

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Performance Review Group held at 9.30 am
on Tuesday, 18 November 2008 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)

Mr R Cleland	Cllr. D Mackay
Mr P Daniels OBE (to Minute 59)	Mr D Sime
Mr P Hamilton	Mrs A Stewart MBE
Cllr. D Yates	

OTHER BOARD MEMBERS IN ATTENDANCE

Mr T A Divers OBE (to Minute 59)	Mr D Griffin
Mr B Williamson (to Minute 60)	

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

Mr S Baker	..	Partnership Project Manager, West Dunbartonshire CHP (to Minute 54)
Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning (to Minute 59)
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Mrs J Gibson	..	Head of Performance and Corporate Reporting
Mr J C Hamilton	..	Head of Board Administration
Mr N McGrogan	..	Head of Community Engagement and Transport
Mr A McLaws	..	Director of Corporate Communications
Ms J Middleton	..	Head of Finance, West Dunbartonshire CHP (to Minute 54)
Mr K Redpath	..	Director, West Dunbartonshire CHP
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director of Glasgow CHCPs (to Minute 60)
Mr J Rundell	..	Audit Scotland
Mr N Zappia	..	Head of Primary Care Support

ACTION BY

49. APOLOGIES

Apologies for absence were intimated on behalf of Dr D Colville, Ms R Dhir MBE, Mr I Lee and Mrs E Smith.

50. MINUTES

On the motion of Mr D Sime, and seconded by Mrs A Stewart, the Minutes of the Performance Review Group meeting held on 16 September, 2008 were approved as an accurate record.

51. MATTERS ARISINGa) Cost Savings Plan: 2008/09 – 2009/10

In relation to Minute 41 – Cost Savings Plan: 2008/09 – 2009/10 – Mr Divers advised that he and Mr Griffin were meeting with the Chief Executive and Director of Finance of the Scottish Government Health Directorates (SGHD) on 21 November 2008 to discuss the Cost Savings Plan for next year and beyond and to highlight and talk through the associated risks.

NOTEDb) Local Delivery Plan

In relation to Minute 39(a) – Local Delivery Plan – Mrs Gibson advised that the SGHD had agreed to revise the emergency re-admissions target for 2009/10.

52. AUDIT SCOTLAND – REVIEW OF NHS GENERAL SERVICES CONTRACT

There was submitted a paper [Paper No. 08/31] from the Head of Primary Care Support which outlined the key messages and recommendations from the Audit Scotland Report and provided the NHS Board's response to the findings and recommendations.

Mr Zappia advised that Audit Scotland had reviewed how the new General Medical Services Contract was being implemented in Scotland and the report commented upon the implementation and cost on the new Contract for GPs, the impact on patients, GPs and the wider NHS.

Mr Zappia took members through the paper commenting on the key messages and recommendations and the Board's response to these. In addition he reminded members that the main aims of the new General Medical Services Contract were:-

- to reduce GPs' personal and practice workload, making it more manageable;
- to appropriately reward GPs for the work they carry out;
- to address problems of recruiting GPs, particularly in more rural areas; and
- to deliver more services in primary care closer to patients' homes.

Mr Zappia explained that NHS Greater Glasgow and Clyde had achieved 97.6% Quality and Outcomes Framework (QOF) compliance, which took account of amalgamating with Clyde from 2006/07 and this had affected the average QOF payment per practice. In relation to expenditure on enhanced services, NHS Greater Glasgow exceeded the minimum requirement by developing enhanced services: however, this was not the case in Clyde and NHS Greater Glasgow and Clyde was working to achieve equity of enhanced service provision for Clyde practices.

Mr Zappia agreed to provide members with a short briefing note on the incentive payments system for quality (QOFs) operated under the new contract.

It was recognised that there was a lack of basic management data on good practice which impacts on effective planning and workforce planning. In addition, there was little information available on patients' access to GPs which met their needs – the national survey as part of Better Together would provide some useful information at a moment in time. There was possibly a greater role for CH(C)Ps to monitor access and this would be considered further and this issue brought back to the Performance Review Group for further discussion.

**Head of Primary
Care Support**

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

Members welcomed the report and welcomed the steps being taken by NHS Greater Glasgow and Clyde in relation to the key findings of the Audit Scotland Report.

NOTED

53. PROGRESS REPORT ON C.DIFF ACTION PLAN

There was submitted a paper [Paper No. 08/32] 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. The paper brought together the third progress report against the Action Plan which was to be submitted to the Cabinet Secretary.

Mr Divers highlighted the following issues:-

- The review of the accountability and responsibility framework for healthcare acquired infection across NHS Greater Glasgow and Clyde was complete and positions would now be filled following internal adverts.
- The Review Team, Chaired by Professor Cairns Smith would be carrying out a follow-up visit on 23 December 2008 to see the progress made against the Action Plan. They would be visiting the upgraded wards and would witness the increased surveillance and monitoring arrangements.
- The commencement of the structured professional clinical walkabouts to relevant clinical areas and wards.
- The introduction of the surveillance system based on the template produced by Health Protection Scotland and its reporting timescales from ward level to senior management.
- The introduction of the new patient information leaflets at ward level and that patient representatives would be part of Professor Cairns Smith's team when they do their follow-up visit on 23 December 2008.

Three meetings had now been held with the Chief Nurse – NHS Scotland and the arrangements being developed would inform new arrangements across NHS Scotland in managing and monitoring healthcare acquired infection. Lastly, Dr Cowan would be submitting a report to future NHS Board meetings from February 2009 covering healthcare acquired infection reporting across the NHS Board and this would include an element of look-back and forward planning.

Cllr. Mackay understood the SGHD's concerns in this area and the need to bring about improvements. He welcomed Mr Divers' assurance on the new surveillance and monitoring arrangements and asked for more detail on Charge Nurses accessing resources to address urgent estates shortcomings.

Mr Calderwood advised that consideration was being given to allocating access to funds to Charge Nurses which reflected the age and condition of the estate and furnishings. Currently, the clinical environment was compliant with the extant standards but not with the recently issued revised standards. There would be a baseline audit and clinical report of the NHS Board's estate by March 2009 and it was expected that it would highlight a number of priorities and challenges. The new standards would have an impact on the use of space/capacity and would affect clinical activity levels.

DECIDED:

1. That the Progress Report on taking forward the Action Plan be noted.

2. That the next Progress Report be submitted to the December NHS Board meeting.

Medical Director

54. ALEXANDRIA MEDICAL CENTRE – APPROVAL OF OUTCOME BUSINESS CASE

There was submitted a paper (Paper No. 08/33) from the Director, West Dunbartonshire Community Health Partnership (CHP) seeking approval to the Outline Business Case for the modernisation and re-design of Primary, Community Health and Social Care Services and Facilities for Alexandria.

Mr Redpath advised that the scheme proposed would replace the existing leased and functionally unsuitable facilities at Bank Street Medical Centre in Alexandria. An Option Appraisal and Site Feasibility study had been undertaken and this had identified an NHS owned site in the grounds of the Vale of Leven Hospital as being suitable for a new-build multi-purpose facility for health and social care services.

Mr Redpath described the capital and revenue consequences and mapped out the broad timescale for this development, if approved. It was hoped that if the Final Business Case was approved in May 2010 then the Centre should be opened by the summer of 2012.

Mr Sime was concerned about the pressure on the Capital Plan, especially in delivering the Acute Services Strategy, and what impact that might have on finalising this development. Mr Redpath advised that an application had been made to the SGHD – Primary and Community Care Premises Modernisation Programme for approximately 50% of the capital funding. The remaining funds, as necessary, would be met by the NHSS Board's capital programme.

Cllr. Mackay welcomed the scheme and the intention to utilise Treasury Funding.

DECIDED:

That the Outline Business Case for the new Alexandria Medical Centre be approved for submission to the SGHD Capital Investment Group.

**Director, West
Dunbartonshire
CHP**

55. JOINT WORKING WITH GLASGOW CITY COUNCIL – UPDATE

Mr Divers provided members with an update in taking forward the paper which the NHS Board had approved at its 21 October 2008 meeting on the joint review with Glasgow City Council on the next stages of development of CHCPs.

Since the meeting he had written to the Chief Executive of the Council and the Chair had written to the Leader of the Council seeking a meeting to discuss and agree the joint review. To date, that meeting had not taken place.

Mr Divers also expressed concern that the Council had commenced a review of the CHCP-run Child and Family Services and the NHS Board had not been advised or involved in the review. The absence of fully devolved budgets remained a concern, especially at a time of criticism of CHCP Directors for a lack of budgetary controls.

The need to get the joint review discussed and under way with the Council was important and the lack of engagement was having an impact on staff. Mr Divers and the Chair would continue to take the issue forward with the Council and would keep members informed of progress.

NOTED

56. PERFORMANCE REPORT – QUARTER 2: 2008/09

There was submitted a paper [Paper No. 08/34] from the Head of Performance and Corporate Reporting setting out the Performance Report for 1 July – 30 September 2008.

Mrs Gibson highlighted the achievements in in-patient, day surgery and out-patient waiting times, with no patients waiting over 15 weeks. The percentage of patients waiting for breast cancer treatment, within 2 months was again 100%: however, the waiting time target for lung cancer treatment and colorectal cancer treatment was not being met.

The breast feeding rate had improved to 22.9%, but this remained below the trajectory.

Cllr. Mackay enquired about the wait time for those 2% of patients who were not seen at Accident & Emergency Department within 4 hours. It was agreed that more detailed information would be provided on this.

**Chief Operating
Officer/Head of
Performance &
Corporate
Reporting**

The number of patients waiting more than 6 weeks to be discharged from hospital to a more appropriate care setting was twenty and the concern was that Local Authorities were unable to fund these discharges within the community and therefore delaying patients' hospital discharge arrangements. Cllr. Mackay felt that additional resource was the critical issue and it was acknowledged that the issue should be a priority for CH(C)P Committees in order to discuss and improve this part of the service for patients.

Mr Daniels asked if the NHS Board was on track to meet the Sickness Absence rate of 4% from 31 March 2009. Mr Divers highlighted the vigorous effort, time and resource being input by managers to reducing avoidable short-term sickness but it remained a difficult target to achieve by April 2009. Mr Sime indicated that the target was not evidence-based and it would have been better if a realistic, achievable target had been set.

Cllr. Mackay asked if there were any patterns on the suicide rate and whether any further explanations or further analysis could be offered in future reports. This would be considered and it was acknowledged that with small numbers there could be large percentage savings on the figures.

**Director –
Mental Health
Partnership**

NOTED

57. SUMMARY OF ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No. 08/35] from the Head of Performance and Corporate Reporting on the initial drafts of the Organisational Performance Reviews which have been completed to date as part of the second round of reviews. The reviews still to be completed were Inverclyde CHP, West Dunbartonshire CHP and two corporate functions.

Mr Divers highlighted from the key themes of the Organisational Performance Reviews that a system-wide approach would be required for the financial challenges facing the Board over the next couple of years and also that a significant effort was required by both maternity units and CH(C)Ps to ensure that the breast feeding targets could be met.

Once each organisational review had been completed the Chief Executive would send the outcome in a letter to each Director in order that it and the relevant submission could be submitted to appropriate CH(C)P/Mental Health Partnership Committee meeting for discussion. The sharing of system-wide key themes would be discussed at the Directors' meeting in order to identify a lead to take forward each issue.

Mr Williamson indicated that this information was particularly useful for CH(C)Ps and it would help form local priorities for the coming year.

NOTED

58. ANNUAL REVIEW ACTION PLAN – UPDATE

There was submitted a paper [Paper No. 08/36] from the Head of Performance and Corporate Reporting on the update on the Annual Review Action Plan – 2008/09. The Action Plan was to be used for internal performance monitoring and as part of the Mid-Year Review with the Scottish Government Health Directorates which will take place early in the New Year.

Members welcomed the addition of Lead Directors, milestones and completion dates for each of the actions and the monitoring arrangements put in place via the Performance Review Group and the NHS Board.

NOTED

59. TRANSPORT ISSUES – UPDATE

There was submitted a paper [Paper No. 08/37] from the Head of Community Engagement and Transport which provided an update on transport issues across NHS Greater Glasgow and Clyde.

The Cabinet Secretary for Health and Well-Being had announced that from 31 December 2008 parking at NHS Scotland hospital car parks (excluding those built under PFI) would be free of charge for users. The NHS Board was required to develop plans that would address the issues of access and the potential increased demand. The difficulties for carers/visitors parking at hospital had been eased in recent months and while it would be an additional cost pressure, it would be important to try and balance the needs of patients, visitors and staff in accessing car parking at major hospitals within NHS Greater Glasgow and Clyde. The loss of the income from car parking charges would have an impact on green transport initiatives and in response to a question from Mr Sime about the PFI-built car park at the Royal Infirmary it was clear that the contractor was not interested in re-negotiating the terms of the contract.

In response to members' questions about the possibility of the Fastlink for the South-side, Mr McGrogan advised that he had been asked to join a Local Authority Strathclyde Passenger Transport (SPT) Steering Group and that approximately £400,000 had been made available from SPT to Glasgow City Council to undertake a revised examination of the business case for the proposal. Consultants had recently been appointed to undertake this and Mr McGrogan advised that in relation to access to the new South-side hospital, Fastlink was highly desirable to the development but was not critical to its accessibility. Planning regarding the new hospital had taken into account that Fastlink may not occur and alternative provision had been factored into plans for its public transport arrangements. Members asked that Fastlink was a standing item on discussions associated with the development of transport links to the new South-side and Children's Hospital at the Southern General Hospital site.

NOTED

60. FINANCIAL MONITORING REPORT FOR THE 6-MONTH PERIOD TO SEPTEMBER 2008

There was submitted a paper [Paper No. 08/38] from the Director of Finance which set out the Board's financial performance for the period to 30 September 2008.

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

Mr Griffin took members through the report and highlighted a number of issues. The 2008/09 financial plan had identified a cost savings challenge of £42.2m with further cost pressures of approximately £8m associated with expenditure on energy, capital charges and hospital drugs. This level of savings target was planned to generate an in-year surplus of £11.4m to cushion the impact of the additional revenue costs of the two ambulatory care hospitals which would be commissioned early in 2009/10. Mr Griffin reported that in-year cost pressures relating to increased energy prices and additional capital charges associated with implementing the Board's capital programme would mean that the £11.4m was required to be used in 2008/09 non-recurrently to offset these additional recurring pressures.

Mr Griffin advised on the discussions with Local Authorities on the resource transfer agreements for 2008/09 and provision had now been made to uplift the resource transfer payment at 2.5% for annual cost inflation: however, further discussions would be required with Local Authority partners to agree future levels of resource transfer payments including any inflationary uplift due for 2009/10 and beyond.

The financial report for the six-month period to 30 September 2008 would be submitted to the NHS Board meeting in December and Mr Griffin advised that for the January meeting of the Performance Review Group a full review and likely outcome of the savings plan would be undertaken in order to identify any further risks or additional management actions.

In terms of the approved Capital Plan Mr Griffin reminded members that SGHD had agreed that £38.1m could be carried forward from 2007/08 and the deployment of these funds had now been agreed as £7m in 2008/09 and £31.1m in 2009/10 in order to match the Board's current capital expenditure plans.

The financial report had identified some significant areas of cost pressures which could be expected to feature in the Board's financial planning process for 2009/10, in particular a growth in energy costs fuelled by prices increases and a growth in capital charges attributable to the scale of the Board's current capital programme. 2009/10 would therefore be a challenging year for the Board in terms of developing a deliverable financial plan which balanced funding and expenditure. Mr Griffin advised that the cost savings challenge faced in 2009/10 was £56-£66m with a further provision of between £5-£10m required to cover further potential national and local cost pressures giving an overall net funding savings challenge of approximately £70m. The intention was to work up savings plans to meet a 3.5% cost saving target made up of 1.75% from all departments and a 1.75% saving from area-wide schemes. Progress would be reported to the Board as the savings plan was developed.

NOTED

61. PROPERTY SUB-COMMITTEE MINUTES: 8 SEPTEMBER 2008

There was submitted a paper [Paper No. 08/39] covering the notes of the meeting of the Property Sub-Committee held on 8 September 2008.

Members were content with the detailed information contained within the site rationalisation/closure plans for each site and did not require any further information in connection with the Property Strategy.

NOTED

62. COMMUNICATION ISSUES: 17 SEPTEMBER – 18 NOVEMBER 2008

There was submitted a paper [Paper No. 08/40] from the Director of Corporate Communications covering communication actions and issues from 17 September to 18 November 2008.

Mr McLaws highlighted the following:-

- i) The launch of the Vision for the Vale of Leven Hospital consultation which was to run until 30 January 2009. The 12-page summary newsletter was delivered to 60,000 households in the hospital's catchment area and feedback from members of the public on the consultation documentation had been positive.
- ii) The 8th 'Our Health' event held on 1 October 2008, themed on mental health, had attracted over 400 delegates from the public and voluntary organisations. Feedback had been positive and the latest Health News had just been published – this had also focused on mental health and featured some of the key presenters at the 'Our Health' event.
- iii) The Staff Newsletter had been re-designed and issued in September and monthly team briefing meetings across the organisation had been maintained.
- iv) The trial of the two individuals charged with carrying out last year's Glasgow Airport terror attack had heightened media interest and had resulted in requests for filming at the Royal Alexandra Hospital and requests to speak to staff members who had worked with the former doctor at the hospital.
- v) The BBC Frontline programme tomorrow evening would be on the C.Diff outbreak at the Vale of Leven Hospital.

63. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 20 January 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

Remaining dates for 2009 – all Tuesdays at 9.30 a.m.:

17 March 2009
 19 May 2009
 7 July 2009
 15 September 2009
 17 November 2009

The meeting ended at 12.10 p.m.