

GREATER GLASGOW NHS BOARD

**Minutes of the meeting of the
Performance Review Group held at 9.30 a.m.
on Tuesday, 21 March 2006 in
Board Room 1, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ**

PRESENT

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Cllr. J Handibode
Cllr. R Duncan	Mr D Sime
Mr P Hamilton	Mrs A Stewart MBE

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Sir John Arbuthnott	Mr T A Divers OBE
Ms R Crocket	Mr D Griffin

IN ATTENDANCE

Ms H Byrne	...	Director of Acute Services Strategy Implementation & Planning
Mr R Calderwood	...	Chief Operating Officer – Acute Division
Mr T Findlay	...	Lead CHCP Director (Glasgow City) (to Minute17)
Mr J C Hamilton	...	Head of Board Administration
Mrs A Hawkins	...	Interim Director, Mental Health Partnership
Mr K Moore	...	Interim Director of Health Information & Technology (to Minute 17)
Mr I Reid	...	Director of Human Resources
Ms C Renfrew	...	Director of Corporate Planning and Policy
Mr D Walker	...	Head of Performance and Corporate Reporting

ACTION BY

14. **WELCOME AND APOLOGIES**

The Chair welcomed Ms Helen Byrne, Director of Acute Services Strategy Implementation & Planning, to her first meeting of the Performance Review Group and wished her well in her new role.

Apologies for absence were intimated on behalf of Ms R Dhir MBE and Mrs E Smith.

15. **MINUTES**

On the motion of Mr R Cleland and seconded by Mr P Hamilton, the Minutes of the Performance Review Group held on 24 January 2006 [PRG(M)06/01] were approved as an accurate record.

16. **MATTERS ARISING**a) New Stobhill and Victoria Hospitals – Draft Final Business Case

In relation to Minute 3(b) – New Stobhill and Victoria Hospitals – Draft Final Business Case, Mr Calderwood advised that the enabling works had commenced at both Stobhill and the Victoria. The purchase of the land required at Queen’s Park Recreation Ground was nearing completion and arrangements had been put in place to ensure continued access to the Bowling Green at Stobhill for the forthcoming playing season.

The Consortium would be submitting detailed planning applications for both Stobhill and the Victoria to the City Council for consideration at the May 2006 cycle of Planning Committee meetings. Once approved, the Final Business Case can be completed with the further work on value-for-money and affordability and submitted to the Performance Review Group and then Scottish Executive Health Department (SEHD) for approval. Thereafter, financial close can be achieved with a start on site targeted for September 2006 and completion of the facility by the end of 2008 and following a commissioning period, the hospitals opening in early 2009.

In response to a member’s question, Mr Calderwood advised that the capital costs had risen due to ground conditions. Members recognised the importance of working to the planned timescales for these developments and asked to receive regular updates on the progress of each new hospital.

NOTED

b) NHS Argyll and Clyde – Integration

Further to Minute 3(a) – NHS Argyll and Clyde – Dissolution and Integration – Mr Divers reported on the outcome of recent meetings held with the SEHD. In the first meeting he and Mr Griffin had met the Acting Director of Finance and two colleagues and the second meeting had been between Sir John, himself, the Director of Finance, their counterparts from NHS Highland and the Minister and the Chief Executive – NHS Scotland.

The discussions had concluded satisfactorily and the finances related to the transfer of ‘Clyde’ from 1 April 2006 would be managed and reported separately for 3 years. It would be critical to manage closely any commitments which did not have a recurring expenditure line, to agree only developments which can be fully funded and to review regularly expenditure in this area. Posts which were not frontline service posts were not currently being filled.

NOTED

c) Local Delivery Plan – 2006/07

In relation to Minute 4 – Local Delivery Plan – 2006/07 – Mr Walker advised that two issues had been raised by the SEHD on receipt of the draft Local Delivery Plan.

Firstly, the target for multiple emergency admissions in the Plan did not meet the intended reduction of 20% by 2008. Secondly, issues around out-patient waiting times over 18 weeks had been raised and would be discussed at the Waiting Times meeting later that day.

ACTION BY

The final draft Local Delivery Plan – 2006/07 would be submitted to the NHS Board meeting in April 2006 for approval and SEHD monitoring would commence in the summer 2006.

NOTED

d) **Disposal of Broomhill Hospital**

Further to Minute 7 – Disposal of Broomhill Hospital – Ms Renfrew advised that the meeting to determine the preferred bidder had been arranged for the following day (22nd March) and, thereafter, negotiations would be pursued to conclude missives for the sale of the site. The Trustees of the Endowment lands at Broomhill had been advised of the position following the last meeting of the Performance Review Group.

NOTED

e) **Review of Performance Review Group Remit**

In relation to Minute 11 – Review of Performance Review Remit – the Head of Board Administration submitted a paper [Paper No. 06/10] setting out the process followed in reviewing the remit and seeking members' approval to the revised remit, which took account of single system working and updated terminology.

DECIDED:

That the revised remit of the Performance Review Group be approved and be submitted to the NHS Board for approval.

**Head of Board
Administration**

f) **National Shared (Financial) Services – Update**

Further to Minute 12 – National Shared (Financial) Services Project – the Director of Finance reported that the Final Business Case had not been received in February as anticipated. NHS National Services Scotland (NSS) were still developing final proposals for the specification of service. He would be attending the Project Board later this week and would have a better understanding of the revised timescale and priorities of this project.

NOTED

17. **COMMUNITY NURSING PROJECT – FULL BUSINESS CASE**

There was submitted a paper [Paper No. 06/11] from the Lead CHCP Director (Glasgow City) and Interim Director of Health Information and Technology seeking approval for the continued development and implementation of a Community Nursing Information System.

Mr Findlay explained the background to the submission of the Final Business Case and the recommendation to roll-out the system across NHS Greater Glasgow over a three-year period following the successful pilot with 50 nurses in East Glasgow.

The development of a Community Nursing Information System had been given the highest priority in the Primary Care Information Strategy and was key to integrated working with Local Authorities. The system had:

ACTION BY

- i) the capacity to communicate and share information with different service providers including Social Work, general practice and the acute sector;
- ii) the facility to support the implementation of a single shared assessment for a number of care groups;
- iii) the ability to support a mobile workforce within community settings;
- iv) the flexibility to quickly add or amend clinical assessment and recording tools for a wide range of people and resources.

Mr Moore advised that there was no national system available to support community nursing, however, the Head of Computing and IT in the SEHD had agreed that the system could proceed as it would not conflict with national strategy.

In response to members' questions, Mr Findlay and Mr Moore confirmed that the system was Community Health Index (CHI) compliant; it would link-in with Local Authority systems and would support the single shared assessment; it was an Information System which would allow staff to undertake their duties more effectively; a Project Board would be formed to implement the system over the next three years and decisions would be taken on priorities for the roll-out.

DECIDED:

That the continued development and implementation of the Community Nursing Information System over the next three years, be approved.

**Lead Director –
CHCP (Glasgow)/
Interim Director
of IM&T**

18. DRAFT CORPORATE OBJECTIVES – 2006/07

There was submitted a paper [Paper No. 06/012] from the Director of Corporate Planning and Policy which set out the draft Corporate Objectives – 2006/07. The objectives had been derived from the Local Health Plan, Local Delivery Plan and national and local policy documents. The Corporate Objectives would provide a framework for future NHS Board corporate policy development planning, resource allocation and performance management.

The high level Corporate Objectives would inform the individual objectives of Directors and senior managers for 2006/07. The Chief Executive had already met his direct reports to begin to agree individual objectives for 2006/07.

The intention was to finalise the Corporate Objectives by 31 March 2006 and submit them to the Remuneration Sub-Committee for approval.

DECIDED:

That the draft Corporate Objectives – 2006/07 be endorsed.

**Director of
Corporate
Planning & Policy**

19. TRANSLATIONAL MEDICINE RESEARCH COLLABORATION

There was submitted a report [Paper No. 06/13] from the Chief Executive seeking the Performance Review Group's endorsement to the decision taken by the Chairman, Vice-Chairman and himself to seek a Ministerial Direction to allow the NHS Board to become a shareholder in a Limited Company to carry out business in Scotland in the field of translational medicine.

The opportunity had arisen for Scotland to take a leading position in a Translational Medicine Research Collaboration (TMRC) and during these discussions the NHS was represented by the Chief Scientist's Office – SEHD, translational medicine being the interface between laboratory-based science and the treatment of patients.

In March 2005 a Scottish Steering Group was formed to facilitate interaction with a global pharmaceutical company, the four Scottish Universities with Medical Schools, NHS Scotland and Scottish Enterprise. The partnership project was to deliver a substantial long-term research and development, education and clinical trials collaboration programme with the intention of positioning Scotland as a centre of excellence for translational medicine.

Mr Divers highlighted the principles of the framework agreement, the intention to set up a scientific laboratory at the University of Dundee, the benefits to the NHS and the risk assessment of supporting such a project. The financial risk was limited to the opportunity cost and limited staffing costs would be required. The other risks would be managed within the existing governance framework.

Due to the tight timescale it had been necessary for a decision to be taken in early March 2006 to approach the Minister seeking a Direction to allow NHS Greater Glasgow extended power to participate in taking a shareholding of a Limited Company to maximise the income generation which may flow from participating in this proposal. The Minister agreed and issued the necessary Direction on 2 March 2006.

DECIDED:

1. That the decision taken by the Chairman, Vice-Chairman and Chief Executive to seek a Ministerial Direction to allow NHS Greater Glasgow to become a shareholder in a Limited Company for this specific proposal be endorsed.
2. That the NHS Board take a shareholding in the company to be formed (TMRI Limited); an employee be appointed as Director of the company and support be given to the project, be approved.

Chief Executive

20. FINANCE REPORT TO JANUARY 2006

There was submitted a paper [Paper No. 06/14] from the Director of Finance setting out the financial out-turn for the period to January 2006. In overall terms the NHS Board continued to manage expenditure levels closely in line with the financial plan for 2005/06.

The main area of cost pressure continued to be expenditure on energy, driven by the significant increased cost of gas and electricity prices. A non-recurring allocation of £3m to the Divisions had been made to offset the increased costs.

Other areas highlighted by Divisions as cost pressures included increased volumes of patient treatments in specific areas, particularly haemodialysis and back-filling posts for the implementation stages of Agenda for Change.

The sale of Belvidere Hospital had now been agreed, with the proceeds of the sale being reflected in the 2005/06 accounts. On cross-boundary flows it had been confirmed that a total of £7m was due to NHS Greater Glasgow from other NHS Boards. Mr Griffin explained the position with regard to NHS Argyll and Clyde and the figure of almost £6m being outstanding. The reduced level of recovery of £4m was more likely in view of NHS Argyll and Clyde's financial position. This could lead to a shortfall of £2m, which would be further considered by Board officers.

**Director of
Finance**

Mr Griffin reported that agreement had been reached with the SEHD that additional non-recurring funds of £3.7m to secure the achievement of the waiting times target of 18 weeks by December 2006 would be carried forward into 2006/07 and this arrangement would be reflected in future months' financial monitoring reports.

NOTED

21. **CAPITAL PLAN – 2005/06 – MONITORING REPORT**

There was submitted a paper [Paper No. 06/15] from the Director of Finance updating Members on the progress with implementing the NHS Board's Capital Plan in 2005/06.

The phasing during the year of a number of planned capital projects changed resulting in alterations to expenditure plans and discussions had been held with the SEHD to match revised projections of expenditure. In overall terms the out-turn of the capital expenditure – 2005/06 was in line with the NHS Board's Capital Resource Limit for 2005/06.

NOTED

22. **COMMUNICATIONS ACTIONS/ISSUES: 23 JANUARY - 13 MARCH 2006**

There was submitted a report [Paper No. 06/16] from the Director of Corporate Communications covering communication actions and issues from 23 January to 13 March 2006.

Mr McLaws highlighted the following:-

- i) the next 'Our Health' event was taking place on 23 March 2006 in the Royal Concert Hall with the focus being on GP and pharmacy services;
- ii) launch of the Children's Protection Unit on 22 February;
- iii) launch of the awareness campaign to prepare staff and the public on the implementation of the smoking ban in public places;
- iv) the announcement of the new name – NHS Greater Glasgow and Clyde – from 1 April 2006 to reflect the integration of parts of NHS Argyll and Clyde from that date;
- v) the normal distribution of Health News, Staff News and five Core Briefs for staff.

Mr Cleland advised that the Cardiothoracic Implementation Group had met the day before and had discussed communication issues. It was agreed that Mr McLaws would become involved with the communication priorities facing this project in the coming months.

**Director of
Corporate
Communications**

NOTED

ACTION BY

23. **DATE OF NEXT MEETING**

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 16 May 2006 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.00 a.m.