

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Performance Review Group held at 9.30 am
on Tuesday, 6 July 2010 in
the Board Room, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Ms R Dhir MBE	Mr D Sime
Mr P Hamilton	Mrs E Smith
Councillor D MacKay	Mr K Winter
Cllr. D Yates	

OTHER BOARD MEMBERS IN ATTENDANCE

Dr C Benton MBE (to Minute 51)	Dr L de Caestecker
Mr R Calderwood	Cllr. J McIlwee
Ms R Crocket	Mrs J Murray
Mr B Williamson	

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

Mr J Crombie	..	Director of Surgery & Anaesthetics (to Minute 53)
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr A McIntyre	..	Director of Facilities
Mr A McLaws	..	Director of Corporate Communications
Mr A McCubbin	..	Head of Finance – Capital and Planning (to Minute 50)
Mr P Moir	..	Head of Major Projects (to Minute 48)
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs (to Minute 52)
Mr D Ross	..	Director, Currie & Brown UK Limited (to Minute 48)
Mr J Rundell	..	Audit Scotland

ACTION BY

46. APOLOGIES

Apologies for absence were intimated on behalf of Mr R Cleland, Mr P Daniels OBE and Mr I Lee.

47. MINUTES

On the motion of Mr P Hamilton and seconded by Ms R Dhir MBE, the Minutes of the Performance Review Group meeting held on 16 March 2010 [PRG(M)10/03] were approved as an accurate record; subject to the following changes:-

- (i) Minute 34 – Page 3 – 3rd Paragraph – 3rd sentence
Add: “exclusive” after £750,000.....
- (ii) Minute 40 – Page 10 – 3rd Paragraph- 3rd line
Add “m” after £329.047.....

48. NEW SOUTH-SIDE ADULT AND CHILDREN’S HOSPITAL AND LABORATORY PROJECT - UPDATE

There was submitted a paper [Paper No. 10/35] by the Project Director setting out the progress of each of the stages of the development of the new laboratory and design of the new hospitals. The Chair welcomed Mr P Moir, Head of Major Projects and Mr Douglas Ross, Director, Currie Brown UK Limited (Technical Advisors) who were attending to update members on the project.

In relation to Stage One of the new laboratory and facilities management project, Mr Moir advised that the NHS Board’s Project Team had now moved into their accommodation, which incorporated space for the Technical Advisors and Project Supervisor. Works to install approximately 360 pile foundations was completed in early June 2010 and works were progressing well with the plan to construct the concrete frame ongoing until the expected completion date of late January 2011.

Enabling works to demolish buildings within the Stage Three works area were currently out to tender with an expected start on site in August 2010, with the aim of creating a clear site by early November 2010. These works will see the demolition of a number of former staff residences, the existing catering block, the Management Annex and the Walton Conference Centre and Library building.

In relation to Stage Two – the new adult and children’s hospitals design development, the departmental design meetings with users had been completed at the end of May 2010. No significant changes were required and room layout design meetings commenced in mid June and were progressing well. It was planned that final meetings with staff would be concluded before the end of September to enable robust costs to be included in the Final Business Case which is to be submitted for consideration to the NHS Board in October 2010.

Mr Ross provided members with an update on the change control process and highlighted those changes which had occurred since the last meeting of the Performance Review Group. He advised that weekly early warning notice meetings were being held with the contractor in order to proactively manage issues arising and mitigate potential cost increases and maximise any cost reductions. He highlighted those issues which were currently being reviewed and discussed with the contractor and which may result in an overall change to the contract target/maximum price.

Mr Moir advised that Glasgow City Council had approved planning consent in principle for the master plan and environmental statement on 24 June 2010. This consisted of 4 of the 43 matters specified in conditions which have been attached to the outline consent and was the first key step in securing the necessary consents in advance of the Full Business Case. In addition, he advised that the planning management and production of the necessary documentation, tasks and activities in respect of both the Full Business Case and the Gateway Three (investment decision) were underway and formed an integral element of the weekly project team meetings.

Mr P Hamilton asked if the Southside Public Partnership Forums could be involved in the “Better Access to Health Groups” and be invited along to the mock-ups. This was agreed.

Project Director

Mr Winter enquired about the compensation events and, in particular, the site conditions and as to whether it would be possible to transfer the risk for the main hospital development to the contractor. Mr Ross advised that additional site investigations were continuing and discussions were being held with the contractor with this in mind.

Councillor Yates enquired about the Japanese knotweed removal which was included as a compensation event and whether this was more widespread. Mr Moir advised that this issue had been tackled over the last two and a half years and was now virtually eradicated.

Mr Calderwood reminded members that it was now the intention that the Full Business Case be submitted to the NHS Board meeting on 26 October 2010 and if approved would then be submitted to the Scottish Government in November with the hope of having a signed contract in place for the development of the Adult and Children's Hospitals by the end of the year.

Project Director

NOTED

49. GLASGOW CITY CHCPs - UPDATE

There was submitted a paper [Paper No. 10/36] by the Chief Executive and the Director of Corporate Planning and Policy/Lead Director, Glasgow City CHCPs setting out the stage reached with Glasgow City Council on the Community Health and Care Partnerships.

Ms Renfrew introduced the report noting that the Sir John Arbuthnott recommendations could address a number of the NHS Board's concerns about CHCPs through the revised Joint Partnership Board (JPB) arrangements and the proposed Joint Chief Officer post. The Board Chair had positively responded to the Council Leader seeking positive agreement on a way forward to report to this meeting. His aim had been to be positive but clear that there needed to be substance to pend a Board decision and enter negotiations. The response also confirmed a timescale which the Chair had discussed in a previous meeting with the Leader. The material attached to the paper indicated the reaction to that approach from the Leader. The Council clearly wanted to enter into a further process but with no commitments and no timeline. Ms Renfrew noted that this had reflected the NHS Board experience so far - as soon as the Board tried to get concrete agreement there was real difficulty. Ms Renfrew noted the current position – the NHS Board had a clear decision, implementation was underway that gave clarity for staff after two years of negotiation and uncertainty. It was clear that there were risks for the NHS Board if it was agreed to delay progress in establishing an NHS only CHP and to enter into a further process with the City Council. This would bring unhelpful and continued uncertainties for staff and key stakeholders. Equally she noted the NHS Board needed to positively respond to the Sir John Arbuthnott's recommendations.

Ms Renfrew advised that the proposals around the formation of the Joint Partnership Board, the single Director and single Director of Finance were to be welcomed, however, it was essential to elicit a firm commitment from Glasgow City Council that they supported Sir John Arbuthnott's recommendations and wished to enter into dialogue with the NHS Board on establishing appropriate processes to implement the key recommendations. The NHS Board had taken the decision in June 2010 to move towards the establishment of a single NHS CHP and this work was now underway and, therefore, members would need to be clear on what basis they were setting aside this decision. Ms Renfrew outlined to members what she considered to be the three options:-

- endorse Sir John Arbuthnott's recommendations but note that in the absence of any substantive response from the Council there was no basis to pend our process. This would enable the NHS Board to progress the NHS CHP as the Board had agreed and gave certainty to staff and other stakeholders;
- agree that if the content of Appendix 1, including the timetable, could be agreed with the Council, the NHS Board pend further implementation and enter negotiation. Given the response to the earlier proposal this was likely to elicit an immediate negative response;
- translate elements of Appendix 1 into a series of NHS commitments including, the Joint Chief Officer being the sole point of accountability to the Board Chief Executive and a member of the Corporate Management Team; the setting aside the Scheme of Establishment (SOE) approved by the Board in December 2009 and a willingness to move from the agreed five CHCP structure. If these were matched by the Council then the NHS Board would agree to undertake detailed joint work on the rest of the Appendix with a timescale of approval before the 17th August NHS Board meeting and pend the NHS CHP process. This had the advantage of ensuring specific Council commitment but if that commitment did not deliver a timely and detailed outcome the NHS Board was clear to rapidly progress the NHS option.

Ms Renfrew strongly advised that the Board should adopt one of these options and in her view the third option was likely to be best as it offered a very positive position but with the necessary detail and timelines to ensure a clear way forward.

Mr Robertson indicated that he had met the Council Leader just over a week ago and had reviewed a set of draft principles which Sir John Arbuthnott had established at that time. These seemed positive and a way forward for integrated working. He met Sir John Arbuthnott the day before the meeting in order to obtain a better understanding of additional comments which he had provided to the Council. Sir John emphasised that he was confident that there was a way forward for integrated working and he felt this was worth striving for. The Chair had offered to meet with the Council Leader prior to the Performance Review Group and whilst this offer was not taken up they did meet at a function the night before and had an informal discussion about these matters. Lastly, he advised members that a meeting had been arranged for himself and the Chief Executive to meet with the Leader of the Council and Chief Executive on Friday to discuss the outcome of the Performance Review Group's consideration of the way forward.

Ms Renfrew noted that there was a consistent pattern of getting into real difficulty when trying to get detailed agreement as opposed to headline commitments and emphasised her concerns about the impact on staff but recognised the potential benefits of having one final attempt at developing integrated CHCP structures between both organisations.

Mr Robertson confirmed he had previously had a detailed discussion with the Council Leader on respective decision making processes and timescales and had been surprised this seemed to become an issue in subsequent exchanges.

Mrs Smith noted the current position was similar to where the NHS Board had been last August when the Council Chief Executive had given very clear assurances, there had been subsequently repeated commitments about the SOE which were not delivered and the SOE was then set aside by the Council. This had been the experience at the JPB where there was a failure to progress agreed work. Mrs Smith supported Ms Renfrew's proposal about the Heads of Agreement being agreed by both parties before moving on to open negotiations on the processes and implementation plans which would be required to deliver the integrated working described in Sir John Arbuthnott's report. She thought it was essential that an assurance from Glasgow City Council on the way ahead was forthcoming before entering into a further level of negotiations.

Mr Sime noted that Sir John Arbuthnott's recommendations represented a radical way forward but there were real issues for staff of continuing uncertainty. He agreed the two stage process, commitments were needed as assurances had been given before which had not been delivered.

Mr P Hamilton asked whether the Chief Executive of the Council had given any view on Sir John Arbuthnott's report. Mr Calderwood advised that no insight had been given in the Chief Executive's letter enclosing the report but noted his positive informal engagement with Sir John Arbuthnott's emerging proposals in their discussions. He was hopeful that the meeting on Friday with the Council Leader and the Chief Executive would be translated into concrete proposals for an integrated CHCP which could be submitted to the Council Executive Committee and NHS Board in August. However, he believed the Council needed to withdraw its decision on accepting its Option 1b and accept the recommendations within Sir John Arbuthnott's report as the basis of the new model of integrated working.

At that point he believed the NHS Board could then set aside its decision in June 2010 to move towards the implementation of the NHS CHP. He was keen, therefore, to build on the connections which the NHS Board Chair had made with the Council in respect of the report produced by Sir John Arbuthnott.

Ms Renfrew emphasised that a commitment from the Leader of the Council was essential as it would be the Council which would be required to take the final decision.

Mr Williamson noted that the proposed option was a balanced way forward seeking commitment and a finite timescale.

Ms Renfrew welcomed members' comments and highlighted that if the NHS Board was willing to make a commitment which she had set out and commit to the detailed work as set out in Appendix 1 of the paper then it was important for the Council to do likewise.

Mr Winter endorsed the proposed way forward of seeking the Council's assurance and commitment to the areas of further joint work in order to allow negotiations around processes and implementation plans to proceed. He was keen to see a submission back to the respective decision making Committees of both organisations in August.

Mrs Murray noted the present position reflected the experiences as Mrs Smith had outlined them and members could not be confident of any real commitment from exchanges thus far.

Councillor Yates reminded members that previous agreements appeared to have been made and the NHS Board needed to learn lessons from the past.

The Chair noted the importance of Friday's meeting to get clarity from the Council Leader and read the three concluding points in the report; these were amended to reflect the discussion and approved as set out below.

DECIDED:

1. That the advice and recommendations of Sir John Arbuthnott may provide a basis to achieve sustainable integration of health and social care with Glasgow City Council and the NHS Board should respond positively;
2. That there should be an offer of NHS commitments and if these were matched by the City Council, the process to develop and NHS CHP would be pended and there would be an intensive, joint process to progress the Sir John Arbuthnott recommendations on the basis of Appendix 1;
3. That work should be developed on an alternative proposal for consideration by the Council and the 17th August 2010 NHS Board meeting;
4. That NHS Board members be advised of the progress on a regular basis.

**Director of
Corporate
Planning and
Policy/Lead
Director, Glasgow
City CHCPs**

50. APPROVAL OF THE FULL BUSINESS CASE FOR THE GLASGOW ROYAL INFIRMARY UNIVERSITY TOWER REFURBISHMENT PROJECT

There was submitted a paper [Paper No. 10/37] by the Director of Surgery and Anaesthetics which sought approval to the Full Business Case for the University Tower Building at Glasgow Royal Infirmary as a key element of the Laboratory Medicine Strategy.

Mr Crombie advised that the Glasgow-wide laboratory service's strategic review was established to advise on the optimum model for the provision of laboratory services taking into account the clinical linkages between the laboratories, the main clinical specialties and the services which required to be provided to support the clinical service profile on each site.

The key objectives of the laboratory services review process were determined as follows:-

- i. to define and develop an agreed configuration of provision of laboratory services across the city which reflected the approved Acute Services Strategy – consolidating from six to two major emergency and in-patient sites at the Glasgow Royal Infirmary and Southern General Hospital; an elective in-patient site including the Regional Cancer Centre at Gartnavel General Hospital; the Ambulatory Care Hospitals at Stobhill and the Victoria Infirmary and the co-location of paediatrics with obstetrics on an adult site.
- ii. to modernise the provision of laboratory services.
- iii. to create a network of laboratory services working across Glasgow, operating within a single integrated management structure.

The refurbishment of the University Tower block at the Glasgow Royal Infirmary would provide appropriate accommodation to co-locate Microbiology, North Glasgow; the West of Scotland Specialists Virology Centre and the Reference Laboratories. This in turn would deliver all identified benefits of the Laboratory Strategy and that laboratory services would be fully supported by automation, improved turn around times and specimen throughput. New capital costs had been identified within the NHS Board approved Capital Plan.

Mr Williamson welcomed the proposal however, was concerned that the document made no reference to those hospitals which were located within the Clyde area. He recognised that this was a Full Business Case for laboratory services within North of Glasgow and provided from Glasgow Royal Infirmary and separate strategies covered South Glasgow and Clyde. However, he did think there was a need to refresh the Laboratory Strategy in order to produce a single NHS Greater Glasgow and Clyde Strategy.

Mr Winter welcomed the proposal but enquired why the Cost Form FB4 had two identical Forms and yet different “Total On-Costs to Summary”. Mr McCubbin advised that these had been two separate options and therefore different figures. It was clear that the labelling of the Forms did not make it clear that they were providing different financial information for different options. This would be corrected.

**Director of
Surgery &
Anaesthetics**

In response to Mr Winter’s question about the equipment costs, Mr Crombie advised that these costs would have been included within the Capital Plan and the main analysers were to be procured via a managed service contract.

Dr Benton enquired about the floor space particularly for emergencies. Mr Crombie advised that the relevant services had been brought together to maximise the use of the floor space and helpful synergies had been achieved in doing this.

DECIDED

1. That the Full Business Case for the Glasgow Royal Infirmary University Tower Refurbishment project for the North Glasgow Laboratory be approved.
2. That a NHS Greater Glasgow and Clyde Laboratory Strategy be updated for Member’s consideration.

**Director of
Surgery &
Anaesthetics**

**Director of
Surgery &
Anaesthetics**

51. DEVELOPMENT OF CORPORATE PLAN

There was submitted a paper [Paper No. 10/38] by the Director of Corporate Planning and Policy/Lead Director, Glasgow City CHCPs which set out proposals to develop a single corporate plan for NHS Greater Glasgow and Clyde.

The corporate plan would aim to:-

1. provide a concise overview of the planning and delivering context in which the NHS Board works.
2. provide a concise overview of the key actions and outcomes which the NHS Board intended to deliver.
3. be a means to ensure that actions across the frameworks and different parts of the organisation add up to making a sufficient impact across NHS Greater Glasgow and Clyde.
4. provide guidance on the relative priorities and organisational focus expected across the different outcome, frameworks or service areas.
5. provide a vehicle for bringing together financial planning and workforce planning and performance.
6. enable the NHS Board to communicate organisational priorities more clearly both within NHS Greater Glasgow and Clyde and with partners, patients and the wider public.

7. illustrate the NHS Board responses to key, cross cutting national policy drivers such as Quality Strategy.

Members welcomed the redevelopment of a Corporate Plan and Mrs Smith highlighted the benefit of bringing together financial planning, workforce planning and performance in what was set out as Option 2 within the paper.

DECIDED:

1. That the development of a Corporate Plan for 2010/13 be approved
2. That the proposed purpose and approach set out in Option 2 be approved and that the Corporate Plan be one of the topics for the NHS Board Seminar in October.

**Director of
Corporate
Planning and
Policy/Lead
Director, Glasgow
CHCPs**

52. AUDIT SCOTLAND REPORT: IMPROVING PUBLIC SECTOR PURCHASING IN SCOTLAND

There was submitted a paper [Paper No. 10/39] by the Director of Facilities which set out the NHS Board response to the Audit Scotland Report published in July 2009 on Improving Public Sector Purchasing.

Mr McIntyre set out the four key headline messages from the Report and main recommendations. He advised that although the Report was primarily focused on the overall programme at national and sectoral level there was a range of points which had an impact on NHS Greater Glasgow and Clyde; these being:-

- i. the value gained by NHS Greater Glasgow and Clyde from the programme.
- ii. the level of the public body engagement being variable.
- iii. maintaining the future momentum and value delivery from the programme.
- iv. the capacity of public bodies to maximise benefits of the programme.
- v. a weakness in performance reporting.

Ms McIntyre then took members through each of these points in relation to NHS Greater Glasgow and Clyde.

The report raised a number of significant issues in relation to the overall national programme and the programme was maturing in terms of systems and ability to deliver. For example NHS Greater Glasgow and Clyde were now actively using Scottish contracts for utilities, IM&T hardware and stationery.

NHS Greater Glasgow and Clyde had fully embraced the principles of the programme. The report acknowledged that the NHS programme was more established than other public sectors. Mr McIntyre advised that the NHS Board had structures and resources in place to exploit the benefits of the national programme on a local basis.

Members welcomed the report and the national capability assessment results which highlighted encouraging performances by NHS Greater Glasgow and Clyde although benchmarking was identified as an area requiring further development.

NOTED

53. AUDIT SCOTLAND REPORT: MANAGING NHS WAITING LISTS

There was submitted a paper [Paper No. 10/40] from the Director of Surgery and Anaesthetics which was set out in presentational format the steps undertaken within the NHS Greater Glasgow and Clyde in relation to the recommendations of the Audit Scotland report.

Mr Crombie gave a presentation to members covering the New Ways Guidance and how the NHS Board managed and reported on waiting times.

The key messages had been variable approaches by NHS Boards in areas such as Did Not Attends; data recording/data quality; inter Board transfers being complex in tertiary Boards; and the continued reduction in access times and the need for improved communication processes with patients.

Members welcomed the report and Ms Dhir enquired about how waiting lists were managed to ensure robust data was available for performance reporting. Mr Crombie advised that if there were particular examples of where concerns existed about how patients were handled, he would be happy to investigate these separately. The replacement of the Availability Status Codes with the New Ways Initiative ensured that all patients were captured and reviewed and remained on the waiting list until treatment was received or a clinical review determined that they should be referred back to their GP.

Mr Hamilton enquired about the rates of “Did Not Attends” (DNA). Mr Crombie advised that some work had been undertaken to review good performances in other healthcare providers try and learn lessons from them. Two Directors had been nominated to lead the introduction of new initiatives in order to improve the “Did Not Attend” rates, however, the main challenge was one of sustainability. A number of initiatives like telephoning and texting patients brought immediate results however, it was clear that sustaining that performance proved very challenging.

Dr Benton raised the issue that appointment letters sent out to patients had no mention of patients identifying for the clinic if they had any special needs or disabilities. She highlighted the potential for such patients to be removed from the waiting list if, through no fault of their own, they had been unable to attend within the specified time.

Mrs Grant intimated that many steps had been taken to improve the management of waiting lists and waiting times. However there was now a requirement to carry out the systematic review of communications with patients in order to ensure that patients and their relatives were clear about what was expected of them and how to contact the hospital/clinic about any special needs or other issues. The NHS Board was required to ensure that they adhered to the Government guidelines and implemented the New Ways Initiative in managing waiting lists initiatives. There needed to be a shift in culture as a result of the slicker patient pathways to such an extent that patients were on occasions accessing hospital treatment much earlier than they had anticipated.

NOTED

54. ACCESS TO DELIVER HEAT HEALTH IMPROVEMENT TARGETS

There was submitted a paper submitted [Paper No. 10/41] from the Director of Public Health which set out the action being taken in respect of the HEAT Health Improvement Targets which were due to be delivered in 2010/11 and where there was a risk that they wouldn't be delivered within the timeframe set.

Dr de Caestecker advised that the paper set out the action being taken to deliver the following targets:-

- H3 - Child Health Weight Interventions
- H5 - Suicide prevention training
- H6 - Smoking Cessation
- H7 - Breast feeding at 6 – 8 Weeks
- H8 - Inequalities – targeted cardiovascular health checks

Dr de Caestecker took members through the detail of each Target, the position within the NHS Board on each and steps being taken to improve the position in each.

Councillor MacKay noted the substantial variation in breastfeeding rates at the 6-8 week period across NHS Greater Glasgow and Clyde. Glasgow North was on schedule to achieve its local target and South East, South West and West Glasgow CHCPs were making year on year steady progress. However, East Glasgow, East Renfrewshire, West Dumbarton, Inverclyde and Renfrewshire rates continued to fall and were unlikely to reach their expected target. Councillor MacKay welcomed the opportunity to discuss further what additional actions could be considered in this area particularly in relation to targeting specific effort towards the immediate family and support mechanisms to the mother from family members. Dr de Caestecker welcomed this and advised that while some initiatives had been undertaken of this nature there also needed to be a commitment from the mother to want to breastfeed. Support by peer groups including the father and wider family, in order to sustain breastfeeding beyond the initial early weeks, was to be encouraged and welcomed.

Dr Benton enquired if the progress made was being made within areas of deprivation and Dr de Caestecker indicated that indeed encouraging progress was being made in these areas although actual numbers remained relatively small.

Members welcomed the opportunity to discuss the areas where a HEAT target was unlikely to be met in the current financial year and have the opportunity to influence current and future actions in order to try and improve performance.

NOTED

55. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (APRIL 2009 – MARCH 2010)

There was submitted a paper [Paper No. 10/42] from the Chief Operating Officer/Head of Board Administration setting out the second monitoring report on the handling and settlement of legal claims within NHS Greater Glasgow and Clyde. Mrs Grant introduced the paper and advised that a further level detail on claims at Directorate level and category level for non clinical claims had been introduced since the first report.

Mrs Grant highlighted the settled claims, outstanding claims and the handling of live claims within the individual Directorate/Partnerships.

Mr Sime asked if the non clinical live claims included claims from staff and was advised that this was the case. Mr Winter asked about the staff resource in handling legal claims. He was advised that there was a dedicated small team within the Acute Services Division which handled over 90% of all claims and for the small number of claims within Partnerships they were handled locally and were channelled through the Head of Administration, Mental Health Partnership.

Members welcomed the continued refinement of the monitoring report on legal claims and looked forward to the next report in January 2011.

NOTED

56. COMMUNICATION ISSUES: 13 MAY TO 6 JULY 2010

There was submitted a paper [Paper No. 10/43 from the Director of Corporate Communications covering communication actions and issues from 13 May to 6 July 2010.

Mr McLaws highlighted the following:-

- Building on the World Cup theme a special “Going for Goals” Health News was issued in July 2010 encouraging individuals to set a goal to improve their health using inspiring accounts of others, practical tips and sign posts to help readers take the first step.
- The key focus of discussion at the Vale of Leven Monitoring Group meetings had been communications. To address the concerns, a twelve page newsletter had been produced which described progress on the delivery of the vision for the Vale of Leven. It had been distributed widely in the week commencing 20 June 2010 using the Involving People database, the free-phone line which had been advertised in the local papers and radio and hospital and GP practice waiting areas. In the first four months of the year the vision for the Vale of Leven homepage on the website had attracted more than 4000 visitors. Communications would remain a priority going forward.
- There had been a rise in the negative media reports on the activities of NHS Greater Glasgow and Clyde. This was due in large part to media coverage on the first days of the evidence in the Vale of Leven Public Inquiry and also reflected the wide spread coverage of the NHS Board workforce plans which had been debated in the Scottish Parliament.
- Launch of NHS Scotland photo library on 7/8 June – this new facility which was being project managed by NHS Greater Glasgow and Clyde on behalf of NHS Scotland and Scottish Government. It had been very well received and had around 700 users regularly downloading the library’s high quality free to use images.

NOTED

57. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 21 September 2010 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

The meeting ended at 11:40 a.m.