

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the  
Performance Review Group held at 9.30 am  
on Tuesday, 15 March 2011 in the  
Board Room, J B Russell House  
Gartnavel Royal Hospital, 1055 Great Western Road,  
Glasgow, G12 0XH**

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**P R E S E N T**

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Mr D Sime
Ms R Dhir MBE	Mrs E Smith
Mr I Lee	Mr K Winter

Cllr. D Yates (to Minute 25)

**OTHER BOARD MEMBERS IN ATTENDANCE**

Mr R Calderwood	Mr D Griffin
Ms R Crocket	Rev. Dr. N Shanks
Mr I Fraser	Mr B Williamson

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

Mr G Archibald	..	Director, Emergency Care & Medical Services (for Minute 26)
Mr N Cartlidge	..	Audit Scotland
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr D Leese	..	Director, Renfrewshire CHCP (to Minute 20)
Mr I Lochhead	..	Audit Scotland
Mr A McIntyre	..	Director of Facilities
Mr A McLaws	..	Director of Corporate Communications
Mr P Moir	..	Head of Major Projects, New South Glasgow Hospitals Project (to Minute 17)
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr D Ross	..	Director, Currie & Brown UK Limited (to Minute 17)

**ACTION BY**

**14. APOLOGIES**

Apologies for absence were intimated on behalf of Mr P Daniels OBE, Mr P Hamilton and Cllr. D MacKay.

**15. MINUTES**

On the motion of Mr I Lee and seconded by Mrs E Smith, the Minutes of the Performance Review Group meeting held on 18 January 2011 [PRG(M)11/01] were approved as an accurate record.

**16. MATTERS ARISING**a) Director of Finance Post - Update

In relation to Minute 6 – Financial Monitoring Report to 30 November 2010 – Mr Calderwood advised that the Director of Finance post had been advertised nationally and to date the particulars of the post had been downloaded over 100 times from the website. The closing date for completed application forms was Monday, 21 March 2011.

NOTED

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

There was submitted a paper [Paper No. 11/10] by the Project Director setting out the progress of each of the stages of the development of the new laboratory, design development of the new hospitals and construction of the new adult and children's hospitals.

Mr Moir report that the new Laboratory and Facilities Management Project remained on programme for completion on 10 March 2012. The main superstructure (concrete frame) was now complete and he identified which of the various new sub-contract works were now under way on site. In addition, he advised that following the re-location of the ambulance station, the contractors were currently completing the expansion of the site establishment and this was due to be completed by the end of March 2011. In relation to the culvert diversion, the temporary road diversion was nearing completion and would be in use from 14 March 2011. Thereafter the works to excavate the main drain runs will commence working from the helipad south to the Neurosurgical Block. The contract was running three weeks late due to a number of unforeseen mechanical and engineering services issues causing disruption to the programme.

In relation to the new adult and children's hospital, roadshows had been held in January at the Victoria Infirmary, Southern General and Gartnavel General Hospitals and a lot of interest had been shown with positive comments from staff. In response to staff requests further roadshows would be held at the Southern General, Inverclyde, Royal and the Royal Alexandra Hospitals.

The contractors required the main site to be cleared to enable them to commence work on 28 March 2011. The Scottish Ambulance Service were responsible for the re-location of the helipad from the Southern General site to allow the new hospital build to progress and they had identified a temporary site at the southern end of the Thales site. Planning permission for the permanent helipad was still under consideration and the application for the temporary helipad was also still ongoing. Contingency plans were in place at two off-site locations and, if enacted, clinical staff were giving consideration to the retrieval of patients from a clinical perspective if the helipad was to be off-site.

Mr Ross highlighted the change control process and, in particular, the additional ongoing monitoring of site gases and water as requested by the planning authorities. Evidence was still being collected on the impact of the inclement weather during December/January; the contractor estimated the potential impact had been a delay of two weeks.

Mr Winter asked in terms of the Laboratory Project whether the location and therefore services of the main equipment would now be known. Mr Moir advised that the fixed equipment (Group 1) was part of the building contract; and Group 2 equipment would be purchased by the Board and supplied to Brookfield Multiplex

to install. A further class of equipment was the managed service contract (MSC) which was currently in the final stage of tender review and this equipment would be installed by the successful supplier. The full detail of the MSC equipment was still being assessed although, clearly, space had been provided for and the main areas of air extraction, gas, water and drainage had all been covered within the contract, based on reasonable assessment of the potential requirement.

In terms of the overall budget, Mr Lee sought assurance on the risk provision which had been shown at the maximum price of £60m and the target price at £69m. Mr Ross confirmed the purpose of this figure and that it was currently at the lower end of these two figures but required to be kept under review. The impact of the ground conditions would be known shortly and this would have an impact on the sum set aside by the Board to cover this issue.

NOTED

**18. DEVELOPMENT OF BLAWARTHILL HOSPITAL SITE**

There was submitted a paper [Paper No. 11/11] by the Director of Corporate Planning and Policy which set out the proposed approach to the re-development of the Blawarthill Hospital site.

The NHS Board had received a report at its February 2011 meeting which had outlined why the planned commercial partnership development of the Blawarthill Hospital site could not proceed. Glasgow City Council and NHS Board officers had been informed that the developer and Southern Cross Limited were no longer working in partnership. In formal legal terms this situation had meant that the binding requirements and timescale of the concluded missives had not been met by the developer and the NHS Board had agreed that the planned commercial development could no longer proceed.

A revised approach to the development on the Blawarthill site was now required. Four key elements would be:-

1. The aim of delivering the planned social housing development with Yoker Housing Association with approval required to proceed with the land disposal at a valuation agreed by our Property Advisers and District Valuer.
2. Negotiations with Glasgow City Council to finalise development of 120-bed care home possibly utilising the Blawarthill Hospital site. The City Council were seeking the NHS Board's land at no cost. The NHS Board has a responsibility to maximise its resources and therefore was unable to commit to offering the site to the Council without payment. The District Valuer's valuation of the site would require to be met.
3. Consideration as to whether there should be a continuing care provision on the site.
4. At the conclusion of the process outlined above, the NHS Board would dispose of any surplus land on the open market.

A major review continuing care services within NHS Greater Glasgow was conducted in 2005 and this review was re-tested in 2009 and had concluded that Blawarthill Hospital should move from 120-beds to 60 and St Margaret's Hospice from 30 beds to none. The 60 beds at Blawarthill Hospital had already been closed and the further 30 bed reduction had been planned at St Margaret's Hospice. As agreed by the NHS Board in February, it was proposed to establish a review to consider both the future numbers and locations of continuing care beds for the west part of the Board's area. This would include a wide range of stakeholders including staff, patients and their families, the local communities and St Margaret's Hospice to comment and participate in the process. The programme of work would

be overseen by a group chaired by the Director, North-West Sector, Glasgow CHP jointly with the Director of Rehabilitation & Assessment and would include representation from the West Dunbartonshire CHCP. This would ensure the importance of community engagement in the process and the lead role for partnerships in planning older people's services and developing proposals for the use of the nationally introduced Change Fund. The new Change Fund was for elderly care and the NHS Board had been asked to look at bed numbers for older people in order to further shift the balance of care towards caring for people in their own homes.

It was recognised that depending on the conclusions of the review, there may require to be a period of public consultation on the proposals developed. Ms Dhir was concerned at the possible change in the number of continuing care beds required for the west of Glasgow and what had changed in the Board's planning that might lead to an alternative number of beds being required for continuing care. The introduction of the new Change Fund Policy for Elderly Beds and the need to review further the shift in balance of care towards caring for people in their own homes would be the determinant in concluding the number of beds required. The loss of the planned commercial development which would have seen 60 beds on a single room basis with en suite was no longer possible and going forward with a different set of arrangements was now necessary. In addition, the restriction in the availability of capital funds would also have an impact on the model of care provided and offered in the future.

The collapse of the planned commercial development had indeed been a major disappointment to the NHS Board and it was recognised that the impact would be felt locally within the Blawarthill community. An approach was now required to ensure the right number of continuing care beds were delivered within the best setting possible under the circumstances and identifying the most appropriate location was a critical part of this equation.

It would be important to identify the quality drivers for delivering the service to patients and the review would need to take into account the required number of continuing care beds and consider the use of existing provision. The allocation of funds to the NHS Board from the Change Fund would assist in considering delayed discharges and the most appropriate setting and support for continuing care patients.

**DECIDED:**

1. That the proposed approach contained within the paper in relation to the re-development of the Blawarthill Hospital site be approved.
2. That the disposal of the required land to Yoker Housing Association at the sum set by the District Valuer be approved.
3. That the basis of continued negotiations with the City Council on the market value being paid for the Blawarthill site be approved.
4. That the proposed approach within the paper to the future of continuing care provision at the Blawarthill Hospital site be approved.

**Director of  
Corporate  
Planning & Policy**

**19. NEW ACUTE SERVICES STRATEGY – PROPOSED PROCESS**

There was submitted a paper [Paper No. 11/12] by the Chief Executive asking the Performance Review Group to note the proposed process to begin the Review of the current Acute Services Strategy. A key NHS Board responsibility was to ensure that there was a comprehensive forward plan for Acute Services in order to meet the high standards of care and set challenging targets for efficiency and effectiveness. The current Acute Services Strategy runs until 2015 and a process was now required to deliver Acute Services beyond this date.

It will be necessary to unify the Acute Services Strategies for Greater Glasgow and Clyde as previously they had been developed by two distinct processes; ensure that there was cross-system connectivity in the development of the direction for Acute Services recognising the shift in the balance of care, improving the connection of the delivery and development of Acute and Primary Care; innovative approaches to dealing with long term conditions, addressing the pressures caused by the ageing population and ensuring that clinical services were organised to deliver the highest quality care. Lastly, it was necessary to re-assess the utilisation of the new estate against updated performance and clinical benchmarks.

Mr Sime welcomed the proposals and sought the assurance that there would be partnership involvement at all key stages and that the Area Partnership Forum would be informed of the process and proposals going forward. This was agreed, together with the desire to ensure the full involvement of clinical groups and in consideration of the developing clinical practices against the stringent financial environment faced by the NHS Board.

NOTED**20. RENFREWSHIRE CHP – SCHEME OF ESTABLISHMENT**

There was submitted a paper [Paper No. 11/13] from the Director, Renfrewshire Community Health Partnership, which sought agreement on arrangements to amend the Scheme of Establishment and consequential amendments to the Standing Orders for Renfrewshire CHP.

Mr Leese advised that Renfrewshire CHP had been established in August 2006 and the Scheme of Establishment had been prepared on the basis of a hybrid model moving towards an integrated model for health and social care.

The Chief Executives of NHS Greater Glasgow and Clyde and Renfrewshire Council had taken stock of the progress made through these arrangements over the last five years and concluded that some change was required to develop and enable the CHP to work internally within the NHS system and with key partners. Amendments, therefore, would be considered to the Scheme of Establishment which would establish consistency in governance terms between Renfrewshire CHP and the other CHPs within NHS Greater Glasgow and Clyde; the establishment of a consistent management structure with other CHPs within NHS Greater Glasgow and Clyde and it would provide an opportunity for impetus locally to further develop and enhance local joint working arrangements and networks.

It was proposed that the management arrangements proceed with the aim of completion during the Spring. The suggested amendments should be made to the Scheme of Establishment and shared with NHS Board Members and, if acceptable, the Standing Orders and membership of the CHP Committee would be amended and implemented as soon as possible thereafter.

DECIDED:

That the arrangements to be put in place to amend the Scheme of Establishment and consequential amendments to the Standing Orders for Renfrewshire CHP be approved.

Director,  
Renfrewshire CHP

**21. HEAT PERFORMANCE REPORT 2010/11**

There was submitted a paper [Paper No. 11/14] by the Head of Performance and Corporate Reporting, which set out the NHS Board's performance in respect of the HEAT targets as set out in the 2010/11 Local Delivery Plan.

In relation to the 35 HEAT targets, 6 HEAT Standards and 3 Key Performance Indicators, 21 were meeting or exceeding the agreed trajectories. However, 11 were reported in performance terms as 10% outwith the trajectory. The paper identified a number of key actions which would be taken forward to improve performance, particularly in relation to child healthy weight interventions, breastfeeding at 6-8 weeks, 18 weeks referral to treatment – admitted completeness and non-admitted completeness, new out-patient appointments – did not attend rates, delayed discharges, eKSF and sickness absence.

NOTED**22. DRAFT LOCAL DELIVERY PLAN – 2011/12**

There was submitted a paper [Paper No. 11/15] by the Head of Performance and Corporate Reporting which enclosed a copy of the draft Local Delivery Plan and indicated the progress in preparing the Plan. A draft had been submitted to SGHD on 25 February 2011 and discussions would then take place with SGHD leads on each of the HEAT targets in order to provide a final Plan on 25<sup>th</sup> March 2011.

Each HEAT target would have an NHS Board-wide lead and would be broken down to identify the contribution required from each part of NHSGG&C. This would then be used as a basis of discussions in the Organisational Performance Reviews alongside other key organisational and local indicators.

Mr Lee enquired about the efficiency and governance section and Mr Calderwood referred to the discussions at the NHS Board Members' Away Day and recent NHS Board Seminars and the need to deliver a 3.6% efficiency saving. Mr Griffin advised on the progress towards identifying the savings plan required to deliver on this target and indicated that schemes were still being worked up which were capable of delivering the Board's cost savings target for 2011/12. This would involve significant service re-design. Mr Griffin advised that plans were in place to deliver approximately one third of the cost savings target, plans had been developed which would deliver a further third, albeit implementation of these plans could be regarded as challenging, leaving one final third which remained to be developed during March/April/May 2011. The timescale was that a draft Financial Plan would be submitted to the Performance Review Group in May and then to the NHS Board for approval in June 2011.

NOTED**23. MID-YEAR REPORT – ORGANISATIONAL PERFORMANCE REVIEWS**

There was submitted a paper [Paper No. 11/16] by the Head of Performance and Corporate Reporting noting the completion of the 2010/11 Mid-Year Organisational Performance Reviews.

The Organisational Performance Reviews were closely aligned to the priorities and outcomes identified in each of the planning and policy frameworks and related activity and measures outlined in the 2010/13 Local Development Plans. This allowed a comprehensive overview of performance within the NHS Board area and focused on how effectively each part of the organisation was delivering its agreed contribution to the achievement of corporate priorities centred on HEAT targets and other critical indicators identified in the Development Plans.

The year end Organisational Performance Reviews were scheduled for April and May 2011.

NOTED

#### **24. FINANCIAL MONITORING FOR PERIOD TO 31 JANUARY 2011**

There was submitted a paper [Paper No. 11/17] by the Director of Finance which set out the financial position for revenue and capital for the first ten months of the year to 31 January 2011. The report highlighted that expenditure levels were £3m in excess of budget. However, at this stage, it was considered that a year end break-even position remained achievable.

Mr Griffin advised that the overspend to date was partly attributable to additional cost pressures pushing expenditure above budget in areas of hospital prescribing within Acute Services, increased utility costs and within partnerships the dispensing of appliances. It had been encouraging, however, that expenditure levels in excess of budget had come down from £4.3m to £3m at the end of January 2011.

In relation to capital expenditure Mr Griffin advised that the NHS Board's estimated capital funding for use on 2010/11 approved schemes was anticipated to be £160.3m. Total expenditure incurred to 31 January 2011 on approved capital schemes was £114m.

NOTED

#### **25. PROCUREMENT REFORM PROGRAMME 2010 – PROCUREMENT CAPABILITY ASSESSMENT REPORT**

There was submitted a paper [Paper No. 11/18] by the Director of Facilities which advised on the Procurement Capability Assessment (PCA) which had been developed by a cross-sector working group and launched in June 2009. The process was intended to assess procurement capability across the public sector with the aim of identifying best practice which could be shared; gaps in procurement capability to help prioritise development of performance improvement work/tools across the Scottish public sector and priorities for improvement plans by individual public bodies. The PCA was conducted within NHS GG&C on 4 November 2010 by staff from the NHS National Procurement Programme Management Team and took one full day to complete. Key findings included:

- Across the national procurement indicators, NHS GG&C performance had risen from 78% to 85%
- There was a good understanding of total NHS Board spend and the extent of professional procurement influence
- Industry and public sector lead in Head of Procurement – seen as a strong ambassador for professional procurement across working groups and meetings.
- A people-focused approach with a strong emphasis on professionalism across the team with training qualifications and mentoring in place.

The report identified a number of recommendations and Mr McIntyre covered the plans within NHSGG&C to deliver on those identified areas.

There was encouragement that the results for NHSGG&C continued to show that the Procurement Department was a top performing team across the NHS and the detailed review allowed the department to identify areas of improvement year on year.

Mr McIntyre, in response to a Member's question indicated that improvements continued to be made in national procurement arrangements and there had been opportunities to share some anxieties on the new arrangements and it had been clear that changes had been taken on board and improvements made.

NOTED

## **26. AUDIT SCOTLAND REPORT – EMERGENCY DEPARTMENTS**

There was a paper submitted [Paper No. 11/19] by the Chief Operating Officer (Acute Services Division) which set out the NHS Board's response to the Audit Scotland Report on Emergency Departments which had been published in August 2010.

Mr Archibald, Director, Emergency Care and Medical Services described the main focus of the Audit Scotland Report and drew out the key messages and recommendations which had then been considered by NHSGG&C in order to bring about improvements to the delivery of emergency services.

In reviewing the NHS Board's performance against the checklist produced by Audit Scotland, an Action Plan had been prepared and submitted to Members in order to identify those areas where work was being undertaken to bring about specific improvements.

In addition, the NHS Board was pursuing a series of specific actions:-

1. Establishment of an A&E Attendances Steering Group to review alternatives to A&E attendance and hospital admission.
2. The commissioning of an SGHD sponsored survey of self-presenting patients at four of the A&E Departments. This would identify patient stated reasons for self-presentation rather than accessing other services such as NHS 24.
3. A Lean project had been established to focus on emergency admission processes and this would start in May 2011.
4. Concerted effort had been made to increase the percentage of patients attending the Minor Injuries Units at the new Victoria and Stobhill Hospitals – this had resulted in increased activity in both facilities.

Members welcomed the report and the comprehensive report from Mr Archibald and were keen to see a continuation of the efforts made towards appropriate attendances at A&E; a greater use of other services such as NHS 24 and an increase in patients attending the Minor Injuries Units.

NOTED

**27. AUDIT SCOTLAND REPORT – IMPROVING ENERGY EFFICIENCY**

There was submitted a paper [Paper No. 11/20] by the Director of Facilities which enclosed a copy of the Audit Scotland Follow-up Report on Improving Energy Efficiency, together with an updated checklist setting out the position with NHSGG&C against the main recommendations.

The NHS Board had been an active participant in the initial Energy Efficiency Report 2008 and subsequent follow-up report in 2010 and, as a result of the recommendations, a number of steps had been taken to support the carbon and energy management initiatives. The NHS Board had a Carbon Management Plan and Energy Policy and co-ordinated its activities around energy management through the Sustainability Performance Improvement Group which was chaired by the Chief Operating Officer, Acute Services Division and drew its membership from all elements of the organisation.

As at December 2010, the NHS Board's recorded performance was a 4.5% reduction in carbon emissions against the target of 3% and a 1.7% reduction in energy against the target of 1%. These were year-on-year targets and challenges would be faced in meeting these each year. The closure of a number of older facilities associated with the Acute Services Strategy would assist, together with the opening, in 2015, of the new Southside Adult and Children's Hospitals. In addition, the NHS Board has submitted three applications under the NHS Scotland's CO2 reduction grant scheme, two of which would see biomass boilers being installed at the Royal Alexandra and Inverclyde Royal Hospitals and the third was a Board-wide theatre air conditioning run time optimisation system. If successful, these will assist in the reduction of CO2 emissions and energy use.

Mr McIntyre advised that an Environment and Energy Awareness Strategy and campaign had been prepared and was to be launched in March as part of the NHS Board's contribution to climate week. Automatic meter readings for all statutory utility meters was presently being implemented and this would ensure that performance data in terms of consumption and cost was readily available to allow real time management of energy use. Historically, a sum of circa £1m had been identified for invest-to-save initiatives related to energy and carbon management. This had included the installation of wind turbines at Inverclyde Royal Hospital (with mixed success) and the establishment of a heat recovery plant at the Central Laundry.

The Chairman enquired about the involvement of staff in meeting the set targets and whether there had been a high level of ownership of the energy saving initiatives. Mr McIntyre advised that staff had been involved in developing the policy and had provided environmental ideas via the StaffNet. Energy awareness issues had been included within the walk-rounds within hospitals and the climate week would see the publication of helpful hints and good practice in cutting carbon emissions and reducing the use of energy. The Trade Unions were also promoting energy awareness to their members.

NOTED

**28. COMMUNICATION ISSUES: 19 JANUARY TO 15 MARCH 2011**

There was submitted a paper [Paper No. 11/21] from the Director of Corporate Communications covering communication actions and issues from 19 January to 15 March 2011.

Mr McLaws highlighted the following:-

- Publicity for the transfer of in-patient beds and Casualty from Stobhill Hospital to Glasgow Royal Infirmary. This had included a practical guide delivered to every household in the Stobhill area, a 2-week advertising campaign on the radio, posters distributed widely and a dedicated web portal and letters to all GPs in NHS GG&C and North Lanarkshire which confirmed the changes. The next edition of Health News was a commemorative edition highlighting Stobhill Hospital's proud past and this would also be used in the April 2011 edition of Staff News.
- The number of staff reading Staff News on line had increased four-fold due to the new global email alert with 12,500 staff reading the latest edition compared to 3,000 this time last year.
- The conclusion has now been reached of the 12-month Glas-goals Campaign with the Evening Times. The collaboration with the newspaper had achieved a number of significant health improvement goals to get Glaswegians more active. The success of the Glas-goals Campaign has led to the pursuit of similar ventures with other media and in collaboration with the Paisley Daily Express and Renfrewshire Community Health Partnership.
- Preparations were under way to publicise arrangements for accessing the NHS Board's services over the Easter period. This year the campaign was being extended to cover the arrangements for the Royal Wedding/May Day Bank Holiday.

NOTED

## **29. DATE OF NEXT MEETING**

The next meeting of the Performance Review Group will be held at 9.30 a.m. on Tuesday, 3 May 2011 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.