

NHS GREATER GLASGOW AND CLYDE

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

PRESENT

Mr A O Robertson OBE (in the Chair)

Mr P Daniels OBE	Mr D Sime
Ms R Dhir MBE	Mrs E Smith
Mr P Hamilton	Cllr. D Yates

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Mr T A Divers OBE	Mr D Griffin
Mr B Williamson	

IN ATTENDANCE

Ms H Byrne	...	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	...	Chief Operating Officer, Acute Services Division
Mr J C Hamilton	...	Head of Board Administration
Mr K Hogg	...	Head of Performance Division, Scottish Government Health Directorate
Mr A McLaws	...	Director of Corporate Communications
Mr N McGrogan	...	Head of Community Engagement (to Minute 24)
Ms J Quinn	...	Head of Performance and Corporate Reporting
Mr I Reid	...	Director of Human Resources
Mr J Rundell	...	Audit Scotland

ACTION BY

20. **WELCOME AND APOLOGIES**

The Chair welcomed Mr Ken Hogg, the new Head of the Performance Division, Scottish Government Health Directorate to the meeting and explained that he was attending the meeting as part of his induction to his new post.

Apologies for absence were intimated on behalf of Mr R Cleland, Cllr. D Mackay and Mrs A Stewart MBE.

21. **MINUTES**

On the motion of Mr P Hamilton and seconded by Ms R Dhir, the Minutes of the Performance Review Group meeting held on 18 March 2008 [PRG(M)08/02] were approved as an accurate record.

22. **MATTERS ARISING**

a) Local Delivery Plan

In relation to Minute 11(c) – Local Delivery Plan Guidance and HEAT Targets in 2008/09 – Ms Quinn explained that discussions were continuing with the Health Directorate on the proposed target for emergency re-admissions and once these had been finalised and the Local Delivery Plan signed-off, it would be provided to members for information.

**Head of
Performance &
Corporate
Reporting**

NOTED

b) Financial Services – Cardonald

In relation to Minute 12(iv) – Audit Scotland – Out of Hours Report – Position with NHS Greater Glasgow and Clyde – Mr Griffin reported that the IT systems were fully connected and no concerns had been highlighted by Financial Services staff.

NOTED

c) Annual Review

In relation to Minute 14 – Outcome of Mid-Year Review with Scottish Government Health Directorate (SGHD)– Mr Divers reported that the preparatory work was well under way for the Annual Review meeting at the Royal Concert Hall on 18 August 2008.

NOTED

d) Approval of Full Business Case – Maternity Strategy

In relation to Minute 13 – Approval of Full Business Case – Maternity Strategy – it was reported that the SGHD had now approved the Full Business Case for the re-development of the Maternity Unit on the Southern General Hospital site. The Chief Executive of NHS Scotland had commended the collaborative working between the NHS Board and SGHD officials which had smoothed the way to the Full Business Case being approved.

NOTED

e) Update on the New South-Side Hospital and New laboratory Project

In relation to Minute 11(a) – New South-Side Hospital and Children’s Hospital: Update – there was submitted a paper [Paper No. 08/13a] from the Director of Acute Services Strategy, Implementation and Planning.

Ms Byrne took members through the key points of the paper and advised that the Minister for Public Health had announced the Scottish Government’s approval to the Outline Business Case on 22 April 2008.

An advert had been placed in the European Journal to procure the services of a Technical Adviser to support the NHS Board in developing, monitoring and reporting on all aspects of the procurement strategy. It was hoped to appoint Technical Advisers by the end of August 2008.

Mr McGrogan referred to the Section 75 Agreement between the NHS Board and the City Council in relation to the Outline Planning Approval granted to this development. Work was progressing well on each of the elements of the Agreement: however, discussions were more protracted in relation to the developers’ contribution to a new transit/transport system for the south-side. The NHS Board had identified a modest capital sum within the OBC to contribute to the agreed travel plan with the objective of not adding to congestion to the south-side with this new development. Fastlink was one initiative that could assist in meeting this objective but others were being explored. Strathclyde Passenger Transport had wished to discuss with partners what contributions might be available towards the costs of Fastlink.

In response to a question from Ms Dhir, Mr Calderwood advised that the Ambulatory Care Hospital would retain about 85% of patient episodes which currently attend the Victoria Infirmary. Research had shown that over three-quarters of people attending hospital for in-patient care attended by ambulance or private car and surveys with visitors suggested that the majority attended by private car. The OBC recognised the need for buses passing through the new south-side hospital site; plans for a multi-storey car park and improvements to the current under-passes.

It was recognised that close contact and ongoing discussion was required with Strathclyde Transport Executive, local Councillors and the City Council to ensure timely progress on transport issues was maintained.

**Head of
Community
Engagement**

In relation to procurement, Mr Daniels asked about the 2-stage design and build procurement process. Mr Calderwood advised that two workshops had been held to consider in detail the procurement strategy and the method chosen was a combination of minimising risk and current market conditions/intelligence. Plans were under way to hold a meeting with the companies most likely to have an interest in this size of development and this would be followed up with a Procurement Open Day with an open invitation to all interested parties. The experience of the new Ambulatory Care Hospitals had reinforced the need to try and ensure a competitive field.

Members appreciated the update on the new south-side hospital and recognised the importance of being kept up-to-date with some of the crucial elements and stages of this development. It was agreed that regular updates would be provided and that more detailed papers on critical and specific issues would be prepared for discussion with members as this project progressed. In view of the earlier discussion this would include papers on transport and procurement.

Dof ASSIP

NOTED

f) **New South-Side Hospital – Governance Structure for Stage 2**

In relation to Minute 11(a) – New South-Side Hospital and Children’s Hospital: Update – there was submitted a paper [Paper No. 08/13b] by the Director of Acute Services Strategy, Implementation and Planning which set out the intended governance structure for the second stage of the new South-side Hospitals and new Laboratory Project.

Ms Byrne explained the role and membership of the various Groups formed to oversee this project from the Acute Services Review Programme Board (chaired by the Chief Executive) through to the Groups which would pick up responsibility for re-design, procurement, finance, site co-ordination, links with the new Ambulatory Care Hospitals and Clinical Planning Groups (Adults and Children). The external auditors had been involved in shaping the structure and the Acute Services Programme Board had endorsed the proposed structure.

In response to members’ questions, Ms Byrne advised that the structure would be flexible to take account of changing circumstances including the appointment of architects and contractors and other changes that may occur during the project. The experience gained with development of the two new Ambulatory Care Hospitals was valuable and would help inform the structures and process required at the different stages of this project.

Mr Williamson echoed members' support for the proposed governance arrangements for the biggest project ever undertaken by NHS Greater Glasgow and Clyde: however, he wished to be assured that it would not become a distraction and that the remaining elements of the NHS Board's responsibilities would be appropriately managed and governed. Mr Divers advised that this had been discussed at one of the recent workshops and that senior staff were alert to such a possibility and this was why a resource requirement (staff, supplies and external fees) to support Stage 2 had been developed and would be considered shortly along with other competing priorities.

Mrs Smith raised the issue of external scrutiny and Mr Divers advised that the external auditors – Audit Scotland – would undertake the overall scrutiny role and would see it as a significant part of their work in the coming years. There would be a hand-over period from the former external auditors to Audit Scotland and Mr Rundell advised that the initial work would most likely concentrate on the OBC and Bed Modeling. Mr Divers also advised that discussions would be held with Partnerships UK to see if there was a continued involvement for them on a project this size.

DECIDED:

That the Governance Structure for the second stage of the new South-Side Hospitals and new Laboratory, be approved.

DofASSIP

23. UPDATE ON PREPARATION OF FINANCIAL PLAN – 2008/09

There was submitted a paper [Paper No. 08/14] from the Chief Executive which advised that an overhaul of the Financial Plan 2008/09 was under way to take account of the increased pay uplift and that an updated paper would be tabled by the Director of Finance in order to take members through the impact of the higher than anticipated pay uplift. The Director of Finance provided members with a paper on the development of the Financial Plan for 2008/09 and took members through each section.

Mr Griffin advised that the recently announced proposal for general pay uplift was 0.75% higher than anticipated and that this added £7.5m net additional cost in 2008/09. In addition, detailed work carried out by the Board's prescribing advisers in Acute Services forecast expenditure movements at an anticipated rate of 5% higher than had been assumed in 2008/09. A review was being undertaken to identify measures which were capable of off-setting and/or containing part of this growth. It had, however, been assumed that this would still result in a further cost pressure of £1.5m in 2008/09.

In combination, this has had the effect of raising the Board's cost savings challenge in 2008/09 from £33.2m to £42.2m. Mr Griffin identified in the paper the wide range of proposals which were being worked up to move towards delivering the original cost savings target: however, further work was required to identify savings to bridge the additional financial gap. He explained some of the options being considered – a review of brought forward expenditure commitments, and provision and use of earmarked funds. In working up the revised Financial Plan account required to be taken of releasing 50% of the step-up funding required to finance the two new Ambulatory Care Hospitals which were due to be commissioned in 2009/10 and a recognition that there were currently financial pressures within the Acute Services Division. Mr Divers acknowledged that it would be important to consider moving towards implementing the range of decisions associated with the approval of the Acute Services Strategy in the near future.

ACTION BY

Mr Griffin would liaise with fellow Directors in implementing the identified cost savings with immediate effect; would undertake further reviews to identify additional savings; and work towards revising the Financial Plan 2008/09 for submission to the NHS Board in June 2008.

**Director of
Finance**

NOTED

24. DEVELOPMENTS IN TRANSPORT

There was a paper [Paper No. 08/15] from the Head of Community Engagement which set out for members the key areas of work between the NHS Board and Strathclyde Passenger Transport (SPT) in trying to improve access to health care facilities. In addition, SPT had submitted a work plan as a Single Outcome Agreement containing information on SPT's commitment in relation to projects and initiatives for 2008/09 and how it planned to monitor progress towards national outcomes.

Mr Hamilton enquired about the update of the Evening Visitor Transport Scheme – Mr McGrogan advised that there had been good up-take in Glasgow and East Dunbartonshire: however, possibly in recognition that it had the second highest car ownership in the areas, the uptake in East Renfrewshire had been low.

In considering the Agreement, members noted that there was no funding beyond 2008/09: the actions around promoting equality were light and overall there was little detail and a lack of tangible outcomes. Mr McGrogan was asked to feed back these comments to SPT.

**Head of
Community
Engagement**

DECIDED:

That the developments in transport be noted and a paper be submitted to the NHS Board at a later date.

**Head of
Community
Engagement**

25. ORGANISATIONAL PERFORMANCE REVIEWS – SUMMARY OF FIRST CYCLE OF REVIEWS

There was submitted a paper [Paper No. 08/16] by the Head of Performance and Corporate Reporting which reported on the outcome of the first cycle of organisational reviews conducted in February and March 2008 with each CHCP, CHP, Mental Health Partnership and the Acute Services Division.

Each Review Panel was chaired by the Chief Executive and the entity being reviewed provided in advance a report covering the range of topics under the headings of the Board's Corporate Themes. As well as performance issues, the Panel also focused on the interfaces between the various entities across the system to promote cohesion and effectiveness.

Ms Quinn highlighted that a number of general trends were identified and a range of Good Practice examples had been collated and would be shared across the system in order to improve practice. Plans had now commenced to organise the next set of organisational reviews for the autumn.

System-wide actions had been collated and some cross system issues had arisen. A process would now be undertaken to confirm the merits of each of those issues/actions and a lead officer identified to take each forward.

Members welcomed the outcome of the organisational reviews and reflected that the issues highlighted were tangible and much more informative than reviewing the minutes of CH(C)P Committee meetings.

ACTION BY

Mr Divers commented that it had been a learning process for all involved and improvements would be possible for the next round of organisational reviews. In particular, it would be essential to change the template for integrated CH(C)Ps to capture more Social work outputs. Overall, the reviews had been extremely useful: good calibre reports had been received and there was good engagement with each team. The next stage was to monitor progress against local priorities/actions at the next round of organisational reviews.

DECIDED:

That the first cycle of Organisational Performance Reviews and the outcomes be welcomed.

**Head of
Performance &
Corporate
Reporting**

26. PROPERTY SUB-COMMITTEE MINUTES – 17 MARCH 2008

The Property Sub-Committee Minutes of its meeting held on 17 March 2008 were noted.

NOTED

27. COMMUNICATIONS ISSUES: 19 MARCH – 20 MAY 2008

There was submitted a paper [Paper No. 08/18] from the Director of Corporate Communications covering Communications actions and issues from 19 March to 20 May 2008.

Mr McLaws highlighted the following:-

- Arrangements for the 60th Anniversary of the NHS on 5 July 2008, in particular the arrangements for the Board's Celebrations, the event at the Royal Concert Hall and the Website hosting archive photographs, patient reminiscences and landmark NHS moments.
- The Launch of the NHS Diamond Awards for staff.
- The opening of the new Gartnavel Royal Hospital on 7 April 2008 by the Cabinet Secretary for Health and Well-Being.
- The successful completion of the piloting of two Information Points at Gartnavel General Hospital and Easterhouse Health Centre and the challenge to now fund and implement a phased roll-out across NHS Greater Glasgow and Clyde.

NOTED

28. DATE OF NEXT MEETING

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 1 July 2008 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 12.20 p.m.