NHS GREATER GLASGOW AND CLYDE

Minutes of the meeting of the Performance Review Group held at 9.30 a.m. on Tuesday, 16 January 2007 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

PRESENT

Mr A O Robertson OBE (in the Chair)
Ms R Dhir MBE
Mr P Hamilton
Cllr. J Handibode (to Minute 7)
Mr D Sime
Mrs E Smith
Mrs A Stewart MBE

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Sir John Arbuthnott
Mr T A Divers OBE
Mr D Griffin

IN ATTENDANCE

Mr J Bryden … Head of Finance, Clyde CHPs (to Minute 4)
Ms H Byrne … Director of Acute Services Strategy, Implementation and Planning
Ms D Cafferty … Planning Manager, Women’s and Children’s Health (to Minute 6)
Mr J C Hamilton … Head of Board Administration
Mr A McLaws … Director of Corporate Communications
Mr D Meechan … Audit Scotland
Ms C Renfrew … Director of Corporate Planning and Policy

1. WELCOME AND APOLOGY

The Chair welcomed Mr David Meechan, Audit Scotland, Ms Dorothy Cafferty, Planning Manager, Women’s and Children’s Health, and Mr Jonathan Bryden, Head of Finance, Clyde CHPs to their first meeting of the Performance Review Group.

An apology for absence was intimated on behalf of Cllr. R Duncan.

2. MINUTES

On the motion of Mrs A Stewart and seconded by Mr P Hamilton, the Minutes of the Performance Review Group meeting held on 21 November 2006 [PRG(M)06/06] were approved as an accurate record.

3. MATTERS ARISING

a) Disposal of the former Broomhill Hospital

In relation to Minute 52(b) – Disposal of the former Broomhill Hospital – there was a paper submitted by the Property Adviser [Paper No. 07/01] providing an update on the joint disposal of the Exchequer and Endowment lands at the former Broomhill Hospital.
The Property Adviser, officers of the Board and Central Legal Office have continued negotiations with the preferred bidder – Bett Homes. Site investigations are to be undertaken shortly by the preferred bidder and pre-application planning discussions have commenced with East Dunbartonshire Council with a view to the submission of a detailed planning application in the summer 2007. Additional assistance to reflect the joint nature of this disposal would be provided.

**NOTED**

b) New South-side Hospital and Children’s Hospital – Update

In relation to Minute 53 – New South-side Hospital and Children’s Hospital – the Director of Acute Services Strategy, Implementation and Planning provided members with an update on the various strands of work being undertaken to support the Outline Business Case (OBC).

On affordability, the capital and revenue consequences were being determined along with the income assumptions. The bed model for both adult and paediatric beds continued to evolve and was being discussed with clinicians. There would be a re-fresh of the original strategy assumptions of 2001 and an update of the 2002 Accident & Emergency study. The design work was well under way and steps had been taken to support an in-house team in preparing a bid for soft FM services.

The next steps in the process included – engagement with user groups; discussions with Architecture and Design Scotland; meetings with the voluntary sector including Ronald McDonald House; seek planning permissions; continued close liaison with the Scottish Executive Health Department (SEHD) and the pulling together of the OBC for submission to NHS Board Members for Seminar discussion and then formal approval.

In response to a number of issues raised by Ms Dhir, it was confirmed that Seminar discussions would include debate on possible assumptions and their consequences for services north of the River Clyde.

**NOTED**

c) Update on Mid-Year Review Meeting with the SEHD

In relation to Minute 60 – Quarterly Performance Report it was reported that the Mid-Year Review meeting had been held with the SEHD recently. The Chief Executive updated members on the outcome, with particular emphasis on the following:-

i) Waiting Times – the target of all in-patient and day cases treated within 18 weeks by 31 December 2007 had been achieved.

ii) Cancer wait times – the unvalidated weekly reports suggested an improving level of compliance with the 62 day target from urgent GP referral to receiving treatment. Validated figures were awaited.

iii) A&E Wait Times – overall – 92% compliance of patients being seen within 4 hours of attendance although the Western and Royal Infirmary were below this target and further improvements were required in both hospitals in order to achieve the national milestone of 95%.
iv) Finance – the year end forecast was for break-even. With regard to the Clyde Financial Plan there were ongoing discussions with the SEHD to agree transitional funding for 2007/08 and a Recovery Plan was being developed further.

The meeting had been positive and tribute had been paid to all those staff who had contributed to the significant improvements to services to patients in meeting the national targets. This would be reflected in the Health News, Staff News and a report in one of the local newspapers.

4. **RENFREW HEALTH AND SOCIAL CARE CENTRE – OUTLINE BUSINESS CASE**

There was submitted a report [Paper No. 07/02] from the Director, Renfrewshire Community Health Partnership, which sought approval to the Outline Business Case (OBC) for the Renfrew Health and Social Care Centre. Mr Jonathan Bryden, Head of Finance, Clyde CHPs, had attended to present the paper to members.

Mr Bryden advised that a Renfrewshire Council owned site had been identified as suitable for a new multi-purpose facility for health and social care services. Agreement had been reached with the SEHD that 50% of the capital funding (and that of the Barrhead Health Centre) would be provided nationally and the proceeds of the future sale of property within the Clyde area would be used to refund this allocation in due course.

The revenue consequences for the first 3 years of operation had been incorporated within the NHS Board’s Financial Plan (as part of the SEHD support to the Clyde Financial Plan).

Comments had been received from the SEHD on the initial draft of the OBC and it was agreed that Mr Griffin and Mr Bryden would meet to finalise the draft prior to submission to the SEHD for the Capital Investment Group’s consideration. In addition, the location map in the OBC would be improved.

**DECIDED:**

That the Outline Business Case for the Renfrew Health and Social Care Centre be approved subject to the amendments to the OBC as a result of the comments from the SEHD and as agreed between the Director of Finance and Head of Finance – Renfrewshire CHP.

5. **UPDATE ON IMPLEMENTATION OF MATERNITY STRATEGY**

There was submitted a paper [Paper No. 07/03] from the Director of Acute Services Strategy, Implementation and Planning, which set out the progress on implementing the Maternity Strategy and process to review the Clyde Maternity Strategy.

Ms Cafferty introduced the paper and advised that the Maternity Strategy Implementation Steering Group (MSISG) continued to meet on a monthly basis to monitor and review the implementation of the Maternity Strategy. She advised that the high risk transfers (16 beds) had been successfully moved from the Queen Mother’s to Princess Royal maternity in October 2006. The antenatal service continued to be provided at the Queen Mother’s until the provision of the service had been agreed and new accommodation had been identified in the west of the city.
A national review of neonatal services had been established and was expected to issue its findings late in 2007.

The NHS Board Seminar in February 2007 would have the opportunity to discuss the financial consequences of the capital options to meet the recommendations of the Calder Group prior to the submission of a paper to the February Board.

Ms Dhir asked that the MSISG remain sighted on women’s choices and wishes in childbirth and that it was a consistent service produced across the NHS Board’s area.

Cllr. Handibode was pleased to see the description of the engagement with users but queried the rationale for a dedicated Patient Focus Public Involvement post for maternity services and saw no proper evidence of the success or otherwise of the smaller engagement meetings. Mr Divers advised that the NHS Board’s efforts in community engagement had increased and benefits were being derived from liaison with groups and user groups who were now more involved in shaping new services. He would arrange for evidence of these benefits in relation to maternity services to be shared with Cllr. Handibode.

Ms Cafferty finished by describing the process of engagement with community groups and partner organisations in reviewing the maternity services in Clyde. Members would be kept advised of progress of this review.

**NOTED**

6. **LOCAL DELIVERY PLAN – GUIDANCE**

There was submitted a paper [Paper No. 07/04] from the Director of Corporate Policy and Planning which set out the 2006/07 Local Delivery Plan and the guidance on the key performance and supplementary measures for 2007/08. The discussions on the measures would inform further dialogue with the SEHD on the drafting of the Local Delivery Plan – 2007/08.

There continued to be concern about the suitability of some targets and the NHS Board’s ability to influence/achieve the desired outcome. The SEHD had acknowledged these concerns, however, the targets remained to be included in the Local Delivery Plan.

**NOTED**

7. **FINANCE REPORT TO 30 NOVEMBER 2007 AND MID-YEAR REVIEW 2006/07**

There was submitted a report [Paper No. 07/05] from the Director of Finance setting out the Financial Monitoring Report to November 2006 and a detailed summary of the outcome of the Mid-Year Review of the Board’s Financial Position for 2006/07.
Mr Griffin advised that the out-turn for the period to November 2006 showed overall expenditure was in line with the budget. Mr Griffin highlighted that the financial out-turn for the Clyde area of the NHS Board remained closely in line with expectations, meaning that the Clyde area continued to operate at an expenditure level some £28-£30M in excess of available recurrent funds. A 3-Year Savings Plan would be completed shortly, aimed at addressing the full targeted amount of £30M. In addition, discussion continued with the SEHD to finalise the arrangements for addressing the residual funding gap of £7.4M in 2006/07.

Mr Griffin also highlighted the probability that the Board would report an end-year surplus in 2006/07 on account of the disposal of property located at the former Woodilee Hospital site and explained that he was liaising with colleagues at SEHD in this regard.

In describing the Mid-Year Review, Mr Griffin highlighted progress made to date with the development of Service Level Agreements with NHS Highland on services provided to that NHS Board; Primary Care Prescribing expenditure; Agenda for Change latest cost forecasts; Cost Savings Plans embedded within Divisions/Directorates’ budgets; national contracts for energy procurement and income from West of Scotland NHS Boards.

**NOTED**

8. **CLYDE COST SAVINGS PLAN (RECOVERY PLAN)**

There was submitted a report [Paper No. 07/06] from the Director of Finance showing the progress to date with the development of a Cost Savings Plan to address the gap between recurring expenditure commitments and available recurring funding within Clyde. The report had been discussed at the Area Partnership Forum in December 2006 and comprised a list of projects, designated leads and the project initiation documentation.

**NOTED**

9. **NATIONAL SHARED SERVICES: SUMMARY OF DRAFT FINAL BUSINESS CASE**

There was submitted a report [Paper No. 07/07] from the Director of Finance which enclosed the summary of a Draft Final Business Case (FBC) as issued by National Services Scotland for the establishment of a shared support service (financial services and payroll) for NHS Scotland.

A series of meetings had been held with the relevant staff, including staff representatives, to obtain feedback on the proposals.

A response from the NHS Board was required by 27 January 2007. Mr Griffin had arranged for members to receive an electronic version of a draft response the day before the PRG meeting so it could be discussed in detail.

Mr Griffin took members through the main points of the draft response. The principles contained in the draft response, which highlighted the reasons why the draft proposals were not being endorsed, were fully supported. Mr Divers suggested that in responding to NSS, reference should be made to the need to work with Local Authorities in this area, in particular the development of shared services to support CHCPs.
DECIDED:

That the response to the draft Final Business Case on the establishment of a Shared Financial and Payroll Service, be approved, subject to the addition of the issues highlighted by members during discussion.

ACTION BY

Director of Finance


There was submitted a report [Paper No. 07/07] from the Director of Corporate Communications covering communication actions and issues from 15 November 2006 – 16 January 2007.

Mr McLaws highlighted the following:-

1. The Launch of the Consultation on the Review of Acute Services in South Clyde and the media coverage supporting the proposals.

2. The Launch on 29 January 2007 of the re-designed and re-formatted NHS Board website and Intranet.

3. The inclusion in the January 2007 Health News of a 4-page special on the opening in July 2007 of the new West of Scotland Beatson Cancer Centre and a review by the Chairman of 2006.


The Communications Report was welcomed by members and the results of the independent evaluation of patient and public responses to the NHS Board’s communications was being analysed prior to submission to the PRG. It was suggested that work needed to be undertaken with the media on the need for more measured reporting on addictions and prostitution.

NOTED

11. DATE OF NEXT MEETING

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 20 March 2007 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YX.

The meeting ended at 11.55 a.m.