

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the  
Performance Review Group held at 9.30 am  
on Tuesday, 16<sup>th</sup> September 2008 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)

Mr R Cleland  
Mr P Daniels OBE  
Mr I Lee  
Cllr. D Mackay

Mr D Sime  
Mrs E Smith  
Mrs A Stewart MBE  
Cllr. D Yates

**OTHER BOARD MEMBERS IN ATTENDANCE**

Cllr. J Coleman  
Mr T A Divers OBE

Mr D Griffin  
Mrs R K Nijjar

Mr B Williamson

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

Dr S Ahmed	..	Clinical Director – Public Health Protection Unit (to Minute 40)
Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Mr J Davidson	..	Audit Scotland
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications
Ms S MacNamee	..	Senior Infection Control Nurse, Gartnavel General Hospital (to Minute 40)

**ACTION BY**

**37. APOLOGIES**

Apologies for absence were intimated on behalf of Dr D Colville, Ms R Dhir MBE and Mr P Hamilton.

**38. MINUTES**

On the motion of Mr R Cleland, and seconded by Mrs E Smith, the Minutes of the Performance Review Group meeting held on 20<sup>th</sup> May, 2008 were approved as an accurate record.

**39. MATTERS ARISING**

a) Local Delivery Plan

In relation to Minute 31(a) – Local Delivery Plan – Mr Divers advised that the Health Directorates considered the target for emergency re-admissions worthy of review and this was welcomed. In relation to the child healthy weight target and trajectory he advised that following a submission by the Director of Public Health, additional funding was to be made available to support actions targeted at morbidly obese children.

NOTED

b) Outcome of Annual Review

In relation to Minute 32 – Annual Review – Mr Divers reported that the letter on the outcome had just arrived from the Scottish Government Health Directorate (SGHD) and would be forwarded to Members for information. The letter acknowledged the comprehensive and wide ranging nature of the Review and the Action Points would be converted into an Action Plan and regular updates on the progress would be submitted to the Performance Review Group.

Chief Executive

Head of Perf. &amp; Corp. Reporting

Mr Divers thanked Mr Sime for the constructive way in which the Area Partnership Forum meeting with the Cabinet Secretary had been held and this had also been the case with the meeting with the Area Clinical Forum.

The Chair and Members expressed their appreciation to Mr Divers and his team for the in-depth preparation and team approach to handling the Annual Review and the wide range of questions from the SGHD and members of the public.

NOTEDc) Transport

In relation to Minute 31(b) – Ms Byrne advised that Mr McGrogan was a member of Strathclyde Passenger Transport Executive and this enabled him to stay in close touch with and to influence developments as they occurred.

NOTED**40. PROGRESS REPORT ON C.DIFF ACTION PLAN**

There was submitted a paper [Paper No. 08/22] from the Chief Executive, Clinical Director – Public Health Protection Unit and Infection Control Manager setting out the specific actions to be delivered by the NHS Board in the period between September 2008 and April 2009 as a result of the report produced by the Review Team, Chaired by Professor Cairns Smith, on Clostridium Difficile associated disease. The paper brought together in draft the first progress report against the Action Plan which was due for submission to the Cabinet Secretary by 30 September 2008 and set out the arrangements for submission of reports to Members over the coming months.

The Action Plan highlighted the progress against each of the actions and had a particular focus on those actions which were due for completion by 30<sup>th</sup> September. The draft Action Plan has been submitted to the Scottish Government Health Directorates in order to create the opportunity for any necessary changes prior to its completion and submission to the Cabinet Secretary.

The discussion at the August 2008 NHS Board meeting had agreed that there would be a monthly update of the Action Plan to NHS Board Members. This would be achieved by monthly reports to the NHS Board or Performance Review Group during the reporting period and there would also be the opportunity for detailed discussions at meetings of the Clinical Governance Committee.

In monitoring the progress against the Action Plan the SGHD would hold monthly meetings with NHS Board officers up to the end of December 2008 and thereafter there would be a further visit by the Review Team to consider the progress made.

The Chair and Mr Calderwood described the support which had been given to the staff at the Vale of Leven Hospital and, in addition to the Chair visiting the hospital twice, Mr Calderwood had also written to staff on three separate occasions and to the local papers in an attempt to ensure balanced reporting of this highly sensitive issue.

Mr Williamson was keen to ensure that there was a greater understanding that patients who had contracted C.Diff. often have had their immune systems compromised by other disease processes; in addition, he was keen that future governance arrangements covered all geographical areas of the NHS Board to ensure a balanced view across the system. Mr Divers intimated that there would, in future, be a standing item on the NHS Board agenda covering Health Acquired Infection reporting across the NHS Board.

Chief Executive

Mr Calderwood confirmed that capital monies and additional monies from SGHD were being utilised to commence significant upgrading works within wards and patient areas at the Vale of Leven Hospital.

DECIDED:

1. That the first draft report on progress in taking forward the Action Plan be noted.
2. To agree the arrangements for the submission of future reports on a monthly basis to the NHS Board, Performance Review Group and Clinical Governance Committee.

Chief Executive

**41. COST SAVINGS PLAN: 2008/09 – 2009/10**

There was submitted a paper [Paper No. 08/23] from the Director of Finance updating members on the progress of developing cost savings plans for 2008/09 and 2009/10.

Mr Griffin took Members through the paper and reminded Members that the Financial Plan – 2008/09 which had been submitted to the NHS Board in June 2008, had identified the total cost savings challenge faced by the Board in 2008/09 as being £54.2m. Currently identified cost savings initiatives totalled £30.2m and of the remaining saving of £24m, £11m represented the financial ‘headroom’ which the Board was seeking to create in 2008/09 towards the costs associated with commissioning the two new Ambulatory Care Hospitals in 2009/10.

Board officers had been actively working towards a savings plan to meet the outstanding savings challenge in 2008/09 and from the initiatives identified it was reasonable to anticipate that by the end of September the range of cost savings measures would be capable of delivering a forecast break-even financial out-turn for 2008/09. In addition, efforts had been made to identify further cost savings to generate the financial headroom required in 2008/09 and 2009/10 to support the opening of the new Ambulatory Care Hospitals. To date almost £8m of savings had been identified and by the end of the calendar year the impact which these measures would have on the projected out-turn for 2008/09 would be clearer.

The process of building a cost savings plan for 2009/10 was under way, targeting Directorates/Divisions with working up proposals capable of releasing costs savings equivalent to 1% of service budgets in 2009/10 and a series of more strategic reviews focused on area-wide initiatives.

In relation to the Clyde costs savings plan, the Board was on track to achieve the targeted cost saving for 2008/09, year 2 of a 3-year period within which SGHD expected the Board to restore Clyde to a position of recurrent financial balance. The residual balance was £11 - £12m in 2009/10. An increasing proportion of cost savings delivered and attributed to Clyde will be as a result of integrating Greater Glasgow and Clyde services. Therefore savings released from Greater Glasgow service budgets as a direct result of that work would be attributed to Clyde. This follows the approach adopted in relation to establishing single services for financial services/payroll/internal audit; procurement and dermatology in-patients – all of which had a net cost savings total of circa £900,000 which was attributed to Clyde. The Board was therefore addressing the Clyde deficit as a corporate challenge rather than seeking to contain this exclusively within the Clyde area of its management responsibilities.

Cllr. Mackay encouraged early dialogue with Local Authorities to ensure close working in areas identified for savings and the possible impact of Local Authorities' plans and their possible areas of targeted savings. This was welcomed and already under way in some areas.

It was recognised that developments in some services would be necessary and this would be built into the financial plans as they are developed. Mr Divers emphasised that the next 18 months would be a financially challenging time for the Board and this was why early steps had been taken to identify developments and robust cost savings plans for 2008/09 and 2009/10.

#### NOTED

#### **42. PROPOSED CAPITAL PLAN – 2008/09 – 2010/11**

There was submitted a paper (Paper No. 08/24) from the Director of Acute Services Strategy Implementation and Planning which set out the plans to deploy the Board's capital allocation on schemes in 2008/09; plans for utilising the prospective capital funds on individual schemes in 2009/10 and an indicative Capital Plan for 2010/11.

Ms Byrne advised that with the approval of SGHD, a total of £38.140m was carried forward from 2007/08 giving a total allocation of £132.759m for 2008/09. Capital resources were made up of the Board's national formula allocation and medical equipment allocations from the SGHD.

The Capital Planning Group had considered the submission for the Capital Plan and had set out in Appendix I of the paper the allocations across Acute Services Division, Acute Services Strategy, Partnerships – including Mental Health and CH(C)Ps. The allocation for 2008/09 was split into three areas – general allocation for new minor local schemes and medical equipment; expenditure on previously approved schemes and new essential schemes.

Based on previous experience, there was likely to be an element of slippage in some schemes which would become evident in the final quarter of the financial year. Provision had therefore been made in the Capital Plan for 2008/09 and 2009/10 and had been taken into account when discussing with the SGHD the level of brokerage required in 2008/09 in order to ease the process of managing capital expenditure in line with the Capital Plan.

Lastly, Ms Byrne highlighted the monitoring arrangements through the Capital Planning Group which were designed to ensure that a balanced capital position was achieved and that sufficient connections were being made with the work of joint planning groups established with Local Authority partners.

DECIDED:

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|----|--|-------------------|
| 1. | That the proposed allocation of Capital Expenditure for 2008/09 and 2009/10 and the indicative allocations for 2010/11 be submitted to the NHS Board for approval. | <b>D of ASSIP</b> |
| 2. | That the Capital Planning Group be delegated authority to allocate any additional available funds in the Capital Plan 2008/09 throughout the year.                 | <b>D of ASSIP</b> |

**43. PERFORMANCE REPORT – 1<sup>ST</sup> QUARTER – 2008/09**

There was submitted a paper [Paper No. 08/25] from the Head of Performance and Corporate Reporting providing the performance report for the period 1 April – 30 June 2008. Work continued to improve data collection and to ensure consistency and comparability between different areas of the Board.

Mr Divers, in taking Members through the report, highlighted the following:-

- the percentage of patients seen within Accident and Emergency within 4 hours had improved to slightly above the target of 98% to 98.2% at May 2008.
- 87% of patients waiting for breast cancer treatment were receiving this within one month as at March 2008. The target of 95% of patients being seen within 2 months was again exceeded – with 100% of patients seen within this timeframe.
- The waiting times for lung cancer treatment within 2 months had slightly improved to 89.8% and those with colorectal cancer receiving treatment within 2 months had improved and now met the 95% target.
- Performance in patients waiting for diagnostic scans had shown improvements in waits for barium studies, gastroscopy, sigmoidoscopy and colonoscopy; the number of patients waiting for MRI, CT Scan, ultrasound, non-obstetric and cystoscopy had shown a slight increase.

In response to a question from Mrs Stewart, Mr Divers advised that a Board-wide project was under way to review waiting times for Allied Health Professions (physiotherapy, dietetics, podiatry etc.) to ensure consistency of approach and realistic targets.

NOTED**44. FINANCIAL MONITORING REPORT TO 30 JUNE 2008**

There was submitted a paper [Paper No. 08/26] from the Director of Finance setting out the Board's financial performance for the first 3 months of the financial year. The report had been submitted to the August 2008 NHS Board meeting.

The report indicated that the Board and its operational Divisions were currently reporting a break-even out-turn position against the revenue budget for the first 3 months of the year. The Board continued to forecast a revenue break-even out-turn for 2008/09.

NOTED

#### 45. SOUTH-SIDE HOSPITAL – UPDATE AND PROCUREMENT MODEL

a) Appointment of Technical Advisers to the New South Glasgow Hospitals Project

There was submitted a paper [Paper No. 08/27] from the Director of Acute Services Strategy Implementation and Planning advising on the process to appoint a new Technical Adviser team for the procurement of the New South Glasgow Hospitals Project and the appointment of Currie and Brown Ltd to this position from 2 September 2008.

Ms Byrne fully explained the detailed process followed to select and appoint a Lead Consultant Team to assist with the technical procurement of the Project. The outcome of the process had resulted in the appointment of Currie and Brown Ltd. with effect from 2 September 2008.

NOTED

b) Procurement Strategy to Develop the Southern General Hospital Site – New Adult and Children’s Hospitals and New Laboratory Facility

There was submitted a paper [Paper No. 08/28] from the Director of Acute Services Strategy Implementation and Planning and the Chief Operating Officer – Acute Services Division setting out the work undertaken since March 2008 in developing a proposed procurement method to take forward the new hospitals and laboratory developments on the Southern General Hospital site.

Board officers along with the Legal and Financial Advisers and representation from the SGHD, held a formal workshop with a number of Technical Advisers to carry out further analysis and evaluation in order to develop the most appropriate procurement plan recognising the market conditions. The Financial Advisers had undertaken a market sounding exercise in order to test the attractiveness and robustness of the proposed procurement plan and determine what the market bidding intentions might be. It was also a chance to determine those factors which would reduce the attractiveness of the Project and how these might be addressed.

The findings of the market consultation and possible procurement method were presented to members. This was designed to maximise interest from potential bidders and achieve the Board’s key objective of identifying a procurement process which would:-

- allow for a significant degree of design development discussions to occur prior to the appointment of a single contractor;
- offer the possibility of market innovation on the design development process;
- provide for competition up to the point where the Guaranteed Maximum Price was largely established; and
- meet the delivery timescale.

Ms Byrne and Mr Calderwood took Members through the process and outcome of the findings of the Financial Advisers. The most appropriate procurement method to achieve the Board's objectives was a 2-stage Design and Build process with rapid selection of a single preferred bidder at Stage 1 using the competitive dialogue procedure. At Stage 2 the preferred bidder would develop the detailed design in conjunction with the Board.

The intention was to test those assumptions with the newly appointed Technical Advisers and Partnerships UK prior to a recommendation being submitted to the October NHS Board meeting.

A further workshop would also be held ahead of the October NHS Board meeting.

Members welcomed the approach taken and were content that the next steps in developing a procurement method to procure the new hospitals and laboratory development at the Southern General Hospital site be undertaken with a recommendation being submitted to the October 2008 NHS Board meeting.

DECIDED:

1. That the paper on the Procurement Strategy be noted.
2. That the proposed procurement method be further discussed and tested with the Technical Advisers and Partnerships UK ahead of a recommendation being submitted to the October 2008 NHS Board meeting.

**D of ASSIP &  
Chief Operating  
Officer**

**46. PROPERTY SUB-COMMITTEE MINUTES – 16 JUNE 2008**

The Property Sub-Committee minutes of the meeting held on 16 June 2008 were submitted for information.

NOTED

**47. COMMUNICATION ISSUES: 2 JULY – 16 SEPTEMBER 2008**

There was submitted a paper [Paper No. 08/30] from the Director of Corporate Communications covering communication actions and issues from 2 July to 16 September 2008.

Mr McLaws highlighted the following:-

- The publication of the first Health News with the new publishers; the special 'wrinkle free' children's edition was published on 10 September 2008 and inserted in both the Herald and Evening Times. Additional copies had been requested by Head Teachers for a number of schools and the feedback on the publication had been excellent.
- The next Our Health Event was to take place on 1 October 2008 in the Royal Concert Hall and was to focus on Mental Health. One of the main speakers would be Dr Liz Miller – a London-based NHS Consultant who presents on mental health care and attitudes of colleagues from a personal perspective.
- The success of the first Ideas In Action – the award winners being presented with their certificates just before the August NHS Board meeting – all 3 winning ideas were profiled in the local media and the September Staff Newsletter.
- The plans to launch in September the new look StaffNet.

NOTED

**48. DATE OF NEXT MEETING**

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 18 November 2008 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.15 am