

NOT YET ENDORSED AS A CORRECT RECORD

PCDMIN2005/03

Minutes of a Meeting of the Divisional Management Team
held at 9.45 a.m. on
Thursday, 3rd March 2005
in the Boat Room, Hall Street Clinic, Clydebank

PRESENT:

Andrew Robertson	Chairperson
Bob Duncan	Non-Executive Member
Rosslyn Crocket	Chief Executive
Douglas Griffin	Director of Finance (To Minute 12)
Dr Iain Wallace	Medical Director

IN ATTENDANCE:

Andy Carter	Head of Personnel
Iona Colvin	General Manager, Addiction Services
John Dearden	General Manager, Corporate Services
Terry Findlay	Divisional General Manager, Primary Care
Alistair Maclean	General Manager, Support Services
Claire Martin	Administrator, Corporate Services
David Thomson	Director of Pharmacy

BY INVITATION:

Stewart Daniels	Local Health Council (To Minute 19)
Imran Shariff	Multicultural Health (To Minute 6)
Alison Edward	Multicultural Health (To Minute 6)

Action

1. APOLOGIES

Apologies for absence were submitted on behalf of Jane Arroll (Director of Allied Health Professions), John Bannon (Non-Executive Member), Eileen Burns (Divisional Nursing Advisory Committee), Elsbeth Campbell (Head of Communications), Colin Fergusson (Area Pharmaceutical GP Sub-Committee), Marie Garrity (Joint Partnership Forum Primary Care), Juli McQueen (Head of Organisational Development & Training), Dr George Ralston (Divisional Psychology Advisory Committee), Mark Taylor (Divisional Psychiatric Advisory Committee), Dr Linda Watt (Associate Medical Director) and Dr Barbara West (Area Medical Committee, GP Sub-Committee).

2. WELCOME/ANNOUNCEMENTS

The Chairperson welcomed to the meeting Imran Shariff and Alison Edwards (Multicultural Health) and Claire Martin (Corporate Services) to the meeting.

The Chairperson and Members extended congratulations to the following contractors and staff of the Primary Care Division who were honoured at the Health Council Awards Ceremony at the City Chambers on 24 February 2005:-

Paul McNeill, a Dental Practitioner in Castlemilk was nominated for a "life-time of service" as a Dentist of the Castlemilk Community.

Mrs Elizabeth Roddick, E F Ure Pharmacy, received praise from patients for her knowledge and ability to communicate with her clients and the level of care she provides.

Easterhouse Health Centre received an award for the many excellent services, which they provide. Patients had highlighted work of the GP Practices, Community Services, District Nurses and Receptionists.

The North Avenue Surgery, and GP Dr Leslie Smith were honoured and acknowledged for the care, consideration and support they have provided to a patient with complex needs.

The Chairperson intimated his intention to write to the individuals and staff groups concerned recording his personal congratulations on these awards, which reflected highly on the dedication and achievements of staff of the Primary Care Division.

Chairperson

The Chairperson also mentioned that this would be the last Divisional Management Team meeting attended by Stewart Daniels on behalf of the Local Health Council. Stewart, and previous representatives of the Local Health Council, had provided a valuable contribution to the work of the Primary Care Trust and latterly the Primary Care Division in representing patient interests. The Division's considerable thanks for this voluntary contribution was recorded. Stewart had agreed to continue in a personal capacity as a Lay member of the Clinical Governance Committee on a temporary basis pending implementation of restructuring.

3. MINUTES

The Minutes of the meetings of the Divisional Management Team held on 13th January 2005 [MIN 2005/01] and 2nd February 2005 [MIN 2005/02] were approved as correct records and signed by the Chairperson.

4. MATTERS ARISING FROM THE MINUTES

Arising from the Minutes of the meeting held on 2nd February 2005, it was noted that the NHS Board had endorsed the West Sector Full Business Case on 22nd February 2005. The NHS Board had also given approval to entering into the PFI contract for the Local Forensic Psychiatric Unit at Stobhill, subject to any minor final refinement of the contract documentation. It was anticipated that work on the construction of the unit would start in May.

NOTED

5. GREATER GLASGOW NHS – IMPLEMENTING PARTNERSHIP FOR CARE – UPDATE

Rosslyn Crocket reported on the response to the consultation paper “Implementing Partnership for Care – The Next Steps” which had been discussed at the NHS Board meeting on 22nd February 2005.

Rosslyn informed the DMT that there had been over 80 responses to the consultation. This included responses from many Advisory Committees and thus demonstrated a much higher level of interest than was reflected in the number of submissions made.

From the responses received, only a few of these related to the Mental Health Partnership with little comment made on the proposed Acute Services structure. Several responses related to Children’s Services, where the views were generally supportive, but with requests being made for more information on the details of how the proposals would work in practice. As predicted, there was discussion around how CHPs would be supported by the Board. The overall view was that the proposals were heading in the right direction at a high level, but there was understandable concern about the detail.

Rosslyn advised that Tom Divers had given a clear commitment to Board members that an Implementation Plan would be produced and agreed by the Board members before moving towards the new structures. The Board had added to the recommendations made by calling for a further report in March providing more details around:-

- the Primary Care support functions
- Public Health, Health Promotion and Planning arrangements
- Clinical and Financial Governance arrangements
- organisational arrangements within the Acute Operating Unit.

Rosslyn stated that the Board had fully recognised that it would take some time to implement the new structure. There would be further informal discussion on organisational arrangements prior to the further report being submitted to the Board.

The Chairperson commented that it was important that the Division contributed to this continuing discussion to ensure that the future structure of the Board operated as effectively as possible reflecting clinical as well as managerial input at Board level.

Rosslyn commented that it was also essential to ensure that appropriate structures were put in place to support CHPs during their developmental phase.

It was observed that the principle of having a Mental Health Partnership to oversee Mental Health Services was well established, but the need for a corresponding support network for Primary and Community Care had yet to be confirmed. Part of this would be about ensuring that there was engagement between the Acute Sector and CHPs.

NOTED**6. EQUALITY AND DIVERSITY**

Imran Shariff gave a presentation on the development of Equality and Diversity issues within the Division. An information pack was distributed to Members containing copies of the draft Annual Report on Race Equality Action, a Race Equality Training report and an update on the Division's status in relation to each of the diversity strands (race; religion; disability; gender; sexual orientation and age).

Imran explained that a Race Equality Report is sent via the Board to the Commission for Racial Equality on an annual basis. Imran gave an overview of the elements within the Pan Glasgow report, giving updates on the work and progress to date in relation to: Interpreting, Advocacy, Training, Employment, Research, Information, Communication, Listening to Communities and Catering.

Highline facts illustrated were:-

Interpreting – Through the Glasgow Translation & Interpreting Service 1,100 weekly requests (of which 76% were from health) were processed. In 2004/5 NHSGG contributed £775,000 to the service.

Advocacy – Jointly commissioned service with Glasgow City. During 2004, 213 people received support of which 43 were asylum seekers.

Training - Pan-Glasgow Training Developed. In 2004, some 450 had attended the two strands of training (346 cultural competency and 104 anti-discriminatory training).

Employment – A revised PIN Guideline on Equal Opportunity Policy was due March 2005. Results of the NHS Staff Survey were being interpreted. A new employment application form had been developed to include sexual orientation and religious belief (in line with new laws).

Research – Black and Ethnic Minority (BEM) Research Steering Group established and an audit of all current research had been completed and placed on the web).

Information – Data extracted from 2001 Census to show demographics of Glasgow population.

Communication – Work on-going at Board to develop communications strategy, including policy on translating material. Data on BEM health promotion material had been compiled and was available on the web.

Catering – Common supplier for Halal and Kosher meals had been engaged. Focus groups were planned with other BEMs to develop catering arrangements.

Imran went on to describe the future challenges faced by NHSGG in relation to equality and diversity issues. Resource implications seemed to be one of the

equality and diversity issues. Revenue implications proved to be one of the more challenging issues and included costs associated with: interpreting, adaptation of premises, hearing loops/signage, training and development and communication (Braille, large print and audio).

Imran explained that along with the current legal and policy drivers for change, there would be new legislation in the near future relating to disability and age, which will add to the complexity of equality and diversity. A diversity stocktake had been conducted to show where the Division stands on each of the aspects of diversity. Further discussion was required around how best to harmonise each of the equality strands across PCD, CHPs and Board level.

Imran's presentation was concluded with a brief demonstration of the ethnic minority directory website.

Stewart Daniels raised concerns about the current trend of asking for religion and gender in questionnaires and applications. Andy Carter responded that from a human resources perspective this was a useful means of monitoring employments practices to ensure they were non-discriminatory. Within the Division, short-listing panels did not have access to equal opportunities questionnaires and the identity of candidates was, as far as possible, made anonymous.

Iona Colvin asked if there had been any links made with the Addictions Service in relation to the topics raised by Imran. Imran advised that there was currently work around training staff within Joint Addictions Services and would welcome further engagement.

There was a short discussion around the difficulties in bringing the different diversity strands together and about how these would sit within the new Board structure. Rosslyn noted the need to raise this as part of the on-going discussions. Imran undertook to prepare a briefing note on this to help with further discussion via the Board.

**Multicultural
Health**

Imran was thanked for a comprehensive and succinct presentation of the wide range of issues to be addressed as part of the diversity agenda.

7. DRUG MISUSE – PROPOSALS TO THE SCOTTISH EXECUTIVE TO EXPAND TREATMENT AND REHABILITATION SERVICES IN GLASGOW

Iona Colvin presented Paper 2005/025, which set out proposals from the Greater Glasgow Drug Action Team to the Scottish Executive on the National Review of drug treatment, and rehabilitation services announced in October 2004. The review had made recommendations to Drug Action Teams on the range of services that should be available within each area of Scotland. The National Review had recommended that:-

- action was required to improve access and treatment options for individuals with drug problems (specifically the balance between community based and residential services);
- the quality and consistency of services needed to improve;
- drug treatment services need to be integrated into a wider range of social care and health provision including housing, children's services and education, training and employment provision; and
- increased funding and accountability for drug misuse services.

In respect of the funding aspect, the Scottish Executive had announced a package of £6M per annum over the next three years to health and local authorities across Scotland via Drug Action Teams in order to extend the range of services for drug misusers. Within the review, the Executive announced its intention to put in place *performance contracts* with Drug Action Teams in order to ensure service delivery and improvement.

The Scottish Executive in December 2004 had invited Drug Action Teams to bid for an indicative amount of allocated funding based on clear and concise proposals that set out the priorities of the Drug Action Teams. For Greater Glasgow an indicative upper limit of funding of £1M had been set. This was 17% of the funding available Nationally and was considered insufficient to meet the prevalence of drug misuse within Glasgow City alone, which contained 25% of Scotland's serious drug misusing population.

Proposals to a value of £1.630M had been submitted to the Scottish Executive and had been the subject of further dialogue since. It was thought that an announcement on this bid was imminent.

The DMT welcomed the additional funding being made available and supported fully the representations to secure a greater share of the available funding to address Glasgow's drugs problem. The moves to secure additional funding for needle exchange were identified as improving access, but were significantly below that required to meet demand. A similar situation arose in relation to the development of the methadone programme.

Concerns were expressed about the equal need to tackle alcohol misuse and the adverse effect alcohol abuse had on communities. It was noted that this was an issue to be considered by the NHS Board.

Iona confirmed that details of the additional funding secured would be reported to the DMT once details were available.

**General
Manager
Addictions**

NOTED

8. HEALTHCARE ASSOCIATED INFECTION – INFECTION CONTROL STANDARDS, DECONTAMINATION AND CLEANING STANDARDS

Alistair Maclean submitted paper 2005/026, which provided an update on the progress in addressing healthcare associated infection (HAI) across the full range of activities of the Division.

His report covered various stands of this key priority for NHS in Scotland including:-

- implementation of the Action Plan to address the “not met” categories of the Quality Improvement Scotland HAI Infection Control Standards Report;
- decontamination of re-usable medical devices;
- removal of bench top steam sterilisers from Divisional treatment rooms;
- compliance with the Quality Improvement Scotland HAI Cleaning Services Standards;
- development and introduction of NHS Scotland National Cleaning Services Specification;
- return of Community Domestic Services Contract to in-house management;
- Service Provision Agreement Programme and Associated Customer Satisfaction Surveys; and
- Patient Focus, Public Involvement (PFPI) initiatives.

NOTED

9. STAFF GOVERNANCE ACTION PLAN 2004/5

Andy Carter presented Paper 2005/027, which enclosed a draft assessment of the Division’s performance against the Staff Governance Action Plan 2004/5 to February 2005. There was tabled a revision (dated 2nd March 2005) to the initial assessment circulated with the agenda papers.

NOTED

10. STAFF GOVERNANCE

Andy Carter presented Paper 2005/028 on staff governance issues.

Comment was made to the increase of staff in post in the period October to end

of December 2004. It was noted that the bulk of the increase was in relation to direct care staff and included the impact of recruitment of Trainee Clinical Psychologists, planned development of the Homelessness Service and staffing of the perinatal mental health service. The Staff Governance Action Plan also showed a significant reduction in agency staff costs.

NOTED

11. LIP MONITORING

Paper 2005/029 was submitted providing an update to 1st February 2005 on the achievement against targets set within the Divisional Local Implementation Plan for 2004/5.

In relation to paragraph 1.11, it was noted that the Model for delivery of Mental Health Services with Argyll and Clyde Health Board had been developed, but had been rejected as not compatible with Argyll and Clyde's Clinical Strategy. The Model would therefore not proceed.

It was noted that the final review for the year to 31st March 2005 would be submitted to the DMT in May.

NOTED

12. FINANCE REPORT

Douglas Griffin presented Paper 2005/030 containing the financial progress report for the period to January 2005.

The current report confirmed that the Division was operating £26K within its resource limit for the period to January 2005. This improvement relative to the position reported in previous months was due to a slowing down in the rate of growth in primary care prescribing expenditure. In other areas of the Division's activities, overall expenditure continued to run within budget due to the impact of cost containment measures implemented during the course of the year. There remained pressures relative to the cost of Quality Outcome Measures relating to the GMS Contract, which were anticipated to be around £3M in the current year.

Capital expenditure of £8.4M had been incurred to the end of January. The current forecast for the year to 31st March 2005 was estimated at £11.6M.

NOTED

13. WAITING TIMES – EXCEPTION REPORT

Dr Iain Wallace presented Paper 2005/031 on performance against agreed waiting times for the period ending January 2005.

Elements of the service continued to report waiting times in excess of those agreed largely due to staff absence and difficulties in recruiting to vacant posts.

NOTED

14. CLINICAL GOVERNANCE COMMITTEE

The minutes of a meeting of the Clinical Governance Committee held on 3rd February 2005 [Paper 2005/032] were noted.

15. AUDIT COMMITTEE

The minutes of a meeting of the Audit Committee held on 3rd February 2005 [Paper 2005/033] were noted.

16. PHARMACY PRACTICES COMMITTEE

The minutes of a meeting of the Pharmacy Practices Committee held on 1st February 2005 [Paper 2005/034] were noted.

17. RISK MANAGEMENT ADVISORY COMMITTEE

The Minutes of meetings of the Risk Management Advisory Committee held on 2nd November 2004 [Paper 2005/035] and 9th February 2005 [Paper 2005/036] were noted.

18. NEXT MEETING

The next meeting of the Divisional Management Team was noted as Thursday, 5th May 2005. The time and venue for this meeting was to be confirmed. Councillor Bob Duncan intimated his apologies for this meeting.

**General
Manager
Corporate
Services**

19. 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.

20. REFERENCE COMMITTEE

The Minutes of a meeting of the Reference Committee held on 17th January 2005 [Paper 2005/037] were noted.

21. REMUNERATION GROUP

The Minutes of a meeting of the Remuneration Group held on 13th January 2005 [Paper 2005/038] were noted.

The meeting ended at 11.15 a.m.