

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the  
Performance Review Group held at 9.30 am  
on Tuesday, 20 January 2009 in  
the Board Room, Dalian House,  
350 St. Vincent Street, Glasgow, G3 8YZ.**

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**P R E S E N T**

Mr A O Robertson OBE (in the Chair) (to Minute 10)

Mr R Cleland	Cllr. D Mackay
Mr P Daniels OBE	Mr D Sime
Ms R Dhir MBE	Mrs E Smith (in the Chair from Minute 11)
Mr P Hamilton	Mrs A Stewart MBE
Mr I Lee	Cllr. D Yates

**OTHER BOARD MEMBERS IN ATTENDANCE**

Dr C Benton MBE	Mr D Griffin (to Minute 10)
Dr B Cowan (to Minute 5)	Mr B Williamson

**I N A T T E N D A N C E**

Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Mr R Copland	..	Director of Health Information and Technology
Ms J Gibson	..	Head of Performance and Corporate Reporting
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director of Glasgow CHCPs (to Minute 10)
Mr J Rundell	..	Audit Scotland
Mr A Seabourne	..	Project Manager, South-Side Hospitals (to Minute 4)

**ACTION BY**

**1. APOLOGIES**

Apologies for absence were intimated on behalf of Mr T A Divers OBE and Cllr. A Stewart.

**2. MINUTES**

On the motion of Cllr. D Yates, and seconded by Mrs A Stewart, the Minutes of the Performance Review Group meeting held on 18 November, 2008 were approved as an accurate record.

**3. MATTERS ARISING**

a) Review of NHS General Services Contract – Progress on Monitoring Access to GPs

In relation to Minute 52 – Audit Scotland's Review of NHS General Services Contract – Ms Renfrew advised that the 48-hour access to primary care services was no longer part of the GP Contract. Discussions were being held between CHCP Directors and the Local Medical Committee to see how best a local target of 48-hour access could be maintained and monitored. Ms Renfrew would report back to the Group on the progress.

**Director of  
Corporate  
Planning &  
Policy/Lead  
Director of  
Glasgow CHCPs**

NOTEDb) Alexandria Medical Centre – Approval of Outline Business Case

In relation to Minute 54 – Alexandria Medical Centre – Approval of Outline Business Case – Mr Griffin advised that the Outline Business Case would be considered by the Scottish Government Health Directorates – Capital Investment Group (CIG) as part of the totality of proposals for the Vale of Leven Hospital. The outcome of the consultation on the Vision for the Vale of Leven Hospital would be submitted to the February 2009 NHS Board meeting and thereafter to the Cabinet Secretary for Health and Well-being.

The Alexandria Medical Centre was in the Board's Capital Plan and, if approved by CIG, remained on course to have the Final Business Case completed, the appointment of a contractor in July 2010 and the centre being operational during 2012.

NOTEDc) Joint Working with Glasgow City Council - Update

In relation to Minute 55 – Joint Working with Glasgow City Council – Update – Ms Renfrew advised that three meetings had now been held with the City Council officials and a programme of work agreed, including:

- i) the employment status of CHCP Directors;
- ii) Schemes of Delegation for both organisations;
- iii) CHCPs relationship with the corporate centres of both organisations;
- iv) review of the budget setting process, financial accountability and monitoring;
- v) Human Resources issues – equal pay risks, joint job descriptions and employment policies.

The meetings with the Council have been helpful and it was intended that a report on these issues would be provided to the NHS Board Chair and Council Leader in early February 2009.

Mr Sime emphasised that the Area Partnership Forum (APF) would require to be involved if changes were being proposed to Human Resources policies. Ms Renfrew agreed to discuss with Mr Sime the principle of what might be proposed.

Mr Daniels was encouraged that the review included the financial delegation from Social Work to the CHCPs and the opportunities for virement.

Mrs Smith was pleased to note that discussions were now being held with Glasgow City Council on the detail of the issues highlighted and that there was a willingness to work towards a joint agreement.

NOTED

#### 4. SOUTH-SIDE HOSPITAL AND NEW LABORATORY – UPDATE

There was submitted a paper [Paper No. 09/01] from the Director of Acute Services Strategy Implementation & Planning which set out the arrangements to carry out the Gateway 2 Review of Project Delivery and an update on the overall programme.

Ms Byrne advised that the initial planning meeting for Gateway 2 was held on 14 January 2009 and the formal review was to be carried out on 27 to 29 January 2009. The parameters had been agreed; there would be fifteen interviews with a focus on procurement and a readiness to go to the market. The outcome would be reported to the February 2009 NHS Board meeting.

Mr Seabourne described to Members the five stages of the Project and advised that Phase 1A – Employer’s Requirements (Pre-procurement) and Exemplar Design (Tender Package) were near completion in preparation of going to the market in April 2009.

The Project Team was currently working with clinical staff and the medical planners from the Technical Advisory Team in order to finalise the clinical outcome specifications for the new Adult Hospital and new Children’s Hospital. There had been at least one meeting held with each of the ninety-two specialty groups to discuss patient pathways, adjacencies and any special requirements.

The completion of the site Master Plan was a condition of the Outline Planning Approval granted by the City Council. The Technical and Project Team were taking this work forward and would include consideration of the siting of an electricity sub-station; multi-storey car park, Ronald McDonald House and the University Development.

In response to Members’ questions, Mr Seabourne confirmed the ongoing discussions with the City Council on the mass transport system (Fastlink); the current adequacy of covering additional work within contingencies and the ongoing discussions with the University of Glasgow for the Academic Building.

#### NOTED

#### 5. PROGRESS REPORT ON C.DIFF ACTION PLAN

There was submitted a paper [Paper No. 09/02] from the Medical Director on the progress being made in delivering the specific actions as a result of the Report produced by the Review Team, chaired by Professor Cairns Smith, on Clostridium Difficile associated disease at the Vale of Leven Hospital.

Dr Cowan took Members through each recommendation and provided further detail on the actions under way. He advised that Professor Smith had visited the Vale of Leven Hospital on 23 December 2008 and had met with the Chief Executive and Chief Operating Officer on 19 January 2009. He indicated that Professor Smith commented that he had seen evidence of significant progress against each of the recommendations. The recommendation relating to ensuring consistency of documenting healthcare acquired infection as a factor contributing to death had been adjusted to become an action for the Chief Medical Officer for Scotland.

The police and health and safety investigations were ongoing.

Mr Hamilton advised that the fabric and maintenance of the Vale of Leven Hospital buildings had been raised a number of times at the recent public meetings held on the consultation of the Board’s Vision for the Vale of Leven Hospital. Improvements had been made but more was required to be done and this was likely to flow from the outcome and decisions on the future services at the Vale of Leven Hospital.

Dr Cowan advised that the national 30% reduction in C.Diff by 2010 was on target to be met – greatly assisted by the Antimicrobial Policies.

Mr Cleland reported that the Clinical Governance Committee continued to discuss the actions being taken to reduce healthcare acquired infections and a bi-monthly report on monitoring healthcare acquired infection would be submitted to the NHS Board from February 2009.

Cllr. Mackay asked how the public education programme could bring about a cultural change in people's behaviours towards using hand hygiene as the norm when they entered clinical areas. This sustained adherence to practice designed to reducing healthcare acquired infections was difficult to achieve and was being debated by the Clinical Governance Committee to try to find a way of achieving this aim.

NOTED

## **6. PLANNING FOR 2009/10**

There was submitted a paper [Paper No. 09/03] from the Director of Corporate Planning and Policy/Lead Director of Glasgow CHCPs setting out the Planning and Priorities Guidance Update – 2009/10. This formed the final year of the three-year planning round – 2007-2010. The Guidance took account of the requirements for the Local Delivery Plan and the NHS Board's involvement in six Single Outcome Agreements across NHS Greater Glasgow and Clyde.

First drafts of the Local Delivery Plan (LDP) were to be with the SGHD by 18 February 2009 and thereafter would be refined until signed off at 31 March 2009. The next meeting of the Group on 17 March 2009 will consider an advanced draft of the LDP.

NOTED

## **7. ORGANISATIONAL PERFORMANCE REVIEWS**

There was submitted a paper [Paper No. 09/04] from the Head of Policy and Corporate Reporting on the second round of Organisational Performance Reviews which included Inverclyde and West Dunbartonshire CHPs; the Mental Health Partnership including Learning Disabilities, Addictions and Homelessness; Human Resources and Health Information and Technology.

Ms Gibson highlighted examples of innovation, good practice and the key themes. Each of the cross-system actions was to be allocated to a named officer to lead, with progress reported back to the Planning Performance and Policy Group.

Members welcomed the detail and issues clearly identified for system-wide action and best practice. Mr Rundell commented on the Audit Scotland Report which had commented favourably on the NHS Board's Performance Management arrangements.

Mr Hamilton referred to the sharing of best practice by the Public Partnership Forums which would all come together for a session on 22 January 2009 to discuss the sharing of ideas and areas of commonality.

NOTED

## 8. FINANCIAL MONITORING TO 30 NOVEMBER 2008

There was submitted a paper [Paper No. 09/05] from the Director of Finance which set out the Board's financial performance for the period to 30 November 2008.

The report advised that the Board and its operational divisions were currently reporting a close to out-turn position against its revenue budget and continued to forecast a revenue break-even position for 2008/09.

Mr Griffin made reference to the increased energy costs and advised that the new tariff in electricity would produce a significant increase of expenditure of more than £4m to the period March 2009. Looking forward to 2009/10 it appeared that almost certainly energy expenditure would continue to be a significant source of cost pressure for the NHS Board, albeit with current trends in gas and electricity prices, the level of expenditure may now be lower than had been originally anticipated.

Mr Griffin explained the cost savings table within the report and advised that as of 30 November, the NHS Board was reporting an achievement of £32.4m of recurring savings.

The report also included a section describing in detail the outcome of the Board's Mid-Year Review against the assumptions in the Financial Plan for 2008/09. The Board had initially forecast a revenue surplus of £11m: however, some of the savings generated had been required to be used in year to mitigate against the impact of additional in-year cost pressures principally relating to energy costs and capital charge increases. Therefore, the NHS Board was now forecasting a revenue break-even for 2008/09. The recurring financial position remained unchanged with commitments exceeding available funds by around £12m and this was wholly attributable to the imbalance between the recurring expenditure commitments and funding related to the Clyde area of the NHS Board's management responsibilities. The plan for addressing this funding gap in 2008/09 remained unchanged and comprised a mix of locally generated recurring and non-recurring cost savings and transitional funding relief provided by SGHD.

With regard to capital expenditure, a full review of the Capital Plan – 2008/09 was undertaken by the Capital Planning Group. This confirmed that £15.8m of expenditure would now be incurred in the first quarter of 2009/10. The SGHD had agreed to the provision of the necessary additional brokerage to allow the Board to fund this expenditure when it was incurred during 2009/10, effectively giving a year end brokerage total of £47m carried forward at 31 March 2009.

Mrs Smith commented that she found the Financial Monitoring Report both accessible, understandable and helpful and thanked the Director of Finance for the clear presentation of the Board's financial position. Members considered the additional steps that would be required to provide funding for the new Ambulatory Care Hospitals during 2009/10 and also the discussions that would be required with SGHD for further transitional funding to assist with the Clyde deficit.

### NOTED

## 9. AUDIT SCOTLAND – OVERVIEW OF THE FINANCIAL PERFORMANCE OF THE NHS IN SCOTLAND 2007/08

There was submitted a paper [Paper No. 09/06] from Audit Scotland which provided an overview of the financial performance of the NHS in Scotland in 2007/08 and examined the financial challenges and risks for 2008/09 and beyond.

Mr Rundell highlighted the following:-

- In 2007/08 there was an overall underspend of £24m against the revenue budget and £2m against the capital budget of NHS Scotland.
- NHS Boards were less reliant on non-recurring funding to achieve their financial targets.
- Pay Modernisation continued to be significant cost to NHS Boards together with rising drugs, fuel and energy costs; reducing waiting times and service re-design.
- Most NHS bodies had generally sound governance arrangements in place.
- During 2008/09 and beyond NHS Boards would continue to face similar cost pressures as well as full compliance with European Working Time Directives and the impact of low growth in funding allocations.

NOTED

**10. COMMUNICATION ISSUES: 19 NOVEMBER 2008 - 20 JANUARY 2009**

There was submitted a paper [Paper No. 09/07] from the Director of Corporate Communications covering communication actions and issues from 19 November 2008 to 20 January 2009.

Mr McLaws highlighted the following:-

- The production and distribution of 80,000 copies of the Winter brochure, providing information on accessing health services over the festive period. On 2 December, during a sudden cold snap, the 5 A&E Departments across Greater Glasgow and Clyde recorded their busiest ever day.
- The detailed work undertaken to promote and raise awareness of the NHS Staff Survey resulting in 36% of staff completing and returning the survey – a 9% increase from the last survey in 2006.
- Supporting the public consultation on the NHS Board's Vision for the Vale of Leven Hospital resulting in the distribution of a summary document to 60,000 households.
- The next edition of Health News was being themed on the Ministerial Taskforce Report – Equally Well – and would demonstrate how the NHS Board is working with other agencies to tackle health inequalities.

Cllr. Mackay advised that he had been disappointed to learn from the media the NHS Board's revised Policy on Car Parking which took account of the no charging regime from 31 December 2008. Ms Renfrew accepted that Members should have received a copy of the submission to Scottish Government which took account of the withdrawal of charges although a Core Brief summarising the changes had been provided to staff and Members at the time. Cllr. Mackay, in recognising the responsibilities of management, felt that with his interest and involvement in this matter and the public sensitivity, the issue should have been discussed with Members and they should have received a copy of the revised policy.

Members discussed the difficulties of ensuring adequate access to patients and visitors to car parking at hospitals and, in particular, to accessible spaces close to hospital entrances. Staff were not being encouraged to bring their cars to their workplace and there were no sites where adequate car park spaces would be available for all who wished to park at a hospital and therefore some form of management of the car parks was required.

NOTED

**11. REVIEW OF PERFORMANCE REVIEW GROUP REMIT**

There was submitted a paper [Paper No. 09/08] from the Head of Board Administration asking that the current remit be reviewed and amended as necessary as part of the Annual Review of Corporate Governance documentation which would be submitted to the NHS Board in April 2009 for approval.

The remit had last been amended in April 2008 to take account of the additional responsibilities for property matters and, other than minor typographical changes, the Group agreed that no changes were required to its current remit.

DECIDED:

That the current remit of the Performance Review Group be endorsed for submission to the NHS Board approval at its meeting in April 2009.

**Head of Board  
Administration**

**12. ACUTE INTEGRATED DESKTOP ENVIRONMENT: APPROVAL OF BUSINESS CASE**

There was submitted a paper [Paper No. 09/09] from the Director of Health Information and Technology seeking approval to the Acute Integrated Desktop Environment Business Case with phased funding released as key milestones were reached and delivery targets achieved.

Mr Copland advised that following the formation of a single Health Information Technology Directorate, one of the objectives of the new Directorate was to ensure the under-pinning IT structure would support the NHS Board's strategic aims. This included the migration to a single patient management system; replacement of the GP system; ongoing reconfiguration of sites and services; a significant ramp up of volume and pace of IT dependent projects and IT services being increasingly utilised to enable business transformation.

Currently, the IT infrastructure was mostly aligned along the various boundaries of the former operating units and did not cost-effectively lend itself to deliver all of the above aims. This Business Case covered essential developments in the core IT infrastructure for the Acute Services Division.

Mr Copland pointed out for Members the benefits derived from the project and answered Members' questions in relation to the differences this would bring for staff as a result of this investment and he described the monitoring arrangements to ensure the successful delivery of the intended benefits.

DECIDED:

That the Acute Integrated Desktop Environment Business Case be approved.

**Director of  
Health  
Information &  
Technology**

**13. DATE OF NEXT MEETING**

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 17 March 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.50 a.m.