

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Performance Review Group 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**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Ms R Dhir MBE
Mr P Hamilton
Mr I Lee
Cllr. D Mackay

Mr D Sime
Mrs E Smith
Mr K Winter
Cllr. D Yates (to Minute 79)

OTHER BOARD MEMBERS IN ATTENDANCE

Mr C Bell
Dr C Benton MBE
Mr R Calderwood
Mr I Fraser

Mr D Griffin
Cllr. J McIlwee
Rev. Dr. N Shanks
Mr B Williamson

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

Ms J Gibson	..	Head of Performance and Corporate Reporting
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr I Lochhead	..	Audit Scotland
Mr A McLaws	..	Director of Corporate Communications
Mr P Moir	..	Head of Major Projects, New South Glasgow Hospitals Project (to Minute 77)
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs (to Minute 79)
Mr D Ross	..	Director, Currie & Brown UK Limited (to Minute 77)

ACTION BY

74. APOLOGIES

Apologies for absence were intimated on behalf of Mr R Cleland and Mr P Daniels OBE.

75. MINUTES

On the motion of Cllr. D Yates and seconded by Mr P Hamilton, the Minutes of the Performance Review Group meeting held on 21 September 2010 [PRG(M)10/05] were approved as an accurate record.

76. MATTERS ARISING

a) Glasgow Community Health Partnership

In relation to Minute 62 – Glasgow Community Health Partnership – Ms Renfrew advised that the Scheme of Establishment was being finalised and would include the role of Councillors once concluded with Glasgow City Council and comments from the Scottish Government Health Directorates (SGHD). Members would receive a copy of the finalised Scheme of Establishment in December.

**Director –
Glasgow CHP**

The senior management posts had been appointed from the existing staff from the former CHCP structures and those staff not appointed would be subject to the Redeployment process.

It was likely that the joint structure for Addictions Services would be agreed later that day with Glasgow City Council and steps taken thereafter to appoint joint Addictions Managers.

Mrs Smith let Members know that a date for the first formal meeting of the Glasgow CHP Committee had not yet been set as discussions between the Chief Executives were ongoing on the role of Councillors on the Committee. An informal meeting of existing members would be arranged shortly and the first formal meeting of the Committee would be held in the new year.

Mr Hamilton was advised that the Clinical Director role within Glasgow CHP was an over-arching Glasgow-wide responsibility and Sector Clinical Directors would deal with more local matters including GP and other primary care contractor issues.

NOTED

b) Coding Issues – Orthopaedic Geriatric Rehabilitation

In relation to Minute 66 – Audit Scotland Report: Review of Orthopaedic Efficiency – Mrs Grant advised that she would report back to the Performance Review Group (PRG) once she had established whether any coding errors had occurred in relation to the transfer of Orthopaedic Geriatric Rehabilitation patients to longer term care.

**Chief Operating
Officer**

NOTED

c) Preparation of Action Plan – Did Not Attends

In relation to Minute 69 – Outcome of Organisational Performance Reviews – Mrs Grant let Members know that the various steps being taken to reduce the “did not attend” rate at clinics were being finalised and a comprehensive Action Plan developed for implementation across the Acute Services Division. The actions and outcome would be reported back to the PRG within the Quarterly Performance Report.

**Chief Operating
Officer**

NOTED

d) Full Business Case – GRI: University Tower Refurbishment Project

In relation to Minute 60(a) – Approval of the Full Business Case for the Glasgow Royal Infirmary University Tower Refurbishment Project – Mrs Grant advised that the SGHD Capital Investment Group had approved the Scheme and discussions were ongoing with Glasgow University about commencing the project.

NOTED

e) Annual Review – 2009/10

In relation to Minute 70 – Annual Review Preparations: Update – the Chairman reported that the Cabinet Secretary’s letter dated 16 November 2010 had been received. It had recorded her thanks to the NHS Board for what had been a positive, productive and informative day and noting that clear progress had been made in the last year on a number of fronts and staff were to be congratulated for their assiduous efforts.

The Annex attached to the Cabinet Secretary’s letter would be converted into an Action Plan and progress monitored by the PRG at future meetings. Members had received a copy of the letter and the Chairman had written to staff thanking them for their efforts in achieving such progress at this challenging time. He also thanked those NHS Board Members who were able to be present at the Annual Review meeting on the afternoon of 1 November 2010.

NOTED

77. NEW SOUTH-SIDE ADULT AND CHILDREN’S HOSPITAL AND LABORATORY PROJECT - UPDATE

There was submitted a paper [Paper No. 10/54] 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 new Laboratory and Facilities Management (FM) Project remained on programme to be completed by mid-March 2012 and Mr Moir explained the key ongoing areas of work and the next stages which would include mechanical and building services, roof, stairs and internal partitions.

In relation to the new Adult and Children’s Hospital design, over 700 different room types had now been agreed with the respective clinical user groups and this had been incorporated into the Final Business Case which the NHS Board had approved at its October NHS Board meeting for submission to the Scottish Government Health Directorates. Since approval of the Final Business Case presentations on the project had been given to the Acute Services Partnership Forum, Yorkhill Medical Staff Association, Yorkhill Integrated Clinical Board and the NHS Board Medical Staff Forum. In addition, the months of December and January would see a programme of Roadshows across the main adult acute sites with staff encouraged to drop in and find out more about the project and timescale.

The Gateway 3 Review was undertaken by the Centre of Expertise for Programme and Project Management in early October. The project was awarded a green level delivery confidence assessment defined as – “successful delivery of the project/ programme on time, cost and quality appeared highly likely and there were no major outstanding issues at this stage which appeared to threaten delivery significantly”. This had been welcomed and the Risk Register was refined to include indirect risks (e.g. political risks) and the continued need to develop the benefits management plan to define targets and gather baseline data.

Planning permission for the new Adult and Children’s Hospital design had been granted by the City Council on 19 October and this was in addition to the planning permission for the Master Plan which had been granted in June 2010.

Community benefits continued to make good progress and Mr Ross explained the current change control process and potential compensation events which continued to show a likely net saving.

Mr Winter advised that he was pleased to see the progress made and the likely outcome from the potential compensation events. He asked if the removal of partitions had been a result of a request from clinical staff and Mr Calderwood advised that such alterations had indeed been driven by a clinical review of the plans. Mr Williamson enquired about the reduction to bedroom patient hoist requirements and, again, this had been requested by the clinical user groups as their need for such patient hoists were more targeted for particular areas.

Ms Dhir asked about the flexibility in controlling the temperature within individual rooms and Mr Moir advised that there would be limited room for adjustment to the pre-determined temperature for the hospital.

Dr Benton asked about the levels of contamination in terms of ground gases exceeding the limits covered by the NHS Board's site investigation report. Mr Moir advised that gas levels had exceeded limits by only a small amount and this had not proven to be a significant issue although costs were still awaited from the Contractor.

Members were pleased to note the good progress in both the construction of the new Laboratory and the design development of the new Adult and Children's Hospitals.

NOTED

78. 2009/10 SCOTTISH GP PATIENT EXPERIENCE SURVEY – ACTION

There was submitted a paper [Paper No. 10/55] by the Director of Corporate Planning and Policy, which set out the survey results and comments/actions from each of the 10 CH(C)Ps in relation to the Better Together Scottish GP Patient Experience Survey.

Members were advised at the last meeting that a postal survey had been sent to a random sample of patients who were registered with a GP in Scotland in October 2009. This was linked to the patient experience domain of the GMS Contract Quality and Outcomes Framework.

Ms Renfrew advised that the results per survey question were available at NHS Board level, CH(C)P level and GP practice level. The key findings and actions were:-

- CH(C)Ps were using the survey findings in discussions with the senior management teams and Care/Clinical Governance Committees;
- CH(C)Ps were keen to learn from areas within the NHS Board and across Scotland where higher scores had been achieved; and
- The findings were being used in discussions with GPs during Quality Improvement Visits.

The paper provided a summary by each CH(C)P and the Organisational Performance Reviews would scrutinise the actions required and identify any Board-wide issues and themes.

Mrs Smith asked how the NHS Board could be assured that there would be an improvement in performance by GP practices as a result of the survey. Ms Renfrew advised that the Quality Improvement Visits to each GP practice would ensure this was the case and CH(C)Ps would be targeting discussions with particular practices in an effort to bring about improvements for patients.

Mr Hamilton indicated that with the presentation at the December NHS Board Seminar on the In-patient Survey he wondered if there may be scope for Clinical Directors from CH(C)Ps presenting at a NHS Board Seminar in the new year on the actions taken to improve services at a GP level as a result of this national survey. He also advised that the results of the survey would be discussed by the Clinical Governance Forum as well as the Practice Managers Forum within East Renfrewshire CHCP.

NOTED

79. HEAT PERFORMANCE REPORT 2010/11

There was submitted a paper [Paper No. 10/57] by the Head of Performance and Corporate Reporting which set out the NHS Board's performance for the second quarter of the year in respect of the HEAT targets set out in the 2010/11 Local Delivery Plan.

Ms Gibson advised that a total of 35 HEAT targets, 6 HEAT standards and 3 key performance indicators were contained within the scorecard and each had been assigned a performance status based on their variation from their agreed HEAT trajectories. The paper highlighted where good progress was being made, together with key areas where there was need for some improvement. These areas included child healthy weight interventions; breastfeeding at 6-8 weeks; 18 weeks referral to treatment; new out-patient appointments did not attend rates and delayed discharges.

Ms Renfrew advised that there was real concern at the rapid rise in the number of delayed discharges within the Glasgow City Council area. This had been brought about by a reduction in funding within the Social Work budget by the Council and this had resulted in significant pressure on Accident & Emergency departments in arranging emergency admissions and elective operations within Glasgow hospitals. Discussions were taking place between the Chief Executives of both organisations in an attempt to agree a way forward following the Council's decision to re-direct care home placement funds. The number of patients waiting over the six-week target, who had been assessed as suitable for the community placement within the Glasgow area had risen from 10 in July to 91 in November and the increase was continuing at an alarming rate. The number of beds blocked within Glasgow hospitals due to the delayed discharges rising would see the NHS Board failing to meet the performance target set for Accident & Emergency and planned elective operations would potentially require to be postponed.

Councillor Mackay was concerned about how such a backlog could be tackled as he recognised the challenge of maintaining the target on a month-to-month basis.

Mr Calderwood advised that the SGHD would have sight of the rising figures in the regular monitoring reports which would be submitted later that day. The issue of delayed discharges would be discussed in greater detail at the NHS Board's Away Event on 26/27 November 2010.

Mr Sime raised the issue of the NHS Board performance in meeting the target set for eKnowledge and Skills Framework (eKSF) and Personal Development Plans (PDPs). All encouragement was being given to managers to try and complete staff's eKSFs as soon as possible and over 250 trained eKSF experts were available at a local level and the major effort was around transferring data to eKSF once completed and agreed with staff.

Mr Lee raised the issue of the continued difficulty in meeting the sickness absence target of 4%. Currently the figure of 4.56% was comprised of 2.23% short-term absences and 2.21% long-term absences. Mr Calderwood indicated that the issue of sickness absence was being addressed aggressively with the Area Partnership Forum's support and the major target was trying to reduce the short-term absences. There was a recognition that from a workforce of up to 44,000 employees there would be a proportion of staff who faced chronic illness and life-threatening illnesses. National terms and conditions of service pre-determined the access staff had to benefits during long term illnesses. Mr Sime highlighted the initiative – Healthy Working Lives and the benefit that brought to encouraging a healthier workforce. The Staff Governance Committee would continue to monitor progress and the actions developed to try and achieve this particularly challenging target.

NOTED

80. FINANCIAL MONITORING REPORT FOR PERIOD TO 30 SEPTEMBER 2010

There was submitted a paper [Paper No. 10/56] by the Director of Finance, which set out the financial position for revenue and capital for the first six months of the year to 30 September 2010 and also the detailed assessment of the NHS Board's mid-year financial position. The report highlighted that expenditure levels were £5.6m in excess of budget and this was partly attributable to the timing of implementing costs savings plans, additional cost pressures in hospital and primary care prescribing and pay costs linked to the slowing down of the rate of staff turnover.

Mr Griffin took Members through the mid-year review of the financial position in detail and advised that it remained the case that the NHS Board was forecasting that a year-end break-even position remained achievable.

At the mid point of the year the Acute Services Division reported additional expenditure of £3.3m relative to budget. At the Organisational Performance Review further cost pressures had been identified relating to the second half of the year, the most significant being a potential £2m of costs associated with incremental pay progression. In addition, it was reported that expenditure on acute prescribing significantly exceeded budget by £2m – this being an identified risk at the beginning of the year. It was believed that to meet the financial break-even position at year-end an additional £11m of savings would require to be made.

Within NHS Partnerships the most significant issue to emerge from the mid-year performance reviews was the growth in expenditure related to prescribing of appliances, generating a cost pressure approaching £2.5m. This expenditure may not be attributable to NHS GG&C patients and the NHS Board was reviewing this matter to identify potential remedies to resolve the issue.

An additional cost pressure was identified in respect of the incidence of clinical and medical negligence claims. The CNORIS Scheme Managers had confirmed a further significant increase in expenditure across NHS Scotland in 2010/11 which had not been anticipated during the budget-setting process. The impact of additional costs on the Board in 2010/11 was estimated to be £3m. In total therefore it was expected the NHS Board would face an additional financial challenge of circa £17/£18m in 2010/11 and investigations have been ongoing to address this financial challenge in order to forecast a break-even out-turn for the year end.

Mr Griffin advised Members of the comprehensive review which had been carried out on all funding allocations for 2010/11. In addition, it was possible that the NHS Board may be able to release further funds from additional cost savings in 2010/11. The possibility of release of non-recurring funds together with further

supplementary measures, meant that the forecast of a break-even out-turn at the end of the year remained feasible. Future monitoring reports to the NHS Board and PRG would report on the progress being made to manage the Board's finances.

In relation to capital expenditure the Capital Planning Group had allocated funding totalling £191.8m to approved schemes in 2010/11. The review of forecast expenditure out-turn has confirmed a slippage of approximately £18m could reasonably be anticipated enabling capital expenditure to be contained within the available budget of £186.7m. This would leave £5.1m still to be identified in order to ensure overall expenditure can be maintained within the budget and it was reasonable to anticipate this additional slippage would be identified in the remaining months of the year.

NOTED

81. PROPERTY COMMITTEE MINUTES

There was submitted the Minutes of the Property Committee [Paper No. 10/58] dated 13 September 2010 for information.

Mr Calderwood advised Members of the ongoing discussions with Glasgow University in relation to the planned disposal of the site at the Western Infirmary. Detailed discussions were taking place around the complexity over the disposal of 10 acres of the site to the University and, in addition, discussions were also under way with the University in relation to the four acres of the site which fronts Church Street.

In relation to the Johnstone Hospital site this was currently out to tender with a report back to the Capital Planning Group expected shortly.

Cllr. Mackay highlighted the current position with regard to Linwood Health Centre as part of the wider Linwood Town Centre redevelopment.

NOTED

82. COMMUNICATION ISSUES: 21 SEPTEMBER TO 15 NOVEMBER 2010

There was submitted a paper [Paper No. 10/59] from the Director of Corporate Communications covering communication actions and issues from 21 September to 15 November 2010.

Mr McLaws highlighted the following:-

- The arrangements associated with many aspects of the Annual Review meeting, including the Cabinet Secretary's media call during the tour of the West of Scotland Beatson Cancer Centre, presentation by the Cabinet Secretary of the 2010 Chairman's Award and the media activity resulting from the question and answer session at the Annual Review.
- Engagement with the local newspaper to ensure accurate reporting of the ongoing issue of car parking concerns at the Royal Alexandra Hospital. In addition, a message from the Chief Executive reassuring readers of the commitment to the Inverclyde Royal Hospital following locally expressed fears about a running down of services.
- The coverage in today's media about the stroke stem cell injection into the brain. This was in conjunction with Glasgow University and believed to be the first time that such a procedure had been undertaken.

- The article in the magazine – Britain’s Top Doctor – a journalist’s experience of the Spinal Injuries Unit at the Southern General Hospital. It was agreed that the video connected with this article would be shown at the NHS Board Seminar in December.
- The winter booklet “Know Who To Turn To” was being finalised and printed in late November and would be widely circulated throughout community health premises. The winter edition of the Health News would also feature key messages about being prepared for winter and was written in conjunction with the messages contained in the winter booklet.

**Director of
Corporate
Communications**

Mr Lee asked if NHS Board Members could receive a greater proportion of the press releases which were released by the Communications Directorate and this was agreed.

**Director of
Corporate
Communications**

Mr Robertson took the opportunity of congratulating Mr McLaws and the Communications Team on winning the Public Relations Consultants Association “UK In-House Team of the Year” in October and also the Chartered Institute of Public Relations – “Scottish Public Sector Team of the Year”. In addition, the Health News was named as “Best Newspaper” together with the Silver PRIDE Awards for NHS Boards Internal Staff Communications System a separate Award for the Staff Magazine. Members were delighted with the successes achieved by the Communications Team and passed on their congratulations and thanks for such outstanding achievements.

NOTED

83. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 18 January 2011 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

The meeting ended at 11.35 a.m.