indicated his intention to write to Professor Gunn thanking him for his contribution to the work of the Committee.

**Chairman**

**14. PHARMACY PRACTICES COMMITTEE**

The Minutes of a meeting of the Pharmacy Practices Committee held on 7th December 2004 [Paper 2005/10] were noted.

**15. RISK MANAGEMENT ADVISORY GROUP**

The Minutes of a meeting of the Risk Management Advisory Group held on 7th September 2004 [Paper 2005/11] were noted.

**16. LOCAL IMPLEMENTATION PLAN – MONITORING TO DECEMBER 2004**

Paper 2005/12 from the General Manager, Corporate Services providing an update to 1st December on the achievement against targets set within the Divisional Local Implementation Plan for 2004/5 was submitted.

In respect of item 3.4 attention was drawn to the uncertainty over the future of GP Practice Accreditation.

In respect of 2.9 on the Kirkintilloch Initiative, Douglas Griffin confirmed that work was moving forward on the planning issues and that 2005 should see physical movement on development of the site. Consideration was being given to arrangements for operational management of the Initiative.

**NOTED**

**17. WAITING TIMES**

Dr Iain Wallace presented Paper 2005/13 on performance against agreed waiting times for the period ending November 2004.

Iain commented on the various exceptions to achievement of agreed targets and specific actions being taken on psychology waiting times.

**NOTED**

**18. FINANCE REPORT**

Douglas Griffin presented Paper 2005/14 containing the financial progress report for the period to November 2004.

The current report advised that revenue expenditure to November was £1.125M above the Division resource limit. This was attributed to the requirement to provide for additional expenditure on the GMS contract in respect of anticipated payments due to GPs for points achieved under the Quality and Outcome Framework (QoF). Initial forecasts provided by GP practices within Greater

Glasgow had suggested that the level of quality points achieved in 2004/5 might significantly exceed SEHD assumptions. If these forecasts prove to be correct, expenditure would exceed available resources.

In other areas of the Division's activities overall expenditure continued to run below budget. The net outcome, based on current data was anticipated at a projected deficit of £1.7M for the year to March

Douglas gave the DMT a feel for the likely position in 2005/6 which pointed to a further requirement to reduce expenditure against a background of continuing cost pressures.

At the end of November, £6.6M of capital expenditure had been incurred. The current forecast for the year was £11.585M and reflected updated figures for individual projects.

**NOTED**

#### **19. STAFF GOVERNANCE**

Andy Carter and Juli McQueen presented Paper 2005/15 covering staff governance issues, including agenda for change implementation, transfer of GEMS staff to NHS terms and conditions, introduction of an on-line recruitment system from November 2004, initial hearing of a Community Psychiatric Nursing grievance affecting some 81 staff and development of a revised partnership agreement for joint/integrated services. The OD & Training element of the report covered the CHP Leadership Programme, the Primary Care Leadership and Management Development Programme and service specific developments.

**NOTED**

#### **20. FUTURE MEETING PROGRAMME**

John Dearden presented Paper 2005/16 setting out a proposed programme of Divisional meetings to June 2005 in anticipation that the current DMT and Committees might migrate to the new organisational structure mid year. It was planned to review the programme of meetings in May.

**DECIDED/-**

That the programme of meetings as submitted be agreed, subject to cancellation of the February meeting of the Remuneration Group which would not be required.

**General  
Manager,  
Corporate  
Services**

#### **21. NEXT MEETING**

The next meeting of the Divisional Management Team was noted as 9.30 a.m. on Thursday, 3rd March 2005 at Hall Street Clinic, Clydebank.

**22. CONFIDENTIAL ITEMS**

***DECIDED/-***

That the following items be considered in private as they may contain information which is exempt from disclosure under the Freedom of Information (Scotland) Act 2002.

**23. REMUNERATION GROUP**

The Minutes of meetings of the Remuneration Group held on 2nd November 2004 [Paper 2005/17] and 21st December 2004 [Paper 2005/18] were noted.

**24. REFERENCE COMMITTEE**

The Minutes of meetings of the Reference Committee held on 4th November 2004 [Paper 2005/19] and 20th December 2004 [Paper 2005/20] were noted.

In respect of the Minutes of the meeting on 20th December 2004, Dr Iain Wallace provided members with additional information on the issues raised under Minute 7.

**25. DENTAL DISCIPLINARY PROCEEDINGS**

Mr Steven Mannion, representative of the Scottish Committee of the Council on Tribunals, attended as an observer during this item.

John Dearden presented Paper 2005/21 advising the DMT of the outcome of a Dental Disciplinary hearing held on 31st August 2004 where the Division had received the minutes from that meeting on 3rd December 2004.

The DMT were required to consider the findings and recommendations of the Dental Discipline Committee under the terms of the NHS (Service Committees and Tribunal) (Scotland) Regulations 1992 (as amended). The Committee had found that a dentist on the Board's Dental List was in breach of paragraph 20(1)(a) of Schedule 1 to the NHS (General Dental Services) (Scotland) Regulations 1996 (as amended) and had made recommendations as to the action to be taken by the Board in consequence.

The DMT considered the facts of the case, details of a previous breach by the dentist of his terms of service and the options which were open to the DMT. The DMT noted that there had been a repayment of fees as recommended by the Discipline Committee. The DMT concluded that, as the dentist had made an offer to seek advice from a Dental Practice Adviser before embarking on similar courses of treatment, they should accept the findings of the Committee on the basis that he would avail himself of this facility in developing treatment plans of

**Action**

this nature in future. Implicit in this was the expectation that there would be greater engagement in future with the Dental Directorate.

***DECIDED/-***

1. That the findings of the Dental Discipline Committee constituted by Lanarkshire Health Board to hear the referral of the case made by the former Greater Glasgow Primary Care NHS Trust as contained in the submitted report be accepted. **General Manager, Corporate Services**
2. That a formal determination under the NHS (Service Committees and Tribunal) (Scotland) Regulations 1992 (as amended) be communicated to the practitioner concerned.

The meeting ended at 11.40 a.m.