

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Performance Review Group held at 9.00 am
on Tuesday, 16 March 2010 in
the Conference Room, Southern General Hospital,
1345 Govan Road, Glasgow, G51 4TF**

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	Mr D Sime
Mr P Hamilton	Mr K Winter
Mr I Lee	Cllr. D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Dr C Benton MBE (from Minute 23)	Mr D Griffin
Mr R Calderwood	Cllr. J McIlwee
Mr B Williamson	

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

Dr B Cowan	..	Medical Director (to Minute 22)
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Mental Health Partnership
Ms S Laughlin	..	Head of Inequalities and Corporate Planning
Mr I Lochhead	..	Audit Scotland
Dr K McKean	..	Head of Pharmacy and Prescribing Support Unit (to Minute 22)
Mr A McLaws	..	Director of Corporate Communications
Ms P Mullen	..	Performance Improvement Manager
Mr I Nicol	..	Interim Head of Performance & Corporate Reporting
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs
Mr M Reutenbach	..	Audit Scotland
Mr A Seabourne	..	Project Director, New South Glasgow Hospitals Project (to Minute 21)

ACTION BY

18. APOLOGIES

Apologies for absence were intimated on behalf of Ms R Dhir MBE and Mrs E Smith.

19. MINUTES

On the motion of Mr P Hamilton and seconded by Cllr. D Yates, the Minutes of the Performance Review Group meeting held on 19 January 2010 [PRG(M)10/01] were approved as an accurate record.

20. MATTERS ARISINGa) Financial Plan and Priorities – 2010/11

In relation to Minute 12 – Financial Monitoring Report to 30 November and Mid-Year Review – the Chairman reported that following the NHS Board Seminar in March 2010 on the Financial Plan and Priorities – 2010/11, there would be two further follow-up NHS Board Seminars on the same topic in April and May 2010. Mr Calderwood advised that the Revenue Funding Allocation Letter for 2010/11 had been received from the Scottish Government Health Directorate and the uplift had been 2.15%.

**Director of
Finance**

NOTED

21. NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT – PROPOSED GOVERNANCE ARRANGEMENTS

There was submitted a paper [Paper No. 10/15] by the Chief Executive setting out the proposed new governance arrangements to oversee the Acute Services Review acceleration programme and the next phase of the New South Glasgow Hospitals and Laboratory Project.

Mr A Seabourne, Project Director, New South Glasgow Hospitals Project, advised that work was under way to enable the closure of in-patient acute services at Stobhill Hospital in April 2011 with funding in place to enable related capital projects at Glasgow Royal Infirmary, Gartnavel General Hospital and the Western Infirmary to be implemented. In addition, the New South Hospitals and Laboratory Project Team were working with the preferred bidder, Brookfield Europe, to take forward construction of the new Laboratory Building and the design of the new Adult and Children's Hospitals. It was intended to submit a Full Business Case to the Performance Review Group for the new Adult and Children's Hospitals in November 2010.

Project Director

In light of the appointment of a Preferred Bidder and the new phase which the project was about to enter it was felt appropriate to review the governance arrangements underpinning the New Southside Glasgow Hospital programme. A review had been carried out and Mr Seabourne outlined the conclusions which had emerged:-

- a) creation of a bi-monthly Acute Services Strategy Board with the amalgamation of the Acute Services Programme Board and new South Glasgow Hospitals and Laboratory Project Executive Board;
- b) creation of a weekly Acute Services Board Executive Sub-Group;
- c) introduction of construction management arrangements which supported effective joint working between the NHS Board and Brookfield Construction;
- d) Acute Services Redesign Group to take forward the process of developing clinical service models and implementing a clinical service transformation programme to achieve this in practice.

The Board's Internal Auditors, PricewaterhouseCoopers had undertaken a review of the revised governance arrangements and submitted a report to Members. This was broadly supportive of the proposed arrangements and contained some recommendations which had already been actioned.

Lastly, Mr Seabourne took Members through the attachments to the paper which set out the terms of reference and membership of each Board/Group described in the new governance arrangements.

Mr Lee was pleased to hear about the new arrangements as set out although was conscious that the Project Director had a significant set of challenges placed on him in terms of attendance and representation at the range of meetings proposed. He also asked about the frequency of reporting to the Performance Review Group. Mr Calderwood advised that the Project Director would be represented by project team members at some meetings and that the new South Side Hospitals and Laboratory Project including the acceleration implementation of service change would be a standing item at all future Performance Review Group meetings.

Project Director

Mr Winter welcomed the proposals and enquired about the working relationship with the contractor and sub-contractors, emphasising the importance of partnership working between the main parties. Mr Seabourne advised that from May 2010 the Acute Services Team and Brookfield would be working from a single office and this would help to ensure the development of close working relationships between the key parties.

DECIDED:

That the proposed new governance arrangements for the Acute Services Review implementation be approved.

Project Director

22. AUDIT SCOTLAND – MANAGING THE USE OF MEDICINES IN HOSPITALS – FOLLOW-UP REVIEW

There was submitted a paper [Paper No. 10/16] by the Head of Pharmacy and Prescribing Support Unit, which set out the NHS Board's response to the Audit Scotland Report on the Managing of the Use of Medicines in Hospitals – a Follow-up Review.

Dr Kate McKean, Head of Pharmacy and Prescribing Support Unit, advised that Audit Scotland first produced its report in 2005 and followed this up with a national review in 2009. At the time of the follow-up report the Pharmacy Prescribing Support Unit (PPSU) had developed a Medicines Governance Framework and Workplan covering the whole of the NHS Board's areas and it incorporated elements of the original Audit Scotland report which had not been concluded at that time. The PPSU reported regularly on medicines governance to the Prescribing Management Group as the lead Board Officers Committee for medicines and also reported to the Clinical Governance Implementation Group to ensure that key messages in relation to medicines were flagged in a wider forum. The PPSU also worked closely with the Head of Clinical Governance in relation to the safe use of medicines where Risk Managers and Pharmacists worked in a co-ordinated way to ensure that the organisation learned from incident analysis.

Dr McKean set out the key messages from the Audit Scotland reports and the NHS Board's response. This covered the following:-

- a) Planning for Medicines Management
 - i. Medicines management
 - ii. Hospital electronic prescribing and medicines administration system
 - iii. Hospital medicines utilisation data.
- b) Safe and Cost Effective Use of Medicines
 - i. Emergency Care Summaries
 - ii. Medication Incident Reporting
 - iii. Controlled Drugs
 - iv. Antimicrobial Policies and Prescribing Guidance
 - v. The Joint Single System Formulary
 - vi. Scottish Patient Safety Programme
 - vii. E-guidelines
 - viii. Education and Training
- c) The Changing Workforce
 - i. Clinical Pharmacy Service
 - ii. Workforce Planning and Staff Development

Dr McKean provided a detailed explanation for each and the actions being taken within NHS Greater Glasgow and Clyde, and reassured Members that work was under way on all aspects of the Audit Scotland Report with progress reported on a regular basis to the Prescribing Management Group and Clinical Governance Implementation Group.

Mr Hamilton enquired about the Medication Incident Reporting and reporting within general practice. Dr McKean advised that the implementation of DATIX across the organisation had prompted the development of systems and processes to support reporting, management and learning from medication incidents. It was recognised that further work was required to improve coding of reported incidents, improved sharing of learning and actions being taken across all Directorates. In relation to general practice, this type of analysis was not available to the NHS Board as there was no national requirement on GPs to report such incidents. However, CH(C)Ps were holding discussions locally with GP practices to improve the sharing and learning from such incidents.

NOTED

23. AUDIT SCOTLAND – OVERVIEW OF MENTAL HEALTH SERVICES IN SCOTLAND

There was submitted a paper [Paper No. 10/17] by the Director of Mental Health Partnership which set out the NHS Board's response to the Audit Scotland Report – Overview of Mental Health Services in Scotland.

Mrs Anne Hawkins, Director, Mental Health Partnership, advised that Audit Scotland published its report in May 2009 and that they had looked at mental health services provided by the NHS, Local Authorities, Prison, the Police and the voluntary sector for people of all ages.

She reported that the recommendations in the report covered adult, older people and children and adolescent mental health services and, as the latter two areas were subject to separate managerial arrangements outwith the Mental Health Partnership, the responses from these areas had been presented as separate appendices to the main report. The paper provided an update on the actions taken to address the key recommendations as reflected in the attached completed self-assessment checklist.

In addition, Mrs Hawkins advised that officers of the Board were asked to attend an evidence session of the Scottish Government Public Audit Committee in October 2009 to discuss the overview report and the detailed written submission which was prepared was available to Members on request.

Mrs Hawkins gave a detailed summary on the key points covering adult mental health, older people's mental health and children and adolescent mental health services and, whilst there were still areas where improvements could be made, the general level of compliance with the Audit Scotland Report's recommendations was relatively high. She advised that the biggest challenges going forward related to the impact on mental health services of deprivation, alcohol and stigma.

Members welcomed the detailed information provided and, in particular, the comprehensive nature of the self-assessment checklist. Mr Williamson asked about whether greater consistency of mental health services was now being achieved across NHS Greater Glasgow and Clyde. Mrs Hawkins responded that she had been encouraged by the progress made in providing a similar service across all areas of the Board and, while some difficulties in recruitment had impacted on the timescale, she was confident these issues could be resolved in the near future.

Mr Sime asked about the HEAT targets in relation to psychological therapy and measuring this against comparative data from England. There was a high level of service within England, however a paper on comparative data could be provided to Members for information.

**Director of Mental
Health
Partnership**

Skye House, the new adolescent unit at Stobhill was now open and the Chair asked if Members would like a visit to be arranged to see the facilities sometime in the near future. This was agreed.

**Director of Mental
Health
Partnership**

NOTED

24. FINANCIAL MONITORING: REPORT FOR THE 10-MONTH PERIOD TO 31 JANUARY 2010

There was submitted a paper [Paper No. 10/18] from the Director of Finance setting out the Financial Monitoring Report for the 10-month period to 31 January 2010.

As at 31 January 2010, expenditure levels were £1.8m ahead of budget: however, it was considered the year-end break-even position remained achievable. Mr Griffin advised that the total cost savings challenge for 2009/10 had been set at £45.4m with targets set for a combination of local initiatives and area-wide strategic reviews. As at 31 January 2010 the Board was reporting an achievement of £35.1m of recurring savings against a year to date target of £36.7m.

At this stage, the Board continued to forecast full achievement of the cost savings target for 2009/10 and this would be kept under close review during the remaining months of the year. He reported that in setting primary care prescribing budgets, at the outset of the year provision had been made for a re-payment of funding to SGHD in respect of windfall savings anticipated from price reductions on specific drugs as a consequence of the Government's Pharmaceutical Price Regulation Scheme. Whilst prices for a range of drugs had in fact reduced, it was also true that expenditure on other drugs had increased beyond anticipated levels. The net impact was an additional cost pressure of £1.5m in the current financial year which the Board has managed to contain by re-calibrating its expenditure plan to release an equivalent level of non-recurring funding.

Mr Cleland thanked Mr Griffin for his very clear report and asked for his view on the up-to-date position as at March 2010.

Mr Griffin replied that it was a very tight financial year: however, it remained the case that a year-end break-even position remained achievable.

Mr Lee was encouraged by the reported financial position but noted that, yet again, there was a heavy capital expenditure in the last two months of the year. Mr Griffin recognised that this was an annual challenge and was closely monitored in the final months of the financial year. In previous years, expenditure had been managed within the allocated budget, taking into account brokerage agreed with SGHD. Mr Calderwood added that with larger capital schemes coming on stream as part of the Acute Services Strategy, there would be schemes which would be planned over two to three years and this would see a more balanced capital expenditure over the financial year than perhaps had previously been the case. He also recognised that many small capital projects were held back until the final quarter of the year in the expectation there may be some slippage or funds available and this often proved to be the case.

NOTED

25. UPDATE ON 2010-13 PLANNING AND PERFORMANCE ARRANGEMENTS

There was submitted a paper [Paper No. 10/19] from the Head of Inequalities and Corporate Planning which reported on the progress made in relation to the Planning and Policy Framework and the nature of the next three-year development plans.

Ms Sue Laughlin, Head of Inequalities and Corporate Planning, reminded Members that a review of previous planning arrangements had been undertaken and the findings had been submitted to the January meeting of the Performance Review Group. The purpose of the Planning and Policy Frameworks had been to support a more rigorous approach to planning and the twelve planning frameworks focused on key settings, population groups and conditions and six cross-cutting policy frameworks had been produced under the leadership of a range of Directors and Heads of Planning. They were based on national requirements where there was a need for a whole system approach and covered most of the existing NHS Board priorities.

Development Plans were the means by which the NHS Board ran its business but also provided the means to inform its different stakeholders. The Planning and Policy Framework provided the core direction for Development Plans and these plans would describe the way in which each part of the system would contribute to delivery of the outcomes set out in the Framework. Development Plans were to be produced by 31 March 2010 using an agreed standard structure and it was intended that yearly updates would be produced over the lifetime of the planning cycle.

An initial assessment had been made of the complete set of outcomes contained within the Planning and Policy Framework and this assessment had produced a reduced set of consolidated outcomes that would be used as the basis for the development of a Performance Management Framework which would align performance to the priorities of the Board. Members were asked to consider the initial set of consolidated outcomes.

Members considered that the outcomes provided the correct coverage and Mr Williamson, in welcoming the outcomes, asked about the planning aspirations at a time of tighter financial settlements. Ms Renfrew advised that the outcomes concentrated on the priorities and therefore assisted the NHS Board in focusing on delivering good outcomes in its priority areas at a time of financial constraints.

Mr Cleland was grateful for the work in describing the process and the description of the consolidated outcomes and he was interested to see how it would pan out in future. He did, however, have a concern that issues which concerned patients the most often related to dignity issues, staff attitude and delayed test results i.e. not getting the basics right. It was explained that with the introduction of the Quality Strategy and engagement of the Public Partnership Forums, there was much more emphasis and focus on the patients' experiences and how this impacted on the development and performance of services. Mr Hamilton added that the In-patient Survey would capture patients' views; this was due in May/June 2010. This would lead to a national discussion and ensure a greater focus on those issues which mattered most to patients. The Chairman indicated that these comments would feed well into the two forthcoming Seminars in April and May 2010 when discussions would be held on Financial Planning – Priorities and Challenges.

Cllr. MacKay advised that Local Authorities were already consulting on a reduction of services and a common theme from the public had been crime and health. He emphasised the need to break down silos and use this type of information across all public sector organisations. Existing structures on consulting with the public/patients could be used to inform how all public bodies could better serve the public.

Ms Renfrew advised that she was completing a write-up of the March NHS Board Seminar and this would be available for consideration at the April NHS Board Seminar.

**Director of
Corporate Planning
& Policy**

NOTED

1. That the Planning and Policy Frameworks and process for the delivery of development plans be noted.
2. That the summarised sets of outcomes derived from the Policy and Planning Frameworks be approved.

**Head of Inequalities
& Corporate
Planning**

26. HEAT SCORECARD: 2009/10 – QUARTER 3

There was a paper submitted [Paper No. 10/20] from the Interim Head of Performance and Corporate Reporting which set out the 3rd quarter's HEAT performance report. This was seen as one component part of the strategic performance management framework which included:-

- i. 6-monthly Organisational Performance Reviews;
- ii. the Performance Focus Report for CHCPs;
- iii. the Acute Division's Balanced scorecard;
- iv. the Mental Health Partnership Performance Monitoring Framework
- v. Individual Performance Appraisal.

Mr Nicol advised that a number of changes had been introduced to performance reporting since the last meeting and the attached HEAT scorecard outlined the Board's position in relation to each of the HEAT targets and standards and highlighted the direction of travel since the last report. In line with the Local Delivery Plan – 2009/10, the HEAT targets had been grouped under the headings of Health Improvement, Efficiency Access and Treatment. The report aimed to focus effort on areas in need of improvement as well as providing the opportunity to highlight where progress and performance had been made since the previous report.

A total of fifty performance measures were contained within the HEAT scorecard and each had been assigned a performance status based on a variance from trajectories. Mr Nicol took Members through the areas of improvement and the areas where further improvement was required. Officers were keen to receive Members' views and comments on the revised and more focused report. The Auditor General had previously commented that the NHS was well aware of the inputs but did not always report satisfactorily on the outputs.

In response to a question from Dr Benton, Ms Renfrew advised that the NHS Board's performance in alcohol brief interventions was one of the best in Scotland and the narrative in future would be expanded to give greater detail of the achievements in this area. The Organisational Performance Reviews with each part of the system had included significant discussions around the efforts required to ensure reductions in smoking within the NHS Board's area. It was recognised that the report could be improved with the introduction in future of comparisons with the national context.

Mr Cleland found the report very helpful and presentationally easy to follow. He did wonder, however, if a further column could be added to give an explanation as to what actions were being taken to improve performance where appropriate and this was agreed for future reports.

**Head of
Performance &
Corporate
Reporting**

NOTED

27. MID-YEAR ORGANISATIONAL PERFORMANCE REVIEWS – 2009/10

There was submitted a paper [Paper No. 10/21] from the Interim Head of Performance and Corporate Reporting, providing a summary of the discussions and actions agreed at each of the Organisational Performance Review meetings held between November 2009 and January 2010.

Mr Nicol advised that, on this occasion, the Organisational Performance Reviews (OPRs) introduced a new performance review structure comprising:-

- i. Performance at a glance – an Organisational Performance Review Scorecard highlighting a suite of key performance indicators seen as critical to the priorities of the Board. This provided the OPR panel with the opportunity to scrutinise performance more closely at a local level;
- ii. Financial performance – focused on a mid-year review of the financial position of the different parts of the system;
- iii. Corporate and Local Development Planned Priorities – each part of the organisation provided a narrative outlining progress against key priorities alongside a progress update on the actions agreed at the previous OPR.

Mr Nicol highlighted key examples of innovation and good practice and also areas in need of improvement in the future. He advised that the format and content of OPRs would continue to be developed to ensure that they focused on how effectively each part of the organisation was delivering its key contribution to the achievement of corporate priorities centred on HEAT targets and other critical indicators as set out in Development Plans. It was reported that the letters to the Acute Services Division, Partnerships and Directorates would be sent out shortly to provide the attached summary report for each area.

**Head of
Performance &
Corporate
Reporting**

Members commented on the helpful information and its focus on the improvements required. Some Members commented that as Vice Chairs of CHCPs, this was the first time they had seen this information. This was acknowledged and each part of the organisation would submit the outcome of its own OPR to its relevant Committee for consideration.

Ms Renfrew updated Members on the discussions with Glasgow City Council on the Joint Partnership Board's work on revising the Scheme of Establishment, involvement of local budgets and planning arrangements.

Good progress was being made: however, difficulties had been experienced recently with completing the work on the Scheme of Establishment and devolved budgetary arrangements from 1 April 2010. Currently, the next Joint Partnership Board was due to be held on 25 March 2010 and it was hoped that if this meeting went ahead, the remaining issues could be resolved at that stage. Members would be advised of progress.

NOTED

28. LOCAL DELIVERY PLAN – 2010/11

There was submitted a paper [Paper No. 20/22] from the Director of Corporate Planning and Policy which provided the contents of the draft Local Delivery Plan – 2010/11 and the challenges highlighted to the Scottish Government Health Directorates.

Ms Renfrew advised that the first draft of the Local Delivery Plan – 2010/11 had been submitted to the Scottish Government Health Directorates on 26 February and work continued to finalise the Local Delivery Plan (LDP) with a view to submitting a final draft by 19 March. It had been emphasised to SGHD that, in common with other NHS Boards within Scotland, there was a challenge on how all existing LDP targets were to be delivered at a time of financial stringency.

The NHS Board was working to complete the development of its cost savings plan by April 2010, with approval by the NHS Board thereafter. Work would then begin on the development of a cost savings approach for the years beyond 2010/11 and, in particular, for 2011/12.

Members noted the progress and agreed that the Local Delivery Plan could form part of the discussions at the April and May NHS Board Seminars before its submission to the Performance Review Group in May for final approval.

**Director of
Corporate
Planning & Policy**

NOTED

29. COMMUNICATION ISSUES: 20 JANUARY – 16 MARCH 2010

There was submitted a paper [Paper No. 10/23] from the Director of Corporate Communications covering communication actions and issues from 20 January to 16 March 2010.

Mr McLaws highlighted the following:-

- The launch of a major campaign in early February to encourage staff and the public to become organ donors, with a major feature in the Staff Newsletter and on StaffNet, a number of news features, including a front page of the local evening paper and the Board's website. This launch was linked to the National Organ Donation Campaign website. Working closely with the NHS Board's Organ Donation Committee, which was Chaired by Mr R Cleland, the Corporate Communications Directorate planned to sustain the campaign over the coming months with further news features and regular appeals to staff through StaffNet and other internal communication channels.
- The year-long health and lifestyle campaign - Glasgoals, kicked off on 28 January. Glasgoals aimed to inspire people of all ages as individuals or groups to pledge to change their lifestyle in a positive way. It was a positive upbeat health improvement drive with a big element of fun, backed by serious health and lifestyle messages.

- The First Minister, Alex Salmond, officially opened the New Victoria and Stobhill Hospitals at two ceremonies on 10 and 24 February 2010, respectively. Hospital staff and patients played a major part in the ceremonies, both of which received extensive and positive media coverage.
- The Corporate Communications Directorate were proud recipients of two awards at the Communicators in Business (Scotland) 2009 Awards Ceremony on 26 February. The awards were given for Best Employee Magazine (Staff Newsletter) and Best Campaign (Tackling Health Inequalities).

NOTED

30. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 18 May 2010 in Board Room 1, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 10.45 a.m.