

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Performance Review Group held at 9.30 am
on Tuesday, 17 March 2009 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
Mr P Daniels OBE
Mr P Hamilton
Mrs E Smith
Mrs A Stewart MBE

OTHER BOARD MEMBERS IN ATTENDANCE

Dr B Cowan (to Minute 21)
Mr T A Divers OBE
Mr D Griffin
Cllr. J McIlwee
Mr B Williamson

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

Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Mr P Gallagher	..	Director of Finance – Acute Services Division (to Minute 17)
Ms J Gibson	..	Head of Performance and Corporate Reporting
Mrs J Grant	..	Director of Anaesthetics and Surgery – Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr V McGarry	..	Planning Officer – Oral Health Directorate, West Dunbartonshire CHP (to Minute 20)
Mr A McIntyre	..	Director of Facilities – Acute Services Division (to Minute 17)
Mr A McLaws	..	Director of Corporate Communications
Ms J Middleton	..	Head of Finance for West Dunbartonshire CHP & West Glasgow CHCP (to Minute 20)
Mr I Reid	..	Director of Human Resources
Mr K Redpath	..	Director, West Dunbartonshire CHP (to Minute 20)
Mr J Rundell	..	Audit Scotland

ACTION BY

14. APOLOGIES

Apologies for absence were intimated on behalf of Ms R Dhir MBE, Mr I Lee, Cllr. D Mackay, Mr D Sime and Cllr. D Yates.

The Chair, on behalf of the Members, congratulated Mr Robert Calderwood on his recent appointment as Chief Executive of NHS Greater Glasgow and Clyde and wished him every success with the challenges he and his management team faced in the coming months and years. Mr Calderwood would commence his new post on 1 April 2009 following the retirement of Mr T A Divers on 31 March 2009.

15. MINUTES

On the motion of Mrs E Smith and seconded by Mrs A Stewart, the Minutes of the Performance Review Group meeting held on 20 January 2009 were approved as an accurate record.

16. MATTERS ARISINGa) Progress on Monitoring Access to GPs

In relation to Minute 52 – Review of NHS General Services Contract – Progress on Monitoring Access to GPs – Ms Gibson advised that each CH(C)P was due to submit data by the end of the week with regard to the position of 48-hour access to primary care services within their area. This information would be analysed and a further report would be submitted to the Group on the progress and next steps.

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

NOTED

b) Progress Report on C.Diff Action Plan

In relation to Minute 5 – Progress Report on C.Diff Action Plan – in response to a question from Mr P Daniels and Mr P Hamilton, a summary was provided on the progress of the ongoing Police and Health & Safety investigations at the Vale of Leven Hospital. The interviews with staff had been quite intensive and ongoing support was being provided to staff.

NOTED

17. DEVELOPMENT OF SHORT STAY AND ELDERLY REHABILITATION BEDS AT STOBHILL – PHASE 2 – BUSINESS CASE

There was submitted a paper [Paper No. 09/10] from the Chief Operating Officer, Acute Services Division on the proposal to develop short stay and elderly rehabilitation beds at the new Stobhill Hospital as part of an extension of the current contract for the Stobhill Ambulatory Care Unit.

Mr Calderwood advised that following the Group's approval in November 2008, negotiation had been taking place with Glasgow Healthcare Facilities Ltd in order to extend the existing project agreement to include this additional work and to record the Parties' agreement in relation to a number of lower order variations which had been processed to date in accordance with the terms of the Project Agreement (together, the "variation"). It had been important that the capital cost of the project, hard facilities management and the life cycle costs for the building and infrastructure were consistent and compatible with the original project agreement and represented value for money. In addition, the financial terms and unitary charge represented current market prices and was overall value for money and, lastly, that the unitary charge from the financial model remained within the affordability envelope of the Acute Services Division.

The Board's Technical Advisers were satisfied the design submitted satisfied the brief, the capex cost was within the allowable cost model and the hard facilities management and life-cycle costs were comparable with the original agreement. In addition, the Board's Financial Advisers had concluded that the margins and senior debt, required level of cover ratio and level of fees were within the range of terms available and it was their view that the terms were not unreasonable in current market conditions.

The overarching financial objective was to self-fund any additional cost from related cost efficiencies generated from within the Acute Services Division and this was set out in the table within the report.

The Technical and Design Team requirements for the project had been concluded and the respective legal teams were drafting the Project Agreement amendments. If approved, it was anticipated that work would commence on site in July 2009 and the building handed over to the NHS Board in October 2010, with patients moving in in December 2010.

In response to Members' questions, Mr Calderwood confirmed that planning permission had been granted; the Scottish Government Health Directorate (SGHD), although not required to give formal approval to the extension of contract, had stayed in touch with the negotiations and this work would complete the Acute Services Strategy Review on the Stobhill site a few years ahead of schedule.

DECIDED:

1. That the Chief Executive and Chief Operating Officer be authorised to negotiate and agree the final terms of the Project Documents to be entered into by the Board, approve any necessary amendments to the Project Documents and carry out all such other steps necessary to bring the variation to Completion.
2. That any two of the Board signatories from Chief Executive, Director of Finance and Chief Operating Officer, sign on behalf of the NHS Board the Project Documents as required and any additional documentation required in connection with the Project as advised by the Board's external advisers, be approved.
3. That the Chair produce a certified copy of the Minute of Proceedings of the verification that approval had been granted, be approved.

**Chief
Executive/Chief
Operating
Officer**

**Chief
Executive/Chief
Operating
Officer/Director
of Finance**

Chair

18. LOCAL DELIVERY PLAN – 2009/10

There was submitted a paper [Paper No. 09/11] from the Head of Performance and Corporate Reporting setting out the draft of the Local Delivery Plan – 2009/10 which had been submitted for comment to the SGHD on 25 February 2009.

Ms Gibson advised that there was ongoing dialogue with SGHD on a number of areas and already, at this stage, there were only a small number of targets still to be finalised. The intention was to complete these discussions and reach agreement on trajectories within some of the targets with a view to signing off the Local Delivery Plan by the end of April 2009.

Mr Williamson recognised the work and effort which had gone into pulling together the HEAT targets but would have preferred to see more emphasis placed on clear clinical outcomes. Mr Divers emphasised that the success of so many of the targets was dependent upon collaboration working between different partnership organisations and the developing HEAT targets represented an encouraging start to that process. It remained the case that the NHS would continue to deliver outcomes which would be captured and analysed by the clinical governance structures.

Members welcomed the comprehensive nature of the Local Delivery Plan and would monitor progress via the Corporate Performance Reports submitted to the Performance Review Group.

NOTED

19. PROGRESS REPORT ON C.DIFF ACTION PLAN

There was submitted a paper [Paper No. 09/12] from the Medical Director on the progress 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.

Dr Cowan advised Members that this would be the last progress report as all actions had been completed with the exception of the consideration being given to including within the Board's budget setting process the allocation to Charge Nurses to enable them to access resources to address urgent estates shortcomings. This would be completed as part of the budgetary process in April 2009. He advised that the new surveillance systems had been tested.

Mrs Smith asked how staff were responding to the changes and the ongoing investigations and Dr Cowan advised that staff's reaction to the changes had been positive although the ongoing investigations were stressful for those staff involved.

NOTED

20. MODERNISATION AND RE-DESIGN OF PRIMARY, COMMUNITY HEALTH AND SOCIAL CARE SERVICES AND FACILITIES FOR ALEXANDRIA – REVISED OUTLINE BUSINESS CASE

There was submitted a paper [Paper No. 09/13] from the Director, West Dunbartonshire CHP, seeking approval to the revised Outline Business Case for the Alexandria Medical Centre.

Mr Redpath advised that the Group had approved the Outline Business Case in November 2008 but as the NHS Board was consulting on its Vision for the Vale of Leven Hospital, the Capital Investment Group were unlikely to make any formal decision on the Alexandria Medical Centre ahead of recommendations being made to the Cabinet Secretary for the full site.

During this period further discussions were held with the Oral Health Directorate in regard to the rationalisation and co-ordination of developments in dental services. The additional time created by the delay in submitting the Outline Business Case to SGHD had brought together agreement that a range of the developments that were being considered should be pulled together in order to maximise the potential benefits and it had now been proposed that all 20 dental chairs should be provided within the expanded Alexandria Centre and the Outline Business Case had been revised to accommodate this proposal. The capital funding of £3.5m for the dental developments remained available as all that was being proposed was a shift in the location of the proposed developments. The timeline of completing the repatriation of dental services from Glasgow Dental Hospital and School in advance of the completion of the new Medical Centre was being discussed by the CHP and Oral Health Directorate.

DECIDED:

That the revised Outline Business Case for the Alexandria Medical Centre be approved for submission to the Scottish Government Capital Investment Group.

Director of West
Dunbartonshire
CHP

21. AUDIT SCOTLAND – DAY SURGERY REPORT: REVIEW OF PROGRESS

There was submitted a paper [Paper No. 09/14] from the Director of Surgery and Anaesthetics, Acute Services Division, on the position within NHS Greater Glasgow and Clyde in relation to the findings of the Audit Scotland Report into Day Surgery in Scotland dated September 2008.

Mrs Grant gave a presentation to Members on the key findings of the report and the position within NHS Greater Glasgow and Clyde. In addition, she had provided an Action Plan for Day Surgery identifying the key objectives, actions required, outcome measures, timescale and the lead officer responsible for each action.

Mrs Grant indicated that the overall level of same day surgery within NHSGG&C had reached 64% in 2007/08, with current performance of approximately 65%.

The Audit Scotland Report outlined a range of performances relating to the British Association of Day Surgery Procedures with NHS Greater Glasgow and Clyde showing that 39% of the original 19 procedures outlined in 1998 had achieved the same-day surgery target. This figure did not take account of the number of minor procedures which were undertaken at the Golden Jubilee National Hospital and also the level of tertiary work within the NHS Board area was considerable – the majority of these cases being undertaken as in-patient cases. The opening of the two new Ambulatory Care Units would produce considerable additional capacity in a dedicated same-day environment which would assist in ensuring that patients were treated in an appropriate manner. Lastly, Mr Calderwood added that the out-patient procedures were not uniformly captured and this would bring about further improvements once this data was captured.

Mr Daniels welcomed this explanation as he had been concerned about the apparent performance of the NHS Board. In addition, Mr Williamson advised that the steps taken within the NHS Board were encouraging and rates would go up although it was recognised that managing pain, nausea/vomiting and providing patients with a single point of contact once discharged into the community reduced the anxiety levels of patients and their carers. The moves to a uniform approach to pre-assessment and same day admission would assist and it was agreed that future reporting on day surgery rates would be captured in the Quarterly Performance Report submitted to the Performance Review Group.

NOTED

22. ANNUAL REVIEW

There was submitted a paper [Paper No. 09/15] from the Head of Performance and Corporate Reporting covering the progress made against the Annual Review Action Plan and advising Members that a verbal feedback on the mid-year stock-take meeting with SGHD which took place on 16th March 2009 would be provided.

Members were pleased to note the progress against each of the agreed actions from last year's Annual Review and Ms Gibson advised that the next Annual Review would be held on 19 October 2009.

The mid-year stock-take meeting with the SGHD had gone over in detail the progress report and acknowledged the good progress made with regard to the consultation on the Vision for the Vale of Leven Hospital; the engagement and information being provided on the two new Ambulatory Care Hospitals at Stobhill and the Victoria; the improvements made in relation to access to dental care; the encouraging steps taken in meeting the waiting time access targets; the encouraging results from the second Gateway Review on the work associated with the development of the business case for the new South-side Hospital; and, lastly, the efforts made with regard to achieving the national sickness absence target.

Other areas were highlighted for continued work and these included specialist services for dementia; further consideration of shared services; improvements in day surgery rates; and sustained improvements in the access targets relating to cancer treatments.

The meeting had been positive and Mr Divers had provided an update to the representatives of the SGHD on the development of the Glasgow CHCPs and let them know of the design of the forthcoming workshop in the third week of April which, it was hoped, would lead to a revised Scheme of Establishment being submitted to the NHS Board in June 2009 for approval.

The Chair congratulated Mr Divers and his team for an excellent performance over a wide range of complex and difficult issues and was greatly encouraged by the organisational achievements and the clarity for future plans set out by Mr Divers prior to his retirement at the end of the month.

NOTED

23. PERFORMANCE REPORT – QUARTER 3: OCTOBER TO DECEMBER 2008

There was submitted a paper [Paper No. 09/16] from the Head of Performance and Corporate Reporting setting out the Performance Report for Quarter 3 – October to December 2008. Ms Gibson advised that work continued to progress in improving data collection and ensuring consistency and comparability between different areas within the NHS Board. The report was one component of the performance management framework which also included:-

- i) 6-monthly Organisational Performance Reviews (OPRs)
- ii) The Performance Focus Report for CH(C)Ps
- iii) The Acute Services Division's balance scorecard
- iv) The Mental Health Partnership's performance monitoring framework
- v) Individual performance appraisals

Ms Gibson highlighted some of the successes and challenges in terms of performance against the individual targets within the seven corporate themes. In response to a Member's question, she advised that in terms of delayed discharges, 18 patients had been waiting more than six weeks to be discharged at the time of this quarterly report: however, that had now been reduced to nine patients. She further advised that the breastfeeding rate had fallen slightly to 22.6% from 22.9% and she corrected the target within the paper as 24.6% - work within the CH(C)Ps continued in trying to meet this challenging target.

Mr Daniels intimated that he had been disappointed at the worsening position reported for the sickness absence target from 5.1 to 5.7%. Mr Reid emphasised that the 4% target was a difficult national target to achieve. He had separated out short term and long term absence in order to concentrate management effort in improving short term absences. The performance level for the short term absences was now below 2% and he had been encouraged by this outcome although recognised that the long term sickness absence was difficult to make much in-roads into as so often it was associated with long term illness, major surgery and other complex conditions. He indicated that meeting the sickness absence target was again to be included within individual managers' objectives for 2009/10 and he would also let Members see a copy of the report to the Staff Governance Committee which explained the detailed work undertaken in order to try to meet the target set.

NOTED

24. FINANCIAL MONITORING REPORT FOR THE 10 MONTH PERIOD TO 31 JANUARY 2009

There was submitted a paper [Paper No. 09/17] from the Director of Finance which set out the Board's financial position for the period to 31 January 2009.

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

Mr Griffin advised that a full review of the Capital Plan for 2008/09 was undertaken by the Capital Planning Group in November 2008 to confirm the phasing of capital expenditure on approved capital schemes. SGHD had agreed to the provision of the necessary additional brokerage to allow the Board to fund £15.8m of capital expenditure in the first quarter of 2009/10 rather than the final quarter of 2008/09. There remained a balance of £68.4m of capital expenditure to be spent by 31 March 2009: however, forecasts suggested that this would be achieved.

Mr Daniels enquired about the Renfrewshire CHP continuing to report an increase against expenditure of £0.6m. Mr Griffin advised that this was as a result of the impact of the available general medical services funding for the Clyde area being less than related expenditure commitments and had remained while discussions continued with SGHD in addressing the residual Clyde deficit. The sum had reduced from £1m to £0.6m over the last couple of years.

NOTED

25. FINANCIAL PLAN – 2009/10: UPDATE REPORT

There was submitted a paper [Paper No. 09/18] from the Director of Finance which set out to update Members on progress with developing the Financial Plan for 2009/10.

Mr Griffin took Members through the detail of his report and, in particular, gave an assessment of the anticipated expenditure growth, namely – pay awards, non-pay inflation, prescribing growth, capital programme, national policy initiatives, legislation and service developments covering local, regional and national initiatives.

In considering these pressures and setting them against the NHS Board's projection of additional funding in 2009/10, it was anticipated that this would represent a net financial challenge of £52.2m in developing a balanced financial plan for 2009/10. The Board had been working on the development of a cost savings plan for 2009/10 throughout most of 2008/09 recognising the need to start that work early to take account of anticipated pressures, namely: the £21m of new funding in 2009/10 to meet the step-up in revenue costs associated with the new Ambulatory Care Hospitals; the need to address the £12m residual recurring deficit related to Clyde; and SGHD's target for NHS Boards to achieve 2% recurring cash releasing cost savings to contribute towards the achievement of a financial break-even position in 2009/10. Mr Griffin highlighted the cost savings schemes under way, incorporating local savings schemes and strategic reviews and he believed the residual financial challenge having taken into account these savings plans, was £8.2m. In relation to Clyde, once the recurring cost saving of £4m was taken into account, this would leave a net residual deficit of approximately £8. The NHS Board had entered into discussions with colleagues at SGHD to secure some transitional funding relief to Clyde and it is possible this may be provided at a level of £4m. Mr Griffin anticipated some benefit from the temporary reduction in the VAT rate in the period to December 2009 and he believed that this would help to contribute towards achieving the non-recurring cost savings target.

Mr Griffin highlighted some of the risk factors associated with the Financial Plan for 2009/10, including energy prices, anticipated prescribing cost growth and central funding towards waiting times targets. It would be his intention to present a further update of this report to the Performance Review Group meeting in May and then submit the finalised Financial Plan for 2009/10 to the NHS Board meeting in June 2009 for approval.

Mr Daniels intimated that he found this an excellent report, clearly presented with good analysis and he was greatly encouraged by the early onset of planning to meeting the challenges of 2009/10.

Cllr. McIlwee asked about maintenance difficulties at Inverclyde Royal Hospital. Mr Calderwood advised that the NHS Board was still seeking a technical solution to the water penetration and, while this report was awaited, it was not possible to commence with any remedial works until it was known that they would solve the problem. He agreed it was important the CHP speak with Inverclyde Council to explain the position and the NHS Board's continued commitment to find the appropriate technical solution to the problem and to commit to the remedial work as soon as possible thereafter. The specific project had been identified within the Capital Plan.

26. PROPERTY SUB-COMMITTEE MINUTES: 15 DECEMBER 2008

There was submitted a paper [Paper No. 09/19] covering the notes of the meeting of the Property Sub-Committee held on 15 December 2008.

NOTED

27. COMMUNICATION ISSUES: 21 JANUARY TO 17 MARCH 2009

There was submitted a paper [Paper No. 09/20] from the Director of Corporate Communications covering communication actions and issues from 21 January to 17 March 2009.

Mr McLaws highlighted the following:-

- The mainstreaming of the key inequalities agenda and the promotion of the outcomes of the Ministerial Task Force report Equally Well – this had included publication of a special edition of the Health News and interest from Head Teachers in schools throughout Scotland requesting copies for use in modern studies projects for senior pupils. The intention was to publish a special edition of the Staff Newsletter to cascade the outcomes and promote a new series of learning DVDs on how staff can do more to remove barriers and help promote inequalities.
- The Launch of the NHS Board's new online media centre – offering significantly more information about NHS Greater Glasgow and Clyde in a more accessible way, including new fact sheets on a range of information about the NHS Board's dimensions and services. This has already led to a 3-fold increase in the number of visits to the website, particularly by journalists.
- The submission of the final draft of the Patient Focus and Public Involvement framework to the Involving People Committee on 6 April – setting out the NHS Board's obligations to take forward wider public involvement and achieve patient focus in service delivery and development.
- The completion of the Publicity Action Plan to market the Inverclyde Community Midwifery Unit with a similar plan being developed for the Vale of Leven Community Midwifery Unit.
- The ongoing work on the major information and education campaign on the opening of the new Stobhill and Victoria Ambulatory Care Units.

NOTED

28. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 19 May 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.45 a.m.