

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Performance Review Group held at 9.30 am
on Tuesday, 19 May 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 P Daniels OBE	Cllr. D Mackay
Ms R Dhir MBE	Mr D Sime
Mr P Hamilton	Mrs E Smith
Mr I Lee	Mr K Winter

OTHER BOARD MEMBERS IN ATTENDANCE

Mr R Calderwood	Mr D Griffin
Mrs A Coulthard (to Minute 33)	Mrs R K Nijjar

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

Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning
Mr J Crombie	..	Director of Diagnostics, Acute Services Division
Mrs J Grant	..	Chief Operating Officer (Interim), Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr A McIntyre	..	Director of Facilities (for Minute 37)
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs
Mr J Rundell	..	Audit Scotland
Mr I Tempest	..	Director, Atkins Limited (to Minute 32)

ACTION BY

29. APOLOGIES

Apologies for absence were intimated on behalf of Mr R Cleland and Cllr. D Yates.

The Chair welcomed Mr Ian Tempest, Director, Atkins Limited, and Mr Jim Crombie, Director of Diagnostics – Acute Services Division to the meeting.

30. MINUTES

On the motion of Mr P Hamilton and seconded by Mrs E Smith, the Minutes of the Performance Review Group meeting held on 17 March 2009 [PRG(M)09/02] were approved as an accurate record.

31. MATTERS ARISING

a) Review of NHS General Services Contract – Progress on Monitoring Access to GPs

In relation to Minute 16(a) – Review of Monitoring Access to GPs – Ms Renfrew advised that the outcome of the national survey of patient access to GP services was awaited and this would be reported to the next meeting of the Group.

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

Plans were in place to arrange a NHS Board Seminar on the new National Pharmacy Contract and this would pick up on issues of access and quality of service.

NOTED

b) Local Delivery Plan: Update

In relation to Minute 18 – Local Delivery Plan – 2009/10 – Ms Renfrew advised that the Scottish Government Health Directorate had approved the NHS Board’s Local Delivery Plan with discussions ongoing around the trajectory for reducing Accident and Emergency attendances at a time of rising attendances due to other factors.

NOTED

32. UPDATE ON NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT

There was submitted a paper [Paper No. 09/21] from the Director of Acute Services Strategy Implementation and Planning which set out the progress on the work on the New South Side Hospital and Laboratory project since the last update to Members in February 2009.

Ms Byrne reported that a Design Team had been appointed in March 2009 for the Laboratory facility which would be constructed as an advanced works contract to the main hospital contract. They were working to a timetable of tenders being submitted by 11 September 2009.

Following the issuing of a Pre-Qualification Questionnaire (PQQ) five expressions of interest in bidding for the New South Side Hospital and Laboratory Project were received.

The evaluation process incorporated the pre-defined criteria to determine their:-

- Technical Ability (in terms of experience, working practices and structure);
- Capacity (in terms of expertise and availability);
- Financial and Economic Standing.

Three companies were recommended to be short-listed by the Evaluation Panel to proceed to Invitation to Participate in Dialogue (ITPD). This recommendation was accepted by a joint meeting of the New South Glasgow Executive Board and Procurement & Finance Group. As this stage was critical to achieving the NHS Board’s objectives to deliver the Project, the Executive Board requested that a peer review of the documentation and the competitive dialogue process with Bidders was undertaken.

Ms Byrne asked Mr Ian Tempest, Director, Atkins Limited to present the peer review findings to Members.

Mr Tempest thanked Members for the opportunity to present the outcome of the independent high level review. He advised that Atkins had been asked to confirm the readiness to proceed to issue Stage 1 ITPD; was the documentation appropriate and complete; had the risks been properly considered; was the process auditable; and would the evaluation process demonstrate value for money.

Mr Tempest explained the methodology behind the review – the scrutiny of key documentation and interviews with those involved. He took Members through each stage of the review and advised that at the review date of 22 April 2009 there was an appropriate documentation structure for the procurement method; a proactive approach to risk management had been taken and the competitive dialogue process provided flexibility to the NHS Board. There had been the need to complete some of the ITPD documentation before it could be issued to perspective Bidders and an agreed evaluation process still had to be completed. He was pleased to report that NHS Board officers had taken on the results of the review and had amended and completed the appropriate documentation within the timescale required.

Ms Byrne reported that the Gateway Review 2 process had recommended an amendment to the governance arrangements to the project and had suggested a more integrated project structure. The result had been the formation of the New South Glasgow Hospitals and Laboratory Project Executive Board which would be chaired by the Director of Acute Services Strategy Implementation and Planning. The revised terms of reference were submitted for Members' information.

Lastly, Ms Byrne advised that once the Competitive Dialogue had been completed the Bidders would compile and submit their tender response on 11 September 2009. The tenders would then be evaluated and a recommendation submitted to a revised meeting date of the Performance Review Group to be held on Tuesday, 3 November 2009. This meeting would consider the Laboratories Full Business Case, the detailed design development for the New Hospitals and the contract agreement to build the New Hospitals.

**Head of Board
Administration**

Members welcomed this comprehensive update and Mr Winter asked whether the parent companies of each Bidder had provided a letter of support and whether the NEC3 contract was the most appropriate contract for that building project. Ms Byrne stated that a robust financial status review of the Bidders had been carried out but she would follow up on the specifics of Mr Winter's comments. In terms of the NEC3 contract it was acknowledged that it was a new contract framework; however, Members were reassured on the recommendations presented to the October 2008 meeting of the Group that this was the best contract framework in taking forward this capital project.

Mrs Smith asked about the involvement of Human Resources in the Executive Board and Ms Byrne advised that the Director of Human Resources was a member of the Redesign Group which was possibly a more appropriate place for input than a Group looking at finance and technical matters.

NOTED

33. DELIVERING THE ACUTE SERVICES REVIEW ACROSS GREATER GLASGOW

There was submitted a paper [Paper No. 09/22] from the Chief Operating Officer (Interim), Acute Services Division, and Director of Acute Services Strategy Implementation and Planning on the progress in implementing the approved Acute Services Review in the North and West of Glasgow.

Ms Grant, Chief Operating Officer (Interim) gave a presentation to Members on the detail of the changes in hospital provision in the interim period until the completion of the New South Glasgow Hospital and, in particular, on the planning for the transfer of Stobhill Hospital Inpatient Services to the Glasgow Royal Infirmary by the end of 2010/early 2011.

The drivers for change were in relation to junior doctors training and a further reduction to the maximum hours doctors can work. With the ongoing medical workforce pressures and the impact of Modernising Medical Careers, there was a need to rationalise services to achieve sustainable and affordable models of care within Glasgow. This included centralising acute receiving and A&E services for the North and East in Glasgow Royal Infirmary ahead of the completion of the new build for the Royal Infirmary.

The new waiting times and access targets added a further challenge as was the need to ensure resources were effectively used across the NHS Board area in order to meet the financial challenges as well as the affordability of the NHS Board's major capital programme. Recent service changes and moves associated with the new West of Scotland Beatson Oncology Centre, the Cardiovascular Unit, the opening of the New Stobhill Ambulatory Care Hospital and the opening next month of the New Victoria Ambulatory Care Hospital had provided opportunities to utilise updated accommodation within hospitals.

The proposals would see Stobhill and the Royal Infirmary inpatient services combined on the Royal Infirmary site by 2011. This would involve Renal and Vascular inpatient services being centralised in the Western Infirmary as an interim measure until the completion of the New South Side Hospital. Urology services would be rationalised to two sites – Southern General and Gartnavel General: again, this would be an interim measure until the final configuration was achieved on the Southern General and Royal Infirmary.

In terms of those patients who cannot be treated within the Minor Injuries Unit at Stobhill, they would attend the Consultant-led specialty care that would be provided at the Royal Infirmary. The rise in admissions would therefore require an increase in accommodation at the Royal infirmary A&E Department. In addition, the critical care capacity at the Royal Infirmary would be expanded to accommodate the Intensive Therapy Unit and High Dependency Unit activity and beds from Stobhill Hospital.

Communication and engagement of the proposals which were consistent with the approved Acute Services Strategy, were continuing with a number of bodies and groups and clinical and other teams. The Staff Partnership Forums have been included in this ongoing dialogue around the detail of the changes and proposed moves. Discussions were under way with the Scottish Health Council to consider what engagement was required for the moves associated with the vascular and renal proposals.

Lastly, Mr Calderwood advised that proposals to bring together medical and oncology services in a centralised model of care would be discussed by the West of Scotland Cancer Team and proposals brought back to the NHS Board at a later date.

Chief Executive

Mr Hamilton enquired about how long the interim periods would be, whether the accommodation to be utilised during this time would be upgraded and the involvement of the Public Partnership Forum at Community Health (and Care) Partnerships. Ms Grant advised that the accommodation would be upgraded for the circa five years it would be required and she acknowledged that it was early days in the discussions with Public Partnership Forums. The accommodation for A&E at the Royal Infirmary would have a visible addition of space and options for this were being considered.

Mr Calderwood took the opportunity to update Members on Maternity Services after the transfer of the Queen Mother's Hospital to the new refurbished Maternity Unit at the Southern General Hospital. The initial plans were for a £100m replacement Sick Children's Hospital on the Southern General Hospital site about two years after the transfer of the Maternity Services. It was now planned to build a £240m Sick Children's Hospital on the Southern General Hospital site and this was tied into the redevelopment of the New South Side Hospital which was approximately five years away. The majority of clinicians were content with the proposals and the services to be offered to mothers.

DECIDED:

That the updated report on progress to implement the Acute Services Review across the North and West of Glasgow be accepted.

**Chief Operating
Officer (Interim)/
Director of Acute
Services Strategy
Impl. & Planning**

34. DIAGNOSTICS – AUDIT SCOTLAND REPORT – POSITION IN NHS GG&C

There was submitted a paper [Paper No. 09/23] from the Director of Diagnostics, Acute Services Division which set out the scope of the Audit Scotland Report which covered the efficiency and effectiveness of Endoscopy and Cystoscopy Services; Laboratory Services; and Diagnostic Radiology Services. It focused on eight key diagnostic tests covered by the 9-week access target.

Mr Jim Crombie, Director, Diagnostics Directorate, Acute Services Division gave a full presentation to Members on the key issues highlighted within the report and highlighted the report's findings and actions taken within NHS GG&C to address the recommendations.

Mr Crombie described the efficiency and performance management framework which included monthly diagnostic performance management reports on activity/access times; weekly dynamic access reports, turn-round reports, monitoring reports on trends/sites, cancer tracking reports and utilisation reports. In addition, there was a monthly demand review and a CHCP/Laboratory Medicine project; national benchmarking, datasets and a directorate score card. All of this has assisted in better managing the performance within Diagnostics and the need to meet national targets.

Mr Crombie advised that it was Audit Scotland's intention to re-visit the actions taken by the NHS Board in 2010 and a report would be submitted to the Performance Review Group at that time.

Mrs Smith welcomed this report and the feedback from Mr Crombie and was delighted at the progress made in tackling an area of the service which had traditionally been subjected to lengthy waiting times. These had now been reduced and had improved the patient experience significantly. The description of the systems in place to monitor activity and access times were particularly welcomed and the improving performance had been encouraging.

In response to a question from Mr Hamilton, Mr Crombie advised that the global rating scale had involved one-to-one interviews with patients and staff and had been a useful independent review of the quality of the endoscopy service.

The Chair thanked Mr Crombie for his very full and comprehensive presentation and indicated that Members should contact Mr Crombie direct if they had any further questions on the detail of his report.

NOTED

35. FINANCIAL PLAN 2009/10

There was submitted a paper [Paper No. 09/24] from the Director of Finance which had been considered by the Performance Review Group at its meeting in March 2009. That plan had been submitted in draft to the SGHD as part of the Local Delivery Plan submission and two key elements remained, at that stage, to be finalised. The Cost Savings Plan for 2009/10 and the level of earmarked and recurrent funding which could be anticipated from SGHD to support the ongoing achievement of Access Targets in 2009/10. Both these points have now been addressed and covered in the paper now to be considered by Members.

Mr Griffin explained that the Financial Plan – 2009/10 gave Members an overview of the key elements of the plan: the proposals to address the cost savings challenge in 2009/10 highlighted the key assumptions and risks and, lastly, identified the scale of the financial challenge to be faced in 2010/11 and beyond.

The Financial Plan – 2009/10 included:-

- the projection of expenditure growth – £117.3m – this being a range of additional expenditure commitments which would be required to be met in 2009/10. These were viewed as unavoidable and, in many cases, the existing cost pressures were where expenditure was already under way.
- a cost savings programme which would release £55.4m in 2009/10 to contribute towards achieving a financial breakeven out-turn in 2009/10.
- an acknowledgement that despite the efforts made to generate recurring cost savings in 2008/09 and 2009/10, 2010/11 would still inherit a £14.9m recurring deficit from 2009/10.
- SGHD's confirmation of a general uplift of funding of 3.15%.

As had been indicated above, Mr Griffin advised that a key element in achieving a financial breakeven out-turn in 2009/10 was the cost savings plan. This would see all NHS Partnerships and Acute Services Division targeting the release of cost savings amounting to 1.75% of service budgets during 2009/10. The detailed cost savings plan could realistically release £29.2m of cost savings and these individual cost saving targets had been incorporated into service budgets for 2009/10. In addition, the NHS Board has identified a number of wider strategic reviews which it believed capable of releasing savings in 2009/10. This included a review of management structures, corporate functions, resource transfer, office accommodation, deployment of earmarked funding, review of prescribing practices, review of redeployment register and other areas in which it was anticipated that this would generate an additional cost saving of £13.1m in 2009/10. Some schemes would be achievable over a two-year period and would be incorporated into the 2010/11 Financial Plan.

Mr Griffin highlighted that this was technically the final year of three during which SGHD required the NHS Board to eliminate the deficit related to the Clyde area of its management responsibilities. It was anticipated that the NHS Board would enter the 2010/11 year with £7.2m still to be addressed and this would be incorporated into the NHS Board's overall financial planning process.

Mr Griffin identified the key assumptions and risks, particularly around energy costs, prescribing growth and pay uplifts. He then went on to discuss the financial planning process for 2010/11 and described the assumptions and financial challenge that would face the Board in 2010/11. Members welcomed the comprehensive and clear nature of the report.

Ms Renfrew tabled a strategic approach to workforce challenges and other areas of potential savings for 2010/11 and took Members through the various actions being considered and advised that this approach would be discussed with the Area Partnership Forum by the end of the month.

In response to a Member's question, Mr Calderwood advised that the SGHD were awaiting the NHS Board's approval of the Financial Plan – 2009/10.

In looking beyond 2009/10 and the financial challenges faced by all public sector organisations, including the NHS Board, Mr Reid advised that a workforce plan was required and in the absence of a national plan, a local NHS GG&C plan would require to be developed as soon as possible. There was clearly a need for reduced costs by a strategic and managed process with minimum frontline staff impact and this would be developed by a targeted programme of voluntary severance and early retirements based on costs and groups of posts. Current SGHD guidance assumed that funding would grow at 3.15% per annum: however, it remained to be seen what the impact would be on the Scottish Government in 2010/11 of the cost savings target of £500m on SGHD's funding allocation. It was hoped that this would be known by autumn 2009.

Members expressed concerns about the future impact on public sector finance and what this would mean for NHS GG&C. Cllr. Mackay advised on the assumption being made within Local Government for 2011/12. He went on to raise his concerns about the line in the plan with regard to resource transfer which had been transferred from the NHS Board to Local Authorities to avoid hospitalisation and keep people within the community for as long as possible. Cllr. Mackay stated that he was seeking continued consideration of the review of resource transfer, it was impacting on relationships with Local Governments as was the Board's refusal of the request of all of the Greater Glasgow and Clyde Local Authorities to meet them together to discuss the issue. Ms Renfrew noted that it was not the case that a meeting had been requested by all the Authorities, and that briefing on this issue from a Local Authority perspective would be rather different than the view from the NHS Board perspective. In discussing the engagement around this review, it was agreed that resource transfer be a topic for the NHS Board Seminar to be held on 2nd June 2009. Cllr. Mackay advised that he wished his dissent from this line in the plan recorded.

Mr Calderwood advised that he and colleagues remained sighted on the national discussions and approaches being undertaken with regard to pay and staff issues and he was well aware of the size of the impact on NHS GG&C of such decisions.

DECIDED:

1. That the Financial Plan 2009/10, with indicative figures for future years be approved for submission to the NHS Board in June 2009.
2. That the process for the review of resource transfer be a topic at the NHS Board Seminar of 2 June 2009.

**Director of
Finance**

**Director of Corp.
Planning &
Policy/Lead
Director, Glasgow
CHCPs**

36. PROPOSED CAPITAL PLAN: 2009/10 – 2011/12

There was submitted a paper [Paper No. 09/25] from the Director of Acute Services Strategy Implementation and Planning which set out how the NHS Board planned to deploy its allocation of capital funds on individual schemes in 2009/10 and also its indicative plans on how to deploy its prospective allocations of capital funds on individual capital schemes in 2010/11 and 2011/12, recognising that the levels of available capital funding for the last two years remained indicative at this stage.

Ms Byrne advised that subject to year end adjustments and audit review, the 2008/09 out-turn net capital expenditure amounted to £123.828m against a capital resource limit of £123.847m.

The paper explained the available capital resources made up of the NHS Board's national formula and medical equipment allocations from the SGHD. From 1 April 2009 all NHS Boards were required to prepare financial statements adhering to the requirements of international financial reporting standards and this would lead to a change to the accounting treatment of private finance schemes. Such schemes had been generally classified as Off Balance Sheet and, for such schemes where the initial contract expired typically after 25 to 35 years, ownership of the asset reverted to the user, therefore, the NHS Board would be required to establish a value on its balance sheet to reflect the value of the residual interest in the asset. Therefore, the value was gradually built up over the period of the initial contract by capitalising part of the annual unitary charge payment – therefore increasing capital expenditure and decreasing revenue expenditure each year. All private finance schemes would be reflected on the Board's Balance Sheet at the assets' fair values as at 1 April 2009. Consequently, the requirement to build up the residual interest values over the period of the contracts no longer applied and the full unitary charge payment would be reflected as revenue expenditure. Discussions with the SGHD indicated that there were currently no plans to realign the Board's Capital and Revenue Resource Limits in respect of these changes.

The NHS Board's Capital Planning Group had considered the component parts of the Capital Plan at a meeting on 1 May 2009 and the paper contained the proposed capital schemes across Acute Services, the Acute Services Strategy, Health and Information Technology and the Partnerships, including Mental Health and NHS Board.

A particular issue was the contribution to the New South Glasgow Hospitals and Laboratory Project – for which the Outline Business Case approved by the NHS Board in February 2009 included a figure of £135m which represented a funding contribution to be made by the NHS Board from its capital programme over the five-year period from 2010/11 to 2014/15. The funding assumptions contained within the Outline Business Case were currently being reviewed in light of the current economic climate and prevailing market conditions.

DECIDED:

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| <ol style="list-style-type: none"> 1. That the proposed allocation of funds for 2009/10 be approved. 2. That the current indicative allocations for 2010/11 and 2011/12 be noted. 3. That the Capital Planning Group be delegated the authority to allocate any additional available funds against the 2009/10 Capital Plan throughout the year. 4. That the funding and expenditure profiles in respect of the New South Glasgow Hospitals and Laboratory Project to be reviewed in detail during the forthcoming Competitive Dialogue process and Tender Evaluation period to facilitate further discussions with SGHD in respect of the timing of receipt of funding be noted. | <p>Director of Acute Services Strategy Imp. & Planning</p> <p>“ “</p> <p>“ “</p> <p>“ “</p> |
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37. CATERING SERVICES REVIEW

There was submitted a paper [Paper No. 09/26] from the Director of Facilities which set out the patient catering review covering all inpatient hospital sites and conducted on the basis of the requirement of legislative and statutory compliance; national Food Fluid & Nutrition Standards and recognition of the implementation of the Acute Services and Mental Health Services strategies.

Mr Alex McIntyre, Director, Facilities Directorate, took Members through the paper and described the methodology of the number of working groups established in 2006; the current production capacity; the impact of the Acute Services and Mental Health Services Strategies and the recognition that change was required and the production methods considered. Lastly, he gave a description of the stakeholder engagement and outcome of the benefits appraisal workshop completed in June 2008.

Mr McIntyre advised that as a result of the Patient Catering Review it had been recommended to move to a cook freeze/bulk regeneration on the basis of improved product shelf life; standardisation of product; minimalisation of waste; improved point of service temperature retention; improved point of service flexibility; improved logistic control and positive microbiological testing. There was also an advantage of having two cook chill central production units at the Royal Alexandra Hospital and Inverclyde Royal Hospital. He advised that the capital allocation required to facilitate the change had been identified within the Capital Plan for 2010/11 and savings had been identified, predominantly from reduced staff costs.

It was also recognised that staffing would require to be realigned once the New South Glasgow Hospital opened: however, it was not envisaged that there would be any staff reduction at that time.

Mr McIntyre also described the Retail Catering Review and the need to:-

- eliminate the losses identified in the 2004 Catering Review;
- meet the requirements of the costs and level of subsidy required by Boards as per the HDL (2005)31;
- see the removal of all drinks with a sugar content of more than 0.5g per 100ml;
- make fruit and vegetables accessible in all NHS sites;
- have Healthy Living Awards in all in-house areas by 31 March 2009 – as per the CEL(2008)14;
- meet the Healthy Living Award of 50% of all choices to be “healthy” as defined by the Healthy Living Award criteria.

Historically, there had been a deficit on trading accounts for all of the NHS Board’s retail catering outlets and it had been planned to close all units where they were not being used routinely by staff; provide quality vending or call order when these units were closed; review the location of the units to ensure highest footfalls; and re-brand and standardise products in line with the commercial sector.

The implications of these actions would be a reduction in staff across identified sites. As with the Patient Catering Review, staff would be redeployed into suitable alternative employment in accordance with the NHS Board’s organisational change policy.

Mr McIntyre advised that Health Facilities Scotland was developing a concept of an NHS Scotland brand and this was being undertaken at the time of the NHS Board’s Retail Catering Strategy. Consequently, the Board has become part of the NHS Scotland pilot. Of the six sites being piloted, four were within NHS GG&C – Glasgow Royal Infirmary, Queen Elizabeth Building; Southern General Hospital – Neurosciences Building; and the two new Ambulatory Care Hospitals. The evaluation of the project was expected in October 2009 and the outcome would be reviewed thereafter.

The commercial leases were set out and Members were advised that when a lease expired they would be replaced by an in-house team.

Lastly, Mr McIntyre described the voluntary services currently within the NHS Board area, together with the level of gifting received in 2007 and 2008. It was proposed that in all cases the following actions were pursued:-

- All units to work to achieve Healthy Living Award.
- All units to be reviewed in line with the Board's aspirations for front of house units.
- Where units operate commercially, formal written agreement should be put in place.
- The methods and mechanisms for gifting should be standardised across the NHS Board.

It was recognised that further dialogue was required with voluntary body partners to explore these issues and the range of services that they could provide in future.

Cllr. Mackay emphasised the issue of the quality of food and the need to reinforce this and evaluate the quality once the new proposals had been put in place.

Mrs Smith stated that in connection with the voluntary services, there certainly required to be clarity of the role played by NHS Facilities Scotland and also there was a need to be sensitive to the issues faced by the voluntary sector. This had been highlighted at the meeting that the Chair, herself and Peter Hamilton had had with the League of Friends at Inverclyde Royal Hospital. It was recognised that this was a difficult and sensitive area, particularly in light of the NHS Board's desire to provide a service from 7.30 a.m. to 7.30 p.m. for a range of services and it was important to see what other contributions were possible from voluntary bodies.

DECIDED:

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| 1. | That the recommendations of the Inpatient Catering Review be approved. | Director of
Facilities |
| 2. | That the recommendations of the Retail Catering Review be approved. | “ “ |
| 3. | That the actions set out for further dialogue with voluntary bodies be approved and handled in a sensitive way to ensure further contributions can be explored. | “ “ |

38. PROPOSAL TO REPROVIDE ACCOMMODATION CURRENTLY USED AT DALIAN HOUSE AND TARA HOUSE, GLASGOW

There was submitted a paper [Paper No. 09/27] by the Director of Finance which set out a proposal to re-provide accommodation currently used at Dalian House, 350 St Vincent Street, Glasgow, G3 8YQ, and Tara House, 46 Bath Street, G2 1HJ.

Mr Griffin presented the paper on the leased accommodation at Dalian House and Tara House and the opportunity presented by break points in these leases during 2010 to explore possibilities for the provision of replacement accommodation for the functions currently located within these buildings with the potential for the release of cost savings. The paper set out the financial arrangements and the potential for a significant reduction in cost. Key criteria had been identified for a suitable future NHS Board HQ accommodation solution, together with possible options and project management arrangements.

DECIDED:

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| 1. | That the proposal to re-provide accommodation currently used at Dalian House and Tara House be noted. | Director of Finance |
| 2. | That the key criteria which had been applied to identify accommodation options and select a preferred option for a future NHS Board HQ be approved. | Director of Finance |
| 3. | That the planned approach for selecting a future accommodation solution for the NHS Board HQ be approved. | “ “ |

39. UPDATE ON CAR PARKING

Ms Renfrew, Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs, gave Members an update on the discussions with the Joint Trade Union representatives and representatives of the Staff Action Group at the Southern General Hospital in connection with the two recent meetings on car parking arrangements.

In discussions, Ms Renfrew agreed to provide Members with a copy of the notes of the meetings of 9 February and 2 March 2009 and the updates/actions from the 21 April 2009 meeting.

**Director of Corp.
Planning &
Policy/Lead
Director, Glasgow
CHCPs**

NOTED**40. PROPERTY SUB-COMMITTEE MINUTES: 30 MARCH 2009**

There was submitted a paper [Paper No. 09/28] covering the notes of the meeting of the Property Sub-Committee held on 30 March 2009.

NOTED**41. COMMUNICATION ISSUES: 18 MARCH TO 19 MAY 2009**

There was submitted a paper [Paper No. 09/29] from the Director of Corporate Communications covering communication actions and issues from 18 March to 19 May 2009.

Mr McLaws highlighted the following:-

- NHS GG&C had taken the lead communications role on behalf of Local Authorities, emergency services and the NHS in the Strathclyde area during the ongoing Influenza H1N1 Pandemic Alert. Daily briefings with advice for health and community workers and employers and had been cascaded to staff at all public sector workforces. He advised that the Core Brief cascade system to Local Authorities and the Police had worked extremely well and was now part of the future Pandemic Flu communication plans.
- The launch of the major publicity campaign on the new Stobhill and Victoria Ambulatory Care Hospitals. Two full colour essential guides had been distributed to more than 260,000 households in the catchment areas served by the two new hospitals and 200,000 credit card sized 'z' cards had also been produced providing key information on the hospitals, including a guide on using the Minor Injuries Units.

- There had been media and political interest throughout April and May in connection with the Tea Bar at the Inverclyde Royal Hospital. The Chair, Vice Chair and a Non-Executive Director had met with the League of Friends and had issued a joint statement to the media which had helped defuse some hostility towards the Board.
- In May the Cabinet Secretary for Health and Well-being had announced a full Public Inquiry into the C.Diff outbreak at the Vale of Leven Hospital.

NOTED

42. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 7 July 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 12.15 p.m.