GREATER GLASGOW NHS BOARD

Minutes of the meeting of the
Performance Review Group held at 9.00 a.m.
on Tuesday, 24 January 2006 in
the Board Room, Dalian House,
350 St Vincent Street, Glasgow

PRESENT

Mr A O Robertson OBE (in the Chair)
Mr R Cleland
Ms R Dhir MBE
Cllr. R Duncan
Mrs A Stewart MBE
Mr P Hamilton
Mr D Sime
Mrs E Smith

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Sir John Arbuthnott
Mr T A Divers OBE

IN ATTENDANCE

Mr R Calderwood … Chief Executive, South Division
Ms J Grant … Acting Chief Executive, North Division
Mr D Griffin … Director of Finance
Mr J C Hamilton … Head of Board Administration
Mr I Reid … Director of Human Resources
Ms C Renfrew … Director of Planning and Community Care
Mr D Walker … Head of Performance and Corporate Reporting

1. APOLOGY AND WELCOME

An apology for absence was intimated on behalf of Cllr. J Handibode.

Mr Robertson welcomed everyone to the first meeting of the Performance Review Group following the decision by the NHS Board to revise the membership.

2. MINUTES

On the motion of Mr R Cleland and seconded by Mrs E Smith, the Minutes of the Performance Review Group held on 15 November 2005 [PRG(M)05/06] were approved as an accurate record.

3. MATTERS ARISING

a) Performance Management Arrangements

Further to Minute 48(b) – Performance Management Arrangements – it was reported that a further NHS Board Seminar would be held shortly to develop proposals further in light of the National Guidelines which had now been issued.
b) New Stobhill and Victoria Hospitals – Draft Final Business Case

Further to Minute 48(c) – New Stobhill and Victoria Hospitals – Draft Final Business Case – Mr Calderwood advised that the Consortium had revised the programme to take account of a six-week slippage and also that planning consent would not now be expected until March 2006 with a resultant impact on the timescale for the completion of the draft Final Business Case.

The enabling works were progressing at the Victoria and Stobhill and ongoing discussions were being held with the planning authorities to address any outstanding matters. The SEHD had been notified of the revised programme in order that the gateway review process could be re-scheduled.

A further update on the progress of the timetable for submission of the draft Final Business Case to the Performance Review Group (PRG) would be provided at the March 2006 meeting.

Chief Executive, South Division

NOTED

c) NHS Argyll and Clyde – Dissolution and Integration

Further to Minute 54 – NHS Argyll and Clyde Dissolution and Integration – Mr Divers advised on the recent meeting held with the Head of Performance Management Division – Scottish Executive Health Department (SEHD) and a forthcoming meeting with the Acting Director of Finance – SEHD. The outcome of the communications and meetings with SEHD officials on the financial matters would be reported to the February NHS Board meeting.

The integration process was ongoing with regular discussions with the Area Partnership Forum, Trade Unions, staff and various meetings being held with the local authorities on issues pertaining to Community Health Partnerships, mental health and older people’s services.

NOTED

4. LOCAL DELIVERY PLAN – 2006/07

There was submitted a paper [Paper No. 06/01] from the Head of Performance Management and Corporate Reporting on the new arrangements that the SEHD had introduced which saw the introduction in 2006/07 of a new system of Local Delivery Plans (LDPs) replacing the previous arrangements of the Performance Assessment Framework and Local Health Plan.

The LDP was designed as a performance or delivery agreement between the SEHD and individual NHS Boards and was built upon a set of key objectives, targets and measures which formed the core of the Ministerial portfolio for health over the next three years.

The LDP was structured by four objectives:-

i) health improvement;
ii) efficiency and effectiveness;
iii) access to services;
iv) treatment for patients.
The four objectives were distributed over 28 targets and informed by 32 key measures and 20 supporting measures – the targets were not new and the NHS Board has reported against such targets previously.

Mr Walker explained the LDP timescale and reporting arrangements and the intention that the information will be available publicly and form the nucleus of regular public performance reporting by NHS Boards to their local populations. Reporting progress across the targets to the SEHD would be on a monthly basis for those issues capable of being reported monthly.

NHS Argyll and Clyde had been asked to prepare a separate LDP for 2006/07 and there would follow a phased move over three years to incorporate the “Clyde” area targets into the NHS Board’s LDP.

Sir John pointed out that the LDPs were not comprehensive and there were other targets for which NHS Boards were held to account. The issue for the NHS Board was to retain a single perspective in monitoring the full range of targets set.

The first draft LDP would be submitted to the February NHS Board meeting for consideration.

5. BUSINESS CASE FOR DENTAL TSSU

There was submitted a paper [Paper No. 06/02] from the Chief Operating Officer – Acute seeking authority to the business case for the redevelopment of the Decontamination facility at the Dental Hospital and School.

The current Decontamination Unit at the Dental Hospital and School was not capable of being upgraded to comply with the National Quality and Technical Standards as recommended by the Glennie Group Report and Medicines and Healthcare Regulatory Agency. The preferred option was therefore to create a new facility at the Dental Hospital and School to comply with the required Standards.

Mr Calderwood advised that the capital cost of the scheme at £1.801m had been included in the approved Capital Plan and transitional costs amounted to £27,000 and an additional revenue of £367,000 per annum.

DECIDED:

That the Business Case for the creation of a new Decontamination Unit at the Dental Hospital and School, be approved.

6. FINANCIAL MONITORING REPORT TO NOVEMBER 2005

There was submitted a report [Paper No. 06/03] from the Director of Finance setting out the financial out-turn for the period to November 2005. In overall terms the NHS Board was continuing to manage expenditure levels in line with the financial plan for 2005/06.

The most prominent individual area of cost pressure related to the further price increases during October/November 2005 in energy costs. NHS National Services Scotland (NSS) contract for energy on behalf of NHS Scotland. They have estimated that growth in expenditure levels in 2006/07 will be significant when compared to 2005/06 and this could result in a growth in annual expenditure by the NHS Board in the region of £5m. This area would be kept under close review to confirm the scope which Divisions may have for absorbing these additional costs.
The SEHD have confirmed that the facility of virement of capital to revenue would no longer be available in 2006/07 and this will be taken into account when preparing the 2006/07 Financial Plan.

**NOTED**

7. **DISPOSAL OF BROOMHILL HOSPITAL**

There was submitted a paper [Paper No. 05/04] from the Director of Planning and Community Care and the Property Adviser on the steps being taken to dispose of the land at the former Broomhill Hospital.

Broomhill Hospital closed in 1995 and was declared surplus to requirements. A large proportion of the site, despite works on the site, had remained designated as being within a 1:200 year floodplain. The former hospital buildings and adjacent ground was owned by the NHS Board and the fields to the front were owned by the Greater Glasgow NHS Board Endowment Trustees.

The NHS Board and a developer had presented proposals to the Council that the parts of the site which were above the floodplain should be re-designated from greenbelt to residential development. These proposals were accepted by the Reporter and subsequently adopted by East Dunbartonshire Council, subject to caveats that there be elements of affordable housing and business space.

East Dunbartonshire Council contacted Historic Scotland about the possible listing of the former hospital buildings and the subsequent re-marketing of the site had been delayed pending the preparation of a Conservation Plan.

Following the re-marketing of the site, 11 offers were received, of which six were short-listed for interview and subsequently three bidders were requested to submit revised bids by 1 February 2006.

Authority was being sought to grant delegated authority to the NHS Board Chair, Vice-Chair and Chief Executive to approve the appointment of a Preferred Bidder following the submission of revised bids on 1 February 2006.

**DECIDED:**

That the Chair, Vice-Chair and Chief Executive be delegated to approve the appointment of a Preferred Bidder to enable the impetus of the disposal to be maintained and report the outcome to the PRG and Endowment Trustees.

8. **SUPPORT SERVICES CONTRACT – GLASGOW ROYAL INFIRMARY**

There was submitted a paper [Paper No. 05/05] about the Contractual position with regard to the current Support Services Contract at Glasgow Royal Infirmary.
The current Contract for the Support Services at Glasgow Royal Infirmary was scheduled to end in early December 2006. A pan-NHS Greater Glasgow review of a number of the Support Services included in this Contract formed part of the Corporate Recovery Plan and some initial improvements had already been achieved. With the impending dissolution of NHS Argyll and Clyde it was important to extend the scope of the review to give recognition to the expanded NHS Board boundaries from 1 April 2006. It was noted that there was potentially significant additional capacity in some key Support Services within the Royal Alexandra Hospital, Paisley, which should properly be included within the wider review.

It was acknowledged that any extension of the existing Contract to take account of the wider review would involve sensitive discussions with staff partners. It had been felt that an extension to the existing Contract would be required to be in the region of 9-12 months.

Mr Calderwood explained the requirement to evaluate all options across the expanded boundaries in order to work up definitive proposals. Mr Sime advised that this matter had been discussed at the North Division Partnership Forum and as this was the last remaining external Contract for Support Services, there was disappointment at the possibility of any extension. The Trade Unions and staff would find an extension unacceptable. Any extension to the Contract would be kept to an absolute minimum.

Mr Calderwood recognised the need for early discussion with the Trade Unions and staff and the need to develop an action plan to be agreed with the Unions.

DECIDED:

1. That negotiations with Sodexo to extend the current Contract for Support Services at Glasgow Royal Infirmary for the minimum period required to conduct and finalise the wider review, be approved.

2. That the Chief Executive be authorised to develop options for the future provision in the context of the Review of Support Services included in the Corporate Recovery Plan and that these be submitted to the Performance Review Group at the appropriate time.

9. **COMMUNICATIONS STRATEGY AND ACTION PLAN 2005/06**

There was submitted a report [Paper No. 0606] from the Director of Corporate Communications enclosing a Communications Strategy and Action Plan – 2005/06 for discussion. The Communications function was to support the delivery of NHS Greater Glasgow’s goals and priorities and the restructured Communications Team with a single Communications voice for NHS Greater Glasgow was well placed to carry out these responsibilities.

Members commended the Strategy and Action Plan and its visual and easy to read presentation. The document was targeted at staff and would be discussed with internal groups within the NHS Board including the Staff Governance Committee and Area Partnership Forum.
Mr McLaws advised that the Action Plan for 2006/07 would be available for discussion in April/May 2006. This Action Plan would pick up on the issues of the NHS Board’s expanded boundaries from 1 April 2006, Community Health Care Partnerships and working closely with our local authority partners and a member’s comment about the role of risk management in areas of clinical governance.

Mr P Hamilton advised on the regular meetings with the Scottish Health Council and the current and ongoing Public Involvement/Patient Focus efforts.

**NOTED**


There was submitted a report [Paper No. 06/08] from the Director of Corporate Communications covering the Communications action and issues from 21 November 2006 to 22 January 2006.

Mr McLaws highlighted the following:-

i) The next ‘Our Health’ event was due to take place on 23 March 2006 with the focus being on GP and pharmacy services.

ii) The Health Minister had visited NHS Greater Glasgow on three occasions recently – the opening of the Central Decontamination Unit, the launch of the Breathe Easy Smoke Free Homes initiative and the opening of the Gina McCreath CT Suite at Stobhill Hospital.

iii) The expanded role for the Communications Team in taking the lead on the media generated Freedom of Information enquiries.

iv) The design and launch of the consultation on the proposed name change to reflect the expanded boundaries from 1 April 2006 following the dissolution of NHS Argyll and Clyde.

**NOTED**

11. **REVIEW OF PERFORMANCE REVIEW GROUP REMIT**

There was submitted a paper [Paper No. 06/07] from the Head of Board Administration advising that the NHS Board, at its December 2005 meeting, asked each Standing Committee to review its remit and submit any alterations to the NHS Board for approval.

**DECIDED:**

That the Head of Board Administration submit to members suggested amendments to the remit to take account of single system working and changes to terminology and that a revised remit be submitted to the March 2006 meeting for consideration

**Head of Board Administration**
12. NATIONAL SHARED (FINANCIAL) SERVICES PROJECT

There was submitted a paper [Paper No. 06/09] from the Director of Finance on the establishment of a National Shared Service for providing financial services to NHS Scotland (included were financial accounting and accounts payable, purchase invoice payments, Treasury services, invoicing, credit control and payroll).

NHS National Services Scotland (NSS) were leading this work and were at an advanced stage of preparing a Full Business Case for the establishment of a national shared service for providing financial services to NHS Scotland.

It was envisaged that the Full Business Case would be submitted to each NHS Board in early February 2006 with a requirement that the Chief Executive would give approval on behalf of the NHS Board within 10 days. The tight timescale was driven by the plan to try and submit the Full Business Case to the National Capital Investment Group in March 2006 for approval.

Mr Griffin explained the background to the proposal and the likely content of the Full Business Case.

**DECIDED:**

That, if received in February, the Chair, Vice-Chair and Chief Executive be granted delegated authority to respond on behalf of the NHS Board to NSS’ request for approval of the Full Business Case for the establishment of a shared financial service for NHS Scotland and the outcome be reported to the PRG meeting in March 2006.

13. DATE OF NEXT MEETING

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 21 March 2006 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.05 a.m.