

NHS GREATER GLASGOW AND CLYDE

**Minutes of the meeting of the
Performance Review Group held at 9.30 a.m.
on Tuesday, 4 July 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	Mr P Hamilton
Mrs R Dhir MBE	Mr D Sime
Cllr. R Duncan	Mrs E Smith
Mrs A Stewart MBE	

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Sir John Arbuthnott	Mr D Griffin
Ms R Crocket	Mr G McLaughlin

IN ATTENDANCE

Ms D Cafferty	...	Planning Manager, Women's and Children's Services (Acute)
Mr R Calderwood	...	Chief Operating Officer – Acute Services Division
Mr J C Hamilton	...	Head of Board Administration
Mrs A Hawkins	...	Transition Project Director, Clyde (to Minute 35(f))
Mr A McLaws	...	Director of Corporate Communications
Ms C Renfrew	...	Director of Corporate Planning and Policy (to Minute 35(f))
Mr D Walker	...	Head of Performance and Corporate Reporting (to Minute 36)

ACTION BY

33. **APOLOGY AND WELCOME**

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

The Chair welcomed Ms Dorothy Cafferty, Planning Manager, Women's and Children's Services (Acute) to her first meeting of the Performance Review Group.

34. **MINUTES**

On the motion of Mr P Hamilton and seconded by Mrs E Smith, the Minutes of the Performance Review Group held on 16 May 2006 [PRG(M)06/03] were approved as an accurate record.

35. **MATTERS ARISING**

a) New Stobhill and Victoria Hospitals – Update and Progress

In relation to Minute 26(a) – New Stobhill and Victoria Hospitals – there was submitted a report [Paper No. 06/22] from the Chief Operating Officer, Acute Services Division, which set out the updated position with regard to the development of the new hospitals at Stobhill and the Victoria.

ACTION BY

The Heads of Terms for the purchase of land at Queen's Park Recreation Ground had been agreed with the City Council.

Following confirmation from the NHS Board's external auditors that the transaction was an off-the-balance-sheet transaction, the Scottish Executive Health Department (SEHD) had approved the Final Business Case.

The planning application for the new Victoria Hospital would be submitted to the meeting of the City Council on 11 July 2006 and the outcome would be notified to Members. As the Council had an interest in the decision, the Scottish Executive would review the outcome.

**Chief Operating
Officer, Acute**

The Financial Model presented by the Consortium had been assessed as representing Value-for-Money and Affordable and within the parameters agreed by the Performance Review Group at the meeting held on 16 May 2006.

The NHS Board, at its meeting on 27 June 2006, had delegated full authority to the Performance Review Group to act on the NHS Board's behalf to approve the Board entering into a Contract on the appropriate Project Documentation with the Consortium for the new Stobhill and Victoria Hospitals.

DECIDED:

1. That the Scottish Executive Health Department's approval of the Full Business Case be noted.
2. That the NHS Board entering into a Contract based on Project Documents and any associated contractual documentation as advised by the Board's external advisers, be approved.
3. That any two of the Board signatories from Chief Executive, Director of Finance and Chief Operating Officer, Acute Services Division, sign on behalf of the NHS Board the Project Documents as required and any additional documentation required in connection with the Project as advised by the Board's external advisers, be approved.
4. That Mr Peter Gallagher, Director of Finance, Acute Services Division, as the named individual on behalf of Greater Glasgow Health Board, for the purposes of the Insurance Proceeds Account to be opened on behalf of the Board, be approved.
5. That the Chair produce a certified copy of the Minute of Proceedings of the verification that approval had been granted, be approved.

**Chief Operating
Officer, Acute**

**Chief Operating
Officer, Acute**

**Chief Operating
Officer, Acute**

**Head of Board
Administration**

b) **Clyde Integration – Draft Financial Plan – 2006/07**

In relation to Minute 26(b) – Clyde Integration – there was submitted a report [Paper No. 06/23] from the Director of Finance on a draft Financial Plan – 2006/07 for the Clyde area of the former NHS Argyll and Clyde. Once completed, it would be consolidated with the Financial Plan – 2006/07 for NHS Greater Glasgow, although for this and the next two financial years the Clyde element of the consolidated Financial Plan would be a discrete section with the out-turn monitored accordingly.

The draft Financial Plan – 2006/07 for Clyde had been established following a series of meetings with colleagues from NHS Highland and the former NHS Argyll and Clyde and engagement with the SEHD in order to reach agreement on the extent of the financial challenge faced by NHS Greater Glasgow and Clyde. SEHD had made arrangements to cover most of the £19.6m with a residual amount of £4.9m - £7.4m to be covered by further SEHD funding support and/or cost saving opportunities during 2006/07.

Mr Griffin advised that the detailed analysis was still being worked through in order to complete the Financial Plan by the end of August 2006.

In response to a question from a member, Ms Renfrew advised that SEHD approval to the Scheme of Establishment for the Community Health Partnership (CHP) in Renfrew was expected shortly. Progress was being made with the discussions with Inverclyde and a proposal was likely to be submitted to the NHS Board. Ms Renfrew went on to say that a formal process was being established with the Local Authorities to reach agreements on the savings that would be required across a range of care services in order to meet the identified recurrent deficit within the draft Clyde Financial Plan.

Budgets for the CHPs were still to be finalised but were based on the provision of current services. This was recognised as being based on the historic nature of services and did not take full account of differences in the make-up of the population to be served. A process would be developed over the next 3/6 months which would be discussed with CHCPs/CHPs.

**Director of
Finance/
Director of
Corporate
Planning and
Policy**

A review of further areas for savings was ongoing and managers were being encouraged to identify schemes/projects which could contribute to the overall Savings Plan.

CHCPs/CHPs were encouraged to have active discussions at Committee level as a result of the letter from the Chief Executive on the savings required over the next few years.

Sir John was keen to re-emphasise the opportunities CHCPs/CHPs brought to re-designing services in a joined-up way for patients. This opportunity was recognised and remained an important priority for CHCPs/CHPs set against a challenging financial position within Clyde.

Mr Griffin advised that work would be under way in order to complete, by the end of December 2006, a draft Financial Plan for Clyde for 2007/08 and beyond.

DECIDED:

That the draft Financial Plan – 2006/07 for Clyde be noted and that the Financial Plan be submitted to the September meeting of the Performance Review Group for approval.

**Director of
Finance**

c) **Performance Review Group – Remit**

It was noted that the NHS Board had approved, at its June 2006 meeting, the revised remit of the Performance Review Group.

The membership of the Group would increase by one once the Non-Executive Directors had been appointed from the Clyde area.

**Head of Board
Administration**

NOTED

ACTION BY

d) Performance Management – Update

In relation to Minute 29 – Progress on Performance Management – there was submitted a report from the Director of Corporate Planning and Policy setting out the proposed Performance Framework for 2006/07, the Performance Management Arrangements, the Implementation Actions for 2006/07 and a Development Plan for 2007/08.

The final draft Performance Management Framework – NHS Greater Glasgow and Clyde – 2006/07 had been developed with the Heads of Planning.

Comments from members were welcomed and it was intended to submit the completed Performance Management Framework to the September meeting of the Performance Review Group for approval.

NOTED

**Members/
Director of
Corporate
Planning &
Policy**

e) Disposal of Broomhill Hospital

In relation to Minute 26(c) – Disposal of Broomhill Hospital – Update – the Director of Corporate Planning and Policy reported that the preferred bidder was in negotiations with the Local Authority over their plans for the site.

NOTED

f) CHCP Budgets

In relation to Minute 27 – Planning and Priorities Guidance and 5-Year Financial Plan (NHS Greater Glasgow) – the Director of Corporate Planning and Policy advised that discussions had been held with the Chief Executive and Director of Finance of the City Council about the process to set the Glasgow CHCP budgets.

The Chief Executive, Director of Finance and Director of Corporate Planning and Policy would act as a Governance Sub-Group of the Performance Review Group and meet with the Budget Sub-Group of the City Council in order to set budgets for the Glasgow CHCPs which took account of the need for a differential service target savings for CHCPs. The impact of the Equal Pay claims was being quantified and a paper would be submitted to the next meeting of the Performance Review Group.

NOTED

**Director of
Corporate
Planning &
Policy**

36. **MATERNITY STRATEGY – UPDATE**

There was submitted a report [Paper No. 06/24] from the Director of Acute Services Strategy, Implementation and Planning which asked Members to note the progress on the implementation of the Maternity Strategy and the Steering Group governance and management arrangements in place to take this work forward.

Ms Crocket, Nurse Director and Director – Women’s and Children’s Directorate, spoke to the paper and highlighted the recommendations of the Clinical Advisory Group appointed by the Minister for Health and Community Care, and Chaired by Professor Calder, as follows:-

ACTION BY

- The site for the new children’s hospital in Glasgow should be on the Southern General campus adjacent to the South Glasgow Hospital, and the existing Maternity (and Gynaecological) unit.
- The planned programme of refurbishment and upgrading of the existing facilities at the Southern General Hospital maternity (including new neonatal and labour ward provision) should be examined in the light of the adjacent construction of the children’s hospital. Specifically, the opportunity should be explored of constructing an interface that would ultimately link the maternity and children’s hospital leading to the integration of the neonatal intensive care with paediatric theatres and critical care. The Labour Suite should be adjacent to the obstetric theatres and to the adult critical care facilities in the new South Glasgow Hospital.
- During the interim period until the full triple co-location of services is achieved, the arrangements whereby maternity services move towards reconfiguration from three units to two should be carefully planned on a city-wide, single-system basis, led by the respective lead clinicians in obstetrics, paediatrics, neonatology and anaesthetics. The advantage of the current adjacency of the Queen Mother’s Hospital maternity service to the RHSC (Royal Hospital for Sick Children) should be preserved as long as it is appropriate and feasible but ultimately it must be seen as subordinate to critical issues of maternal safety. It was expected that the move to 2 sites would have to take place between 2007 and 2009. Careful attention would be paid to informing and involving patients and the public generally.
- “That for however long the Queen Mother’s Hospital continues to function during the interim period to the commissioning of the new Children’s Hospital, where there are clear foetal issues requiring specialist neonatal care, these mothers should continue to deliver in the Queen Mother’s Hospital. Mothers at risk of major obstetric haemorrhage, severe pre-eclampsia or with significant medical co-morbidity should deliver at a site where specialist medical, surgical and intensive therapy facilities are provided as recommended by the NHS QIS Maternity Standards (2005)”.

A Maternity Strategy Implementation Steering Group (MSISG) was established on 14 June 2006 to take forward the implementation of the NHS Board’s Maternity Strategy, taking account of the recommendations of the Calder Group. In addition, four Sub-Groups have been established to cover:-

- Antenatal
- Obstetrics and Gynaecology
- Neonatal
- Human Resources

The first three Sub-Groups were Chaired by Clinical Directors and the membership of the Sub-Groups has been drawn from a broad range of professionals from clinical departments, staffside representation, patient input and human resources.

Early work has included the drafting of a protocol for referral of women with high-risk maternity problems in pregnancy, which took account of the recommendations of the Calder Group, i.e. mothers at risk of major obstetric haemorrhage, severe pre-eclampsia or with significant medical co-morbidity. The women in these categories would deliver in the Princess Royal Maternity Hospital (PRMH) and GPs would be notified of the procedures for transfer with effect from 1 August 2006. 160 women would be expected to transfer under the agreed criteria and to address this shift of workload, 16 beds at the Queen Mother's would close and 18 beds would be opened on the 6th floor of the PRMH in November 2006.

The importance of providing antenatal services in the West end of Glasgow was recognised and work was under way to identify suitable accommodation for this service provision. The model of care established at the time of the closure of Rutherglen Maternity would inform the provision in the West end.

Taking account of the recommendations of the Calder Report, a detailed planning process was under way to consider these issues related to the closure of the Queen Mother's Hospital between 2007 and 2009 and the re-provision of services at the PRMH and Southern General Hospital Maternity. The first phase of re-provision would commence in August 2006 and the 6th floor of the PRMH would be fully furnished by November 2006.

The upgrading work required at the Southern General Maternity Unit included additional theatres, a neonatal unit linked to the new Children's Hospital and foetal medicine provision. To accelerate the link from the new Children's Hospital with the neonatal unit, the opportunity was likely to be taken to create this link ahead of the building of the new Children's Hospital. This would increase the capital costs at this stage but would be part of a phased plan to create the full triple co-location of maternity, children's and adult acute services.

The separation of maternal and neonatal risk was critical and the provision of safe and clinically supported services to cover the interim arrangements was essential. The opportunity would also be taken to look at new models of care and births and harmonise arrangements across NHS Greater Glasgow and Clyde.

**Director of
Acute Services
Strategy
Implementation
and Planning**

NOTED

37. PET-CT FACILITY – BEATSON ONCOLOGY CENTRE

There was submitted a paper [Paper No. 06/25] from the Chief Operating Officer – Acute Services Division, on the arrangements in anticipation of a PET Scanning facility being located at the Tom Wheldon Building, Gartnavel General. Provision had been made in the Beatson Oncology Phase II construction works to facilitate the incorporation of the PET building development within the Beatson project.

The PET-CT Scanner was to be clinically operational as soon as practical in 2007 and the proposed addition to the construction contract would not be outwith the permitted extension of the contract allowed under the relevant regulations. There was attached to the paper a value-for-money comparison from the Quantity Surveyors of the Shadow Design Team. Authority was therefore sought to agree an exception to tender and negotiate with the current Beatson Phase II contractor to provide the building required to house the PET-CT Scanner.

DECIDED:

That an exception to tender be approved and negotiations be entered into with the current contractor to provide an extension to house the PET-CT Scanner at the Beatson, Gartnavel General.

**Chief Operating
Officer, Acute**

38. COMMUNICATIONS: ACTIONS/ISSUES – 17 MAY – 4 JULY 2006

There was submitted a report [Paper No. 06/26] from the Director of Corporate Communications covering communication actions and issues from 17 May to 4 July 2006.

Mr McLaws highlighted the following:

- i) Launch of the consultation on the proposed re-design of children's services in Inverclyde Royal Hospital, with a public workshop to be held on 18 July 2006.
- ii) Participation in the major emergency planning exercise – Operation Cutty Sark over the weekend 28/30 April 2006.
- iii) Continued promotion of the CHCPs/CHPs which included raising awareness of the new Public Partnership Forums.
- iv) Involvement with the E-coli outbreak in Fife.
- v) The public event held on 26 June to update key stakeholders on the development of the new West of Scotland Heart and Lung Centre at the Golden Jubilee National Hospital in Clydebank.
- vi) Preparation for the 'Our Health 5' event on 27 September 2006 in the Marriott Hotel, Glasgow on the role and contribution made by volunteers to the NHS.

NOTED

39. DATE OF NEXT MEETING

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 19 September 2006 in Board Room 1, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.15 a.m.