

NHS GREATER GLASGOW AND CLYDE

**Minutes of the meeting of the
Performance Review Group held at 9.30 a.m.
on Tuesday, 18 March 2008 in
the Board Room, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ**

PRESENT

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Cllr. D Mackay
Mr P Daniels OBE	Mr D Sime
Ms R Dhir MBE	Mrs E Smith
Mr P Hamilton	Mrs A Stewart MBE

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Ms R Crocket	Mr T A Divers OBE
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IN ATTENDANCE

Ms H Byrne	...	Director of Acute Services Strategy, Implementation and Planning
Mr J C Hamilton	...	Head of Board Administration
Mr J Hobson	...	Head of Corporate Financial Reporting & Audit
Mr A McLaws	...	Director of Corporate Communications
Ms J Quinn	...	Head of Performance and Corporate Reporting
Mr I Reid	...	Director of Human Resources

ACTION BY

9. **APOLOGY**

An apology for absence was intimated on behalf of Cllr. D Yates.

10. **MINUTES**

On the motion of Mr R Cleland and seconded by Mr P Hamilton, the Minutes of the Performance Review Group meeting held on 14 January 2008 [PRG[M]08/01] were approved as an accurate record.

11. **MATTERS ARISING**

a) New South-Side Hospital and Children's Hospital: Update

In relation to Minute 3(a) – New South-Side Hospital and Children's Hospital: Update – Ms Byrne updated members on the progress since the NHS Board had approved the Outline Business Case (OBC) at its February 2008 meeting and submitted the OBC to the Scottish Government Health Directorate (SGHD) for consideration by the Capital Investment Group (CIG).

The SGHD had submitted a number of detailed questions on the OBC covering areas from workforce planning, population projections, procurement, construction, sustainability and affordability. Answers had been provided and it was anticipated that the Cabinet will consider the OBC in early April 2008. The Director of Finance had met with the SGHD Director of Finance to go through in detail the forward financial plan and they discussed the work underpinning the assumptions on affordability and risks. This had been a useful and productive meeting in setting out the financial assumptions associated with the OBC.

ACTION BY

Ms Byrne advised members of the Procurement Workshop held on 17 February 2008 and a follow-up meeting with interested parties. Procurement options had been discussed at the Workshop and they had been narrowed down to two and then subsequently to one. The conclusion at this stage was that the procurement route would be a 2-stage design and build process although visits would be undertaken to other sites across the UK to learn from their experience of finalising the procurement method.

On the issue of governance arrangements, Ms Byrne advised that the New South-side Hospitals Programme Board would report to the Acute Services Review Programme Board and would have two main Groups. The first chaired by the Chief Operating Officer would cover Finance and Procurement and the second Group, which she would Chair, would cover Systems and Redesign. There would also be a Site Development Group for the Southern General Hospital site. The new governance arrangements would be submitted to the Acute Services Review Programme Board on 26 March 2008 and then to the Performance Review Group for approval.

Mr Daniels sought confirmation that the preferred procurement method had separate design and construction phases and Ms Byrne confirmed that this was the case. It was important to try to minimize the risks and further discussions were taking place to agree the most effective method for the procurement arrangements for this large project. It was agreed that a paper would be submitted to a future meeting of the Group which explored the options and recommended the preferred procurement method.

Cllr. Mackay raised the issue of transport links to the new South-side hospital and the reference in the OBC to FastLink. This was noted and would be considered by officers in taking the discussions on transport links forward.

DECIDED:

1. That the Director of Acute Services Strategy, Implementation and Planning submit a paper to the next meeting on the governance arrangements for the project.
2. That the Director of Acute Services Strategy, Implementation and Planning submit a paper to a future meeting on the preferred procurement route for the project.

DASSIP

b) **Rationalisation of In-Patient Gynaecology Services – North/East Glasgow**

In relation to Minute 61 – Rationalisation of In-Patient Gynaecology Services: North/East Glasgow – Mr Divers advised that he and the Chair had used the delegated authority conferred on them by the Performance Review Group and had accepted the lowest tender to carry out the necessary works to rationalise the in-patient gynaecology services at the Princess Royal Maternity Hospital. The costs of the project were above the estimate in the Final Business Case – mainly in relation to mechanical and engineering costs and a paper had been prepared for audit purposes explaining the reasons for the additional costs. The costs were containable in the capital plan and revenue profile of the project.

NOTED

ACTION BY

c) Local Delivery Plan Guidance and HEAT Targets in 2008/09

In relation to Minute 4 - Local Delivery Plan and HEAT Targets: 2008/09 – Ms Quinn reported that comments had been received from members and a further submission made to the SGHD. Some comments had been taken on board and the final draft Local Delivery Plan had been submitted for SGHD comment and approval. Once approved, the final Local Delivery Plan would be provided to members for information.

**Head of
Performance and
Corporate
Reporting**

NOTED

12. **AUDIT SCOTLAND – OUT OF HOURS REPORT – POSITION WITHIN NHS GREATER GLASGOW AND CLYDE**

There was submitted a paper [Paper No. 08/06] by the Director of Emergency Care and Medical Services showing the position within NHS Greater Glasgow and Clyde (NHSGG&C) in relation to the Audit Scotland report on the out-of-hours services for 2005/06. The report reviewed changes to the delivery of primary care out-of-hours services and looked at national and local planning for out-of-hours care, the costs and how the current delivery of out-of-hours services affected patients and GPs. The study fieldwork was completed in 2006 and the final report issued in August 2007.

Mr Divers took members through the detail of the paper and, in particular, to the position within NHSGG&C. He highlighted the action taken within NHSGG&C in relation to the four key recommendations made by Audit Scotland.

- i) Continued integration of primary care out-of-hours service with unscheduled care
 - the proposal to integrate the management structure of GEMS and Primary Care Emergency Centres (PCECs) into a single management and governance structure (and re-location to Cardonald with NHS 24 and the Ambulance Service) was to be submitted to the Area Partnership Forum in March 2008.
- ii) Monitor extended roles of staff and GP re-provision rates to obtain accurate workforce planning for out-of-hours service
 - Review under way to revise skill-mix with GEMS Nurse Practitioners having a greater input into the six PCECs, activity analysis utilised to plan staffing levels – particularly for peak demand periods and public holidays.
- iii) Share data on fees and payments across NHS Scotland to ensure value for money
 - Structures shared with National Peak Planning Group – NHS GEMS fees among lowest in NHS Scotland; Clyde PCECs was more expensive due to combination of geographical challenges and historical salaried nature of the medical workforce. This was being reviewed.
- iv) Monitor contact with other service providers to ensure value for money
 - NHS GEMS has no contracts with other providers and Clyde PCECs contract with NHS Highland to cover Loch Lomondside was being reviewed to ensure value for money.

ACTION BY

Mrs Stewart was keen that the information technology systems of the NHS Board, GEMS, NHS24 and the Ambulance Service in Cardonald were all compatible. The co-location with key partners in the delivery of out-of-hours services was unique and welcomed and the Director of Finance would confirm for Mrs Stewart the information technology set-up.

**Director of
Finance**

Mr Daniels enquired about the salaried GPs arrangement within Clyde and Mr Divers advised that negotiations would be under way shortly to harmonise the arrangements across NHSGG&C.

NOTED

13. APPROVAL OF FULL BUSINESS CASE – MATERNITY STRATEGY

There was submitted a paper [Paper No. 08/07] by the Director of Women's and Children's Services and the Director of Acute Services Strategy, Implementation and Planning seeking approval to the Final Business Case (FBC) for the Maternity Strategy. The NHS Board approved the OBC at its meeting in February 2007 and the SGHD's Capital Investment Group approved the OBC the following month. The OBC had been progressed in partnership to FBC stage by the Maternity Strategy Implementation Steering Group and its Capital and Finance Sub-Group.

Ms Byrne and Ms Crocket took members through the process of finalising the FBC, the service model and re-design programme, procurement process and timescale and the affordability and value for money analysis. Ms Crocket confirmed from the tender analysis that the preferred bidder's tender would be contained within the capital sum set aside for the Maternity Strategy of £27.865m. The Maternity Strategy would lead to the provision of maternity services from two sites within Greater Glasgow – Princess Royal Maternity and the Southern General Hospital Maternity Unit.

In response to a question from Mr Hamilton, Ms Crocket advised that the Southern General refurbished maternity unit would house the ward areas, post-natal and some ante-natal services, gynaecology, early pregnancy assessment and health education/parenting services. The new build would house the new labour room, theatres, ultrasound, foetal services, neo-natal ITU and the Special Care Unit.

Ms Dhir was concerned that there may not be enough consideration being given to expectant mothers who wished to give birth at home. Ms Crocket explained that the community midwifery service was being re-designed and this would give expectant mothers access to community midwives where the options of where to give birth would be discussed.

There was ongoing work to identify high risk patients for referral to an obstetrician for assessment and it was intended to view pregnancy as normal and not as something medical. Kate Munro from the Community Engagement Team had met all the groups with an interest in maternity services to try and ensure all views and comments would be taken into account in re-designing maternity services.

Ms Byrne advised that the concepts in the Design Action Plan were being used for this project.

DECIDED:

That the Final Business Case be approved for submission to the SGHD's Capital Investment Group.

DASSIP

14. OUTCOME OF MID-YEAR REVIEW WITH SEHD

There was a paper [Paper No. 08/08] submitted by the Head of Performance and Corporate Reporting on the progress against the Action Points agreed at the Annual Review in October 2007 and the key areas discussed at the Mid-Year Review meeting with the SGHD in February 2008.

Mr Divers detailed the progress against the key action points and on Agenda for Change Mr Reid advised that some 3,000 requests for review (covering 7,000 staff) had been received and planning was under way to provide the capacity to set up panels to hear the appeals against the Agenda for Change banding.

On the national target for sickness absence, Mr Reid advised that the Attendance Management Policy had been approved and was now being implemented by managers. Awareness sessions had been held for managers and a training pack (and DVD) had been produced.

Short-term absences accounted for 2% of sickness absence and longer term absence accounted for 4%. Mr Cleland advised that the Staff Governance Committee was taking an active role in measuring performance in this area. An internal review of the existing Occupational Health Service was under way and alternative methods of provision were being considered.

Mr Divers described the work being undertaken on improving the performance towards securing the 62-day target for cancer treatments. Patient pathway improvements had been made and the NHS Board had now reached a rolling average of 93% with the challenge of trying to achieve the remaining 2% as soon as possible. Mr Divers briefed members on the suggested improvements in access targets contained in the Better Cancer Care document and explained the likely capacity and resource challenges which would be faced. Discussions with the SGHD had commenced on planning for these new access targets.

Mr Divers indicated that the mid-year review meeting with the SGHD had been productive and covered the full range of the challenges faced by the NHS Board. Preparation would commence shortly for the 2008 Annual Review meeting to be held on 18 August 2008.

Lastly, Mr Divers reported on the Performance Review meetings which had been held with all CHPs and CHCPs, the Mental Health Partnership and the remaining Review meeting would be held next week with the Acute Services Division. The reviews had afforded the opportunity for good levels of engagement and helpful learning points. A summary of the outcome would be provided to the next meeting of the Performance Review Group and Mr Divers would provide feed back to the Vice-Chairs of the CH(C)Ps where necessary. The individual submissions from each Partnership were available by contacting Ms Quinn.

NOTED

15. FINANCIAL MONITORING REPORT TO JANUARY 2008

There was submitted a paper [Paper No. 08/09] by the Director of Finance setting out the NHS Board's financial performance for the 10-month period to 31 January 2008.

ACTION BY

Mr Hobson took members through each section of the paper and highlighted key points, including that the NHS Board continued to forecast a revenue breakeven position for 2007/08.

Mr Divers advised that in relation to hospital prescribing costs the Director of Finance, Chief Operating Officer, Associate Medical Directors and Acute Service Directors were reviewing the three areas of the highest expenditure – cancer drugs, drugs for inflammatory diseases and cardiology – to see if any efficiencies lay in these areas in terms of better procurement and prescribing.

The overall expenditure within Clyde Acute Services continued to run within budget with an underspend of £1.9m reported and it was encouraging that expenditure had been brought under control and services were now being delivered within budget at this stage of implementing a three year recovery plan, with a residual recurring deficit of £19m to be addressed by the recovery plan in 2009/10 and 2010/11.

NOTED**16. PERFORMANCE REPORT – NOVEMBER 2007**

There was submitted a paper [Paper No. 08/10] from the Head of Performance and Corporate Reporting setting out the first combined NHS GG&C performance report. Work was still ongoing to harmonise some systems in order to provide a comprehensive NHS GG&C report in future.

The one area of concern was the lack of progress in the section ‘Be An Effective Organisation’ – in particular, the failure to meet the performance targets for complaints and Freedom of Information requests.

Mr J Hamilton advised that the vast majority of complaints were within the Acute Services Division and they had recently undertaken a full review on how they handled complaints and identified a number of operational issues on which they will be able to improve through the co-location of the complaints staff and the introduction of new arrangements to align the complaints staff to the way in which services are now delivered. This process was currently ongoing in partnership with staff and it would be hoped that the improvement in the performance indicator of completing 70% of complaints within 20 working days will improve once the co-location arrangements are completed.

With regard to the handling of Freedom of Information requests, Mr J Hamilton advised that many requests were completed within 2-3 days after the deadline of 20 working days and this was often associated with ensuring the correct information was being given to requesters rather than rushing out an incomplete response within time. Requesters were contacted if the deadline was going to be missed and in most instances had agreed to receive the information beyond the 20 working day deadline.

It was also noted that the Acute Services Division had not provided their information on the handling of Freedom of Information requests for this quarter.

Members acknowledged the comments made and asked that consideration also be given to widening the scope of the target that would include the number of requests for complaints investigated by the Scottish Public Sector Ombudsman and the outcome of these cases. Also the number of Freedom of Information requests submitted for a Requirement for Review and, ultimately, an appeal to the Information Commissioner should be included and again, highlight the outcome of these processes.

ACTION BY

Ms Dhir thought there should be more emphasis on training of frontline staff both in the handling of concerns and complaints so issues do not become formal complaints and also on the lessons learned from the outcome of completed complaints and recommendations from the Ombudsman's Office. This work was being taken forward by the Clinical Governance Committee.

Mr P Hamilton reminded members of the National Initiative on the Patient's Experience and how that will provide an opportunity to gain feedback from survey work on patients' views and comments on our services.

The Quarterly Complaints Report for the fourth quarter of the year would also include comparative data which would highlight NHS Greater Glasgow and Clyde's performance in handling complaints against other NHS Boards.

**Head of Board
Administration**

NOTED

17. **PROPERTY SUB-COMMITTEE MINUTES – 25 JANUARY 2008**

The Property Sub-Committee Minutes of its meeting held on 25 January 2008 were noted. A further meeting had been held on 17 March and the Minutes of that meeting would be submitted to the May 2008 Performance Review Group meeting.

NOTED

18. **COMMUNICATION ISSUES: 15 JANUARY – 18 MARCH 2008**

There was submitted a paper [Paper No. 08/012] from the Director of Corporate Communications covering Communications actions and issues from 15 January to 18 March 2008.

Mr McLaws highlighted the following:-

- The official Opening of the Beatson and West of Scotland Cancer Centre on 1 February 2008 – attended by the First Minister and Deputy First Minister.
- Preparations were under way for the official Opening of the New Gartnavel Royal Hospital on 7 April 2008 and the official Opening of the Pollok Civic Realm Development in the early summer.
- Plans are under way to focus the next issue of Health News on Services for Older People together with the plans for the NHS 60th Anniversary celebrations.
- The Launch of the Virtual E-tours of the New Stobhill and Victoria Hospitals on the NHS Board's website – the e-tours cover eight specific areas within each hospital and will be updated monthly until the hospitals are opened.
- Work has been ongoing in the preparation for the launch of a number of new and internal staff communication activities, including the re-design of the Staff Newsletter and the introduction from May 2008 of Team Briefing.

NOTED

ACTION BY

19. **DATE OF NEXT MEETING**

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 20 May 2008 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.45 a.m.