Paper No 06/12

NHS GREATER GLASGOW - SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION

Minute of **Meeting** of the **Divisional Management Team** held on **Wednesday 14 December 2005** in the Board Room, Management Building, Southern General Hospital, Glasgow at 10.45 am.

Present

Mrs E Smith	Chairman
Mr R Calderwood	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	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
Mr G Flyde (By Invitation)	Tribal Consulting
Mrs S Clark	Ex-Greater Glasgow Health Council

Action

1) **Minute**
The Minute of Meeting of the Team dated 7 September 2005 was submitted and approved.

2) **Governance**

a) Audit
The Minute of Meeting of the Audit Committee dated 7 September 2005 was submitted and adopted.

b) Clinical Governance
The Minute of Meeting of the Clinical Governance Committee dated 28 October 2005 was submitted and adopted.

c) Staff Governance

i) The Minute of Meeting of the Staff Partnership Forum dated 27 July 2005 was submitted and adopted.

ii) The Minute of Meeting of the Staff Partnership Forum dated 28 September 2005 was submitted and adopted.

3) **Risk Management**
Mr Cameron spoke to the Exceptional Risks Report. He commented that the new pan-Glasgow Risk Management arrangements would shape this report in future. The NHS QIS Governance and Risk Management standards had now been received.

Mr Calderwood commented that capital funding and a non-recurring revenue allocation for the current financial year had been received for the CEPOD theatre at the Southern General Hospital. Ongoing revenue funding would be an issue

for the new Acute Division

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

Mr Crombie spoke to his paper and outlined a positive position as at 31 October 2005. He stated that elective activity was performing well against target and there had been a significant increase in day case activity, specifically in ENT and Urology. He stated that there had been a shift from inpatient to day case activity as well as an overall increase in activity. While the theatre cancellation rate for October ran at 15% the number of unused sessions had virtually disappeared as many vacant slots were being taken up by other consultants.

Mr Crombie reminded Members that the Division had consistently achieved the inpatient and day case targets and he was pleased to report that TCI dates had been allocated for all inpatients, day cases and outpatients to 31 December 2005 thus ensuring that the six-month target for these patients would be met. There had been an increase in the number of patients with an ASC code but the increase was due to patient-driven rather than service-driven codes. In any event application of ASC codes continued to be managed in line with national guidance.

Members noted the sustained reduction in the waiting time for Neurosciences MRI scans which had halved since April 2005.

Mr Crombie stated that cancer and diagnostic waiting times would become a major part of future performance reviews. A group had been established to ensure that there was continued progress towards meeting the targets. However, the targets would have a major impact on diagnostic services given that the target for cancer patients was two weeks from referral to diagnosis.

5) **Finance**

a) Finance Summary as at 31 October 2005

Mr Gallagher spoke to his paper and stated that at 31 October 2005 the Division was £734,000 overspent based on a year to date budget of £157 million. The overspend comprised a pay underspend of £138,000 and a non-pay overspend of £872,000. The main drivers for the overspend were the pressures surrounding gas and electricity prices and reagents and instruments and sundries.

b) Greater Glasgow NHS Board Performance Review Group

i) Finance Report to September 2005

Members noted the report which had been submitted to the November meeting of the Performance Review Group.

ii) Mid Year Review of Financial Plan for 2005/06

Members noted the paper which had been submitted to the November meeting of the Performance Review Group.

6) **Capital Plan 2005/06 as at 31 October 2005**

Members noted the paper by Mr Gallagher outlining the position against the Capital Plan as at 31 October 2005. Mr Gallagher stated that circa £2 million had been returned to the Board, as the Division would not be able to spend this in the current financial year. To date £2 million of the £13 million capital allocation for the current financial year had been spent.

7) **ACAD**

Dr Cowan reported that the 1:200 drawings had been agreed with staff although subsequently the consortium had reviewed the circulation space and further drawings would need to be prepared. However, this should not have a significant impact on clinical space or on the project timetable.

Dr Cowan stated that he had prepared a second version of a paper for overnight beds which would see approximately twelve beds in the new Victoria Hospital. These would have a direct link to the recovery area. This work had been presented to the South Monitoring Group a fortnight ago. Along with Mr Divers he had met with MSPs to brief them on this work.

Work was now being carried out to plan the transition of services from the Victoria Infirmary to the new Victoria Hospital. An agreed planning process had been developed.

Mr Calderwood stated that the NHS Board had allocated funding for enabling works and construction of the new road would start on the 9 January 2006. It was anticipated that this would allow the formal closure of Annan Street by early May 2006. It was likely that the formal sale of the land would be concluded in the next few weeks. It was still anticipated that the consortium would achieve financial close in the late-Spring to allow the start of construction in the early summer although the current work on redrawing some of the circulation areas meant that detailed planning consent had still to be achieved.

8) **Modernising Medical Careers**

Dr Cowan spoke to a flow chart which illustrated the Modernising Medical Career framework proposal for Scotland. He stated that FY1 was now in place with a shift from two six-month rotations to three four-month rotations. FY1 also ensured improved off the job training which was consistent across the country. FY2 onwards was managed by the Post Graduate Medical Training Board who were responsible for the quality of training. This role was previously carried out by the Royal Colleges. FY2 would become operational from August 2006.

Run-through replaced the remainder of SHO training and Registrar training. Most specialties expected run through training to take seven years. Assessment would be competency based and it was likely that this would be where the Royal Colleges would have a role in assessing individual doctors. Dr Cowan stated that service time would be lost as a result of FY2 and run-through and it was unclear as yet how this would be replaced.

Following run-through doctors would be eligible for their CCT and would be placed on the specialist register which would allow them to apply for senior medical appointments.

Dr Cowan stated that in the West of Scotland there were substantially more SHOs in other parts of the country and this meant that the training scheme would have a disproportionate impact on the West of Scotland.

9) **Clinical Governance Annual Report April 2004 to March 2005**
Clinical Effectiveness Annual Report April 2004 to March 2005

Members noted the Annual Clinical Governance and Clinical Effectiveness Reports and commended the authors on the production of very comprehensive and clear reports. Mrs Murray stated that in the short time she had chaired the Clinical Governance Committee she had been very impressed with the quality of

work and the focus on relevant issues. It was agreed to write to Ms Burke, Mrs Smith and Dr Stewart to congratulate them on the production of the reports. It was agreed that a position paper from the Clinical Governance Committee should be prepared to hand over to the NHS Board Health and Clinical Governance Committee. GRB

10) **Complaints Quarterly Report July – September 2005**

Mr Barclay spoke to his paper and stated that for the quarter the Division had responded to 68% of complaints received within 20 working days. Mr Barclay briefed Members on the revised mode of working for the Ombudsman's office which meant that all cases referred to them would now be formally classed as under investigation. This would mean that every case would be reported to Parliament. The Ombudsman's quarterly reports would therefore show an increase in Ombudsman's investigations and a corresponding decrease in enquiries.

Mr Barclay also advised Members that the Corporate Management Team had approved the new pan-Glasgow Complaints Policy on 22 November 2005. A Race Equality Impact Assessment had also been carried out and an action plan prepared.

11) **Complaints Handling – Benchmarking across Scotland**

Mr Barclay spoke to his paper which benchmarked South Glasgow Performance against other Acute Hospital Divisions across Scotland. Members noted that there had been continuous improvement in performance for South Glasgow to achieve the highest performance in the city for the percentage of complaints responded to within 20 working days. Over the last 5 years the median response time had also fallen by 6 days from a high of 21 days to the current position of 15 days. South Glasgow also was in the top performers in Scotland for the percentage of complaints responded to within 20 working days. Mr Barclay commented that following the introduction of the revised complaints procedure on 1 April 2005 there was no longer a 70% target for responding to complaints within 20 working days. Instead, the guidance stated that local resolution should normally be completed within 20 working days of receipt of a complaint. This would, therefore, require an internal year on year incremental increase in performance using the former 70% target as a starting point.

Members noted that the percentage of complaints classed as "not upheld" in South Glasgow had been the subject of discussion at a recent meeting of the Board's Health and Clinical Governance Committee. The benchmarking showed that South Glasgow was at variance with practice elsewhere although the number of complaints classed as "upheld" was consistent with other Acute Hospital Divisions across the country. The issue would, therefore, appear to be the number of complaints which were classed as "not upheld" in South Glasgow which may be classed as "partly upheld" in other parts of the country. As part of the work to introduce the new national complaints procedures across the City and to develop a consistent approach to complaints within the new Acute Division some guidance on classification of complaints would be developed to assist with consistent recording of complaints outcomes.

12) **Consultation Documents July to December 2005**

Members noted the paper prepared by Mr Barclay which listed the consultation documents received in the Chief Executive's office and the action taken.

13) **Valedictory**

Mrs Smith noted that this was the last meeting of the Divisional Management Team. She thanked all the non-Executive and Executive Members for their input, all the members of staff who worked behind the scenes to support the Divisional Management Team through the preparation and circulation of papers and Mrs Clark for her contribution on behalf of the public to the work of the Divisional Management Team, over the last 21 months.