

MINUTE OF THE INAUGURAL MEETING OF THE PERFORMANCE MANAGEMENT GROUP HELD ON THURSDAY 2 NOVEMBER 2006 AT 9.00 AM IN THE BOARD ROOM OF THE NHS BOARD OFFICES, 14 BECKFORD STREET, HAMILTON.

PRESENT	Mr T Davison	Chief Executive (Chair)
	Dr J D Browning	Medical Director
	Mr M F Hill	Modernisation Director (Strategic Planning and Performance Management)
	Mrs D McCormick	Chair, Area Clinical Forum
	Dr D C Moir CBE	Director of Public Health
	Mr I A Ross	Director, Acute Services
	Mr H Sweeney	Employee Director
	Mr G Walker	Director of Human Resources
	Mr P Wilson OBE	Director for Allied Health Professions, Nurses and Midwives
	Mr P K Corsar	Chairman
	Mr T Currie	Chairman, Acute Division
	Mrs N Mahal	Chairman, South Lanarkshire Community Health Partnership
	IN ATTENDANCE	Mr N J Agnew
Mr I Hair		Head of Planning and Performance Management, North Lanarkshire Community Health Partnership
Mrs C Potter		Deputy Director of Finance
Mrs N Reid		Head of Performance Management
Mr G Sage		Locality General Manager, South Lanarkshire Community Health Partnership
APOLOGIES	Mr J A Anning	Chairman, North Lanarkshire Community Health Partnership
	Mrs S Goldsmith	Director of Finance
	Mr A Lawrie	Director, South Lanarkshire Community Health Partnership
	Mr C Sloey	Director, North Lanarkshire Community Health Partnership

1.	WELCOME
	Mr Davison welcomed members to the meeting. Prior to dealing with the business items, he announced the appointment of Dr Alison Graham, currently Medical Director with NHS Highland, as the Board's new Medical Director, and advised that she would likely take up post early in the New Year.
2.	Working Arrangements
	The Group considered correspondence of 11 October 2006 from the Chief Executive of the NHS in Scotland on <i>Adapting and Adopting Citistat Principles</i> (circulated).

	Mr Hill highlighted the Ministerial encouragement to Boards to adapt and adopt Citistat Principles in a way that fitted with Boards' current approaches to Performance Governance and scrutiny, aligning Boards' approaches as closely as possible with overall Ministerial objectives and priorities as set out in the Local Delivery Plan Guidance and the HEAT Targets and Measures.
	Mr Hill highlighted from the letter the support available to Boards who were prepared to be 'early adopters', within the next month. He suggested that it might be appropriate and timely for NHS Lanarkshire to take advantage of this support, and the associated funding that it would bring, to develop the Performance Management systems.
	Mr Davison stressed the requirement for the Group, in its deliberations, to focus on key data that would drive Performance Management systems, with particular regard to some of the new data that would support the delivery of the HEAT Targets.
	He highlighted the recent correspondence on Preparation for 2007/08 Local Delivery Plans and Review of Progress against 2006/07, from the Directorate of Delivery at SEHD, which restated the intention that Performance Review meetings would be held from time to time with the Directorate of Delivery and individual Boards. The first of these meetings, for Lanarkshire, would be held on Monday 20 November 2006.
	In discussion, the need was highlighted, in developing the Performance Management Systems, to focus on strengthening the Performance Management arrangements at Locality level.
	Members confirmed their support for an application for 'early adopter' status. Mr Hill would lodge the Board's interest with Stephen Gallagher, Head of Improvement and Support in the Directorate of Delivery. Action: Mr Hill
3.	LOCAL DELIVERY PLAN REPORTS
3.1	HEAT/LDP TARGETS
	The Group considered HEAT/LDP Indicators Reports for September 2006 (circulated).
	Mr Hill explained that the reports set out performance against the HEAT/LDP Indicators, based on a rating system of: Red – will not be met to timescale; Amber – delayed/off target, but will recover and meet overall targets; Green – achieved/on or better than, target. He advised that the reports would be further refined over the coming months, leading to a complete set of data being available by early 2007.
	Members confirmed their support for the traffic light ratings approach to reporting. It was agreed that the consideration of reports by the Group would concentrate on Red and Amber ratings, and any Green ratings where sustainability of that rating was in doubt.
	Acute Division
	Mr Ross highlighted the 'Amber' performance for Availability Status Codes (ASCs). He

	<p>explained that following on from the issuing of the New Ways Guidance on ASCs, a New Ways Project Board had been established to oversee performance in the delivery of this target. He confirmed the expectation that the trajectory for December 2006 would be achieved, and expressed confidence that the December 2007 target would be delivered. He highlighted the issues which had impacted on performance in relation to ASCs, to date, and confirmed that a revised trajectory and action plan would be brought to the next meeting of the Group.</p> <p style="text-align: right;">Action: Mr Ross</p>
	<p>Mr Ross highlighted the 'Amber' performance in relation to the achievement of the 18 week target for outpatients. He reassured members that there were a number of initiatives now in place, aimed at achieving and sustaining the target. He would bring a revised trajectory and action plan to the next meeting of the Group.</p> <p style="text-align: right;">Action: Mr Ross</p>
	<p>Mr Ross reported that performance for October in relation to the maximum 4 hour wait in Accident and Emergency was 95%, and confirmed that the focus, now, would be on sustaining that performance.</p>
	<p>In discussion, there was recognition that Accident and Emergency attendances would include a not insignificant number of cases that were capable of being treated, appropriately, within properly resourced settings in Primary Care.</p>
	<p>Mr Ross reported that performance in relation to the target that hip fractures would be operated on within 48 hours, had now achieved 80%.</p>
	<p>In relation to cancer targets, Mr Ross reported that the backlog of cases had now been addressed, and confirmed that performance for urgent GP referrals from 3 July 2006 was 100% for colorectal; 93% for lung; 95% for breast; and 90% + for ovarian. The actions to improve the patient journey, and the new management arrangements to ensure that those new patients were managed through the system in line with the Waiting Time Guarantee, were noted. Mr Ross confirmed that performance for other cancers which were not covered by LDP targets, would be included in reports to the Performance Management Group, from December 2006 onwards.</p> <p style="text-align: right;">Action: Mr Ross</p>
	<p>North Lanarkshire Community Health Partnership and South Lanarkshire Community Health Partnership</p>
	<p>Mr Hair and Mr Sage highlighted the complexity of addressing the health improvement targets, where measurement, in most cases, was by proxy. They highlighted the focus on achieving solutions, through developing a reasonable and reliable process for management action, developing management systems and partnership structures, and ensuring that the product of this activity was incorporated routinely in locality Performance Management meetings.</p>
	<p>They highlighted, in particular, the implementation of the Smoking Cessation Strategy, and suggested that there was a requirement for additional resources to enable more targeted activities in areas such as supermarkets and bingo halls. They explain that a new marketing strategy for Smoking Cessation Services was being launched, and highlighted,</p>

	also, the work in schools aimed at preventing young people from starting to smoke.
	Mr Hair explained that information on numbers of individuals exercising was available, in part, through the North Lanarkshire Leisure Trust, which showed that approximately 10,000 leisure passes and 300 inclusion passes had been issued. Mr Sage reported that information on the uptake of exercise was being collected for the South CHP area.
	In discussion, there was recognition of the extent to which behaviours were target driven, and the need was highlighted for shared targets at the interface between Primary Care and Secondary Care. Mr Ross confirmed that work in this area, including the identification of shared objectives was a feature of the joint working between Acute Services and the Community Health Partnerships.
	Mr Davison highlighted, in particular, the development of the Referrals Management Centre, and suggested that this should be a focus for discussion at the next meeting of the Performance Management Group. Action: Mr Ross
	He also suggested that, at each meeting, the Group should concentrate on particular health improvement targets, highlighting smoking and alcohol as key areas. Dr Moir would consider this further with relevant colleagues in the Community Health Partnerships. Action: Dr Moir
	Arising from discussion, there was agreement on the need to review the target around emergency readmissions aged 65 +/rate per 100,000 population aged 65 +.
	Corporate
	Mrs Potter confirmed that the Board Seminar on Wednesday 8 November 2006, would encompass: Year End Forecast 2006/07; potential risks and benefits; planning for 2007/08 and beyond. She confirmed, as a result of the Mid-Year Financial Review, that the system continued to forecast a Year End surplus, but that there remained a number of extant risks and possible benefits, which would be highlighted for consideration at the Seminar.
	In the area of Workforce, Mr Hill explained that there would be a new productivity target notified to the service for 2007/08. Dr Browning advised that the targets for Consultants' productivity would be informed by the work of a national group, which had produced a number of measures, and also by work in this area undertaken by the Medical Directors nationally.
	Mr Walker explained that the sickness absence target for March 2007 was a maximum of 5%, and confirmed that the system was on track to deliver this, with performance in September at approximately 5.5%. He reminded members that the target for March 2008 was a maximum of 4%.
3.2	DELIVERING FOR HEALTH – QUARTER 1 REPORT
	The Group considered the Delivering for Health – Quarterly Return to the Scottish Executive Health Department for July 2006 (circulated).

	<p>Mr Hill explained that in July 2006, SEHD had instituted a Quarterly Return, using a standard template, for Boards to report progress in relation to the Action Plan in <i>Delivering for Health</i>. He advised that the report before the Group represented the first Quarterly Return. He explained that of the 41 actions identified, NHS Lanarkshire rated 35 as 'Green' and 6 as 'Amber'. He advised that the next Quarterly Return was in preparation for submission to SEHD on 9 November 2006, and that it was proposed that a copy be submitted to the next meeting of the Performance Management Group, with a brief analysis and report from relevant Lead Executives on any items rated as 'Amber' or 'Red'.</p>
	<p>Members noted the Quarterly Return for July 2006, and confirmed their acceptance of the proposed future reporting arrangements.</p> <p style="text-align: right;">Action: Mr Hill</p>
3.3	SEHD QUARTERLY FACT SHEET
	<p>The Group considered the SEHD Quarterly Factsheet for October 2006 (circulated).</p>
	<p>Mr Hill explained that from October 2006, SEHD had reintroduced a Quarterly Factsheet Report, requesting brief updates to be submitted using a standard template comprising half a side of A4, with the subject matter following the headings used in the Annual Review agenda. He advised that the report before the Group represented the first Quarterly Factsheet which was returned to the Department by 23 October 2006, with the financial and statistical information added by SEHD, based on information drawn from its own sources. He explained that the next Factsheet was likely to be requested early in 2007, for the Quarter to December 2006, and advised that it was proposed that a copy of the completed version be submitted to the next available Performance Management Group meeting for information.</p>
	<p>Members noted the SEHD Quarterly Factsheet for October 2006, and confirmed their acceptance of the future reporting arrangements.</p> <p style="text-align: right;">Action: Mr Hill</p>
4.	POSSIBLE SUPPLEMENTARY REPORTS
	<p>The Group considered a paper on possible Supplementary Reports (circulated).</p>
	<p>Mr Hill explained that the possible Supplementary Reports encompassed Supplementary HEAT measures and a Primary Care Out-of-Hours report. He advised that in addition to the mandatory HEAT measures used to track progress against Local Delivery Plan targets, SEHD Local Delivery Plan Guidance of December 2005 also set out a number of optional supplementary measures for local use, as described in the paper. He suggested that the Primary Care Out-of-Hours report, which traditionally had been a regular item on the agenda for NHS Board Meetings, might now more appropriately be considered by the Performance Management Group, in the first instance.</p>
	<p>Mr Davison suggested that reports on the Supplementary HEAT measure relating to Hospital Acquired Infection should routinely be considered by the Performance Management Group, and that the Acute and Community Health Partnership Management Teams should consider and advise upon the other specific supplementary HEAT measures</p>

	<p>that it might be appropriate to include in routine reporting to the Group.</p> <p style="text-align: right;">Action: Acute and Community Health Partnership Management Teams</p>
	<p>In discussion, the need was highlighted for reliable measures of the extent to which the A Picture of Health aspiration of shifting activity from the Acute to the Primary Care setting, was being achieved. The Performance Management Group should also routinely consider reports on progress against at least the top 30 A Picture of Health priorities which already had been identified.</p> <p style="text-align: right;">Action: Mr Hill</p>
	<p>Members agreed that the Primary Care Out-of-Hours report should be considered by the Performance Management Group in the first instance. It was noted that Audit Scotland was to undertake an audit of the quality of service prior to and since the introduction of the revised Primary Care Out-of-Hours arrangements.</p> <p style="text-align: right;">Action: Mr Hill</p>
5.	FORMAT OF MONTHLY PERFORMANCE MANAGEMENT REPORTS TO NHS BOARD
	The Group considered a proposed programme of reports 2006/2007 (circulated).
	Mr Hill explained that the proposed programme of reports, encompassed: HEAT: Acute, CHPs, Corporate; Corporate Objectives; Delivering for Health; A Picture of Health; the Annual Review; and the SEHD Quarterly Factsheet.
	<p>Mr Davison highlighted the need, most probably at the July 2007 meeting of the Performance Management Group, to have a focussed discussion in preparation for the Annual Review.</p> <p style="text-align: right;">Action: Mr Hill</p>
	<p>It was agreed that the format of reporting, from the Performance Management Group to the NHS Board, would be through the submission of the Minutes of Meetings, with a covering sheet highlighting the areas where delivery of the targets was presenting a management challenge, and explaining how this was being addressed. The report to the NHS Board on 22 November 2006, accompanying the Minute of today's meeting, would highlight: Availability Status Codes (ASCs); Outpatients Waiting More than 18 weeks; and the Year End Financial Position. It would, however, also be important to highlight for the NHS Board areas of good performance, such as in relation to the 62 day target from GP urgent referral to start of treatment for cancer, and the maximum 4 hour wait target for Accident and Emergency.</p> <p style="text-align: right;">Action: Mr Hill</p>
6.	PROGRAMME OF FUTURE MEETINGS
	<p>A programme of Future Meetings would be canvassed with members.</p> <p style="text-align: right;">Action: Mr Agnew</p>