

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Performance Review Group held at 9.30 am
on Tuesday, 21 September 2010 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Mr D Sime
Mr P Daniels OBE	Mrs E Smith
Mr P Hamilton	Mr K Winter
Mr I Lee	Cllr. D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Mr C Bell	Mr I Fraser
Dr C Benton MBE	Mr D Griffin
Mr R Calderwood	Rev. Dr. N Shanks

Mr B Williamson

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

Mr S Baker	..	Capital Planning Partnerships Project Manager
Ms L Forster	..	Head of Nursing, Sandyford Initiative
Ms J Gibson	..	Head of Performance and Corporate Reporting
Mr B Gillespie	..	Audit Scotland
Mrs J Grant	..	Chief Operating Officer - Acute Services Division (to Minute 71)
Mr J C Hamilton	..	Head of Board Administration
Mr A MacKenzie	..	Director, North Glasgow CHCP (for Minute 64)
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 (to Minute 69)
Mr D Ross	..	Director, Currie & Brown UK Limited (to Minute 61)
Mr J Rundell	..	Audit Scotland
Mr A Seabourne	..	Project Director, New South Glasgow Hospitals (to Minute 61)
Ms A Wilson	..	Acting Director, Surgery & Anaesthetics Directorate – Acute Services Division

ACTION BY

58. APOLOGIES

Apologies for absence were intimated on behalf of Ms R Dhir MBE and Cllr. D MacKay.

59. MINUTES

On the motion of Cllr. D Yates and seconded by Mrs E Smith, the Minutes of the Performance Review Group meeting held on 6 July 2010 [PRG(M)10/04] were approved as an accurate record.

60. MATTER ARISINGa) Approval of the Full Business Case for the Glasgow Royal Infirmary University Tower Refurbishment Project

In relation to Minute 50 – Glasgow Royal Infirmary University Tower Refurbishment Project – Mrs Grant advised that the approved Business Case had been submitted to the Scottish Government Health Directorates' Capital Investment Group and additional information had been sought prior to its submission for consideration.

NOTED

61. NEW SOUTH-SIDE ADULT AND CHILDREN'S HOSPITAL AND LABORATORY PROJECT - UPDATE

There was submitted a paper [Paper No. 10/44] by the Project Director setting out the progress of each of the stages of the development of the new laboratory and design of the new hospitals.

The Laboratory Project remained on programme to be completed by mid-March 2012 and the procurement programme was making good progress, with the work package's tendered prices coming in within allocated budgets.

In relation to the new adult and children's hospitals' design developments, the Matters Specified in Conditions – attached to the Outline Planning Consent – were submitted to Glasgow City Council and a decision on planning was expected on 19 October 2010. Architecture Design Scotland had offered comments, which had been incorporated and they had made favourable comments about the design of the project.

Mr Lee was pleased to see the positive outcome of Total Concluded and Potential Compensation Events of - £845,300.28 and asked if the planning process would highlight any potential additional costs. Mr Seabourne advised that additional costs would be incurred in relation to changes from planning to the elevation of the buildings: however, in relation to this project, these risks were borne by the Contractor, Brookfield, with no change to the Target Cost. In response to Mr Winter, it was confirmed that this had not been the case with the Laboratory building because the Board was responsible for the design risk and therefore the Target Cost would be changed upwards to reflect the additional costs associated with the cooper-cladding element of the elevation of the building.

Mr Seabourne confirmed that there would be a presentation at the 5 October 2010 NHS Board Seminar on the costs and affordability of the Full Business Case, prior to submission to the NHS Board for approval at its meeting on 26 October 2010.

Project Director

NOTED

62. GLASGOW COMMUNITY HEALTH PARTNERSHIP

The Director of Corporate Planning and Policy/Lead Director, Glasgow City CHCPs reported that following the discussions at the September 2010 NHS Board Seminar, the Scheme of Establishment had been re-drafted and would be provided to Members for comment.

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

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Ms Renfrew added that the interviews for the post of Director, Glasgow Community Health Partnership (CHP) would be held on 4 October 2010 and the appointment of the Sector Directors and other senior appointments would follow thereafter with the intention of establishing the CHP from 1 November 2010. Comments had been received on the Management Paper and this would also be circulated to Members.

The NHS Board was still waiting to hear from Glasgow City Council on its proposals for the role of Councillors in the new arrangements and Board officers were keen to keep an integrated model for Addiction Services.

Mr Bell enquired about the transitional arrangements in relation to the five Professional Executive Groups (PEGs). It was intended that the existing structure would continue until they were replaced by the new arrangements to ensure continuity and a smooth transition to the new arrangements.

The Chairman reported that he was writing to the Chairs and Members of the five Glasgow CHCP Committees to thank them for their efforts and commitment to the CHCP arrangements and confirming that the new arrangements would commence from 1 November 2010. This would lead to final CHCP Committee meetings being held in September and October 2010.

Mr P Hamilton enquired about the care governance arrangements and Ms Renfrew advised that there would be a two-tiered approach at the CHP level and Sector level.

NOTED

63. VISION FOR THE VALE OF LEVEN HOSPITAL – PROGRESS

There was submitted a paper [Paper No. 10/45] by the Chief Operating Officer which set out the progress being made by the Acute Services Division in implementing the Vale of Leven Vision. The paper summarised the key strands and provided an update on activity and current position of the different elements of the Vision, together with the work of the Monitoring Group set up by the Cabinet Secretary for Health and Wellbeing.

Mrs Grant highlighted the progress against the following main recommendations of the Vision:-

- a) Introduction of a Consultant-led GP supported model to deliver unscheduled medical care in order to sustain at least 70% of current activity.

4 of the 7 additional Consultant posts agreed to support an integrated medical model across the Royal Alexandra and Vale of Leven Hospitals had been successfully recruited. In addition, 2 long term Consultant locums to the Physician posts had been secured while recruitment was ongoing to secure permanent appointments to the remaining vacancies.

The GP model and out-of-hours service had been agreed and would be implemented shortly. The 6 GP specialist training posts required to support the Vale of Leven Hospital were appointed in August 2010.

- b) Sustaining the Vale of Leven's Minor Injuries Unit

The Unit continued to function strongly and effectively and in 2009/10 there were 9,874 patient attendances (including returns). This level of activity had also been maintained in the first quarter of 2010/11.

c) Continued delivery of rehabilitation services

The 2 new Consultant Geriatricians were now in post, one commencing in July and the other in September 2010. Establishment of these posts brought greater stability to the service which had been challenged over the years by a number of vacancies. The rehabilitation pathways with General Medicine and Orthopaedic Services had been completed and the Stroke pathways in the model for Stroke Care had also been finalised.

d) Planned Care Repatriation of Activity to Vale of Leven

In relation to Medicine the recruitment to the Rheumatology and Gastro-enterology posts had seen the establishment of the planned Rheumatology and Gastro-enterology clinics which commenced in August 2010. In relation to Surgery, work continued to repatriate patients with Vale of Leven catchment postcodes to clinics and theatre lists at the Vale of Leven Hospital – this being in relation to Orthopaedics, General Surgery and Ear/Nose & Throat Surgery.

The new enhanced Urology service was now established at the Vale of Leven Hospital and this had seen the establishment of two clinics per week and 1.5 day surgery sessions per week. In relation to Ophthalmology, out-patient care and day surgery was now being undertaken at the Vale of Leven Hospital and had resulted in the establishment of 3 clinics at the Vale of Leven Hospital and 1.5 day surgery sessions per week.

The Monitoring Group, under the chairmanship of Mr Bill Brackenridge, meets to consider the progress being made in implementing the Vale of Leven Vision. Reports were submitted to the Group on progress against the recommendations together with information on activity in order to monitor the progress being made.

A range of communication activities were being progressed to ensure effective communication engagement with the Monitoring Group and local population. In July, a newsletter outlining progress was distributed to the Dumbarton and Lomond catchment areas with a further updated newspaper planned for November 2010.

Members were pleased with the progress being made and Mr Calderwood advised Members of the fire which had taken place at the Christie Ward (Mental Health Services) which had led to the transfer of the in-patients to Gartnavel Royal Hospital. Discussions were under way in terms of the implications for the strategic review to be undertaken on activity levels prior to any decision being taken about the NHS Board's proposal to move this service to Gartnavel Royal Hospital. The current arrangements would continue until a formal review was finalised in June 2011 based on the activity levels and admission rates.

Mr Williamson suggested that a survey should be undertaken with patients and their relatives transferred from the Christie Ward in terms of accessing quality services at Gartnavel Royal Hospital.

NOTED

64. **POSSILPARK HEALTH CENTRE – OUTLINE BUSINESS CASE FOR THE MODERNISATION AND REDESIGN OF PRIMARY AND COMMUNITY HEALTH SERVICES**

There was submitted a paper [Paper No. 10/46] by the Director of the North Glasgow CHCP which set out proposals to modernise and redesign the primary and community health services at Possilpark. Mr MacKenzie, Director, Glasgow North CHCP and Mr Stephen Baker, Capital Planning Partnerships Project Manager were in attendance to present the Outline Business Case and answer Members' questions.

The Performance Review Group had approved, in November 2009, the Initial Agreement and approval had been given by the SGHD Capital Investment Group to proceed to the Outline Business Case stage.

Mr MacKenzie advised that following an Option Appraisal exercise and detailed economic and financial analysis, the preferred Option was to provide new health centre accommodation on a site owned by Glasgow North Regeneration Agency (GNRA) as part of a wider urban regeneration project entitled "Saracen Exchange".

The overall regeneration programme would be led by the provision of the new health centre which would act as a catalyst for the development of a new business start-up/support facility by GNRA leading to the provision of new Housing Association offices, retail outlet and refurbishment/extension of the existing City Council Library facilities. The health centre would be developed on vacant land currently owned by GNRA but acquired for the development. He advised that the NHS Board had been awarded funding of £9m from the SGHD Primary and Community Care Premises Modernisation Programme based upon Business Case approval, combined with £1.4m from the NHS Board's capital allocation. In terms of revenue implications, these were expected to be around an additional £70,000 per annum and would be contained within the NHS Board's Financial Plan.

If approved, the Outline Business Case would be submitted to the Capital Investment Group at its meeting on 28 September 2010. Following approval, the project would move to Final Business Case with the intention of providing the new facility in mid-2012.

Mr Winter and Mr Lee enquired about the involvement of other organisations within the development and, in particular, developing accommodation for Social Work use. Mr MacKenzie advised that there were no income assumptions from partner organisations. If benefits were to be realised with Social Work sharing accommodation within the health centre this would be at the cost of moving other services elsewhere, meaning that if Social Work did not utilise parts of the new accommodation, other NHS services would be located in the health centre.

Mr Daniels asked about the involvement of General Practitioners and Clinical Pharmacy and whether this was a new prescribing model that was being proposed. Mr MacKenzie advised that this was not the case and only a continuation of the existing arrangements.

Dr Benton asked about the decontamination arrangements and Mr Baker advised that the arrangements for Dentistry were local and the General Dental Practitioners had been involved in the planning of the service.

DECIDED:

That the Outline Business Case for the Modernisation and Redesign of Primary and Community Health Services for Possilpark be approved for submission to the SGHD Capital Investment Group.

**Director, North
Glasgow CHCP**

65. 2009/10 SCOTTISH GP PATIENT EXPERIENCE SURVEY

There was submitted a paper [Paper No. 10/47] by the Head of Performance and Corporate Reporting which provided the results of the Scottish GP Patient Experience Survey. The Better Together Scottish Patient Experience Survey was a postal survey which was sent to a random sample of patients who were registered with a GP in Scotland in October 2009. It was linked to the patient experience domain of the GMS Contract Quality and Outcomes Framework and specifically asked patients about their experience of:-

- Accessing their GP practice;
- Making an appointment;
- Visiting Reception;
- Seeing either a nurse and/or doctor at the surgery;
- Receiving prescribed medicine and care provided overall by the practice.

Approximately 10% of the NHSGG&C population over 16 years old received a postal questionnaire of which approximately 40% of patients responded to this – circa 50,000 respondents. The results of the survey were available at NHS Board level, CH(C)P level and practice level.

Overall NHSGG&C was at the Scottish average for all indicators and the intention would be that the CH(C)P level results would be considered by the relevant CH(C)P Committees and a short report on the findings of the survey at that level, together with the action being taken, would form part of the report back to the Performance Review Group in November 2010.

**Head of
Performance and
Corporate
Reporting**

Members welcomed the results although recognising the size of the survey sample. The one main area of concern was the issue of confidentiality within reception areas of GP practices. It was recognised that this was a wider issue in relation to hospital clinics and other departments and would need national discussions to lead to a change of layout, attitude and custom and practice around health care reception areas.

NOTED

66. AUDIT SCOTLAND REPORT: REVIEW OF ORTHOPAEDIC EFFICIENCY

Following the publication of the Audit Scotland Report – Review of Orthopaedic Efficiency, Ms Ann Wilson, Acting Director of Surgery and Anaesthetic Services, Acute Services Division had reviewed the key recommendations and messages and provided a presentation to Members on the outcome and impact on services within NHSGG&C and the steps to be taken to bring about improvements as a result of this national report.

Ms Wilson highlighted the following:-

- a) Day surgery rates had now increased significantly and were above the trajectory level.
- b) Out-patient procedures were now monitored through the introduction of a clinic outcomes form.
- c) Theatre utilisation was measured per Consultant on a monthly basis and utilisation exceeded 90%.
- d) Clinic utilisation data had recently been introduced per Consultant and a Rapid Improvement Event had been held in September 2010 to bring about improvements in booking processes in order to maximise throughput.
- e) Orthopaedic implants for hips and knee replacements had been standardised with significant savings from July 2010; supplies for Trauma Units had been concentrated on one supplier which had brought about additional savings and, lastly, it was intended to move to a single supplier for foot surgery supplies, again with a likely saving.

Areas for further improvement had been identified as follows:-

- a) The NHS Board had the highest re-admission rate within Scotland and this was believed to be due to the transfer of Orthopaedic Geriatric Rehabilitation patients to other hospitals for longer term care which were incorrectly classified as re-admissions.
- b) Arthroscopy day surgery rate was low although it was recognised that this was improving with the new Ambulatory Care Hospitals at Stobhill and the Victoria.
- c) Steps had been made to improve the new to return ratio at out-patients of 1:2 to the Scottish average of 1:1.8.

Mr Winter enquired further about the coding error in relation to the transfer of Orthopaedic Geriatric Rehabilitation patients to longer term care. Mrs Grant advised that this was being looked into further in order to understand whether this was the case or whether something further lay behind the re-admission rate. She would report back to Members on the outcome of that review.

**Chief Operating
Officer**

Mr Cleland enquired about Consultants' job plans and NHS commitment. Mrs Grant advised that the job plans did clearly identify what was required by the NHS and productivity was measured at greater levels than ever before and that helped produce the results of productivity by Consultant.

Mr Rundell, Audit Scotland was pleased to see the profile NHS GG&C gave to Audit Scotland Reports in terms of assessing the impact of these national reports and their recommendations on practice within the NHS Board and in reporting to a Standing Committee of the Board on actions to be taken to bring about further improvements.

NOTED

67 . FINANCIAL MONITORING REPORT FOR PERIOD TO 31 JULY 2010

There was submitted a paper [Paper No. 10/48] from the Director of Finance which set out the financial position for revenue and capital for the first four months of the year to 31 July 2010. The report highlighted that expenditure levels were £4.1m ahead of budget and this was partly attributable to the timetable for the implementation of Cost Savings Plans and also partly due to additional cost pressures associated with hospital prescribing with the Acute Services Division and pay costs.

Mr Griffin also highlighted that there were additional cost pressures which could be expected to have a bearing on the 2010/11 out-turn and which had been unforeseen at the start of the financial year. This included increased costs as a result of the recent national property rates re-evaluation exercise and the increase in irrecoverable VAT costs reflecting the increase in the VAT rate from 17.5% to 20% which would occur in January 2011.

During September, NHS Board officers would be working to confirm the extent to which Directorates could offset the additional cost pressures and this work would be completed by the mid-year point so that the NHS Board was able to assess whether it would be able to deliver a break-even out-turn for 2010/11. Members would be kept advised of progress through the submission of the Financial Monitoring Reports to the NHS Board and Performance Review Group.

Mr Williamson asked if the current overspend was possibly related to increased activity and Mr Griffin advised that this was possible in relation to hospital prescribing and an increase in activity in emergency medicine. In relation to in-patient activity, this was still to be analysed once finalised activity figures were available.

In relation to capital, an early review of forecast expenditure out-turn had confirmed that a slippage of approximately £18m could reasonably be anticipated in 2010/11, therefore enabling overall capital expenditure to be contained within the available funding.

NOTED

68. HEAT PERFORMANCE REPORT 2010/11

There was submitted a paper [Paper No. 10/49] from the Head of Performance and Corporate Reporting which set out the NHS Board's performance for the first quarter of the year in respect of the HEAT targets set out in the 2010/11 Local Delivery Plan. The report focused on areas in need of improvement and highlighting where significant progress had been made.

A total of 36 HEAT targets and 6 HEAT standards were contained within the Scorecard and each had been assigned a performance status based on their variance from trajectories and were highlighted in the report.

Mr Sime highlighted that the e-KSF Personal Development Plan target had not been given a performance status and he was aware that there was some good practice as well as room for improvement. Mr Reid advised that he was reviewing current performance across the Board in order to share good practice so that those areas which required to bring about an improvement were aware of that good practice.

The Chairman noted that the sickness absence rate continued to be above the target of 4%. Mr Reid advised that this continued to be a challenge across all NHS Boards in Scotland. The Staff Governance Committee regularly reviewed and challenged the actions being taken by Directors in relation to bringing about an improvement in performance in this area. A new Sickness/Absence Policy had been introduced in NHS GG&C with targets set which were included within Directors/senior managers' objectives; a new and improved Occupational Health Service had been set up and it was clear that there was a distinction between long term sickness and short term sickness. It was intended that managers achieve a rate of below 2% for short term sickness and it was agreed to take up Mr Lee's suggestion that, in future, the sickness absence target be reported in terms of performance against long term absences and short term absences.

NOTED

69. OUTCOME OF ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No. 10/50] from the Head of Performance and Corporate Reporting which provided the outcome of the 2009/10 Organisational Performance Reviews with the Acute Services Division and Partnerships. The paper provided a brief overview of the key issues that had emerged from the organisational performance reviews held between May and July 2010 and set out areas of good performance as well as those areas in which improvements would be required.

Mr P Hamilton asked about the concerns expressed about the delivery of the Suicide Prevention training and Ms Renfrew advised that Scottish Governments Delivery Directorate continued to believe that the 2-day training programme was what was required. However, discussions would continue in trying to get a shorter more focused training session for this important area.

Mrs Smith enquired about the increase in the prescribing of the daily defined dose of anti-depressants and was advised that this was being reviewed with community pharmacists and whilst this would cease to be a target in future, NHS Board officers would continue to monitor this area, recognising that prescribing levels would continue at what was required to meet the need in the community.

Mr Cleland raised the issue of the whole system approach in an attempt to reduce the 'did not attend' rate at clinics and asked what more could be done in this area. Mrs Grant advised that reviews were under way as well as learning the lessons from other NHS Boards. There were variances within different specialties and more of a focus on communications with patients now that they were experiencing much shorter wait times for out-patient clinics, in-patient and day case treatments. There was an intention to pull together the various actions into a comprehensive action plan and ensure implementation across the Acute Services Division. Mr Bell advised that General Dental Practitioners had seen a significant reduction in non-attendance at clinics following the introduction of reminding patients of their appointments one to two days beforehand.

**Chief Operating
Officer**

NOTED

70. ANNUAL REVIEW – PREPARATION: UPDATE

There was submitted a paper [Paper No. 10/51] from the Head of Performance and Corporate Reporting advising that the NHS Board's Annual Review would be held on Monday, 1 November 2010 with the afternoon session at the Royal Concert Hall, Glasgow. The format would be the same as in previous years and would involve the Cabinet Secretary meeting the Chairman and Chief Executive followed by the Area Clinical Forum, Area Partnership Forum, patients' representatives and, finally, a visit themed around the Quality Strategy. The afternoon session would be the formal Annual Review with the Cabinet Secretary chairing and asking a series of questions in relation to performance in relating to improving the quality of care and treatment for patients; primary care; improving health and reducing inequalities; finance and efficiency including workforce planning and service change. The afternoon session would be concluded with a question and answer session from those present.

NOTED

71. PROPERTY COMMITTEE MINUTES

There was submitted the Minutes of the Property Committee dated 17 March and 14 June 2010 for information.

NOTED

72. COMMUNICATION ISSUES: 7 JULY TO 20 SEPTEMBER 2010

There was submitted a paper [Paper No. 10/53] from the Director of Corporate Communications covering communication actions and issues from 7 July to 20 September 2010.

Mr McLaws highlighted the following:-

- The co-ordination of the launch of the public consultation on proposed changes to in-patient rehabilitation services in East Glasgow and impact on Lightburn Hospital. The consultation document and summary leaflet were prepared and posted on the website; 6,000 copies of the leaflet had been distributed to community groups, partner organisations and those with an interest in elderly care in the north and east of Glasgow and posters and press adverts had been produced to promote the two public meetings planned for 18 and 21 October 2010.
- A review had been undertaken of the print insertion and distribution of the Health News with the move from 5 to 4 publications per annum and, in future, to insert the Health News within the Evening Times and 3rd edition of the Herald with effect from early 2011.
- In addition to the Users Guide for the Vale of Leven Hospital it had been agreed that a specific communication be prepared for GPs within the hospital's catchment area to let them know the range of services that their patients can access. This Guide would be distributed via the Inverclyde CHCP and Argyll CHP.
- Arrangements were under way to publicise the Staff Survey, Annual Review and Annual Chairman's Awards.

Members welcomed the comprehensive report on Communications and Mr Lee asked if, in future, relevant press releases were provided to NHS Board Members for information and Mr McLaws agreed to introduce this forthwith.

**Director of
Corporate
Communications**

NOTED

73. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 16 November 2010 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

The meeting ended at 11.50 a.m.