

NHS GREATER GLASGOW AND CLYDE

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

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Cllr. D Mackay
Ms R Dhir MBE	Mr D Sime
Mr P Hamilton	Mrs E Smith
Mr I Lee	Mr K Winter

OTHER BOARD MEMBERS IN ATTENDANCE

Mr R Calderwood	Mr D Griffin
Ms R Crocket	Cllr. J McIlwee
Rev. Dr. N Shanks	

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

Mr N Cartlidge	..	Audit Scotland
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
Mrs A Hawkins	..	Director, Glasgow City CHP
Mr A McLaws	..	Director of Corporate Communications
Mr P Moir	..	Head of Major Projects, New South Glasgow Hospitals Project (to Minute 4)
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr D Ross	..	Director, Currie & Brown UK Limited (to Minute 4)
Mr J Rundell	..	Audit Scotland
Mr R Rose	..	Head of Medical Staffing (to Minute 5)

ACTION BY

1. APOLOGIES

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

2. MINUTES

On the motion of Mr P Hamilton and seconded by Mr I Lee, the Minutes of the Performance Review Group meeting held on 30 November 2010 [PRG(M)10/06] were approved as an accurate record.

3. MATTERS ARISING

a) Glasgow Community Health Partnership - Update

In relation to Minute 76(a) – Glasgow Community Health Partnership – Mrs Hawkins reported that the Scheme of Establishment had been submitted to the Scottish Government Health Directorate (SGHD) for approval. A development session was to take place in February and arrangements were being made for the first formal meeting of the CHP Committee to be held in March 2011.

The Joint Partnership Board meeting had been held in December, with a further meeting arranged for the third week in February.

In response to a question from Mr Lee about the recruitment process to fill the posts in the new CHP and the impact of those who had not been able to secure a post, Mrs Hawkins provided an update and described the role of the Redeployment Centre for staff who had been displaced as a result of these changes.

The Chair advised that he and Mrs Hawkins had attended a positive meeting with Mr Matt Kerr, Executive Member of the City Council with responsibility for health and social care.

NOTED

b) Coding Issues – Orthopaedic Geriatric Rehabilitation

In relation to Minute 76(b) – Coding Issues – Orthopaedic Geriatric Rehabilitation – Mrs Grant advised that she had provided a response to Mr Winter direct and he confirmed that he had been satisfied with the outcome.

NOTED

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

There was submitted a paper [Paper No. 11/01] 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.

Mr Moir reported that the new Laboratory and Facilities Management Project remained on programme for completion on 10 March 2012. The concrete frame was 98% complete and the last pour on Level 4 had been completed prior to the Festive break. The roof steelwork package was well under way, steel staircases had been installed in two cores, the structural framing system for the external walls had been installed to about a fifth of the building and internal partitions had begun to be erected on three floors.

In relation to the new Adult and Children's Hospital, a number of roadshows had been held at the Royal Infirmary and Western Infirmary in December 2010 in order to raise awareness about the detail of the project and further roadshows would be carried out in the early part of the year within other hospital sites in the Glasgow and Clyde area.

The Community benefits programme continued to make good progress in meeting the target of 10% of labour used in the construction of the new hospitals to be new entrants. At 6 December the Glasgow South West Regeneration Agency had been notified of 92 vacancies and had been successful in filling 61 of these. Apprenticeship intake was contributing to 25% of the new entrants and over 1700 individuals had registered on the project recruitment portal. A meet the buyer session was held on 30 November 2010 and generated 250 business registrations. Workshop Sessions were also undertaken in November and facilitated by Brookfield Construction Ltd. and the NHS Board on procurement with a total of 32 businesses attending. A total of 170 businesses had registered with Brookfield through the project portal, each receiving advice and guidance on how best to proceed in relation to future work packages.

The Final Business Case (FBC) was approved by the Scottish Government on 10 December 2010 and a public version of the FBC was being produced for the NHS Board's website and Scottish Parliament Library Services. The contract to build the new Adult and Children's Hospital was signed with Brookfield Construction Ltd on 17 December 2010. Site preparation works for the Energy Centre, the main road access road to the site and reconfiguration of the main drainage system were under way. The Project Team recognised the disruptive nature of the drainage diversion works to the operation of the Southern General Hospital and had devised a plan of works in conjunction with the contractors, hospital managers, estates and the Ambulance Service to minimise any potential impacts from the works.

Project Director

Mr Winter asked about the possible compensation event in relation to inclement weather and whether it had been considered that this should be looked at in conjunction with the full length of the contract. It was reported that costs were awaited from the contractor; however, there were also expected to be benefits in relation to favourable weather in latter parts of the contract and overall these should balance out. It was also reported that in relation to the severe weather of the last few weeks, there would be further discussions about the ventilation system in relation to its operation in temperatures colder than -6°C.

In responding to Mr Winter's comment about the timing of the handover, it was reported that the Laboratory project had been planned as a single handover date. In relation to the New Hospitals project discussions were continuing with the contractor with the possibility of earlier access to the newly developed Children's Hospital if that was practical and could be handed over safely for commissioning and use some four years from now. Discussions would continue with the contractor over the coming months.

NOTED

5. AUDIT SCOTLAND REPORT: USING MEDICAL LOCUMS: NHS GG&C POSITION

There was submitted a paper [Paper No. 11/02] by the Director of Human Resources, setting out the Audit Scotland Report on Using Locum Doctors in Hospitals and the NHS Board's response.

Mr Raymond Rose, Head of Medical Staffing, drew Members' attention to the main recommendations of the report and the table attached to the paper which set out the NHS Board's position in relation to each point with detailed comments against each.

The governance arrangements for recruiting locum doctors in hospitals were shared between Medical Staffing, the lead on the quality and standards of locums and reported direct to the Medical Director and Recruitment Services which dealt with the more commercial aspects of the process and provided direct operational support to the service. The varying systems and controls in use by the former Divisions had been harmonised into a set of Medical Staffing Recruitment Services guidance in June 2008 and it was planned to review and update that guidance in early 2011.

The process around the New National Locum Framework Contract which commenced in June 2010 was described in the paper. The new National Contract had five suppliers who were advised simultaneously of a locum requirement and they had a fixed time period in which to respond with a potential candidate. If this was not achieved, the position was passed to a non-framework company to fill. To date, the new national framework was responsible for filling 30% of the requests put to it resulting in NHS GG&C still being reliant on its previous supplier. It was the case that most locum cover was short-term. The issue of the National Contract had been discussed at the NHS Scotland Chief Executives meeting and the NHS Board Chairs meeting.

Members expressed concern about the National Contract arrangements and Mr Williamson had submitted written comments on this report which the Chief Executive read out to Members. Mr Williamson had concerns about the quality of service provided by locums and was keen that the NHS Board committed to improving the clinical governance monitoring systems to detect and deal with any issues resulting from the use of locums within hospitals. In addition, the Audit Scotland Report concentrated more on the financial aspects of the arrangements than the quality of service provided by locum doctors.

Mr Rundell, Audit Scotland, advised that he would feed back Members' comments to the central team which had drawn up this report and, in particular, drawing attention to the concerns about the absence of the quality of care aspect.

In agreeing to note the contents of the report and the position with NHS GG&C, it was agreed that the Corporate Management Team would review the arrangements within NHS GG&C.

DECIDED:

That the Corporate Management Team review the arrangements for appropriate and effective arrangements for the provision of medical locums.

**Director of
Human Resources**

6. FINANCIAL MONITORING REPORT FOR PERIOD TO 30 NOVEMBER 2010

There was submitted a paper [Paper No. 11/03] by the Director of Finance which set out the financial position for revenue and capital for the first eight months of the year to 30 November 2010. The report highlighted that expenditure levels were £4.3m 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 the timing of implementing cost savings plans, additional cost pressures pushing expenditure above budget, particularly in relation to hospital prescribing within the Acute Services Division and that pay costs continued to run ahead of budget for the year to date. It was also the case that there had been a slowing down in the rate of staff turnover. The overspend within Acute Services was £3m and all directorates were showing increased expenditure for the first eight months of the year. Efforts were being made to ensure that the overspend was contained in order to deliver an overall break-even out-turn of its expenditure budget by the end of the year. In relation to the Partnerships, excluding expenditure on the dispensing of appliances, overall expenditure was running below budget at this time.

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 £167.6m. Following discussions with SGHD the level of slippage required to be generated in year had increased to £16.5m. To date, approximately half of the £16.6m required slippage had been identified and it was considered reasonable to assume that by 31 March 2011 the remaining balance would be identified and the Board would meet its capital resource limit for the year.

Mr Calderwood advised that the capital sums from SGHD to support the New Southside Hospitals developments and the Tower Block at the Glasgow Royal Infirmary would result in a record capital allocation to the NHS Board in 2011/12. However, officers were aware that there would be a very much reduced capital sum available for other projects and therefore strict prioritisation would be essential in 2011/12 and 2012/13.

Councillor Mackay felt that this strengthened the need for more joint working to identify greater efficiency savings, more flexibility and more opportunities for co-location between Local Authorities and the NHS.

In response to Members' questions Mr Calderwood advised that he was aware that discussions were ongoing to introduce a replacement scheme for the Private Finance Initiative: redesigned services within the NHS would, in the future, have to be less capital dependent and shared premises and shared schemes with Local Authorities would be essential in going forward. He also advised Members of the arrangements around the implementation of new drugs by the Scottish Medicines Consortium and that prescribing costs remained the single biggest upward inflationary impact faced by the NHS. Lastly, he acknowledged that there would be additional costs associated with the winter pressures following the need to open additional intensive therapy unit beds and acute beds within a number of hospital sites. The additional costs would be brought to Members' attention in future Financial Monitoring Reports.

**Director of
Finance**

Mr Calderwood advised that he was meeting with the Director of Finance, SGHD, the following day in order to discuss the replacement for Douglas Griffin, Director of Finance, who would leave at the end of May 2011. Mr Griffin would oversee the approval process associated with the Annual Accounts 2010/11 and this was welcomed by Members. Mr Calderwood advised that he would further update Members on this matter at the February NHS Board Seminar.

Chief Executive

NOTED

7. HEAT PERFORMANCE REPORT: 2010/11

There was submitted a paper [Paper No. 11/04] by the Head of Performance and Corporate Reporting, which set out the NHS Board's performance in respect of the HEAT targets set out in the 2010/11 Local Delivery Plan.

Ms Gibson highlighted those areas where the NHS Board was meeting the target or exceeding the trajectory and Members were pleased to note the progress being made. In relation to areas in need of improvement Ms Gibson reported that performance in relation to 13 HEAT indicators were rated as Red. The paper identified a number of key actions which would be taken to improve performance, particularly in relation to Child Healthy Weight Interventions; Smoking Cessation; Breastfeeding at 6-8 Weeks; e-Knowledge Skills Framework (KSF); Sickness Absence rate and Delayed Discharges.

Ms Renfrew advised that discussions had taken place with Glasgow City Council and improvements were being made to delayed discharges. There was, however, a rise in the number of patients who had been in hospital for just under the six-week period and discussions would be held with Local Authorities to try to ensure patients were appropriately discharged as soon as possible rather than just before the six-week target.

Ms Gibson informed the group that since the paper had been prepared, performance against the suicide training target had now been exceeded. However, Mr Hamilton asked if the two-day training session had now been reduced to take account of staff concerns at freeing up time to be available to attend the training. Mrs Hawkins advised that the length of the training sessions had been reduced for future sessions.

Mr Hamilton asked for the costs associated with the Child Healthy Weight Interventions and Ms Renfrew advised that as there were a number of contributions in the programme it was not costed in a single budget sense, but she would obtain information on the specific costs. She indicated that there was a huge health cost of increasing obesity levels.

NOTED

8. LOCAL DELIVERY PLAN: UPDATE

There was submitted a paper [Paper No. 11/05] by the Head of Performance and Corporate Reporting, which set out the progress in preparing the 2010/11 Local Delivery Plan. SGHD had issued in December 2010 a summary and detailed guidance on the requirements and targets to be included in the Local Delivery Plan.

The intention was to submit a first draft to SGHD by 18 February and the final draft by 18 March 2011. Ms Gibson advised that leads had been identified for each target and work was under way to assess the NHS Board's capability to deliver and identify any risks.

NOTED

9. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (TO SEPTEMBER 2010)

There was submitted a paper [Paper No. 11/06] by the Chief Operating Officer – Acute Services Division; the Director, Glasgow CHP and the Head of Board Administration, setting out the third monitoring report on the handling and settlement of legal claims within NHS Greater Glasgow and Clyde. Mr Hamilton introduced the paper and advised that there had been a reduction in the number of claims settled in the last 12 months. This was mainly due to the fact that the Acute Services Division had reviewed and updated all outstanding claims in the early months of 2009 and had settled a number of relatively small claims on an economic settlement basis.

There were currently 644 outstanding claims which was consistent with the previous year, of which 34 of these claims had an estimated (worst case) potential settlement value of £250,000 or more.

Lastly, Members' attention was drawn to the settlement of two significant legal claims in October and November 2010.

In response to a Member's question, Mr Calderwood advised that staged payments had been made by the NHS in Scotland over a number of years – this was where there was an admission of liability and the debate had been about the size of the settlement figure. In these cases the NHS Board had settled an agreed sum early and further discussions then took place on the outstanding balance. More recently, phased payments were being considered by the Scottish Health Service, especially for cases where large settlements had been agreed. This had been in relation to future costs associated with providing adaptations and future care for individuals who had suffered severe mental and physical complications as a result of medical negligence.

NOTED

10. VALE OF LEVEN HOSPITAL – PUBLIC INQUIRY: PROGRESS

There was submitted a paper [Paper No. 11/07] by the Chief Executive, setting out an update on the progress being made by the Vale of Leven Hospital Public Inquiry.

Mr Calderwood advised that he had now been informed by the Inquiry Team that there would be no Public Hearings of the Inquiry in March or April 2011 and no Hearings between 25 July and 22 August 2011.

The second chapter of Oral Hearings from patients and family members which had originally been scheduled for 6–10 December 2010 and had been postponed due to the severe weather had been re-scheduled for Tuesday, 25 January to Thursday, 27 January 2011.

The Inquiry Team were still contacting the Board seeking information and answers to a range of questions. Queen’s Counsel for the NHS Board would be changing shortly as the current QC was due to commence maternity leave in the next few weeks.

NOTED

11. **PROPERTY COMMITTEE MINUTES**

There was submitted the Minutes of the Property Committee [Paper No. 11/08] dated 13 December 2010 for information.

In relation to the Western Infirmary, Mr Calderwood advised on the meeting with Mr David Newall, Secretary to Court/Director of Administration, and Mr Jim McConnell, Director of Facilities, on 22 December 2010. There was high level agreement between the parties although some issues remained outstanding and they would be subject to further discussions and debate between the NHS Board and the University over the coming weeks and months.

Mrs Hawkins responded to a question about Ravenscraig and advised that tenders were awaited for the scheme to replace Ravenscraig and the next stages would be dependent on the tender price being within the allocated revenue budget.

NOTED

12. **COMMUNICATION ISSUES: 17 NOVEMBER TO 18 JANUARY 2011**

There was submitted a paper [Paper No. 11/09] from the Director of Corporate Communications covering communication actions and issues from 17 November to 18 January 2011.

Mr McLaws highlighted the following:-

- 80,000 copies of the winter booklet – “Know Who to Turn to this Festive Season” were widely distributed in early December explaining how to access health services during the two 4-day public holiday periods. In addition, a press release and half-page advert in the Evening Times ensured widespread awareness of the booklet. Health News in December also featured key messages about the NHS Board’s winter arrangements and included a special pull-out supplement of the guide. In response to the adverse weather conditions a staff weather/transport information web portal was introduced to offer staff the most reliable and up-to-date information from Councils, Police, Transport and Road Services, the Meteorological Office and local radio stations.
- A special edition of the Positive Parenting Programme – Stay Positive Tip Newsletter was published in December and delivered to all parents of Glasgow school pupils via a school bag drop distribution.

- There was widespread coverage of the launch of the NHS Board's Stalking Policy at the end of December – the first such policy in NHS Scotland. High profile stalking campaigner, Anne Moulds – 2010 Scottish Campaigner of the Year – worked with the press desk for the media launch.
- Preparations were under way for a major publicity campaign to accompany the transfer of in-patient beds from Stobhill Hospital to the Royal Infirmary. There would be a practical guide for every household in the Stobhill catchment area; a commemoration of Stobhill's proud acute services past in the next edition of Health News and a radio campaign advising people of the changes to emergency services in the north and east of the city.

13. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be 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

The meeting ended at 11.40 a.m.