Bundle of documents for Oral hearings commencing from 13 May 2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 34

Performance Review Group and Quality and Performance Committee Minutes and Relevant

SCOTTISH HOSPITALS INQUIRY

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NHS GREATER GLASGOW AND CLYDE

Minutes of the meeting of the Performance Review Group held at 9.30 a.m. on Tuesday, 16 May 2006 in Board Room 1, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

PRESENT

Mr A O Robertson OBE (in the Chair)

Cllr. R Duncan (to Minute27)	Mr D Sime
Mr P Hamilton	Mrs E Smith
Cllr. J Handibode	Mrs A Stewart MBE

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Mr T A Divers OBE	Mr D Griffin

IN ATTENDANCE

Ms H Byrne	…	Director of Acute Services Strategy Implementation & Planning
Mr R Calderwood	…	Chief Operating Officer – Acute Services Division
Ms E Campbell	…	Communications Manager
Mr P Gallagher	…	Director of Finance – Acute Services Division
Mr J C Hamilton	…	Head of Board Administration
Mrs A Hawkins	…	Transition Project Director, Clyde
Mr A McIntyre	…	Director, Facilities Directorate
Mr M McVey	…	Ernst Young
Ms K Munro	…	Community Engagement Officer
Ms C Renfrew	…	Director of Corporate Planning and Policy
Ms J Stewart	…	Ernst Young
Mr D Walker	…	Head of Performance and Corporate Reporting

ACTION BY

24. **APOLOGIES**

Apologies for absence were intimated on behalf of Mr R Cleland and Mrs R Dhir MBE.

25. **MINUTES**

On the motion of Mrs Smith and seconded by Mr P Hamilton, the Minutes of the Performance Review Group held on 21 March 2006 [PRG(M)06/02] were approved as an accurate record.

26. MATTERS ARISING

a) New Stobhill and Victoria Hospitals – Update and Progress

In relation to Minute 15(a) – New Stobhill and Victoria Hospitals – Draft Final Business Case, there was submitted a report [Paper No. 06/17] from the Chief Operating Officer, Acute Services Division, which set out the updated position with regard to negotiations with the Consortium post Preferred Bidder appointment; project development; land acquisition; value for money and affordability.

ACTION BY

Mr Calderwood advised that the enabling works at both sites were at an advanced stage; the design drawings showing departmental associations had been agreed; the planning applications for both sites were being considered by the Council's Planning Committee in June/July 2006 and the broad structure of the Heads of Terms for the land at Queens Park Recreation Ground had been agreed and the final details in relation to claw-back and deductions from the purchase price were being finalized. The detail of the agreements reached with the City Council over the purchase of this land had been agreed by the Chief Executive – NHS Scotland.

Mr Calderwood introduced Ms J Stewart, Ernst & Young, and asked her to present to members the overall assessment on value for money.

Ms Stewart advised that she was presenting an updated position to that submitted to the Performance Review Group in May 2005. In May 2005 the Project had a negative value for money position of £1M. A number of areas had been re-visited – a possible reduction in the maximum capital cost of £179M, reduction in the buffer included in the financial model for interest rates and improvements in funding terms. There was an expectation that the identified gap would be addressed before financial close and the officers were clear that the objective was to deliver the Project within the approved financial envelope. The aim was to achieve this by 10 July 2006, although this was dependent upon a number of factors including the approval of the Final Business Case by the Scottish Executive Health Department (SEHD) by the end of June 2006.

Ms Stewart advised that the conclusion was that the Project should move forward, efforts should continue to secure a positive value for money position by the end of May 2006 and the NHS Board should remain committed to concluding financial close by mid-July 2006.

There was presented the breakdown of Preferred Bidder costs from May 2005 and updated to May 2006. The mandatory variant bid showed the additional £500,000 approved by the PRG in May 2005. With the adjustments still to be factored in relation to interest rates, funding packaging reviews (all likely to impact on affordability) the Project was on course to meet the affordability criteria.

The PRG agreed to delegate to the Chair, Vice Chair, Chief Executive and Director of Finance authority to conclude and agree the value for money and affordability aspects of the Project and report the outcome to Members.

Members asked a number of questions in relation to flexibility in going forward to consider incorporating additional services. Mr Calderwood advised that the design had been agreed and any changes while the Project was under way would be covered by the charges contained within the Contract for adjustments.

Members were pleased to note the progress made and recognised the need to complete negotiations within the costs and timescales highlighted. Once completed, the Final Business Case should be made available to all Members of the NHS Board.

DECIDED:

1. That the progress and presentation from the Project Team and Legal/Financial Advisers on Value for Money and Affordability be noted.

ACTION BY

2. That the Chair, Vice Chair, Chief Executive and Director of Finance be delegated authority to agree the Value for Money and Affordability aspects of this Project and report the outcome to Members. **CEO**

b) 'Clyde' Integration

In relation to Minute 16(b) – NHS Argyll and Clyde Integration – Mrs Hawkins provided an update on the integration issues since the last meeting.

She advised that the Project Board and its supporting structure had signed off at its last meeting in April 2006 the Dissolution and Integration Plan. A Clyde Transition Group, Chaired by the Chief Executive, had now been formed to take forward the range of aspects covered within the Integration Plan.

Mr Divers referred to the recent meeting which Sir John and he had had with the Auditor General on the integration issues and challenges which lay ahead.

Renfrewshire Council had agreed the formation of the Community Health Partnership and discussions were ongoing with Inverclyde Council on the preferred model of the Community Health Partnership (health or health and social care).

Work had commenced on reviewing the Mental Health Strategy and reviewing the Clinical Services Strategy. Reviews would also include Learning Disability Services, Elderly and Physical Disability Services.

Service Level Agreements were being agreed with NHS Highland on the range of services which NHS Greater Glasgow and Clyde would provide for NHS Highland in the Argyll and Bute Council area.

There was a need to develop urgently a Corporate Recovery Plan to attempt to move to financial balance over the next 3 years. The recurrent savings required were significant and would impact on clinical services, however, the Recovery Plan would be worked up in a measured and planned way.

Ms Dhir highlighted that some services had differential levels of provision and the `public would wish to see a common standard of service provided across the NHS Board as quickly as possible. This was recognised but the overriding objective at this time was to return the 'Clyde' part of the NHS Board to financial balance.

There would be a full discussion of the financial and other challenges associated with Clyde at the June NHS Board Seminar.

NOTED

c) Disposal of Broomhill Hospital – Update

In relation to Minute 16(d) – Disposal of Broomhill Hospital – it was reported that under delegated authority from the PRG, the Chair, Vice Chair and Chief Executive had accepted the Property Adviser's recommendation to appoint a preferred bidder for a specific timescale to allow them to negotiate with the Local Authority over their plans for the site. Members would be kept appraised of progress in the disposal. **Director of Corporate Policy & Planning**

NOTED

ACTION BY

d) Review of Performance Review Group Remit

In relation to Minute 16(e) – Review of Performance Review Group Remit – it was reported that the agreed Remit would be submitted to the June 2006 NHS Board for approval. **Head of Board Administration**

NOTED

e) National Shared (Financial) Services – Update

In relation to Minute 16(f) – National Shared (Financial) Services – Mr Griffin advised that work on completing the Final Business Case was ongoing and it was likely to be September 2006 before the Final Business Case was made available.

NOTED

27. **PLANNING AND PRIORITIES GUIDANCE AND 5-YEAR FINANCIAL PLAN (NHS GREATER GLASGOW)**

There was submitted a paper [Paper No. 06/18] from the Director of Corporate Planning and Policy and Director of Finance setting out the Planning and Performance Guidance – 2006/07 and the 5-Year Financial Plan (NHS Greater Glasgow) – 2006/07 and indicative figures for 2007/08 onwards.

Ms Renfrew introduced the Planning and Performance Guidance and advised that it set out the framework within which the Acute Services Division, CHCPs/CHPs and the Mental Health Partnership would produce their plans for 2006/07. The guidance stated the balance between local flexibility and priority setting and in an NHS Greater Glasgow-wide framework and direction. As this was a development year the planning processes would not be as integrated as they would be in future years.

Mr Griffin introduced the 5-Year Financial Plan (NHS Greater Glasgow) – comprising the 2006/07 Financial Plan and indicative figures for 2007/08 onwards. Mr Griffin advised on the likely positive out-turn for 2005/06, although the figures were subject to being finalised and audited.

Mr Divers stated the NHS Board's position with regard to the Efficient Government Targets and the desire to see the commencement date being confirmed as 1 April 2004. It was recognised that there was likely to be an efficiency element of future revenue allocations and the NHS Board needed to be well placed to face that challenge.

Mr Griffin confirmed that the Financial Plans did not have included the 'Clyde' part of the organisation and that this would be developed separately. The PRG would receive the mid-year review at its November 2006 meeting and the September 2006 NHS Board Seminar would concentrate on the Planning, Priorities and Financial Plan for future years. **Director of Finance**

Cllr. Handibode requested clarification of the presentation of the figures covering the overall Financial Position for the 5 financial years shown. It was agreed to incorporate an explanation in the narrative to explain the link between the overall increase in income and the general uplift received from the SEHD. Mr Griffin also agreed to amend the Table on page 4 of the Report to present a sub-total which would better assist understanding of the figures presented.

ACTION BY

DECIDED:

1. That the Planning and Performance Guidance – 2006/07 be noted.

2. That the 5-Year Financial Plan (NHS Greater Glasgow) – 2006/07 and indicative figures for 2007/08 onwards be approved. **Director of Finance**

28. **UPDATE ON ACUTE SERVICES REVIEW**

There was submitted a paper [Paper No. 06/019] from the Director of Acute Services Strategy Implementation and Planning, providing an update on the Acute Services Strategy and, in particular:-

i) Bed Model

ii) New South Glasgow Hospital

iii) New Children's Hospital

iv) Planning issues under way to address the issues relating to the Maternity Strategy in Professor Calder's Report

v) Review of Gartnavel General Hospital

vi) Community Engagement.

Ms Byrne took Members through each one in turn:-

i) Bed Model

Work had continued with clinical groups since the NHS Board received a draft model in July 2005 to refine the model and agree projections with clinical staff which took account of benchmarking from inner city hospitals and top performing teaching hospitals.

The bed model was discussed by the Acute Services Review Programme Board in April 2006 and further refinements would take account of the finalising of the Cardiothoracic Business Case and move to the National Golden Jubilee Hospital and possible developments in critical care and renal beds. The bed model would drive the Final Business Case for the South Glasgow Hospital and therefore it would be finalised and submitted to the NHS Board in the near future.

ii) New South Glasgow Hospital

A Project Executive Group had been established and a Project Director appointed. The original Outline Business Case had been affected by the recent Ministerial decision to locate the new Children's Hospital on the Southern General Hospital site. Regular contact had been maintained with the Scottish Executive Health Department and work was ongoing in relation to cost and affordability.

iii) New Children's Hospital

The NHS Board was currently consulting on the transfer of the Royal Hospital for Sick Children to the Southern General Hospital and provision of services from a new hospital. Planning and service re-design was proceeding and was being overseen by the Project Executive Group.

ACTION BY

iv) Maternity Strategy

Professor Calder's Group made reference to the need for planning the closure of the Queen Mother's Hospital between 2007 and 2009 in light of a number of pressures. Work was under way to develop the necessary detailed plans.

v) Review of Gartnavel General Hospital

In view of the service and strategic changes to services since the approval of the Acute Services Strategy, it was accepted by the ASR Programme Board in April 2006 that the future clinical service provision at Gartnavel General Hospital be reviewed. This had been driven by the decision to move cardiothoracic services originally planned for Gartnavel and Ear Nose and Throat (ENT) to a single site specialty in the new South Glasgow Hospital, together with the clarification of the clinical infrastructure required to support the West of Scotland Cancer Centre. A Steering Group had been established to oversee this work.

vi) Community Engagement

Ms Munro advised Members of the recent work of the Community Engagement Team. It had now met with over 10,800 members of the public and 2,000 employees from the NHS or partner agencies.

The work carried out in relation to the new Stobhill and Victoria Hospitals had brought an overwhelming support for the NHS Board's proposals and plans. Involvement in the design and development of services for the new hospitals and the new Southside Hospital had included workshop sessions with volunteers, carers, disabled people, black and ethnic minority groups, homelessness and specific patient groups.

Transport and access to hospitals remained a significant priority for patients and the public. The Scottish Executive's consultation on the National Transport Strategy would be a critical part in the process to influence the priority to be given to transport and access for all to health care facilities. It had been encouraging that Strathclyde Passenger Transport was engaging in a positive way with NHS Board officials on the priority areas of transport. Possible regulation and social inclusion priorities would be incentives for a more inclusive public transport service.

Ms Byrne advised members that she and her colleagues had been involved in work with NHS Lanarkshire and neighbouring Boards to understand the impact of NHS Lanarkshire's proposals in the consultation document entitled 'A Picture for Health'.

Members appreciated the comprehensive nature of Ms Byrne's update and thanked her for the detail covered in so many important strategic issues.

NOTED

29. **PROGRESS ON PERFORMANCE MANAGEMENT**

There was submitted a paper [Paper No. 06/20] from the Head of Performance and Corporate Reporting which provided an update on introducing and developing a performance management system for use in 2006/07.

ACTION BY

Mr Walker introduced the paper and advised that performance improvement and performance management lay at the heart of the NHS Board's re-organisation. It required to take account of the full range of the NHS Board's responsibilities, its historical diversity, the merging with Clyde, the new relationship with the Local Authorities and the differential experience in different policy areas.

It was hoped to attempt a first performance management report in the summer by pulling together the requirements of the framework across Acute, CHCPs/CHPs and the Mental Health Partnership.

The performance function would be generated within the NHS Board for CHCPs/CHPs and would act as a service to management teams.

A further report would be provided to the PRG meeting in July 2006.

NOTED

30. **CLYDE CAPITAL PLAN 2006/07 – 2010/11**

There was submitted a paper [Paper No. 06/23] from the Transition Project Director, which set out the progress made in reviewing the Clyde capital plan and sought approval for the proposed capital allocation for 2006/07.

Mrs Hawkins advised that the Clyde Capital Plan inherited from the former NHS Argyll and Clyde Board had been reviewed to bring planned expenditure within the allocation of available funds. All schemes had been reviewed and the paper contained details of the schemes which were already committed or were critical to delivering targets set in the Clyde Local Delivery Plan for 2006/07.

Mrs Hawkins identified a number of projects which were not yet included in the Capital Plan and these included at this stage four community projects, namely, the Renfrewshire Resource Centre, Alexandria Medical Centre, Barrhead Health and Social Care Resource Centre and Renfrewshire Integrated Children's Centre. Mrs Hawkins provided an explanation of the background for each project and advised that work continued to identify other funding options which may enable these projects to be phased into the NHS Board's development plan at the earliest possible date.

It was reported that modernising acute and community services across Clyde in the years ahead, together with the possible integration aspirations of Community Health Partnerships was likely to place a significant strain on available capital funds. It would be important to proceed with projects which were affordable and could be contained within available capital and revenue resources.

The revised 2006/07 Capital Plan had a £23.4M allocation, with a current proposed spend of £19.9M. This would make available £3.5M for further projects.

DECIDED:

1. That the Clyde Capital Plan for 2006/07 be approved. **Transition Project Director**

2. That the indicative planned capital expenditure for 2007/08 and beyond be noted.

ACTION BY

3. That further funding options be explored for the Renfrew Resource Centre, Alexandria Medical Centre, Barrhead Health and Social Resource Centre and Renfrewshire Integrated Children's Centre. **Transition Project Director**

31. **COMMUNICATIONS: ACTIONS/ISSUES – 14 MARCH – 16 MAY 2006**

There was submitted a report [Paper No. 06/22] from the Director of Corporate Communications covering communication actions and issues from 14 March 2006.

Mrs Campbell highlighted the following::

i) From 1 April 2006, the integration of 'Clyde' and the commencement of the new name – NHS Greater Glasgow and Clyde.

ii) Launch of the Consultation on the New Children's Hospital on 3 April 2006.

iii) Promotion of the CHCPs/CHPs – leaflets and key magazine articles.

iv) Visit by Minister for Health to the Southern General Hospital to mark the introduction of PACS – a new digital imaging system.

v) Launch of Voicemap – a new mobile audio training system for staff at the Royal Infirmary and Princess Royal Maternity.

vi) Distribution of the DVDs on the new Stobhill and Victoria Hospitals.

NOTED

32. **DATE OF NEXT MEETING**

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 4 July 2006 in Board Room 1, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 12 noon

PRG(M)06/04
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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
Mrs R Dhir MBE
Cllr. R Duncan
Mr P Hamilton
Mr D Sime
Mrs E Smith
Mrs A Stewart MBE

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Sir John Arbuthnott
Ms R Crocket
Mr D Griffin
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) <u>New Stobhill and Victoria Hospitals – Update and Progress</u>

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. **Chief Operating Officer, Acute**

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. **Chief Operating Officer, Acute**

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. **Chief Operating Officer, Acute**

5. That the Chair produce a certified copy of the Minute of Proceedings of the verification that approval had been granted, be approved. **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.

ACTION BY

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

NOTED

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. **Director of Corporate Planning & Policy**

NOTED

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, neonatalogy 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.

ACTION BY

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 furbished 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 contact 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.

ACTION BY

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.

PRG(M)06/06
Minutes: 50 - 62

NHS GREATER GLASGOW AND CLYDE

Minutes of the meeting of the Performance Review Group held at 9.30 a.m. on Tuesday, 21 November 2006 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 D Sime
Cllr. R Duncan	Mrs E Smith
Mr P Hamilton	Mrs A Stewart MBE

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Sir John Arbuthnott	Dr M Kapasi MBE
Mr T A Divers OBE	Ms G Leslie
Mr D Griffin	Mr B Williamson

IN ATTENDANCE

Ms H Byrne	…	Director of Acute Services Strategy Implementation and Planning
Mr R Calderwood	…	Chief Operating Officer – Acute Services Division
Ms E Campbell	…	Communications Manager
Mr B Clark	…	Audit Scotland
Mr J C Hamilton	…	Head of Board Administration
Ms C Renfrew	…	Director of Corporate Planning and Policy
Mr A Seabourne	…	Project Director, New South Glasgow Hospitals Project

ACTION BY

50. **WELCOME AND APOLOGY**

The Chair welcomed Mr Brendan Clark, Audit Scotland, and Mr Alan Seabourne to their first meeting of the Performance Review Group.

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

51. **MINUTES**

On the motion of Mr P Hamilton and seconded by Mrs E Smith, the Minutes of the Performance Review Group meeting held on 19 September 2006 [PRG(M)06/05] were approved as an accurate record.

52. **MATTERS ARISING**

a) New Stobhill and Victoria Hospitals – Update

In relation to Minute 42(a) – New Stobhill and Victoria Hospitals Update – Mr Calderwood advised that the Minister for Health and Community Care had cut the first sod at the Victoria site on 13 November and at Stobhill on 20 November 2006 in order to formally commence the construction of both new hospitals. Both were planned to be completed by 31 March 2009.

ACTION BY

Mr Calderwood updated Members on the other construction work at Stobhill and the progress being made with the West of Scotland Forensic Psychiatric Unit.

NOTED

b) Disposal of the former Broomhill Hospital

In relation to Minute 42(a) – Disposal of Broomhill Hospital, it was reported that negotiations were continuing with the prospective purchaser and that a formal paper on progress would be submitted to the Endowment Trustees meeting in December 2006 and the next Performance Review Group meeting in January 2007. **Director of Acute Services Strategy, Implementation and Planning**

NOTED

c) Disposal of the former Hawkhead Hospital

In response to a question from the Chair, Mr Griffin advised that discussions were at an advanced stage on the timing of the payments for the sale of the former Hawkhead Hospital site.

Mr Griffin also reported that the disposal of the former Woodilee Hospital site was planned to be concluded by 31 March 2007.

NOTED

53. **NEW SOUTH SIDE HOSPITAL**

a) New South-side Hospital and Children's Hospital – Procurement Options

There was submitted a report [Paper No. 06/33(a)] from the Director of Acute Services Strategy, Implementation and Planning, about the preferred procurement option for the new South-side Hospital including the new Children's Hospital.

Ms Byrne introduced the paper and referred to the discussion which had taken place at the NHS Board Seminar on 7 November 2006 when discussions were held on the procurement strategy. She introduced Mr Alan Seabourne, Project Director, New South Glasgow Hospitals Project, and asked that he take Members through the options and procurement methods considered.

Mr Seabourne advised that the new South Glasgow Adult and New Children's Hospitals were planned to be built on the Southern General Hospital site within a similar construction timeframe (construction to start in autumn 2008 and both finalised by late 2012).

Mr Seabourne described the process to review the four identified options for procurement. This included the assessment of qualitative and quantitative factors which was undertaken in a number of workshops attended by clinicians and senior managers, staffside representatives, technical advisers, representatives from the Scottish Executive Health Department (SEHD) and the Board's Project Team.

ACTION BY

From the four options considered, the preferred option was the construction of combined facilities on the Southern General Hospital site by means of a PFI contract. This was considered clinically safe and suitable for the delivery of modern models of care; good use of existing site; maximises patient journeys and patient flows; utilises existing facilities and allows enabling works to be completed prior to financial close of the construction contract.

Mr Sime sought assurances about the utilisation of the £100m provided by the Minister for Health to enable the new Children's Hospital to be built on a site which would support the triple co-location of obstetric care for mothers, preservation of the links between maternal and specialist children's services and the links between paediatric and adult services. Mr Divers advised that the SEHD had described this Treasury sum as a contribution to the costs of delivering the new Children's Hospital in a way which achieved the triple co-location required. An important challenge was to remain within the affordability envelope of the new South-side Hospital and the Treasury sum identified for the new Children's Hospital and to deliver an affordable revenue profile.

DECIDED:

1. That the preferred procurement option of the construction of combined facilities on the Southern General Hospital site (PFI and Treasury funds) for the new South-side and new Children's Hospital as an integrated PFI building be approved. **Director of Acute Services Strategy, Implementation and Planning**

2. That the Outline Business Case for the new South-side and new Children's Hospital be submitted to a future NHS Board meeting for approval. **Director of Acute Services Strategy, Implementation and Planning**

b) Soft and Hard Facilities Management Services (FM)

There was submitted a paper [Paper No. 06/33(b)) from the Chief Operating Officer, Acute Services Division, which set out the management and partnership perspectives on the options for FM services delivery in the new hospitals which reflected the SEHD/STUC Protocol on staffing matters in Public Private Partnership (PPP) and the relevant SEHD Circular (HDL (2003)50).

Mr Calderwood took Members through the paper and explained that the key issues were:-

- The scope of facilities management services for the capital project and what should be defined as hard and soft FM services;

- At what stage in the procurement process should the NHS Board consider undertaking a best value assessment, how might this be taken forward and the preferred service delivery model for soft FM services.

The re-development of the Southern General site will create a mixture of PPP (new and existing) and retained estate. There will be a need to achieve consistency and economies of scale in how FM services were delivered on the site.

ACTION BY

The paper identified those NHS Greater Glasgow and Clyde-wide services which would not be incorporated into the PPP solution due to the nature of their pan-Board contractual arrangements or physical existence off site in commercial units.

Mr Calderwood highlighted the position of the existing PFI arrangement with Town Hospitals in the Langlands Buildings; the scope of facilities management services to be included and the impact on the Outline Business Case; the SEHD/STUC Protocol and SEHD guidance; the potential scope of facilities management services; the procurement options in terms of considering value for money; the inclusion of FM services for the retained estate in the procurement process and the potential service delivery options for soft facilities management services.

The process by which the NHS Board determined a decision on the scope of facilities management services required to be undertaken in partnership with staff representatives and a joint process had been established with full-time officials of UNISON, GMB and Amicus. Appendix I to the paper set out the partnership representations on the options available to the NHS Board.

The services to be managed by a single management team were set out in the paper with the advantage and disadvantage of the three options –

Option A: Soft FM provided by PFI service provider;
Option B: Test Value for Money (VFM) for In-House Services Provision Before Procurement; and
Option C: Determine VFM During the Procurement

The advice of professional advisers, project team and the Director of Facilities was that the preferred option was to test value for money during the procurement process. The next step would be to determine the scope of services to be assessed for value for money recognising the impact of the retained estate.

In summary, Mr Calderwood advised that the preferred model for Hard FM Services would see the TUPE transfer of staff to the alternative supplier and the in-house team supported in submitting a bid for Soft FM Services to compete with the variant bid. The partnership representatives sought the withdrawal of the mandatory inclusion and the retention of all soft FM services in-house.

Mr Sime expressed his concern at the recommendations within the paper and believed that time was available to test the value for money for in-house service provision before the procurement process was launched. He would also have preferred a more imaginative approach to Hard FM services, by sub-contracting for the estate work.

Mr Calderwood advised on the tight timescale for the submission of the Outline Business Case to the SEHD and the need to have a clear direction of travel for these important issues. There would be an opportunity to return to the Soft FM services ahead of the launch of the procurement process in May/June 2007. In addition, the in-house team would be well supported in the preparation of their bid.

ACTION BY

There was flexibility in the approach being recommended and while the partnership representatives had concerns and these concerns had been made available to members, it was important to remain within extant and due process and have the flexibility of returning to this issue should circumstances change.

Mr Sime wished to abstain from the decision.

DECIDED:

1. That Hard FM Services being included within the scope of the PPP project for provision by the successful bidder be approved. **Chief Operating Officer - Acute**

2. That Soft FM Services being included within the scope of the PPP project be approved. **Chief Operating Officer - Acute**

3. That an in-house bid for Soft FM Services as part of the overall procurement exercise be approved. **Chief Operating Officer - Acute**

4. That an in-house team be formed to prepare a bid based on the secondment of management and partnership representatives supported by external advisers be approved. **Chief Operating Officer - Acute**

5. That the pan-NHS Greater Glasgow and Clyde services identified in paragraph 3(i) of the paper be excluded from the procurement exercise. **Chief Operating Officer - Acute**

6. That the Town Hospitals contract at the Southern General Hospital be excluded from the procurement exercise. **Chief Operating Officer - Acute**

7. That the procurement exercise should invite a variant bid from the bidders including the in-house team to provide services to the new and retained premises on the Southern General site be approved. **Chief Operating Officer - Acute**

54. **PPP – INSURANCE PROCEEDS ACCOUNT**

There was submitted a paper [Paper No. 06/34] from the Chief Operating Officer – Acute Services Division, in which the Royal Bank of Scotland had requested a written resolution from the Board authorising the bank account and its operation in the joint names of the Board and Glasgow Health Care Facilities Ltd. (the PPP Consortium) in relation to the New Ambulatory Care Hospitals at Stobhill and the Victoria.

DECIDED:

1. That the Royal Bank of Scotland plc be authorised to open a bank account in the name of Greater Glasgow Health Board and Glasgow Health Care Facilities Ltd., to be held jointly by the Board and Glasgow Health Care Facilities Ltd. and approval will be granted to the bank to act upon the instructions detailed in the Operating Accounts Mandate. **Chief Operating Officer - Acute**

2. That the signing of the Operating Accounts Mandate by Mr Peter Gallagher, Finance Director – Acute Services Division, on behalf of the Board, be approved. **Chief Operating Officer - Acute**

ACTION BY

3. That any one of the officers of the Board listed below can give instructions to the bank in respect of the account be approved:- **Chief Operating Officer - Acute**

   - Peter Gallagher, Finance Director – Acute Services Division
   - Robert Calderwood, Chief Operating Officer – Acute Services Division
   - Alex McIntyre, Director of Facilities – Acute Services Division

55. **PLANNING AND PRIORITIES GUIDANCE**

There was submitted a report [Paper No. 06/35] from the Director of Corporate Planning and Policy on the finalised version of the Planning and Priorities Guidance for 2007/10 for NHS Greater Glasgow and Clyde.

Ms Renfrew advised that the guidance established a framework within which NHS Greater Glasgow and Clyde would operate to deliver its corporate responsibilities and this would be achieved through partnerships with other organisations and, in particular, the Local Authorities. The guidance had been produced through an interactive process across the NHS Board and it would be reviewed and further developed during 2007/08 to improve its usefulness.

It will be the CH(C)Ps, Acute Directorates, Acute Planning Team, Mental Health, Addictions and Learning Disabilities Partnerships who will utilise the guidance to develop their plans and efforts have been made to synchronise the guidance with Local Authorities where the NHS Board has integrated organisations and services.

Ms Renfrew advised that the table missing in Section 6 – Resourcing Our Plans and Priorities would be forwarded to members shortly and she would make contact with the Centre for Population Health in connection with the section on data around risk factors for illness and premature deaths.

The Planning and Priorities Guidance had been shared with senior managers at the recent OD event and bringing forward the timetable and setting out the clear planning cycle had been particularly helpful.

Mr Williamson commended the document and indicated that the process had been visible to clinicians and there had been an equity of process across primary care and acute services.

Ms Leslie enquired about the recent rise in the birth rate across Scotland, however, was advised that the Registrar General had not viewed this as a trend.

NOTED

56. **FINANCIAL PLANNING 2007/08 AND BEYOND**

There was submitted a report [Paper No. 06/36] from the Director of Corporate Planning and Policy which pulled together the outputs of a number of discussions about the forward financial planning, including the programme of work to address the financial deficit in relation to Clyde.

ACTION BY

Ms Renfrew advised that the paper established the financial planning process and parameters for 2006/07; described the wider context for longer term financial planning and set out a programme of action to ensure that the NHS Board can develop a detailed and robust Financial Plan for the years beyond April 2008 which met the NHS Board's financial responsibilities but also aligned with and underpinned the NHS Board's strategic priorities.

The paper highlighted a range of significant challenges facing the NHS Board over the coming year as well as the areas where there continued to be scope to improve efficiency, effectiveness and resource utilisation. The challenge also had to be seen in the context that the NHS Board has inherited a £30m deficit for the Clyde part of its responsibilities and that this required to be addressed by the middle of 2009.

There was discussion about the 3-year plan to bring the Clyde part of the NHS Board's responsibilities back into financial balance. Some adjustments to the plan have been necessary during 2006/07 and the discussions and reasons for the changes had been documented. Discussions were continuing with the Scottish Executive Health Department and further reports would be provided to the Board/Performance Review Group. **Director of Finance**

NOTED

57. **OUTCOME OF ANNUAL REVIEW – 2005/06**

There was submitted a report [Paper No. 06/37] from the Chief Executive on the Minister for Health letter which detailed the outcome of the NHS Board's Annual Review which had taken place on 22 August 2006.

The Minister's letter had pointed out that substantial progress had been made across the Board's area, including the integration with Clyde and he had been encouraged by the Board's financial management, improvement in waiting times, implementation of Delivering for Health, control of health acquired infection and the establishment and potential of CH(C)Ps. He did, however, expect the NHS Board to make further progress in developing performance management for CH(C)Ps, realising benefits from new contracts and getting more from service re-design and capitalising on its planned developments to maximise gains for patients.

The Minister had included key action points for the NHS Board and he had asked that reports be submitted to him on progress against each.

DECIDED:

1. That the Minister's summary of the NHS Board 2005/06 Annual Review be noted.

2. That periodic reports on progress on the actions identified in the Minister's letter be submitted to the NHS Board/Performance Review Group. **Chief Executive**

3. That the 2010 initiative be included in a forthcoming NHS Board Seminar. **Head of Board Administration**

ACTION BY

58. **FINANCIAL REPORT TO 30 SEPTEMBER 2006**

There was submitted a report [Paper No. 06/38] from the Director of Finance setting out the Financial Monitoring Report to September 2006 which had been developed in line with the new organisational structure and provided an overview of the financial performance across the Acute Services Division, Community Health (and Care) Partnerships, other Partnerships and Clyde.

Mr Griffin advised that the out-turn for the period to September 2006 showed overall expenditure was in line with the budget. Challenges lay ahead in managing expenditure to achieve waiting time targets and treating those patients with availability status codes. In relation to energy costs, NHS Scotland had recently put in place a new energy contract for the supply of gas and electricity fixing prices at current levels. This will enable NHS Boards to contain the risk of rising energy costs associated with price rises and allow them to focus specifically on managing energy efficiency and levels of energy usage.

Mr Griffin highlighted that the financial out-turn for the Clyde area of the NHS Board remained closely in line with expectation, meaning that the Clyde area continued to operate at an expenditure level of some £30m in excess of available recurrent funds. Work continued on the development of cost saving plans aimed at addressing this funding gap. As highlighted earlier in the meeting, discussions were continuing to take place with SEHD colleagues which would include discussions to finalise arrangements for addressing the residual funding gap of £4.9m - £7.4m in 2006/07.

DECIDED:

That the Financial Monitoring Report to 30 September 2006 be noted.

59. **DELIVERING FOR HEALTH – QUARTERLY MONITORING REPORT**

There was submitted a report (Paper No. 06/39) from the Director of Corporate Planning and Policy which set out the Quarterly Report on the progress on delivering local elements of Delivering for Health.

The SEHD had issued guidance on implementation of Delivering for Health and had identified three levels of action – national, regional and local. NHS Boards are required to prepare a quarterly report to SEHD on the progress of delivering the local elements whilst contributing to regional level actions co-ordinated by the appropriate regional planning process.

Ms Renfrew advised that the information for the child and maternal section had now been completed and this would be incorporated into the quarterly report and re-sent to members. Following discussion, it was agreed that in order to show movement/progress in the targets, the previous quarter's status would be included in future reports. **Director of Corporate Policy and Planning**

DECIDED:

That the Quarterly Progress Report on Delivering for Health be approved for submission to the Scottish Executive Health Department. **Director of Corporate Policy and Planning**

ACTION BY

60. **QUARTERLY PERFORMANCE REPORT – NHS GREATER GLASGOW AND CLYDE**

There was submitted a report [Paper No. 06/40] from the Director of Corporate Planning and Policy which enclosed the Performance Report for NHS Greater Glasgow and Clyde to the period September 2006. This was the second quarterly report and, for the first time, incorporated an additional section on performance within Clyde. Both reports comprised the same targets and measures reflecting the mix of national and local priorities structured by the NHS Board's corporate priorities.

Ms Renfrew advised that the latest Performance Report contained more performance information and many of the gaps observed in the first report had been successfully addressed although a few data gaps still remained. Performance reporting was now active in the Acute Services Division (and in each of its individual Directorates), each of the CH(C)Ps, including the creation of joint frameworks with Glasgow City and East Renfrewshire Councils and would commence shortly within the Mental Health Partnership.

It was highlighted that in regard to Accident and Emergency services there was currently a variable performance in reaching the target of December 2006 whereby 95% of patients would spend less than four hours in A&E Departments. Some A&E Departments were achieving this target but the overall performance was around 90%. The data required to support this target was still manually compiled and therefore variations were possible. Steps were being taken to try and improve the position and the future design of A&E services, as part of the Acute Services Strategy, was seen as having a helpful input to improving services for patients and meeting the national target. Members asked about the A&E Group which had been set up to provide recommendations to improve Accident and Emergency services and while it helped shape the design of future services, not all of its recommendations had been implemented by clinicians working in A&E Departments.

It was agreed that comments on the layout of the report, the use of exception reporting or any other comments on how members would wish reports to address areas of under-performance should be provided to Ms Renfrew or Mr Walker in order that the report can be refined and further developed ahead of the next submission in February 2007.

NOTED

61. **COMMUNICATION ISSUES: 11 SEPTEMBER 2006 – 14 NOVEMBER 2006**

There was submitted a report [Paper No. 06/41] from the Director of Corporate Communications covering communication actions and issues from 11 September 2006 - 14 November 2006.

Ms Campbell highlighted the following:-

1. The publication by the Scottish Executive of the Unintended Over-Exposure of a Patient During Radiotherapy Treatment at the Beatson Oncology Centre, Glasgow in January 2006.

ACTION BY

2. The launch of the new Evening Visitor Hospital Transport Scheme.

3. Publicising the Sandyford Survey which looked at the sexual behaviours of men within the city.

4. The NHS Celebration Lunch for Volunteers on 27 September 2006 – more than 400 volunteers attended and the event was compered by Andy Cameron.

Ms Campbell advised of the pre-engagement full consultation on the Future of Acute Services for South Clyde which was due to get under way in the second week of December 2006.

Members are reminded that the visit to the new West of Scotland Beatson Oncology Centre had been arranged for 1.30 p.m. on Monday, 27 November 2006.

Ms Dhir asked if the Scottish Public Services Ombudsman monthly Compendium Report could be made available to members and this was agreed. **Head of Board Administration**

Mr Divers gave an update on the judicial review process for the consideration of prescribing the drug Laronidase. A process to consider this individual case was now in place and the Regional Planning Group would discuss how such drugs would be considered in the future. **Chief Executive**

NOTED

62. **DATE OF NEXT MEETING**

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

The meeting ended at 11.35 a.m.

PRG(M)07/01
Minutes: 1 - 11

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 D Sime
Mr P Hamilton	Mrs E Smith
Cllr. J Handibode (to Minute 7)	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

ACTION BY

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.

ACTION BY

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 Infirmaries were below this target and further improvements were required in both hospitals in order to achieve the national milestone of 95%.

ACTION BY

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. **Director of Corporate Communications**

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 build 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. **Director of Finance/Director - 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.

ACTION BY

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.

Director of Acute Services Strategy, Implementation and Planning

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.

ACTION BY

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.

ACTION BY

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. **Director of Finance**

10. **COMMUNICATION ISSUES: 15 NOVEMBER 2006 – 16 JANUARY 200706**

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.

4. Arrangements for the "Our Health VI" event, in conjunction with NHS 24 and the Scottish Ambulance Service.

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. **Director of Corporate Communications**

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.

PRG(M)07/02
Minutes: 12 - 23

NHS GREATER GLASGOW AND CLYDE

Minutes of the meeting of the Performance Review Group held at 9.15 a.m. on Tuesday, 20 March 2007 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

PRESENT

Mr A O Robertson OBE (in the Chair)

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

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Sir John Arbuthnott
Mr G Carson
Mr T A Divers OBE
Mr D Griffin
Ms G Leslie
Mr B Williamson

IN ATTENDANCE

Ms H Byrne	…	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	…	Chief Operating Officer, Acute Services Division
Mr T Eltringham	…	Head of Health and Community Care, East Renfrewshire CHCP (for Minute 17)
Mr J C Hamilton	…	Head of Board Administration
Mr A McLaws	…	Director of Corporate Communications
Mr J Rundell	…	Audit Scotland
Mr D Walker	…	Head of Performance and Corporate Reporting

ACTION BY

12. **WELCOME AND APOLOGIES**

The Chair welcomed Mr J Rundell, Audit Scotland, Mr Grant Carson, Non-Executive Director, and Mr Tim Eltringham, Head of Health and Community Care, East Renfrewshire CHCP, to their first meeting of the Performance Review Group.

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

13. **MINUTES**

On the motion of Cllr. R Duncan and seconded by Mr D Sime, the Minutes of the Performance Review Group meeting held on 16 January 2007 [PRG(M)07/01] were approved as an accurate record.

ACTION BY

14. **MATTERS ARISING**

a) Renfrew Health and Social Care Centre – Outline Business Case

In relation to Minute 4 – Renfrew Health and Social Care Centre – Outline Business Case – Mr Griffin reported that the Capital Investment Group, Scottish Executive Health Department (SEHD) had approved the Outline Business Case and preparation was now under way to pull together the Final Business Case. Discussion would continue with the SEHD on contributions to the revenue costs.

b) National Shared Services – Draft Final Business Case

In relation to Minute 9 – National Shared Services – Draft Final Business Case – Mr Griffin reported that the NHS Board in common with other Boards, had submitted a response as requested by National Services Scotland (NSS) on the draft Final Business Case. In view of the responses received from Health Boards, NSS had decided not to take forward the Final Business Case but to adopt an alternative approach, aimed at standardising work practices and procedures across Health Boards in the first instance, and using this as a platform for a future move towards a shared services approach. This was closely in line with the views expressed by NHSGG&C regarding how the national shared services approach should be taken forward.

NOTED

15. **NEW SOUTH-SIDE HOSPITAL AND CHILDREN'S HOSPITAL - UPDATE**

There was submitted a paper [Paper No. 07/09] from the Director of Acute Services Strategy, Implementation and Planning, which provided an update on the progress being made to complete the Outline Business Case for the new South-Side Hospital and Children's Hospital.

Ms Byrne reported that high level design configurations had been completed and additional design detail would allow the production of an exemplar plan for the hospitals. Discussions had been held with clinicians and stakeholders to firm up on schedules of accommodation and the first draft of the campus plan had been submitted to Glasgow City Council. The formal Outline Planning Application would be submitted to the Council by the end of the month or early April.

The Clinical Advisory Group had agreed the Children's Hospital bed numbers target and the current design was intentionally flexible to enable alterations in size as required as a result of local discussions or on the outcome of national work under way in relation to reviewing a number of specialist areas. Discussions were being held with the West of Scotland NHS Boards and the National Services Division on planning the new Children's Hospital to reflect the large proportion of patients who access services at the Children's Hospital from outwith NHS Greater Glasgow and Clyde.

Mr P Hamilton referred to the ongoing community engagement process under way with the public and stakeholders and the involvement of the Architect in these discussions.

ACTION BY

Mr Sime enquired about the links to the planning of laboratory services – discussions were ongoing on how best to take forward the review of laboratory services.

Mr Cleland was advised in relation to a point he had raised that the new Stobhill and Victoria Hospitals did not have dedicated palliative care out-patient provision.

NOTED

16. **BED MODELLING – EXTERNAL AUDITORS' REPORT**

There was submitted a paper [Paper No. 07/10] from the Director of Acute Services Strategy, Implementation and Planning, on the external auditors' report on the bed modelling process which had been put in place to underpin the NHS Board's Acute Services Strategy.

As a result of the debate in the Scottish Parliament in September 2002, a number of steps were introduced to monitor the implementation of the Acute Services Strategy. North and South Monitoring Groups were established with elected representatives, local community representatives and staff partnership involvement in order to monitor for five years the retention of named services at Stobhill and the Victoria Infirmary. In addition, the Auditor General was asked to monitor the implementation of the various strands of the Acute Services Strategy. The Auditor General in turn arranged for the then NHS Board's external auditors – PricewaterhouseCoopers – to conduct this review.

As part of this process, the external auditors undertook a review of the processes and governance arrangements in place in relation to the bed planning project to support the Acute Services Strategy.

The external auditors produced their report last year and a number of meetings had been held between officers of the NHS Board and the auditors in order to agree the factual accuracy of the report. The report attached with the paper had been finalised with the auditors and the Action Plan agreed by both parties.

Ms Byrne took members through the key recommendations of the report and explained the actions undertaken by the NHS Board to address the areas highlighted. This had seen the completion of another significant strand of the review of governance arrangements which supported the Acute Services Strategy and brought to an end the auditors' role in this particular area of work.

In relation to the completion of the Bed Model, Ms Byrne advised work was still under way with clinicians to ensure the appropriate number of beds to support the Acute Services Strategy was provided for.

DECIDED:

1. That the external auditors report into the Review of Bed Modelling be received.

2. That the actions to address the report's recommendations be noted. **DASSIP**

ACTION BY

3. That the continuing work to ensure the appropriate bed numbers across the hospitals in NHS Greater Glasgow, once the Acute Services Strategy had been completed, was noted. **DASSIP**

17. **BARRHEAD HEALTH CENTRE – OUTLINE BUSINESS CASE**

There was submitted a paper [Paper No. 07/11] from the Director, East Renfrewshire Community Health and Care Partnership, seeking approval to the Outline Business Case for the Modernisation and Re-Design of Primary and Community Health and Social Care Services and Facilities for Barrhead.

Mr T Eltringham, Head of Health and Community Care, East Renfrewshire Community Health and Care Partnership, presented the paper to members and provided the background to the proposal; the desire to develop primary care and community based health services alongside social care services; the Project Board's consideration of the various options for this development, the funding proposals agreed with the SEHD and the proposed timetable of the various stages of the process.

Mr P Hamilton spoke of the positive engagement with the public and the Public Partnership Forum for this project.

The Chair raised two issues – the intended excambion exchange of land with the local authority and the agreement on the rent for shared occupancy. Both had been described in the Outline Business Case and would be subject to ongoing negotiations between both parties. East Renfrewshire Council would make a capital contribution to the new build of £3m plus VAT.

The map highlighting the geographic area covered by the proposed service would be improved in the Final Business Case.

DECIDED:

That the Outline Business Case for the Community Health and Social Care Services and Facilities at Barrhead be approved for submission to the Capital Investment Group, SEHD. **Director, East Renfrewshire CHCP**

18. **PROPOSED CAPITAL PLAN – 2007/08**

There was submitted a paper [Paper No. 07/12] from the Director of Acute Services Strategy, Implementation and Planning, which set out proposals for the allocation of the 2007/08 capital resources for NHS Greater Glasgow and Clyde and the capital planning process for 2007/08.

The NHS Board had received confirmation of the allocation of capital funds for 2007/08 - £106.575m (made up of £97.606m under the national formula and £8.969m for medical equipment)). In addition, £34.045m was available for the completion of ongoing schemes (the new Beatson Oncology Centre and the primary and community care premises modernisation programme at Springburn, Partick, Drumchapel and Yoker) and the carry forward from the 2006/07 capital programme.

ACTION BY

The Capital Planning Group set out recommendations for the allocation of the capital resources – covering acute services, the acute services strategy, Partnerships, including the Mental Health Partnership and CH(C)Ps for NHS Greater Glasgow and Clyde. Priority was given in the general allocation for minor new local schemes, the completion of existing schemes and essential new schemes. This incorporated allocations for Health and Safety, Medical Equipment and IM&T schemes (including Fire Precautions, implications of the Disability Discrimination Act and Infection Control).

In view of the likely significant over-commitment of capital funds for 2008/09 and 2009/10, the current plan had an identified under-commitment and discussions would be held with the SEHD to seek agreement about managing the capital plan over the three-year period.

Mrs Stewart sought assurances that cognisance had been taken of local authority timescales for committing their capital allocations, especially in connection with joint working across the CHCPs. Mr Griffin confirmed that this had been an important consideration this year and there were a number of joint schemes which were being taken forward by the CH(C)Ps.

Mr Cleland sought, and received, confirmation that the refurbishment and upgrading of existing facilities was ongoing and included in the capital plan.

Mr Bannon had submitted a note in his absence about the proposal affecting the phased upgrading programme for the Dental Hospital and School – he recalled that the Oral Health Strategy had suggested the possible replacement of the Dental Hospital on another site. It was reported that following a recent survey, it was possible to carry out an upgrading programme at the Dental Hospital which would provide a 10/15-year life-span. An event held between staff, students and patients had endorsed the benefits of the refurbishment scheme. The Director of the Oral Health Directorate would contact Mr Bannon direct to let him know the background and changes of priorities in relation to the Dental Hospital.

The Chair asked if a future Performance Review Group meeting could receive a Fabric Report on the estate within NHS Greater Glasgow and Clyde. This was agreed. **Chief Operating Officer - Acute**

DECIDED:

1. That the proposed allocation of capital funds for 2007/08 be approved. **DASSIP**

2. That the Capital Planning Group be delegated authority to allocate the available capital funds for 2007/08 and submit a monitoring report to the Performance Review Group, be approved. **DASSIP**

3. That the capital planning process for 2007/08 and submission at a later date of the 2008/09 and 2009/10 capital plan be noted.

19. **QUARTERLY PERFORMANCE REPORT**

There was submitted a paper [Paper No. 07/13] from the Director of Corporate Planning and Policy which set out the third Quarterly Performance Report covering October – December 2006.

ACTION BY

Mr Walker took members through the report in detail and drew members' attention to the fact that elements of 'Clyde' were still working from different data sources and some indicators were not yet capable of quarterly updating – in particular, the health status and health inequalities sections. These points were subject to consideration in order to identify additional and more appropriate proxy measures for performance reporting.

Mr Williamson enquired about clinical performance in relation to efficiency. The example of the targets for diagnostics and impact on services would be written up on a worked example to highlight issues for discussion. **Head of Planning and Corporate Reporting**

The comments in the report on cancer wait times were noted and it was acknowledged that the validated figures had shown a significant improvement in this area over the last year. This could be highlighted in a future edition of Health News. **Director of Corporate Communications**

NOTED

20. **DRAFT FINANCIAL PLAN: 2007/08 – 2009/10**

There was submitted a report [Paper No. 07/14] from the Director of Finance which updated members on the progress with the development of a financial plan for NHS Greater Glasgow and Clyde for the 3-year period to 2009/10.

Mr Griffin advised that each Directorate/Partnership was currently in the process of submitting its priorities for new investments over the 3-year period: once received these submissions would be reviewed and converted into a single list of high priority proposals for new investment which would then be incorporated into the financial plan.

The Outline Financial Plan, with the exception of proposed new service commitments, was submitted and Mr Griffin highlighted specific areas from the commentary: in particular, an assumption on pay uplift for 2007/08; the carry forward of the proceeds of the disposal of the former Woodilee Hospital; the provision for the uplift in supplies and services costs; funding commitments where funding was set aside but the expenditure not fully under way; unavoidable service commitments and the Clyde cost savings plan. It was assumed that the SEHD would provide transitional funding to cover the 'Clyde' component of the deficit as it reduced over the 3-year period.

Discussions were at an advanced stage with NHS Highland on the finalisation of SLA values, following distribution of costs following the dissolution of the former NHS Argyll and Clyde Board.

A paper would be submitted to the NHS Board seeking approval of the financial plan for the 3-year period to 2009/10. **Director of Finance**

NOTED

21. **FINANCE REPORT TO 31 JANUARY 2007**

There was submitted a report [Paper No. 07/15] from the Director of Finance setting out the Financial Monitoring Report to January 2007.

ACTION BY

Mr Griffin reported that the year-end forecast position was currently expected to be a surplus of £26m due to the impact of property disposals which were expected to be concluded at the end of the financial year. SEHD agreement had been granted to carry forward this benefit to 2007/08 and then utilised on a non-recurring basis to support the achievement of national waiting times targets by 31 December 2007.

Expenditure on acute services was broadly in line with budget; expenditure in the NHS Partnerships was also within budget and the financial out-turn for 'Clyde' remained closely in line with budget which meant that the 'Clyde' area continued to operate at an expenditure level some £28m to £30m in excess of available recurrent funds.

NOTED

22. **COMMUNICATIONS ISSUES: 17 JANUARY – 9 MARCH 2007**

There was submitted a report [Paper No. 07/16] from the Director of Corporate Communications covering communications actions and issues from 17 January – 9 March 2007.

Mr McLaws highlighted:-

1. The intense media management generated by car parking, winter pressures and allegations of manipulation of Availability Status Codes of orthopaedic patients.

2. The outcome of the 'South Clyde' Hospital Services Consultation - Inverclyde Royal and Royal Alexandra, Paisley.

3. The media tour of the new West of Scotland Beatson Oncology Centre and the resultant positive media coverage.

4. A substantial increase in the number of visitors to the re-designed NHS Greater Glasgow and Clyde website.

NOTED

23. **DATE OF NEXT MEETING**

The next meeting of the Performance Review Group would be held at 10.30 a.m. on Tuesday, 15 May 2007 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YX.

The meeting ended at 10.55 a.m.

PRG(M)07/03
Minutes: 24 - 32

NHS GREATER GLASGOW AND CLYDE

Minutes of the meeting of the Performance Review Group held at 10.30 a.m. on Tuesday, 15 May 2007 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

PRESENT

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Mr P Hamilton
Mr P Daniels OBE	Mr D Sime
Ms R Dhir MBE	Mrs A Stewart MBE

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Sir John Arbuthnott Mr T A Divers OBE
Mr D Griffin

IN ATTENDANCE

Ms H Byrne	…	Director of Acute Services Strategy, Implementation and Planning
Mrs S Bustillo	...	Head of Communications - Acute
Mr R Calderwood	…	Chief Operating Officer, Acute Services Division
Mr J C Hamilton	…	Head of Board Administration
Ms J Quinn	...	Head of Performance Management and Corporate Reporting
Mr I Reid	…	Director of Human Resources
Ms C Renfrew	...	Director of Corporate Policy and Planning (to Minute 29)
Mr J Rundell	…	Audit Scotland
Mr A Seabourne	…	Project Director – New South Glasgow Hospitals Project (to Minute 27)

ACTION BY

24. **WELCOME**

The Chair welcomed Mr Peter Daniels, Non-Executive Director, Mrs Sandra Bustillo, Head of Communications – Acute, and Ms Jo Quinn, Head of Performance Management and Corporate Reporting to their first meeting of the Performance Review Group.

25 **MINUTES**

On the motion of Mr P Hamilton and seconded by Mr R Cleland, the Minutes of the Performance Review Group meeting held on 20 March 2007 [PRG(M)07/02] were approved as an accurate record.

26. **MATTERS ARISING**

a) New South-Side Hospital and Children's Hospital: Update

In relation to Minute 15 – New South-Side Hospital and Children's Hospital: Update – Ms Byrne advised that work was progressing to finalise the Outline Business Case (OBC). In particular, she focused on the areas of the bed model, affordability, re-design work with the West of Scotland NHS Boards on service changes, bringing two maternity services into one model and liaison with the University of Glasgow over a Clinical Research facility, Academic Centre, Education Centre requirements and other areas of joint interest.

ACTION BY

A paper would be submitted at a later date to the Performance Review Group on the range of discussions with the University. **DASSIP Chief Operating Officer - Acute**

Mr P Daniels had declared an interest and had withdrawn from the meeting during the discussions on the matters relating to the University of Glasgow.

Mr Seabourne, Project Director, New South-Side Hospital, advised members that the outline planning application for the Southern General site had been submitted to Glasgow City Council on 12th April 2007. Invitations were being prepared to submit to potential tenderers for this work and work was ongoing in developing the Public Sector Comparator.

The OBC would be further discussed at the June NHS Board Seminar with the intention of submitting the OBC to the June NHS Board meeting for approval.

NOTED

b) Barrhead Health Centre – Outline Business Case

In relation to Minute 17 – Barrhead Health Centre – Outline Business Case – Mr Griffin reported that the Capital Investment Group, Scottish Executive Health Department (SEHD) had approved the Outline Business Case and preparation was now under way to pull together the Final Business Case by May 2008.

NOTED

c) Renfrew Health and Social Care Centre

In relation to Minute 14(a) – Renfrew Health and Social Care Centre – Mr P Hamilton enquired about the arrangements and negotiations on the possible exchange of land and shared occupancy. Mr Griffin advised that both issues would be taken forward as part of the development of the Final Business Case.

NOTED

27. **TECHNICAL ADVISER FEES AND INCREASED SCOPE OF PROJECT – NEW SOUTH GLASGOW AND CHILDREN'S HOSPITALS DEVELOPMENT AND NEW LABORATORY**

There was submitted a paper [Paper No. 07/17] from the Director of Acute Services Strategy, Implementation and Planning, which set out the background to the current Technical Adviser's appointment and the advice received in relation to the additional work to be included in this project at the next stages.

Mr Seabourne took members through the paper and explained that the Project Team were now embarking on the development of stages two to six for both the new adult and new Children's Hospitals and now the inclusion of the new Laboratory development. An extension of the current Technical Adviser's commission to take account of the significant increase in fees would incur breaking European procurement rules and the Board's Standing Financial Instructions. Advice had also been received from the Legal Advisers which supported the need to re-tender the Technical Adviser's contract.

ACTION BY

Mr Seabourne set out the risks associated with re-tendering, in particular, the possible slippage in the project of approximately 3 months.

Mrs Smith advised that the Audit Committee would support re-tendering this contract and Sir John received clarification that other possible developments on the site would be treated separately in terms of professional and technical advice/support.

DECIDED:

That the re-tendering of the Technical Adviser's role for the new major projects at the Southern General Hospital (Adult and Children's Hospitals and the new Laboratory) be approved. **DASSIP**

28. **UPDATE OF REVIEW OF PERFORMANCE FRAMEWORK**

There was submitted a paper [Paper No. 07/18] from the Head of Performance Management and Corporate Reporting which provided the outcome of the review with key stakeholders on the performance framework for 2006/07. The aims of the review were to assess the CH(C)P performance management framework in light of experience, any new requirements and new developments and to agree any changes in the 2007/08 performance arrangements and identify the work to be advanced in 2007/08.

The review took the format of a session covering Glasgow City Council and a separate review for the full area covered by NHS Greater Glasgow and Clyde.

Members were asked to provide any comments on the draft Action Plan to Ms Quinn, who would thereafter meet with Acute and Partnership colleagues to finalise the plan and submit it to the Group's next meeting for final endorsement.

Members asked that the role of carers be added to the third action in the Action Plan in relation to engaging with service users and carers on developing performance reporting, annual reviews and development plans.

DECIDED:

That the process for confirming and monitoring the Performance Framework Action Plan be approved. **Head of Perf. Mgmt & Corp. Reporting**

29. **PREPARATION FOR ANNUAL REVIEW**

There was submitted a paper [Paper No. 07/19] from the Head of Performance Management and Corporate Reporting setting out the arrangements for the NHS Board's annual Review with the Scottish Executive Health Department.

A provisional date of 14 August 2007 had been set and Ms Quinn explained the preparations under way, including updating the progress against last year's Action Plan, reviewing progress against all Local Delivery Plan trajectories in 2006/07 and preparing for the annual self-assessment submission.

NOTED

ACTION BY

30. **FINANCIAL PLAN – 2007/08 – 2009/10**

There was submitted a paper [Paper No. 07/20] from the Director of Finance setting out the Financial Plan for 2007/08 – 2009/10.

Mr Griffin advised that a draft Financial Plan had been submitted as required to the SEHD and he was now seeking approval to the finalised Financial Plan. The total budget for 2006/07 was £2,448m and was forecast to increase to £2,765m during the 3-year period to 2009/10.

He went on to highlight the assumptions which underpinned the Financial Plan, specifically in terms of the anticipated general funding uplift and general pay uplift. The costs saving plan was concentrated on the requirement to address the £30m gap which existed between recurring funding and expenditure related to Clyde. £7m saving was targeted in a cost saving plan in 2007/08 and a further £4m from non-recurrent savings was forecast. Discussions continued with the SEHD on how the residual funding gap of £19m might be bridged in this and the subsequent financial year.

Mr Griffin highlighted the move to create a clearer relationship between planning and resources and the Board's Policy, Planning and Performance Group's consideration of the outputs from this year's planning process and an agreed approach to funding new service developments. It had been agreed to allocate £2m recurrent provision in 2007/08 for addressing inequalities and priorities identified on disability, substance misuse and vulnerable children.

In addition, it had been planned to make available a further £2m of non-recurrent funding in 2007/08 for proposals which either re-designed key service priorities or delivered medium term cost reductions.

There was discussion about the assumptions and the key areas of risk which could impact on the Board's ability to achieve financial break-even on a recurring basis. The main challenges affecting the Board's ability to achieve its financial targets had been set out in the first four sections of the paper and section 5 covered the Risk Assessment.

Mrs Stewart asked about the National Shared Services Initiative and Mr Griffin advised that National Services Scotland were considering plans for foundation/core activities and pathfinder activities and he would report further on the outcome once finalised.

DECIDED:

1. That the Financial Plan – 2007/08 to 2009/10 be approved. **Director of Finance**

2. That the process to be followed by the Planning, Policy and Performance Group to allocate available funding to proposed new service commitments in 2007/08 – 2009/10 be approved. **Director of Finance**

31. **COMMUNICATIONS ISSUES: 10 MARCH – 4 MAY 2007**

There was submitted a report [Paper No. 07/21] from the Director of Corporate Communications covering communications actions and issues from 10 March – 4 May 2007.

Mrs Bustillo highlighted the following:-

ACTION BY

1. The period covered by the Report incorporated the Guidance issued on Elections and this guidance was followed during the handling of media enquiries and Freedom of Information requests.

2. The launch of the Teenage Cancer Trust ward handover by Roger Daltrey at the new West of Scotland Cancer Centre at Gartnavel.

3. BBC's Frontline Scotland planned to run a programme on radiation issues some time soon and members would receive prior notification of this programme. **Dir. of Corporate Communications**

4. The next 'Our Health' event would be in conjunction with NHS 24 and would be held on 14 June 2007 at the Royal Concert Hall.

Ms Dhir was disappointed that the media had not highlighted the green issues in relation to the Car Parking Policy and encouraged the continued enforcement of the Board's No Smoking Policy.

Mrs Bustillo highlighted that Sir John would perform the official opening of Rowanbank Clinic (Medium Secure Clinic) on 22 June 2007.

NOTED

32. **DATE OF NEXT MEETING**

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 3 July 2007 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YX.

The meeting ended at 12.05 p.m.

PRG(M)07/04
Minutes: 33 - 41

NHS GREATER GLASGOW AND CLYDE

Minutes of the meeting of the Performance Review Group held at 9.30 a.m. on Tuesday, 3 July 2007 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

PRESENT

Mr A O Robertson OBE (in the Chair)

Mr R Cleland
Ms R Dhir MBE
Mr D Sime
Mrs A Stewart MBE

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Sir John Arbuthnott
Mr T A Divers OBE
Mr D Griffin
Dr M Kapasi MBE

IN ATTENDANCE

Ms H Byrne	…	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	…	Chief Operating Officer, Acute Services Division
Mr B Clark	...	Audit Scotland
Mr J C Hamilton	…	Head of Board Administration
Ms J Quinn	...	Head of Performance and Corporate Reporting
Mr I Reid	…	Director of Human Resources
Ms C Renfrew	...	Director of Corporate Policy and Planning

ACTION BY

33. **APOLOGIES**

Apologies for absence were intimated on behalf of Mr P Daniels OBE, Mr P Hamilton and Mrs E Smith.

34. **MINUTES**

On the motion of Mr R Cleland and seconded by Ms R Dhir, the Minutes of the Performance Review Group meeting held on 15 May 2007 [PRG(M)07/03] were approved as an accurate record.

35. **MATTERS ARISING**

a) New South-Side Hospital and Children's Hospital: Update

In relation to Minute 26(a) – New South-Side Hospital and Children's Hospital: Update – Ms Byrne advised on the discussions with the Planning Authorities on the planning application and City Plan; the preparation of the specification for Facilities Management; that 22 expressions of interest in relation to the Technical Adviser Team had been received following the OJEU advert and that tenders were due to be returned later that day; and the ongoing discussions with the Scottish Government – Department of Health and Well-being on the Outline Business Case.

ACTION BY

Mr Griffin updated members on the discussions which had been held with the NHS Scotland Director General Health & Chief Executive and Director of Finance on the affordability issues and possible financial models in relation to the new South-side Hospital and Children's Hospital. The financial models described at the June 2007 NHS Board Seminar had been discussed and it was recognised that a flexible partnership approach to funding would be required. The outcome of the National Resource Allocation Committee's review and the Public Expenditure Survey would have an impact on the affordability and financial models for a project of this size.

Ongoing discussions were being maintained with Architecture and Design Scotland on the design considerations of the development.

NOTED

b) Performance Framework – Action Plan

In relation to Minute 28 – Update on Review of Performance Framework – Ms Quinn advised that a review had been undertaken to assess the Board's performance management framework in light of experience, new requirements and developments and to bring about improvements. A finalised Action Plan had been submitted [Paper No. 07/22] for discussion.

Ms Dhir welcomed the Performance Framework: Action Plan and believed that it provided a clear message to CH(C)Ps on the NHS Board's requirements and measurements of performance.

Mr Cleland raised a specific point about the role of the Governance Committees – it would be essential that individual Governance Committee's work plans were consistent with the Performance Framework. In relation to the Staff Governance Committee, this would be the approved Staff Governance Action Plan.

Ms Quinn stated that a 6-monthly update on the implementation of the Action Plan, commencing in the autumn, would be submitted to the Performance Review Group.

Head of Performance & Corporate Reporting

NOTED

c) Annual Review

In relation to Minute 29 – Preparation for Annual Review – a paper [Paper No. 07/23] was submitted by the Head of Performance and Corporate Reporting advising on the arrangements for the 2007 Annual Review.

The date had recently been changed from 14 August to 10 October 2007 and the completed self-assessment was now required to be submitted by 24 August 2007.

The arrangements for the Annual Review would be similar to those for the previous year, although this year there would be a concluding 15-minute question/answer session with those who had attended the Annual Review. This would be based on pre-submitted questions to the Department of Health and Well-being.

NHS Greater Glasgow and Clyde was being asked to focus on the work undertaken in tackling health inequalities and shifting the balance of care to the community.

ACTION BY

The NHS Board self-assessment would be submitted to the September meeting of the Performance Review Group. **Head of Performance & Corporate Reporting**

NOTED

36. **SCOTTISH CONSUMER COUNCIL – SURVEY: CALL FOR IMPROVEMENT**

There was submitted a paper [Paper No. 07/24] from the Director of Human Resources which gave an overview of the position within NHS Greater Glasgow and Clyde of the Scottish Consumer Council's Survey entitled "Call for Improvement" – published in May 2007.

The Survey was aimed at producing evidence about the ease with which customers could obtain information or advice they had sought about NHS services.

The Survey showed that, for some people, contact with the NHS was straight-forward and led them effectively to the information being sought. However, for others, this was not the case.

Ms Dhir felt it would be useful to obtain more detail from the Scottish Consumer Council on the NHS Board's performance in the areas covered by the Survey. This would allow a more effective and targeted response in terms of bringing about improvements to areas of under-performance. Appropriate training was essential for those staff dealing regularly with anxious patients/members of the public. **Director of Human Resources**

The Access Glasgow initiative being developed by Glasgow City Council may be a possible way forward in bringing about a strategic solution to the public's contact with the main public authorities involved in health and social care.

The outcome of meetings being held with NHS 24 to discuss its future role will be reported to the Performance Review Group.

DECIDED:

1. That the findings of the Scottish Consumer Council Report: Call for Improvement be noted.

2. That the Director of Human Resources submit a detailed Action Plan on the steps to be taken to address any issues raised to the Performance Review Group and Public Involvement Committee **Director of Human Resources**

37. **PROPOSAL TO RE-LOCATE FINANCIAL SERVICES AND PAYROLL SERVICES FOR NHS GREATER GLASGOW AND CLYDE TO A SINGLE SITE**

There was submitted a paper [Paper No. 07/25] submitted by the Director of Finance setting out a proposal for the possible re-location of financial services and payroll services within NHS Greater Glasgow and Clyde to purpose-built accommodation on a single site.

ACTION BY

Currently, the management responsibility for both financial and payroll services for the expanded geographical boundary has been vested in a Head of Financial Services and a Payroll Manager. Below this level, parallel organisational structures have continued to exist - one located at Stobhill Hospital and the other at Dykebar Hospital/Ross House.

The need to establish a unified corporate support function to meet the service support needs of the NHS Board; the desire to build on the introduction of a single ledger and putting in place unified work practices and procedures for a single organisation; the ability to contribute towards the costs savings targets in the Corporate Costs Savings Plan and the consistency with the NHS Scotland initiative to introduce shared support services for finance and payroll services have all led to the development of this proposal.

An extensive search was undertaken to locate accessible, suitable and affordable accommodation for bringing financial and payroll services on to a single site. In carrying out this search it has emerged that NHS 24 have also been seeking accommodation to facilitate their own re-location. A property has been identified which would suit both parties and is amenable to sharing.

Mr Griffin advised that the proposal would be taken forward in partnership with staff employee representatives and expected draft proposals to be issued following the end of July 2007 to initiate discussion thereafter.

Ms Dhir stressed the importance of good public transport links and staff safety in terms of the new accommodation and Mr Cleland asked that the negotiations on the lease consider the need for a break-clause in a 15-year lease. Mr Griffin acknowledged both points although recognised the location of the identified property was such that the NHS would have a requirement for property in that area should the financial and payroll services ever move before the end of the lease.

DECIDED:

1. That the proposal to negotiate terms and enter into an agreement to lease Caledonia House, Cardonald for joint (50:50) occupancy by the NHS Board and NHS 24 be approved. **Director of Finance**

2. That approval to enter into negotiations with NHS 24 to jointly lease Caledonia House be approved. **Director of Finance**

38. **QUARTERLY PERFORMANCE REPORT TO MARCH 2007**

There was submitted a paper [Paper No. 07/26] from the Head of Performance and Corporate Reporting setting out the performance across a range of key targets for the period January to March 2007. The information was split into two geographical areas – Greater Glasgow and Clyde. It was noted that some challenges remained in Clyde.

Ms Quinn highlighted from the report some areas of incomplete data. She also highlighted the resultant impact on the scope, format, structure and process of future performance management and reporting as a result of the review of the Performance Framework earlier in the year.

The report covered in detail the following areas – Improve Services, Improve Health Status, Reduce Health Inequalities, Public Engagement, Human Resources, Finance and Systems and Processes.

Mr Cleland enquired about the reductions in the rates of health care associated infection and whether it was possible to measure the number of staff carrying out the new hand-washing procedures. There were infection control processes in place with local targets to be met in respect of reductions in rates. Local management was responsible for ensuring compliance and the Medical Director and Clinical Governance Committee were responsible for structure, process and ensuring that the targets were met.

Sir John emphasised that the report was a moment in time for many targets and adverse performance would be highlighted and reported on by Directors as appropriate.

Mrs Stewart sought (and received) confirmation that CH(C)P data included mental health services and Mr Robertson enquired about any differences in suicide rates with those who had contact with the service and those who had not. It was recognised that the work of other agencies in partnership with the NHS was essential and the NHS did not have the sole responsibility for this area.

NOTED

39. **PERFORMANCE MANAGEMENT FOR HEALTH IMPROVEMENT**

There was submitted a report [Paper No. 07/27] by the Head of Performance and Corporate Reporting which advised that NHS Health Scotland had been tasked to work with NHS Boards to consider effective methods for performance managing health improvements, including making recommendations for the revision of the HEAT targets for 2008/09.

The Director of Corporate Policy and Planning was a member of the Steering Group and the Head of Performance and Corporate Reporting was a member of the Working Group.

A workshop in April 2007 attended by leads in health improvement, public health and planning and performance identified a number of health improvement themes. These were being worked up in greater detail and suggestions would be taken forward for possible amendments to the HEAT system in 2008/09.

NOTED

40. **COMMUNICATIONS ISSUES: 5 MAY – 2 JULY 2007**

There was submitted a report [Paper No. 07/28] from the Director of Corporate Communications covering communications actions and issues from 5 May to 2 July 2007.

Mr Sime commented on the helpful and timely Core Briefs issued to staff as a result of the incident at Glasgow Airport on 30 June 2007 and the impact thereafter on the Royal Alexandra Hospital. Mr Divers provided a brief update on this matter, including the liaison and communications with Strathclyde Police.

The impact of the incident was being well documented to ensure learning for the future and Mr Calderwood had written to the staff involved to thank them for their efforts and commitment at this particularly stressful time.

NOTED

ACTION BY

41. **DATE OF NEXT MEETING**

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 18 September 2007 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YX.

The meeting ended at 11.00 a.m.

PRG(M)07/05
Minutes: 42 - 50

NHS GREATER GLASGOW AND CLYDE

Minutes of the meeting of the Performance Review Group held at 9.30 a.m. on Tuesday, 18 September 2007 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

PRESENT

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Cllr. D MacKay
Mr P Daniels OBE	Mr D Sime
Ms R Dhir MBE	Mrs E Smith
Mr P Hamilton (to Minute 44(c))	Cllr. D Yates

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Sir John Arbuthnott
Mr T A Divers
Mr D Griffin

IN ATTENDANCE

Ms H Byrne	…	Director of Acute Services Strategy, Implementation and Planning
Mr J C Hamilton	…	Head of Board Administration
Mr A McLaws	...	Director of Corporate Communications
Mr I Reid	…	Director of Human Resources
Ms C Renfrew	...	Director of Corporate Policy and Planning (from Minute 45)

ACTION BY

42. **APOLOGY AND WELCOME**

An apology for absence was intimated on behalf of Mrs A Stewart MBE.

The Convener welcomed Cllrs. MacKay and Yates to their first meeting of the Performance Review Group and hoped that they found the work of the Group both interesting and rewarding.

43. **MINUTES**

On the motion of Mr D Sime seconded by Mr R Cleland, the Minutes of the Performance Review Group meeting held on 3 July 2007 [PRG(M)07/04] were approved as an accurate record.

44. **MATTERS ARISING**

a) New South-Side Hospital and Children's Hospital: Update

In relation to Minute 35(a) – New South-Side Hospital and Children's Hospital: Update – Ms Byrne referred to the discussion at the NHS Board Seminar earlier in the month and the recent workshop discussions held with Partnerships UK which highlighted the importance of clinical and other support for the design and plans and ensuring that the scheme was affordable.

ACTION BY

Funding options would require detailed scrutiny to ensure the most appropriate and affordable model was included in the Outline Business Case and discussions would continue with the Health Directorate of the Scottish Government on the development of the Option Appraisal within the Outline Business Case.

Ms Byrne advised that interviews of the shortlisted teams had taken place for the Technical Advisers but the appointment would await the outcome of the finalised design and plans for the new South-Side Hospital and Children's Hospital.

Discussions were ongoing with the City Council, Transport Scotland, First Bus (for existing services), Scottish Enterprise (both national and local) and Architecture and Design Scotland on the development of the project.

Mr Griffin updated members on the ongoing discussions with the Health Directorate on the flexible approach to funding which would be required in the Outline Business Case.

Mr Divers advised that further sessions in seminar mode with NHS Board Members would be arranged over the next few months to keep members up-to-date with the detail of the project and finalisation of the Outline Business Case. The Chairman emphasised that the new West of Scotland Cancer Centre at Gartnavel was now open; the two new hospitals at Stobhill and the Victoria were progressing slightly ahead of schedule; Rowanbank Clinic at Stobhill was now open and the new Gartnavel Royal Hospital was progressing well – the new South-Side Hospital and Children's Hospital was the next major plank of the NHS Board's modernisation plan.

Head of Board Administration

NOTED

b) Scottish Consumer Council – Survey – Call for Improvement

In relation to Minute 36 – Scottish Consumer Council – Survey – Call for Improvement – Ms Dhir asked to be updated on the progress made since the discussion at the last meeting. Mr Reid advised that a paper with a range of proposals had been discussed at the Policy, Planning and Performance Group earlier this month and an Action Plan would now be developed and submitted to the Performance Review Group and the Public Involvement Committee.

Director of Human Resources

NOTED

c) Annual Review

In relation to Minute 35(c) – Annual Review – there was submitted a paper [Paper No. 07/29] from the Director of Corporate Planning and Policy setting out the Chairman's draft Self-Assessment for the Annual Review to be held on 10 October 2007. The annual Review would be chaired by the Cabinet Secretary for Health and Well-Being.

ACTION BY

Mr Divers took members through the detail of the draft Self-Assessment and highlighted the Action Plan developed from the 2006 Annual Review. The majority of actions had been completed and the four which were ongoing were on schedule to be completed shortly – namely, proposals to support the Area Partnership Forum, maintain momentum of all aspects of Agenda for Change; achievement by December 2007 of the abolition of Availability Status Codes and, finally, the achievement of financial targets and a Recovery Plan to restore financial balance in the Clyde area (which incorporates proposals contained in the health care strategies for Clyde which will be subject to the new Independent Scrutiny process).

Mr Divers then highlighted key component parts of the draft Self-Assessment, including Supporting Marginalised Communities – Migrant Workers and Health; Inequalities in CHD Mortality; Alcohol; Smoking; Obesity; Promoting Good Mental Health; Promoting Employment; Efficiency issues and Waiting Times targets. Members discussed in detail these areas and offered further suggestions and examples of local projects which supported the NHS Board's work in areas of physical activity and sexual health.

The Self-Assessment would be amended and discussed with the Department of Health and Well-Being and agreed ahead of the Annual Review meeting. The NHS Board would receive prior notification of the issues to be discussed in detail.

The issues to be discussed and the NHS Board's response would be shared with members for information. In addition, the Director of Corporate Communications would produce a distillation of the key parts of the Self-Assessment for the public. Sir John, in his opening presentation at the Annual Review, will highlight the areas of success of the NHS Board including the role and benefits of Community Health (Care) Partnerships.

Head of Corporate Reporting/ Director of Corporate Communications

NOTED

45. **FINANCIAL MONITORING REPORT TO 31 JULY 2007**

There was submitted a paper [Paper No. 07/30] by the Director of Finance setting out the NHS Board's financial performance for the first four months of the financial year to 31 July 2007.

Mr Griffin advised that the NHS Board and its operational Divisions were currently reporting a break-even position against their revenue budgets to 31 July 2007 and the year-end out-turn was forecast to be break-even against the overall revenue budget. The NHS Board's capital expenditure was in line with the forecasted capital under-spend of £2.8m against the Capital Resource Limit.

NOTED

46. **COMMUNICATIONS ISSUES: 3 JULY – 18 SEPTEMBER 2007**

There was submitted a paper [Paper No. 07/31] from the Director of Corporate Communications covering communication actions and issues from 3 July to 18 September 2007.

ACTION BY

Mr McLaws highlighted the following:-

- The publication of the special West of Scotland Cancer Network (WOSCAN) edition of Health News on 29 August covering the improvements made in cancer services across the West of Scotland.

- The international media attention at the Royal Alexandra following the terrorist attack at Glasgow International Airport.

- The intense national media interest in the E-Coli outbreak in the Paisley area.

- Discussions with senior management on exploring options for improved internal communications with staff.

Mr McLaws spoke about the establishment of a short-life review group to consider car parking issues at hospital sites. The Cabinet Secretary had acknowledged that car parking charges were a legitimate response by NHS Boards to difficult problems of congestion and ensuring adequate space for patients and visitors. The review, however, would look at existing guidance and charges with an emphasis on the impact on staff, particularly lower paid staff. The NHS Board had not been asked to suspend the implementation plan for car parking charges across its sites. The NHS Board had agreed at its August meeting to review and evaluate its own arrangements at a later date.

Ms Dhir asked about whether stories and briefing were provided to local newspapers and to those running radio phone-ins. Mr McLaws confirmed that both were provided with variable success.

Mr Cleland asked that Mr McLaws contribute to the media launch of the West of Scotland Heart and Lung Centre. **Director of Corporate Communications**

The Convener, on behalf of the Performance Review Group, wished to record his thanks and appreciation to Mr McLaws and his staff for the way in which the Communications Directorate had responded to the intense and sustained media interest over the last few months, in particular following the terrorist attack at the airport and E-Coli out-break.

NOTED

47. **PERFORMANCE REVIEW GROUP: REVISED REMIT – INCORPORATING PROPERTY MATTERS**

There was submitted a paper [Paper No. 07/32] from the Head of Board Administration seeking approval to the establishment of a Property Group reporting to the Performance Review Group and a subsequent revision of the Performance Review Group's remit.

A unified approach to the oversight and management of property matters had been considered by the Policy, Planning and Performance Group and it was recommended that a Property Group be established to work in parallel with the Capital Planning Group and with accountability to the Performance Review Group. The membership of the Property Group had followed the principles in establishing the Audit Support Group, Clinical Governance Implementation Group and Capital Planning Group.

ACTION BY

DECIDED:

1. That a Property Group be established to consider property matters related to the NHS Board and Endowment property holdings and that the draft remit be approved. **Director of Finance/DASSIP**

2. That the revised remit of the Performance Review Group incorporating property matters be approved. **Head of Board Administration**

48. **BUILDING A PERFORMANCE IMPROVEMENT CULTURE – PROPOSAL FOR ORGANISATIONAL PERFORMANCE REVIEW**

There was submitted a paper [Paper No. 07/33] from the Director of Corporate Planning and Policy proposing the further development of the NHS Greater Glasgow and Clyde performance management arrangements. The proposal was to build on the existing performance system by creating an opportunity for dialogue about the performance information relating to each part of the system, supported by quantitative data.

The Policy, Planning and Performance Group had discussed this proposal and had supported its development to the next level of detail. It was important to balance the organisational effort required to produce performance data with the need to ensure that performance management mechanisms offered assurance that each part of the system was delivering on its core responsibilities. Further work was required to finalise the performance management system which highlighted exceptions and challenges.

DECIDED:

That the next stage of development of Organisational Performance Review be approved. **Director of Corporate Planning and Policy**

49. **PERFORMANCE REPORT – AUGUST 2007**

There was submitted a report [Paper No. 07/34] from the Director of Corporate Planning and Policy on the Performance Reports for Greater Glasgow and for Clyde to August 2007. The performance reports were still work in progress and some data streams required improvement and refinement.

Members were asked to submit any comments on the Report to Ms Renfrew and a fuller and more comprehensive Performance Report would be submitted to the next Performance Review Group. **Members/ Director of Corporate Planning and Policy**

NOTED

50. **DATE OF NEXT MEETING**

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

The meeting ended at 11.25 a.m.

Greater Glasgow & Clyde NHS Board

Performance Review Group

DATE 18 SEPTEMBER 2007 **PRG Paper No.**

Report of the **Director of Acute Services Strategy, Implementation and Planning**
Helen Byrne

New South Glasgow & New Children's Hospital Development

RECOMMENDATION

The Performance Review Group is asked to note the contents of this paper which outlines the progress to date in completing the Outline Business Case for the New South Glasgow Hospital and New Children's Hospital.

1.0 PURPOSE OF THIS PAPER

The purpose of this paper is to ensure Performance Review Group members continue to be updated on the progress being made to complete the Outline Business Case new development at Southern General.

2.0 BACKGROUND

2.1 The Acute Services Review:

To recap the main aim of the Acute Services Review is to achieve the following end point of service configuration across Glasgow in order to address increasing service pressures:-

- Adult in-patient sites reduced from 5 to 3, supported by two new ambulatory care and diagnostic units (ACHs) on the Stobhill site and the site adjacent to the Victoria Infirmary. The three in-patient acute sites will be the Glasgow Royal Infirmary, the Southern Glasgow site and Gartnavel General Hospital.

- Accident and Emergency Departments reduced from 4 units and a casualty to two A&E Trauma units, based at Glasgow Royal Infirmary and the Southern General site. Trauma and orthopaedic in-patient services provided from these two A&E sites.

- A new West of Scotland Cancer Centre on the Gartnavel General site.

- Five Minor Injuries Units located at Glasgow Royal Infirmary, Southern General Hospital, the Stobhill and Victoria Hospital and at Gartnavel General Hospital;

- A reduction in the number of maternity units in Glasgow from three to two, these being at the Southern General Hospital and Glasgow Royal Infirmary.

-

2.1 New South Glasgow Hospital

The planned new 1,100-bedded adult hospital represents the second phase of Glasgow's Acute Services Strategy.

The New South Glasgow Hospital (Adult Hospital) represents the second phase of the Acute Services Review Strategy. The New South Glasgow Hospital will allow transfer of services from the Victoria Infirmary and Western Infirmary and subsequent closure of these sites. Its transfer will also enable clinical services on the existing Southern General to transfer out of the building which are unfit for use.

2.2 New Children's Hospital

In September 2004 the Minister for Health & Community Care announced that the Scottish Executive would provide £100m to enable a new children's hospital to be built on a site which would support triple co-location of adult, children and maternity services thereby ensuring safe obstetric care for mothers and the preservation of the links between maternal and specialist children services as well as offering the option of strengthened clinical links between paediatric and adult services. In June 2006, following formal consultation, the Board ratified the proposal to build the New Children's Hospital and that the Southern General be the site for the build.

3.0 **PROGRESS REPORT**

3.1 In June 2007 The Chief Executive Officer and other senior managers from NHS GG&C attended a meeting with senior personnel from SEHD to discuss progress on the development of the Southern General Hospital. NHS GG&C presented the exemplar design and the capital and revenue implications of the new Adult Acute & Children's Hospitals along with a range of support Developments to be provided on the Southern General Campus. (See attached Appendix 1).

The outcome of the meeting was a request for NHS GG&C to carry out some further work including the development of other options on the site which would still deliver the elements of the acute strategy, seeking advice from others who had delivered projects of this scale and complexity and further consideration of the issues around cost, affordability and project funding.

This work has commenced and the following provides an update of progress to date.

Three options for the New South Glasgow Hospitals are currently under review. These are as follows:-

Option 1

Option 1 the original option which has been developed into a Public Sector Comparator, please see diagram in appendix 1 labelled option 1. The option consists of:-

- An integrated Adult's and Children's Hospital with 1,100 and 240 beds respectively, built as a single phase.
- A new labs build
- A new support services building housing non clinical support facilities such as offices, staff training, relative's overnight accommodation etc.
- The anticipated completion date for option 1 is 2013/14.
- Demolition of much of the current Southern General estate (see diagram 1, those areas highlighted in green are earmarked for demolition)
- Two multi storey car parks
- Good transport infrastructure onto the site including a fastlink route through the site.

Option 1a)

Option 1a provides a single phased integrated 1,100 Adult and Children's Hospital 240 beds and a fastlink route as before. (Please see diagram labelled Option 1a)

Option 1a however makes use of the existing Southern General estate to house the laboratory and non clinical services required to support the New South Glasgow Hospitals.

Under this option the multi-storey car parks are assumed to be self-financing and landscaping will be less extensive than previously planned. The anticipated completion date of this project is similar to that of option 1.

Option 2

This is a two phased option with phases 2a and 2b. The first phase is anticipated to be completed by 2013. It involves a new Children's hospital build and new Adult build containing an A&E department, Diagnostics and Theatres and a 570 bedded surgical ward stack.

This will allow the transfer of surgical beds from the Western and Victoria Infirmary sites and the current Southern General estate into the new building. The respective medical beds from the Victoria and Western sites would be transferred into existing Southern General Estate. These medical beds would be required to access critical care and diagnostics from within the new building. The laboratory services and non-clinical support services would be require to be housed within the current existing Southern General Estate.

It is anticipated that the first phase would be completed in 2013. (Please see diagram labelled 2a) Option 2 phase 1.

The second phase, completed by 2018/19 will be a new medical ward stack, this is illustrated in the diagram labelled option 2 phase 2.

SUMMARY

All three options achieve the end point goals of phase II of the ASR, in brief these bring to reduce to two A&E departments across the City and closure of the Victoria and Western Infirmary sites.

Option 1 presents a single phase, fit for purpose, integrated building achieving optimal co-locations of all clerical clinical support and non clinical support services both within each hospital and between the Adult and Children's hospital. There is also good co-location with the laboratory services, and direct access through pneumatic tubes and underground tunnel.

Option 1a still achieves optimal co-locations of services with the exception of laboratory services which remain on site within the existing building estate. There will be no pneumatic tube or underground link. Non clinical services such as training facilities and offices will be in existing Southern buildings, adopted for use rather than a new build.

Option 2 has poor clinical co-locations with the development progressing piecemeal over a decade maintaining clinical services within the existing Victorian estate for this period of time will present operational difficulties and staff buy in, especially for medical services transferring onto the Southern site, will be limited.

Once complete the final scheme will not achieve the same optimal co-locations as a fully integrated single phased building such as in options 1 and 1a.

COST OF OPTIONS

The capital costs associated with each option is shown in tables 1, 2 and 3 in the appendix.

3.2 **PLANNING UPDATE**

The formal submission of the outline planning application was made on 12th April 2007, this was accompanied by a revised version of the Campus Plan to incorporate design development that had taken place from December 2006. Since April, the Board's Project Team have met with the Council's Planning Officers on a number of occasions to review progress with the application, the consultation process and consider potential conditions that may arise as part of the outline consent.

The key issues arising from the consultation process are transportation, accessibility and a number of utility companies have highlighted the potential for increased costs to upgrade their infrastructure, namely water and power. Following initial meetings with utility companies an assessment of capacity has been made and ring fenced for the redevelopment. A response from Transport Scotland on the impact to the trunk road system remains outstanding and is expected towards the end of September, this would conclude the consultation exercise and allow the Planning Officer to commence writing his report for the Planning Committee.

3.3 FASTLINK DEVELOPMENT

It is still our expectation that development of a new dedicated bus/rail link (Fastlink) between the city centre and Braehead Renfrew will be incorporated into the development of the Southern General Hospital. Fastlink is seen as a key aspect of improving accessibility to the site and the reduction of traffic loads. As part of the funding for such a development NHS GG&C would be required to support the capital funding of such a project as part of the planning conditions set out by Glasgow City Council. We are currently awaiting confirmation of the level of cost of this support.

3.4 RONALD MCDONALD FAMILY HOUSE

Discussion continues between NHS GG&C and Ronald McDonald Family House Board members to consider where the service can be provided near or adjacent to the Southern General Hospital. Both parties have now considered a proposed site located on the north east side of the Southern General Hospital campus.

3.5 WORKING WITH SCOTTISH ENTERPRISE

Engagement with stakeholders in South West Glasgow and Glasgow City Council has confirmed the view that the New South Glasgow Hospitals represent a significant opportunity to secure wider social and economic benefits for Glasgow and the wider city region.

The Community Engagement Team has worked with partners to secure resources to undertake a detailed socio-economic benefits analysis. It is intended that the analysis will inform partner planning mechanisms, aligning strategies and investment to bring added value t the new hospital projects. The analysis is funded and supported by the following partners:

NHS Greater Glasgow & Clyde
Glasgow City Council, Development & Regeneration Services
Communities Scotland
Linthouse Housing Association
South West Regeneration Ltd
South West CHCP
Scottish Enterprise Glasgow
Glasgow Centre for Population of Health
Community planning Glasgow.

The analysis is intended to be a formative process and has engaged with over 40 stakeholders in identifying potential joint working opportunities. The process has helped to strengthen Scottish Enterprise Glasgow's support for the project and they have identified the Southern General development as one of the 12 key priorities for the City. Work continues with the project team to strengthen this working relationship. The analysis is due to be completed by the end of September 2007.

3.6 NEXT STEPS

The ASR Project Team is now working to complete and submit the Outline Business Case to the NHS GG&C Board in December 2007.

3.7 **LEARNING FROM ……**

A workshop was arranged with senior staff from Partnership UK to spend a half day considering some of the challenges and solutions if planning and delivering a project of this scale, complexity and cost.

Partnership UK is a private sector company which evolved from a Treasury Task Force and which provides an advisory service to the public sector.

Partnership UK has been involved in over 700 signed PFI contracts at a cost of around £40 billion. They ……. In the UK's largest hospital development at Bart's in London and lead the project team to successful financial close.

The three key messages from the workshop were

- Major projects of this scale need potential buy-in to achieve success
- Must ensure you have a project which is deliverable regarding cost, affordability and do ability
- Need to consider the changing landscape in Scotland regarding the future funding mechanisms.

4.0 **RECOMMENDATIONS**

The Performance Review Group is asked to note the contents of this paper which outlines progress to date in completing the Outline Business Caser for the New South Glasgow and New Children's Hospital.

Table 4

Options	**Proposed Investment**	**Procurement Method**	**Projected Cost**	**Divisional Savings**	**GAP**
Option 1	£950m	PFI	£104.7m	£50.1m	£54.6m
Option 1(a)	£770m	Treasury	£ 44.0m	£37.2m	£ 6.8m
Option 2 Phase 1	£645m	Treasury	£ 37.7m	£33.7m	£ 4.0m
Phase 2	[redacted]	Treasury	[redacted]	[redacted]	[redacted]
Complete	**£861m**		**£ 51.6m**	**£36.2m**	**£15.4m**

PRG(M)07/06
Minutes: 51 - 63

NHS GREATER GLASGOW AND CLYDE

Minutes of the meeting of the Performance Review Group held at 9.30 a.m. on Tuesday, 20 November 2007 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

PRESENT

Mr A O Robertson OBE (in the Chair)

Mr R Cleland
Mr P Daniels OBE
Ms R Dhir MBE
Mr P Hamilton

Mr D Sime

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Sir John Arbuthnott
Mr T A Divers OBE
Mr D Griffin
Mr B Williamson

IN ATTENDANCE

Ms H Byrne	…	Director of Acute Services Strategy, Implementation and Planning
Ms E Campbell	...	Communications Manager
Dr P Conaghan	...	Trainee Doctor
Mr J Davidson	...	Audit Scotland
Mr J C Hamilton	…	Head of Board Administration
Mr G King	...	National Services - Scotland
Dr P Manson	...	Trainee Doctor
Dr V Noguera	...	Trainee Doctor
Ms J Quinn	...	Head of Corporate Reporting
Ms C Renfrew	...	Director of Corporate Policy and Planning
Mr J Rundell	...	Audit Scotland

ACTION BY

51. **APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Cllr. D Mackay, Mrs E Smith, Mrs A Stewart MBE and Cllr. D Yates.

The Convener welcomed Mr G King from National Services – Scotland and Drs Conaghan, Manson and Noguera who were attending the meeting as part of their development/training programme. The Convener also welcomed Mr John Davidson, Audit Scotland to his first meeting of the Group.

52. **MINUTES**

On the motion of Mr R Cleland and seconded by Mr P Hamilton, the Minutes of the Performance Review Group meeting held on 18 September 2007 [PRG(M)07/05] were approved as an accurate record.

ACTION BY

53. **MATTERS ARISING**

a) Car Parking

In relation to Minute 46 – Communication Issues: July – September 2007 – Ms Renfrew updated members on the review to be undertaken into the Car Parking Policy. She advised that the review process was under way and this included a section on the website which encouraged comments on the operation of the Car Parking Policy to date. All comments would be analysed and amendments to the Policy considered in the new year.

NOTED

b) New South-Side Hospital and Children's Hospital: Update

In relation to Minute 44(a) – New South-Side Hospital and Children's Hospital: Update – Ms Byrne updated members as follows:-

- Work continued on the best use of the existing estate at the Southern General Hospital taking into account functionality and affordability;
- The Bed Model was nearing completion and would be discussed with NHS Board Members at the December NHS Board Seminar;
- The Facilities Management element of the Outline Business Case (OBC) was ongoing;
- At the request of the Scottish Government Health Directorate, costs were being obtained for an all-single rooms option;
- Discussions continued with the Scottish Government Health Directorate on the draft OBC document which was submitted in the summer;
- There were ongoing discussions with the Glasgow City Council Planning Department and it was hoped that the Planning Application would be considered in December;
- Close contact was being maintained with NHS Lothian on their development of the bed model for the Children's Hospital to ensure consistency in approach;
- All the work above was being pulled together for the Gateway Review early in the new year. Thereafter, it was planned to submit the OBC to a special meeting of the NHS Board on Tuesday, 22 January 2008 for consideration.

Mr Divers referred to the discussions at the Joint Strategy Group meeting between the NHS Board and the University of Glasgow and, in particular, to the development of the Academic Centre.

ACTION BY

The development of a Framework Agreement between the NHS Board and the University was intended to be all encompassing and to incorporate all the issues of joint interest, namely – a timescale and disposal arrangements of the Western Infirmary site as it has a direct impact on the University's Gilmorehill Development; possible early access to the site which currently houses the Sterile Pharmacy Production Unit at Western Court; the need to agree the academic bases across the City; the need to include reference within the Outline Business Case to the development of the Academic Centre (to be funded by the University) on the South Glasgow hospital site and thereafter prepare a full capital proposal for the Full Business Case and, finally, the consequences/impact of moving off the Yorkhill and other possible sites and of the development of the new Southside Hospital and Children's Hospital on the Southern General site.

In response to a question from Mr Hamilton, members were advised that the disposal of the site at the Western Infirmary was tied to the completion of the new South-Side Hospital on the Southern General Hospital site. This was currently planned for 2013/14.

Mr Williamson enquired about whether flexibility in the bed numbers had been built-in to take account of any additional funding which may come on stream. Mr Divers advised that the Bed Model had been devised with clinical staff on need and national performance comparators and only then had it been costed. It recognised trends and would have levels of sensitivity built-in to remain flexible and capable of alteration as needs changed.

DECIDED:

1. That the progress in bringing together the different strands of the Outline Business Case for the New South-Side Hospital and Children's Hospital be noted.

2. That the following diary of meetings be agreed to consider the finalisation of the Outline Business Case: **DofASSIP**

    a) 9.30 a.m. on Tuesday, 4 December 2007 – NHS Board Seminar to consider the Bed Model.

    b) 9.30 a.m. on Tuesday, 15 January 2008 – Performance Review Group, followed at 11.00 a.m. by a NHS Board Seminar to consider Affordability

    c) 9.30 a.m. on Tuesday, 22 January 2008 – NHS Board meeting to consider the Outline Business Case.

c) Scottish Consumer Council – Call for Improvement

In relation to Minute 44(b) – Scottish Consumer Council Survey – Call for Improvement – there was a paper [Paper No. 07/34] submitted by the Director of Human Resources setting out an Action Plan to implement the recommendations of the Scottish Consumer Council Report. The Action Plan contained two key elements – a review of customer care standards and associated training and establishing a more cohesive infrastructure to handle enquiries through effective contact points.

ACTION BY

In response to members' questions, Mr Divers advised that a qualitative assessment would be undertaken in response to the Report's recommendations and the Working Group's remit and membership (including a representative from the Involving People Group) would be submitted to the next meeting of the Group.

DECIDED:

1. That the Action Plan be noted.

2. That the Working Group's remit, membership and a progress report be submitted to the next meeting of the Group. **Director of Human Resources**

3. That a full Report on the implementation of the Action Plan, including the involvement of the key Directors, be submitted to the March or May 2008 meeting of the Performance Review Group.

d) Annual Review – Outcome

In relation to Minute 44(a) – Annual Review – Sir John reported that the Annual Review meeting held on 10 October 2007 had been positive and very well attended. The Cabinet Secretary's letter had now been received and it had referred to the positive and helpful programme which had been arranged for the day and the informative and stimulating discussion which had taken place.

The outcome would be reported to the December 2007 NHS Board meeting and members would receive a copy of the Cabinet Secretary's letter. The Action Plan accompanying the letter would be populated with timescales and the Directors responsible for each Action and would be submitted to the NHS Board for approval and thereafter the progress monitored by the Performance Review Group.

Members who had attended the Annual Review expressed their appreciation of the performance of the team representing NHS Greater Glasgow and Clyde. In turn, Mr Divers thanked the Director of Corporate Policy and Planning and her team for the preparation and briefing which had been provided for the Annual Review.

Sir John would write to the Keep Well Clinic and Springburn Health Centre and the other Groups/Committees to thank them for their contribution to the Annual Review day and its success. Sir John would also take up the offer to share with the Cabinet Secretary reflections on the organisation and arrangements for future Annual Reviews. **Head of Performance and Corporate Reporting**

NOTED

54. **NHS SCOTLAND: NATIONAL SERVICES SCOTLAND (NSS): SHARED SUPPORT SERVICES PROGRAMME – PLAN FOR WAY FORWARD: BOARD RESPONSE**

There was submitted a paper [Paper No. 07/35] from the Director of Finance setting out a proposed response to the Shared Support Services Director for the National Shared Support Services Programme.

ACTION BY

NHS Boards had recently received a Programme Plan setting out a revised way forward for the National Shared Support Services Project. The revised way forward was consistent with the direction which the NHS Board would have expected the project to take. It was proposed therefore to submit a statement which confirmed the NHS Board's endorsement for the planned way forward.

Mr Griffin took members through the detailed response (Appendix 2 of the paper) from the NHS Board and advised that the National Waiting Times Centre would not now be aligned to the NHS Board but would be aligned to the other 'Special NHS Boards'.

In response to a question from Sir John, Mr Griffin described the local and national governance and accountability arrangements and the fact that the Shared Support Services Programme was included in the NHS Board's Local Delivery Plan and would therefore be monitored as part of that process by the Performance Review Group.

DECIDED:

That the proposed response to the Shared Support Services Director and submission as confirmation of the NHS Board's endorsement of the planned way forward for the National Shared Support Services Programme be approved. **Director of Finance**

55. **FINANCIAL MONITORING REPORT TO 30 SEPTEMBER 2007**

There was submitted a paper [Paper No. 07/36] by the Director of Finance setting out the NHS Board's financial performance for the 6-month period to 30 September 2007.

Mr Griffin advised that he had included for the first time a table showing the targets associated with the delivery of a cost savings plan as part of the Scottish Government Efficient Government – Efficiency Savings Initiative.

Mr Griffin advised that at 30 September 2007 the NHS Board was reporting a close to break-even position against a year to date budget of £1.245bn, confirming that the NHS Board continued to manage its expenditure levels in line with budget. It was planned to carry out a detailed mid-year review covering all service areas and funding sources and this will be presented to NHS Board Members in January 2008 and allow the NHS Board to firm up its forecast out-turn for 2007/08.

Mr Daniels asked about the Community Health Care Partnership budgets, in particular, where the NHS was within budget but in some CHCPs there was an overspend in Social Work. Mr Griffin advised that both organisations (the NHS Board and the City Council) remained responsible for their financial performance against their individual elements of the budgets. There was ongoing discussion about how CHCPs deploy resources to manage expenditure within total available resources: however, there was also to be a formal review of those elements of the CHCP budgets to try and achieve a re-based set of budgets for each CHCP. The outcome of this review would be reported to the Performance Review Group and NHS Board in the spring.

Mr Griffin described the ongoing discussions with the Scottish Government Health Directorates on the transitional funding levels for 2007/08 related to the current savings plan and how it was planned to address the funding gap in Clyde.

ACTION BY

With regard to Capital Expenditure, Mr Griffin advised that a recent review of the Capital Programme had identified that slippage in 2007/08 was around £10m. Steps had been taken by the Capital Planning Group to re-allocate this sum to alternative schemes in 2007/08 in order to achieve a year-end break-even position.

NOTED

56. **PERFORMANCE REPORT: JULY – SEPTEMBER 2007**

There was submitted a paper [Paper No. 07/37] from the Head of Performance and Corporate Reporting on the Performance Reports for Greater Glasgow and for Clyde to September 2007. Ms Quinn reported that it was planned to submit a single Report in 2008 with a commentary on key issues/challenges; similar reports for each CH(C)P would be presented to the relevant CH(C)P Committees; future reports would contain a summary of the outcome of performance meetings with the different component parts which make up NHS Greater Glasgow and Clyde and, lastly, they would in time include the health improvement targets currently being considered and developed.

Mr Daniels felt that the current Performance Reports contained too much detail although he recognised the range and complexity of the targets NHS Boards were required to report on. He also queried whether the Waiting Times and Access Targets Report required to be submitted to the NHS Board and the Performance Review Group.

Ms Renfrew agreed that it was important to have separated out the key indicators and exception reporting from the more routine monitoring. The waiting times targets had been such high profile targets for NHS Boards that to date the performance had been reported to the NHS Board to ensure public scrutiny. However, as the main targets are to be achieved by the end of this calendar year there may be a better way of reporting on the monitoring of targets in the new year.

Head of Performance and Corporate Reporting

NOTED

57. **REVIEW OF PERFORMANCE FRAMEWORK ACTION PLAN**

There was submitted a paper [Paper No. 07/38] from the Head of Performance and Corporate Reporting setting out an Implementation and Development Action Plan – 2007/08 as part of the Performance Framework. The Action Plan provided an update on progress from a corporate perspective or entity perspective as relevant.

In future this would be submitted annually to the Performance Review Group and would incorporate the progress reports of Acute Services, Mental Health and all the partnerships.

Head of Performance and Corporate Reporting

NOTED

58. **HEALTH IMPROVEMENT PERFORMANCE MANAGEMENT – DISCUSSION PAPER**

There was submitted a paper [Paper No. 07/39] from the Head of Performance and Corporate Reporting on the Health Improvement Performance Management Steering Group – Proposed Priority Outcomes for a Healthier Scotland. The paper was to inform discussions at national and regional events from October to December 2007 and members' comments were welcomed by the end of the month.

ACTION BY

Members welcomed this paper and the national debate taking place to define and monitor health improvement and the recognition of the crucial role other agencies have in improving health. The move to shared priorities and ultimately shared targets with partner agencies was also welcomed.

Mr Williamson was aware just how difficult it might be to set numerical targets for some health improvement targets although it was recognised that not all targets would be susceptible to numerical measurement, e.g. how safe someone feels in their community.

Mr Daniels cautioned that some of the changes in health improvements would be longer term and the development of Outline Agreements would be required. The involvement of COSLA and Local Authorities was helpful and important to the outcome of the national and regional discussions on proposed priority outcomes for a healthier Scotland.

It was reported that Outcome Agreements were due to be agreed and implemented by April 2008. **Head of Performance and Corporate Repoirting**

NOTED

59. **COMMUNICATIONS ISSUES: 19 SEPTEMBER – 20 NOVEMBER 2007**

There was submitted a paper [Paper No. 07/40] from the Director of Corporate Communications covering communication actions and issues from 19 September to 20 November 2007.

Ms Campbell highlighted the following:-

- The Launch of the Director of Public Health's Annual Report and the programme of events designed to encourage debate about issues highlighted in the report.
- The rise in the percentage of adverse media mentions, mainly due to the outbreak of infections within hospitals.
- The plans and brochure to be issued on the winter arrangements and the development of a 'Winter Zone' on the website and on the websites of Local Authority partners and NHS 24.
- The early plans being considered for the 60th Anniversary of the NHS in Scotland – 5 July 2008.
- The planning for the official opening of the new Beatson West of Scotland Cancer Centre and the new Gartnavel Royal Hospital.

NOTED

60. **PROPERTY SUB-COMMITTEE: MINUTES**

The Minutes of the Property Sub-Committee meeting held on 17 September 2007 were noted.

The Convener asked for an update on the January 2008 meeting on the disposal of the former Broomhill Hospital and the review of premises across NHS Greater Glasgow and Clyde. **Director of Finance**

ACTION BY

61. **RATIONALISATION OF IN-PATIENT GYNAECOLOGY SERVICES – NORTH AND EAST GLASGOW**

There was submitted a paper [Paper No. 07/42] from the Director of Acute Services Strategy, Implementation and Planning seeking delegated authority from the Performance Review Group for the acceptance of a tender for the rationalisation of In-Patient Gynaecology Services for North and East Glasgow.

This scheme had been included in the approved Capital Plan and would see the transfer of in-patient gynaecology services from the Glasgow Royal Infirmary to the Princess Royal Maternity as part of the NHS Board's Acute Services Strategy. The scheme had risen due to inflation from £5.8m when the Full Business Case had initially been approved by the then North Division to £6.9m.

The timescale for the receipt and evaluation of tenders did not allow submission to a Performance Review Group and therefore delegated authority to accept a tender was sought.

DECIDED:

That delegated authority be given to the Chair, Vice-Chair and Chief Executive to accept a tender for the rationalisation of the In-Patient Gynaecology Services for North and East Glasgow be approved and a report on the outcome be reported back to the next meeting of the Performance Review Group. **DofASSIP**

62. **SPENDING REVIEW**

Mr Griffin gave a brief summary of the outcome for the NHS of the announcement of the Scottish Government's Spending Review.

The general uplift would be 3.1/3.2%; capital expenditure would be increased by 5.7% and £90m had been set aside for access targets. There had been no announcement on the uplift for the Family Health Services and a Savings Target had been set at 2% for public bodies.

Mr Griffin explained the likely impact for NHS Greater Glasgow and Clyde of the Spending Review and would keep members appraised as the detail of the Review was worked through. He advised that the next 3 years would not have the same levels of annual uplift that had been enjoyed over the recent years.

NOTED

63. **DATE OF NEXT MEETING**

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 15 January 2008 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YX.

The remaining meetings for 2008 would be:-

9.30 a.m., Tuesday, 18 March 2008
9.30 a.m., Tuesday, 20 May 2008
9.30 a.m., Tuesday, 1 July 2008
9.30 a.m., Tuesday, 16 September 2008
9.30 a.m., Tuesday, 18 November 2008

The meeting ended at 11.30 a.m.

PRG(M)08/01
Minutes: 1 - 8

NHS GREATER GLASGOW AND CLYDE

Minutes of the meeting of the Performance Review Group held at 9.30 a.m. on Monday, 14 January 2008 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

PRESENT

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Mr D Sime
Mr P Daniels OBE	Mrs E Smith
Ms R Dhir MBE	Mrs A Stewart MBE
Mr P Hamilton	Cllr. D Yates

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Mr T A Divers OBE Mr D Griffin
Mr G McLaughlin

IN ATTENDANCE

Ms H Byrne	…	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	...	Chief Operating Officer – Acute Services Division
Mr B Clark	...	Audit Scotland
Mr J Davidson	...	Audit Scotland
Mr J C Hamilton	…	Head of Board Administration
Mr A McLaws	...	Director of Corporate Communications
Ms J Quinn	...	Head of Performance and Corporate Reporting
Mr I Reid	...	Director of Human Resources

ACTION BY

1. **APOLOGY**

An apology for absence was intimated on behalf of Cllr. D Mackay.

2. **MINUTES**

On the motion of Ms R Dhir and seconded by Mr P Hamilton, the Minutes of the Performance Review Group meeting held on 20 November 2007 [PRG[M)07/06] were approved as an accurate record.

3. **MATTERS ARISING**

a) New South-Side Hospital and Children's Hospital: Update

In relation to Minute 44(b) – New South-Side Hospital and Children's Hospital: Update – Ms Byrne advised members of the ongoing work in pulling together all aspects of the Outline Business Case (OBC) for the preferred option and the affordability issues which would be discussed in more detail at the NHS Board Seminar following this meeting.

The bed model would be based on 2005/06 activity levels, although more in-depth work would continue on the 2006/07 activity levels and on benchmarking against comparable services elsewhere in the UK.

ACTION BY

The Gateway Review had been conducted and it had resulted in five ambers (areas requiring more detail and information before the next Gateway Review) and one green light. The Project Team was pleased that there had been no red lights (areas which would have required immediate action) and would now work towards providing the additional information sought.

The Outline Planning Application would be considered by the City Council's Planning Committee on 15 January 2008; members would be advised of the outcome. **DASSIP**

Liaison was being maintained with NHS Lothian on its development of a new Children's Hospital to ensure consistency of approach.

A report, including the socio-economic benefits and impact on the local area, would be submitted to the NHS Board meeting on 22 January and the OBC would be submitted to the February 2008 NHS Board meeting for approval. **DASSIP**

NOTED

b) Scottish Consumer Council: Call for Improvement

In relation to Minute 53(a) – Scottish Consumer Council: Call for Improvement – there was submitted a paper [Paper No. 08/01] from the Director of Human Resources providing members with a copy of the remit and membership of the Working Group tasked with reviewing and improving customer care standards across the NHS Board area.

The Working Group had met on two occasions already and had planned to submit a full report on the implementation of the Action Plan to the Performance Review Group meeting in May 2008.

Members raised a number of points which Mr Reid agreed to consider further, including the possible involvement of Health Information and Technology staff and external involvement on the Working Group – including patients with long term conditions who are in regular contact with NHS services; how a change of culture will be brought about and the targeting of frontline staff with training in customer care standards.

DECIDED:

1. That the remit and membership of the Working Group and timetabled Action Plan be noted.

2. That a full report on the implementation of the Action Plan be submitted to the May 2008 meeting. **Director of Human Resources**

c) Property Sub-Committee

In relation to Minute 60 – Property Sub-Committee Minutes – the Chair asked that a progress report on the disposal of the former Broomhill Hospital and an update on the preparation of the Premises Review be submitted to the next meeting of the Performance Review Group.

DECIDED:

That as part of the next Property Committee minutes, Progress Reports on the disposal of the former Broomhill Hospital and the Premises Review be submitted to the next meeting. **Director of Finance**

ACTION BY

4. **LOCAL DELIVERY PLAN GUIDANCE AND HEAT TARGETS: 2008/09**

There was submitted a paper [Paper No. 08/02] from the Head of Performance and Corporate Reporting enclosing the Summary of Guidance on the HEAT Targets and measures for 2008/09 which had been extracted from the Local Delivery Plan guidance received from the Scottish Government Health Directorate.

The guidance sets out Minister's key operational targets and measures for the NHS and described the work in progress to develop performance measures further in future.

Ms Quinn highlighted the principal changes from the 2007/08 HEAT targets in relation to a re-balancing between primary and community care, mental health, acute care and the introduction of new health improvement targets.

Mr Daniels advised that there were 23 changes from the current year (7 new health improvement targets, 7 efficiency and governance targets, 7 access targets and 2 treatment targets) and this made measuring progress very difficult to achieve. This was recognised: however, as the performance framework evolved there would inevitably be changes in the early years to some targets. Mr Divers stated that it would be important to agree local trajectories for each of the targets and helpful work in this area had been commenced at a recent corporate session with the Centre for Population Health.

A number of targets were developmental and 2 targets – health care experience and older people with complex needs receiving care at home – have not yet been clearly defined.

Mr Hamilton spoke about the recent sessions within CHCPs on Glasgow Centre for Population Health comparative data and Mr Divers would be happy to engage with these sessions. The Director of Public Health's Annual Reports, the completion of the Constituency Profiles shortly and their impact on CH(C)P Development Plans would require careful consideration. Ms Quinn would take that forward and keep members appraised of progress and also ensure they receive a copy of the finalised Local Delivery Plan.

DECIDED:

1. That the guidance on the HEAT targets and measures for 2008/09 be noted.

2. That members provide comments on the guidance to the Head of Performance and Corporate Reporting by 21 January 2008 and that the finalised guidance be passed to members following its completion thereafter. **Members Head of Performance and Corporate Reporting**

5. **FINANCIAL MONITORING REPORT FOR 8-MONTH PERIOD TO 30 NOVEMBER 2007**

There was submitted a paper [Paper No. 08/03] by the Director of Finance setting out the NHS Board's financial performance for the 8-month period to 30 November 2007 and the results of the mid-year review of financial performance against the NHS Board's Financial Plan – 2007/08.

ACTION BY

Mr Griffin advised that the report showed that the NHS Board and its operational divisions were reporting overall expenditure within £2.7m of budget for the first eight months of the year.

The NHS Board continued to implement the 3-year cost savings plan for addressing the recurring deficit within the Clyde area. Discussions continued with Scottish Government Health Directorate (SGHD) colleagues to conclude arrangements for addressing the residual funding gap for 2007/08 not covered by Cost Savings Plans or transitional funding currently set aside by the SGHD. In response to a member's question, Mr Griffin advised that of the £30m recurring deficit, NHS Highland were responsible for £4m of that figure.

Mr Cleland asked about the £76.8m of funds allocated to expenditure commitments not yet under way. Mr Griffin indicated that this sum would cover pay inflation including Agenda for Change, waiting time and other approved commitments and would be transferred to Directorates when expenditure commitments were incurred.

On the mid-year review, Mr Griffin advised that it was reasonable to continue to forecast that the NHS Board would manage its total expenditure within available resources in 2007/08. This, however, was dependent upon the timing of expenditure against further ring-fenced funding allocations received between now and 31 March 2008. There could be a possible impact of a year end surplus of up to £5m. Members noted this point.

In terms of capital expenditure, Mr Griffin advised there was an additional in-year slippage of £10.2m and agreement had been reached with the SGHD that the total sum of £38.6m (£28.4m had already been agreed as a carry forward to 2008/09) could be carried forward to 2008/09. This had been as a result of a general increase in the level of capital funding and the withdrawal this year of the facility to vire a proportion of capital funding into revenue.

NOTED

6. **AUDIT SCOTLAND – OVERVIEW OF SCOTLAND'S HEALTH AND NHS PERFORMANCE – 2006/07**

There was submitted a paper [Paper No. 08/04] from the Chief Executive enclosing a copy of the Audit Scotland – Overview of Scotland's Health and NHS Performance in 2006/07 prepared for the Auditor General for Scotland and issued in December 2007.

In the role of the watchdog for ensuring propriety and value for money in spending public funds, the Auditor General published an Annual Report into the overview of Scotland's health and performance and was responsible for ensuring that public bodies adhere to high standards of financial management.

Mr Divers took members through the report and highlighted NHS Greater Glasgow and Clyde performance, particularly in relation to uptake of measles, mumps and rubella (MMR) at 24 months; the sickness absence note; wait times targets for all cancers combined; number and percentage of patients with Availability Status Codes; the use and cost of bank and agency nurses; NHS QIS assessments of NHS Board performance against clinical governance and risk management standards and NHS Boards underlying recurring deficit/surplus for 2006/07 and forecasts for 2007/08.

ACTION BY

Members welcomed this report and the helpful overview and comparative information it contained.

NOTED

7. **COMMUNICATION ACTIONS/ISSUES: 20 NOVEMBER 2007 – 14 JANUARY 2008**

There was submitted a paper [Paper No. 08/05] from the Director of Corporate Communications covering Communication actions and issues from 20 November 2007 to 14 January 2008.

Mr McLaws highlighted the following:-

- Completion of the new Gartnavel Royal Hospital and the widespread national media coverage it attracted following the media tours of the new facility.
- The launch of the Smokefree Service – bringing together existing smoking related projects under one single new brand identity.
- The development of plans to celebrate the 60th Anniversary of the NHS on 5 July 2008, in conjunction with Radio Clyde and the Evening Times.
- The intention to theme the next edition of Health News – 'Promises Delivered' – focusing on the delivery of new centres, hospital and key health plan commitments such as waiting time targets.
- The planning for the next 'Our Health' event which would focus on mental health.

Mr Calderwood advised that in relation to the recent publicity on the suspension of heart transplants at the Scottish National Heart Transplant Unit, he was pleased to let members know that a full review had been undertaken of cases and no evidence was found which highlighted any concerns about clinical practice. Heart transplants would therefore re-commence shortly at Glasgow Royal Infirmary.

NOTED

8. **DATE OF NEXT MEETING**

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 18 March 2008 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.05 a.m.

PRG(M)08/02
Minutes: 9 - 19

NHS GREATER GLASGOW AND CLYDE

Minutes of the meeting of the Performance Review Group held at 9.30 a.m. on Tuesday, 18 March 2008 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

PRESENT

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Cllr. D Mackay
Mr P Daniels OBE	Mr D Sime
Ms R Dhir MBE	Mrs E Smith
Mr P Hamilton	Mrs A Stewart MBE

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Ms R Crocket	Mr T A Divers OBE

IN ATTENDANCE

Ms H Byrne	…	Director of Acute Services Strategy, Implementation and Planning
Mr J C Hamilton	…	Head of Board Administration
Mr J Hobson	…	Head of Corporate Financial Reporting & Audit
Mr A McLaws	...	Director of Corporate Communications
Ms J Quinn	...	Head of Performance and Corporate Reporting
Mr I Reid	...	Director of Human Resources

ACTION BY

9. **APOLOGY**

An apology for absence was intimated on behalf of Cllr. D Yates.

10. **MINUTES**

On the motion of Mr R Cleland and seconded by Mr P Hamilton, the Minutes of the Performance Review Group meeting held on 14 January 2008 [PRG[M)08/01] were approved as an accurate record.

11. **MATTERS ARISING**

a) New South-Side Hospital and Children's Hospital: Update

In relation to Minute 3(a) – New South-Side Hospital and Children's Hospital: Update – Ms Byrne updated members on the progress since the NHS Board had approved the Outline Business Case (OBC) at its February 2008 meeting and submitted the OBC to the Scottish Government Health Directorate (SGHD) for consideration by the Capital Investment Group (CIG).

The SGHD had submitted a number of detailed questions on the OBC covering areas from workforce planning, population projections, procurement, construction, sustainability and affordability. Answers had been provided and it was anticipated that the Cabinet will consider the OBC in early April 2008. The Director of Finance had met with the SGHD Director of Finance to go through in detail the forward financial plan and they discussed the work underpinning the assumptions on affordability and risks. This had been a useful and productive meeting in setting out the financial assumptions associated with the OBC.

ACTION BY

Ms Byrne advised members of the Procurement Workshop held on 17 February 2008 and a follow-up meeting with interested parties. Procurement options had been discussed at the Workshop and they had been narrowed down to two and then subsequently to one The conclusion at this stage was that the procurement route would be a 2-stage design and build process although visits would be undertaken to other sites across the UK to learn from their experience of finalising the procurement method.

On the issue of governance arrangements, Ms Byrne advised that the New South-side Hospitals Programme Board would report to the Acute Services Review Programme Board and would have two main Groups. The first chaired by the Chief Operating Officer would cover Finance and Procurement and the second Group, which she would Chair, would cover Systems and Redesign. There would also be a Site Development Group for the Southern General Hospital site. The new governance arrangements would be submitted to the Acute Services Review Programme Board on 26 March 2008 and then to the Performance Review Group for approval.

Mr Daniels sought confirmation that the preferred procurement method had separate design and construction phases and Ms Byrne confirmed that this was the case. It was important to try to minimize the risks and further discussions were taking place to agree the most effective method for the procurement arrangements for this large project. It was agreed that a paper would be submitted to a future meeting of the Group which explored the options and recommended the preferred procurement method.

Cllr. Mackay raised the issue of transport links to the new South-side hospital and the reference in the OBC to FastLink. This was noted and would be considered by officers in taking the discussions on transport links forward.

DECIDED:

1. That the Director of Acute Services Strategy, Implementation and Planning submit a paper to the next meeting on the governance arrangements for the project. **DASSIP**

2. That the Director of Acute Services Strategy, Implementation and Planning submit a paper to a future meeting on the preferred procurement route for the project.

b) Rationalisation of In-Patient Gynaecology Services – North/East Glasgow

In relation to Minute 61 – Rationalisation of In-Patient Gynaecology Services: North/East Glasgow – Mr Divers advised that he and the Chair had used the delegated authority conferred on them by the Performance Review Group and had accepted the lowest tender to carry out the necessary works to rationalise the in-patient gynaecology services at the Princess Royal Maternity Hospital. The costs of the project were above the estimate in the Final Business Case – mainly in relation to mechanical and engineering costs and a paper had been prepared for audit purposes explaining the reasons for the additional costs. The costs were containable in the capital plan and revenue profile of the project.

NOTED

ACTION BY

c) Local Delivery Plan Guidance and HEAT Targets in 2008/09

In relation to Minute 4 - Local Delivery Plan and HEAT Targets: 2008/09 – Ms Quinn reported that comments had been received from members and a further submission made to the SGHD. Some comments had been taken on board and the final draft Local Delivery Plan had been submitted for SGHD comment and approval. Once approved, the final Local Delivery Plan would be provided to members for information.

Head of Performance and Corporate Reporting

NOTED

12. **AUDIT SCOTLAND – OUT OF HOURS REPORT – POSITION WITHIN NHS GREATER GLASGOW AND CLYDE**

There was submitted a paper [Paper No. 08/06] by the Director of Emergency Care and Medical Services showing the position within NHS Greater Glasgow and Clyde (NHSGG&C) in relation to the Audit Scotland report on the out-of-hours services for 2005/06. The report reviewed changes to the delivery of primary care out-of-hours services and looked at national and local planning for out-of-hours care, the costs and how the current delivery of out-of-hours services affected patients and GPs. The study fieldwork was completed in 2006 and the final report issued in August 2007.

Mr Divers took members through the detail of the paper and, in particular, to the position within NHSGG&C. He highlighted the action taken within NHSGG&C in relation to the four key recommendations made by Audit Scotland.

i) Continued integration of primary care out-of-hours service with unscheduled care

- the proposal to integrate the management structure of GEMS and Primary Care Emergency Centres (PCECs) into a single management and governance structure (and re-location to Cardonald with NHS 24 and the Ambulance Service) was to be submitted to the Area Partnership Forum in March 2008.

ii) Monitor extended roles of staff and GP re-provision rates to obtain accurate workforce planning for out-of-hours service

- Review under way to revise skill-mix with GEMS Nurse Practitioners having a greater input into the six PCECs, activity analysis utilised to plan staffing levels – particularly for peak demand periods and public holidays.

iii) Share data on fees and payments across NHS Scotland to ensure value for money

- Structures shared with National Peak Planning Group – NHS GEMS fees among lowest in NHS Scotland; Clyde PCECs was more expensive due to combination of geographical challenges and historical salaried nature of the medical workforce. This was being reviewed.

iv) Monitor contact with other service providers to ensure value for money

- NHS GEMS has no contracts with other providers and Clyde PCECs contract with NHS Highland to cover Loch Lomondside was being reviewed to ensure value for money.

ACTION BY

Mrs Stewart was keen that the information technology systems of the NHS Board, GEMS, NHS24 and the Ambulance Service in Cardonald were all compatible. The co-location with key partners in the delivery of out-of-hours services was unique and welcomed and the Director of Finance would confirm for Mrs Stewart the information technology set-up. **Director of Finance**

Mr Daniels enquired about the salaried GPs arrangement within Clyde and Mr Divers advised that negotiations would be under way shortly to harmonise the arrangements across NHSGG&C.

NOTED

13. **APPROVAL OF FULL BUSINESS CASE – MATERNITY STRATEGY**

There was submitted a paper [Paper No. 08/07] by the Director of Women's and Children's Services and the Director of Acute Services Strategy, Implementation and Planning seeking approval to the Final Business Case (FBC) for the Maternity Strategy. The NHS Board approved the OBC at its meeting in February 2007 and the SGHD's Capital Investment Group approved the OBC the following month. The OBC had been progressed in partnership to FBC stage by the Maternity Strategy Implementation Steering Group and its Capital and Finance Sub-Group.

Ms Byrne and Ms Crocket took members through the process of finalising the FBC, the service model and re-design programme, procurement process and timescale and the affordability and value for money analysis. Ms Crocket confirmed from the tender analysis that the preferred bidder's tender would be contained within the capital sum set aside for the Maternity Strategy of £27.865m. The Maternity Strategy would lead to the provision of maternity services from two sites within Greater Glasgow – Princess Royal Maternity and the Southern General Hospital Maternity Unit.

In response to a question from Mr Hamilton, Ms Crocket advised that the Southern General refurbished maternity unit would house the ward areas, post-natal and some ante-natal services, gynaecology, early pregnancy assessment and health education/parenting services. The new build would house the new labour room, theatres, ultrasound, foetal services, neo-natal ITU and the Special Care Unit.

Ms Dhir was concerned that there may not be enough consideration being given to expectant mothers who wished to give birth at home. Ms Crocket explained that the community midwifery service was being re-designed and this would give expectant mothers access to community midwives where the options of where to give birth would be discussed.

There was ongoing work to identify high risk patients for referral to an obstetrician for assessment and it was intended to view pregnancy as normal and not as something medical. Kate Munro from the Community Engagement Team had met all the groups with an interest in maternity services to try and ensure all views and comments would be taken into account in re-designing maternity services.

Ms Byrne advised that the concepts in the Design Action Plan were being used for this project.

DECIDED:

That the Final Business Case be approved for submission to the SGHD's Capital Investment Group. **DASSIP**

ACTION BY

14. **OUTCOME OF MID-YEAR REVIEW WITH SEHD**

There was a paper [Paper No. 08/08] submitted by the Head of Performance and Corporate Reporting on the progress against the Action Points agreed at the Annual Review in October 2007 and the key areas discussed at the Mid-Year Review meeting with the SGHD in February 2008.

Mr Divers detailed the progress against the key action points and on Agenda for Change Mr Reid advised that some 3,000 requests for review (covering 7,000 staff) had been received and planning was under way to provide the capacity to set up panels to hear the appeals against the Agenda for Change banding.

On the national target for sickness absence, Mr Reid advised that the Attendance Management Policy had been approved and was now being implemented by managers. Awareness sessions had been held for managers and a training pack (and DVD) had been produced.

Short-term absences accounted for 2% of sickness absence and longer term absence accounted for 4%. Mr Cleland advised that the Staff Governance Committee was taking an active role in measuring performance in this area. An internal review of the existing Occupational Health Service was under way and alternative methods of provision were being considered.

Mr Divers described the work being undertaken on improving the performance towards securing the 62-day target for cancer treatments. Patient pathway improvements had been made and the NHS Board had now reached a rolling average of 93% with the challenge of trying to achieve the remaining 2% as soon as possible. Mr Divers briefed members on the suggested improvements in access targets contained in the Better Cancer Care document and explained the likely capacity and resource challenges which would be faced. Discussions with the SGHD had commenced on planning for these new access targets.

Mr Divers indicated that the mid-year review meeting with the SGHD had been productive and covered the full range of the challenges faced by the NHS Board. Preparation would commence shortly for the 2008 Annual Review meeting to be held on 18 August 2008.

Lastly, Mr Divers reported on the Performance Review meetings which had been held with all CHPs and CHCPs, the Mental Health Partnership and the remaining Review meeting would be held next week with the Acute Services Division. The reviews had afforded the opportunity for good levels of engagement and helpful learning points. A summary of the outcome would be provided to the next meeting of the Performance Review Group and Mr Divers would provide feed back to the Vice-Chairs of the CH(C)Ps where necessary. The individual submissions from each Partnership were available by contacting Ms Quinn.

NOTED

15. **FINANCIAL MONITORING REPORT TO JANUARY 2008**

There was submitted a paper [Paper No. 08/09] by the Director of Finance setting out the NHS Board's financial performance for the 10-month period to 31 January 2008.

ACTION BY

Mr Hobson took members through each section of the paper and highlighted key points, including that the NHS Board continued to forecast a revenue breakeven position for 2007/08.

Mr Divers advised that in relation to hospital prescribing costs the Director of Finance, Chief Operating Officer, Associate Medical Directors and Acute Service Directors were reviewing the three areas of the highest expenditure – cancer drugs, drugs for inflammatory diseases and cardiology – to see if any efficiencies lay in these areas in terms of better procurement and prescribing.

The overall expenditure within Clyde Acute Services continued to run within budget with an underspend of £1.9m reported and it was encouraging that expenditure had been brought under control and services were now being delivered within budget at this stage of implementing a three year recovery plan, with a residual recurring deficit of £19m to be addressed by the recovery plan in 2009/10 and 2010/11.

NOTED

16. **PERFORMANCE REPORT – NOVEMBER 2007**

There was submitted a paper [Paper No. 08/10] from the Head of Performance and Corporate Reporting setting out the first combined NHSGG&C performance report. Work was still ongoing to harmonise some systems in order to provide a comprehensive NHSGG&C report in future.

The one area of concern was the lack of progress in the section 'Be An Effective Organisation' – in particular, the failure to meet the performance targets for complaints and Freedom of Information requests.

Mr J Hamilton advised that the vast majority of complaints were within the Acute Services Division and they had recently undertaken a full review on how they handled complaints and identified a number of operational issues on which they will be able to improve through the co-location of the complaints staff and the introduction of new arrangements to align the complaints staff to the way in which services are now delivered. This process was currently ongoing in partnership with staff and it would be hoped that the improvement in the performance indicator of completing 70% of complaints within 20 working days will improve once the co-location arrangements are completed.

With regard to the handling of Freedom of Information requests, Mr J Hamilton advised that many requests were completed within 2-3 days after the deadline of 20 working days and this was often associated with ensuring the correct information was being given to requesters rather than rushing out an incomplete response within time. Requesters were contacted if the deadline was going to be missed and in most instances had agreed to receive the information beyond the 20 working day deadline.

It was also noted that the Acute Services Division had not provided their information on the handling of Freedom of Information requests for this quarter.

Members acknowledged the comments made and asked that consideration also be given to widening the scope of the target that would include the number of requests for complaints investigated by the Scottish Public Sector Ombudsman and the outcome of these cases. Also the number of Freedom of Information requests submitted for a Requirement for Review and, ultimately, an appeal to the Information Commissioner should be included and again, highlight the outcome of these processes.

ACTION BY

Ms Dhir thought there should be more emphasis on training of frontline staff both in the handling of concerns and complaints so issues do not become formal complaints and also on the lessons learned from the outcome of completed complaints and recommendations from the Ombudsman's Office. This work was being taken forward by the Clinical Governance Committee.

Mr P Hamilton reminded members of the National Initiative on the Patient's Experience and how that will provide an opportunity to gain feedback from survey work on patients' views and comments on our services.

The Quarterly Complaints Report for the fourth quarter of the year would also include comparative data which would highlight NHS Greater Glasgow and Clyde's performance in handling complaints against other NHS Boards. **Head of Board Administration**

NOTED

17. **PROPERTY SUB-COMMITTEE MINUTES – 25 JANUARY 2008**

The Property Sub-Committee Minutes of its meeting held on 25 January 2008 were noted. A further meeting had been held on 17 March and the Minutes of that meeting would be submitted to the May 2008 Performance Review Group meeting.

NOTED

18. **COMMUNICATION ISSUES: 15 JANUARY – 18 MARCH 2008**

There was submitted a paper [Paper No. 08/012] from the Director of Corporate Communications covering Communications actions and issues from 15 January to 18 March 2008.

Mr McLaws highlighted the following:-

- The official Opening of the Beatson and West of Scotland Cancer Centre on 1 February 2008 – attended by the First Minister and Deputy First Minister.
- Preparations were under way for the official Opening of the New Gartnavel Royal Hospital on 7 April 2008 and the official Opening of the Pollok Civic Realm Development in the early summer.
- Plans are under way to focus the next issue of Health News on Services for Older People together with the plans for the NHS 60th Anniversary celebrations.
- The Launch of the Virtual E-tours of the New Stobhill and Victoria Hospitals on the NHS Board's website – the e-tours cover eight specific areas within each hospital and will be updated monthly until the hospitals are opened.
- Work has been ongoing in the preparation for the launch of a number of new and internal staff communication activities, including the re-design of the Staff Newsletter and the introduction from May 2008 of Team Briefing.

NOTED

ACTION BY

19. **DATE OF NEXT MEETING**

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 20 May 2008 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.45 a.m.

PRG(M)08/03
Minutes: 20 - 28

NHS GREATER GLASGOW AND CLYDE

Minutes of the meeting of the Performance Review Group held at 9.30 a.m. on Tuesday, 20 May 2008 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

PRESENT

Mr A O Robertson OBE (in the Chair)

Mr P Daniels OBE	Mr D Sime
Ms R Dhir MBE	Mrs E Smith
Mr P Hamilton	Cllr. D Yates

OTHER NHS BOARD MEMBERS IN ATTENDANCE

Mr T A Divers OBE Mr D Griffin
Mr B Williamson

IN ATTENDANCE

Ms H Byrne	…	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	…	Chief Operating Officer, Acute Services Division
Mr J C Hamilton	…	Head of Board Administration
Mr K Hogg	…	Head of Performance Division, Scottish Government Health Directorate
Mr A McLaws	...	Director of Corporate Communications
Mr N McGrogan	…	Head of Community Engagement (to Minute 24)
Ms J Quinn	...	Head of Performance and Corporate Reporting
Mr I Reid	...	Director of Human Resources
Mr J Rundell	…	Audit Scotland

ACTION BY

20. **WELCOME AND APOLOGIES**

The Chair welcomed Mr Ken Hogg, the new Head of the Performance Division, Scottish Government Health Directorate to the meeting and explained that he was attending the meeting as part of his induction to his new post.

Apologies for absence were intimated on behalf of Mr R Cleland, Cllr. D Mackay and Mrs A Stewart MBE.

21. **MINUTES**

On the motion of Mr P Hamilton and seconded by Ms R Dhir, the Minutes of the Performance Review Group meeting held on 18 March 2008 [PRG[M)08/02] were approved as an accurate record.

22. **MATTERS ARISING**

a) Local Delivery Plan

In relation to Minute 11(c) – Local Delivery Plan Guidance and HEAT Targets in 2008/09 – Ms Quinn explained that discussions were continuing with the Health Directorate on the proposed target for emergency re-admissions and once these had been finalised and the Local Delivery Plan signed-off, it would be provided to members for information.

Head of Performance & Corporate Reporting

NOTED

ACTION BY

b) Financial Services – Cardonald

In relation to Minute 12(iv) – Audit Scotland – Out of Hours Report – Position with NHS Greater Glasgow and Clyde – Mr Griffin reported that the IT systems were fully connected and no concerns had been highlighted by Financial Services staff.

NOTED

c) Annual Review

In relation to Minute 14 – Outcome of Mid-Year Review with Scottish Government Health Directorate (SGHD)– Mr Divers reported that the preparatory work was well under way for the Annual Review meeting at the Royal Concert Hall on 18 August 2008.

NOTED

d) Approval of Full Business Case – Maternity Strategy

In relation to Minute 13 – Approval of Full Business Case – Maternity Strategy – it was reported that the SGHD had now approved the Full Business Case for the re-development of the Maternity Unit on the Southern General Hospital site. The Chief Executive of NHS Scotland had commended the collaborative working between the NHS Board and SGHD officials which had smoothed the way to the Full Business Case being approved.

NOTED

e) Update on the New South-Side Hospital and New laboratory Project

In relation to Minute 11(a) – New South-Side Hospital and Children's Hospital: Update – there was submitted a paper [Paper No. 08/13a] from the Director of Acute Services Strategy, Implementation and Planning.

Ms Byrne took members through the key points of the paper and advised that the Minister for Public Health had announced the Scottish Government's approval to the Outline Business Case on 22 April 2008.

An advert had been placed in the European Journal to procure the services of a Technical Adviser to support the NHS Board in developing, monitoring and reporting on all aspects of the procurement strategy. It was hoped to appoint Technical Advisers by the end of August 2008.

Mr McGrogan referred to the Section 75 Agreement between the NHS Board and the City Council in relation to the Outline Planning Approval granted to this development. Work was progressing well on each of the elements of the Agreement: however, discussions were more protracted in relation to the developers' contribution to a new transit/transport system for the south-side. The NHS Board had identified a modest capital sum within the OBC to contribute to the agreed travel plan with the objective of not adding to congestion to the south-side with this new development. Fastlink was one initiative that could assist in meeting this objective but others were being explored. Strathclyde Passenger Transport had wished to discuss with partners what contributions might be available towards the costs of Fastlink.

ACTION BY

In response to a question from Ms Dhir, Mr Calderwood advised that the Ambulatory Care Hospital would retain about 85% of patient episodes which currently attend the Victoria Infirmary. Research had shown that over three-quarters of people attending hospital for in-patient care attended by ambulance or private car and surveys with visitors suggested that the majority attended by private car. The OBC recognised the need for buses passing through the new south-side hospital site; plans for a multi-storey car park and improvements to the current under-passes.

It was recognised that close contact and ongoing discussion was required with Strathclyde Transport Executive, local Councillors and the City Council to ensure timely progress on transport issues was maintained. **Head of Community Engagement**

In relation to procurement, Mr Daniels asked about the 2-stage design and build procurement process. Mr Calderwood advised that two workshops had been held to consider in detail the procurement strategy and the method chosen was a combination of minimising risk and current market conditions/intelligence. Plans were under way to hold a meeting with the companies most likely to have an interest in this size of development and this would be followed up with a Procurement Open Day with an open invitation to all interested parties. The experience of the new Ambulatory Care Hospitals had reinforced the need to try and ensure a competitive field.

Members appreciated the update on the new south-side hospital and recognised the importance of being kept up-to-date with some of the crucial elements and stages of this development. It was agreed that regular updates would be provided and that more detailed papers on critical and specific issues would be prepared for discussion with members as this project progressed. In view of the earlier discussion this would include papers on transport and procurement. **Dof ASSIP**

NOTED

f) New South-Side Hospital – Governance Structure for Stage 2

In relation to Minute 11(a) – New South-Side Hospital and Children's Hospital: Update – there was submitted a paper [Paper No. 08/13b] by the Director of Acute Services Strategy, Implementation and Planning which set out the intended governance structure for the second stage of the new South-side Hospitals and new Laboratory Project.

Ms Byrne explained the role and membership of the various Groups formed to oversee this project from the Acute Services Review Programme Board (chaired by the Chief Executive) through to the Groups which would pick up responsibility for re-design, procurement, finance, site co-ordination, links with the new Ambulatory Care Hospitals and Clinical Planning Groups (Adults and Children). The external auditors had been involved in shaping the structure and the Acute Services Programme Board had endorsed the proposed structure.

In response to members' questions, Ms Byrne advised that the structure would be flexible to take account of changing circumstances including the appointment of architects and contractors and other changes that may occur during the project. The experience gained with development of the two new Ambulatory Care Hospitals was valuable and would help inform the structures and process required at the different stages of this project.

ACTION BY

Mr Williamson echoed members' support for the proposed governance arrangements for the biggest project ever undertaken by NHS Greater Glasgow and Clyde: however, he wished to be assured that it would not become a distraction and that the remaining elements of the NHS Board's responsibilities would be appropriately managed and governed. Mr Divers advised that this had been discussed at one of the recent workshops and that senior staff were alert to such a possibility and this was why a resource requirement (staff, supplies and external fees) to support Stage 2 had been developed and would be considered shortly along with other competing priorities.

Mrs Smith raised the issue of external scrutiny and Mr Divers advised that the external auditors – Audit Scotland – would undertake the overall scrutiny role and would see it as a significant part of their work in the coming years. There would be a hand-over period from the former external auditors to Audit Scotland and Mr Rundell advised that the initial work would most likely concentrate on the OBC and Bed Modeling. Mr Divers also advised that discussions would be held with Partnerships UK to see if there was a continued involvement for them on a project this size.

DECIDED:

That the Governance Structure for the second stage of the new South-Side Hospitals and new Laboratory, be approved. **DofASSIP**

23. **UPDATE ON PREPARATION OF FINANCIAL PLAN – 2008/09**

There was submitted a paper [Paper No. 08/14] from the Chief Executive which advised that an overhaul of the Financial Plan 2008/09 was under way to take account of the increased pay uplift and that an updated paper would be tabled by the Director of Finance in order to take members through the impact of the higher than anticipated pay uplift. The Director of Finance provided members with a paper on the development of the Financial Plan for 2008/09 and took members through each section.

Mr Griffin advised that the recently announced proposal for general pay uplift was 0.75% higher than anticipated and that this added £7.5m net additional cost in 2008/09. In addition, detailed work carried out by the Board's prescribing advisers in Acute Services forecast expenditure movements at an anticipated rate of 5% higher than had been assumed in 2008/09. A review was being undertaken to identify measures which were capable of off-setting and/or containing part of this growth. It had, however, been assumed that this would still result in a further cost pressure of £1.5m in 2008/09.

In combination, this has had the effect of raising the Board's cost savings challenge in 2008/09 from £33.2m to £42.2m. Mr Griffin identified in the paper the wide range of proposals which were being worked up to move towards delivering the original cost savings target: however, further work was required to identify savings to bridge the additional financial gap. He explained some of the options being considered – a review of brought forward expenditure commitments, and provision and use of earmarked funds. In working up the revised Financial Plan account required to be taken of releasing 50% of the step-up funding required to finance the two new Ambulatory Care Hospitals which were due to be commissioned in 2009/10 and a recognition that there were currently financial pressures within the Acute Services Division. Mr Divers acknowledged that it would be important to consider moving towards implementing the range of decisions associated with the approval of the Acute Services Strategy in the near future.

ACTION BY

Mr Griffin would liaise with fellow Directors in implementing the identified cost savings with immediate effect; would undertake further reviews to identify additional savings; and work towards revising the Financial Plan 2008/09 for submission to the NHS Board in June 2008. **Director of Finance**

NOTED

24. **DEVELOPMENTS IN TRANSPORT**

There was a paper [Paper No. 08/15] from the Head of Community Engagement which set out for members the key areas of work between the NHS Board and Strathclyde Passenger Transport (SPT) in trying to improve access to health care facilities. In addition, SPT had submitted a work plan as a Single Outcome Agreement containing information on SPT's commitment in relation to projects and initiatives for 2008/09 and how it planned to monitor progress towards national outcomes.

Mr Hamilton enquired about the update of the Evening Visitor Transport Scheme – Mr McGrogan advised that there had been good up-take in Glasgow and East Dunbartonshire: however, possibly in recognition that it had the second highest car ownership in the areas, the uptake in East Renfrewshire had been low.

In considering the Agreement, members noted that there was no funding beyond 2008/09: the actions around promoting equality were light and overall there was little detail and a lack of tangible outcomes. Mr McGrogan was asked to feed back these comments to SPT. **Head of Community Engagement**

ECIDED:

That the developments in transport be noted and a paper be submitted to the NHS Board at a later date. **Head of Community Engagement**

25. **ORGANISATIONAL PERFORMANCE REVIEWS – SUMMARY OF FIRST CYCLE OF REVIEWS**

There was submitted a paper [Paper No. 08/16] by the Head of Performance and Corporate Reporting which reported on the outcome of the first cycle of organisational reviews conducted in February and March 2008 with each CHCP, CHP, Mental Health Partnership and the Acute Services Division.

Each Review Panel was chaired by the Chief Executive and the entity being reviewed provided in advance a report covering the range of topics under the headings of the Board's Corporate Themes. As well as performance issues, the Panel also focused on the interfaces between the various entities across the system to promote cohesion and effectiveness.

Ms Quinn highlighted that a number of general trends were identified and a range of Good Practice examples had been collated and would be shared across the system in order to improve practice. Plans had now commenced to organise the next set of organisational reviews for the autumn.

System-wide actions had been collated and some cross system issues had arisen. A process would now be undertaken to confirm the merits of each of those issues/actions and a lead officer identified to take each forward.

Members welcomed the outcome of the organisational reviews and reflected that the issues highlighted were tangible and much more informative than reviewing the minutes of CH(C)P Committee meetings.

ACTION BY

Mr Divers commented that it had been a learning process for all involved and improvements would be possible for the next round of organisational reviews. In particular, it would be essential to change the template for integrated CH(C)Ps to capture more Social work outputs. Overall, the reviews had been extremely useful: good calibre reports had been received and there was good engagement with each team. The next stage was to monitor progress against local priorities/actions at the next round of organisational reviews.

DECIDED:

That the first cycle of Oganisational Performance Reviews and the outcomes be welcomed. **Head of Performance & Corporate Reporting**

26. **PROPERTY SUB-COMMITTEE MINUTES – 17 MARCH 2008**

The Property Sub-Committee Minutes of its meeting held on 17 March 2008 were noted.

NOTED

27. **COMMUNICATIONS ISSUES: 19 MARCH – 20 MAY 2008**

There was submitted a paper [Paper No. 08/18] from the Director of Corporate Communications covering Communications actions and issues from 19 March to 20 May 2008.

Mr McLaws highlighted the following:-

- Arrangements for the 60th Anniversary of the NHS on 5 July 2008, in particular the arrangements for the Board's Celebrations, the event at the Royal Concert Hall and the Website hosting archive photographs, patient reminiscences and landmark NHS moments.

- The Launch of the NHS Diamond Awards for staff.

- The opening of the new Gartnavel Royal Hospital on 7 April 2008 by the Cabinet Secretary for Health and Well-Being.

- The successful completion of the piloting of two Information Points at Gartnavel General Hospital and Easterhouse Health Centre and the challenge to now fund and implement a phased roll-out across NHS Greater Glasgow and Clyde.

NOTED

28. **DATE OF NEXT MEETING**

The next meeting of the Performance Review Group would be held at 9.30 a.m. on Tuesday, 1 July 2008 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 12.20 p.m.

NHS GREATER GLASGOW AND CLYDE

Performance Review Group
20th May 2008 **PRG Paper No. 08/13a**

Director of Acute Services Strategy, Implementation and Planning

Update on the New South Glasgow Hospital's and New Laboratory Project

1) Recommendation

The Performance Review Group is asked to note the contents of this paper which gives an update on the New South Glasgow Hospitals and New Laboratory Project.

2) Background

The following sections provide an update on the Outline Business Case progress, the procurement process, appointment of the technical advisers, outline planning position, governance structures and the project budget bid.

3) Outline Business Case

The Outline Business Case for the New Adult and Children's Hospital and new laboratory build was submitted to the Scottish Government in February 2008. The Government responded with over 50 comments and requests for further information, the key areas being workforce, procurement strategy and building aspects such as optimism bias and planning (section 75). These were addressed and Shona Robison, MSP, Minister for Public Health announced the Scottish Government's approval of the Business Case on 22nd April 2008.

The Outline Business Case must be available to the public within a month of the announcement.

4) Procurement

Since submitting the OBC the Project Team have been working with Technical, Legal and Financial advisors to develop the procurement strategy for the Southern General Hospital development.

From a range of workshops and discussions it has been decided to procure the new hospitals through a 2-stage design and build procurement process. The Project Team have developed a procurement programme to take this forward and in order to make further refinement necessary to improve the procurement process, and to test the

attractiveness of the project to the market, it is intended to carry out a Market Sounding exercise with potential developers to gauge their reaction to the planned procurement strategy. The Market Sounding exercise will be completed by the end of May 2008.

5) Technical Advisors Appointment

The Project Team are currently in the process of procuring the services of a Technical Advisor Team to support the Board in developing, monitoring and reporting on all aspects for the procurement strategy. The OJEU notice for the above was posted on the 7th May 2008 and evaluation and appointment of successful advisors is anticipated to be complete by early August 2008.

6) Outline Planning

The project has received Outline Planning approval subject to the completion of the section 75 legal agreement between the Board and Glasgow City Council. Work is progressing satisfactorily on each of the section 75 items with the exception of the item relating to the development contribution to a mass transit transport system such as the Fastlink proposal. Glasgow City Council advise that they are not in a position to discuss this at present which will obviously slow the progress of completing the Outline Planning process.

7) Governance

A Governance Structure to take the project through the next stage (stage 2) has been identified. This involves the ASR Programme Board with a reviewed role and membership and a number of new sub-groups. These include a group to oversee the impact of implementing the ASR on the whole organisation and co-ordinate the service transformation programme across the organisation and a group to take forward the procurement and financial aspects of the development. These will report into a New South Glasgow Executive Board which will have the delegated executive authority necessary to progress the project. In addition there will be a site programme co-coordinating group to ensure that all potential impact and risks that may occur in delivering a multi-construction project environment are appropriately managed.

Work is taking place to identify the sub-structure below this to take forward the detailed planning and design aspects of both the adult and the new children's hospitals. Packages of work which need to be undertaken prior to the appointment of the Technical Advisor team are being identified and mechanisms for taking them forward are being discussed with Directorates and the Planning Team.

8) Budget

The resource requirement for stage 2 has been identified in terms of staff, supplies and external advisor fees. A budget bid has been submitted for consideration and approval.

NHS GREATER GLASGOW AND CLYDE

Performance Review Group

20 May 2008 **PRG Paper No. 13b**

Director of Acute Services Strategy, Implementation and Planning

New South Glasgow Hospitals Governance Structure for Stage 2

1.0 Recommendation

The Performance Review Group is asked to note and approve the Governance Structure for the second stage of the New South Glasgow Hospital's and New Laboratory Project.

2.0 Background

The New South Glasgow's Hospitals and New Laboratory Project forms the second phase of the Acute Services Review and comprises of a new 1109 bedded adult hospital, a new 240 bedded children's hospital and a new laboratory build all of which will be located on the Southern Campus. The anticipated completion date of the project is 2014.

With the approval of the Outline Business Case by the Scottish Government the project is now entering into the second stage which will take the project from Outline Business Case authorisation to Full Business Case. Proposals for the governance structure have been approved by the ASR Programme Board and are outlined in this paper.

3.0 Governance Structure for Stage 2

A review of the breadth of skills and tasks required to complete this stage of the project has highlighted 3 key areas, these being, organisational change and procurement and financial. It is therefore proposed that the generic Project Executive Group be replaced with 2 specialist project groups reflecting the key areas. The 2 groups will feed into a new group, the New South Glasgow Hospitals Executive Board, which in turn, will report to the ASR Programme Board. An outline of remit is given below.

3.1 The ASR Programme Board

The ASR Programme Board will oversee the project work and progress against the stated outputs and timescale. This is an existing group chaired by the Board's Chief Executive however, given the ASR is entering the next phase, the terms of reference and membership have reviewed to ensure they reflect the future stages of ASR implementation.

3.2 New South Glasgow Hospitals Executive Board

The New South Glasgow Hospitals Executive Board will have delegated authority to make executive decisions on critical points in the project process. The role of the Board will be to oversee the overall process of the project and to co-ordinate the work streams of the two groups. The Board will meet bi-monthly or more frequently depending upon the stage of the project and will report into the ASR Programme Board.

3.3 ASR Systems Redesign Group

The development of the New South Glasgow Hospitals will result in a number of radical changes not just in reconfiguring clinical services across Glasgow but also in working practices and the way in which patients receive their treatment. A comprehensive and co-ordinated process will be developed to take forward the re-design aspects and work hand in glove with staff, human resources and workforce planning to ensure both staff involvement and that the right number of staff and skills are available to support the new ways of working.

3.4 Procurement and Finance Group

There will be a requirement for specialist skills in relation to taking the procurement process forward and with regard to the funding, affordability and value for money aspects. A high level of risk management and scrutiny will be needed to assure the Health Board of appropriate delivery.

3.5 Site Programme Co-ordinating Group

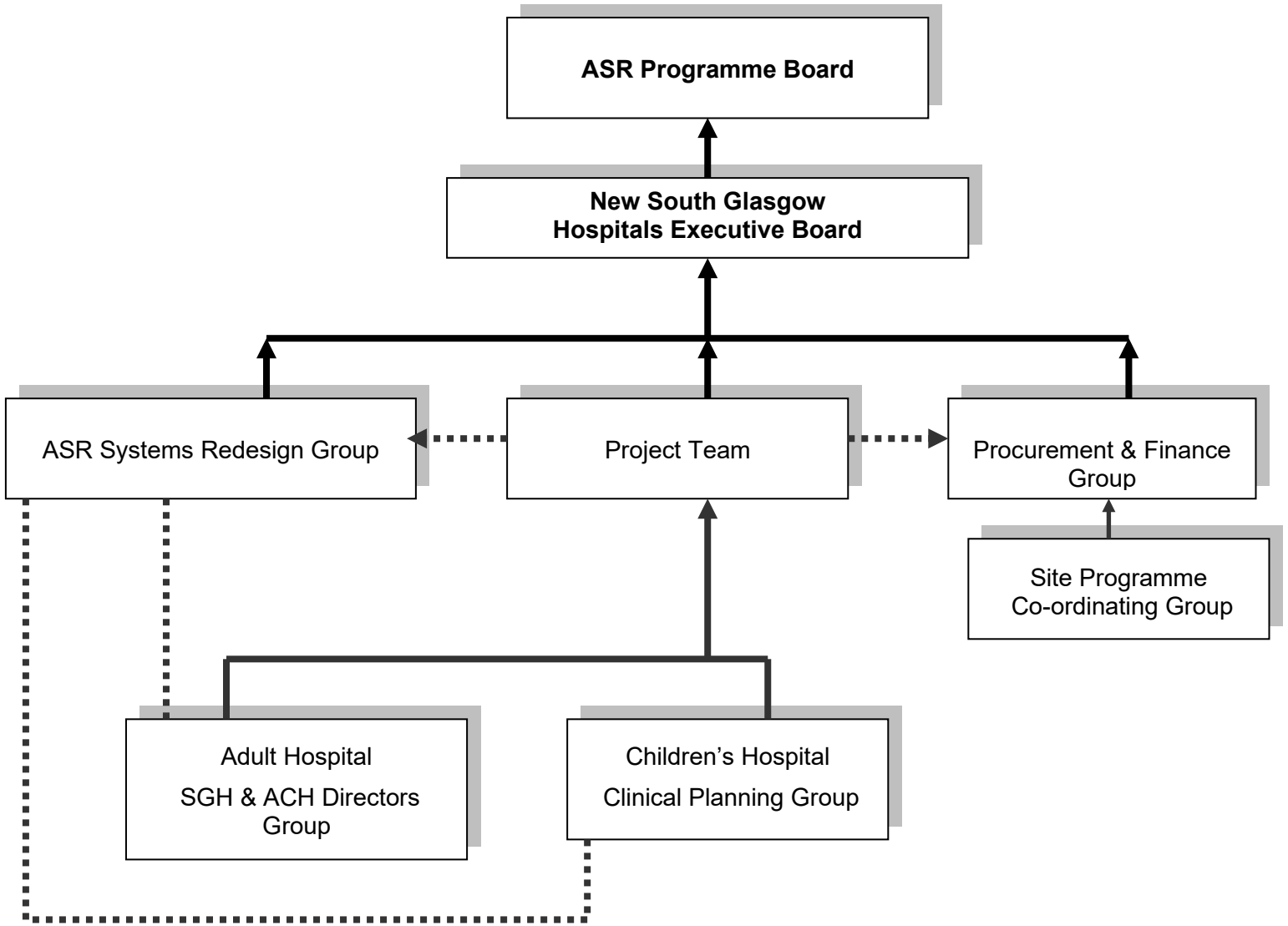
There is a very substantial construction programme planned over the next six years at the Southern General Hospital. The site will continue to operate during the full construction programme and therefore there is a requirement to establish a group to monitor, co-ordinate and control all on-site works.

3.6 Structure, remit and membership

Please see Diagram 1 below, which illustrates the governance structure and remit. The remit of each group is given in more detail in Appendix 1.

Membership of the groups will reflect both skills in the specialist area and also previous experience in delivering large capital builds. Membership will also reflect a high level of Board scrutiny in all aspects of delivering this project. Detail of the membership of the main groups is given in Appendix 2.

Diagram 1 - Governance Structures



APPENDIX 1

1) ASR PROGRAMME BOARD

Role and Remit

The ASR Programme Board (ASRPB) is responsible for overseeing the delivery of the Acute Services Review. This includes the planning and implementation of the individual elements identified as necessary to achieve the strategic change and also the quantification of outcomes to ensure they are in line with the agreed aims and objectives of the Acute Services Strategy.

The ASRPB will ensure that all activities are in line with agreed principles and timescales. The ASRPB will receive updates regarding all aspects of planning and implementation of the Acute Services Review.

The ASRPB will ensure that the strategic direction is reviewed and confirmed as still appropriate (in line with Gateway 0).

The ASRPB will consider the wider implications of implementing the Acute Services Review including: the impact on local communities; providing direction and advice on liaising and working with the many interested parties, maximising local benefit through advocating good community planning processes are adhered to and ensuring that political sensitivities are managed appropriately.

The ASRPB will ensure the necessary linkages between elements of the strategy are in place to allow delivery of the strategy.

The ASRPB will ensure overall financial control is being managed and is kept within the parameters of the Board's expenditure.

The ASRPB will approve and monitor the appropriate governance is in place to ensure a successful outcome for each major element of the Acute Services Plan.

The ASRPB ensure that the performance of all aspects of planning and implementing the Acute Services Review is monitored and progressed at the appropriate level for a successful outcome.

The ASRPB will consider and approve specific aspects/proposals of the planning and implementation process to the agreed level of delegation.

2) NEW SOUTH GLASGOW HOSPITALS EXECUTIVE BOARD

Role and Remit

The New South Glasgow Executive Board (NSGEB) will ensure that all activities of the ASR Systems Redesign Group and Procurement & Finance Group (PFG) are co-ordinated and achieving the appropriate progress.

The NSGEB will have appropriate delegated authority to take forward necessary negotiations to ensure objectives are achieved, progress is maintained and business is concluded especially where time is critical to the ASR2 viability with respect to financial aspects and the implementation programme.

The NSGEB will report and advise the Acute Services Review Board (ASRPB) on all aspects of the implementation of ASR2.

The NSGEB will monitor all aspects of performance of the implementation of ASR2.

The NSGEB will provide change management control in that any change which impacts upon the project must be authorised by this Board before it can be implemented.

The NSGEPB will meet regularly (every 2 months) to assess programme progress. The NSGEPB will also meet as often as necessary when critical factors that may be detrimental to the progress of implementation of ASR2 require to be addressed.

3) ASR SYSTEMS REDESIGN GROUP

Role and Remit

The ASR Systems Redesign Group will oversee the impact of implementing the Acute Services Review (ASR) on the whole organisation and drive forward the service transformation programme which will include changes in activity, models of care and new ways of working.

As the project progresses the remit of this group will evolve from a strategic clinical redesign focus to a more operational focus. On this basis it is proposed that the chair will change to reflect the evolving remit. The ASR Systems Redesign Group will ensure that external and internal stakeholder involvement is at the heart of planned change and that a development plan for staff is fully supported and implemented to enable change to happen appropriately.

The ASR Systems Redesign Group will report to the New South Glasgow Hospital Executive Board and be accountable for ensuring a fully co-ordinated approach is adopted to completing the work to achieve the objectives of the ASR.

The ASR Systems Redesign Group will approve and commission all aspects of clinical/service redesign in order to provide assurance to the ASRPB that the programme of transformation and change is on target and achieving agreed objectives.

The ASR Systems Redesign Group will monitor the stakeholder management plan to assure it interfaces with the following organisations and manages these links appropriately.

- Scottish Government
- MP's/MSP's (Local politicians)
- City Council Members and Offices
- Town Planning/Heritage Groups/Architect and Design Scotland
- Neighbourhood Groups
- Patient Groups
- Local/National media, safety and sustainability

The ASR Systems Redesign Group will approve or make recommendations to ASRPB all aspects of

- Clinical Output Specs
- User Interface
- Bid Evaluation – (Service Based)
- Assure clinical functionality, safety and sustainability

4) PROCUREMENT AND FINANCE GROUP

The Procurement & Finance Group (PFG) will be responsible to New South Glasgow Hospitals Executive Board.

Role and Remit

The following describes the group's remit in respect of a) the procurement aspects and b) financial aspects.

a) Procurement aspects

The PFG is accountable for the planning and delivery of all procurement measures required to deliver the identified investment and services that fall within the scope of the whole project.

The PFG will ensure the following are completed to the satisfaction of the Acute Services Review Project Board (ASRPB):-

- Procurement Plan and timetable
- Procurement Administration
- Bid evaluation process and administration
- Procurement budget control
- Issues, risks, dependency logs administration
- Change control administration

The PFG will take forward and complete all aspects of:

- Negotiating commercial issue
- Draft Contracts/Final Contracts
- Report on issues affecting affordability to the Investment Board
- Examine financing proposals and make recommendations to the ASRPB.
- Bid evaluation
- Monitor funding competition
- Develop and report Value for Money (VfM) proposals.

The PFG will be responsible for attending to all technical requirements and issues which arise during the full procurement programme and hence oversee and approve the:

- Technical Output Specs
- Bid Evaluation Process
- Test technical viability of solutions
- All planning issues
- All changes to contract/design/specification

The PFG will oversee all aspects of commissioning and agree main programme interface with equipment installations.

The PFG will have specific NHS Board delegated authority to conduct and conclude negotiations at time critical and project critical moments of the procurement process.

b) Financial aspects

The PFG will oversee the whole investment programme associated with the implementation of ASR and will be responsible for the planning and completion of the procurement programmes including:

- New Adult and Children's Hospital complex
- Medical and Non-Medical Equipment
- IT Equipment
- All enabling schemes
- All advisor procurements (financial, legal & technical).

It will also be responsible for ensuring that critical expenditure forecasting for the project is in line with agreed income levels supporting the roll-out of the project and this will include:

- Approval, monitoring and reporting savings plans required to fund the project
- Income forecasting
- Financial risk management assessments
- Capital cost control approval, monitoring and reporting
- Incorporation of any new service developments are matched with income sources

The PFG will advise the Acute Services Review Project Board (ASRPB) on all major financial aspects of the project ensuring that any financial concerns are raised immediately.

The PFG will consider and approve all aspects of achieving Value for Money (VfM).

The PFG will ensure all Standing Financial Instructions (SFI's) are adhered to and that all financial transactions are enacted within the appropriate financial convention of accepted practice.

The PFG will monitor financial model and affordability and examine financing proposals to advise and make recommendations to ASRPB

5) SITE PROGRAMME CO-ORDINATING GROUP

The role of the Site Programme Co-ordinating Group (SPCG) will be to ensure that all construction projects on the Southern General Hospital Site are planned, developed and constructed in a co-ordinated matter to ensure that all potential impacts and risks that may occur in delivering a multi construction project environment are appropriately managed. The SPCG will report to the Procurement & Finance Group.

The SPCG will ensure that:-

- There is an overall site development plan which identifies every aspect of change being planned for the Southern General Hospital Site.

- There is an agreed critical path which identifies the key actions necessary to be taken to ensure all construction takes place in accordance with the agreed programming and the appropriate level of Health & Safety, cost, time and quality are delivered at all times.

- There is a Project Steering Group managing all individual projects on the Southern General Site and an accountable officer identified to deliver the project and take account of all other projects on the site.

- Priority is given to those aspects of the site development which will provide the least overall risk (including:- Health & Safety, cost, time and service implications).

- The SPCG will sign off all planned activity to ensure the agreed critical path for site development can be met taking account of:

    - Current clinical services requirements
    - Health & Safety
    - Cost
    - Time
    - Overall programme requirement

6) PROJECT TEAM

The Project Team are responsible for managing the planning and delivery of all aspects of the project up to Full Business Case.

7) NEW ADULT HOSPITAL

Ambulatory Care Hospital (ACH) and New South Glasgow Hospital Directors Group

The ACH Directors Group, chaired by Brian Cowan was established to take forward the planning of the New Ambulatory Care Hospitals. Following discussion it is proposed to expand the remit of this group to include the detailed planning of the New South Glasgow Hospital. The key role of the group will be to:

- Act as a focus in driving and overseeing the user input and signing off the outputs, e.g. patient models, design plans and equipment.
- Provide drive and strategic vision for the clinical redesign, co-ordinating work from different specialties.
- Act as a first stage change management control considering financial and non-financial impacts before deciding whether or not the request proceed to the NSGEB for authorisation or otherwise.
- Act as a conduit for keeping staff groups up to date (medical, nursing, AHP's, technical, auxillary).

8) NEW CHILDREN'S HOSPITAL

Clinical Planning Group

The New Children's Hospital Clinical Planning Group delivers a programme of work agreed and directed by the Project Team. It operates within a clear framework of delegated decision making, bringing together the strands of work being led by the Project Team and the Clinical Advisory Group.

It ensures that there is positive and consistent involvement of the public and staff. It is informed by the views of children and young people.

Appendix 2

Draft Membership for Governance Structure

Acute Services Review Programme Board

Chair : Tom Divers

Members:

Alan Seabourne	Project Director, New Hospitals' Project Team
Alastair Brown	Deputy Director of Delivery, Scottish Government Health Department
Alex McIntyre	Director of Facilities
Ally McLaws	Director of Communications
Brian Cowan	Medical Director
Calum Kerr	Scottish Ambulance Service Rep
Caroline Fee	JOC - Area Partnership Forum representative
Frances Lyall	Acute Partnership representative
Douglas Griffin	Director of Finance
Grant Archibald	Director of Emergency Care and Medical Services
Helen Byrne	Director of Acute Services Strategy, Implementation and Planning
Ian Reid	Director of HR
Iona Colvin	Director South West Glasgow CHCP
Jane Grant	Director of Surgery and Anaesthesia
Jim Crombie	Director of Diagnostics
Niall McGrogan	Head of Community Engagement and Transport
Peter Gallagher	Director of Finance (Acute)
Richard Copland	Director of Health, Information and technology
Robert Calderwood	Chief Operating Officer
Rosslyn Crocket	Director of Women and Children's Services
Sharon Adamson	Head of Acute Services Planning and Redesign
Tony Curran	Head of Capital Planning and Procurement
Acute Director of Nursing	
Ch(c)P Director (Clyde)	

Attendees:

Anne MacPherson	Associate Director of Human Resources (Acute)
Heather Griffin	Project Manager, New Adult Hospital
Mairi Macleod	Project Manager, New Children's Hospital
Tony Cocozza	Head of Finance (Capital and Planning) (Acting)
Audit Scotland Rep	David McConnell/Jim Rundell

Attendees will be invited to the meeting as and when required in support of the Members.

New South Glasgow Hospitals Executive Board

Chair: Helen Byrne	Director of Acute Services Strategy Implementation & Planning
Alan Seabourne	Project Director
Alex McIntyre	Director of Facilities
Brian Cowan	Medical Director
Douglas Griffin	Director of Finance
Peter Gallagher	Director of Finance - Acute Division
Robert Calderwood	Chief Operating Officer
Rosslyn Crocket	Director of Women & Children's Directorate

Acute Director of Nursing
Technical Advisor
Legal Advisor
Financial Advisor
Commercial Advisor

ASR Systems Redesign Group

Chair: Helen Byrne	Director of Acute Services Strategy Implementation & Planning
Co:Chair: Brian Cowan	Medical Director
Alan Seabourne	Project Director
Ann Crumley	Head of Organisational Development – Acute Services
Anne MacPherson	Associate Director of HR
David Stewart	Associate Medical Director
Deborah den Herder	Director of Clyde Acute
Grant Archibald	Director of Emergency Care and Medical Services
Heather Griffin	Project Manager - Adult Hospital
Iain Wallace	Associate Medical Director
Ian Reid	Director of HR
Iona Colvin	Director South West Glasgow CHCP
Jane Grant	Director of Surgery & Anaesthetics
Jim Crombie	Director of Diagnostics
Karen Murray	Director East Dunbartonshire CHP
Mairi Macleod	Project Manager - New Children's Hospital
Mary Ann Kane	General Manager - Facilities
Morgan Jamieson	Project Medical Director, New South Glasgow Hospitals
Niall McGrogan	Head of Community Engagement and Transport
Richard Copland	Director of Health Information and Technology
Robert Calderwood	Chief Operating Officer
Robin Reid	Associate Medical Director - Diagnostics
Rosslyn Crocket	Director of Women & Children's Directorate
Sharon Adamson	Head of Acute Services Planning and Redesign
Tim Cooke	Associate Medical Director - Surgery & Anaesthetics

Acute Director of Nursing
Area Partnership Forum representative
Acute Partnership representative
University representative
Communications representative

Procurement & Finance Group

Chair: Robert Calderwood Chief Operating Officer

Members:

Alan Seabourne	Project Director
Alec McIntyre	Director of Facilities
Grant Archibald	Director of Medicine
Helen Byrne	Director of Acute Services Strategy Implementation & Planning
Jane Grant	Director of Surgery
Mike Baxter	Scottish Government
Peter Gallagher	Director of Finance – Acute Division
Peter Moir	Head of Major Project – Capital Planning
Richard Copland	Director of Health Information and Technology
Tony Cocozza	Head of Finance (Capital Planning and Procurement)
Tony Curran	Head of Capital Planning
Head of Procurement	
Technical Advisor	
Legal Advisor	
Financial Advisor	
Commercial Advisor	Independent (as per recommendation in the Gateway Review Report)

Attendees:

Heather Griffin	Project Manager - Adult Hospital
Mairi Macleod	Project Manager - New Children's Hospital
Morgan Jamieson	New Children's Hospital - Medical Director

Attendees will be invited to the meeting as and when required in support of the Members.

Site Programme Co-ordinating Group

Chair: Helen Byrne	Director of Acute Services Strategy Implementation & Planning
Alan Seabourne	Project Director
Alex McIntyre	Director of Facilities
Tony Curran	Head of Capital Planning and Procurement
Project Leads	Lead Officers for each project
Staff side representation	
Health & Safety representation	
Facilities Directorate rep	
Local Communication rep	

PRG(M)08/05
Minutes: 37 - 48

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 16th September 2008 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

P R E S E N T

Mr A O Robertson, OBE (in the Chair)

Mr R Cleland
Mr P Daniels OBE
Mr I Lee
Cllr. D Mackay
Mr D Sime
Mrs E Smith
Mrs A Stewart MBE
Cllr. D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Cllr. J Coleman
Mr T A Divers OBE
Mr D Griffin
Mrs R K Nijjar
Mr B Williamson

I N A T T E N D A N C E

Dr S Ahmed	..	Clinical Director – Public Health Protection Unit (to Minute 40)
Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Mr J Davidson	..	Audit Scotland
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications
Ms S MacNamee	..	Senior Infection Control Nurse, Gartnavel General Hospital (to Minute 40)

ACTION BY

37. APOLOGIES

Apologies for absence were intimated on behalf of Dr D Colville, Ms R Dhir MBE and Mr P Hamilton.

38. MINUTES

On the motion of Mr R Cleland, and seconded by Mrs E Smith, the Minutes of the Performance Review Group meeting held on 20th May, 2008 were approved as an accurate record.

39. MATTERS ARISING

a) Local Delivery Plan

In relation to Minute 31(a) – Local Delivery Plan – Mr Divers advised that the Health Directorates considered the target for emergency re-admissions worthy of review and this was welcomed. In relation to the child healthy weight target and trajectory he advised that following a submission by the Director of Public Health, additional funding was to be made available to support actions targeted at morbidly obese children.

NOTED

ACTION BY

b) Outcome of Annual Review

In relation to Minute 32 – Annual Review – Mr Divers reported that the letter on the outcome had just arrived from the Scottish Government Health Directorate (SGHD) and would be forwarded to Members for information. The letter acknowledged the comprehensive and wide ranging nature of the Review and the Action Points would be converted into an Action Plan and regular updates on the progress would be submitted to the Performance Review Group.

Chief Executive

Head of Perf. & Corp. Reporting

Mr Divers thanked Mr Sime for the constructive way in which the Area Partnership Forum meeting with the Cabinet Secretary had been held and this had also been the case with the meeting with the Area Clinical Forum.

The Chair and Members expressed their appreciation to Mr Divers and his team for the in-depth preparation and team approach to handling the Annual Review and the wide range of questions from the SGHD and members of the public.

NOTED

c) Transport

In relation to Minute 31(b) – Ms Byrne advised that Mr McGrogan was a member of Strathclyde Passenger Transport Executive and this enabled him to stay in close touch with and to influence developments as they occurred.

NOTED

40. PROGRESS REPORT ON C.DIFF ACTION PLAN

There was submitted a paper [Paper No. 08/22] from the Chief Executive, Clinical Director – Public Health Protection Unit and Infection Control Manager setting out the specific actions to be delivered by the NHS Board in the period between September 2008 and April 2009 as a result of the report produced by the Review Team, Chaired by Professor Cairns Smith, on Clostridium Difficile associated disease. The paper brought together in draft the first progress report against the Action Plan which was due for submission to the Cabinet Secretary by 30 September 2008 and set out the arrangements for submission of reports to Members over the coming months.

The Action Plan highlighted the progress against each of the actions and had a particular focus on those actions which were due for completion by 30th September. The draft Action Plan has been submitted to the Scottish Government Health Directorates in order to create the opportunity for any necessary changes prior to its completion and submission to the Cabinet Secretary.

The discussion at the August 2008 NHS Board meeting had agreed that there would be a monthly update of the Action Plan to NHS Board Members. This would be achieved by monthly reports to the NHS Board or Performance Review Group during the reporting period and there would also be the opportunity for detailed discussions at meetings of the Clinical Governance Committee.

In monitoring the progress against the Action Plan the SGHD would hold monthly meetings with NHS Board officers up to the end of December 2008 and thereafter there would be a further visit by the Review Team to consider the progress made.

The Chair and Mr Calderwood described the support which had been given to the staff at the Vale of Leven Hospital and, in addition to the Chair visiting the hospital twice, Mr Calderwood had also written to staff on three separate occasions and to the local papers in an attempt to ensure balanced reporting of this highly sensitive issue.

Mr Williamson was keen to ensure that there was a greater understanding that patients who had contracted C.Diff. often have had their immune systems compromised by other disease processes; in addition, he was keen that future governance arrangements covered all geographical areas of the NHS Board to ensure a balanced view across the system. Mr Divers intimated that there would, in future, be a standing item on the NHS Board agenda covering Health Acquired Infection reporting across the NHS Board. **Chief Executive**

Mr Calderwood confirmed that capital monies and additional monies from SGHD were being utilised to commence significant upgrading works within wards and patient areas at the Vale of Leven Hospital.

DECIDED:

1. That the first draft report on progress in taking forward the Action Plan be noted.

2. To agree the arrangements for the submission of future reports on a monthly basis to the NHS Board, Performance Review Group and Clinical Governance Committee. **Chief Executive**

41. COST SAVINGS PLAN: 2008/09 – 2009/10

There was submitted a paper [Paper No. 08/23] from the Director of Finance updating members on the progress of developing cost savings plans for 2008/09 and 2009/10.

Mr Griffin took Members through the paper and reminded Members that the Financial Plan – 2008/09 which had been submitted to the NHS Board in June 2008, had identified the total cost savings challenge faced by the Board in 2008/09 as being £54.2m. Currently identified cost savings initiatives totalled £30.2m and of the remaining saving of £24m, £11m represented the financial 'headroom' which the Board was seeking to create in 2008/09 towards the costs associated with commissioning the two new Ambulatory Care Hospitals in 2009/10.

Board officers had been actively working towards a savings plan to meet the outstanding savings challenge in 2008/09 and from the initiatives identified it was reasonable to anticipate that by the end of September the range of cost savings measures would be capable of delivering a forecast break-even financial out-turn for 2008/09. In addition, efforts had been made to identify further cost savings to generate the financial headroom required in 2008/09 and 2009/10 to support the opening of the new Ambulatory Care Hospitals. To date almost £8m of savings had been identified and by the end of the calendar year the impact which these measures would have on the projected out-turn for 2008/09 would be clearer.

The process of building a cost savings plan for 2009/10 was under way, targeting Directorates/Divisions with working up proposals capable of releasing costs savings equivalent to 1% of service budgets in 2009/10 and a series of more strategic reviews focused on area-wide initiatives.

In relation to the Clyde costs savings plan, the Board was on track to achieve the targeted cost saving for 2008/09, year 2 of a 3-year period within which SGHD expected the Board to restore Clyde to a position of recurrent financial balance. The residual balance was £11 - £12m in 2009/10. An increasing proportion of cost savings delivered and attributed to Clyde will be as a result of integrating Greater Glasgow and Clyde services. Therefore savings released from Greater Glasgow service budgets as a direct result of that work would be attributed to Clyde. This follows the approach adopted in relation to establishing single services for financial services/payroll/internal audit; procurement and dermatology in-patients – all of which had a net cost savings total of circa £900,000 which was attributed to Clyde. The Board was therefore addressing the Clyde deficit as a corporate challenge rather than seeking to contain this exclusively within the Clyde area of its management responsibilities.

Cllr. Mackay encouraged early dialogue with Local Authorities to ensure close working in areas identified for savings and the possible impact of Local Authorities' plans and their possible areas of targeted savings. This was welcomed and already under way in some areas.

It was recognised that developments in some services would be necessary and this would be built into the financial plans as they are developed. Mr Divers emphasised that the next 18 months would be a financially challenging time for the Board and this was why early steps had been taken to identify developments and robust cost savings plans for 2008/09 and 2009/10.

NOTED

42. PROPOSED CAPITAL PLAN – 2008/09 – 2010/11

There was submitted a paper (Paper No. 08/24) from the Director of Acute Services Strategy Implementation and Planning which set out the plans to deploy the Board's capital allocation on schemes in 2008/09; plans for utilising the prospective capital funds on individual schemes in 2009/10 and an indicative Capital Plan for 2010/11.

Ms Byrne advised that with the approval of SGHD, a total of £38.140m was carried forward from 2007/08 giving a total allocation of £132.759m for 2008/09. Capital resources were made up of the Board's national formula allocation and medical equipment allocations from the SGHD.

The Capital Planning Group had considered the submission for the Capital Plan and had set out in Appendix I of the paper the allocations across Acute Services Division, Acute Services Strategy, Partnerships – including Mental Health and CH(C)Ps. The allocation for 2008/09 was split into three areas – general allocation for new minor local schemes and medical equipment; expenditure on previously approved schemes and new essential schemes.

Based on previous experience, there was likely to be an element of slippage in some schemes which would become evident in the final quarter of the financial year. Provision had therefore been made in the Capital Plan for 2008/09 and 2009/10 and had been taken into account when discussing with the SGHD the level of brokerage required in 2008/09 in order to ease the process of managing capital expenditure in line with the Capital Plan.

Lastly, Ms Byrne highlighted the monitoring arrangements through the Capital Planning Group which were designed to ensure that a balanced capital position was achieved and that sufficient connections were being made with the work of joint planning groups established with Local Authority partners.

ACTION BY

DECIDED:

1. That the proposed allocation of Capital Expenditure for 2008/09 and 2009/10 and the indicative allocations for 2010/11 be submitted to the NHS Board for approval. **D of ASSIP**

2. That the Capital Planning Group be delegated authority to allocate any additional available funds in the Capital Plan 2008/09 throughout the year. **D of ASSIP**

43. PERFORMANCE REPORT – 1ST QUARTER – 2008/09

There was submitted a paper [Paper No. 08/25] from the Head of Performance and Corporate Reporting providing the performance report for the period 1 April – 30 June 2008. Work continued to improve data collection and to ensure consistency and comparability between different areas of the Board.

Mr Divers, in taking Members through the report, highlighted the following:-

- the percentage of patients seen within Accident and Emergency within 4 hours had improved to slightly above the target of 98% to 98.2% at May 2008.

- 87% of patients waiting for breast cancer treatment were receiving this within one month as at March 2008. The target of 95% of patients being seen within 2 months was again exceeded – with 100% of patients seen within this timeframe.

- The waiting times for lung cancer treatment within 2 months had slightly improved to 89.8% and those with colorectal cancer receiving treatment within 2 months had improved and now met the 95% target.

- Performance in patients waiting for diagnostic scans had shown improvements in waits for barium studies, gastroscopy, sigmoidoscopy and colonoscopy; the number of patients waiting for MRI, CT Scan, ultrasound, non-obstetric and cystoscopy had shown a slight increase.

In response to a question from Mrs Stewart, Mr Divers advised that a Board-wide project was under way to review waiting times for Allied Health Professions (physiotherapy, dietetics, podiatry etc.) to ensure consistency of approach and realistic targets.

NOTED

44. FINANCIAL MONITORING REPORT TO 30 JUNE 2008

There was submitted a paper [Paper No. 08/26] from the Director of Finance setting out the Board's financial performance for the first 3 months of the financial year. The report had been submitted to the August 2008 NHS Board meeting.

The report indicated that the Board and its operational Divisions were currently reporting a break-even out-turn position against the revenue budget for the first 3 months of the year. The Board continued to forecast a revenue break-even out-turn for 2008/09.

NOTED

45. SOUTH-SIDE HOSPITAL – UPDATE AND PROCUREMENT MODEL

a) Appointment of Technical Advisers to the New South Glasgow Hospitals Project

There was submitted a paper [Paper No. 08/27] from the Director of Acute Services Strategy Implementation and Planning advising on the process to appoint a new Technical Adviser team for the procurement of the New South Glasgow Hospitals Project and the appointment of Currie and Brown Ltd to this position from 2 September 2008.

Ms Byrne fully explained the detailed process followed to select and appoint a Lead Consultant Team to assist with the technical procurement of the Project. The outcome of the process had resulted in the appointment of Currie and Brown Ltd. with effect from 2 September 2008.

NOTED

b) Procurement Strategy to Develop the Southern General Hospital Site – New Adult and Children's Hospitals and New Laboratory Facility

There was submitted a paper [Paper No. 08/28] from the Director of Acute Services Strategy Implementation and Planning and the Chief Operating Officer – Acute Services Division setting out the work undertaken since March 2008 in developing a proposed procurement method to take forward the new hospitals and laboratory developments on the Southern General Hospital site.

Board officers along with the Legal and Financial Advisers and representation from the SGHD, held a formal workshop with a number of Technical Advisers to carry out further analysis and evaluation in order to develop the most appropriate procurement plan recognising the market conditions. The Financial Advisers had undertaken a market sounding exercise in order to test the attractiveness and robustness of the proposed procurement plan and determine what the market bidding intentions might be. It was also a chance to determine those factors which would reduce the attractiveness of the Project and how these might be addressed.

The findings of the market consultation and possible procurement method were presented to members. This was designed to maximise interest from potential bidders and achieve the Board's key objective of identifying a procurement process which would:-

- allow for a significant degree of design development discussions to occur prior to the appointment of a single contractor;

- offer the possibility of market innovation on the design development process;

- provide for competition up to the point where the Guaranteed Maximum Price was largely established; and

- meet the delivery timescale.

Ms Byrne and Mr Calderwood took Members through the process and outcome of the findings of the Financial Advisers. The most appropriate procurement method to achieve the Board's objectives was a 2-stage Design and Build process with rapid selection of a single preferred bidder at Stage 1 using the competitive dialogue procedure. At Stage 2 the preferred bidder would develop the detailed design in conjunction with the Board.

The intention was to test those assumptions with the newly appointed Technical Advisers and Partnerships UK prior to a recommendation being submitted to the October NHS Board meeting.

A further workshop would also be held ahead of the October NHS Board meeting.

Members welcomed the approach taken and were content that the next steps in developing a procurement method to procure the new hospitals and laboratory development at the Southern General Hospital site be undertaken with a recommendation being submitted to the October 2008 NHS Board meeting.

DECIDED:

1. That the paper on the Procurement Strategy be noted.

2. That the proposed procurement method be further discussed and tested with the Technical Advisers and Partnerships UK ahead of a recommendation being submitted to the October 2008 NHS Board meeting. **D of ASSIP & Chief Operating Officer**

46. PROPERTY SUB-COMMITTEE MINUTES – 16 JUNE 2008

The Property Sub-Committee minutes of the meeting held on 16 June 2008 were submitted for information.

NOTED

47. COMMUNICATION ISSUES: 2 JULY – 16 SEPTEMBER 2008

There was submitted a paper [Paper No. 08/30] from the Director of Corporate Communications covering communication actions and issues from 2 July to 16 September 2008.

Mr McLaws highlighted the following:-

- The publication of the first Health News with the new publishers; the special 'wrinkle free' children's edition was published on 10 September 2008 and inserted in both the Herald and Evening Times. Additional copies had been requested by Head Teachers for a number of schools and the feedback on the publication had been excellent.

- The next Our Health Event was to take place on 1 October 2008 in the Royal Concert Hall and was to focus on Mental Health. One of the main speakers would be Dr Liz Miller – a London-based NHS Consultant who presents on mental health care and attitudes of colleagues from a personal perspective.

- The success of the first Ideas In Action – the award winners being presented with their certificates just before the August NHS Board meeting – all 3 winning ideas were profiled in the local media and the September Staff Newsletter.

- The plans to launch in September the new look StaffNet.

NOTED

48. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 18 November 2008 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.15 am

Greater Glasgow & Clyde NHS Board
Performance Review Group

PRG Paper No. 08/27

Report of the Director of Acute Services Strategy, Implementation and Planning

Appointment of Technical Advisers for the New South Glasgow Hospitals Project.

RECOMMENDATION

The Performance Review Group is asked to note that the process to appoint a new Technical Adviser team for the procurement of the New South Glasgow Hospitals Project is now complete. The successful team is led by Currie & Brown Ltd., and they were formally appointed on 2nd September 2008.

1.0 PURPOSE OF THIS PAPER

This paper provides an overview of the selection process and is for information only.

2.0 BACKGROUND

Following approval of the Outline Business Case for the new hospitals and laboratory building in May 2008, the Board commenced the process to select and appoint a Lead Consultant team to assist with the technical procurement of the project. The anticipated value of the commission and the funding change from private to public finance required the commission to be advertised in the OJEU through the restricted procedure, which allowed the Board to commence the OJEU process sooner and therefore provided the quickest route available.

3.0 THE PROCESS

The restricted procedure is structured around two stages. The first stage, pre-qualification, invited teams expressing an interest to demonstrate their legal, financial and technical credentials to undertake the work. From the nine teams returning pre-qualification documentation, four were rejected and five were short-listed to proceed to the next stage. The four teams not short-listed were notified of the Board's decision and offered a feedback meeting if desired.

The second stage required the five teams to prepare a detailed financial response to the Board's Invitation to Tender document, which was based on the proposed contract strategy arising from the market sounding exercise.

Five bids were received on the 6th August from the following companies; Atkins, Currie & Brown, Cyril Sweett, Health Care Projects Ltd and Mott MacDonald. These bids were evaluated against the criteria in the Invitation to Tender document. The Board had stated in their tender document the intention to short-list three teams to proceed to interview, and the interviews took place on Monday 18th August. The three teams selected for interview were Atkins, Currie and Brown, and Health Care Projects Ltd.

The membership of the interview panel, chaired by the Director of Acute Services Strategy Implementation and Planning comprised senior Board representatives representing the Project, Clinical, Estates and Facilities and Finance colleagues, and a representative from Architecture + Design Scotland. Each of the three teams was afforded a one hour slot to present their team, their proposed methodology, and answer questions prepared by the panel.

At the conclusion of the interviews, the panel discussed the presentations and undertook an evaluation of their overall performance and financial submission. At the conclusion of this exercise the following scores were allocated to the three teams.

Atkins (63)
Currie & Brown (85)
Health Care Projects Ltd (75).

4.0 SUMMARY

The team scoring the highest marks, and thus providing the most economically advantageous offer was the team led by Currie & Brown. The evaluation panel concluded that the Currie & Brown team should be appointed as preferred bidder pending the ten day mandatory standstill period (required by Public Contracts (Scotland) Regulations), the ten day period being allowed should there be any legal challenge to the process by an unsuccessful candidate.

The ten day period elapsed on Monday 1st September 2008, and a letter formally appointing Currie & Brown was issued on 2nd September.

RECOMMENDATION

The Performance Review Group is asked to note that the process to appoint a new Technical Adviser team for the procurement of the New South Glasgow Hospitals Project is now complete. The successful team is led by Currie & Brown Ltd., and they were formally appointed on 2nd September 2008.

NHS GREATER GLASGOW AND CLYDE

Performance Review Group

Tuesday, 20th January 2009 at 9.30 am
Board Room 1, Dalian House,
350 St. Vincent Street, Glasgow, G3 8YZ.

AGENDA

1. Apologies

2. Minutes of Previous Meeting

   To submit, for approval, the Minutes of the Performance Review Group meeting held on 18th November, 2008. — PRG(M)08/06

3. Matters Arising

   (a) Review of NHS General Services Contract – Progress on Monitoring Access to GPs.

   Verbal report by the Director of Corporate Planning & Policy/ Lead Director Glasgow CHCPs.

   (b) Alexandria Medical Centre – Approval of Outline Business Case.

   Verbal report by the Director of Finance.

   (c) Joint Working with Glasgow City Council – Update.

   Verbal report by the Director of Corporate Planning & Policy/ Lead Director Glasgow CHCPs.

4. South Side Hospitals and New Laboratory – Update

   Report of the Director of Acute Services Strategy Implementation and Planning. — Paper No. 09/01

5. New Stobhill Hospital – Development of Short-stay Beds and Elderly Rehabilitation Beds – Additional Works Variation

   Report of Chief Operating Officer, Acute Services Division.

6. Progress Report on C-Diff Action Plan

   Report of the Medical Director. — Paper No. 09/02

7. Financial Monitoring Report to November 2008

   Report of the Director of Finance. — Paper No. 09/03

8. Audit Scotland – Overview of the Financial Performance of the NHS in Scotland 2007/08

Report of Director of Finance. Paper No. 09/04

9. Property Sub-Committee Minutes

10. Communication Issues: 19th November 2008 – 19th January 2009

Report of Director of Corporate Communications. Paper No. 09/05

11. Review of Performance Review Group Remit

Report of Head of Board Administration. Paper No. 09/06

12. Date of Next Meeting

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 17th March 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

PRG(M)09/01
Minutes: 1 - 13

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 20 January 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

P R E S E N T

Mr A O Robertson OBE (in the Chair) (to Minute 10)

Mr R Cleland
Mr P Daniels OBE
Ms R Dhir MBE
Mr P Hamilton
Mr I Lee
Cllr. D Mackay
Mr D Sime
Mrs E Smith (in the Chair from Minute 11)
Mrs A Stewart MBE
Cllr. D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Dr C Benton MBE
Dr B Cowan (to Minute 5)
Mr D Griffin (to Minute 10)
Mr B Williamson

I N A T T E N D A N C E

Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Mr R Copland	..	Director of Health Information and Technology
Ms J Gibson	..	Head of Performance and Corporate Reporting
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director of Glasgow CHCPs (to Minute 10)
Mr J Rundell	..	Audit Scotland
Mr A Seabourne	..	Project Manager, South-Side Hospitals (to Minute 4)

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Mr T A Divers OBE and Cllr. A Stewart.

2. MINUTES

On the motion of Cllr. D Yates, and seconded by Mrs A Stewart, the Minutes of the Performance Review Group meeting held on 18 November, 2008 were approved as an accurate record.

3. MATTERS ARISING

a) Review of NHS General Services Contract – Progress on Monitoring Access to GPs

In relation to Minute 52 – Audit Scotland's Review of NHS General Services Contract – Ms Renfrew advised that the 48-hour access to primary care services was no longer part of the GP Contract. Discussions were being held between CHCP Directors and the Local Medical Committee to see how best a local target of 48-hour access could be maintained and monitored. Ms Renfrew would report back to the Group on the progress. **Director of Corporate Planning & Policy/Lead Director of Glasgow CHCPs**

NOTED

b) Alexandria Medical Centre – Approval of Outline Business Case

In relation to Minute 54 – Alexandria Medical Centre – Approval of Outline Business Case – Mr Griffin advised that the Outline Business Case would be considered by the Scottish Government Health Directorates – Capital Investment Group (CIG) as part of the totality of proposals for the Vale of Leven Hospital. The outcome of the consultation on the Vision for the Vale of Leven Hospital would be submitted to the February 2009 NHS Board meeting and thereafter to the Cabinet Secretary for Health and Well-being.

The Alexandria Medical Centre was in the Board's Capital Plan and, if approved by CIG, remained on course to have the Final Business Case completed, the appointment of a contractor in July 2010 and the centre being operational during 2012.

NOTED

c) Joint Working with Glasgow City Council - Update

In relation to Minute 55 – Joint Working with Glasgow City Council – Update – Ms Renfrew advised that three meetings had now been held with the City Council officials and a programme of work agreed, including:

i) the employment status of CHCP Directors;

ii) Schemes of Delegation for both organisations;

iii) CHCPs relationship with the corporate centres of both organisations;

iv) review of the budget setting process, financial accountability and monitoring;

v) Human Resources issues – equal pay risks, joint job descriptions and employment policies.

The meetings with the Council have been helpful and it was intended that a report on these issues would be provided to the NHS Board Chair and Council Leader in early February 2009.

Mr Sime emphasised that the Area Partnership Forum (APF) would require to be involved if changes were being proposed to Human Resources policies. Ms Renfrew agreed to discuss with Mr Sime the principle of what might be proposed.

Mr Daniels was encouraged that the review included the financial delegation from Social Work to the CHCPs and the opportunities for virement.

Mrs Smith was pleased to note that discussions were now being held with Glasgow City Council on the detail of the issues highlighted and that there was a willingness to work towards a joint agreement.

NOTED

4. SOUTH-SIDE HOSPITAL AND NEW LABORATORY – UPDATE

There was submitted a paper [Paper No. 09/01] from the Director of Acute Services Strategy Implementation & Planning which set out the arrangements to carry out the Gateway 2 Review of Project Delivery and an update on the overall programme.

Ms Byrne advised that the initial planning meeting for Gateway 2 was held on 14 January 2009 and the formal review was to be carried out on 27 to 29 January 2009. The parameters had been agreed; there would be fifteen interviews with a focus on procurement and a readiness to go to the market. The outcome would be reported to the February 2009 NHS Board meeting.

Mr Seabourne described to Members the five stages of the Project and advised that Phase 1A – Employer's Requirements (Pre-procurement) and Exemplar Design (Tender Package) were near completion in preparation of going to the market in April 2009.

The Project Team was currently working with clinical staff and the medical planners from the Technical Advisory Team in order to finalise the clinical outcome specifications for the new Adult Hospital and new Children's Hospital. There had been at least one meeting held with each of the ninety-two specialty groups to discuss patient pathways, adjacencies and any special requirements.

The completion of the site Master Plan was a condition of the Outline Planning Approval granted by the City Council. The Technical and Project Team were taking this work forward and would include consideration of the siting of an electricity sub-station; multi-storey car park, Ronald McDonald House and the University Development.

In response to Members' questions, Mr Seabourne confirmed the ongoing discussions with the City Council on the mass transport system (Fastlink); the current adequacy of covering additional work within contingencies and the ongoing discussions with the University of Glasgow for the Academic Building.

NOTED

5. PROGRESS REPORT ON C.DIFF ACTION PLAN

There was submitted a paper [Paper No. 09/02] from the Medical Director on the progress being made in delivering the specific actions as a result of the Report produced by the Review Team, chaired by Professor Cairns Smith, on Clostridium Difficile associated disease at the Vale of Leven Hospital.

Dr Cowan took Members through each recommendation and provided further detail on the actions under way. He advised that Professor Smith had visited the Vale of Leven Hospital on 23 December 2008 and had met with the Chief Executive and Chief Operating Officer on 19 January 2009. He indicated that Professor Smith commented that he had seen evidence of significant progress against each of the recommendations. The recommendation relating to ensuring consistency of documenting healthcare acquired infection as a factor contributing to death had been adjusted to become an action for the Chief Medical Officer for Scotland.

The police and health and safety investigations were ongoing.

Mr Hamilton advised that the fabric and maintenance of the Vale of Leven Hospital buildings had been raised a number of times at the recent public meetings held on the consultation of the Board's Vision for the Vale of Leven Hospital. Improvements had been made but more was required to be done and this was likely to flow from the outcome and decisions on the future services at the Vale of Leven Hospital.

Dr Cowan advised that the national 30% reduction in C.Diff by 2010 was on target to be met – greatly assisted by the Antimicrobial Policies.

Mr Cleland reported that the Clinical Governance Committee continued to discuss the actions being taken to reduce healthcare acquired infections and a bi-monthly report on monitoring healthcare acquired infection would be submitted to the NHS Board from February 2009.

Cllr. Mackay asked how the public education programme could bring about a cultural change in people's behaviours towards using hand hygiene as the norm when they entered clinical areas. This sustained adherence to practice designed to reducing healthcare acquired infections was difficult to achieve and was being debated by the Clinical Governance Committee to try to find a way of achieving this aim.

NOTED

6. PLANNING FOR 2009/10

There was submitted a paper [Paper No. 09/03] from the Director of Corporate Planning and Policy/Lead Director of Glasgow CHCPs setting out the Planning and Priorities Guidance Update – 2009/10. This formed the final year of the three-year planning round – 2007-2010. The Guidance took account of the requirements for the Local Delivery Plan and the NHS Board's involvement in six Single Outcome Agreements across NHS Greater Glasgow and Clyde.

First drafts of the Local Delivery Plan (LDP) were to be with the SGHD by 18 February 2009 and thereafter would be refined until signed off at 31 March 2009. The next meeting of the Group on 17 March 2009 will consider an advanced draft of the LDP.

NOTED

7. ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No. 09/04] from the Head of Policy and Corporate Reporting on the second round of Organisational Performance Reviews which included Inverclyde and West Dunbartonshire CHPs; the Mental Health Partnership including Learning Disabilities, Addictions and Homelessness; Human Resources and Health Information and Technology.

Ms Gibson highlighted examples of innovation, good practice and the key themes. Each of the cross-system actions was to be allocated to a named officer to lead, with progress reported back to the Planning Performance and Policy Group.

Members welcomed the detail and issues clearly identified for system-wide action and best practice. Mr Rundell commented on the Audit Scotland Report which had commented favourably on the NHS Board's Performance Management arrangements.

Mr Hamilton referred to the sharing of best practice by the Public Partnership Forums which would all come together for a session on 22 January 2009 to discuss the sharing of ideas and areas of commonality.

NOTED

8. FINANCIAL MONITORING TO 30 NOVEMBER 2008

There was submitted a paper [Paper No. 09/05] from the Director of Finance which set out the Board's financial performance for the period to 30 November 2008.

The report advised that the Board and its operational divisions were currently reporting a close to out-turn position against its revenue budget and continued to forecast a revenue break-even position for 2008/09.

Mr Griffin made reference to the increased energy costs and advised that the new tariff in electricity would produce a significant increase of expenditure of more than £4m to the period March 2009. Looking forward to 2009/10 it appeared that almost certainly energy expenditure would continue to be a significant source of cost pressure for the NHS Board, albeit with current trends in gas and electricity prices, the level of expenditure may now be lower than had been originally anticipated.

Mr Griffin explained the cost savings table within the report and advised that as of 30 November, the NHS Board was reporting an achievement of £32.4m of recurring savings.

The report also included a section describing in detail the outcome of the Board's Mid-Year Review against the assumptions in the Financial Plan for 2008/09. The Board had initially forecast a revenue surplus of £11m: however, some of the savings generated had been required to be used in year to mitigate against the impact of additional in-year cost pressures principally relating to energy costs and capital charge increases. Therefore, the NHS Board was now forecasting a revenue break-even for 2008/09. The recurring financial position remained unchanged with commitments exceeding available funds by around £12m and this was wholly attributable to the imbalance between the recurring expenditure commitments and funding related to the Clyde area of the NHS Board's management responsibilities. The plan for addressing this funding gap in 2008/09 remained unchanged and comprised a mix of locally generated recurring and non-recurring cost savings and transitional funding relief provided by SGHD.

With regard to capital expenditure, a full review of the Capital Plan – 2008/09 was undertaken by the Capital Planning Group. This confirmed that £15.8m of expenditure would now be incurred in the first quarter of 2009/10. The SGHD had agreed to the provision of the necessary additional brokerage to allow the Board to fund this expenditure when it was incurred during 2009/10, effectively giving a year end brokerage total of £47m carried forward at 31 March 2009.

Mrs Smith commented that she found the Financial Monitoring Report both accessible, understandable and helpful and thanked the Director of Finance for the clear presentation of the Board's financial position. Members considered the additional steps that would be required to provide funding for the new Ambulatory Care Hospitals during 2009/10 and also the discussions that would be required with SGHD for further transitional funding to assist with the Clyde deficit.

NOTED

9. AUDIT SCOTLAND – OVERVIEW OF THE FINANCIAL PERFORMANCE OF THE NHS IN SCOTLAND 2007/08

There was submitted a paper [Paper No. 09/06] from Audit Scotland which provided an overview of the financial performance of the NHS in Scotland in 2007/08 and examined the financial challenges and risks for 2008/09 and beyond.

Mr Rundell highlighted the following:-

- In 2007/08 there was an overall underspend of £24m against the revenue budget and £2m against the capital budget of NHS Scotland.

- NHS Boards were less reliant on non-recurring funding to achieve their financial targets.

- Pay Modernisation continued to be significant cost to NHS Boards together with rising drugs, fuel and energy costs; reducing waiting times and service re-design.

- Most NHS bodies had generally sound governance arrangements in place.

- During 2008/09 and beyond NHS Boards would continue to face similar cost pressures as well as full compliance with European Working Time Directives and the impact of low growth in funding allocations.

NOTED

10. COMMUNICATION ISSUES: 19 NOVEMBER 2008 - 20 JANUARY 2009

There was submitted a paper [Paper No. 09/07] from the Director of Corporate Communications covering communication actions and issues from 19 November 2008 to 20 January 2009.

Mr McLaws highlighted the following:-

- The production and distribution of 80,000 copies of the Winter brochure, providing information on accessing health services over the festive period. On 2 December, during a sudden cold snap, the 5 A&E Departments across Greater Glasgow and Clyde recorded their busiest ever day.

- The detailed work undertaken to promote and raise awareness of the NHS Staff Survey resulting in 36% of staff completing and returning the survey – a 9% increase from the last survey in 2006.

- Supporting the public consultation on the NHS Board's Vision for the Vale of Leven Hospital resulting in the distribution of a summary document to 60,000 households.

- The next edition of Health News was being themed on the Ministerial Taskforce Report – Equally Well – and would demonstrate how the NHS Board is working with other agencies to tackle health inequalities.

Cllr. Mackay advised that he had been disappointed to learn from the media the NHS Board's revised Policy on Car Parking which took account of the no charging regime from 31 December 2008. Ms Renfrew accepted that Members should have received a copy of the submission to Scottish Government which took account of the withdrawal of charges although a Core Brief summarising the changes had been provided to staff and Members at the time. Cllr. Mackay, in recognising the responsibilities of management, felt that with his interest and involvement in this matter and the public sensitivity, the issue should have been discussed with Members and they should have received a copy of the revised policy.

Members discussed the difficulties of ensuring adequate access to patients and visitors to car parking at hospitals and, in particular, to accessible spaces close to hospital entrances. Staff were not being encouraged to bring their cars to their workplace and there were no sites where adequate car park spaces would be available for all who wished to park at a hospital and therefore some form of management of the car parks was required.

NOTED

11. REVIEW OF PERFORMANCE REVIEW GROUP REMIT

There was submitted a paper [Paper No. 09/08] from the Head of Board Administration asking that the current remit be reviewed and amended as necessary as part of the Annual Review of Corporate Governance documentation which would be submitted to the NHS Board in April 2009 for approval.

The remit had last been amended in April 2008 to take account of the additional responsibilities for property matters and, other than minor typographical changes, the Group agreed that no changes were required to its current remit.

DECIDED:

That the current remit of the Performance Review Group be endorsed for submission to the NHS Board approval at its meeting in April 2009. **Head of Board Administration**

12. ACUTE INTEGRATED DESKTOP ENVIRONMENT: APPROVAL OF BUSINESS CASE

There was submitted a paper [Paper No. 09/09] from the Director of Health Information and Technology seeking approval to the Acute Integrated Desktop Environment Business Case with phased funding released as key milestones were reached and delivery targets achieved.

Mr Copland advised that following the formation of a single Health Information Technology Directorate, one of the objectives of the new Directorate was to ensure the under-pinning IT structure would support the NHS Board's strategic aims. This included the migration to a single patient management system; replacement of the GP system; ongoing reconfiguration of sites and services; a significant ramp up of volume and pace of IT dependent projects and IT services being increasingly utilised to enable business transformation.

Currently, the IT infrastructure was mostly aligned along the various boundaries of the former operating units and did not cost-effectively lend itself to deliver all of the above aims. This Business Case covered essential developments in the core IT infrastructure for the Acute Services Division.

Mr Copland pointed out for Members the benefits derived from the project and answered Members' questions in relation to the differences this would bring for staff as a result of this investment and he described the monitoring arrangements to ensure the successful delivery of the intended benefits.

DECIDED:

That the Acute Integrated Desktop Environment Business Case be approved. **Director of Health Information & Technology**

13. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 17 March 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.50 a.m.

NHS Greater Glasgow and Clyde

NHS GREATER GLASGOW AND CLYDE

Performance Review Group
Tuesday, 19 May 2009 at 9.30 a.m.
Board Room 1, Dalian House,
350 St Vincent Street, Glasgow

AGENDA

1. Apologies

2. Minutes

   To submit, for approval, the Minutes of the Performance Review Group meeting held on 17 March 2009 — PRG(M)09/02

3. Matters Arising

   a) Review of NHS General Services Contract – Progress on Monitoring Access to GPs

      Verbal report by the Director of Corporate Planning & Policy/Lead Director Glasgow CHCPs

   b) Local Delivery Plan: Update

      Verbal report by the Head of Performance and Corporate Reporting

4. Update on New South Glasgow Hospitals and Laboratory Project — Paper No. 09/21

   Report of the Director of Acute Services Strategy Implementation and Planning

5. Delivering the Acute Services Review Across Greater Glasgow — Paper No. 09/22

   Report of the Chief Operating Officer (Interim), Acute Services Division, and Director of Acute Services Strategy Implementation and Planning

6. Diagnostics – Audit Scotland Report – Position in NHSGG&C — Paper No. 09/23

   Presentation by the Director of Diagnostics, Acute Services Division

7. Financial Plan 2009/10 — Paper No. 09/24

   Report of the Director of Finance

8. Proposed Capital Plan: 2009/10 – 2011/12 — Paper No. 09/25

   Report of the Director of Acute Services Strategy Implementation and Planning

9. Catering Services Review — Paper No. 09/26

   Report of the Director of Facilities – Acute Services Division

10. Proposal to Reprovide Accommodation Currently used at Dalian House and Tara House — Paper No. 09/27

    Report of the Director of Finance

11. Update on Car Parking — Verbal Report

    Verbal Report of the Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs

12. Property Sub-Committee Minutes: 30 March 2009 — Paper No. 09/28

    To note.

13. Communications Issues: 18 March 2009 – 19 May 2009 — Paper No. 09/29

    Report of the Director of Corporate Communications

14. Date of Next Meeting

    9.30 a.m. on Tuesday, 7 July 2009 in Board Room 1, Dalian House, 350 St Vincent Street, Glasgow

PRG(M)09/03
Minutes: 29 - 42

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 19 May 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr P Daniels OBE	Cllr. D Mackay
Ms R Dhir MBE	Mr D Sime
Mr P Hamilton	Mrs E Smith
Mr I Lee	Mr K Winter

OTHER BOARD MEMBERS IN ATTENDANCE

Mr R Calderwood	Mr D Griffin
Mrs A Coulthard (to Minute 33)	Mrs R K Nijjar

I N A T T E N D A N C E

Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning
Mr J Crombie	..	Director of Diagnostics, Acute Services Division
Mrs J Grant	..	Chief Operating Officer (Interim), Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr A McIntyre	..	Director of Facilities (for Minute 37)
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs
Mr J Rundell	..	Audit Scotland
Mr I Tempest	..	Director, Atkins Limited (to Minute 32)

ACTION BY

29. APOLOGIES

Apologies for absence were intimated on behalf of Mr R Cleland and Cllr. D Yates.

The Chair welcomed Mr Ian Tempest, Director, Atkins Limited, and Mr Jim Crombie, Director of Diagnostics – Acute Services Division to the meeting.

30. MINUTES

On the motion of Mr P Hamilton and seconded by Mrs E Smith, the Minutes of the Performance Review Group meeting held on 17 March 2009 [PRG(M)09/02] were approved as an accurate record.

31. MATTERS ARISING

a) Review of NHS General Services Contract – Progress on Monitoring Access to GPs

In relation to Minute 16(a) – Review of Monitoring Access to GPs – Ms Renfrew advised that the outcome of the national survey of patient access to GP services was awaited and this would be reported to the next meeting of the Group.

Director of Corporate Planning & Policy/Lead Director, Glasgow CHCPs

Plans were in place to arrange a NHS Board Seminar on the new National Pharmacy Contract and this would pick up on issues of access and quality of service.

NOTED

b) Local Delivery Plan: Update

In relation to Minute 18 – Local Delivery Plan – 2009/10 – Ms Renfrew advised that the Scottish Government Health Directorate had approved the NHS Board's Local Delivery Plan with discussions ongoing around the trajectory for reducing Accident and Emergency attendances at a time of rising attendances due to other factors.

NOTED

32. UPDATE ON NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT

There was submitted a paper [Paper No. 09/21] from the Director of Acute Services Strategy Implementation and Planning which set out the progress on the work on the New South Side Hospital and Laboratory project since the last update to Members in February 2009.

Ms Byrne reported that a Design Team had been appointed in March 2009 for the Laboratory facility which would be constructed as an advanced works contract to the main hospital contract. They were working to a timetable of tenders being submitted by 11 September 2009.

Following the issuing of a Pre-Qualification Questionnaire (PQQ) five expressions of interest in bidding for the New South Side Hospital and Laboratory Project were received.

The evaluation process incorporated the pre-defined criteria to determine their:-

- Technical Ability (in terms of experience, working practices and structure);
- Capacity (in terms of expertise and availability);
- Financial and Economic Standing.

Three companies were recommended to be short-listed by the Evaluation Panel to proceed to Invitation to Participate in Dialogue (ITPD). This recommendation was accepted by a joint meeting of the New South Glasgow Executive Board and Procurement & Finance Group. As this stage was critical to achieving the NHS Board's objectives to deliver the Project, the Executive Board requested that a peer review of the documentation and the competitive dialogue process with Bidders was undertaken.

Ms Byrne asked Mr Ian Tempest, Director, Atkins Limited to present the peer review findings to Members.

Mr Tempest thanked Members for the opportunity to present the outcome of the independent high level review. He advised that Atkins had been asked to confirm the readiness to proceed to issue Stage 1 ITPD; was the documentation appropriate and complete; had the risks been properly considered; was the process auditable; and would the evaluation process demonstrate value for money.

Mr Tempest explained the methodology behind the review – the scrutiny of key documentation and interviews with those involved. He took Members through each stage of the review and advised that at the review date of 22 April 2009 there was an appropriate documentation structure for the procurement method; a proactive approach to risk management had been taken and the competitive dialogue process provided flexibility to the NHS Board. There had been the need to complete some of the ITPD documentation before it could be issued to perspective Bidders and an agreed evaluation process still had to be completed. He was pleased to report that NHS Board officers had taken on the results of the review and had amended and completed the appropriate documentation within the timescale required.

Ms Byrne reported that the Gateway Review 2 process had recommended an amendment to the governance arrangements to the project and had suggested a more integrated project structure. The result had been the formation of the New South Glasgow Hospitals and Laboratory Project Executive Board which would be chaired by the Director of Acute Services Strategy Implementation and Planning. The revised terms of reference were submitted for Members' information.

Lastly, Ms Byrne advised that once the Competitive Dialogue had been completed the Bidders would compile and submit their tender response on 11 September 2009. The tenders would then be evaluated and a recommendation submitted to a revised meeting date of the Performance Review Group to be held on Tuesday, 3 November 2009. This meeting would consider the Laboratories Full Business Case, the detailed design development for the New Hospitals and the contract agreement to build the New Hospitals.

Head of Board Administration

Members welcomed this comprehensive update and Mr Winter asked whether the parent companies of each Bidder had provided a letter of support and whether the NEC3 contract was the most appropriate contract for that building project. Ms Byrne stated that a robust financial status review of the Bidders had been carried out but she would follow up on the specifics of Mr Winter's comments. In terms of the NEC3 contract it was acknowledged that it was a new contract framework: however, Members were reassured on the recommendations presented to the October 2008 meeting of the Group that this was the best contract framework in taking forward this capital project.

Mrs Smith asked about the involvement of Human Resources in the Executive Board and Ms Byrne advised that the Director of Human Resources was a member of the Redesign Group which was possibly a more appropriate place for input than a Group looking at finance and technical matters.

NOTED

33. DELIVERING THE ACUTE SERVICES REVIEW ACROSS GREATER GLASOW

There was submitted a paper [Paper No. 09/22] from the Chief Operating Officer (Interim), Acute Services Division, and Director of Acute Services Strategy Implementation and Planning on the progress in implementing the approved Acute Services Review in the North and West of Glasgow.

Ms Grant, Chief Operating Officer (Interim) gave a presentation to Members on the detail of the changes in hospital provision in the interim period until the completion of the New South Glasgow Hospital and, in particular, on the planning for the transfer of Stobhill Hospital Inpatient Services to the Glasgow Royal Infirmary by the end of 2010/early 2011.

The drivers for change were in relation to junior doctors training and a further reduction to the maximum hours doctors can work. With the ongoing medical workforce pressures and the impact of Modernising Medical Careers, there was a need to rationalise services to achieve sustainable and affordable models of care within Glasgow. This included centralising acute receiving and A&E services for the North and East in Glasgow Royal Infirmary ahead of the completion of the new build for the Royal Infirmary.

The new waiting times and access targets added a further challenge as was the need to ensure resources were effectively used across the NHS Board area in order to meet the financial challenges as well as the affordability of the NHS Board's major capital programme. Recent service changes and moves associated with the new West of Scotland Beatson Oncology Centre, the Cardiovascular Unit, the opening of the New Stobhill Ambulatory Care Hospital and the opening next month of the New Victoria Ambulatory Care Hospital had provided opportunities to utilise updated accommodation within hospitals.

The proposals would see Stobhill and the Royal Infirmary inpatient services combined on the Royal Infirmary site by 2011. This would involve Renal and Vascular inpatient services being centralised in the Western Infirmary as an interim measure until the completion of the New South Side Hospital. Urology services would be rationalised to two sites – Southern General and Gartnavel General: again, this would be an interim measure until the final configuration was achieved on the Southern General and Royal Infirmary.

In terms of those patients who cannot be treated within the Minor Injuries Unit at Stobhill, they would attend the Consultant-led specialty care that would be provided at the Royal Infirmary. The rise in admissions would therefore require an increase in accommodation at the Royal infirmary A&E Department. In addition, the critical care capacity at the Royal Infirmary would be expanded to accommodate the Intensive Therapy Unit and High Dependency Unit activity and beds from Stobhill Hospital.

Communication and engagement of the proposals which were consistent with the approved Acute Services Strategy, were continuing with a number of bodies and groups and clinical and other teams. The Staff Partnership Forums have been included in this ongoing dialogue around the detail of the changes and proposed moves. Discussions were under way with the Scottish Health Council to consider what engagement was required for the moves associated with the vascular and renal proposals.

Lastly, Mr Calderwood advised that proposals to bring together medical and oncology services in a centralised model of care would be discussed by the West of Scotland Cancer Team and proposals brought back to the NHS Board at a later date. **Chief Executive**

Mr Hamilton enquired about how long the interim periods would be, whether the accommodation to be utilised during this time would be upgraded and the involvement of the Public Partnership Forum at Community Health (and Care) Partnerships. Ms Grant advised that the accommodation would be upgraded for the circa five years it would be required and she acknowledged that it was early days in the discussions with Public Partnership Forums. The accommodation for A&E at the Royal Infirmary would have a visible addition of space and options for this were being considered.

ACTION BY

Mr Calderwood took the opportunity to update Members on Maternity Services after the transfer of the Queen Mother's Hospital to the new refurbished Maternity Unit at the Southern General Hospital. The initial plans were for a £100m replacement Sick Children's Hospital on the Southern General Hospital site about two years after the transfer of the Maternity Services. It was now planned to build a £240m Sick Children's Hospital on the Southern General Hospital site and this was tied into the redevelopment of the New South Side Hospital which was approximately five years away. The majority of clinicians were content with the proposals and the services to be offered to mothers.

DECIDED:

Chief Operating Officer (Interim)/ Director of Acute Services Strategy Impl. & Planning

That the updated report on progress to implement the Acute Services Review across the North and West of Glasgow be accepted.

34. DIAGNOSTICS – AUDIT SCOTLAND REPORT – POSITION IN NHSGG&C

There was submitted a paper [Paper No. 09/23] from the Director of Diagnostics, Acute Services Division which set out the scope of the Audit Scotland Report which covered the efficiency and effectiveness of Endoscopy and Cystoscopy Services; Laboratory Services; and Diagnostic Radiology Services. It focused on eight key diagnostic tests covered by the 9-week access target.

Mr Jim Crombie, Director, Diagnostics Directorate, Acute Services Division gave a full presentation to Members on the key issues highlighted within the report and highlighted the report's findings and actions taken within NHSGG&C to address the recommendations.

Mr Crombie described the efficiency and performance management framework which included monthly diagnostic performance management reports on activity/access times; weekly dynamic access reports, turn-round reports, monitoring reports on trends/sites, cancer tracking reports and utilisation reports. In addition, there was a monthly demand review and a CHCP/Laboratory Medicine project; national benchmarking, datasets and a directorate score card. All of this has assisted in better managing the performance within Diagnostics and the need to meet national targets.

Mr Crombie advised that it was Audit Scotland's intention to re-visit the actions taken by the NHS Board in 2010 and a report would be submitted to the Performance Review Group at that time.

Mrs Smith welcomed this report and the feedback from Mr Crombie and was delighted at the progress made in tackling an area of the service which had traditionally been subjected to lengthy waiting times. These had now been reduced and had improved the patient experience significantly. The description of the systems in place to monitor activity and access times were particularly welcomed and the improving performance had been encouraging.

In response to a question from Mr Hamilton, Mr Crombie advised that the global rating scale had involved one-to-one interviews with patients and staff and had been a useful independent review of the quality of the endoscopy service.

The Chair thanked Mr Crombie for his very full and comprehensive presentation and indicated that Members should contact Mr Crombie direct if they had any further questions on the detail of his report.

NOTED

35. FINANCIAL PLAN 2009/10

There was submitted a paper [Paper No. 09/24] from the Director of Finance which had been considered by the Performance Review Group at its meeting in March 2009. That plan had been submitted in draft to the SGHD as part of the Local Delivery Plan submission and two key elements remained, at that stage, to be finalised. The Cost Savings Plan for 2009/10 and the level of earmarked and recurrent funding which could be anticipated from SGHD to support the ongoing achievement of Access Targets in 2009/10. Both these points have now been addressed and covered in the paper now to be considered by Members.

Mr Griffin explained that the Financial Plan – 2009/10 gave Members an overview of the key elements of the plan: the proposals to address the cost savings challenge in 2009/10 highlighted the key assumptions and risks and, lastly, identified the scale of the financial challenge to be faced in 2010/11 and beyond.

The Financial Plan – 2009/10 included:-

- the projection of expenditure growth – £117.3m – this being a range of additional expenditure commitments which would be required to be met in 2009/10. These were viewed as unavoidable and, in many cases, the existing cost pressures were where expenditure was already under way.

- a cost savings programme which would release £55.4m in 2009/10 to contribute towards achieving a financial breakeven out-turn in 2009/10.

- an acknowledgement that despite the efforts made to generate recurring cost savings in 2008/09 and 2009/10, 2010/11 would still inherit a £14.9m recurring deficit from 2009/10.

- SGHD's confirmation of a general uplift of funding of 3.15%.

As had been indicated above, Mr Griffin advised that a key element in achieving a financial breakeven out-turn in 2009/10 was the cost savings plan. This would see all NHS Partnerships and Acute Services Division targeting the release of cost savings amounting to 1.75% of service budgets during 2009/10. The detailed cost savings plan could realistically release £29.2m of cost savings and these individual cost saving targets had been incorporated into service budgets for 2009/10. In addition, the NHS Board has identified a number of wider strategic reviews which it believed capable of releasing savings in 2009/10. This included a review of management structures, corporate functions, resource transfer, office accommodation, deployment of earmarked funding, review of prescribing practices, review of redeployment register and other areas in which it was anticipated that this would generate an additional cost saving of £13.1m in 2009/10. Some schemes would be achievable over a two-year period and would be incorporated into the 2010/11 Financial Plan.

Mr Griffin highlighted that this was technically the final year of three during which SGHD required the NHS Board to eliminate the deficit related to the Clyde area of its management responsibilities. It was anticipated that the NHS Board would enter the 2010/11 year with £7.2m still to be addressed and this would be incorporated into the NHS Board's overall financial planning process.

Mr Griffin identified the key assumptions and risks, particularly around energy costs, prescribing growth and pay uplifts. He then went on to discuss the financial planning process for 2010/11 and described the assumptions and financial challenge that would face the Board in 2010/11. Members welcomed the comprehensive and clear nature of the report.

Ms Renfrew tabled a strategic approach to workforce challenges and other areas of potential savings for 2010/11 and took Members through the various actions being considered and advised that this approach would be discussed with the Area Partnership Forum by the end of the month.

In response to a Member's question, Mr Calderwood advised that the SGHD were awaiting the NHS Board's approval of the Financial Plan – 2009/10.

In looking beyond 2009/10 and the financial challenges faced by all public sector organisations, including the NHS Board, Mr Reid advised that a workforce plan was required and in the absence of a national plan, a local NHSGG&C plan would require to be developed as soon as possible. There was clearly a need for reduced costs by a strategic and managed process with minimum frontline staff impact and this would be developed by a targeted programme of voluntary severance and early retirements based on costs and groups of posts. Current SGHD guidance assumed that funding would grow at 3.15% per annum: however, it remained to be seen what the impact would be on the Scottish Government in 2010/11 of the cost savings target of £500m on SGHD's funding allocation. It was hoped that this would be known by autumn 2009.

Members expressed concerns about the future impact on public sector finance and what this would mean for NHSGG&C. Cllr. Mackay advised on the assumption being made within Local Government for 2011/12. He went on to raise his concerns about the line in the plan with regard to resource transfer which had been transferred from the NHS Board to Local Authorities to avoid hospitalisation and keep people within the community for as long as possible. Cllr. Mackay stated that he was seeking continued consideration of the review of resource transfer, it was impacting on relationships with Local Governments as was the Board's refusal of the request of all of the Greater Glasgow and Clyde Local Authorities to meet them together to discuss the issue. Ms Renfrew noted that it was not the case that a meeting had been requested by all the Authorities, and that briefing on this issue from a Local Authority perspective would be rather different than the view from the NHS Board perspective. In discussing the engagement around this review, it was agreed that resource transfer be a topic for the NHS Board Seminar to be held on 2nd June 2009. Cllr. Mackay advised that he wished his dissent from this line in the plan recorded.

Mr Calderwood advised that he and colleagues remained sighted on the national discussions and approaches being undertaken with regard to pay and staff issues and he was well aware of the size of the impact on NHSGG&C of such decisions.

DECIDED:

1. That the Financial Plan 2009/10, with indicative figures for future years be approved for submission to the NHS Board in June 2009. **Director of Finance**

2. That the process for the review of resource transfer be a topic at the NHS Board Seminar of 2 June 2009. **Director of Corp. Planning & Policy/Lead Director, Glasgow CHCPs**

36. PROPOSED CAPITAL PLAN: 2009/10 – 2011/12

There was submitted a paper [Paper No. 09/25] from the Director of Acute Services Strategy Implementation and Planning which set out how the NHS Board planned to deploy its allocation of capital funds on individual schemes in 2009/10 and also its indicative plans on how to deploy its prospective allocations of capital funds on individual capital schemes in 2010/11 and 2011/12, recognising that the levels of available capital funding for the last two years remained indicative at this stage.

Ms Byrne advised that subject to year end adjustments and audit review, the 2008/09 out-turn net capital expenditure amounted to £123.828m against a capital resource limit of £123.847m.

The paper explained the available capital resources made up of the NHS Board's national formula and medical equipment allocations from the SGHD. From 1 April 2009 all NHS Boards were required to prepare financial statements adhering to the requirements of international financial reporting standards and this would lead to a change to the accounting treatment of private finance schemes. Such schemes had been generally classified as Off Balance Sheet and, for such schemes where the initial contract expired typically after 25 to 35 years, ownership of the asset reverted to the user, therefore, the NHS Board would be required to establish a value on its balance sheet to reflect the value of the residual interest in the asset. Therefore, the value was gradually built up over the period of the initial contract by capitalising part of the annual unitary charge payment – therefore increasing capital expenditure and decreasing revenue expenditure each year. All private finance schemes would be reflected on the Board's Balance Sheet at the assets' fair values as at 1 April 2009. Consequently, the requirement to build up the residual interest values over the period of the contracts no longer applied and the full unitary change payment would be reflected as revenue expenditure. Discussions with the SGHD indicated that there were currently no plans to realign the Board's Capital and Revenue Resource Limits in respect of these changes.

The NHS Board's Capital Planning Group had considered the component parts of the Capital Plan at a meeting on 1 May 2009 and the paper contained the proposed capital schemes across Acute Services, the Acute Services Strategy, Health and Information Technology and the Partnerships, including Mental Health and NHS Board.

A particular issue was the contribution to the New South Glasgow Hospitals and Laboratory Project – for which the Outline Business Case approved by the NHS Board in February 2009 included a figure of £135m which represented a funding contribution to be made by the NHS Board from its capital programme over the five-year period from 2010/11 to 2014/15. The funding assumptions contained within the Outline Business Case were currently being reviewed in light of the current economic climate and prevailing market conditions.

DECIDED:	**Director of Acute Services Strategy Imp. & Planning**
1. That the proposed allocation of funds for 2009/10 be approved.	
2. That the current indicative allocations for 2010/11 and 2011/12 be noted.	**"** **"**
3. That the Capital Planning Group be delegated the authority to allocate any additional available funds against the 2009/10 Capital Plan throughout the year.	**"** **"**
4. That the funding and expenditure profiles in respect of the New South Glasgow Hospitals and Laboratory Project to be reviewed in detail during the forthcoming Competitive Dialogue process and Tender Evaluation period to facilitate further discussions with SGHD in respect of the timing of receipt of funding be noted.	**"** **"**

37. CATERING SERVICES REVIEW

There was submitted a paper [Paper No. 09/26] from the Director of Facilities which set out the patient catering review covering all inpatient hospital sites and conducted on the basis of the requirement of legislative and statutory compliance; national Food Fluid & Nutrition Standards and recognition of the implementation of the Acute Services and Mental Health Services strategies.

Mr Alex McIntyre, Director, Facilities Directorate, took Members through the paper and described the methodology of the number of working groups established in 2006; the current production capacity; the impact of the Acute Services and Mental Health Services Strategies and the recognition that change was required and the production methods considered. Lastly, he gave a description of the stakeholder engagement and outcome of the benefits appraisal workshop completed in June 2008.

Mr McIntyre advised that as a result of the Patient Catering Review it had been recommended to move to a cook freeze/bulk regeneration on the basis of improved product shelf life; standardisation of product; minimalisation of waste; improved point of service temperature retention; improved point of service flexibility; improved logistic control and positive microbiological testing. There was also an advantage of having two cook chill central production units at the Royal Alexandra Hospital and Inverclyde Royal Hospital. He advised that the capital allocation required to facilitate the change had been identified within the Capital Plan for 2010/11 and savings had been identified, predominantly from reduced staff costs.

It was also recognised that staffing would require to be realigned once the New South Glasgow Hospital opened: however, it was not envisaged that there would be any staff reduction at that time.

Mr McIntyre also described the Retail Catering Review and the need to:-

- eliminate the losses identified in the 2004 Catering Review;
- meet the requirements of the costs and level of subsidy required by Boards as per the HDL (2005)31;
- see the removal of all drinks with a sugar content of more than 0.5g per 100ml;
- make fruit and vegetables accessible in all NHS sites;
- have Healthy Living Awards in all in-house areas by 31 March 2009 – as per the CEL(2008)14;
- meet the Healthy Living Award of 50% of all choices to be “healthy” as defined by the Healthy Living Award criteria.

Historically, there had been a deficit on trading accounts for all of the NHS Board’s retail catering outlets and it had been planned to close all units where they were not being used routinely by staff; provide quality vending or call order when these units were closed; review the location of the units to ensure highest footfalls; and re-brand and standardise products in line with the commercial sector.

The implications of these actions would be a reduction in staff across identified sites. As with the Patient Catering Review, staff would be redeployed into suitable alternative employment in accordance with the NHS Board’s organisational change policy.

Mr McIntyre advised that Health Facilities Scotland was developing a concept of an NHS Scotland brand and this was being undertaken at the time of the NHS Board’s Retail Catering Strategy. Consequently, the Board has become part of the NHS Scotland pilot. Of the six sites being piloted, four were within NHSGG&C – Glasgow Royal Infirmary, Queen Elizabeth Building; Southern General Hospital – Neurosciences Building; and the two new Ambulatory Care Hospitals. The evaluation of the project was expected in October 2009 and the outcome would be reviewed thereafter.

The commercial leases were set out and Members were advised that when a lease expired they would be replaced by an in-house team.

Lastly, Mr McIntyre described the voluntary services currently within the NHS Board area, together with the level of gifting received in 2007 and 2008. It was proposed that in all cases the following actions were pursued:-

- All units to work to achieve Healthy Living Award.
- All units to be reviewed in line with the Board's aspirations for front of house units.
- Where units operate commercially, formal written agreement should be put in place.
- The methods and mechanisms for gifting should be standardised across the NHS Board.

It was recognised that further dialogue was required with voluntary body partners to explore these issues and the range of services that they could provide in future.

Cllr. Mackay emphasised the issue of the quality of food and the need to reinforce this and evaluate the quality once the new proposals had been put in place.

Mrs Smith stated that in connection with the voluntary services, there certainly required to be clarity of the role played by NHS Facilities Scotland and also there was a need to be sensitive to the issues faced by the voluntary sector. This had been highlighted at the meeting that the Chair, herself and Peter Hamilton had had with the League of Friends at Inverclyde Royal Hospital. It was recognised that this was a difficult and sensitive area, particularly in light of the NHS Board's desire to provide a service from 7.30 a.m. to 7.30 p.m. for a range of services and it was important to see what other contributions were possible from voluntary bodies.

DECIDED:

1.	That the recommendations of the Inpatient Catering Review be approved.	**Director of Facilities**
2.	That the recommendations of the Retail Catering Review be approved.	**"** **"**
3.	That the actions set out for further dialogue with voluntary bodies be approved and handled in a sensitive way to ensure further contributions can be explored.	**"** **"**

38. PROPOSAL TO REPROVIDE ACCOMMODATION CURRENTLY USED AT DALIAN HOUSE AND TARA HOUSE, GLASGOW

There was submitted a paper [Paper No. 09/27] by the Director of Finance which set out a proposal to re-provide accommodation currently used at Dalian House, 350 St Vincent Street, Glasgow, G3 8YQ, and Tara House, 46 Bath Street, G2 1HJ.

Mr Griffin presented the paper on the leased accommodation at Dalian House and Tara House and the opportunity presented by break points in these leases during 2010 to explore possibilities for the provision of replacement accommodation for the functions currently located within these buildings with the potential for the release of cost savings. The paper set out the financial arrangements and the potential for a significant reduction in cost. Key criteria had been identified for a suitable future NHS Board HQ accommodation solution, together with possible options and project management arrangements.

DECIDED:

1. That the proposal to re-provide accommodation currently used at Dalian House and Tara House be noted. **Director of Finance**

2. That the key criteria which had been applied to identify accommodation options and select a preferred option for a future NHS Board HQ be approved. **Director of Finance**

3. That the planned approach for selecting a future accommodation solution for the NHS Board HQ be approved. **" "**

39. UPDATE ON CAR PARKING

Ms Renfrew, Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs, gave Members an update on the discussions with the Joint Trade Union representatives and representatives of the Staff Action Group at the Southern General Hospital in connection with the two recent meetings on car parking arrangements.

In discussions, Ms Renfrew agreed to provide Members with a copy of the notes of the meetings of 9 February and 2 March 2009 and the updates/actions from the 21 April 2009 meeting. **Director of Corp. Planning & Policy/Lead Director, Glasgow CHCPs**

NOTED

40. PROPERTY SUB-COMMITTEE MINUTES: 30 MARCH 2009

There was submitted a paper [Paper No. 09/28] covering the notes of the meeting of the Property Sub-Committee held on 30 March 2009.

NOTED

41. COMMUNICATION ISSUES: 18 MARCH TO 19 MAY 2009

There was submitted a paper [Paper No. 09/29] from the Director of Corporate Communications covering communication actions and issues from 18 March to 19 May 2009.

Mr McLaws highlighted the following:-

- NHSGG&C had taken the lead communications role on behalf of Local Authorities, emergency services and the NHS in the Strathclyde area during the ongoing Influenza H1N1 Pandemic Alert. Daily briefings with advice for health and community workers and employers and had been cascaded to staff at all public sector workforces. He advised that the Core Brief cascade system to Local Authorities and the Police had worked extremely well and was now part of the future Pandemic Flu communication plans.

- The launch of the major publicity campaign on the new Stobhill and Victoria Ambulatory Care Hospitals. Two full colour essential guides had been distributed to more than 260,000 households in the catchment areas served by the two new hospitals and 200,000 credit card sizes 'z' cards had also been produced providing key information on the hospitals, including a guide on using the Minor Injuries Units.

- There had been media and political interest throughout April and May in connection with the Tea Bar at the Inverclyde Royal Hospital. The Chair, Vice Chair and a Non-Executive Director had met with the League of Friends and had issued a joint statement to the media which had helped defuse some hostility towards the Board.

- In May the Cabinet Secretary for Health and Well-being had announced a full Public Inquiry into the C.Diff outbreak at the Vale of Leven Hospital.

NOTED

42. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 7 July 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 12.15 p.m.

Greater Glasgow & Clyde NHS Board

Performance Review Group

19 May 2009 **Paper No. 09/21**

Report of the Director of Acute Services Strategy, Implementation and Planning

Update on New South Glasgow Hospitals and Laboratory Project

RECOMMENDATIONS

The Performance Review Group is asked to note progress on the New South Glasgow Hospitals and Laboratory Project.

1. **Progress Update**

1.1 In terms of progress on the New South Glasgow Hospitals and Laboratory Project, the Board was last updated in February 2009. That update advised of the Gateway Review 2 outcome and the work underway in preparing for the completion and issuing of the tender documentation for the construction of the new adult and children's hospitals and laboratory facility on the Southern General Hospital Site. This paper sets out the work undertaken since then, the current status and the next steps.

1.2 Following a selection process, a design team was appointed in March 2009 for the laboratory facility which will be constructed as an advanced works contract to the main hospital contract. The Design team will complete the detailed design to enable a firm tender to be submitted on the 11th September 2009.

1.3 The Board issued a Pre Qualification Questionnaire (PQQ) which was published on 10th February 2009. The PQQ assesses the economic and financial standing and technical ability of organisations wishing to express an interest in bidding to construct the New South Glasgow Hospitals and Laboratory Project. At the same time, the Board also issued a Memorandum of Information (MOI) providing further information about the Board's Acute Services Strategy and the Project.

The PQQ was required to be returned on the 20th March 2009 and the Board received five expressions of interest from:

- Balfour Beatty Group Limited;
- Brookfield Europe LP;
- FCC Elliott Healthcare Limited;
- Laing O'Rourke Construction Limited;
- Miller Construction (UK) Limited.

The evaluation process involved evaluating and scoring bidder responses to the PQQ according to pre-defined criteria, to determine their:

- Technical Ability (in terms of experience, working practices and structure);
- Capacity (in terms of expertise and availability) and
- Financial and Economic standing.

The evaluation panel met and its membership was made up of Board personnel and Technical, Legal and Financial Advisers. The evaluation process was overseen by the Board's Head of Procurement.

The evaluation panel recommended that:

- Balfour Beatty Group Limited;
- Brookfield Europe LP;
- Laing O'Rourke Construction Limited;

be shortlisted to proceed to the Invitation to Participate in Dialogue (ITPD) stage and that:

- FCC Elliott Healthcare Limited;
- Miller Construction (UK) Limited;

be advised that they had been unsuccessful.

The recommendation was submitted to a joint meeting of the New South Glasgow Executive Board and the Procurement & Finance Group which approved the recommendation and authorised tenders to be sent to the bidders.

1.4 The tender documentation i.e. the Invitation To Participate in Dialogue (ITPD) is critical to ensure the Board achieves its objectives to deliver the new Hospital Development. As such the New South Glasgow Executive Board requested that a peer review of the documentation and the competitive dialogue process with the Bidders was undertaken.

1.5 A local company, Atkins, which has a high level of experience providing professional technical advice in this field to their clients, was commissioned to carry out a peer review and the findings will be presented at the Performance Review Group Meeting on 19th May 2009.

1.6 Atkins remit was to carry out a high level review to test the readiness to proceed to issue the ITPD by reviewing:

- The structure and completeness of the ITPD document;
- The documents are suitable for Bidders to allow Bidders to respond;
- That there is auditability; and
- That the evaluation process demonstrates VFM.

1.7 Atkins made a number of recommendations which have now been completed by the Project Team.

1.8 The Invitation to Participate in Dialogue (ITPD) documentation was sent out on the 1st May 2009. This included:

- Volume 1 – Project Scope and Commercial Document:

This provides an overview and outlines the scope and commercial parameters of the project. It sets out the background to the project, outlines the detailed procurement process and timetable, identifies the competitive dialogue process and incorporates the construction contract.

- Volume 2 – Works Information/Employers Requirement:

This sets out the technical and clinical requirements of the Board. These include Clinical Output Specifications for all departments, masterplan and exemplar design information, output specifications regarding construction works, building and engineering services to be provided including equipment lists.

- Volume 3 – Bid Deliverables and Evaluation:

These details the range of deliverables required from bidders and the evaluation strategy and scoring approach that will be applied.

The contents of each volume are shown in appendix 1.

2. Governance

2.1 In May 2008, the Performance Review Group (PRG) approved revised governance arrangements for the New Hospitals and Laboratory Project which reflected the stage the project was moving into at that time, following implementation of recommendations from Gateway Review 1 in January 2008 and approval of the Outline Business Case (OBC) by Scottish Government in May 2008.

2.2 In January 2009, the Project underwent the Gateway Review 2, which focused on the proposed approach for delivery of the project, including details of the sourcing options, proposed procurement route, supporting information and project methodology. Five recommendations were received including a recommendation to revisit the governance arrangements – 'The Project Board should consider a more integrated project structure'.

2.3 In considering how best to take this forward, it has been agreed that the new South Glasgow Hospitals and Laboratory Project Executive Board and the Procurement and Finance Group should merge to become one group – the new South Glasgow Hospitals and Laboratory Project Executive Board.

2.4 The amended Terms of Reference are attached as appendix 2, together with the proposed membership.

2.5 The Director of Acute Services Strategy, Implementation and Planning will Chair the group.

3. Next Steps

3.1 The next stage of the procurement process is to carryout the competitive dialogue meetings with each of the bidders. There are four work-streams to be taken forward through the dialogue process and these are:

- Design;
- Logistics;
- Laboratories;
- Commercial.

3.2 These meetings will enable a full understanding of the extent of the works to be completed, the risks taken on board by each party and clarity on all contractual issues. The dialogue process will commence on 12th May 2009 and complete on the 17th July 2009.

3.3 After the Competitive Dialogue has been completed the bidders will compile and submit their tender response on the 11th September 2009. During a six week period up to the 23rd October 2009 the tenders will be evaluated and a recommendation from the evaluation panel submitted to the PRG on 3rd November. The recommendation will ask Board members to consider and approve the following:

- The Laboratories Full Business Case (as this is an Advanced-works contract);
- The detailed design development for the new Hospitals;
- The contract agreement to build the new Hospitals.

3.4 If the PRG/Board approves the above, then the Full Business Case for the Laboratories will require to be submitted to the Scottish Government Capital Investment Group (SGCIG) for approval as it will be over the Board's delegated limit of £10m.

4.0 Recommendation

The Performance Review Group is asked to note progress on the New South Glasgow Hospitals and Laboratory Project.

Appendix 1 – ITPD - Contents

The contents of Volume 1 – Project Scope and Commercial Document are:

The contents of Volume 2 – Works Information/Employers Requirement Document are:

5.9 Materials
5.10 Energy Strategy
5.11 Fire Strategy
5.12 Flexibility and Adaptability
5.13 Facilities Maintenance
5.14 Design Development
5.15 Extended Defects Period
5.16 Critical Failures

Section 6.0 Construction Phase Requirements
6.1 Site Welfare and Board Accommodation
6.2 Site Preparation Works
6.3 Workmanship, Construction Accuracy and Tolerances
6.4 Live Hospital Site (incl other works on site)
6.5 Standardisation and Prefabrication
6.6 Room Mock-Ups
6.7 Witnessing and Testing
6.8 Commissioning and Handover

Section 7.0 Architectural Requirements (incl equipment)
7.1 Masterplan
7.2 Exemplar Design
7.3 Ceiling Heights & Voids
7.4 Corridor Widths
7.5 Doors
7.6 Windows
7.7 Building Envelope
7.8 Acoustics
7.9 Finishes
7.10 Interior Design
7.11 Architectural Hardware
7.12 Staircases, Ramps, Balustrades, Walkways, Escalators & Lifts
7.13 Landscape Design
7.14 Soft Landscaping Requirements
7.15 Wayfinding & Signposting
7.16 Protection
7.17 Integration of Healing Arts Strategy
7.18 Secure by Design

Section 8.0 Building Services Requirements
8.1 General Services
8.2 Mechanical Systems
8.3 Electrical Systems

Section 9.0 Civil and Structural Engineering Requirements
9.1 General Requirement
9.2 Minimum Design and Construction Standards
9.3 Loading & Structural Flexibility
9.4 Foundations & Substructure
9.5 Basements & Tunnels
9.6 Movement Joints
9.7 Superstructure
9.8 Fire & Corrosion Protection
9.9 Durability & Maintainability
9.10 Other Performance Requirements

9.11 Underground Drainage
9.12 Roads, Footpaths, Cycle Paths and Car Parking
9.13 Other External Works
9.14 Hard Landscaping Requirements

Section 10.0 Sustainability

Section 11.0 Community Engagement

Section 12.0 Bid Return Requirements

The contents of the Volume 3 – Bid Deliverables and Evaluation documentation are

1.0 Introduction
2.0 Selection Procedure and Evaluation Criteria
3.0 Bid Deliverables
4.0 Submission of Bids

Appendix 2 – Terms of Reference for New South Glasgow Hospitals and Laboratory Project Executive Board

New South Glasgow Hospitals and Laboratory Project Executive Board Terms of Reference and Membership

Introduction

The New South Glasgow Hospitals and Laboratory Project Executive Board (NSGHLPEB) will have delegated authority to make executive decisions on critical points in the project programme. The role of the Board will be to oversee the overall progress of the project to ensure project objectives are achieved. The Board will meet monthly or more frequently depending upon the needs of the project and will report into the ASR Programme Board.

Role and remit

The NSGHLPEB will have appropriate delegated authority to take forward necessary negotiations to ensure objectives are achieved, progress is maintained and business is concluded especially where programme and financial matters are at a critical stage.

The NSGHLPEB will report and advise the Acute Services Review Board (ASRPB) on all aspects of the implementation of ASR2.

The NSGHLPEB will monitor all aspects of performance of the implementation of ASR2.

The NSGHLPEB will have delegated authority to conduct and conclude negotiations at project critical moments.

The NSGHLPEB will oversee the management of change control procedures in that any change which impacts upon the project must be authorised by this Board before it can be implemented.

The NSGHLPEB will meet monthly to assess progress and will meet as often as necessary when critical factors that may be detrimental to the progress of implementation of ASR2 require to be addressed.

The NSGHLPEB will be accountable for the planning and delivery of all procurement financial and technical measures required to deliver the identified investment and services that fall within the scope of the whole project. This will ensure there is appropriate progress on:

- Procurement
    - Procurement Plan and timetable
    - Procurement Administration
    - Bid evaluation process and administration
    - Procurement budget control
    - Risk Management
    - Change control administration

- Finance
    - Negotiating commercial issues
    - Draft Contracts/Final Contracts
    - Report on issues affecting affordability
    - Examine financing proposals and make recommendations to the ASRPB.
    - Develop and report Value for Money (VfM) proposals
    - Cost Control

- Technical
    - Technical Output Specs
    - Bid Evaluation Process
    - Test technical viability of solutions
    - All planning issues
    - All changes to contract/design/specification
    - Construction and Commissioning
    - Financial Risk Management
    - Adherence to Standing Financial Instructions

The NSGHLPEB will have specific NHS Board delegated authority to conduct and conclude negotiations at time critical and project critical moments of the procurement process.

Voting Members

Helen Byrne	Director of Acute Services Strategy Implementation & Planning (Chair)
Robert Calderwood	Chief Executive
Alan Seabourne	Project Director
Alex McIntyre	Director of Facilities
Brian Cowan	Medical Director
Douglas Griffin	Director of Finance
Peter Gallagher	Director of Finance - Acute Division
Jane Grant	Chief Operating Officer (Interim)
Rosslyn Crocket	Director of Women & Children's Directorate
Jim Crombie	Director of Diagnostics
James Stewart	Chief Executive - PUK
Mike Baxter	Scottish Government Health Department

Non Voting Members

Operational Directors	As agreed with Chief Operating Officer
Peter Moir	Head of Major Projects
Alan McCubbin	Head of Finance (Capital and Planning)
Technical Team Members	
Financial Advisers	
Legal Advisers	

PRG(M)09/04
Minutes: 43 - 50

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 7 July 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr R Cleland
Mr P Daniels OBE
Mr P Hamilton
Mr D Sime
Mrs E Smith
Mr K Winter
Cllr D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Mr D Griffin
Mrs J Murray
Cllr J McIlwee
Mr B Williamson

I N A T T E N D A N C E

Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning
Ms C Cowan	..	Director of South East Glasgow CHCP
Ms J Gibson	..	Head of Performance and Corporate Reporting
Ms S Gordon	..	Secretariat and Complaints Manager
Mrs J Grant	..	Chief Operating Officer, Acute Services Division
Mr A McIntyre	..	Director of Facilities
Mr A MacKenzie	..	Director of North Glasgow CHCP
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs

ACTION BY

43. APOLOGIES

Apologies for absence were intimated on behalf of Mr R Calderwood, Ms R Dhir MBE, Mr I Lee and Councillor D McKay.

44. MINUTES

On the motion of Mr P Hamilton, seconded by Mrs E Smith, the Minutes of the Performance Review Group meeting held on 19 May 2009 [PRG(M)09/03] were approved as an accurate record.

45. MATTERS ARISING

a) Review of NHS General Services Contract – Progress on Monitoring Access to GPs

There was submitted a paper [Paper No. 09/30] from the Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs inviting the Performance Review Group (PRG) to consider information on access to GP services.

Ms Renfrew explained the historical and present national arrangements to evaluate access to GP services and noted that in 2008-09, a national patient survey of 48 hour access was implemented within a revised Quality and Outcomes Framework (QOF). She led the Group through the results of this survey, whereby, out of 160,000 survey forms posted to NHSGGC patients, 68,000 completed forms were returned (42.7%). Returns were analysed at a national level and results provided to Boards at practice level. In NHSGGC, 91.9% of patients who completed a return said that, in the previous 12 months (from November 2008), they had been able to see or speak to a GP or nurse at their practice within 48 hours of seeking this service.

Ms Renfrew commented that the survey provided reassurance about access but would only be run on an annual basis with the next survey being implemented across NHS Scotland in the late Autumn of 2009. CHCP/CHP Directors were considering whether the Board needed to supplement this information through additional means and how locally action could be taken with practices that appeared not to meet the standard.

Mr Daniels commented that the 91.9% of patients who had been able to access a GP or nurse within 48 hours of seeking this service appeared to be acceptable. He wondered, however, if indeed this was the case, how success in this regard was measured and whether such an approach was valid to measure patient access to services. Ms Renfrew reported that GPs agreed this approach when negotiating their contract. In terms of how the Board faired against other NHS Scotland Boards, Ms Renfrew agreed to circulate to members, the national results. **Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs**

An alternative method discussed to obtain helpful and robust information was via "mystery shopping" as this may provide the Board with more insightful and credible information into patient access locally. This approach may, however, require some investment by the Board in terms of time and resources.

Mr Williamson recognised that the data from this survey was not the Board's but rather the Scottish Government Health Directorates' (SGHD) and locally the results would, therefore, be scrutinised at CHCP/CHP level to address areas of concern and/or learn from areas of best practice.

Mr McLaws confirmed that GP magazines had been publishing articles on the outcomes of this national survey and he expected that, following SGHD publication, local media interest would result.

Mr Sime commented that if the GP contract was based on such methodology the Board could not change that. Ms Renfrew agreed and explained that although these results were in accordance with the GP contract and published at a national level, it did not prohibit the Board from collecting data in an alternative way.

ACTION BY

DECIDED

That the Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs, consider these results further and return to the PRG in the Autumn with a proposal for a robust approach to tackling the measurement of 48 hour patient access.

Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs

b) Update on the New South Glasgow Hospital and Laboratory Project

In relation to Minute 32 – Update on the New South Side Hospital and Laboratory Project - Ms Byrne reported that 3 companies had been shortlisted by the evaluation panel and had been issued with the Invitation to Participate in Dialogue (ITPD) documentation on 1 May 2009. Competitive dialogue was now underway and centred around four key components (design, logistics, laboratories and commercial, with a major focus also on Facilities Management). Competitive dialogue would end in the next few weeks and tenders would be submitted on 11 September 2009 when, thereafter, each would be analysed and evaluated. A recommendation would be submitted to the Performance Review Group meeting scheduled for 3 November 2009.

Director of Acute Services Strategy Implementation and Planning

Ms Byrne outlined other work that was ongoing in terms of progressing with the overall Project and reaffirmed that the original project plan and associated time commitments were being adhered to. In response to a question, Ms Byrne confirmed that she and the project team continued to work with Architecture Design Scotland.

NOTED

c) H1N1 Update

Ms Renfrew reported that yesterday UK Ministers announced a move to the treatment phase for Influenza A/H1N1 across the UK. The key changes of this were:-

- stopping contact tracing and prophylaxis;
- a reliance on primarily clinical diagnosis;
- focusing antiviral treatment on those with higher risk of complications or death;
- introducing new surveillance measures for the virus.

She described what this move to a treatment phase meant for arrangements in NHS Greater Glasgow and Clyde. The most important element to emphasise was that GPs should use their discretion to authorise antivirals for anyone for whom, in their clinical judgement, Influenza A/H1N1 virus presented a significant risk of, or was already causing severe illness.

The process in NHS Greater Glasgow and Clyde from Monday, 6 July was:-

- Swabbing centres would cease operation. They took their last referrals from the Out of Hours service at 8am on Monday, 6 July and closed by the end of that day;
- Cases would be diagnosed on clinical grounds;
- Swabs could still be taken if clinically indicated but it was anticipated numbers would be small.

NOTED

46. AUDIT SCOTLAND – PROMOTING ENERGY AND EFFICIENCY

There was submitted a paper [Paper No. 09/31] from the Director of Facilities noting actions taken by the Facilities Directorate to implement the findings of the Improving Energy Efficiency Report.

Mr McIntyre explained that Audit Scotland, published in December 2008, the joint Auditor General and Accounts Commission Report on improving energy efficiency. This report provided an assessment of how Councils, the NHS and Central Government Bodies were improving their energy efficiencies. He led the PRG through the key messages of the report and explained that NHSGGC participated in the collation of data that formed the basis of this report.

This took the form of a completed questionnaire submitted to Audit Scotland with follow-up interviews with key personnel to test efficacy of the questionnaire submission and the Board's strategy towards improving energy efficiency. Feedback on the survey was sent to the Board in the form of a summary report in April 2009. Since that time, the Board had undertaken the Carbon Trust Carbon Management Programme successfully and produced a Carbon Management Plan which addressed many aspects of energy as well as carbon management.

Mr McIntyre highlighted the following points:-

- The Board published in March 2009 a Board Sustainability Strategy which incorporated a series of projects with a view to CO^2 emission target reductions.
- The Board's Chief Executive had endorsed the Sustainability Strategy and the Chief Operating Officer of the Acute Services Division chaired the Sustainability Group. The Board's Carbon Plan was endorsed by the Chief Executive and was managed by the Director of Facilities.
- An Energy Awareness Campaign formed key objectives in the Sustainability Strategy. The campaign would be reviewed and subsequently endorsed by the Chief Executive and would be implemented throughout the Board addressing a series of practical measures that could be taken to improve energy management and seeking support locally within departments for commitment to the programme objectives. In developing this Sustainability Strategy and Carbon Plan, advice had been taken from the Carbon Trust and leading consultancies in energy management plans.
- Energy efficiency activities were managed and co-ordinated by the Director of Facilities with a senior member of the Facilities Management Team leading on a day-to-day basis. The Board had in place an Energy Management Team led by a senior estates manager and the aim of the team was to monitor and report against the HEAT target of 2% reduction of energy consumption year on year and to develop and implement energy and carbon reduction schemes.
- The Board had been putting in place a base structure for the collection of base energy data and CO^2 emissions. In addition, a review of energy metering capabilities was underway and plans had been developed to improve the capture of data. Work was ongoing in conjunction with Health Facilities Scotland to determine a consistent approach to the capture of data in multiple occupancy buildings.
- The Board currently had in place, as part of its procurement objectives, a commitment to more energy efficient equipment and appliances. In the design of major capital projects, the Board applied the principles of BREEAM (BRE Environmental Assessment Method) to assess the energy efficiency and sustainable aspects of a project.

In response to a question from Mr Williamson regarding the Energy Policy that was approved by the Board in 2007, Mr McIntyre confirmed it had not, as yet, been rolled out Board-wide due to the development and implementation plans for the Carbon Management Plan. Mrs Grant, however, confirmed that actions would be drawn up from this Policy and rolled out throughout the Acute Services Division shortly.

NOTED

47. JOINT WORKING – GLASGOW CHCPS

There was submitted a paper [Paper No. 09/32] from the Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs asking that the Group note the current position with Glasgow City Council.

Ms Renfrew reminded the Group that work had been continuing between the Board and Glasgow City Council to address a number of issues with the state of development of the CHCPs. These included the limited levels of delegation and resource devolution, stalled progress in integrating NHS and Social Work Services and potential issues with the governance arrangements.

Ms Renfrew explained progress that had been made from an NHS perspective between December 2008 and March 2009 when the NHS Board considered a proposal, agreed with the Council, to establish revised governance arrangements for the CHCPs. She summarised the detail of that proposal and explained that, on the basis of this commitment, the March Board agreed there had been substantial progress in resolving the issues of concern and that the time-line for further detailed work would be extended to June 2009. That decision had been based on the assumption that a revised Scheme of Establishment could be finalised for approval at the June 2009 Board meeting. Ms Renfrew restated that in agreeing to this approach, the establishment of the new governance arrangements was "subject to the confirmation of which budgets the Council did not propose to delegate to the CHCPs". This statement was based on prior discussions with the Council.

Ms Renfrew went on to provide the Group with a progress report on work since March 2009. This had included a number discussions with Council officers and a development workshop that had taken place on 23 May 2009 with a cross section of Council, CHCP and Corporate NHS staff to explore financial, professional and relationship issues further. Following the workshop, a series of further exchanges took place but the two Chief Executives were not able to agree a joint commitment that CHCPs would hold, by April 2010, on a devolved basis, the totality of the budgets for the services and care groups for which they were responsible. In the view of the Board Officers, this commitment was essential to deliver viable, integrated CHCPs.

Ms Renfrew set out the principles that the Board was proposing be applied to social work budgets without which the financial regime would not support the integrated model of CHCPs and would limit their capacity to address overspends on a whole care system basis and to reform services. Ms Renfrew noted that it was fundamental that the Board had full confidence that the Council was committed to delivering the financial regime which was essential to underpin the delivery of workable integrated CHCPs as originally conceived and agreed. The Board's support for the revised governance and Directors' employment arrangements was on the basis that they provided a platform to enable the Council to move forward substantial resource devolution.

Further progress was required on a number of other issues. These included the relationship of the Chief Social Work Officer role to the CHCP Directors and the development of singular planning and performance arrangements had not delivered definitive conclusions. However, in order to make positive progress the Board Chair had indicated, to the Council Leader that if the issue of budget devolution could be resolved then he would be able to recommend to the Board moving into

shadow joint partnership arrangements and that these important wider issues could be addressed through that Joint Board.

Following a further series of exchanges between the Chief Executives without resolution, the Board Chair met the Council Leader to assess whether a positive way forward could be achieved which reflected the Board's continuing commitment to achieve the model of CHCPs originally agreed. In that discussion, the Council Leader agreed that a draft Council Executive paper, which had proposed only limited devolution, would be amended and would include a clear statement that the Council Leader and Chair of the NHS Board shared a joint commitment that CHCPs would hold, by April 2010, on a devolved basis, the totality of the budgets for the services and care groups for which they were responsible.

The Chair briefed the June 2009 Board meeting that he anticipated this agreement would provide a basis to confirm the essential full budget devolution and, therefore, enable a formal proposal to come forward to the PRG for decision in early July to move to the shadow arrangements discussed earlier. Further exchanges with Council Officers, however, had not yet enabled the Board to establish the required clarity on the devolution of budgets and consequently recommend that there was a basis to move to the revised governance arrangements.

Ms Renfrew concluded that it remained the Board's view that this was the best model for the delivery of high quality health and social care services and to focus on addressing health inequalities separately. The present arrangements for the CHCPs were not financially viable in the long term. The Board's intention had been to resolve that position by March 2009. The failure to progress on the key issues did not currently allow the Board to be confident that there was a basis on which to move to the revised governance arrangements, even on a shadow basis.

During discussion, the following points were raised:-

- It was clear that the Leader of Glasgow City Council was fully supportive of CHCPs with fully devolved responsibility but that failure to fully conclude the financial issues raised concerns about proceeding to the establishment of the Joint Partnership Board. Ms Renfrew explained that the Board had asked for a clear financial statement from Council Officers to reflect the Council Leaders commitment to devolution. Members expressed disappointment that the agreement had not been substantiated with the relevant financial information.

- Members affirmed their continuing support for direction of travel and in particular the introduction of the Joint Partnership Board, which would enable non Executives and Councillors to work closely together. It should be established as soon as the financial agreement was confirmed. They were not confident that the shadow Joint Partnership Board could resolve these core financial matters.

- The Group was disappointed to note continuing concerns that the CHCPs as represented in Council papers were not exercising proper financial control, which had not been the NHS experience.

- There was recognition that one Board member on each CHCP Committee was not enough. The revised Scheme of Establishment should resolve this and enable additional appointments to be made. It was also suggested that it would be useful for the Chairs and Vice Chairs of the CHCPs to form a forum to discuss future working arrangements.

ACTION BY

- There needed to be a firm conclusion reached at the August 2009 Board meeting and, although the integrated model retained the full support of the Board, if agreement could not be made with the Council to move to enable the CHCPs to function then, the Board would require to look at NHS based CHP options in order that stable and viable arrangements could be put in place without further delay.

DECIDED

- That the headline agreement with the Council, reported to the June 2009 Board meeting, that CHCPs would hold, by April 2010, on a devolved basis, the totality of budgets for the services and care groups for which they were responsible, was still the target to be aimed for.
- The Group required reassurance that substance was now following the Council Leader's commitment to the fully integrated CHCP model.
- That while there was continuing support for the model of the Joint Partnership Board, without that confidence there was no basis to approve proceeding to the establishment of the Joint Partnership Board at this stage.
- That the Chair and Officers should continue to seek the financial information required to give confidence in the Council's commitment to full devolution. That information would enable the August 2009 Board meeting to have, for approval, a revised Scheme of Establishment which would include an explicit statement of the Council's resources which would be devolved. If this position could be reached, and a revised Scheme presented and approved in August, the Joint Partnership Board could be established without further delay. **Chairman**
- That this approach was in line with the conclusion of the Council's Executive Group paper.
- That, if negotiations could not deliver that substantive agreement, alternative proposals to establish NHS only CHCPs through an orderly transition should be brought forward to the August 2009 Board meeting for approval. **Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs**

48. PERFORMANCE REPORT – QUARTER 4: JANUARY TO MARCH 2009

There was submitted a paper [Paper No. 09/33] from the Head of Performance and Corporate Reporting setting out the Performance Report for Quarter 4 2008/09.

Ms Gibson advised that work continued to progress in improving data collection and ensuring consistency and comparability between different areas within the NHS Board and this report was one component of the performance management framework which also included six monthly Organisational Performance Reviews (OPRs) and entity specific performance reports.

Ms Gibson highlighted some of the successes and challenges in terms of performance against individual targets within the seven corporate themes. The following was noted:-

- The percentage sickness absence was 4.9% as at the end of March.

ACTION BY

- The percentage of women breast feeding in deprived areas had increased slightly to 26%. Performance against the national breastfeeding target was explored in detail at the six monthly Organisational Performance Reviews and, in particular, with the Woman and Children's Directorate. As such, it was hoped to see a further improved performance within the next reporting period.
- In respect of the QIS Clinical Governance and Risk Management Standards improving, the Head of Clinical Governance was progressing this and an update on performance would be provided at the next meeting.
- It was disappointing to note that the percentage of GP referrals to hospital locations received electronically remained at 71% when the target was 90%. IT issues were being ironed out in an effort to improve upon this.
- The Board had met the very challenging cancer target for the first time in Quarter 4, and this significant achievement was noted.

NOTED

49. COMMUNICATION ISSUES: 19 MAY TO 29 JUNE 2009

There was submitted a paper [Paper No. 09/34] from the Director of Corporate Communications covering communication actions and issues from 19 May to 29 June 2009.

Mr McLaws highlighted the following:-

- H1N1 had continued to dominate the work of the Directorate during this period and staff had liaised closely with the Scottish Government and other Public Sector Partners to ensure consistent messages about the virus. A flu portal had been developed on the NHSGGC website which contained information for staff including GP colleagues and the public which was updated daily. This had received positive feedback and staff continued to develop the site to meet the specific needs of staff and public. The Cabinet Secretary was due to visit Dalian House on Monday 13 July and to see, in particular, staff within the Public Health Protection Unit.

- The Directorate had taken the lead in developing a Communications Action Plan in relation to the three work-streams in the delivery of the Maternity Services Strategy. The plan related to the closure of the Queen Mothers Hospital in January 2010, the extension and refurbishment of the Southern General Maternity and the various elements of the maternity services redesign, including the introduction of obstetric "hub and spoke" pathways and 20-week foetal abnormality scans. The action plans would be taken forward and monitored by a Communications Sub-Group which included wide clinical, management and staff representation.

- The next addition of Health News was due to be published on 29 July 2009 and would showcase some examples of cutting edge treatment pioneering research and first class care being delivered to patients throughout NHSGGC. It would also launch the Board's new Celebrating Success microsite which had been developed to highlight best practice, positive patient experiences and the many awards and successes achieved by staff.

- It was reported that the NHS Board's Annual Review was to be held on 19 October 2009 in the Thistle Hotel. There were some modifications to the format from previous years and as such, Ms Gibson would prepare a briefing paper for members' information. **Head of Performance and Corporate Reporting**

NOTED

ACTION BY

50. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 15 September 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.40 am

Performance Review Group

Date: 15 September 2009 **Paper No: 09/**

Director of Acute Services Strategy, Implementation and Planning

AUDIT SCOTLAND – REVIEW OF MAJOR CAPITAL PROJECTS IN SCOTLAND – POSITION IN NHS GREATER GLASGOW & CLYDE

Recommendation

The Performance Review Group is asked to note receipt of the Audit Scotland report "Review of Major Capital Projects in Scotland" and the actions being taken by NHS Greater Glasgow & Clyde in addressing the recommendations set out in the Audit Scotland Report.

1. Introduction

Between 2002 and 2007, the Scottish Government and its agencies, non-departmental public bodies (NDPBs), and the NHS completed 43 publicly-funded major capital projects valued at £811 million.

The Audit Scotland report was the first systematic review of major capital projects in Scotland. It considered the progress of all 43 projects completed in the five years between April 2002 and March 2007, and a sample of the current major projects. It looked at progress against cost and time estimates, quality specifications and project management in general.

2. Key Messages in the Audit Scotland Report

There are a number of key messages in the Audit Scotland report as follows:

a. In general, the achievement of cost and time targets improved significantly as projects progressed.
b. Early cost and time estimates at project approval stage were too optimistic for many major projects.
c. Performance against cost and time estimates is better after contracts are awarded, as plans are more certain and risks clearer.
d. Most completed projects have successfully delivered the required roads, hospitals and other assets, and all current projects are forecasted to do so. However, few projects have been evaluated to demonstrate that they have delivered the expected wider benefits which originally justified the investment.
e. Nine current projects examined had awarded the main construction contract, which should increase cost certainty. However, four projects had significant increases in estimated cost before reaching this stage.
f. Project management and governance arrangements within individual projects are broadly effective, although room for improvement remains. A more strategic approach to managing the programme of capital projects could improve value for money.

3. Recommendations set out in the Audit Scotland Report and actions being taken by NHS GGC to address those recommendations

The Audit Scotland Report sets out a number of recommendations for Public Bodies. Detail is provided below as to the ways NHS GGC is taking forward the recommendations:

Public Bodies should:

a) *Prepare robust business cases for every project. These should be clear about the project aims and benefits, and include assessment of risks: the range of options to be considered: and a clear basis for assessing, reviewing and reporting.*

The Capital Planning Group, which is responsible for the capital planning processes across the Board, requires a Business Case for all Capital Investment Projects over £500k.

For business cases under £10m, there is an agreed proforma to be completed setting out the proposal, the aims & objectives of the project, the strategic fit with the Board's overall plans, the capital and revenue affordability, the achievability and the governance arrangements which include clear reporting and review process.

For Business Cases over £10m which require to be submitted to the SGHD Capital Investment Group (CIG), there are additional requirements for:

- A Risk Management Process (Risk Register);
- An Optimism Bias Reserve calculated using treasury guidelines.

b) *Build whole-life costs into business cases and subsequent project reporting.*

For appropriate schemes, whole life costs are considered as part of the option appraisal process which informs the Business Case and are fully considered for major capital projects. This is a key requirement for all projects procured the NHS Scotland Framework Agreement

c) *Ensure cost, time and quality targets are clear from the outset, and properly recorded.*

Capital Project cost estimates are carried out by professional cost advisers and take account of risk and uncertainty. Cost estimates take account of specific risks, optimum bias and construction costs inflation in the early cost estimates.

d) *Improve early-stage estimating of the cost and time of projects. They need to ensure better assessment and quantification of risk and uncertainty, and should include a specific risk allowance, optimism bias allowance and take account of construction cost inflation in early cost estimates.*

As above, business cases are preferred for all projects over £500k and they include early professional involvement in estimating costs, identifying project scope and completing risk assessments.

WORDS EXPEXTED FROM ALAN or TONY

e) *Develop an appropriate procurement strategy which considers all procurement routes, competitiveness and capacity within the construction industry. Ensure that risk management strategies explicitly consider and mitigate the risk of changes in scope after the contract has been awarded.*

Procurement strategies are generally planned in line with the costs and scale of the works to be undertaken and the timescale of a proposed project.

All procurement routes are considered and advice is sought from the Board's Procurement Department and, when appropriate, professional advisors. The potential for scope change in a project is critical in deciding the best procurement method.

The Scottish Government Capital Finance Department have recently implemented the Framework Scotland Procurement method which is being used by the Board on a number of schemes and is seen as very effective, efficient and flexible in its use to support procurement of a wide range and scale of Capital Projects.

f) *Make more use of tools available to assess and confirm both the quality of design and environmental sustainability to get the best benefits from the available funding.*

The Board has approved and implemented a Design Action Plan (DAP) which clearly sets out its vision for achieving design quality. The DAP outlines current good practice in the consideration of design quality using the AEDET Evolution Design Toolkit and environmental sustainability against the NHS Neat Assessment Toolkit and BREEAM Environmental Assessment Method for Buildings.

g) *Ensure appropriate project management and governance arrangements are put in place for every project*.

Through the Capital Planning Group (CPG), there are agreed corporate governance arrangements for all major capital projects with clearly identified roles, duties and responsibilities for all key individuals together. In addition, there is clarity for levels of delegated authority.

Within the Capital Planning Department there are discrete teams of Senior Project Managers, Project Managers and Project Officers who are allocated to and manage all aspects of project delivery from feasibility & inception to completion & commissioning with clearly defined roles and reporting structures, working with the relevant Project Director.

h) *From the outset, ensure they have project managers with appropriate experience and knowledge of effectively managing major projects*.

Through Personal Development Plans (PDPs) for all capital planning staff in the Capital Planning Department, work is ongoing to ensure that the knowledge and skills of Project Managers are current and meet the professional demands of their respective positions. Training requirements are

evaluated and reviewed each year with individual development plans agreed between all project staff and their line managers.

i) *Ensure budgets are sufficient to allow for post-project evaluation in all projects.*

Funding for all major capital projects is agreed with the Project Director and covers all necessary budget headings including Post Project Evaluation. Budgets are kept under tight scrutiny and over and underspends reported at monthly meetings to the relevant Director lead and at Capital Planning Group.

j) *Carry out post-project evaluations within a reasonable timescale to determine whether projects have delivered the benefits intended. Evaluations should consider performance against cost, time and quality targets.*

Capital Planning in conjunction with appointed design teams, senior managers, clinical staff, service users and all key stakeholders now carry out post-project evaluations on all major capital projects within one year of delivery and commissioning. These have been carried out on the West of Scotland Cancer Centre, the new Gartnavel Royal Inpatient Facility and the new Forensic Psychiatric Unit at Stobhill. The focus of the reviews has been in the main an evaluation of how good quality design has been achieved and if the facilities have delivered what was intended at the outset. The scope of these evaluations will in future be widened to accommodate how well the service requirements have been satisfied and whether the aims of the business case have been achieved.

k) *Set a clear plan with regard to the need for independent gateway or similar reviews at key stages in projects.*

The Board participates in independent project reviews organised by the Centre of Excellence (Procurement Directorate). All projects referred to Scottish Government Capital Investment Group are subject to a Risk Assessment Form (RAF) and if the RAF assessment is high then those projects are considered for Gateway Review.

The New South Glasgow Hospitals project was the first project to undergo a Gateway Review in Scotland and has now completed Gateway 0, 1 & 2 successfully. Other schemes will undergo gateway in agreement with CIG.

4. Conclusion

Under the auspices of the Capital Planning Group, there will be updates to ensure continued improvement on major capital projects against the recommendations in the Audit Scotland report.

RECOMMENDATION

The Performance Review Group is asked to note receipt of the Audit Scotland report "Review of Major Capital Projects in Scotland" and the actions being taken by NHS

Greater Glasgow & Clyde in addressing the recommendations set out in the Audit Scotland Report.

PRG(M)10/01
Minutes: 1 - 17

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 19 January 2010 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Mr I Lee
Mr P Daniels OBE	Mr D Sime
Mr P Hamilton	Cllr. D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Dr C Benton	Mr D Griffin
Mr R Calderwood	Mr B Williamson

I N A T T E N D A N C E

Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr I Lochhead	..	Audit Scotland
Mr D McConnell	..	Audit Scotland
Mr A McIntyre	..	Director of Facilities – Acute Services Division (to Minute 7)
Mr A McLaws	..	Director of Corporate Communications
Mr I Nicol	..	Acting Head of Corporate Reporting & Performance
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs
Mr A Seabourne	..	Project Director, New South Glasgow Hospitals Project (to Minute 5)

ACTION BY

1. APOLOGIES AND UPDATE

Apologies for absence were intimated on behalf of Ms R Dhir MBE, Cllr. D Mackay, Mrs E Smith and Mr K Winter.

The Chairman updated Members on three current issues:-

i) Winter pressures – the services had coped well despite the significant increase in attendances at Accident and Emergency Departments which had been due to the severe weather conditions;

ii) The Public Inquiry led by Lord McLean into the C.Difficile incidents at the Vale of Leven Hospital would commence with a Preliminary Hearing on 1 February 2010 and the NHS Board was currently preparing the evidence sought for the Inquiry under the terms of reference of the Public Inquiry;

iii) Vaccinations for H1N1 had been offered to front-line staff and made available by most GP practices. Ms Renfrew agreed to advise Members of the number of GP practices which did not offer the vaccination.

Director of Corporate Planning and Policy/Lead Director Glasgow City CHCPs

NOTED

2. MINUTES

On the motion of Cllr. D Yates and seconded by Mr P Hamilton, the Minutes of the Performance Review Group meeting held on 3 November 2009 [PRG(M)09/06] were approved as an accurate record subject to the following change:.

Minute 70 – Communications Issues: 2nd bullet point – 3rd line – delete "diving" and insert "driving".

3. MATTERS ARISING

a) Monitoring 48-Hour Access to GPs

In relation to Minute 65(b) – Progress on Monitoring Access to GPs – there was a paper [Paper No. 10/01] submitted by the Director of Corporate Planning and Policy/Lead Director Glasgow City CHCPS, which set out the detail at Board, CH(C)P and GP Practice of the National Survey – 2008/09 – on 48-hour patient access to General Medical Services (GMS). It included the CH(C)Ps approach to assessing access in their areas and how they had followed through with those practices which appeared not to have met the standard.

Members were advised that in 2004/05, the new GMS Contract included an element of 48-hour access in the Quality Outcomes Framework (QOF). In 2006/07 this was removed from QOF and became a Direct Enhanced Service (DES). In 2005/06 – NHSGG&C implemented a 48-hour access stock-take via electronic interrogation of GP clinical appointments system. The access DES was not commissioned in 2007/08 and many practices ceased taking part in the stock-take. In 2008/09 the National Patient Survey and 48-hour Access Review was implemented and approximately 160,000 survey forms were posted to NHSGG&C patients with over 68,000 completed returns received (42.7%). These were analysed at a national level and provided to NHS Boards with detail down to at practice level. In NHSGG&C 91.9% of patients who had completed the survey said in the previous 12 months (from November 2008) that they had been able to see or speak to a GP or nurse at their practice within 48 hours of seeking this service. The survey was repeated across Scotland in the late autumn of 2009 with the results being available in autumn 2010.

Members welcomed the update and that CHCPs were influencing access targets and holding discussions with their practices about these issues.

NOTED

4. REVISED PLANNING ARRANGEMENTS – 2010/2013

There was submitted a paper [Paper No. 10/02] from the Director of Corporate Planning and Policy/Lead Director, Glasgow City CHCPs which set out the revised planning arrangements for the 2010/13 planning round and brought together system-wide Planning and Policy Frameworks and the local planning processes to deliver new 3-year plans for April 2010.

The completion of the first 3-year cycle offered the opportunity to consider the operation of the full planning system and a review process was established which enabled dialogue across the organisation about the efficiency of the planning system in relation to the quality and durability of the processes and procedures. The paper described the series of issues identified and from these a series of questions were developed and considered at two corporate events. This led to the shaping of the final proposals as set out in the 2010/13 Revised Planning Arrangements.

In discussing the new arrangements and better corporate reporting it was agreed that a single item NHS Board Seminar would be held on Tuesday, 2 March 2010 on the Financial Plan – Priorities, Challenges and Choices. **Head of Board Administration**

Mr Williamson asked if improvements in services which were outwith HEAT targets would be highlighted. Ms Renfrew advised that with clarity on clear corporate outcomes, these would be measured and the performance against each reported upon. Improving the planning process would not be an end in itself as there was a need to improve on outcomes and performance.

In response to a question from Mr Daniels, it was explained that the first set of planning arrangements covering the period 2006/09 had been developed for a new organisation which was moving from the old Divisional arrangements to single-system working and future changes and refinements were inevitable. Greater corporate direction had been required and a greater clarity on outcomes and measures.

Mr Cleland was keen to have the NHS Board identify the issues and outcomes that were the most important and concentrated on improving performance in these areas. The Organisational Performance Reviews had been very helpful in identifying the key issues for Divisions and Directorates. With the tighter financial climate and need to maintain performance improvements in access targets there would be difficult choices to make going forward. These issues would be discussed in the context of the Financial Plan at the March NHS Board Seminar.

DECIDED:

1. That the revised planning arrangements – 2010/2013 be noted.

2. That the March NHS Board Seminar consider the Financial Plan and the Priorities, Challenges and Choices facing the NHS Board.

5. NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT – PROGRESS UPDATE

There was submitted a paper [Paper No. 10/03] by the Director of Acute Services Strategy Implementation and Planning which provided Members with an update on progress in relation to the New South Glasgow Hospitals and Laboratory Project and the work under way to acquire the land necessary for the development of the project.

The Project Team had met the three bidders on 4 November 2009 to confirm the outcome of the evaluation process and the selection of Brookfield Europe as the preferred bidder was announced by the Cabinet Secretary for Health and Wellbeing on 6 November 2009. The Project Team thereafter provided feedback to each bidder in separate sessions in mid-November 2009.

The tender from Brookfield Europe was compared to the NHS Board's Employer's Requirements. Following detailed work with Brookfield on aspects of their bid, the contract was signed on 18 December 2009 for the construction of the Laboratory facility and the detailed design of the Adult and Children's Hospital. This should then allow the completion of the Full Business Case and its submission to the Performance Review Group in November 2010.

Members were advised that the provision of the new Mortuary and post-mortem facilities incorporated the Glasgow City Mortuary.

Mr Seabourne advised on the two land acquisitions required to support the design of the successful bidder, Brookfield Europe. The first area was a strip of land adjacent to Scottish Water, required to accommodate the new access road leading to the new hospitals. The second area was the land currently used by the Scottish

Ambulance Service which was required to accommodate a new multi-storey car park, in support of the requirements of the Master Plan and to provide necessary landscaping for the New Children's Hospital. Members would receive future reports on the progress of the land transactions described above.

The Chairman reminded Members that this was Helen Byrne's last attendance at the Performance Review Group prior to taking on her new responsibilities as the Director of Strategic Commissioning and Deputy Chief Executive of Croydon Primary Care Trust. He wished to record his thanks on behalf of the Members for the contribution Helen had made to the work of the NHS Board and, in particular, to the signing of the contract with the preferred bidder for the New Adult and Children's Hospital and new Laboratory facility at the Southern General Hospital site. He wished her every success with her new role. Helen thanked the Chairman and Members for their kind comments and indicated how much she had enjoyed working within NHSGG&C.

NOTED

6. NEW STOBHILL HOSPITAL – DEVELOPMENT OF SHORT-STAY AND ELDERLY REHABILITATION BEDS

There was submitted a paper [Paper No. 10/04] from the Director of Facilities which provided Members with an update on the provision of short-stay and elderly rehabilitation beds at the New Stobhill Hospital.

Agreement on financial close was reached within the affordability envelope for this development on 22 December 2009 and the construction company, BBCL, had now started preliminary works with the completion of the development and hand-over of the building to the NHS Board in late February 2011. There would then follow a 4-week commissioning programme by the NHS Board to equip the building and the first patients were anticipated in late March 2011.

NOTED

7. AUDIT SCOTLAND REPORT – ASSET MANAGEMENT

There was submitted a paper [Paper No. 10/05] by the Director of Facilities which set out the NHS Board's response to the Audit Scotland Report on Asset Management in NHS Scotland.

The Audit Scotland Report examined the corporate arrangements for Asset Management and focused primarily on estates management as previous reports had been produced on medical equipment and information technology. Effective design in use of assets could improve service delivery and NHS Boards needed to manage their assets as effectively as possible. The key messages from the report were that there had been significant capital investment plans spanning 2003–2011 allowing NHS bodies to undertake major asset re-design and improvement. NHS Boards were beginning to manage their assets more strategically but needed to demonstrate more clearly the links between clinical strategies and asset strategies. A key recommendation was that the Scottish Government Health Directorates (SGHD) should develop policies and guidance for all types of assets and update the current policies and guidance to reflect changes in the NHS and collect information from NHS Boards on the performance of their assets. SGHD had established through Health Facilities Scotland a working group to review and implement the findings of the Asset Management Report and the NHS Board's Property Manager was a member of the Project Board. In addition, Health Facilities Scotland were working towards the development of a national benchmarking structure for estates and facilities following the publication in March 2009 of the NHS Scotland Estates and Facilities Benchmarking Project Report and the NHS Board's Director of Facilities was a member of the Project Programme Board.

Mr McIntyre advised that the NHS Board's design action plans remained in place; a full review of the ratio of planned preventative maintenance to reactive maintenance works and costs was under way and the NHS Board's Property Plan had been updated in 2009. Appendix 4 of the Audit Scotland Report incorporated a checklist and this self-assessment had been completed by NHS Board officers.

Mr Daniels referred to the circa 60/40 split between planned and reactive maintenance and noted a review was under way to re-assess the maintenance regimes. He asked how frequently the condition survey was undertaken and Mr McIntyre advised that this was undertaken every five years as a rolling programme. With the new Gartnavel Royal Hospital, new West of Scotland Beatson Cancer Centre, the two Ambulatory Care Hospitals, the Forensic Unit and the Adolescent Unit, together with the planned investments as part of the Acute Services Strategy, there had been significant improvements in the NHS Board's estates. However, within a handful of years there would be challenges in maintaining the estate and difficult decisions around levels of expenditure on older buildings. One of the major issues facing the NHS Board was the fact that most health centres within the Board's area were built circa 30 years ago and improvements to that estate was becoming a greater priority.

Mr McIntyre advised that the Health Environment Inspectorate would be visiting the Inverclyde Royal Hospital, Southern General Hospital, Glasgow Royal Infirmary and Royal Alexandra Hospital over the coming months and this would cover health care acquired infection in patients, their perspective of their environment, health and safety requirements and a review of existing policies and procedures. Mr McIntyre agreed to report back to the Performance Review Group in September 2010 on the outcome of these visits.

Cllr. Yates was encouraged to see the statement that NHS Board and Local Authorities needed to work together more strategically to develop the public sector estate and Mr Calderwood advised that a recent good example of this was the Barrhead Health and Social Care Centre.

NOTED

8. AUDIT SCOTLAND – REVIEW OF DRUGS AND ALCOHOL

There was submitted a paper [Paper No. 10/06] by the Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs, which set out the NHS Board's response to the Audit Scotland Report on the Review of Drugs and Alcohol Services in Scotland.

The report identified, for the first time, how much the public sector spent directly on drugs and alcohol services in Scotland and assessed whether this finance was spent on evidence of what was needed or what worked. The report was one of a number of initiatives linked directly to and from the publication of the National Drugs Strategy – The Road to Recovery and, more recently, the Changing Scotland's Relationship with Alcohol – A Framework for Action. The paper set out the key messages from the report, together with the key recommendations by the Scottish Government and those for NHS Boards, Local Authorities, the Police and other public bodies. Ms Renfrew then took Members through the key recommendations affecting the NHS Board and the steps being taken within NHSGG&C to address each. There was tabled the spend per drug/alcohol service user within each Local Authority area within NHSGG&C. Members welcomed this additional information and a further revised copy would be sent to all Members for information, together with a graph showing service users per Local Authority area.

Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs

Ms Renfrew reminded Members about the revised Framework for Alcohol and Drug Partnerships and outlined the responsibilities of NHS Boards, Local Authorities and the Scottish Government and the new arrangements clarifying lines of accountability operating between the Government and Community Planning Partnerships on the delivery of outcomes for alcohol and drugs misuse. The Audit Scotland Report noted that NHS Greater Glasgow and Clyde had the highest spend on drug and alcohol services per head of population in Scotland and the recent Scottish Alcohol Needs Assessment publication reported that Greater Glasgow had the highest level of access for alcohol services in Scotland with a prevalence service utilisation ratio of one in 7.6 compared to the Scottish average of 1 in 12.

Mr Williamson highlighted the extent of the alcohol related diseases and the impact it had on NHS services together with the impact of alcohol and drug misuse affecting crime, family support and the impact on children. It was also acknowledged that over 50% of those who required alcohol and drug services were not accessing such services. Recent work in relation to the spending review allocation for alcohol misuse had been working towards an agreed range of interventions which all Local Authority planning groups required to ensure were available. The allocation of the resources should prioritise those areas of activity which either did not currently exist, were under-developed or required strengthening: however, there remained a significant overall resource issue with capacity insufficient to meet the scale of the drug and alcohol needs. Planning partners were awaiting the Scottish Government's approval of budgets as well as a decision on the distribution of the funding arrangements for drug misuse services.

It was recognised that NHSGG&C was well positioned in relation to the Audit Committee Report although further analysis and development work was required and the report provided a useful framework for the new Alcohol and Drugs Partnerships to consider. Mr McConnell, Audit Scotland, indicated that he had been pleased to see the level of analysis undertaken by the NHS Board in response to this and the previous Audit Scotland Report into Asset Management.

NOTED

9. OVERVIEW OF NHS IN SCOTLAND'S PERFORMANCE 2008/09

There was a paper submitted [Paper No. 10/07] from Audit Scotland in which the overview of the performance of the NHS in Scotland – 2008/09, including its financial performance and financial challenges and risk for 2009/10 were highlighted.

The key messages were that following above inflation increases in funding for the last eight years there was now likely to be a decrease in funding in real terms across the Scottish public sector. This would lead to the need for greater efficiencies and the review of how services were delivered to improve levels of productivity and the need to work more effectively with partners and patients. The financial performance of the NHS in 2008/09 was good and all NHS Boards stayed within budget and all NHS Boards had met their 2% efficiency savings targets. The NHS met 10 out of the 13 national performance targets in 2008/09: however, problems remained with drugs and alcohol misuse and the rate for teenage pregnancies.

Cllr. Yates highlighted the comment that there was limited evidence of any large scale transfer of resources from secondary to primary care and, also, resource transfer from the NHS to Local Authorities – providing an indication of some real difficulties in reaching agreements on budgets in 2008/09. £3.2m had been transferred to Local Authorities to meet the cost of projects to support people moving out of hospital into more appropriate forms of care in the community: however, there had been some difficulties in agreeing resource transfer monies which may highlight the difficulties faced by NHS Boards in developing their financial relationships with their partners.

Mr Williamson asked if Audit Scotland were able to influence the SGHD approach to HEAT targets. Mr McConnell advised that this was a policy issue and whilst not the role of Audit Scotland, he was conscious that the overview report on the NHS was well read and it contained a number of messages in relation to the future of the NHS in Scotland.

Mr Lee highlighted the sickness absence rate for 2008/09 and the range of performances from NHS 24 to NHS Health Scotland with NHSGG&C at just under 5%. Mr Cleland advised that this target was monitored by Staff Governance Committee and, whilst it did fluctuate, it was normally between 4.5 and 5% and had been incorporated within all senior managers' objectives for 2009/10.

NOTED

10. UPDATE ON ARRANGEMENTS FOR CAMGLEN AND NORTHERN CORRIDOR

There was submitted a paper {Paper No. 10/08] from the Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs on the progress associated with the transfer of responsibility for the Rutherglen/Cambuslang and Northern Corridor to NHS Lanarkshire.

The NHS Board was advised in October 2008 that a formal Project Board had been established with implementation covering key stakeholders including staffside representatives and local GPs. The Project Board had established eight work-streams co-chaired by key personnel from NHS Lanarkshire and NHSGG&C. Members were advised that there was now a full Service Level Agreement concluded between NHSGG&C and NHS Lanarkshire in respect of the management of the General Medical Service Contracts; that all matters associated with TUPE, including terms and conditions, to ensure transfer of identified staff had been concluded, an agreement was in place in the final model for the provision of IM&T services from professional groups and there had been consistent communications and progress with the key stakeholders including the public and patients. Outstanding matters related to the development of a Service Level Agreement with regard to estates recognising the different maintenance programmes of each organisation, health and safety matters, legislative compliance and access to capital/backlog maintenance funding. In addition, the overhead funding transfer had not been finalised and the Heads of Finance of both organisations would work together to find a fair and reasonable split.

Members welcomed this report and consideration would be given to how best to report in future, possibly on an annual basis, to Members recognising the responsibility for the health of the population covered by these two areas remained with NHSGG&C. **Director of Corporate Planning and Policy**

NOTED

11. CLYDE VALLEY REVIEW – RESPONSE TO RECOMMENDATIONS AND WORK-STREAM PRIORITIES

There was a paper submitted by the Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs [Paper No. 10/09] which provided a report on the Clyde Valley Review together with key recommendations which the NHS Board should consider.

The Chairs and Chief Executives of NHSGG&C and NHS Lanarkshire had been invited latterly to meetings of the Clyde Valley Review and this had proven useful in understanding the key work-streams to be developed by Local Authorities over the coming months.

Mr Calderwood took Members through each of the 10 key recommendations in order to get an understanding from Members where NHSGG&C could play a full part: this would be useful in feeding back to Local Authorities on the Board's position on each. **Chief Executive**

NOTED

12. FINANCIAL MONITORING REPORT FOR 8 MONTHS TO 30 NOVEMBER 2009 AND MID-YEAR REVIEW

There was submitted a paper [Paper No. 10/10] from the Director of Finance setting out the Financial Monitoring Report for the 8 month period to 30 November 2009 and also the Mid-Year Review of the NHS Board's financial position against the 2009/10 Financial Plan.

As at 30 November 2009 expenditure levels were £1.6m ahead of budget: however, it was considered that the year end break-even position remained achievable. Mr Griffin highlighted those factors which could have a significant negative impact on the Board's financial position – namely, the costs of the Pandemic Flu; the outcome of the Agenda for Change appeals; and the prescribing expenditure trends. Mr Griffin also reminded Members that a balanced Financial Plan for 2009/10 deployed £14.9m of non-recurring resources and had assumed a £45.4m worth of cost savings. As at 30 November 2009, savings of £28.5m had been achieved against a target of £30.2m. The NHS Board was currently forecasting achievement of its 2009/10 savings target but clearly would continue to closely monitor its deliver of the savings target to the remaining part of 2009/10 financial year.

The level of capital expenditure was in line with the plan and reflected the timing of expenditure across a wide range of programmes.

Mr Griffin then took Members through the Mid-Year Review of the Financial Plan. This had consisted of a series of meetings with Directors and senior Finance Officers from the Acute Services Division, CH(C)Ps and other Partnerships. The outcome was that it remained reasonable for the NHS Board to continue to forecast that it would manage total expenditure within available resources for 2009/10 and thereby remain within the revenue and capital resource limits for the year.

Mr Lee enquired of the likely timescale for the outcome of discussions with SGHD in relation to prescribing expenditure and the assumptions made on price reductions on specific drugs and the knock-on effect of the price increases on other drugs being above anticipated levels. Mr Griffin believed that the outcome would be determined by the end of the month.

Mr Williamson asked about the use of non-recurring funds in 2009/10 and how this would be managed in 2010/11. Mr Griffin stated that the NHS Board had utilised in-year slippage from funding allocations or service budgets as a source of non-recurring funding to cover one-off building maintenance costs, transitional funding to facilitate service change and other projects. This would continue to be an issue in 2010/11 but with declining opportunities would be further discussed as part of the March 2010 NHS Board Seminar in reviewing the Financial Plan and the Priorities, Challenges and Choices facing the NHS Board. It had to be acknowledged, however, that 2010/11 would be a significantly challenging year.

NOTED

13. PERFORMANCE REPORT – QUARTER 2 – 2009/10

There was submitted a paper [Paper No. 10/11] from the Acting Head of Performance and Corporate Reporting setting out the Performance Report for 1 July to 30 September 2009. The report should be seen as one component of the performance management framework which included:-

- 6-monthly organisational performance reviews;
- A performance focused report for CH(C)Ps;
- The Acute Services Division's balance scorecard;
- The Mental Health Partnership's performance monitoring framework;
- Individual performance appraisals

Mr Nicol took Members through the key performance targets and highlighted where improvements had been made or where there had been some slippage and the reasons for this. In doing so, he advised that in relation to the Access targets patients reported as waiting over 6 weeks for the 8 key diagnostic tests the Board's status should have been reported as Green as no patients had waited over 6 weeks in the 3 months to September 2009. Likewise, in relation to the 9-week In-patient/Day Case and the 12-week Out-patient target, the NHS Board's status should not have been reported as Red as the target was not due for delivery until March 2010. He advised that the performance framework was being reviewed over the coming months to reflect the revised planning arrangements and organisational structure.

Improvements to data collection and IT issues supporting data collection remained work in progress and it was hoped that the next Quarterly Performance Report would be more robust in terms of the presentation of the data supporting performance.

Mr Hamilton asked about physiotherapy waiting times and Ms Renfrew advised that the review of such targets would be completed by the end of January 2010.

Mr Calderwood stated that the Quality Improvement Scotland (QIS) report had now been issued on the Clinical Governance and Risk Management Standards within NHSGG&C and he would ensure Members received a copy in the new year. Good progress had been made across all the Standards and this would be reflected in the next Quarterly Performance Report. He asked that the covering paper better highlight for Members where there had been a downturn in performance, together with reasons for this and the intended improvements.

Head of Board Administration

Head of Performance and Corporate Reporting

NOTED

14. ANALYSIS OF LEGAL CLAIMS

There was submitted a paper [Paper No. 10/12] from the Head of Board Administration and Chief Operating Officer – Acute Services Division setting out the first Monitoring Report on the handling and settlement of legal claims within NHS Greater Glasgow and Clyde. Discussion at the June 2009 NHS Board meeting on the Mid-Staffordshire Report had highlighted that there was no direct reporting to NHS Members on the handling and settlement of legal claims.

The paper set out the process for handling legal claims, the role of the Central Legal Office, the operation of the Clinical Negligence and Other Risks Scheme (CNORIS), the handling of significant legal claims and the role of SGHD in finalising such claims and, lastly, presented information on recently settled claims and the status of the outstanding claims made against the NHS Board.

Mrs Grant hoped that Members found the reporting format acceptable and that future reports would be on a 6-monthly basis to the Performance Review Group. In addition, it was hoped to work towards a further degree of assurance for Members in handling all legal claims, future reporting providing greater levels of detail and local monitoring of trends and comparisons across sites and/or specialties.

Members welcomed the comprehensive nature of the first monitoring report on the Analysis of Legal Claims and agreed the future reporting arrangements.

NOTED

15. PROPERTY COMMITTEE

The Minutes of the Property Committee meeting held on 14 September 2009 were noted.

NOTED

16. COMMUNICATION ISSUES: 28 OCTOBER 2009 – 19 JANUARY 2010

There was submitted a paper [Paper No. 10/14] from the Director of Corporate Communications covering communication actions and issues from 28 October 2009 to 19 January 2010.

Mr McLaws highlighted the following:-

- The closure of the Queen Mother's Maternity Hospital to all admissions from 13 January 2010 which had been supported by a comprehensive Communications Plan to publicise the closure and celebrate the hospital's proud history. A commemorative booklet had been produced and a special edition of Health News would be published in February commemorating the Queen Mother's Hospital and promoting the new modernised maternity services. There was also an interview with Dr Jim Beattie who offered reassurances about clinical arrangements in the period between the closure of the Queen Mother's Hospital and the opening of the new children's Hospital in 2015.

- The launch of the Biennial Report of the Director of Public Health – accompanied by the publication of a Tabloid Summary of the report in a special edition of Health News on 16 December.

- The presence of Anthrax in blood tests of three Glasgow drug injecting heroin users leading to investigations to try to find the source of the bacteria. A press conference was held and with deaths being recorded in NHS Fife and NHS Forth Valley, Health Protection Scotland were now handling the investigation.

- Implementing the Marketing Plan for the Community/Midwifery Units at the Vale of Leven and Inverclyde Royal Hospitals continued and a brain-storming session was held with midwives on 4 November 2009 which generated further positive opportunities to promote these services.

- Arrangements were under way for the Sod-cutting Ceremony for the New South Glasgow Hospitals Development by the Cabinet Secretary for Health and Wellbeing and also the official Opening of the New Victoria and Stobhill Hospitals by the First Minister and Deputy First Minister on 10 and 24 February 2010 respectively.

NOTED

17. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.00 am on Tuesday, 16 March 2010 in the Conference Room, Management Building, Southern General Hospital, 1345 Govan Road, Glasgow, G51 4TF.

The meeting ended at 12.35 p.m.

Performance Review Group
Date 19th January 2010

Director of Acute Services Strategy Implementation and Planning **Paper No. ??/??**

NEW SOUTH GLASGOW HOSPITALS & LABORATORY PROJECT – PROGRESS UPDATE

RECOMMENDATION:

Members of the Performance Review Group are asked to:

- receive an update on progress in relation to the New South Glasgow Hospitals and Laboratory Project;
- note work underway to acquire land necessary to the development of the project.

A NEW HOSPITALS AND LABORATORY PROJECT - UPDATE

1. Background

Following the Board's decision to appoint Brookfield Europe as the preferred bidder on 3rd November 2009 to take forward the new Hospitals and Laboratory Project, the Project Team met briefly with each of the three bid teams on 4th November 2009 to confirm the outcome of the evaluation process. The selection of the preferred bidder was announced by the Cabinet Secretary for Health and Wellbeing, at a press briefing, on 6th November 2009.

In line with the procurement regulations, the Board was required to provide feedback to all bidders. The Project Team met with Balfour Beatty on 9th November, Laing O'Rourke on 10th November and Brookfield Europe on 18th November. These meetings were structured to run through the detailed evaluation reports which the Board's team had prepared and issued to each company in advance of the meetings.

2. Contract with the Successful Bidder

Subsequent to the approval of the preferred bidder, the Project Team and advisers carried out a due diligence exercise to compare the Brookfield tender offer with the Board's Employer's Requirements in order to complete the information to be included into the Building Contract. This was completed week commencing 14th December 2009 and the contract was signed on 18th December 2009.

Members will recall the 4 stages of this Procurement process:

Stage 1	Construction of Labs Facility;
Stage 2	Detailed design- Adult and Children's Hospitals;
Stage 3	Construction of Adult and Children's Hospitals;
Stage 3A	Complete Landscaping.

The signing of the contract enables the next two stages of the procurement process to be implemented:

- Stage 1 – the construction of the New Laboratory Facility; and

- Stage 2 – the development of the Adult and Children's Hospitals design leading to the completion of Full Business Case (FBC) which is to be submitted to the Performance Review Group in November 2010.

3. Laboratory Update (Stage 1)

3.1 General Update

The proposed new Laboratory Building will house the laboratory specialties of Biochemistry, Haematology, Blood Transfusion, Microbiology, Genetics, Pathology and Mortuary & Post Mortem services together with Facilities management (FM) facilities for the whole Southern General Campus.

It should be noted that the proposed mortuary and post mortem facilities within this new building will include the re-provision of the Glasgow City mortuary which also provides the forensic service for the City of Glasgow and beyond.

Boswell, Mitchell and Johnstone (BMJ) Architects were appointed by the Board to take forward the design of the South Glasgow Hospitals Laboratory Building and they have now been novated to Brookfield Construction to complete the Design Work.

During the Competitive Dialogue process it became apparent from all bidders that the Board could achieve cost and programme efficiencies and a better masterplanning solution by including some of the Facilities Management Services into the proposed Laboratory building instead of providing them in the main hospital. This has been completed and was included in the FBC approved by the Performance Review Group in November 2009.

3.2 Capital Costs

The total capital cost for the Laboratory development is £89.75m, broken down as follows:

	TOTAL £'000
Building - Laboratory	67,038
Building – FM	19,871
Optimism Bias	2,841
Total Capital Expenditure	**89,750**

3.3 Programme Dates

The programme dates are set out below:

Contracts signed	18th December 2009
Noviate Design Team	18th December 2009
Site Mobilisation and Establishment	4th January 2010
Start on Site	4th March 2010
Substructure works complete	26th August 2010
Superstructure complete	17th November 2010
Cladding Envelope complete	1st June 2011

Fitting Out/Finishes – start	3rd October 2010
- complete	9th February 2012
Testing, Commissioning of M&E Services – start	10th October 2011
- complete	10th March 2012
Completion – Handover of Building	10th March 2012
Board Commissioning – start	10th March 2012
- complete	9th May 2012
Building Operational	9th May 2012

4. Detailed Design New South Glasgow Hospitals (Stage 2)

4.1 General Update

Following the appointment of the preferred bidder, the project team continue to prepare for the next stage of detailed design. Brookfield's bid replicated or improved the exemplar block plans for both hospitals – that is the 1:500s adjacencies so no further work was required on these. Therefore, the next stage is to develop the departmental layouts.

4.2 1:200s – departmental layouts

Towards the end of January 2010, work will commence on the detailed design of the hospitals, the 1:200 plans (departmental layouts). User Groups and leads for each group were nominated by the Acute Division Directorates. There are 33 main Groups, with sub-groups within some e.g. Outpatients contains a number of specialties ophthalmology, dental, diabetes etc.

There are likely to be 2 or 3 meetings to get an agreed design for each department. The meetings will take place between January and May 2010. The work of the groups will then evolve into the design for the room layouts. The 1:200 departmental layouts must be completed to enable the planning application to be submitted to Glasgow City Council in early July 2010.

4.3 1:50s – Room layouts

In May 2010, the 1:50s (room layouts) will start to be issued by the Brookfield. The established User Groups will continue in the same vein as the 1:200 processes until all rooms are signed off. This involves ensuring fittings are correct, and that all equipment will fit in the room. This work will be completed by the end of 2010 and will be required to inform the FBC.

4.4 Check & Review process

Stage 2 will cost £18m. A check and review process will be implemented to ensure that there is full control of the design process and hence the capital cost of the project.

4.5 New Governance Arrangements

Given that the project is moving into a new stage, revised Governance structures are in development which will be submitted to the February Project Executive Board and to March PRG for approval.

B. LAND ACQUISITIONS

1. Scottish Water

As part of the masterplan for the redevelopment of the Southern General Hospital campus, a new main entrance boulevard was shown from Govan Road / Renfrew Road as part of the proposals. This new access would provide a formal entrance to the new hospital complex and allow the existing entrance from Govan Road to service the existing site during the build phase. The new entrance boulevard would also provide a dedicated route for pedestrians and the new Fastlink bus service.

The new entrance boulevard would run to the west of the current Therapy and Accident and Emergency buildings along the route of an existing single track road within the SGH site (see drawing in Appendix 1). However, this strip of ground is not wide enough to take the entrance road, Fastlink route and pavements and consequently the Board would require to purchase a strip of land from Scottish Water which owns the adjoining ground.

The masterplan within Brookfield's proposals followed the basic intent of the Board's exemplar design and therefore will require the purchase of the strip of ground. The estimated cost to purchase the ground and to address the associated issues is expected to be circa £500-550k (included in project budget).

The conclusion of the land transaction would be subject to planning consent for the junction works. The main entrance boulevard is within the Board's masterplan submitted to Glasgow City Council in July 2009, and it is not considered that there will be any impediment to securing detailed planning consent for this new entrance.

The Project Team has made initial approaches to Scottish Water regarding the possibility of purchasing a strip of ground (approximately 170x15m) which will provide sufficient space to create the new entrance. Scottish Water has confirmed that, in principle, they are agreeable to an off market sale of the ground at District Valuer's valuation.

With the contract now signed and the first stages of the project commenced, the Project Team are progressing discussions with Scottish Water to agree Heads of Terms for the transaction and the contractor will develop their proposals for the junctions and new road in detail suitable for a planning submission.

2. Scottish Ambulance Service

2.1 General Update

Members will recall previous presentations on the New South Glasgow Hospitals and Laboratory Project have indicated that to accommodate adequate car parking and to meet City planners concerns on the site Masterplan it would be extremely beneficial to acquire the land currently occupied by the Scottish Ambulance Service (SAS) at the west of the Southern General Hospital site at Hardgate Road.

Over the past 12 months, the project team has been in discussion with the SAS to determine whether they would be interested in moving from their Hardgate Road site. These discussions have been favourable as the SAS would like to make a strategic service change and relocate their service from the Hardgate Road site and hence have worked with NHSGG&C to achieve consider possibilities.

The project team and the SAS have been working together to identify practical alternatives to accommodate the current SAS services within other hospital sites which would enable them to provide an equally effective service.

This work has now been completed and a Business Case will be submitted to the New South Glasgow Hospital and Laboratory Executive Board on the 16th February 2010. The Business Case will identify that the suitability of accommodation for the SAS on two of the current Greater Glasgow and Clyde Hospitals sites, these being Johnstone Hospital and Leverndale Hospital.

2.2 Johnstone Hospital (Admin Building)

The SAS would transfer their Special Operations Unit to this site as they require good access to Glasgow Airport. There would be some refurbishment works required at a cost of circa £100K. Part of this site (i.e. Administration Building) would transfer title to SAS.

2.3 Leverndale Hospital (Pharmacy Department)

Leverndale Hospital could accommodate the ambulance services and the Patient Transfer Services within the vacated pharmacy building. More substantial works are required on this site to provide the appropriate accommodation and garaging of vehicles. Cost of this work is budgeted at £1.7M (included within project budget). The project team have commissioned consultants to prepared a full design and submit a planning application

It is essential to move this work forward as the SAS site at Hardgate Road is required to be vacated by October 2010 in order to align with the Brookfield Master Construction Programme.

In discussion with the SAS, it has been agreed that both organisations should work as public partners to deliver a plan that is cost neutral eg it is intended that the land transfer should be an excambion.

Recommendation:

Members of the Performance Review Group are asked to:

- receive an update on progress in relation to the New South Glasgow Hospitals and Laboratory Project;
- note work underway to acquire land necessary to the development of the project.

NHS GREATER GLASGOW AND CLYDE

Performance Review Group
Tuesday, 16 March 2010 at *9.00 a.m.
***Conference Room, Southern General Hospital**
1345 Govan Road, Glasgow, G51 4TF

***Please note change of time and venue - the meeting is scheduled to finish by 11.00 a.m.**

AGENDA

1.	Apologies	
2.	Minutes	
	To submit, for approval, the Minutes of the Performance Review Group meeting held on 19 January 2010.	PRG(M)10/01
3.	New South Glasgow Hospitals and Laboratory Project – Proposed New Governance Arrangements	Paper No. 10/15
	Report of the Chief Executive	
4.	Audit Scotland – Managing the Use of Medicines in Hospitals: Follow-Up Review	Paper No. 10/16
	Report of the Head of Service Pharmacy and Prescribing Support Unit	
5.	Audit Scotland – Overview of Mental Health Services in Scotland Report	Paper No. 10/17
	Report of the Director of Mental Health Partnership	
6.	Financial Monitoring Report for the 10-month period to 31 January 2010	Paper No. 10/18
	Report of the Director of Finance	
7.	Update on 2010-13 Planning and Performance Arrangements	Paper No. 10/19
	Report of the Head of Inequalities and Corporate Planning	
8.	HEAT Scorecard: 2009/10 – Quarter 3	Paper No. 10/20 To Follow
	Report of the Interim Head of Performance and Corporate Reporting	
9.	2009-10 Mid-Year Organisational Performance Reviews	Paper No. 10/21
	Report of the Interim Head of Performance and Corporate Reporting	
10.	Local Delivery Plan for 2010/11	Paper No. 10/22
	Report of the Director of Corporate Planning and Policy/Lead NHS Director Glasgow City CHCPs	

11. Communications Issues: 20 January – 16 March 2010 Paper No. 09/23

Report of the Director of Corporate Communications

12. Date of Next Meeting

9.30 a.m. on Tuesday, 18 May 2010 in Board Room 1, Dalian House, 350 St Vincent Street, Glasgow

PRG(M)10/02
Minutes: 18 - 30

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.00 am on Tuesday, 16 March 2010 in the Conference Room, Southern General Hospital, 1345 Govan Road, Glasgow, G51 4TF

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Cllr. D MacKay
Mr P Daniels OBE	Mr D Sime
Mr P Hamilton	Mr K Winter
Mr I Lee	Cllr. D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Dr C Benton MBE (from Minute 23)	Mr D Griffin
Mr R Calderwood	Cllr. J McIlwee
Mr B Williamson	

I N A T T E N D A N C E

Dr B Cowan	..	Medical Director (to Minute 22)
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Mental Health Partnership
Ms S Laughlin	..	Head of Inequalities and Corporate Planning
Mr I Lochhead	..	Audit Scotland
Dr K McKean	..	Head of Pharmacy and Prescribing Support Unit (to Minute 22)
Mr A McLaws	..	Director of Corporate Communications
Ms P Mullen	..	Performance Improvement Manager
Mr I Nicol	..	Interim Head of Performance & Corporate Reporting
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs
Mr M Reutenbach	..	Audit Scotland
Mr A Seabourne	..	Project Director, New South Glasgow Hospitals Project (to Minute 21)

ACTION BY

18. APOLOGIES

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

19. MINUTES

On the motion of Mr P Hamilton and seconded by Cllr. D Yates, the Minutes of the Performance Review Group meeting held on 19 January 2010 [PRG(M)10/01] were approved as an accurate record.

ACTION BY

20. MATTERS ARISING

a) Financial Plan and Priorities – 2010/11

In relation to Minute 12 – Financial Monitoring Report to 30 November and Mid-Year Review – the Chairman reported that following the NHS Board Seminar in March 2010 on the Financial Plan and Priorities – 2010/11, there would be two further follow-up NHS Board Seminars on the same topic in April and May 2010. Mr Calderwood advised that the Revenue Funding Allocation Letter for 2010/11 had been received from the Scottish Government Health Directorate and the uplift had been 2.15%. **Director of Finance**

NOTED

21. NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT – PROPOSED GOVERNANCE ARRANGEMENTS

There was submitted a paper [Paper No. 10/15] by the Chief Executive setting out the proposed new governance arrangements to oversee the Acute Services Review acceleration programme and the next phase of the New South Glasgow Hospitals and Laboratory Project.

Mr A Seabourne, Project Director, New South Glasgow Hospitals Project, advised that work was under way to enable the closure of in-patient acute services at Stobhill Hospital in April 2011 with funding in place to enable related capital projects at Glasgow Royal Infirmary, Gartnavel General Hospital and the Western Infirmary to be implemented. In addition, the New South Hospitals and Laboratory Project Team were working with the preferred bidder, Brookfield Europe, to take forward construction of the new Laboratory Building and the design of the new Adult and Children's Hospitals. It was intended to submit a Full Business Case to the Performance Review Group for the new Adult and Children's Hospitals in November 2010. **Project Director**

In light of the appointment of a Preferred Bidder and the new phase which the project was about to enter it was felt appropriate to review the governance arrangements underpinning the New Southside Glasgow Hospital programme. A review had been carried out and Mr Seabourne outlined the conclusions which had emerged:-

a) creation of a bi-monthly Acute Services Strategy Board with the amalgamation of the Acute Services Programme Board and new South Glasgow Hospitals and Laboratory Project Executive Board;

b) creation of a weekly Acute Services Board Executive Sub-Group;

c) introduction of construction management arrangements which supported effective joint working between the NHS Board and Brookfield Construction;

d) Acute Services Redesign Group to take forward the process of developing clinical service models and implementing a clinical service transformation programme to achieve this in practice.

ACTION BY

The Board's Internal Auditors, PricewaterhouseCoopers had undertaken a review of the revised governance arrangements and submitted a report to Members. This was broadly supportive of the proposed arrangements and contained some recommendations which had already been actioned.

Lastly, Mr Seabourne took Members through the attachments to the paper which set out the terms of reference and membership of each Board/Group described in the new governance arrangements.

Mr Lee was pleased to hear about the new arrangements as set out although was conscious that the Project Director had a significant set of challenges placed on him in terms of attendance and representation at the range of meetings proposed. He also asked about the frequency of reporting to the Performance Review Group. Mr Calderwood advised that the Project Director would be represented by project team members at some meetings and that the new South Side Hospitals and Laboratory Project including the acceleration implementation of service change would be a standing item at all future Performance Review Group meetings. **Project Director**

Mr Winter welcomed the proposals and enquired about the working relationship with the contractor and sub-contractors, emphasising the importance of partnership working between the main parties. Mr Seabourne advised that from May 2010 the Acute Services Team and Brookfield would be working from a single office and this would help to ensure the development of close working relationships between the key parties.

DECIDED:

That the proposed new governance arrangements for the Acute Services Review implementation be approved. **Project Director**

22. AUDIT SCOTLAND – MANAGING THE USE OF MEDICINES IN HOSPITALS – FOLLOW-UP REVIEW

There was submitted a paper [Paper No. 10/16] by the Head of Pharmacy and Prescribing Support Unit, which set out the NHS Board's response to the Audit Scotland Report on the Managing of the Use of Medicines in Hospitals – a Follow-up Review.

Dr Kate McKean, Head of Pharmacy and Prescribing Support Unit, advised that Audit Scotland first produced its report in 2005 and followed this up with a national review in 2009. At the time of the follow-up report the Pharmacy Prescribing Support Unit (PPSU) had developed a Medicines Governance Framework and Workplan covering the whole of the NHS Board's areas and it incorporated elements of the original Audit Scotland report which had not been concluded at that time. The PPSU reported regularly on medicines governance to the Prescribing Management Group as the lead Board Officers Committee for medicines and also reported to the Clinical Governance Implementation Group to ensure that key messages in relation to medicines were flagged in a wider forum. The PPSU also worked closely with the Head of Clinical Governance in relation to the safe use of medicines where Risk Managers and Pharmacists worked in a co-ordinated way to ensure that the organisation learned from incident analysis.

Dr McKean set out the key messages from the Audit Scotland reports and the NHS Board's response. This covered the following:-

a) Planning for Medicines Management

i. Medicines management
ii. Hospital electronic prescribing and medicines administration system
iii. Hospital medicines utilisation data.

b) Safe and Cost Effective Use of Medicines

i. Emergency Care Summaries
ii. Medication Incident Reporting
iii. Controlled Drugs
iv. Antimicrobial Policies and Prescribing Guidance
v. The Joint Single System Formulary
vi. Scottish Patient Safety Programme
vii. E-guidelines
viii. Education and Training

c) The Changing Workforce

i. Clinical Pharmacy Service
ii. Workforce Planning and Staff Development

Dr McKean provided a detailed explanation for each and the actions being taken within NHS Greater Glasgow and Clyde, and reassured Members that work was under way on all aspects of the Audit Scotland Report with progress reported on a regular basis to the Prescribing Management Group and Clinical Governance Implementation Group.

Mr Hamilton enquired about the Medication Incident Reporting and reporting within general practice. Dr McKean advised that the implementation of DATIX across the organisation had prompted the development of systems and processes to support reporting, management and learning from medication incidents. It was recognised that further work was required to improve coding of reported incidents, improved sharing of learning and actions being taken across all Directorates. In relation to general practice, this type of analysis was not available to the NHS Board as there was no national requirement on GPs to report such incidents. However, CH(C)Ps were holding discussions locally with GP practices to improve the sharing and learning from such incidents.

NOTED

23. AUDIT SCOTLAND – OVERVIEW OF MENTAL HEALTH SERVICES IN SCOTLAND

There was submitted a paper [Paper No. 10/17] by the Director of Mental Health Partnership which set out the NHS Board's response to the Audit Scotland Report – Overview of Mental Health Services in Scotland.

Mrs Anne Hawkins, Director, Mental Health Partnership, advised that Audit Scotland published its report in May 2009 and that they had looked at mental health services provided by the NHS, Local Authorities, Prison, the Police and the voluntary sector for people of all ages.

She reported that the recommendations in the report covered adult, older people and children and adolescent mental health services and, as the latter two areas were subject to separate managerial arrangements outwith the Mental Health Partnership, the responses from these areas had been presented as separate appendices to the main report. The paper provided an update on the actions taken to address the key recommendations as reflected in the attached completed self-assessment checklist.

In addition, Mrs Hawkins advised that officers of the Board were asked to attend an evidence session of the Scottish Government Public Audit Committee in October 2009 to discuss the overview report and the detailed written submission which was prepared was available to Members on request.

Mrs Hawkins gave a detailed summary on the key points covering adult mental health, older people's mental health and children and adolescent mental health services and, whilst there were still areas where improvements could be made, the general level of compliance with the Audit Scotland Report's recommendations was relatively high. She advised that the biggest challenges going forward related to the impact on mental health services of deprivation, alcohol and stigma.

Members welcomed the detailed information provided and, in particular, the comprehensive nature of the self-assessment checklist. Mr Williamson asked about whether greater consistency of mental health services was now being achieved across NHS Greater Glasgow and Clyde. Mrs Hawkins responded that she had been encouraged by the progress made in providing a similar service across all areas of the Board and, while some difficulties in recruitment had impacted on the timescale, she was confident these issues could be resolved in the near future.

Mr Sime asked about the HEAT targets in relation to psychological therapy and measuring this against comparative data from England. There was a high level of service within England, however a paper on comparative data could be provided to Members for information. **Director of Mental Health Partnership**

Skye House, the new adolescent unit at Stobhill was now open and the Chair asked if Members would like a visit to be arranged to see the facilities sometime in the near future. This was agreed. **Director of Mental Health Partnership**

NOTED

24. FINANCIAL MONITORING: REPORT FOR THE 10-MONTH PERIOD TO 31 JANUARY 2010

There was submitted a paper [Paper No. 10/18] from the Director of Finance setting out the Financial Monitoring Report for the 10-month period to 31 January 2010.

As at 31 January 2010, expenditure levels were £1.8m ahead of budget: however, it was considered the year-end break-even position remained achievable. Mr Griffin advised that the total cost savings challenge for 2009/10 had been set at £45.4m with targets set for a combination of local initiatives and area-wide strategic reviews. As at 31 January 2010 the Board was reporting an achievement of £35.1m of recurring savings against a year to date target of £36.7m.

At this stage, the Board continued to forecast full achievement of the cost savings target for 2009/10 and this would be kept under close review during the remaining months of the year. He reported that in setting primary care prescribing budgets, at the outset of the year provision had been made for a re-payment of funding to SGHD in respect of windfall savings anticipated from price reductions on specific drugs as a consequence of the Government's Pharmaceutical Price Regulation Scheme. Whilst prices for a range of drugs had in fact reduced, it was also true that expenditure on other drugs had increased beyond anticipated levels. The net impact was an additional cost pressure of £1.5m in the current financial year which the Board has managed to contain by re-calibrating its expenditure plan to release an equivalent level of non-recurring funding.

Mr Cleland thanked Mr Griffin for his very clear report and asked for his view on the up-to-date position as at March 2010.

Mr Griffin replied that it was a very tight financial year: however, it remained the case that a year-end break-even position remained achievable.

Mr Lee was encouraged by the reported financial position but noted that, yet again, there was a heavy capital expenditure in the last two months of the year. Mr Griffin recognised that this was an annual challenge and was closely monitored in the final months of the financial year. In previous years, expenditure had been managed within the allocated budget, taking into account brokerage agreed with SGHD. Mr Calderwood added that with larger capital schemes coming on stream as part of the Acute Services Strategy, there would be schemes which would be planned over two to three years and this would see a more balanced capital expenditure over the financial year than perhaps had previously been the case. He also recognised that many small capital projects were held back until the final quarter of the year in the expectation there may be some slippage or funds available and this often proved to be the case.

NOTED

25. UPDATE ON 2010-13 PLANNING AND PERFORMANCE ARRANGEMENTS

There was submitted a paper [Paper No. 10/19] from the Head of Inequalities and Corporate Planning which reported on the progress made in relation to the Planning and Policy Framework and the nature of the next three-year development plans.

Ms Sue Laughlin, Head of Inequalities and Corporate Planning, reminded Members that a review of previous planning arrangements had been undertaken and the findings had been submitted to the January meeting of the Performance Review Group. The purpose of the Planning and Policy Frameworks had been to support a more rigorous approach to planning and the twelve planning frameworks focused on key settings, population groups and conditions and six cross-cutting policy frameworks had been produced under the leadership of a range of Directors and Heads of Planning. They were based on national requirements where there was a need for a whole system approach and covered most of the existing NHS Board priorities.

ACTION BY

Development Plans were the means by which the NHS Board ran its business but also provided the means to inform its different stakeholders. The Planning and Policy Framework provided the core direction for Development Plans and these plans would describe the way in which each part of the system would contribute to delivery of the outcomes set out in the Framework. Development Plans were to be produced by 31 March 2010 using an agreed standard structure and it was intended that yearly updates would be produced over the lifetime of the planning cycle.

An initial assessment had been made of the complete set of outcomes contained within the Planning and Policy Framework and this assessment had produced a reduced set of consolidated outcomes that would be used as the basis for the development of a Performance Management Framework which would align performance to the priorities of the Board. Members were asked to consider the initial set of consolidated outcomes.

Members considered that the outcomes provided the correct coverage and Mr Williamson, in welcoming the outcomes, asked about the planning aspirations at a time of tighter financial settlements. Ms Renfrew advised that the outcomes concentrated on the priorities and therefore assisted the NHS Board in focusing on delivering good outcomes in its priority areas at a time of financial constraints.

Mr Cleland was grateful for the work in describing the process and the description of the consolidated outcomes and he was interested to see how it would pan out in future. He did, however, have a concern that issues which concerned patients the most often related to dignity issues, staff attitude and delayed test results i.e. not getting the basics right. It was explained that with the introduction of the Quality Strategy and engagement of the Public Partnership Forums, there was much more emphasis and focus on the patients' experiences and how this impacted on the development and performance of services. Mr Hamilton added that the In-patient Survey would capture patients' views; this was due in May/June 2010. This would lead to a national discussion and ensure a greater focus on those issues which mattered most to patients. The Chairman indicated that these comments would feed well into the two forthcoming Seminars in April and May 2010 when discussions would be held on Financial Planning – Priorities and Challenges.

Cllr. MacKay advised that Local Authorities were already consulting on a reduction of services and a common theme from the public had been crime and health. He emphasised the need to break down silos and use this type of information across all public sector organisations. Existing structures on consulting with the public/patients could be used to inform how all public bodies could better serve the public.

Ms Renfrew advised that she was completing a write-up of the March NHS Board Seminar and this would be available for consideration at the April NHS Board Seminar. **Director of Corporate Planning & Policy**

NOTED

1. That the Planning and Policy Frameworks and process for the delivery of development plans be noted.

2. That the summarised sets of outcomes derived from the Policy and Planning Frameworks be approved. **Head of Inequalities & Corporate Planning**

26. HEAT SCORECARD: 2009/10 – QUARTER 3

There was a paper submitted [Paper No. 10/20] from the Interim Head of Performance and Corporate Reporting which set out the 3rd quarter's HEAT performance report. This was seen as one component part of the strategic performance management framework which included:-

i. 6-monthly Organisational Performance Reviews;
ii. the Performance Focus Report for CHCPs;
iii. the Acute Division's Balanced scorecard;
iv. the Mental Health Partnership Performance Monitoring Framework
v. Individual Performance Appraisal.

Mr Nicol advised that a number of changes had been introduced to performance reporting since the last meeting and the attached HEAT scorecard outlined the Board's position in relation to each of the HEAT targets and standards and highlighted the direction of travel since the last report. In line with the Local Delivery Plan – 2009/10, the HEAT targets had been grouped under the headings of Health Improvement, Efficiency Access and Treatment. The report aimed to focus effort on areas in need of improvement as well as providing the opportunity to highlight where progress and performance had been made since the previous report.

A total of fifty performance measures were contained within the HEAT scorecard and each had been assigned a performance status based on a variance from trajectories. Mr Nicol took Members through the areas of improvement and the areas where further improvement was required. Officers were keen to receive Members' views and comments on the revised and more focused report. The Auditor General had previously commented that the NHS was well aware of the inputs but did not always report satisfactorily on the outputs.

In response to a question from Dr Benton, Ms Renfrew advised that the NHS Board's performance in alcohol brief interventions was one of the best in Scotland and the narrative in future would be expanded to give greater detail of the achievements in this area. The Organisational Performance Reviews with each part of the system had included significant discussions around the efforts required to ensure reductions in smoking within the NHS Board's area. It was recognised that the report could be improved with the introduction in future of comparisons with the national context.

Mr Cleland found the report very helpful and presentationally easy to follow. He did wonder, however, if a further column could be added to give an explanation as to what actions were being taken to improve performance where appropriate and this was agreed for future reports. **Head of Performance & Corporate Reporting**

NOTED

27. MID-YEAR ORGANISATIONAL PERFORMANCE REVIEWS – 2009/10

There was submitted a paper {Paper No. 10/21] from the Interim Head of Performance and Corporate Reporting, providing a summary of the discussions and actions agreed at each of the Organisational Performance Review meetings held between November 2009 and January 2010.

ACTION BY

Mr Nicol advised that, on this occasion, the Organisational Performance Reviews (OPRs) introduced a new performance review structure comprising:-

i. Performance at a glance – an Organisational Performance Review Scorecard highlighting a suite of key performance indicators seen as critical to the priorities of the Board. This provided the OPR panel with the opportunity to scrutinise performance more closely at a local level;

ii. Financial performance – focused on a mid-year review of the financial position of the different parts of the system;

iii. Corporate and Local Development Planned Priorities – each part of the organisation provided a narrative outlining progress against key priorities alongside a progress update on the actions agreed at the previous OPR.

Mr Nicol highlighted key examples of innovation and good practice and also areas in need of improvement in the future. He advised that the format and content of OPRs would continue to be developed to ensure that they focused on how effectively each part of the organisation was delivering its key contribution to the achievement of corporate priorities centred on HEAT targets and other critical indicators as set out in Development Plans. It was reported that the letters to the Acute Services Division, Partnerships and Directorates would be sent out shortly to provide the attached summary report for each area.

Head of Performance & Corporate Reporting

Members commented on the helpful information and its focus on the improvements required. Some Members commented that as Vice Chairs of CHCPs, this was the first time they had seen this information. This was acknowledged and each part of the organisation would submit the outcome of its own OPR to its relevant Committee for consideration.

Ms Renfrew updated Members on the discussions with Glasgow City Council on the Joint Partnership Board's work on revising the Scheme of Establishment, involvement of local budgets and planning arrangements.

Good progress was being made: however, difficulties had been experienced recently with completing the work on the Scheme of Establishment and devolved budgetary arrangements from 1 April 2010. Currently, the next Joint Partnership Board was due to be held on 25 March 2010 and it was hoped that if this meeting went ahead, the remaining issues could be resolved at that stage. Members would be advised of progress.

NOTED

28. LOCAL DELIVERY PLAN – 2010/11

There was submitted a paper [Paper No. 20/22] from the Director of Corporate Planning and Policy which provided the contents of the draft Local Delivery Plan – 2010/11 and the challenges highlighted to the Scottish Government Health Directorates.

Ms Renfrew advised that the first draft of the Local Delivery Plan – 2010/11 had been submitted to the Scottish Government Health Directorates on 26 February and work continued to finalise the Local Delivery Plan (LDP) with a view to submitting a final draft by 19 March. It had been emphasised to SGHD that, in common with other NHS Boards within Scotland, there was a challenge on how all existing LDP targets were to be delivered at a time of financial stringency.

The NHS Board was working to complete the development of its cost savings plan by April 2010, with approval by the NHS Board thereafter. Work would then begin on the development of a cost savings approach for the years beyond 2010/11 and, in particular, for 2011/12.

Members noted the progress and agreed that the Local Delivery Plan could form part of the discussions at the April and May NHS Board Seminars before its submission to the Performance Review Group in May for final approval. **Director of Corporate Planning & Policy**

NOTED

29. COMMUNICATION ISSUES: 20 JANUARY – 16 MARCH 2010

There was submitted a paper [Paper No. 10/23] from the Director of Corporate Communications covering communication actions and issues from 20 January to 16 March 2010.

Mr McLaws highlighted the following:-

- The launch of a major campaign in early February to encourage staff and the public to become organ donors, with a major feature in the Staff Newsletter and on StaffNet, a number of news features, including a front page of the local evening paper and the Board's website. This launch was linked to the National Organ Donation Campaign website. Working closely with the NHS Board's Organ Donation Committee, which was Chaired by Mr R Cleland, the Corporate Communications Directorate planned to sustain the campaign over the coming months with further news features and regular appeals to staff through StaffNet and other internal communication channels.

- The year-long health and lifestyle campaign - Glasgoals, kicked off on 28 January. Glasgoals aimed to inspire people of all ages as individuals or groups to pledge to change their lifestyle in a positive way. It was a positive upbeat health improvement drive with a big element of fun, backed by serious health and lifestyle messages.

- The First Minister, Alex Salmond, officially opened the New Victoria and Stobhill Hospitals at two ceremonies on 10 and 24 February 2010, respectively. Hospital staff and patients played a major part in the ceremonies, both of which received extensive and positive media coverage.

- The Corporate Communications Directorate were proud recipients of two awards at the Communicators in Business (Scotland) 2009 Awards Ceremony on 26 February. The awards were given for Best Employee Magazine (Staff Newsletter) and Best Campaign (Tackling Health Inequalities).

NOTED

30. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 18 May 2010 in Board Room 1, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 10.45 a.m.

Performance Review Group
16th March 2010

Chief Executive – NHS Greater Glasgow and Clyde

Paper No. 10/15

NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT ACUTE SERVICES REVIEW PROPOSED NEW GOVERNANCE ARRANGEMENTS

Recommendation

The Performance Review Group is asked to approve the proposed new governance arrangements for the Acute Services Review Implementation

1. Purpose of this paper

This paper sets out the proposed new governance arrangements to oversee the Acute Services Review (ASR) acceleration programme and the next phase of the New South Glasgow Hospitals and Laboratory Project, with the appointment of the preferred bidder and commencement of stages 1 and 2 of the contract.

2. Background and context

The Acute Services Review, as agreed in 2002, is moving into the final stages of implementation with the successful delivery of the:

- New Cancer Hospital for the West Of Scotland;
- Two new Ambulatory Care Hospitals on the Stobhill and Victoria sites;
- Completion of the new maternity wing on the Southern General Site and Closure of the Queen Mothers Hospital.

Work is currently underway as follows:

- Acceleration of the ASR to enable closure of Stobhill Hospital in April 2011. Funding for related capital projects across the north, east and west of the City (at GRI, GGH and WIG) is in the Board's capital plan;
- The New Hospitals and Laboratory Project Team are working with Brookfield Europe, who have been selected as the preferred bidder for the new Hospitals and Laboratory Project on the SGH site, to take forward the contract: stage 1 (construction of the new laboratory facility) and stage 2 (design of the new adult and children's hospital) with work to ensure delivery of the Full Business Case (FBC) by November 2010, and subsequently stages 3 and 3A of the contract.

The final configuration of adult acute services in Greater Glasgow sees three adult inpatient sites in 2015 once the new adult hospital is complete on the Southern General site these being the (GRI, New SGH and GGH). The new Children's Hospital will be co-located with the new Adult Hospital and maternity services on the SGH site, with the closure of the current children's hospital on the Yorkhill site.

Delivery of the ASR acceleration programme and New Hospital and Laboratory Project are crucial in achieving this final configuration. In light of this it has been decided that governance arrangements underpinning both programmes of work need to be amended.

3. Proposed New Arrangements

A diagram setting out the proposed new arrangements is shown in Appendix 1.

A summary of terms of reference and membership for the Groups are set out in detail in appendix 2.

4. Key Changes

The key changes proposed are as follows:

- Creation of a bi-monthly Acute Services Strategy Board with the amalgamation of the ASR Programme Board and New South Glasgow Hospitals and Laboratory Project Executive Board;

- Creation of a weekly Acute Services Strategy Board Executive Subgroup;

- Creation of the Construction Management arrangements which support joint working between NHS GG&C and Brookfield Construction;

- The Acute Services Redesign Group to undertake the necessary system modernisation and to work in achieving service and clinical transformation

5. Internal Audit

Pricewaterhouse Coopers (PwC) were requested to review the proposed revised governance arrangements and a copy of their report is attached at Appendix 3.

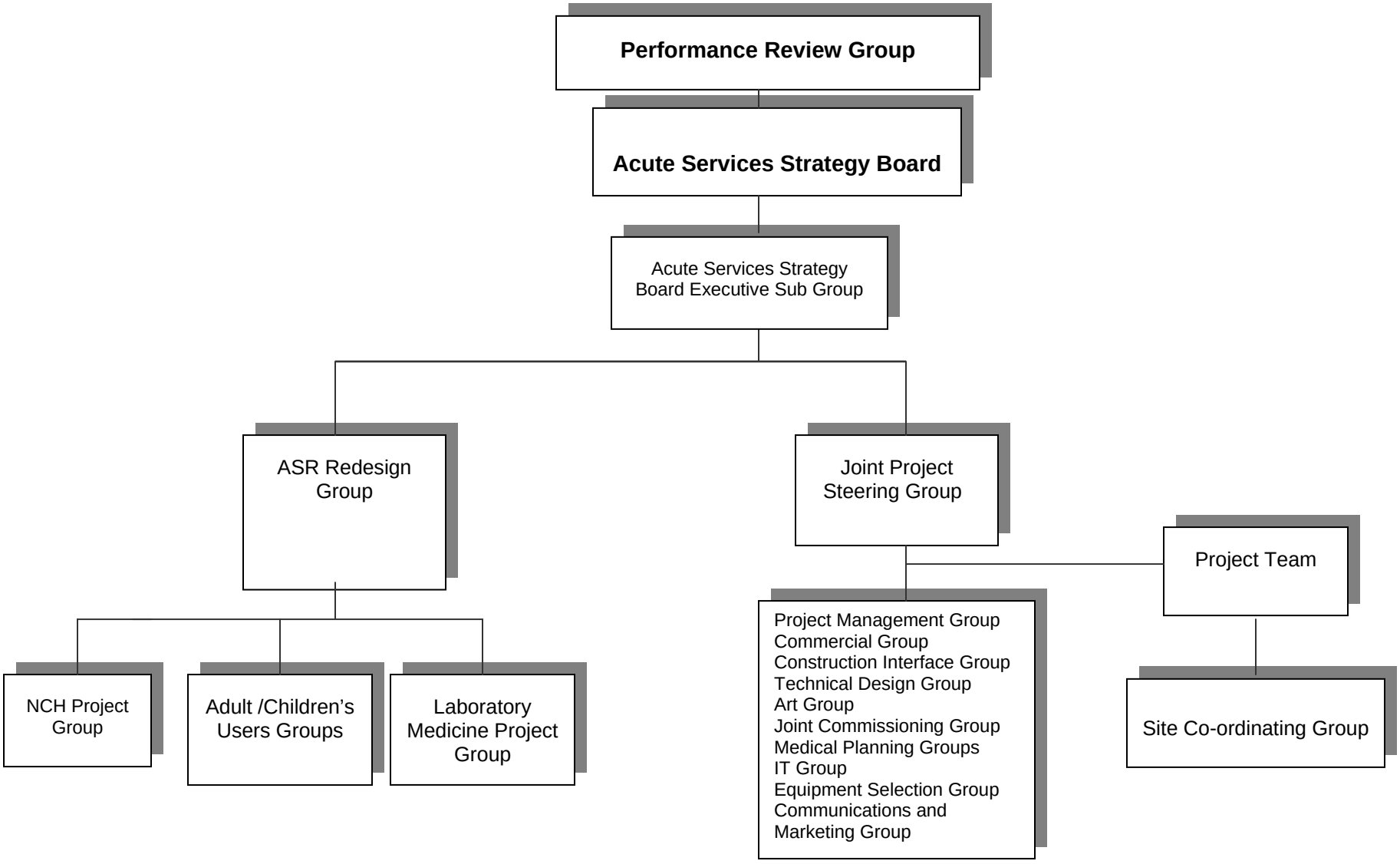
The PwC review broadly supports the proposed arrangements and contains some actions that have already been addressed. However, the Chief Executive Officer and the Project Director will respond to all actions contained in the report through the NHS Board Audit Committee.

6. Recommendation

The Performance Review Group is asked to approve the proposed new governance arrangements for the Acute Services Review Implementation

Robert Calderwood
Chief Executive

Appendix 1


Performance Review Group
Acute Services Strategy Board
Acute Services Strategy Board Executive Sub Group
ASR Redesign Group
Joint Project Steering Group
Project Team
NCH Project Group
Adult /Children's Users Groups
Laboratory Medicine Project Group
Project Management Group
Commercial Group
Construction Interface Group
Technical Design Group
Art Group
Joint Commissioning Group
Medical Planning Groups
IT Group
Equipment Selection Group
Communications and Marketing Group
Site Co-ordinating Group

Appendix 2

NEW SOUTH GLASGOW HOSPITALS AND LABS PROJECT

GOVERNANCE ARRANGEMENTS

Performance Review Group

Terms of Reference

- Monitor Boards organisational performance
- Monitor resource allocation and utilisation
- Monitor the implementation of agreed Board strategies
- Oversee all aspects of property matters and transactions

Membership

Mr A O Robertson OBE - Chair	Mr R Cleland
Ms R Dhir MBE	Cllr D Mackay
Mr P Hamilton	Cllr D Yates
Mr D Sime	Mrs E Smith – Vice Chair
Mr P Daniels OBE	Mr I Lee
Mr K Winter	

Frequency - Bi-monthly

Acute Services Strategy Board

Terms of Reference

- Oversee the delivery of the Acute Service Review
- Oversee the performance of the Acute Services Acceleration Plan
- Report and advise the Performance Review Group on all aspects of the implementation of Acute Services Review
- Monitor all aspects of performance of the implementation of the New South Glasgow Hospital Development.
- Approve change control in that any change which impacts upon the project must be authorised by this Board before it can be implemented.
- Ensure that progress is maintained and business is concluded especially where time is critical to the New South Glasgow Hospital Development with respect to financial aspects and the implementation of works programme and exercise appropriate delegated authority to enable the progress on the contract
- Ensure that all activities of the Acute Services Review Systems Redesign Group are co-ordinated and achieving the appropriate progress.
- Review updates regarding all aspects of planning and implementation of Acute Services Review
- Consider the wider implications of implementing the Acute Services Review including any impact on local communities
- Ensure necessary linkages between elements of Acute Services Strategy are in place to enable delivery of Acute Service Review
- Ensure financial control is being managed and kept within the agreed parameters.
- Approve and monitor the appropriate governance is in place to ensure successful outcome for each major element of the Acute Services Review.
- Approve Full Business Case for New South Glasgow Development and any subsequent Business Cases for associated projects such as; car parks; education centre and academic centre etc
- Liaise with Communications and Marketing Group to ensure they are sighted on the relevant issues in order that they can proactively support the planning and implementation of all activities

Membership

Robert Calderwood (chair)	Jane Grant
James Stewart	Alan Seabourne
Alan McCubbin	Audit Scotland Representative
Mike Baxter (Scottish Government – Observer)	Representative from Scottish Government Performance Dept – Observer
Douglas Griffin	Brian Cowan
Board Nurse Director	

Frequency - Bi-monthly

Acute Services Strategy Board Executive Sub Group

Terms of Reference

- Exercise delegated authority to make decisions on project issues to maintain programme
- Exercise delegated authority to commit funding for new or additional works associated with project
- Receive reports from Acute Directors and Project Director on changes being proposed with financial implications
- Keep Acute Services Strategy Board informed of all issues and decisions taken regarding the project
- This group has delegated authority in line with Boards SFI's which has an agreed delegated limit for the Acute Service Review Executive Board and the Project Manager.
- The Scheme of Delegation appropriate to this project is advised as follows

    - Project Manager approve expenditure up to £10,000
    - Project Director approve expenditure up to £100,000
    - Acute Services Strategy Board and Executive Sub-Group approve expenditure up to £1.5M
    - Performance Review Group approves expenditure over £1.5M

Membership

Robert Calderwood	Jane Grant
Alan McCubbin	Peter Gallagher
Alan Seabourne	Brian Cowan (as required)
Rosslyn Crocket (as required)	
In attendance : relevant Director	

Frequency - Weekly

Acute Services Review Redesign Group

Terms of Reference:-

- Participate in the development and implementation of the overall Acute Services Strategy for the NHS Board
- Agree governance and performance management arrangements for the Division covering the range of the Division's responsibilities in relation to the delivery of the Acute Services Strategy and the Accelerated Capital Programmes and monitor performance against these arrangements
- Monitor the delivery of the programmes agreed within the Acute Services Strategy
- Discuss significant programme deviations by exception and propose remedial actions required to bring delivery programmes on time and within budget
- Develop a structured re-design programme to maximise patient and service benefits in the new hospital through ensuring that the physical design of the new hospitals deliveries the clinical performance requirements in line with National and Board policies and requirements
- Maximise PFPI input along with other key stakeholders in new hospital design
- Ensure health inequalities issues are addressed in a structured and focused manner
- Ensure issues such as art in design and transport have a distinct focus and plan within new hospital project
- Co-ordinate regeneration aspects of project to ensure greatest impact
- Consider and manage key areas of clinical and non-clinical risk, drawing any significant issues to the attention of relevant Board officers
- Liaise with Communications and Marketing Group to ensure they are sighted on the relevant issues in order that they can proactively support the planning and implementation of all activities

Membership:-

Jane Grant (Chair)	1 Representative from each Clinical Directorate (6)
Anne MacPherson	Alan McCubbin
Sharon Adamson	Brian Cowan
Alex McIntyre	Richard Copland
Rory Farrelly	Iona Colvin
Donald Sime	Anna Baxendale
Ann Crumley	Niall McGrogan
Karen Murray	Alan Seabourne + Team
Peter Gallacher	

Frequency:- Monthly

Joint Project Steering Group

Terms of Reference

- On a monthly basis identify key Strategic Drivers for the coming quarter
- Carry out a monthly review of Project Strategic Drivers providing direction to the Project Management Group (PMG) as required
- Carry out a monthly review of project issues (reported from sub groups via the PMG) that have not been cleared at sub group level
- Provide direction to the sub groups on the resolution of issues
- Monitor and identify any shortfalls in Project resources
- Monitor critical path of Project Programme
- Ensure that Brookfield's communication support work effectively with the Communications and Marketing Group

Membership represents the Board and Brookfield

Alan Seabourne (chair)	Chris Lovejoy – Brookfield
Facilities Dept Rep	Ed McIntyre – Mercury
David Hall	Neil Murphy – Nightingale Associates
Peter Moir	Ross Ballingall – Brookfield
Alan McCubbin	Steve Pardy – ZBP
Douglas Ross – Currie and Brown	Tim Bicknell – Brookfield

Frequency - Monthly

Sub Groups

Project Management Group
Commercial Group
Construction Interface Group
Technical Design Group
Design & Health Environment Strategy Group
Joint Commissioning Group
Medical Planning Group
IT Group
Equipment Group
Communications and Marketing Group

Laboratory Medicine Project Group

Terms of Reference

- Act as an Overarching Governance Group to ensure delivery of ASR Programme
- Ensure a coherent and coordinated approach to the delivery of the Laboratory Project
- Manage communications to all stakeholders
- Ensure project programmes are delivered on time
- Oversee sign-off Reviewable Design Data
- Ensure IT and equipment requirements are addressed and embedded in design detail
- Provide decision on all potential changes and to ensure any decisions fall within the current cost programme plan
- Facilitate progress when situations are complex and/or difficult
- Review and advise on project risks
- Responsible for all staff issues and the commissioning programme
- Receive reports and take necessary action from Laboratory Sub Group

Frequency - Monthly

Project Team

Terms of Reference

- Responsible for the overall delivery of the project including programme, costs, quality, health and safety etc

Frequency - Weekly

NCH Project Group

Terms of Reference

- To oversee the work of the Clinical Planning Group
- To recommend, sign off proposals in regard to development of NCH
- To ensure work programmes are completed on schedule by the NCH User Groups
- To inform and update the Acute Services Review Redesign Group
- To ensure involvement of staff and other stakeholders
- To make recommendations on any financial consequences regarding the cost of the NCH

Frequency - Monthly

Adult/Children's Users Groups

Terms of Reference

- Review architectural design progress for 1:200 and 1:50 drawing detail
- Provide professional input into design process
- Communicate with other colleagues and stakeholders
- Liaise with Acute Directors on progress and any issues requiring their attention
- Do not add costs to project budget
- Sign off design details

Frequency - every 6 weeks

Site Co-ordinating Group

Terms of Reference

- Ensure there is an overall site development plan which identified all aspects of change planned for SGH site
- Monitor the critical path to ensure key milestones are planned and met
- Ensure adequate level of health and safety planning is maintained
- Receive reports from individual projects on the SGH site to ensure they are planned and implemented in a co-ordinated way to take account of all interfaces and risks

Frequency - Bi-monthly

Project Supervisor (Stages 1 & 3)

Terms of Reference

- Compliance with agreed specifications
- Testing of installed product strength and tolerance
- Quality of finish checks
- Area compliance checks
- Exemplar rooms checks
- Monthly reporting
- Inspections identify, record and sign off as complete – defects
- Health and safety assurance
- QA/Document control management

Frequency - Weekly

Communications and Marketing Group

Terms of Reference

To plan strategically for the handing of proactive communications milestones, staff communications, marketing (social and advertising), media and joint working with the PR/Marketing Departments of Brookfield and others as appropriate

Frequency - Quarterly

Government and Public Sector

March 2010

New South Glasgow Hospital

Managing a successful project – initial review of governance arrangements

PricewaterhouseCoopers

Contents

Section 1 – Overview

Introduction

The cornerstone of NHS Greater Glasgow and Clyde's (NHSGGC) Acute Services Strategy, is the new £842 million Southern General Hospital, due for completion in 2015.

Phase 1 of the project involved the Outline Business Case (OBC), completed and approved in early 2008. Stage 2, on-going at present, will take the project to Full Business Case (FBC) through the appropriate procurement process. A preferred bidder, Brookfield Construction (UK) Limited, was recently appointed commencing the design phase and presentation of the Full Business Case.

Given the profile and risks associated with the Project independent Internal Audit Assurance should be a requirement of the governance arrangements.

Internal Audit Work

The purpose of this paper is to provide initial comments on the draft governance arrangements put in place by the Project Team to take the project through to the completion of Stage 2.

As part of this work we reviewed and assessed the overall governance arrangements to ensure: -

- the structure has evolved and is suitable for the current status of the project;
- this evolution has taken accounts of progress, known and emerging risks, and the output of any external scrutiny (e.g. OGC reviews);
- the current structure is sufficient in terms of reporting lines (timeliness and completeness) and accountability, and indicates who is accountable for achievement of the objectives.
- the reporting structure includes the process of linking all relevant projects which will have an impact on the new hospital.

Detailed Findings and Recommendations

Whilst we believe that the proposed governance arrangements for the delivery of Stage 2 of this project are broadly in line with our experience and knowledge of large scale capital and service re-design projects we have identified a number of areas that the Project Team may wish to consider in order to enhance the proposed governance structure. These have been summarised in **Section 2** of this paper.

Section 2 – Initial Findings

Work Performed

Our review is based on the "*Acute Services Review Proposed Governance Arrangements*" document provided by the Project Director in our meeting on 23 February 2010. The proposed structure at this time has been reproduced at **Appendix B.**

As part of our review we performed the following work:

- Conducted a "show me meeting" with the Project Director and his Cost Advisor representative from Currie and Brown;
- Reviewed the overall Acute Services Review Governance Structure including the terms of reference and membership of each group within the structure;
- Reviewed the "Project Risk Register" and "Contract Risk Register" established to manage the key risks on the project;
- Reviewed extracts of the contract to gain an understanding on the cost mechanism employed on the project; and
- Engaged with our Capital Project Governance Team for expert advice on the suitability of the proposed governance arrangements.

It is our understanding that the Governance Structure has already been revised in response to a number of our observations. The revised structure has been included at **Appendix C.**

We have not performed any additional work to identify if the proposed changes highlighted in Appendix C address any of our original findings but this will form part of our ongoing programme of work.

Review of Governance Structure

The Project Team may wish to consider the following matters in relation to the proposed governance arrangements.

Project Management

It appears that the Joint Project Steering Group (and sub-groups) manages requirements definition, and the Project Team manages delivery. This is a sensible separation, but it needs to be made more explicit in the documentation that there will be significant interaction between the two groups. Similarly, the ASR Redesign group plays a significant role in requirements definition, and so there should be a formal link with the Joint Project Steering Group (and sub-groups). *The interaction between Joint Project Steering Group and the Project Team and the ASR Redesign Group should be clearer in the "Proposed Governance Arrangements" document.*

Action 1

The project team is, in effect, the delivery organisation, responsible for the project on a day to day basis. The Site Coordinating Group is there to ensure that activities on site are coordinated.

Brookfield, as the contractor will play a key role in delivering the project and will be responsible for managing the site works. *Brookfield should be represented at the Project Team and Site Co-ordinating Group so they can present progress and discuss potential / current issues.*

Action 2

The Adult/Children's Users Groups have a remit to "sign off design details" and "not to increase costs". Firstly, while the involvement of these groups is invaluable in defining requirements, NHSGGC should be mindful that involving these stakeholders in design decisions is likely to lead to design changes, compensation events, and potential cost increases. *The Proposed Governance Arrangement Document should be updated to reflect the fact that the above two objectives of the Adult/Children's Users Groups are potentially in conflict.*

Action 3

Upon review of the membership of the various groups it looks like certain individuals including the Project Director will spend the majority of their time in meetings. This was highlighted with Gateway 2 which asked the Board to consider the "need of a deputy Project Director to cope with additional workload". *The Acute Services Strategy Group should continue to monitor the workload of the Project Director and identify if there is a need for a deputy Project Director.*

Action 4

In addition, the line of accountability is unclear with the Project Director and the Chief Operating Officer – Acute Services retaining membership of the Acute Services Strategy Board and the Acute Services Strategy Board Executive Sub Group. *In order to clarify accountability for the Project we believe that the Project Director and the Chief Operating Officer – Acute Services should be required to report "in attendance" to the Acute Services Strategy Board rather than retain membership of the Group charged with overall responsibility for the strategy.*

Action 5

Membership of the Laboratory Medicine Project Group, which is moving to construction, is large with 29 members. With this size of group the discussion could become unfocused and the decision making process compromised. *NHSGGC should reconsider the number of members sitting of the Laboratory Medicine Project Group.*

Action 6

The “Proposed Governance Arrangements” document highlights that some of the Groups will be required to meet “bi-monthly”. This could be interpreted as twice per month or every two months. *Clarification is required on the reporting frequency of those Groups in the structure who will meet bi-monthly.*

Action 7

Cost Management

The target price for the preferred bidder, Brookfield Construction (UK) Limited, of just over £575 million, was set before the design has been undertaken in any detail. As a result, NHS Greater Glasgow and Clyde may be subject to a high volume of compensation events that will require significant administration and detailed review. The risk in agreeing a target cost so early is that without strong and engaged client project management, the principles of a target cost (and the controls in preserving that target) are eroded over time by a high number of compensation events. In effect, the contract regresses to a cost+ contract, to the detriment (and cost) of the client.

Currently change management and compensation events are managed by the Commercial Group (Reporting to the Joint Project Steering Group) and approved by the Acute Services Strategy Board Executive Sub Group or the Acute Service Strategy Board in line with Board SFIs. The Project Team and ASSB in particular must be strong on change management. *The management of compensation events should be emphasised as a priority within the Terms of Reference for the Project Team, the Acute Services Strategy Board and the Acute Services Strategy Board Executive Sub Group.*

Action 8

The Acute Services Strategy Board states in its terms of reference that it will "approve" any change which impacts on the project. As discussed above, there is likely to be a high number of compensation events and we suspect the administrative burden maybe too great for the Board to bear. *Compensation events could be managed at the Project Team level, with the ASSB "reviewing" all compensation events above a certain limit e.g. £500k or £1 million.*

Action 9

Risk Management

As part of the contract there are currently two risk registers, the Project Risk Register and the Contract Risk Register. At present there is an insufficient focus on risk management in the current draft structure. Currently, risk management sits within the remit of the Commercial Group. *Risk management should be a central responsibility of the Project Team, Joint Project Steering Group and the Acute Services Strategy Board.*

Action 10

Pan Glasgow Consideration

The construction of the new Adult and Children's Hospitals is a long term project that has an anticipated completion date of early 2015. It is essential that the project is able to identify, and manage effectively, strategic decisions or capital project decisions taken outwith the Acute Services Review that may impact on the project (e.g. the new Patient Management System) over the next 5 years.

As part of our review we were unable to identify a process or group responsible for identifying and managing decisions taken outwith the Acute Services Review but which may have an impact on the Project. *The Acute Services Strategy Board should have responsibility for identifying and managing strategic decisions or capital project decisions taken outwith the Acute Services Review that may impact on the project over the next 5 years.*

Action 11

Project Response

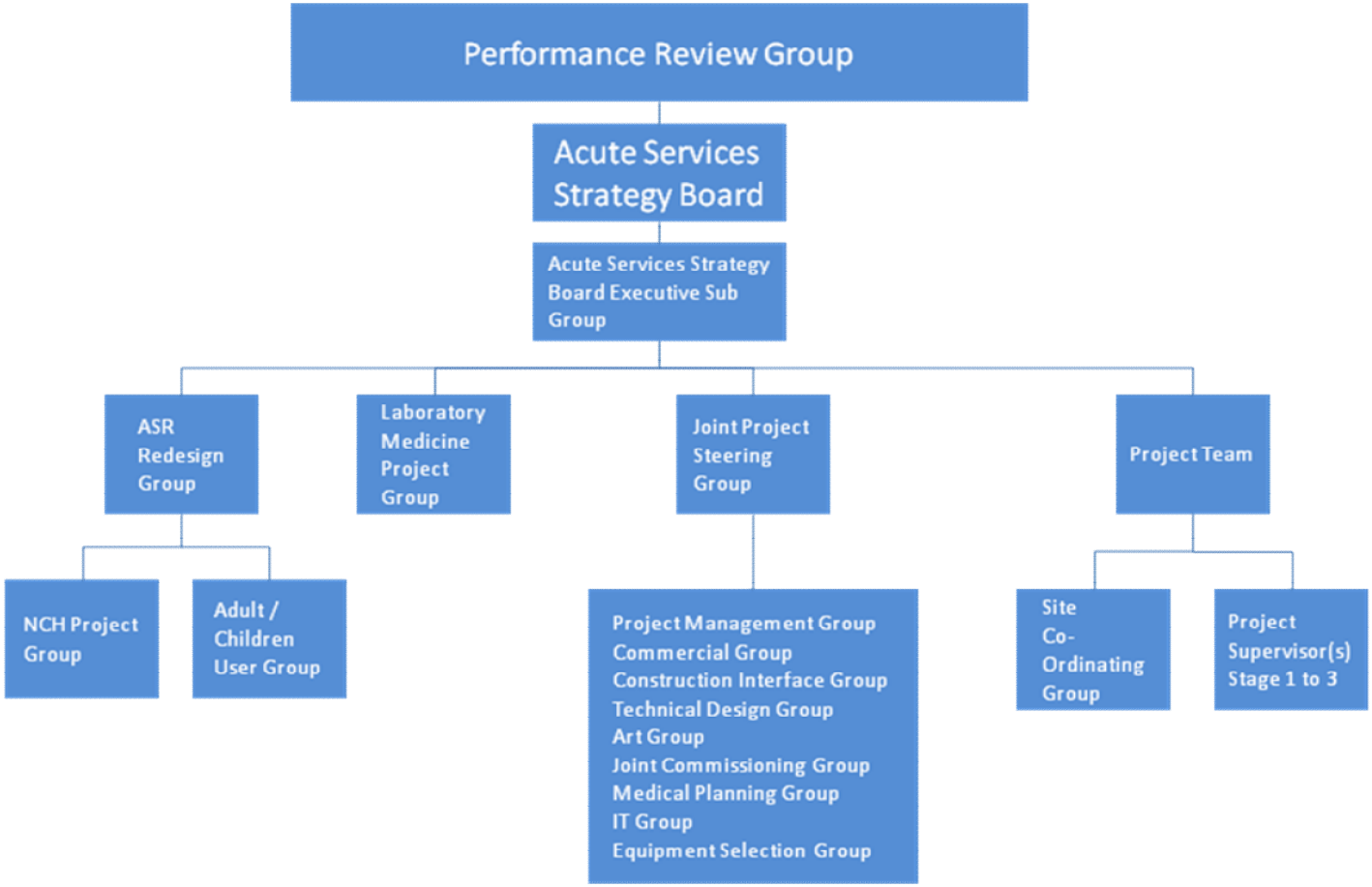
It has been agreed with the Project Director and the NHSGGC Chief Executive that they will provide a response for each of these actions and that the response will be reported back to the PRG at a future meeting.

Appendix A – Project Response

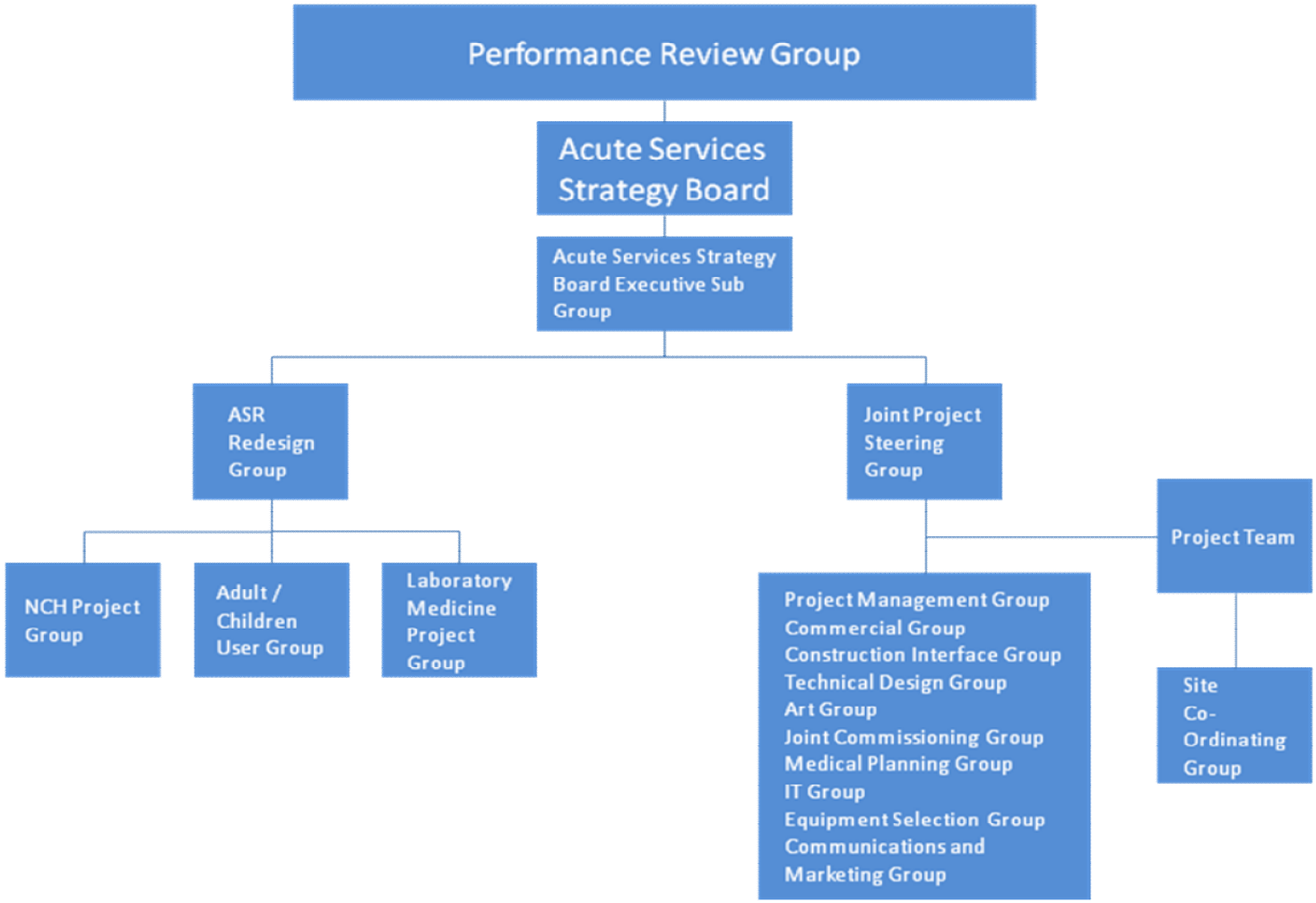
Ref	Actions Identified	Project Response
Action 1	The interaction between Joint Project Steering Group and the Project Team and the ASR Redesign Group should be clearer in the "Proposed Governance Arrangements" document.	
Action 2	Brookfield should be represented at the Project Team and Site Co-ordinating Group so they can present progress and discuss potential / current issues.	
Action 3	The Proposed Governance Arrangement Document should be updated to reflect the fact that the above two objectives of the Adult/Children's Users Groups are potentially in conflict.	
Action 4	The Acute Services Strategy Group should continue to monitor the workload of the Project Director and identify if there is a need for a deputy Project Director.	
Action 5	In order to clarify accountability for the Project we believe that the Project Director and the Chief Operating Officer – Acute Services should be required to report "in attendance" to the Acute Services Strategy Board rather than retain membership of the Group charged with overall responsibility for the strategy.	
Action 6	NHSGGC should reconsider the number of members sitting of the Laboratory Medicine Project Group.	

Ref	Actions Identified	Project Response
Action 7	Clarification is required on the reporting frequency of those Groups in the structure who will meet bi-monthly.	
Action 8	The management of compensation events should be emphasised as a priority within the Terms of Reference for the Project Team, the Acute Services Strategy Board and the Acute Services Strategy Board Executive Sub Group.	
Action 9	Compensation events could be managed at the Project Team level, with the ASSB "reviewing" all compensation events above a certain limit e.g. £500k or £1 million.	
Action 10	Risk management should be a central responsibility of the Project Team, Joint Project Steering Group and the Acute Services Strategy Board.	
Action 11	The Acute Services Strategy Board should have responsibility for identifying and managing strategic decisions or capital project decisions taken outwith the Acute Services Review that may impact on the project over the next 5 years.	

Appendix B – Initial Governance Structure



Appendix C – Revised Governance Structure



Performance Review Group
18th May 2010

Project Director - New South Glasgow Hospitals and Labs Project **Paper No. 10/25**

NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT

STAGE 1 (LABORATORY FACILITY CONSTRUCTION) AND STAGE 2 (DESIGN OF THE NEW HOSPITALS) – PROGRESS UPDATE

Recommendation:

The members of the Performance Review Group are asked to:

a) note the progress of Stage 1 (Laboratory Facility Construction) and Stage 2 (Design Development of the New Hospitals) and
b) approve:-
i) the appointment of Project Supervisors
ii) a request for Brookfield Construction Ltd to carryout the planning and management of the residual demolition and site clearance works.

1. Introduction

The content of this paper is as follows :- Sections 2 and 3 describe the progress of the Laboratory and Facilities Management project and New Hospitals project. Section 4 details the Control Process and issues addressed to date. The remainder of the paper describes the Planning Consent Process, Community Benefit Programme, Process in Appointing a Project Supervisor and the Demolition and clearance works for the New Hospitals construction site.

2. Stage 1 - New Laboratory and Facilities Management Project Update

Construction work formally commenced on site on 4th March 2010 and works are currently on programme. During the first 9 weeks the contractor levelled the site, formed the pile mat for the west block and excavated the basement area for the mortuary. To enable full excavation of the basement and tunnel system the contractor has installed sheet piling and a de-watering system around this area to manage the water table. Piling rigs have been on site for 7 weeks, and the works contractor is managing to core around 8 piles per day. Stair and lift cores are currently being formed, and works above ground should be visible by the end of May 2010.

The main site offices for Stage 1 of the project have been installed to the north of the Maternity Unit at the Southern General Hospital. These offices will provide accommodation for the Brookfield team, their main sub contractors and the Board's Project Team, the office will come into use by late May 2010 after power and other services are installed.

Two tower cranes have been erected within the Laboratory site, with a third to follow in May. A management plan to marshall the movement of helicopters has been prepared to harmonise landings with lifting operations and crane movements on site. A meeting on site with the contractor, the Royal Navy and Bond helicopters is being arranged to talk through the plan and ensure all aspects on safety are covered.

Design work is complete for all departments within the Laboratory Block and both 1:200 departmental layouts and 1:50 room layouts are signed off. The Project Team are co-ordinating the production of a first pass equipment list to allow work to commence on costing and establishing what items are likely to be new or transfers. The initial lists should be available in May 2010.

2.2 33KVA Electrical Sub-station

Brookfield have received tenders for the installation of the 33 KVA electrical sub-station from Scottish Power, Scottish & Southern and Energetics. Brookfield have accepted the Scottish Power offer which is within the budget set for this element of the works.

3. Stage 2 - New Adult and New Children's Hospitals Design Development

Work to finalise the 1:200 drawings for the New Hospitals is ongoing. Table 1 summarises the departments which have been signed off by the respective User Groups, Table 2 indicates departments which are still to be signed off by the User Groups. The following describes the progress in more detail

3.1 New Adult Hospital Design Development

The 3rd round of Adult User Group meetings to review the 1:200 drawings was completed on 7th May 2010. As described Table 1 shows those departments which have been signed off by the user groups, these include the large complex departments of the Acute Assessment Unit, Critical Care and Theatres. Following further tweaks, 5 departments are awaiting issue of the final copy of the drawing to sign off, these are Emergency Department, Endoscopy, Urology, Stroke and the Dermatology Ward. No further 1:200 meetings are required for these departments.

Finally, a 4th user group meeting has been scheduled for 13th May 2010 to finalise the Imaging Department drawings.

3.2 New Children's Hospital Design Development

The 3rd round of meetings started on 13th May 2010 and will be completed on 27th May. Table 1 shows the departments signed off by the User Groups during the 2nd round of meetings.

Most departments are near agreement and it is therefore anticipated that the majority of User Groups will sign off their 1:200 drawings during this round of meetings. Any further amendments which are required to finalise plans will be completed by early June 2010.

3.3 Shared Areas

The 3rd round of meetings for the shared areas will take place during the same period as the Children's meetings; 13th-27th May 2010. It is anticipated that the outstanding departments highlighted in Table 2, ie Aseptic, Nuclear Medicine, and Medical Illustration, Facilities Management will be signed off by Users by the end of May.

3.4 1:50 Design Development

The programme for the first round of meetings to discuss and review the 1:50 drawings (ie individual room drawings) is now finalised, these will take place between 14th June to 16th July 2010 and involve both Adult and Children's User Groups.

Table 1 List of Departments Signed Off By User Groups (as at 10th May 2010)

ADULT DEPARTMENTS	CHILDREN'S DEPARTMENTS	SHARED DEPARTMENTS
Generic Wards	Hospital At Night	Medical Records
Main Entrance & Public Areas	Main Entrance & Public Areas	Nuclear Medicine
Haemato-oncology Ward	Special Feeds	Pharmacy Dispensary
Renal Dialysis Unit and Renal Ward	Audiology	Decontamination Suite
Acute Assessment Unit	Child Protection	
Theatre Department	Child Psychiatry	
Emergency Department		
General Outpatients & Pre Assessment Unit		
Medical Day Unit		
Critical Care		
Coronary Care Unit		
Diabetic/Endocrine Department		
ENT Outpatients		
Orthopaedic Outpatients		
Rehabilitation Outpatient Department		
Ophthalmology Outpatients		
Dermatology Outpatients		
Cardiology Outpatients		
Cardiac Rehabilitation		

Table 2 List of Outstanding Departments for Sign Off By User Groups (as at 10th May 2010)

ADULT DEPARTMENTS	CHILDREN'S DEPARTMENTS	SHARED DEPARTMENTS
ED – *awaiting issue of final drawing by architect for sign off by user group, no further meetings required*	Imaging	Medical Physics
Urology – *as above*	Haemato-oncology	Aseptic
Stroke – *as above*	ED	Nuclear Medicine
Endoscopy – *as above*	Theatres	Medical Illustration
Dermatology Ward – *as above*	Inpatient and Acute Receiving	Facilities Management
Imaging – *4th meeting to be held on 13th May to finalise drawings*	Rehab & Therapies	
	OPD	
	PICU	
	Day Medical	
	Cardiology	
	Lung Function	

4. Control Process

4.1 Background

The Acute Service Strategy Board Executive Sub-group was set-up to address on-going issues that will arise as part of the NEC3 Contract which is being used for all stages of the New Adult and Children's Hospitals and Laboratory Construction Project. This group is responsible for any changes to the contract and controls this through a change control process.

The changes to the contract approved to date are shown below in Table 3

Table 3 – Compensation Events

CE No	Item	Status	Net Cost
001	Testing of Building Board Material on Site	Concluded	£250.00
002	Japanese Knotweed Removal	Concluded	£21,000.00
003	Excavated Building Materials/ Spoil	Concluded	£54,000.00
004	Reconciliation Labs - Stage D to E	Work in progress – Final costs to be provided by BCL	£750,000.00
005	Labs Project - Diversion of Water Main	Concluded – Final costs to be provided by BCL	£7,000.00
		Total	**£832,250.00**

4.1.1 Laboratories Stage D to E Reconciliation

The major cost change thus far has been in relation to the Laboratories Stage D to E reconciliation. The background to this cost change is as follows:

- The Procurement Strategy for Labs was to develop Design to RIBA Stage D for Tender Issue, and this would form the basis of Contractors bids.
- Contractors were advised during ITPB Stage to consider RIBA Stage D information and make allowances for design development.
- The Board would continue to develop design to RIBA Stage E, and this information would form the basis of a Compensation Event post contract to omit stage D information and allowances, and adjust contract sum for Stage E design impacts. The risk of Stage E design development was carried by the Board.
- Traditionally procured projects would normally be tendered at beyond RIBA Stage F Production Information, and included within the submitted tenders would be an allowance for contingencies (design development / unforeseen items etc).
- Beyond the allowances made in Contractors bid, there was no separate contingency allowance for Laboratories. Any cost impacts would require to covered by Board Risk Allowances from the overall project. The Board Risk Register included an item for Labs Design Development beyond Stage D, this was valued at circa £2,000,000.
- Stage E design information was issued January 2010 and the team have been working to agree the impacts on the Contractors bid. Also, in order to maintain programme, design changes to accommodate the Contractors masterplan have also been ongoing (tunnel alignment, relocate building etc) and the cost impacts progressively agreed.

- Some key design development items have been:-
    - Amendment to structure to accommodate required internal layout
    - Building services design to suit detailed room briefings
    - Building services co-ordination
    - Integration of building services with structure
    - Underground drainage layout & co-ordination
- Value Engineering has also been undertaken on certain design elements in order to drive out better value and mitigate cost increases.
- Costs are yet to be fully finalised with Brookfield, but where required in order to maintain programme, key areas have been agreed.
- The total cost implications of Stage D to E design impacts will not exceed £750,000 Net, resulting in an uplift to the contract target price of the final agreed value.

5. Planning Consent Process

5.1 Background

The existing Outline Planning Consent for the Southern General Master Plan was approved, with 43 conditions in July 2009. The newly appointed Design Team, led by Brookfield Construction Limited, have commenced discussions on a number of procedural and technical issues with Glasgow City Council Department of Development and Regeneration Services in order to achieve the necessary consents for the overall development in accordance with the Project Programme, as detailed in the Construction Contract.

The discussions have also included the agreement of process for discharging the separate conditions attached to the detailed planning consent obtained for the Laboratories and FM Facility.

5.2 Key Dates to obtain Planning Consents

21st April 2010	Pre-Application Consultation Meeting with Architecture & Design Scotland
22nd April 2010	Submitted Application to discharge Conditions 1 and 3 to the outline consent which relate specifically to the Master Plan.
25th May 2010	Architecture & Design Scotland Design Review (of outstanding issues from pre-application consultation)
22 June 2010	Glasgow City Council Planning Committee Meeting to consider the above application.
2nd July 2010	Submit “reserved matters” application to discharge conditions relating to the Adults and Children’s Hospitals.

5.3 Key Actions to obtain Planning Consents

Leading up to the submission of the initial application relating to the Master Plan, there are a number of key meetings programmed, both with Glasgow City Council and the statutory consultees to the application. These are covering four specific topic areas:

- Architecture
- Transportation
- Drainage
- Landscaping

The purpose of these meetings is to ensure that the application is as complete as possible at the point of submission and has the support of the consultees, with the intention of creating a smooth passage through the process up to the point of the Committee Meeting. This is critical to the programme as there are no Planning Committee meetings in July.

Glasgow City Council officers have intimated their desire to include sufficient information within this initial application to allow members to have enough understanding of the detail to permit subsequent applications to be dealt with by officers under delegated powers, thus mitigating the potential for delay in the process created by the need to submit each application for committee approval. It is for this reason, that the above key dates do not include a committee date for the reserved matters application.

6. Community Benefit Programme

NHS Greater Glasgow and Clyde incorporated community benefit considerations into the tender process for the new South Glasgow Hospitals. This required bidders to submit a method statement outlining how they would meet the Board's requirements in relation to targeted training and recruitment, supporting and developing small/medium enterprises (SMEs) and supporting and developing social enterprises.

In furthering the objectives outlined above, Brookfield Construction Ltd (BCL) have entered into a partnership agreement with NHS Greater Glasgow & Clyde, Glasgow South West Regeneration Agency (GSWRA), Glasgow City Council and Community Enterprise in Scotland. BCL have established a project website as a portal for individuals and businesses to engage in the project and register for employment and sub-contracting opportunities.

Individuals interested in accessing training and recruitment opportunities will be required to register their details via the portal where they will be supported and matched to future vacancies.

As part of their tender submission BCL agreed to the Board's requirements that 10% of labour used in delivering the new hospitals project would be from new entrants. To date 10% of employees on site are new entrants.

BCL have established a recruitment protocol with Glasgow South West Regeneration Agency as part of the partnership agreement. To date, 75% of posts notified to GSWRA have been filled through the recruitment protocol.

As the project moves forward, the priority will be to ensure individuals register through the portal to be matched to future employment opportunities and to establish a training and recruitment centre in close proximity to the new hospitals project.

In furthering objectives in relation to SMEs, BCL have established a protocol with Glasgow City Councils Supplier Development Programme (SDP). Businesses registering through the portal and not deemed 'Business Ready' will be supported by the Supplier Development Programme and Brookfield to achieve 'Business Ready' status, enabling them to compete for future sub-contracting opportunities.

To date, BCL have engaged businesses registered through the Supplier Development Programme in developing their supply chain. The majority of sub contracting opportunities have been advertised through SDP. As the project moves forward, the priority will be to ensure businesses register through the BCL portal for future sub-contracting opportunities.

In furthering objectives in relation to social enterprises, Brookfield will identify a number of work packages in collaboration with Community Enterprise in Scotland that offer opportunities to engage social enterprises in the project. Once registered on the portal, social enterprises will be supported through the Scottish Governments 'Get Ready for Business' programme to compete for sub-contracting opportunities.

NHSGG&C have agreed a monitoring framework with BCL and will continue to monitor progress.

7. Process to Appoint a Project Supervisor

7.1 Overview of the Selection Process

The Board are utilising the NEC 3 form of contract for the New South Glasgow Hospitals and Laboratory Project which requires the appointment of a Supervisor to inspect and confirm that the works are constructed in compliance with the Board's requirements. This is a direct appointment and the individual or company will report directly to the Project Director.

The Project Team are about to let this contract after utilising the Scottish Governments Frameworks Scotland procurement route and as with other Technical appointments for this project, has been set up as a staged appointment. For clarity the stages are as follows;

Stage 1 - New laboratory Project
Stage 2 - Design Development
Stage 3 - Construction of the new hospitals.
Stage 3A - Demolitions and Completion of External Works

The first stage of the appointment is for the Laboratory Project and will run for just under two years, the Board have also asked the successful team to review elements of the Stage 2 design specification being produced by the Brookfield team in the run up to completion of the full business case (FBC) in October 2010. On approval of the FBC the third stage of the appointment will be made for the construction stage of the new hospitals.

The preferred company to undertake this role was selected utilising criteria from the Framework, and the project team recommend that the offer from Capita Symonds is accepted on the basis of being the highest score and the additional factors;

- More demonstrable experience on high value healthcare projects.
- More experience of project supervisor/independent tester roles.
- Well structured bid, all team visible and included within resource structure.
- Best performance at interview.
- Lowest financial bid.

The financial offer from Capita Symonds to provide the full 4 stage service is £970,000.00. The value of the initial commission to Capita Symonds for Stages 1 and 2 will be £160,000.00.

The Project Team seek approval to appoint Capita Symonds to the role of Project Supervisor for Stages 1 and 2 of the Project and, subject to securing Full Business case approval, to proceed with the full commission for Stages 3 and 3A, the construction of the new hospitals.

8. Demolition and Site Clearance Works for the New Hospitals Construction Site

8.1 Background

Following the conclusion of the contract with Brookfield Construction Ltd (BCL) on 18th December 2009, work has progressed on two main fronts as follows;

Stage 1 – Construction of the new Laboratory Facility.
Stage 2 – Design development of the Adult & Children's Hospitals to full business case.

These stages can proceed without any further enabling or demolition works on site.

Before work on Stage 3 – Construction of the New Hospitals can commence in November 2010, the Board require to demolish a number of buildings that sit within the proposed works site. These buildings are currently occupied and work is underway to ensure these building are empty by the end of June 2010.

Once the buildings have been vacated, a number of test and inspection will be made prior to demolition works commencing in late July, these will be undertaken on a phased basis concluding in October 2010.

8.2 Next Steps

The Project Team have two options to procure the demolition and site clearance works and these are;

1) As a Board capital project, with a design team, preparation of tender documents, market tested with a minimum of three or four companies and managed by the capital projects team. There is currently an allowance of £350k in the 2010/11 capital programme for this activity.

2) Include the demolition works within the scope of the BCL works. These works would become a package under their management for which they would secure a fee of 6.2% (overhead and profit). The works would be market tested and like option 1 above, a minimum of 3 or 4 demolition contractors would be invited to bid for the work, and the lowest compliant tender selected. The successful contractor would be subcontracted to BCL and all their works would be fully managed under their Health & Safety plan. This can be fully audited by the Board.

A summary of the two options is listed below in table 4;

Table 4 – Summary of the 2 options

Option 1	**Option 2**
Procured by Project Team through market testing with 3 or 4 demolition contractors. Selection based on lowest compliant tender.	Procured by Brookfield through market testing with 3 or 4 demolition companies. Selection based on lowest compliant tender.
Funding	**Funding**
Allowance within 2010/11 capital programme for ASR II enabling works (£350k)	Cost funded by transfer of actual cost from 2010/11 capital budget (£350k). Compensation event within NEC3 contract.
Costs	**Costs**
Technical Team fees to prepare tender document and manage the contract. (£25k)	Management fee to Brookfield @ 6.2% (£22k) Technical Team fees to prepare tender document. (£10k)
Benefits	**Benefits**
• Market tested by Board.	• Market tested by Brookfield. • Programme delay minimised as work on Laboratory Project and demolition site under control of one team (ie risk is Brookfield's) • No H&S interface problems as managed by one contractor. • No additional space required for site compound / accommodation. • Reduction to site set-up and hoarding costs
Disadvantages	**Disadvantages**
• Co-ordination between two works contractors. Demolition material will need to be taken through the hospital site • Additional space for demolition contractor's site accommodation needed. • Health & Safety plans will need to interface	None

The Project Team seek approval to procure the demolition and site clearance works with Brookfield Construction Ltd on the understanding that the works will be market tested, will be managed and co-ordinated by a single entity and will minimise the impact of these works to the operation of the main hospital complex.

9. Recommendations

The members of the Performance Review Group are asked to:

a) note the progress of Stage 1 (Laboratory Facility Construction) and Stage 2 (Design Development of the New Hospitals) and
b) approve:-
i) the appointment of Project Supervisors
ii) a request for Brookfield Construction Ltd to carryout the planning and management of the residual demolition and site clearance works.

NHS GREATER GLASGOW AND CLYDE

Performance Review Group
Tuesday, 6 July 2010 at 9.30 a.m.
Board Room, Dalian House,
350 St Vincent Street, Glasgow

AGENDA

1.	Apologies	
2.	Minutes of Previous Meeting	
	To submit, for approval, the Minutes of the Performance Review Group meeting held on 18 May 2010.	PRG(M)10/03
3.	New Southside Adult and Children's Hospital and Laboratory Project - Update	Paper No. 10/35
	Report of the Project Director – New South Glasgow Hospitals and Laboratory Project	
4.	Glasgow City CHCPs – Update	Paper No. 10/36 To Follow
	Report of the Chief Executive/Director of Corporate Planning and Policy/ Lead Director, Glasgow City CHCPs	
5.	Approval of the Full Business Case for the Glasgow Royal Infirmary University Tower Refurbishment Project	Paper No. 10/37
	Report of the Chief Operating Officer	
6.	Development of Corporate Plan	Paper No. 10/38
	Report of the Director of Corporate Planning and Policy/Lead Director, Glasgow City CHCPs	
7.	Audit Scotland Report: Improving Public Sector Purchasing in Scotland	Paper No. 10/39
	Report of the Director of Facilities	
8.	Audit Scotland Report: Managing NHS Waiting Lists	Paper No. 10/40
	Report of the Director of Surgery and Anaesthetics	
9.	Action to Deliver HEAT Health Improvement Targets	Paper No. 10/41
	Report of the Director of Public Health	
10.	Analysis of Legal Claims – Monitoring Report (April 2009 – March 2010)	Paper No. 10/42
	Report of the Chief Operating Officer/Head of Board Administration	

10. Communication Issues: 13 May to 6 July 2010 Paper No. 10/43

Report of the Director of Corporate Communications

11. Date of Next meeting

9:30 a.m. on Tuesday, 21 September 2010 in Board Room 1, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0HX.

PRG(M)10/04
Minutes: 46 - 57

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 6 July 2010 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Ms R Dhir MBE
Mr P Hamilton
Councillor D MacKay
Mr D Sime
Mrs E Smith
Mr K Winter
Cllr. D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Dr C Benton MBE (to Minute 51)
Mr R Calderwood
Ms R Crocket
Dr L de Caestecker
Cllr. J McIlwee
Mrs J Murray
Mr B Williamson

I N A T T E N D A N C E

Mr J Crombie	..	Director of Surgery & Anaesthetics (to Minute 53)
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr A McIntyre	..	Director of Facilities
Mr A McLaws	..	Director of Corporate Communications
Mr A McCubbin	..	Head of Finance – Capital and Planning (to Minute 50)
Mr P Moir	..	Head of Major Projects (to Minute 48)
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs (to Minute 52)
Mr D Ross	..	Director, Currie & Brown UK Limited (to Minute 48)
Mr J Rundell	..	Audit Scotland

ACTION BY

46. APOLOGIES

Apologies for absence were intimated on behalf of Mr R Cleland, Mr P Daniels OBE and Mr I Lee.

47. MINUTES

On the motion of Mr P Hamilton and seconded by Ms R Dhir MBE, the Minutes of the Performance Review Group meeting held on 16 March 2010 [PRG(M)10/03] were approved as an accurate record; subject to the following changes:-

(i) Minute 34 – Page 3 – 3rd Paragraph – 3rd sentence
Add: "exclusive" after £750,000……

(ii) Minute 40 – Page 10 – 3rd Paragraph- 3rd line
Add "m" after £329.047……

48. NEW SOUTH-SIDE ADULT AND CHILDREN'S HOSPITAL AND LABORATORY PROJECT - UPDATE

There was submitted a paper [Paper No. 10/35] by the Project Director setting out the progress of each of the stages of the development of the new laboratory and design of the new hospitals. The Chair welcomed Mr P Moir, Head of Major Projects and Mr Douglas Ross, Director, Currie Brown UK Limited (Technical Advisors) who were attending to update members on the project.

In relation to Stage One of the new laboratory and facilities management project, Mr Moir advised that the NHS Board's Project Team had now moved into their accommodation, which incorporated space for the Technical Advisors and Project Supervisor. Works to install approximately 360 pile foundations was completed in early June 2010 and works were progressing well with the plan to construct the concrete frame ongoing until the expected completion date of late January 2011.

Enabling works to demolish buildings within the Stage Three works area were currently out to tender with an expected start on site in August 2010, with the aim of creating a clear site by early November 2010. These works will see the demolition of a number of former staff residences, the existing catering block, the Management Annex and the Walton Conference Centre and Library building.

In relation to Stage Two – the new adult and children's hospitals design development, the departmental design meetings with users had been completed at the end of May 2010. No significant changes were required and room layout design meetings commenced in mid June and were progressing well. It was planned that final meetings with staff would be concluded before the end of September to enable robust costs to be included in the Final Business Case which is to be submitted for consideration to the NHS Board in October 2010.

Mr Ross provided members with an update on the change control process and highlighted those changes which had occurred since the last meeting of the Performance Review Group. He advised that weekly early warning notice meetings were being held with the contractor in order to proactively manage issues arising and mitigate potential cost increases and maximise any cost reductions. He highlighted those issues which were currently being reviewed and discussed with the contractor and which may result in an overall change to the contract target/maximum price.

Mr Moir advised that Glasgow City Council had approved planning consent in principle for the master plan and environmental statement on 24 June 2010. This consisted of 4 of the 43 matters specified in conditions which have been attached to the outline consent and was the first key step in securing the necessary consents in advance of the Full Business Case. In addition, he advised that the planning management and production of the necessary documentation, tasks and activities in respect of both the Full Business Case and the Gateway Three (investment decision) were underway and formed an integral element of the weekly project team meetings.

Mr P Hamilton asked if the Southside Public Partnership Forums could be involved in the "Better Access to Health Groups" and be invited along to the mock-ups. This was agreed. **Project Director**

Mr Winter enquired about the compensation events and, in particular, the site conditions and as to whether it would be possible to transfer the risk for the main hospital development to the contractor. Mr Ross advised that additional site investigations were continuing and discussions were being held with the contractor with this in mind.

Councillor Yates enquired about the Japanese knotweed removal which was included as a compensation event and whether this was more widespread. Mr Moir advised that this issue had been tackled over the last two and a half years and was now virtually eradicated.

Mr Calderwood reminded members that it was now the intention that the Full Business Case be submitted to the NHS Board meeting on 26 October 2010 and if approved would then be submitted to the Scottish Government in November with the hope of having a signed contract in place for the development of the Adult and Children's Hospitals by the end of the year. **Project Director**

NOTED

49. GLASGOW CITY CHCPs - UPDATE

There was submitted a paper [Paper No. 10/36] by the Chief Executive and the Director of Corporate Planning and Policy/Lead Director, Glasgow City CHCPs setting out the stage reached with Glasgow City Council on the Community Health and Care Partnerships.

Ms Renfrew introduced the report noting that the Sir John Arbuthnott recommendations could address a number of the NHS Board's concerns about CHCPs through the revised Joint Partnership Board (JPB) arrangements and the proposed Joint Chief Officer post. The Board Chair had positively responded to the Council Leader seeking positive agreement on a way forward to report to this meeting. His aim had been to be positive but clear that there needed to be substance to pend a Board decision and enter negotiations. The response also confirmed a timescale which the Chair had discussed in a previous meeting with the Leader. The material attached to the paper indicated the reaction to that approach from the Leader. The Council clearly wanted to enter into a further process but with no commitments and no timeline. Ms Renfrew noted that this had reflected the NHS Board experience so far - as soon as the Board tried to get concrete agreement there was real difficulty. Ms Renfrew noted the current position – the NHS Board had a clear decision, implementation was underway that gave clarity for staff after two years of negotiation and uncertainty. It was clear that there were risks for the NHS Board if it was agreed to delay progress in establishing an NHS only CHP and to enter into a further process with the City Council. This would bring unhelpful and continued uncertainties for staff and key stakeholders. Equally she noted the NHS Board needed to positively respond to the Sir John Arbuthnott's recommendations.

Ms Renfrew advised that the proposals around the formation of the Joint Partnership Board, the single Director and single Director of Finance were to be welcomed, however, it was essential to elicit a firm commitment from Glasgow City Council that they supported Sir John Arbuthnott's recommendations and wished to enter into dialogue with the NHS Board on establishing appropriate processes to implement the key recommendations. The NHS Board had taken the decision in June 2010 to move towards the establishment of a single NHS CHP and this work was now underway and, therefore, members would need to be clear on what basis they were setting aside this decision. Ms Renfrew outlined to members what she considered to be the three options:-

- endorse Sir John Arbuthnott's recommendations but note that in the absence of any substantive response from the Council there was no basis to pend our process. This would enable the NHS Board to progress the NHS CHP as the Board had agreed and gave certainty to staff and other stakeholders;

- agree that if the content of Appendix 1, including the timetable, could be agreed with the Council, the NHS Board pend further implementation and enter negotiation. Given the response to the earlier proposal this was likely to elicit an immediate negative response;

- translate elements of Appendix 1 into a series of NHS commitments including, the Joint Chief Officer being the sole point of accountability to the Board Chief Executive and a member of the Corporate Management Team; the setting aside the Scheme of Establishment (SOE) approved by the Board in December 2009 and a willingness to move from the agreed five CHCP structure. If these were matched by the Council then the NHS Board would agree to undertake detailed joint work on the rest of the Appendix with a timescale of approval before the 17th August NHS Board meeting and pend the NHS CHP process. This had the advantage of ensuring specific Council commitment but if that commitment did not deliver a timely and detailed outcome the NHS Board was clear to rapidly progress the NHS option.

Ms Renfrew strongly advised that the Board should adopt one of these options and in her view the third option was likely to be best as it offered a very positive position but with the necessary detail and timelines to ensure a clear way forward.

Mr Robertson indicated that he had met the Council Leader just over a week ago and had reviewed a set of draft principles which Sir John Arbuthnott had established at that time. These seemed positive and a way forward for integrated working. He met Sir John Arbuthnott the day before the meeting in order to obtain a better understanding of additional comments which he had provided to the Council. Sir John emphasised that he was confident that there was a way forward for integrated working and he felt this was worth striving for. The Chair had offered to meet with the Council Leader prior to the Performance Review Group and whilst this offer was not taken up they did meet at a function the night before and had an informal discussion about these matters. Lastly, he advised members that a meeting had been arranged for himself and the Chief Executive to meet with the Leader of the Council and Chief Executive on Friday to discuss the outcome of the Performance Review Group's consideration of the way forward.

Ms Renfrew noted that there was a consistent pattern of getting into real difficulty when trying to get detailed agreement as opposed to headline commitments and emphasised her concerns about the impact on staff but recognised the potential benefits of having one final attempt at developing integrated CHCP structures between both organisations.

Mr Robertson confirmed he had previously had a detailed discussion with the Council Leader on respective decision making processes and timescales and had been surprised this seemed to become an issue in subsequent exchanges.

Mrs Smith noted the current position was similar to where the NHS Board had been last August when the Council Chief Executive had given very clear assurances, there had been subsequently repeated commitments about the SOE which were not delivered and the SOE was then set aside by the Council. This had been the experience at the JPB where there was a failure to progress agreed work. Mrs Smith supported Ms Renfrew's proposal about the Heads of Agreement being agreed by both parties before moving on to open negotiations on the processes and implementation plans which would be required to deliver the integrated working described in Sir John Arbuthnott's report. She thought it was essential that an assurance from Glasgow City Council on the way ahead was forthcoming before entering into a further level of negotiations.

Mr Sime noted that Sir John Arbuthnott's recommendations represented a radical way forward but there were real issues for staff of continuing uncertainty. He agreed the two stage process, commitments were needed as assurances had been given before which had not been delivered.

Mr P Hamilton asked whether the Chief Executive of the Council had given any view on Sir John Arbuthnott's report. Mr Calderwood advised that no insight had been given in the Chief Executive's letter enclosing the report but noted his positive informal engagement with Sir John Arbuthnott's emerging proposals in their discussions. He was hopeful that the meeting on Friday with the Council Leader and the Chief Executive would be translated into concrete proposals for an integrated CHCP which could be submitted to the Council Executive Committee and NHS Board in August. However, he believed the Council needed to withdraw its decision on accepting its Option 1b and accept the recommendations within Sir John Arbuthnott's report as the basis of the new model of integrated working.

At that point he believed the NHS Board could then set aside its decision in June 2010 to move towards the implementation of the NHS CHP. He was keen, therefore, to build on the connections which the NHS Board Chair had made with the Council in respect of the report produced by Sir John Arbuthnott.

Ms Renfrew emphasised that a commitment from the Leader of the Council was essential as it would be the Council which would be required to take the final decision.

Mr Williamson noted that the proposed option was a balanced way forward seeking commitment and a finite timescale.

Ms Renfrew welcomed members' comments and highlighted that if the NHS Board was willing to make a commitment which she had set out and commit to the detailed work as set out in Appendix 1 of the paper then it was important for the Council to do likewise.

Mr Winter endorsed the proposed way forward of seeking the Council's assurance and commitment to the areas of further joint work in order to allow negotiations around processes and implementation plans to proceed. He was keen to see a submission back to the respective decision making Committees of both organisations in August.

Mrs Murray noted the present position reflected the experiences as Mrs Smith had outlined them and members could not be confident of any real commitment from exchanges thus far.

Councillor Yates reminded members that previous agreements appeared to have been made and the NHS Board needed to learn lessons from the past.

The Chair noted the importance of Friday's meeting to get clarity from the Council Leader and read the three concluding points in the report; these were amended to reflect the discussion and approved as set out below.

DECIDED:

1. That the advice and recommendations of Sir John Arbuthnott may provide a basis to achieve sustainable integration of health and social care with Glasgow City Council and the NHS Board should respond positively;

2. That there should be an offer of NHS commitments and if these were matched by the City Council, the process to develop and NHS CHP would be pended and there would be an intensive, joint process to progress the Sir John Arbuthnott recommendations on the basis of Appendix 1;

3. That work should be developed on an alternative proposal for consideration by the Council and the 17th August 2010 NHS Board meeting;

4. That NHS Board members be advised of the progress on a regular basis.

Director of Corporate Planning and Policy/Lead Director, Glasgow City CHCPs

50. APPROVAL OF THE FULL BUSINESS CASE FOR THE GLASGOW ROYAL INFIRMARY UNIVERSITY TOWER REFURBISHMENT PROJECT

There was submitted a paper [Paper No. 10/37] by the Director of Surgery and Anaesthetics which sought approval to the Full Business Case for the University Tower Building at Glasgow Royal Infirmary as a key element of the Laboratory Medicine Strategy.

Mr Crombie advised that the Glasgow-wide laboratory service's strategic review was established to advise on the optimum model for the provision of laboratory services taking into account the clinical linkages between the laboratories, the main clinical specialties and the services which required to be provided to support the clinical service profile on each site.

The key objectives of the laboratory services review process were determined as follows:-

i. to define and develop an agreed configuration of provision of laboratory services across the city which reflected the approved Acute Services Strategy – consolidating from six to two major emergency and in-patient sites at the Glasgow Royal Infirmary and Southern General Hospital; an elective in-patient site including the Regional Cancer Centre at Gartnavel General Hospital; the Ambulatory Care Hospitals at Stobhill and the Victoria Infirmary and the co-location of paediatrics with obstetrics on an adult site.

ii. to modernise the provision of laboratory services.

iii. to create a network of laboratory services working across Glasgow, operating within a single integrated management structure.

The refurbishment of the University Tower block at the Glasgow Royal Infirmary would provide appropriate accommodation to co-locate Microbiology, North Glasgow; the West of Scotland Specialists Virology Centre and the Reference Laboratories. This in turn would deliver all identified benefits of the Laboratory Strategy and that laboratory services would be fully supported by automation, improved turn around times and specimen throughput. New capital costs had been identified within the NHS Board approved Capital Plan.

Mr Williamson welcomed the proposal however, was concerned that the document made no reference to those hospitals which were located within the Clyde area. He recognised that this was a Full Business Case for laboratory services within North of Glasgow and provided from Glasgow Royal Infirmary and separate strategies covered South Glasgow and Clyde. However, he did think there was a need to refresh the Laboratory Strategy in order to produce a single NHS Greater Glasgow and Clyde Strategy.

Mr Winter welcomed the proposal but enquired why the Cost Form FB4 had two identical Forms and yet different "Total On-Costs to Summary". Mr McCubbin advised that these had been two separate options and therefore different figures. It was clear that the labelling of the Forms did not make it clear that they were providing different financial information for different options. This would be corrected. **Director of Surgery & Anaesthetics**

In response to Mr Winter's question about the equipment costs, Mr Crombie advised that these costs would have been included within the Capital Plan and the main analysers were to be procured via a managed service contract.

Dr Benton enquired about the floor space particularly for emergencies. Mr Crombie advised that the relevant services had been brought together to maximise the use of the floor space and helpful synergies had been achieved in doing this.

DECIDED

1. That the Full Business Case for the Glasgow Royal Infirmary University Tower Refurbishment project for the North Glasgow Laboratory be approved. **Director of Surgery & Anaesthetics**

2. That a NHS Greater Glasgow and Clyde Laboratory Strategy be updated for Member's consideration. **Director of Surgery & Anaesthetics**

51. DEVELOPMENT OF CORPORATE PLAN

There was submitted a paper [Paper No. 10/38] by the Director of Corporate Planning and Policy/Lead Director, Glasgow City CHCPs which set out proposals to develop a single corporate plan for NHS Greater Glasgow and Clyde.

The corporate plan would aim to:-

1. provide a concise overview of the planning and delivering context in which the NHS Board works.

2. provide a concise overview of the key actions and outcomes which the NHS Board intended to deliver.

3. be a means to ensure that actions across the frameworks and different parts of the organisation add up to making a sufficient impact across NHS Greater Glasgow and Clyde.

4. provide guidance on the relative priorities and organisational focus expected across the different outcome, frameworks or service areas.

5. provide a vehicle for bringing together financial planning and workforce planning and performance.

6. enable the NHS Board to communicate organisational priorities more clearly both within NHS Greater Glasgow and Clyde and with partners, patients and the wider public.

7. illustrate the NHS Board responses to key, cross cutting national policy drivers such as Quality Strategy.

Members welcomed the redevelopment of a Corporate Plan and Mrs Smith highlighted the benefit of bringing together financial planning, workforce planning and performance in what was set out as Option 2 within the paper.

DECIDED:

1. That the development of a Corporate Plan for 2010/13 be approved **Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs**

2. That the proposed purpose and approach set out in Option 2 be approved and that the Corporate Plan be one of the topics for the NHS Board Seminar in October.

52. AUDIT SCOTLAND REPORT: IMPROVING PUBLIC SECTOR PURCHASING IN SCOTLAND

There was submitted a paper [Paper No. 10/39] by the Director of Facilities which set out the NHS Board response to the Audit Scotland Report published in July 2009 on Improving Public Sector Purchasing.

Mr McIntyre set out the four key headline messages from the Report and main recommendations. He advised that although the Report was primarily focused on the overall programme at national and sectoral level there was a range of points which had an impact on NHS Greater Glasgow and Clyde; these being:-

i. the value gained by NHS Greater Glasgow and Clyde from the programme.

ii. the level of the public body engagement being variable.

iii. maintaining the future momentum and value delivery from the programme.

iv. the capacity of public bodies to maximise benefits of the programme.

v. a weakness in performance reporting.

Ms McIntyre then took members through each of these points in relation to NHS Greater Glasgow and Clyde.

The report raised a number of significant issues in relation to the overall national programme and the programme was maturing in terms of systems and ability to deliver. For example NHS Greater Glasgow and Clyde were now actively using Scottish contracts for utilities, IM&T hardware and stationery.

NHS Greater Glasgow and Clyde had fully embraced the principles of the programme. The report acknowledged that the NHS programme was more established than other public sectors. Mr McIntyre advised that the NHS Board had structures and resources in place to exploit the benefits of the national programme on a local basis.

Members welcomed the report and the national capability assessment results which highlighted encouraging performances by NHS Greater Glasgow and Clyde although benchmarking was identified as an area requiring further development.

NOTED

53. AUDIT SCOTLAND REPORT: MANAGING NHS WAITING LISTS

There was submitted a paper [Paper No. 10/40] from the Director of Surgery and Anaesthetics which was set out in presentational format the steps undertaken within the NHS Greater Glasgow and Clyde in relation to the recommendations of the Audit Scotland report.

Mr Crombie gave a presentation to members covering the New Ways Guidance and how the NHS Board managed and reported on waiting times.

The key messages had been variable approaches by NHS Boards in areas such as Did Not Attends; data recording/data quality; inter Board transfers being complex in tertiary Boards; and the continued reduction in access times and the need for improved communication processes with patients.

Members welcomed the report and Ms Dhir enquired about how waiting lists were managed to ensure robust data was available for performance reporting. Mr Crombie advised that if there were particular examples of where concerns existed about how patients were handled, he would be happy to investigate these separately. The replacement of the Availability Status Codes with the New Ways Initiative ensured that all patients were captured and reviewed and remained on the waiting list until treatment was received or a clinical review determined that they should be referred back to their GP.

Mr Hamilton enquired about the rates of "Did Not Attends" (DNA). Mr Crombie advised that some work had been undertaken to review good performances in other healthcare providers try and learn lessons from them. Two Directors had been nominated to lead the introduction of new initiatives in order to improve the "Did Not Attend" rates, however, the main challenge was one of sustainability. A number of initiatives like telephoning and texting patients brought immediate results however, it was clear that sustaining that performance proved very challenging.

Dr Benton raised the issue that appointment letters sent out to patients had no mention of patients identifying for the clinic if they had any special needs or disabilities. She highlighted the potential for such patients to be removed from the waiting list if, through no fault of their own, they had been unable to attend within the specified time.

Mrs Grant intimated that many steps had been taken to improve the management of waiting lists and waiting times. However there was now a requirement to carry out the systematic review of communications with patients in order to ensure that patients and their relatives were clear about what was expected of them and how to contact the hospital/clinic about any special needs or other issues. The NHS Board was required to ensure that they adhered to the Government guidelines and implemented the New Ways Initiative in managing waiting lists initiatives. There needed to be a shift in culture as a result of the slicker patient pathways to such an extent that patients were on occasions accessing hospital treatment much earlier than they had anticipated.

NOTED

54. ACCESS TO DELIVER HEAT HEALTH IMPROVEMENT TARGETS

There was submitted a paper submitted [Paper No. 10/41] from the Director of Public Health which set out the action being taken in respect of the HEAT Health Improvement Targets which were due to be delivered in 2010/11 and where there was a risk that they wouldn't be delivered within the timeframe set.

Dr de Caestecker advised that the paper set out the action being taken to deliver the following targets:-

H3 - Child Health Weight Interventions
H5 - Suicide prevention training
H6 - Smoking Cessation
H7 - Breast feeding at 6 – 8 Weeks
H8 - Inequalities – targeted cardiovascular health checks

Dr de Caestecker took members through the detail of each Target, the position within the NHS Board on each and steps being taken to improve the position in each.

Councillor MacKay noted the substantial variation in breastfeeding rates at the 6-8 week period across NHS Greater Glasgow and Clyde. Glasgow North was on schedule to achieve its local target and South East, South West and West Glasgow CHCPs were making year on year steady progress. However, East Glasgow, East Renfrewshire, West Dumbarton, Inverclyde and Renfrewshire rates continued to fall and were unlikely to reach their expected target. Councillor MacKay welcomed the opportunity to discuss further what additional actions could be considered in this area particularly in relation to targeting specific effort towards the immediate family and support mechanisms to the mother from family members. Dr de Caestecker welcomed this and advised that while some initiatives had been undertaken of this nature there also needed to be a commitment from the mother to want to breastfeed. Support by peer groups including the father and wider family, in order to sustain breastfeeding beyond the initial early weeks, was to be encouraged and welcomed.

Dr Benton enquired if the progress made was being made within areas of deprivation and Dr de Caestecker indicated that indeed encouraging progress was being made in these areas although actual numbers remained relatively small.

Members welcomed the opportunity to discuss the areas where a HEAT target was unlikely to be met in the current financial year and have the opportunity to influence current and future actions in order to try and improve performance.

NOTED

55. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (APRIL 2009 – MARCH 2010)

There was submitted a paper [Paper No. 10/42] from the Chief Operating Officer/Head of Board Administration setting out the second monitoring report on the handling and settlement of legal claims within NHS Greater Glasgow and Clyde. Mrs Grant introduced the paper and advised that a further level detail on claims at Directorate level and category level for non clinical claims had been introduced since the first report.

Mrs Grant highlighted the settled claims, outstanding claims and the handling of live claims within the individual Directorate/Partnerships.

Mr Sime asked if the non clinical live claims included claims from staff and was advised that this was the case. Mr Winter asked about the staff resource in handling legal claims. He was advised that there was a dedicated small team within the Acute Services Division which handled over 90% of all claims and for the small number of claims within Partnerships they were handled locally and were channelled through the Head of Administration, Mental Health Partnership.

Members welcomed the continued refinement of the monitoring report on legal claims and looked forward to the next report in January 2011.

NOTED

56. COMMUNICATION ISSUES: 13 MAY TO 6 JULY 2010

There was submitted a paper [Paper No. 10/43 from the Director of Corporate Communications covering communication actions and issues from 13 May to 6 July 2010.

Mr McLaws highlighted the following:-

- Building on the World Cup theme a special "Going for Goals" Health News was issued in July 2010 encouraging individuals to set a goal to improve their health using inspiring accounts of others, practical tips and sign posts to help readers take the first step.

- The key focus of discussion at the Vale of Leven Monitoring Group meetings had been communications. To address the concerns, a twelve page newsletter had been produced which described progress on the delivery of the vision for the Vale of Leven. It had been distributed widely in the week commencing 20 June 2010 using the Involving People database, the free-phone line which had been advertised in the local papers and radio and hospital and GP practice waiting areas. In the first four months of the year the vision for the Vale of Leven homepage on the website had attracted more than 4000 visitors. Communications would remain a priority going forward.

- There had been a rise in the negative media reports on the activities of NHS Greater Glasgow and Clyde. This was due in large part to media coverage on the first days of the evidence in the Vale of Leven Public Inquiry and also reflected the wide spread coverage of the NHS Board workforce plans which had been debated in the Scottish Parliament.

- Launch of NHS Scotland photo library on 7/8 June – this new facility which was being project managed by NHS Greater Glasgow and Clyde on behalf of NHS Scotland and Scottish Government. It had been very well received and had around 700 users regularly downloading the library's high quality free to use images.

NOTED

57. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 21 September 2010 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

The meeting ended at 11:40 a.m.

Performance Review Group
6th July 2010

Project Director - New South Glasgow Hospitals and Labs Project **Paper No. 10/35**

NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT

STAGE 1 (LABORATORY FACILITY CONSTRUCTION) AND STAGE 2 (DESIGN OF THE NEW HOSPITALS) – PROGRESS UPDATE

Recommendation:

The members of the Performance Review Group are asked to note the progress of Stage 1 (Laboratory Facility Construction) and Stage 2 (Design Development of the New Hospitals).

1. Introduction

The content of this paper sets out the progress of each of the stages of the New Laboratory and New Hospitals Project and identifies financial changes since the last Performance Review Group meeting.

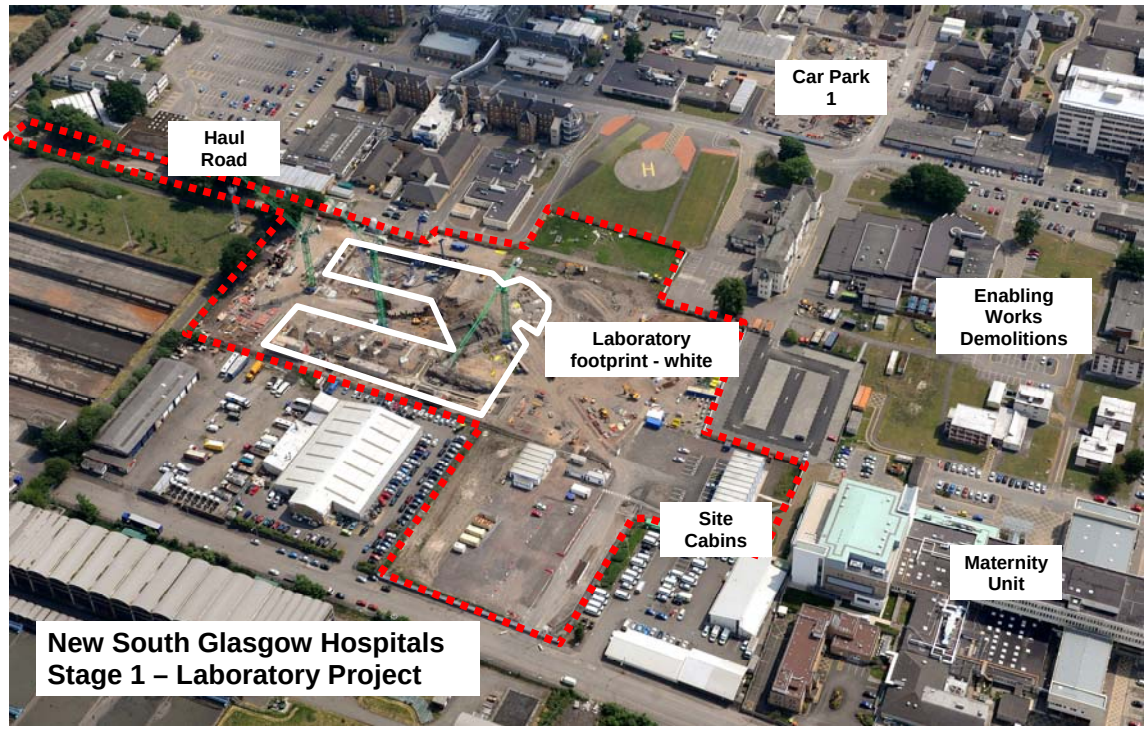
2. Stage 1 - New Laboratory and Facilities Management Project Update

Stage 1 works to build the new Laboratory Block are on programme.

The contractors site establishment and logistics are now fully set up and working well. The Board's Project Team have moved into their accommodation which also provides space for the Technical Advisers and the Project Supervisor.

Works to install approximately 360 pile foundations was completed in early June 2010, and work to form the buildings substructure, drainage, stair and lift cores and the main FM tunnels is well underway. Work below ground level to form the basements and tunnels will continue through to late summer, ground floor concrete slabs will begin to be installed in July, followed by the concrete frame from ground to first floor. Work to construct the frame will be ongoing throughout the autumn with the complete frame due to be erected by late January 2011.

The photograph below gives an indication of works progress as of 1st week June 2010, note all 3 tower cranes are now in place.



The Laboratory Medicine Project Group is now fully established and eight sub-groups are taking forward detailed planning work in the following areas; Service Redesign and Transformation, Transport, HR, IT, Design Review and Change Control, Equipment, Service Transition and Commissioning and Facilities Management. A web based portal has been established to manage the work of the subgroups and provide project information for NHSGG&C Laboratory staff.

Enabling works to demolish buildings within the Stage 3 works area are currently out to tender and are expected to start on site in August, with the aim of creating a clear site by early November 2010. These works will see the demolition of a number of former staff residences, the old Catering Block, Management Annex, and former training facility. These works will be undertaken in a phased manner to maximise parking space for visitors and staff.

3. Stage 2 - New Adult and New Children's Hospitals Design Development

The departmental design meetings (1:200s) with users were completed at the end of May 2010. These meetings were concluded with minor changes which are not expected to result in increases to the target price for the project.

At the end of this stage some technical meetings were held to look at:

a) the column positions - to assess those which would impact on the departmental or room layouts
b) a high level look at required security points in each of the buildings e.g. to ward areas
c) the strategy for placing large pieces of equipment, e.g. the MRI magnets, into the buildings and also at the replacement strategy

The room layout design meetings (1:50s) commenced on 14 June 2010 and these are progressing well. These meetings give users the opportunity to design the rooms to ensure that the function of the room can be met, and that the equipment needed can be fitted into the space allocated.

The first round of the 1:50 meetings will conclude in mid July and the second round of 1:50 meetings will start on 9 August 2010. The majority of these meetings will end before the end of September to enable robust costs to be included in the Full Business Case in October 2010.

In order to assist the 1:50 process, mock-up bedrooms are being constructed, these consist of an adult bedroom and children's bedroom with en-suite and a nurse touchdown space and also a Critical Care bed space. These will be completed in early August. The purpose of the mock-ups will be to allow clinical reps to see full size rooms, complete with fittings and furniture, which they can draw upon when developing and finalising the 1:50 drawings.

Members of the 'Better Access to Health' Group will also be invited through the Community Engagement Team, to visit the mock-ups and give comment.

4. Change Control Process

4.1 Background

The Acute Service Strategy Board Executive Sub-group was set-up to address on-going issues that will arise as part of the NEC3 Contract which is being used for all stages of the New Adult and Children's Hospitals and Laboratory Construction Project. This group is responsible for any changes to the contract and controls this through a change control process.

The changes to the contract approved to date are shown below in Table 1

Table 1 – Compensation Events

CE No	Item	Status	Date Completed	Net Price
001	Testing of Building Board Material on Site	Concluded	23/02/2010	£250.00
002	Japanese Knotweed Removal	Concluded	26/02/2010	£20,340.00
003	Excavated Building Materials/ Spoil	Concluded	05/03/2010	£53,540.00
004	Labs Project - Diversion of Water Main	Concluded	05/05/2010	£10,750.00
005	Laboratory Block – Mortuary basement Level -1	Concluded	24/06/2010	£4,710.00
006	AGV System – Cart Washer Removal	Concluded	24/06/2010	-£483,000.00
007	Labs Project – Copper Cladding to External Columns	Concluded	28/06/2010	£25,070.00
008	Labs Project - Removal of Foundation from Old Rec Pavilion	Concluded at no additional cost	12/06/2010	£0.00
009	Reconciliation Labs - Stage D to E	Minor item on Group 1 Equipment to be finalised	29/03/2010	£750,000.00
			Total	**£381,660.00**

4.1.1 Early Warning Notice Meetings (EWN)

Weekly EWN meetings are held with the Contractor in order to proactively manage issues arising and mitigate potential cost increases and maximise any cost reductions.

Items currently being reviewed / discussed which may result in an overall change to the Contract Target / Maximum Price is as follows:-

- Ground conditions varying significantly from that identified in Site Investigation Reports – isolated pocket of ground gases discovered
- Reduction in HV power generation capacity
- Kitchen relocation from 3rd Floor to Basement
- Reduced requirement for bedroom hoists
- Haemato Oncology Area - reduction to Hepa Filtration requirement
- Mortuary - alternative X-Ray room equipment
- Shading of Laboratory building

As well as reviewing items that may adjust the Contract Target / Maximum Price, all issues that may affect cost are discussed; this includes Contractor Risk items that require to be delivered within the Maximum Price liability of the Board. Items currently reviewed include:

- Hospital elevation treatment to satisfy Planning Authority

5. Planning Consent Process

5.1 Architecture & Design Scotland (A&DS)

A pre-application consultation event was held on 21st April with Architecture and Design Scotland in order that they could review and comment upon the Master Plan being formally submitted to Glasgow City Council. The outcome of the A&DS review was very positive and indicated a major improvement to the master plan from their previous review in 2007. The Senior City Planners were very comfortable about the design review outcome.

5.2 Glasgow City Council (GCC)

Following exhaustive and detailed consultations with Glasgow City Council Development & Regeneration Services Department (GCC DRS) over the period from appointment of Brookfield Construction Limited in December 2009, Planning Consent in Principle for The Master Plan and Environmental Statement was granted on 24th June 2010.

This consent relates to four of the forty-three Matters Specified in Conditions attached to the outline consent and is the first key step in securing the necessary consents in advance of the Full Business case.

Six additional conditions have been attached to the approval, four of which are procedural. The remaining two relate to the environmental impact of Car Park 3 and proposed wind turbines. These can be dealt with at a later stage in the process.

The remaining Matters Specified in Conditions, attached to the outline consent, which require resolved, and approved, in advance of Full Business Case will be submitted on 14th July 2010. These will be dealt with under delegated powers by officers, without reference to committee, only if three or fewer objections are received. In reality, it is therefore expected that the applications will be referred back to committee and the likely timescale for this is 12th October 2010.

Further workshops with GCC DRS are planned for week commencing 5th July 2010 covering the issues of Architecture, Landscape, Transportation and Drainage to ensure a complete submission is made the following week.

The key elements of the next submission are the external building fabric and transportation issues relating to the arrival hub. GCC DRS have strong views on the quality of finishes and consultees, including Architecture & Design Scotland and SPT will have significant input to these issues. A&DS have received a further update on the Design Developments and have given an initially favourable view of the work done since their last consultation.

The image below shows the arrival area for the new hospitals and laboratory.

6. Community Benefit Programme

NHS Greater Glasgow and Clyde incorporated community benefit considerations into the tender process for the new South Glasgow Hospitals. This required bidders to submit a method statement outlining how they would meet the Board's requirements in relation to targeted training and recruitment, supporting and developing small/medium enterprises (SMEs) and supporting and developing social enterprises.

In furthering the objectives outlined above, Brookfield Construction Ltd (BCL) have entered into a partnership agreement with NHS Greater Glasgow & Clyde, Glasgow South West Regeneration Agency (GSWRA), Glasgow City Council and Community Enterprise in Scotland.

As part of their tender submission BCL agreed to the Board's requirements that 10% of labour used in delivering the new hospitals project would be from new entrants. BCL have established a recruitment protocol with Glasgow South West Regeneration Agency to meet this target and maximise training and employment opportunities. As of June 2010, a total of 42 vacancies have been notified to the recruitment team. To date, 45% of these vacancies have been filled through the recruitment protocol with a number of vacancies still outstanding. The figures include 2 apprentice joiners recruited by Dunne's and these are the first apprenticeships to be delivered through the project. Overall, BCL is on track to meet the 10% target of new entrants in June.

In furthering objectives in relation to SMEs, BCL have established a protocol with Glasgow City Councils Supplier Development Programme (SDP). Businesses registering through the portal and not deemed 'Business Ready' will be supported by the Supplier Development Programme and Brookfield to achieve 'Business Ready' status, enabling them to compete for future sub-contracting opportunities.

To support this process a ‘Meet the Buyer’ event was held in June 2010 for businesses in South West Glasgow. This was supported by GSWRA with input from Brookfield, Dunne, Mercury and Astins respective procurement teams. Over 40 SMEs and Social Enterprises from South West Glasgow participated in the event.

In furthering objectives in relation to social enterprises, Brookfield is aiming to identify a number of work packages in collaboration with Community Enterprise in Scotland that offer opportunities to engage social enterprises in the project. To date, Dunne has engaged a social enterprise to recycle timber used in the construction of the laboratory project.

7. Full Business Case and Gateway Review 3

The planning, management and production of the necessary documentation, tasks and activities in respect of both the Full Business Case (FBC) and Gateway 3 (Investment Decision) are under way, and form an integral element of the weekly Project Team Meetings.

The FBC requirement follows the new Scottish Capital Investment Manual (SCIM) approach and a meeting has been held with Mike Baxter of the Scottish Government Finance Directorate in order to discuss and agree certain layout, coverage and other specifics of the FBC requirement.

Each sub-section of the FBC has an owner appointed, with support input identified in most cases to date. Initial meetings have been held with several workgroups/individuals, including HR and Community Benefits/ Engagement.

Similarly the Gateway 3 requirement is being worked up through the identification of cross-over items with the FBC and to establish key inputs from the Brookfield management team.

8. Recommendations

The members of the Performance Review Group are asked to note the progress of Stage 1 (Laboratory Facility Construction) and Stage 2 (Design Development of the New Hospitals).

NHS GREATER GLASGOW AND CLYDE

Performance Review Group
Tuesday, 21 September 2010 at 9.30 a.m.
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G21 0XH

AGENDA

1.	Apologies	
2.	Minutes of Previous Meeting	
	To submit, for approval, the Minutes of the Performance Review Group meeting held on 6 July 2010.	PRG(M)10/04
3.	New Southside Adult and Children's Hospital and Laboratory Project - Update	Paper No. 10/44
	Report of the Project Director – New South Glasgow Hospitals and Laboratory Project	
4.	Glasgow Community Health Partnership	Verbal Report
	Report of the Director of Corporate Planning and Policy/Lead Director, Glasgow City CHCPs	
5.	Vision for the Vale of Leven Hospital - Progress	Paper No. 10/45
	Report of the Chief Operating Officer	
6.	Possilpark Health Centre – Outline Business Case	Paper No. 10/46
	Report of the Director, North Glasgow CHCP	
7.	2009/10 Scottish GP Patient Experience Survey	Paper No. 10/47
	Report of the Head of Performance and Corporate Reporting	
8.	Audit Scotland Report: Orthopaedics	
	Presentation by the Chief Operating Officer	
9.	Financial Monitoring Report for period to 31 July 2010	Paper No. 10/48
	Report of the Director of Finance	
10.	HEAT Scorecard	Paper No. 10/49
	Report of Head of Performance and Corporate Reporting	

11. Outcome of Organisational Performance Reviews — Paper No. 10/50

Report of the Head of Performance and Corporate Reporting

12. Annual Review – Preparation: Update — Paper No. 10/51

Report of the Head of Performance and Corporate Reporting

13. Property Committee Minutes– 17 March 2010 and 14 June 2010

a) 17 March 2010 — Paper No. 10/52(a)
b) 14 June 2010 — Paper No. 10/52(b)

14. Communication Issues: 7 July to 20 September 2010 — Paper No. 10/53

Report of the Director of Corporate Communications

15. Date of Next meeting

9:30 a.m. on Tuesday, 15 November 2010 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0HX.

PRG(M)10/05
Minutes: 58 - 73

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 21 September 2010 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr R Cleland	Mr D Sime
Mr P Daniels OBE	Mrs E Smith
Mr P Hamilton	Mr K Winter
Mr I Lee	Cllr. D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Mr C Bell	Mr I Fraser
Dr C Benton MBE	Mr D Griffin
Mr R Calderwood	Rev. Dr. N Shanks

Mr B Williamson

I N A T T E N D A N C E

Mr S Baker	..	Capital Planning Partnerships Project Manager
Ms L Forster	..	Head of Nursing, Sandyford Initiative
Ms J Gibson	..	Head of Performance and Corporate Reporting
Mr B Gillespie	..	Audit Scotland
Mrs J Grant	..	Chief Operating Officer - Acute Services Division (to Minute 71)
Mr J C Hamilton	..	Head of Board Administration
Mr A MacKenzie	..	Director, North Glasgow CHCP (for Minute 64)
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs (to Minute 69)
Mr D Ross	..	Director, Currie & Brown UK Limited (to Minute 61)
Mr J Rundell	..	Audit Scotland
Mr A Seabourne	..	Project Director, New South Glasgow Hospitals (to Minute 61)
Ms A Wilson	..	Acting Director, Surgery & Anaesthetics Directorate – Acute Services Division

ACTION BY

58. APOLOGIES

Apologies for absence were intimated on behalf of Ms R Dhir MBE and Cllr. D MacKay.

59. MINUTES

On the motion of Cllr. D Yates and seconded by Mrs E Smith, the Minutes of the Performance Review Group meeting held on 6 July 2010 [PRG(M)10/04] were approved as an accurate record.

60. MATTER ARISING

a) Approval of the Full Business Case for the Glasgow Royal Infirmary University Tower Refurbishment Project

In relation to Minute 50 – Glasgow Royal Infirmary University Tower Refurbishment Project – Mrs Grant advised that the approved Business Case had been submitted to the Scottish Government Health Directorates' Capital Investment Group and additional information had been sought prior to its submission for consideration.

NOTED

61. NEW SOUTH-SIDE ADULT AND CHILDREN'S HOSPITAL AND LABORATORY PROJECT - UPDATE

There was submitted a paper [Paper No. 10/44] by the Project Director setting out the progress of each of the stages of the development of the new laboratory and design of the new hospitals.

The Laboratory Project remained on programme to be completed by mid-March 2012 and the procurement programme was making good progress, with the work package's tendered prices coming in within allocated budgets.

In relation to the new adult and children's hospitals' design developments, the Matters Specified in Conditions – attached to the Outline Planning Consent – were submitted to Glasgow City Council and a decision on planning was expected on 19 October 2010. Architecture Design Scotland had offered comments, which had been incorporated and they had made favourable comments about the design of the project.

Mr Lee was pleased to see the positive outcome of Total Concluded and Potential Compensation Events of - £845,300.28 and asked if the planning process would highlight any potential additional costs. Mr Seabourne advised that additional costs would be incurred in relation to changes from planning to the elevation of the buildings: however, in relation to this project, these risks were borne by the Contractor, Brookfield, with no change to the Target Cost. In response to Mr Winter, it was confirmed that this had not been the case with the Laboratory building because the Board was responsible for the design risk and therefore the Target Cost would be changed upwards to reflect the additional costs associated with the cooper-cladding element of the elevation of the building.

Mr Seabourne confirmed that there would be a presentation at the 5 October 2010 NHS Board Seminar on the costs and affordability of the Full Business Case, prior to submission to the NHS Board for approval at its meeting on 26 October 2010. **Project Director**

NOTED

62. GLASGOW COMMUNITY HEALTH PARTNERSHIP

The Director of Corporate Planning and Policy/Lead Director, Glasgow City CHCPs reported that following the discussions at the September 2010 NHS Board Seminar, the Scheme of Establishment had been re-drafted and would be provided to Members for comment. **Director of Corporate Planning & Policy/Lead Director, Glasgow City CHCPs**

Director of Corporate Planning & Policy/Lead Director, Glasgow City CHCPs

Ms Renfrew added that the interviews for the post of Director, Glasgow Community Health Partnership (CHP) would be held on 4 October 2010 and the appointment of the Sector Directors and other senior appointments would follow thereafter with the intention of establishing the CHP from 1 November 2010. Comments had been received on the Management Paper and this would also be circulated to Members.

The NHS Board was still waiting to hear from Glasgow City Council on its proposals for the role of Councillors in the new arrangements and Board officers were keen to keep an integrated model for Addiction Services.

Mr Bell enquired about the transitional arrangements in relation to the five Professional Executive Groups (PEGs). It was intended that the existing structure would continue until they were replaced by the new arrangements to ensure continuity and a smooth transition to the new arrangements.

The Chairman reported that he was writing to the Chairs and Members of the five Glasgow CHCP Committees to thank them for their efforts and commitment to the CHCP arrangements and confirming that the new arrangements would commence from 1 November 2010. This would lead to final CHCP Committee meetings being held in September and October 2010.

Mr P Hamilton enquired about the care governance arrangements and Ms Renfrew advised that there would be a two-tiered approach at the CHP level and Sector level.

NOTED

63. VISION FOR THE VALE OF LEVEN HOSPITAL – PROGRESS

There was submitted a paper [Paper No. 10/45] by the Chief Operating Officer which set out the progress being made by the Acute Services Division in implementing the Vale of Leven Vision. The paper summarised the key strands and provided an update on activity and current position of the different elements of the Vision, together with the work of the Monitoring Group set up by the Cabinet Secretary for Health and Wellbeing.

Mrs Grant highlighted the progress against the following main recommendations of the Vision:-

a) Introduction of a Consultant-led GP supported model to deliver unscheduled medical care in order to sustain at least 70% of current activity.

4 of the 7 additional Consultant posts agreed to support an integrated medical model across the Royal Alexandra and Vale of Leven Hospitals had been successfully recruited. In addition, 2 long term Consultant locums to the Physician posts had been secured while recruitment was ongoing to secure permanent appointments to the remaining vacancies.

The GP model and out-of-hours service had been agreed and would be implemented shortly. The 6 GP specialist training posts required to support the Vale of Leven Hospital were appointed in August 2010.

b) Sustaining the Vale of Leven's Minor Injuries Unit

The Unit continued to function strongly and effectively and in 2009/10 there were 9,874 patient attendances (including returns). This level of activity had also been maintained in the first quarter of 2010/11.

c) Continued delivery of rehabilitation services

The 2 new Consultant Geriatricians were now in post, one commencing in July and the other in September 2010. Establishment of these posts brought greater stability to the service which had been challenged over the years by a number of vacancies. The rehabilitation pathways with General Medicine and Orthopaedic Services had been completed and the Stroke pathways in the model for Stroke Care had also been finalised.

d) Planned Care Repatriation of Activity to Vale of Leven

In relation to Medicine the recruitment to the Rheumatology and Gastro-enterology posts had seen the establishment of the planned Rheumatology and Gastro-eneterology clinics which commenced in August 2010. In relation to Surgery, work continued to repatriate patients with Vale of Leven catchment postcodes to clinics and theatre lists at the Vale of Leven Hospital – this being in relation to Orthopaedics, General Surgery and Ear/Nose & Throat Surgery.

The new enhanced Urology service was now established at the Vale of Leven Hospital and this had seen the establishment of two clinics per week and 1.5 day surgery sessions per week. In relation to Ophthalmology, out-patient care and day surgery was now being undertaken at the Vale of Leven Hospital and had resulted in the establishment of 3 clinics at the Vale of Leven Hospital and 1.5 day surgery sessions per week.

The Monitoring Group, under the chairmanship of Mr Bill Brackenridge, meets to consider the progress being made in implementing the Vale of Leven Vision. Reports were submitted to the Group on progress against the recommendations together with information on activity in order to monitor the progress being made.

A range of communication activities were being progressed to ensure effective communication engagement with the Monitoring Group and local population. In July, a newsletter outlining progress was distributed to the Dumbarton and Lomond catchment areas with a further updated newspaper planned for November 2010.

Members were pleased with the progress being made and Mr Calderwood advised Members of the fire which had taken place at the Christie Ward (Mental Health Services) which had led to the transfer of the in-patients to Gartnavel Royal Hospital. Discussions were under way in terms of the implications for the strategic review to be undertaken on activity levels prior to any decision being taken about the NHS Board's proposal to move this service to Gartnavel Royal Hospital. The current arrangements would continue until a formal review was finalised in June 2011 based on the activity levels and admission rates.

Mr Williamson suggested that a survey should be undertaken with patients and their relatives transferred from the Christie Ward in terms of accessing quality services at Gartnavel Royal Hospital.

NOTED

64. POSSILPARK HEALTH CENTRE – OUTLINE BUSINESS CASE FOR THE MODERNISATION AND REDESIGN OF PRIMARY AND COMMUNITY HEALTH SERVICES

There was submitted a paper [Paper No. 10/46] by the Director of the North Glasgow CHCP which set out proposals to modernise and redesign the primary and community health services at Possilpark. Mr MacKenzie, Director, Glasgow North CHCP and Mr Stephen Baker, Capital Planning Partnerships Project Manager were in attendance to present the Outline Business Case and answer Members' questions.

The Performance Review Group had approved, in November 2009, the Initial Agreement and approval had been given by the SGHD Capital Investment Group to proceed to the Outline Business Case stage.

Mr MacKenzie advised that following an Option Appraisal exercise and detailed economic and financial analysis, the preferred Option was to provide new health centre accommodation on a site owned by Glasgow North Regeneration Agency (GNRA) as part of a wider urban regeneration project entitled "Saracen Exchange".

The overall regeneration programme would be led by the provision of the new health centre which would act as a catalyst for the development of a new business start-up/support facility by GNRA leading to the provision of new Housing Association offices, retail outlet and refurbishment/extension of the existing City Council Library facilities. The health centre would be developed on vacant land currently owned by GNRA but acquired for the development. He advised that the NHS Board had been awarded funding of £9m from the SGHD Primary and Community Care Premises Modernisation Programme based upon Business Case approval, combined with £1.4m from the NHS Board's capital allocation. In terms of revenue implications, these were expected to be around an additional £70,000 per annum and would be contained within the NHS Board's Financial Plan.

If approved, the Outline Business Case would be submitted to the Capital Investment Group at its meeting on 28 September 2010. Following approval, the project would move to Final Business Case with the intention of providing the new facility in mid-2012.

Mr Winter and Mr Lee enquired about the involvement of other organisations within the development and, in particular, developing accommodation for Social Work use. Mr MacKenzie advised that there were no income assumptions from partner organisations. If benefits were to be realised with Social Work sharing accommodation within the health centre this would be at the cost of moving other services elsewhere, meaning that if Social Work did not utilise parts of the new accommodation, other NHS services would be located in the health centre.

Mr Daniels asked about the involvement of General Practitioners and Clinical Pharmacy and whether this was a new prescribing model that was being proposed. Mr MacKenzie advised that this was not the case and only a continuation of the existing arrangements.

Dr Benton asked about the decontamination arrangements and Mr Baker advised that the arrangements for Dentistry were local and the General Dental Practitioners had been involved in the planning of the service.

DECIDED:

That the Outline Business Case for the Modernisation and Redesign of Primary and Community Health Services for Possilpark be approved for submission to the SGHD Capital Investment Group. **Director, North Glasgow CHCP**

65. 2009/10 SCOTTISH GP PATIENT EXPERIENCE SURVEY

There was submitted a paper [Paper No. 10/47] by the Head of Performance and Corporate Reporting which provided the results of the Scottish GP Patient Experience Survey. The Better Together Scottish Patient Experience Survey was a postal survey which was sent to a random sample of patients who were registered with a GP in Scotland in October 2009. It was linked to the patient experience domain of the GMS Contract Quality and Outcomes Framework and specifically asked patients about their experience of:-

- Accessing their GP practice;
- Making an appointment;
- Visiting Reception;
- Seeing either a nurse and/or doctor at the surgery;
- Receiving prescribed medicine and care provided overall by the practice.

Approximately 10% of the NHSGG&C population over 16 years old received a postal questionnaire of which approximately 40% of patients responded to this – circa 50,000 respondents. The results of the survey were available at NHS Board level, CH(C)P level and practice level.

Overall NHSGG&C was at the Scottish average for all indicators and the intention would be that the CH(C)P level results would be considered by the relevant CH(C)P Committees and a short report on the findings of the survey at that level, together with the action being taken, would form part of the report back to the Performance Review Group in November 2010. **Head of Performance and Corporate Reporting**

Members welcomed the results although recognising the size of the survey sample. The one main area of concern was the issue of confidentiality within reception areas of GP practices. It was recognised that this was a wider issue in relation to hospital clinics and other departments and would need national discussions to lead to a change of layout, attitude and custom and practice around health care reception areas.

NOTED

66. AUDIT SCOTLAND REPORT: REVIEW OF ORTHOPAEDIC EFFICIENCY

Following the publication of the Audit Scotland Report – Review of Orthopaedic Efficiency, Ms Ann Wilson, Acting Director of Surgery and Anaesthetic Services, Acute Services Division had reviewed the key recommendations and messages and provided a presentation to Members on the outcome and impact on services within NHSGG&C and the steps to be taken to bring about improvements as a result of this national report.

Ms Wilson highlighted the following:-

a) Day surgery rates had now increased significantly and were above the trajectory level.

b) Out-patient procedures were now monitored through the introduction of a clinic outcomes form.

c) Theatre utilisation was measured per Consultant on a monthly basis and utilisation exceeded 90%.

d) Clinic utilisation data had recently been introduced per Consultant and a Rapid Improvement Event had been held in September 2010 to bring about improvements in booking processes in order to maximise throughput.

e) Orthopaedic implants for hips and knee replacements had been standardised with significant savings from July 2010; supplies for Trauma Units had been concentrated on one supplier which had brought about additional savings and, lastly, it was intended to move to a single supplier for foot surgery supplies, again with a likely saving.

Areas for further improvement had been identified as follows:-

a) The NHS Board had the highest re-admission rate within Scotland and this was believed to be due to the transfer of Orthopaedic Geriatric Rehabilitation patients to other hospitals for longer term care which were incorrectly classified as re-admissions.

b) Arthroscopy day surgery rate was low although it was recognised that this was improving with the new Ambulatory Care Hospitals at Stobhill and the Victoria.

c) Steps had been made to improve the new to return ratio at out-patients of 1:2 to the Scottish average of 1:1.8.

Mr Winter enquired further about the coding error in relation to the transfer of Orthopaedic Geriatric Rehabilitation patients to longer term care. Mrs Grant advised that this was being looked into further in order to understand whether this was the case or whether something further lay behind the re-admission rate. She would report back to Members on the outcome of that review. **Chief Operating Officer**

Mr Cleland enquired about Consultants' job plans and NHS commitment. Mrs Grant advised that the job plans did clearly identify what was required by the NHS and productivity was measured at greater levels than ever before and that helped produce the results of productivity by Consultant.

Mr Rundell, Audit Scotland was pleased to see the profile NHSGG&C gave to Audit Scotland Reports in terms of assessing the impact of these national reports and their recommendations on practice within the NHS Board and in reporting to a Standing Committee of the Board on actions to be taken to bring about further improvements.

NOTED

67 . FINANCIAL MONITORING REPORT FOR PERIOD TO 31 JULY 2010

There was submitted a paper [Paper No. 10/48] from the Director of Finance which set out the financial position for revenue and capital for the first four months of the year to 31 July 2010. The report highlighted that expenditure levels were £4.1m ahead of budget and this was partly attributable to the timetable for the implementation of Cost Savings Plans and also partly due to additional cost pressures associated with hospital prescribing with the Acute Services Division and pay costs.

Mr Griffin also highlighted that there were additional cost pressures which could be expected to have a bearing on the 2010/11 out-turn and which had been unforeseen at the start of the financial year. This included increased costs as a result of the recent national property rates re-evaluation exercise and the increase in irrecoverable VAT costs reflecting the increase in the VAT rate from 17.5% to 20% which would occur in January 2011.

During September, NHS Board officers would be working to confirm the extent to which Directorates could offset the additional cost pressures and this work would be completed by the mid-year point so that the NHS Board was able to assess whether it would be able to deliver a break-even out-turn for 2010/11. Members would be kept advised of progress through the submission of the Financial Monitoring Reports to the NHS Board and Performance Review Group.

Mr Williamson asked if the current overspend was possibly related to increased activity and Mr Griffin advised that this was possible in relation to hospital prescribing and an increase in activity in emergency medicine. In relation to in-patient activity, this was still to be analysed once finalised activity figures were available.

In relation to capital, an early review of forecast expenditure out-turn had confirmed that a slippage of approximately £18m could reasonably be anticipated in 2010/11, therefore enabling overall capital expenditure to be contained within the available funding.

NOTED

68. HEAT PERFORMANCE REPORT 2010/11

There was submitted a paper [Paper No. 10/49] from the Head of Performance and Corporate Reporting which set out the NHS Board's performance for the first quarter of the year in respect of the HEAT targets set out in the 2010/11 Local Delivery Plan. The report focused on areas in need of improvement and highlighting where significant progress had been made.

A total of 36 HEAT targets and 6 HEAT standards were contained within the Scorecard and each had been assigned a performance status based on their variance from trajectories and were highlighted in the report.

Mr Sime highlighted that the e-KSF Personal Development Plan target had not been given a performance status and he was aware that there was some good practice as well as room for improvement. Mr Reid advised that he was reviewing current performance across the Board in order to share good practice so that those areas which required to bring about an improvement were aware of that good practice.

The Chairman noted that the sickness absence rate continued to be above the target of 4%. Mr Reid advised that this continued to be a challenge across all NHS Boards in Scotland. The Staff Governance Committee regularly reviewed and challenged the actions being taken by Directors in relation to bringing about an improvement in performance in this area. A new Sickness/Absence Policy had been introduced in NHSGG&C with targets set which were included within Directors/senior managers' objectives; a new and improved Occupational Health Service had been set up and it was clear that there was a distinction between long term sickness and short term sickness. It was intended that managers achieve a rate of below 2% for short term sickness and it was agreed to take up Mr Lee's suggestion that, in future, the sickness absence target be reported in terms of performance against long term absences and short term absences.

NOTED

69. OUTCOME OF ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No. 10/50] from the Head of Performance and Corporate Reporting which provided the outcome of the 2009/10 Organisational Performance Reviews with the Acute Services Division and Partnerships. The paper provided a brief overview of the key issues that had emerged from the organisational performance reviews held between May and July 2010 and set out areas of good performance as well as those areas in which improvements would be required.

Mr P Hamilton asked about the concerns expressed about the delivery of the Suicide Prevention training and Ms Renfrew advised that Scottish Governments Delivery Directorate continued to believe that the 2-day training programme was what was required. However, discussions would continue in trying to get a shorter more focused training session for this important area.

Mrs Smith enquired about the increase in the prescribing of the daily defined dose of anti-depressants and was advised that this was being reviewed with community pharmacists and whilst this would cease to be a target in future, NHS Board officers would continue to monitor this area, recognising that prescribing levels would continue at what was required to meet the need in the community.

Mr Cleland raised the issue of the whole system approach in an attempt to reduce the 'did not attend' rate at clinics and asked what more could be done in this area. Mrs Grant advised that reviews were under way as well as learning the lessons from other NHS Boards. There were variances within different specialties and more of a focus on communications with patients now that they were experiencing much shorter wait times for out-patient clinics, in-patient and day case treatments. There was an intention to pull together the various actions into a comprehensive action plan and ensure implementation across the Acute Services Division. Mr Bell advised that General Dental Practitioners had seen a significant reduction in non-attendance at clinics following the introduction of reminding patients of their appointments one to two days beforehand.

Chief Operating Officer

NOTED

70. ANNUAL REVIEW – PREPARATION: UPDATE

There was submitted a paper [Paper No. 10/51] from the Head of Performance and Corporate Reporting advising that the NHS Board's Annual Review would be held on Monday, 1 November 2010 with the afternoon session at the Royal Concert Hall, Glasgow. The format would be the same as in previous years and would involve the Cabinet Secretary meeting the Chairman and Chief Executive followed by the Area Clinical Forum, Area Partnership Forum, patients' representatives and, finally, a visit themed around the Quality Strategy. The afternoon session would be the formal Annual Review with the Cabinet Secretary chairing and asking a series of questions in relation to performance in relating to improving the quality of care and treatment for patients; primary care; improving health and reducing inequalities; finance and efficiency including workforce planning and service change. The afternoon session would be concluded with a question and answer session from those present.

NOTED

71. PROPERTY COMMITTEE MINUTES

There was submitted the Minutes of the Property Committee dated 17 March and 14 June 2010 for information.

NOTED

72. COMMUNICATION ISSUES: 7 JULY TO 20 SEPTEMBER 2010

There was submitted a paper [Paper No. 10/53] from the Director of Corporate Communications covering communication actions and issues from 7 July to 20 September 2010.

Mr McLaws highlighted the following:-

- The co-ordination of the launch of the public consultation on proposed changes to in-patient rehabilitation services in East Glasgow and impact on Lightburn Hospital. The consultation document and summary leaflet were prepared and posted on the website; 6,000 copies of the leaflet had been distributed to community groups, partner organisations and those with an interest in elderly care in the north and east of Glasgow and posters and press adverts had been produced to promote the two public meetings planned for 18 and 21 October 2010.

- A review had been undertaken of the print insertion and distribution of the Health News with the move from 5 to 4 publications per annum and, in future, to insert the |Health News within the Evening Times and 3rd edition of the Herald with effect from early 2011.

- In addition to the Users Guide for the Vale of Leven Hospital it had been agreed that a specific communication be prepared for GPs within the hospital's catchment area to let them know the range of services that their patients can access. This Guide would be distributed via the Inverclyde CHCP and Argyll CHP.

- Arrangements were under way to publicise the Staff Survey, Annual Review and Annual Chairman's Awards.

Members welcomed the comprehensive report on Communications and Mr Lee asked if, in future, relevant press releases were provided to NHS Board Members for information and Mr McLaws agreed to introduce this forthwith. **Director of Corporate Communications**

NOTED

73. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 16 November 2010 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

The meeting ended at 11.50 a.m.

NHS GREATER GLASGOW AND CLYDE

Performance Review Group
21 September 2010 **Paper No. 10/51**

Head of Performance and Corporate Reporting

Annual Review Update

1. Introduction

The Annual Review will be held on the 1st November at the Concert Hall and below is the outline of the day:

8.45 – 9.00 Cabinet Secretary meets Chairman and Chief Executive

9.00 – 9.40 Area Clinical Forum meeting

The Forum are preparing a presentation of key issues, based on guidance received from Scottish Government.

9.45 – 10.30 Area Partnership Forum meeting

The Forum are preparing a presentation of key issues, based on guidance received from Scottish Government. Ian Reid and Donald Sime will jointly deliver the presentation. Topics will include KSF HEAT target, sickness absence, staff governance standards and input into local efficiency savings programmes.

10.45 – 11.30 Patient's meeting

We are working jointly with the Scottish Health Council to select a group of individuals to be invited to the meeting with the Cabinet Secretary. Some of these individuals will have been involved in developing our PFPI assessment in May 2010. A pre meeting of this group will be organised to provide the individuals with the opportunity to become acquainted with each other and rehearse their discussion topics.

11.30 – 13.15 Visit

The Annual Review guidance states this year visits should be themed around the quality strategy. Options are currently being considered.

12.00 – 13.15 NHSGG&C Panel Pre-meeting

13.15 Lunch

A buffet lunch will be available for the Cabinet Secretary, government team, our panel, the patient representatives, CH(C)P chairs, and the Chairman's Award winners.

14.15 – 16.15 Annual Review Meeting

The formal Annual Review meeting will commence at 14.15. The date is being held in the diaries of a number of senior managers, the final panel will be agreed once the key agenda items are clear.

The meeting will commence with reflections from the Cabinet Secretary on what she has seen and heard throughout the day. The Chairman will then spend a couple of minutes highlighting progress against our key actions from last year. The Cabinet Secretary will then ask a series of questions relating to our performance last year and our forward plans on topics such as:

- Improving the Quality of Care and Treatment for Patients
- Primary Care
- Improving Health and Reducing Inequalities
- Finance and efficiency, including workforce planning and Service Change

16.15 – 16.45 Public Question and Answer Session

This will be made up of questions raised from the floor on the day only. There is no longer the opportunity to submit written questions in advance.

Through our advertising of the event, we will be informing members of the public of this process.

16.45 Media Interviews

2. Products

By 8th October 2010, we are required to submit the following:

- A short update on progress against the actions identified at last year's annual review;
- A 15 – 20 page self assessment to include commentary and performance against the heading described above;
- A one page summary of achievements against HEAT targets;
- A one page summary of progress against our long term outcomes;
- An outline of the visit arrangements; and
- One or two slides making up the Chairman's presentation.

3. Recommendation

PRG members are asked to note the preparations for NHSGG&C Annual Review 2010. Any members who wish to attend the Annual Review are asked to notify Axis Media on 0800 027 7246 or info@axismedia.co.uk.

Jo Gibson
Head of Performance and Corporate Reporting

NHS GREATER GLASGOW AND CLYDE

Performance Review Group
Tuesday 21 September 2010 **Paper No. 10/50**

Head of Performance & Corporate Reporting

2009-10 Year End
Organisational Performance Reviews

Recommendation

Members are asked to note the completion of the 2009/10 year end Organisational Performance Reviews.

1. INTRODUCTION

As part of NHS Greater Glasgow and Clyde's performance scrutiny and accountability arrangements Organisational Performance Reviews (OPRs) are carried out twice a year for each part of the system. This round of OPRs were supported by information on:

- Performance At A Glance – a scorecard highlighting a suite of key performance indicators seen as critical to the priorities of the Board. This provided the OPR Panel with the opportunity to scrutinise performance more closely at a local level;
- Financial Performance – focused on reviewing the year end financial position of the different parts of the system alongside 2010/11 efficiency savings; and
- Actions Previously Agreed – each part of the organisation provided a narrative outlining progress against each of the key actions agreed at the previous OPR.

This paper provides a brief overview of some of the key themes and issues that emerged from the end of year OPRs held between May 2010 and July 2010. Attached is a summary of the discussion and key actions agreed at each meeting.

2. SUMMARY OF KEY THEMES/ISSUES

2.1 Key Areas Of Good Performance

- Significant financial savings had been made as a result of the rigorous monitoring of wider prescription practice in some parts of the system. In light of the current economic situation and the resulting financial pressures wider prescription practice will continue to be rigorously monitored across the system;

- Each part of the system met the over 6 weeks delayed discharge target at the April 2010 census;

- Each part of the system highlighted an overall increase in the number of patients registered with dementia and as a result the Board has met the 2010/11 target.

2.2 Areas in Need of Improvement

In continuing to drive improvements across the system significant effort is required in the following key areas:

- Reversing the increasing trend in the prescribing of the daily defined dose of anti-depressants experienced across the Board. Local trajectories are currently being developed for each part of the system based on GP list sizes and performance will be monitored;

- A whole-system approach to reducing DNA's will be adopted to allow us to target resources in a more effective way;

- More effort needs to be focused on reducing the number of delayed discharges under 6 weeks.

2.3 Corporate Themes/Issues

The process identified a number of other cross-system strategic areas that need to be further explored including:

- Establishing a board-wide Breastfeeding Summit to further explore the challenges faced in improving breastfeeding rates and to agree action that needs to be taken across the system to meet the 2010/11 H7 target.

- System-wide concerns were expressed around the delivery of Suicide Prevention Training and these have subsequently been raised with the Scottish Government's Delivery Directorate.

3. DEVELOPING THE PROCESS

The content and format of the OPR process is likely to continue to evolve to ensure it reflects the priorities and outcomes identified in each of the Planning and Policy Frameworks and 2010-13 Local Development Plans. This will ensure that the process focuses on how effectively each part of the organisation is delivering its agreed contribution to the achievement of corporate priorities, centred on HEAT targets and other critical indicators identified in Development Plans.

Jo Gibson
Head of Performance & Corporate Reporting

ACTIONS AGREED AT RENFREWSHIRE CHP's ORGANISATIONAL PERFORMANCE REVIEW – 5th MAY 2010

1. Effective Organisation

1.1. Financial Statement: You agreed to meet with Alex Mackenzie and Anne Hawkins to agree a plan to resolve the EMI budget pressure and will confirm to me the way forward.

1.2. Sickness Absence: You agreed to look at reducing the overall 12 months sickness absence level. Future reporting of sickness absence will be split between short and long term absences and managers will more aggressively manage those that record unacceptable levels of short term sickness absence episodes.

1.3. E-KSF: You have set a trajectory of 95% that you are confident will be achieved by the end of March 2011.

2. Alcohol and Drugs

2.1. Alcohol Brief Interventions: We agreed to disaggregate the Board target and the Performance Team will establish a basis for doing this and propose local trajectories for monitoring progress at a CH(C)P level.

2.2. Drugs and Alcohol Waiting Times: You plan to recruit staff over the next two months and expect this to positively impact on waiting times.

3. Mental Health

3.1. Suicide Prevention Training: Capacity to release people clearly remains a challenge and you agreed to continue to work towards finding solutions to try to meet the 50% target by December 2010. We agreed to raise concerns on the training issues with the Scottish Government Delivery Directorate.

4. Children and Young People

4.1. Child Healthy Weight Intervention: Two areas requiring further action to generate more referrals namely, devising new ways to recruit families and working more closely with GPs and schools.

4.2. Positive Parenting Programme (Triple P): You have made significant progress in securing agreement from the Council that the Triple P will be the programme of choice. Your next OPR will focus on how you are overcoming the funding challenges of the programme for 2012 and 2013 to ensure its sustainability.

4.3. Integrated Assessment Framework: We will be picking up the detail of this issue with all Partnership Directors. I confirmed the importance attached to making progress to deliver an electronic solution without further delay.

4.4. Breastfeeding: While acknowledging the challenges you face I emphasised the need to continue your work with breastfeeding including helpers going into RAH and promoting a more positive acceptance of breastfeeding. Subsequent to your OPR we now propose to establish a cross-system short review group to further explore evidence on what else can be done to meet the breastfeeding target.

5. Older People

5.1. Delayed Discharges: You agreed to continue to work with JIT and the Council to maintain the zero position. This will be a key performance issue during this year and I recognise it may need early escalation if performance is not sustained. You will keep me sighted on performance.

6. Primary Care

6.1. GP 48 Hour Access: You agreed to focus your efforts on the one GP practice that fails to see this target as a priority.

7. Health Improvement

7.1. Smoking Cessation: The issue of reflecting up to date, accurate information still needs to be resolved particularly in relation to pharmacies.

ACTIONS AGREED AT EAST DUNBARTONSHIRE CHP's ORGANISATIONAL PERFORMANCE REVIEW - 11TH MAY 2010

1. Effective Organisation

1.1. Finance: You expect to have delivered as planned on target at year end but will have significantly less financial flexibility in 2010/11.

1.2. Sickness Absence: You intend to continue to implement the existing governance arrangements in relation to the monitoring sickness absence. We agreed to separate short and long term absence for future reporting.

2. Children And Young People

2.1. Breastfeeding: We noted your report on actions agreed and currently underway including:

- Looking at variances in breastfeeding rates and focussing on narrowing the inequality gap;
- Targeting CEL programme and looking to recruit from deprived areas; and
- Local Steering Group established with midwifery services concentrating on increasing breastfeeding rates and developing pathways.

The impact of this activity in SIMD areas was welcome. Subsequent to your OPR I have concluded we need to establish a Board-wide group to further explore the challenges we face in improving breastfeeding rates and agree what action needs to be taken across the system to meet his target.

2.2. Triple P: You agreed to include achieving comprehensive Triple P within the Family Support Strategy.

2.3. Child Healthy Weight Intervention: You are negotiating with North Glasgow the sharing of resources to deliver the programme in East Dunbartonshire.

2.4. MMR: The CHP Clinical Governance Committee will be considering the MMR data and look at opportunities to improve uptake.

2.5. Integrated Assessment Framework: Whilst I recognise the good practice that is in place you agreed to resolve the current technical problems and implement the electronic Integrated Assessment Framework by July 2010.

3. Health Improvement

3.1. Smoking Cessation: You raised concerns in being able to meet the trajectory as you don't have the capacity to achieve more. The Performance Team agreed to pick this up with HI&T and Health Improvement along with % improvement targets for the worst datazones.

4. Alcohol And Drugs

4.1. Alcohol Brief Interventions (ABI): You continue to work with the six GP practices not currently signed up to get them on board and we had previously discussed the need to deliver ways to ensure patients of these practices can access alternatives to avoid creating inequalities. Your extensive training of frontline staff provided a platform for this if the required sign posting arrangements could be securely in place. ABI targets will be set for each of the CH(C)Ps and we will report on GP practice take up.

5. Older People

5.1. Delayed Discharges: Delivery has been consistent on the six week target, you have clear processes on excluded codes and agreed to continue to focus on these. You will raise awareness amongst staff of the need to get people to sign up for guardianship while they are still able and Heads of Health and Community Care need to work together to look at this.

5.2. Rehabilitation and Assessment: There was a good range of activity on older people, rehabilitation and assessment. We agreed there remains a need to see solid deliverables on this, specifically:

- Exploring an anticipatory care model with GPs; and
- Progress on implementing change for the seven shared priorities with the Council where the JIT are supporting joint work.

6. Mental Health

6.1. Daily Defined Dose of Anti Depressant Prescribing: General prescribing practice is very good and there is excellent local engagement with GPs and pharmacists in this area. You agreed to continue using prescribing incentive targets through the Prescribing Group and pursue other areas of work with GPs that could result in further prescribing savings.

6.2. Adult Mental Health: There has been limited progress to deliver the systems we had discussed at the last OPR and it will be good to have concluded this work by our next session.

6.3. Suicide Prevention Training: You have a plan in place to deliver the target within the timescale but raised concerns regarding how challenging this will be. We agreed to raise concerns with the Mental Health Partnership who are leading on the dialogue with the Scottish Government Delivery Directorate.

7. Primary Care

7.1. 48 Hour GP Access: We need to see an output of the targeting of the three GP practices currently below target and will have CH(C)P data available at next OPR on when you expect to have all GP practices signed up.

7.2. AHP Waiting Times: Whilst improvements have been made as a result of the implementation of short term solutions it is recognised that this cannot be sustained in the current financial climate. You agreed to set realistic local AHP waiting time targets.

8. Equality Issues

8.1. Gender Based Violence: It was good to hear of your commitment to deliver routine enquiry and work around the sharing of information between Police and GPs has still to be resolved, which we hope you will be able to progress. I confirmed the position that risk factors should be held on both the adult and child records.

8.2. Financial Inclusion: I recognised the excellent approach you have taken to financial inclusion through access to financial services and employment and ensuring that skills for volunteers are sustainable in the long term.

8.3. Disaggregation of Patient Data: You are doing what you can at a local level but more clarity on the disaggregation of patient data is required from the Board.

8.4. EQIA Mental Health Redesign: While the clear action plan we discussed at the last OPR was not yet in place, you were confident that the progress in revising the planning and performance structure would enable delivery. You agreed to involve the Corporate Inequalities Team in the scoping and re-design of the Mental Health Service.

ACTIONS AGREED AT INVERCLYDE CHCP's ORGANISATIONAL PERFORMANCE REVIEW - 17TH MAY 2010

1. **Effective Organisation**

1.1. Financial Report: The two main issues regarding variance at year end related to Mental Health and Family Health expenditure. However, you have reassured us that the year end overspend will be balanced by other lines in the budget. You have identified the £230K savings for 2010/11 and confident this will be met.

1.2. Sickness Absence: You agreed to step up the active management of multiple short term sickness absences and future absence reporting will be between split short and long term absences.

2. **Adult Mental Health**

2.1. DDD Anti-Depressant Prescribing: We agreed this remains a real challenge and we need to see concrete outcomes from the programmes and pilots which you have put in place, including the Primary Care Mental Health teams. We agreed to use the position at end of March 2010 as a benchmark to track performance against and improve upon. This will become a local indicator for your Development Plan. We should discuss again your wider work on the prevalence of psychosis at our next session.

2.2. Suicide Prevention Training: You agreed to continue to actively roll out the Suicide Prevention Training building upon the successful uptake to date. You will also try to overcome some of the challenges you identified in relation to engaging with GPs regarding STORM training and the training of Social Work staff.

3. **Health Improvement**

3.1. Smoking Cessation: I acknowledged the extensive range of work on smoking and the points of success including in SIMD areas. We agreed that there is a need to take a whole-system approach to smoking cessation and the Tobacco PIG needs to take stock of progress to identify what is and what is not working with the potential of Keepwell contributing to this. You agreed to explore the value in a follow-up beyond the four weeks.

4. **Children And Young People**

4.1. Breastfeeding: We recognised that there has been progress in relation to the work with the CMUs. However, we agreed that there is still more work to be done. We agreed to ensure that hospital discharge rate targets are standardised. As with smoking I have concluded we need a system wide look at the issues which are making achieving the target so difficult in all parts of the Board.

4.2. Child Healthy Weight Intervention: I hope to see evidence of the positive impact of the efforts being made to increase the uptake of the Child Healthy Weight Intervention Programme.

4.3. Integrated Assessment Framework: We agreed this is an important area to progress to a conclusion and resolve the obstacles through the integrated CH(C)P.

4.4. Parenting: There has been positive engagement on parenting which now needs to be turned into firm plans.

5. Older People

5.1. Long Term Conditions: You agreed to do a cost benefit analysis of the Early Bird programme by end of June 2010 to determine whether it is worthwhile mainstreaming the programme. You also agreed to return to your next OPR with a clearer view on whether SPARRA has been cost effective and worthwhile and with a clear way forward from the analysis of the patient cohort.

5.2. Delayed Discharges: The considerable effort that has gone into the significant improvement in performance in relation to delayed discharges over six weeks is recognised. You agreed to focus effort on reducing the number of delayed discharges under six weeks and to have your Older People's Strategy and local implementation plan in place for your next OPR.

6. Primary Care

6.1. Wider Prescribing Practice: We will discuss with the Prescribing Support Team the development of a suite of 2 – 3 prescribing performance indicators that could be used corporately to monitor prescribing practice as this is clearly an area that could generate potential savings.

6.2. SCI Gateway Referrals: You agreed to resolve the reporting and any performance issues in relation to SCI Gateway referrals and will report progress at your next OPR.

6.3. AHP Waiting Times: You agreed to set local CH(C)P targets in relation to AHP waiting times.

6.4. Bowel Screening: You will highlight the uptake of the Bowel Cancer Screening programme once the information becomes available.

7. Alcohol And Drugs

7.1. Alcohol Brief Interventions: Individual CH(C)P targets for Alcohol Brief Interventions will be developed and shared in the immediate future.

ACTIONS AGREED AT ACUTE DIVISION'S ORGANISATIONAL PERFORMANCE REVIEW - 18TH MAY 2010

1. **Finance Report:** Two financial issues to be resolved as a priority in order to confirm the Division has a stable position going into 2010/11 are:

   - ACAD double running costs; and
   - Agenda for Change additional costs.

   You agreed to update me on the conclusion of these points.

2. **Delayed Discharge:** We agreed on the need to resolve the issues at Renfrewshire to ensure the Board can maintain its zero position. You will closely monitor performance with David Leese and Anne Harkness and ensure that Catriona and I are made aware should numbers start to increase and there is a need to escalate the issue with the Council. Linked to this is the need to ensure that Johnstone closure savings are singularly accounted for.

3. **HEAT Targets E4, A9 and A10:** We agreed on the need to set interim targets that will demonstrate performance improvement. In terms of 18 weeks performance you agreed to put pressure on the system regarding completeness and on Richard Copland in terms of the implementation of the system. You mentioned that the tolerance for this indicator would be set at 90% however, you still need to agree whether this tolerance level will be set across the board level or will vary by individual speciality. We also touched on a number of other issues in relation to New Ways which we can stay in touch on.

4. **Sickness Absence:** We agreed to split sickness absence reporting between long and short term and to continue to manage short term absences more aggressively. You agreed to consider a ban on the use of administrative agency staff in some parts of the system.

5. **Breastfeeding:** In addition to your further review on the variable progress in acute we agreed that we also need to take a whole system approach to examine the issues and barriers to progress and to agree what more innovative additional action is required across the system to meet this target. You agreed to look at recording the rejected offer of support given to mothers on the patient record.

6. **DNAs:** We agreed that we need to adopt a whole-system approach to DNAs and target our efforts more effectively. You indicated you had plans to review the literature highlighting best practice, work with CH(C)Ps to progress some of the key issues amongst GPs and scope the discussion points for the systems reviews. You also agreed to pick up with New Ways the need to EQIA what is being proposed.

7. **Smoking in Pregnancy:** You agreed to review the focus on smoking in pregnancy where our performance is disappointingly poor and the Acute Division will lead through community midwifery services.

ACTIONS AGREED AT WEST DUNBARTONSHIRE CHPs ORGANISATIONAL PERFORMANCE REVIEW - 3RD JUNE 2010

1. **Older People**

1.1. Financial Plan and Model for Older People: We agreed to pick this up in more detail the issue of linkages at your next OPR and expect to see evidence of a coherent plan for older people at that point.

1.2. Long Term Conditions: You agreed to represent your local focus on reducing admissions in your Development Plan alongside the work you are currently undertaking on targeting excluded patients from QOF data.

1.3. Delayed Discharge: Overall performance in relation to over six weeks is good and you agreed to focus more effort on exception codes. We agreed to track the number of bed days consumed by patients in excluded codes alongside picking up the issue of guardianship across the system.

2. **Health Improvement**

2.1. Smoking Cessation: You agreed to provide Linda de Caestecker with a detailed set of actions for agreement. You also agreed to focus effort on getting people into the community programme and improving the overall quit rate.

3. **Children And Young People**

3.1. Breastfeeding: You confirmed you expect to see improvement in breastfeeding now that the joint CMU action plan is in place. We agreed to establish a system-wide breastfeeding summit to further explore the challenges we face in improving breastfeeding rates and agree what action needs to be taken across the system to meet this target.

3.2. Child Healthy Weight Intervention: You continue to recruit through schools and GPs through marketing material and locality groups and will report back on the outcomes of the programme.

3.3. Parenting Strategy/Triple P: You agreed to have your Parenting Strategy concluded by the next OPR and ensure clarity in what it will deliver. You also agreed to provide an update on how far you have been able to progress Triple P and will seek to secure some financial commitment from FSF into the revised strategy for 2011.

3.4. Integrated Assessment Framework: With the new integrated CH(C)P we would expect this issue to be resolved by your next OPR.

4. **Adult Mental Health**

4.1. Anti-Depressant Prescribing: Since your OPR the data issue has been resolved and you have agreed to use the accurate data set used by the corporate performance team to performance manage anti-depressant prescribing. You agreed to report back the results of your pilot to reduce long term anti-depressant prescribing with a high prescribing practice.

4.2. Dementia: You agreed to include proposed intermediate indicators in your Development Plan.

4.3. Suicide Prevention Training: Current performance is well ahead of target and you will continue to work to sustain this.

5. Effective Organisation

5.1. Sickness Absence: You agreed to focus effort on sustaining your good performance and future reporting with be split between short and long terms absences.

5.2. Financial Report: Performance was good.

5.3. Integrated Finance and Workforce Plan: This will be addressed in your Development Plan.

5.4. Estates and Accommodation Strategy: Some short term changes are being made and there is a significant delay in Alexandria.

6. Drugs And Alcohol

6.1. Alcohol Screenings/Brief Interventions: You agreed to focus on increasing overall numbers and future reports will include an indicator around the percentage of GP practices in the programme. We agreed to circulate the ABI targets which you should now have a copy of and include a further indicator to track the numbers trained.

7. Primary Care

7.1. SCI Gateway: The data may reflect one practice blip but you are confident that it has now been resolved.

8. Equality Issues

8.1. EQIAs: You agreed to ensure all completed EQIAs are on the corporate system and that planned EQIAs are clearly demonstrated in your new Development Plan.

ACTIONS AGREED AT EAST RENFREWSHIRE CH(C)P's ORGANISATIONAL PERFORMANCE REVIEW - 9 JUNE 2010

1. Effective Organisation

1.1. Financial Report: While balance had been delivered for 2010/11 you highlighted the challenges for 2011/12. You agreed to:

- Step up your involvement with the RAM group;
- Link with David Leese and Alex Mackenzie regarding the redistribution of potential savings from Continence and EMI; and
- Once concluded, you anticipate benefitting from the AHP and District Nursing reviews.

The challenge in managing the huge budget pressures within the Council over the next three years is recognised. You outlined that you have started managing this process by working with elected members to identify where efficiencies are going to be.

1.2. Sickness Absence: This was identified as a major issue for East Renfrewshire Council. You are confident the joint HR business partner now in place will give a renewed focus and help bring it together for managers. We agreed that future report will be split into short and long term absences with management effort focussed on reducing the level of short term absences.

1.3. Prescribing Practice: You agreed to develop a local approach to new target areas. We agreed on the need for a discussion with partnership directors about the relationship to Board processes and financial planning including PMG.

2. Children and Young People

2.1. Parenting Strategy: You agreed to include full details of progress in implementing Triple P in the Parenting Support Strategy. We agreed public health involvement in developing the delivery of parenting would be beneficial and you will follow this up with Linda De Caestecker.

2.2. Fostering: Good progress was noted on placement moves and you will report progress on the collective approach to joint commissioning where you are confident there is a dynamic shared process in place.

2.3. Breastfeeding: You have made good progress in improving breastfeeding rates in deprived areas and agreed to focus on RAH with the Renfrewshire CHP. You will also look at how the smoking cessation team and community midwifery might work together. We agreed to establish a Board wide breastfeeding summit to look at key areas such as supportive breastfeeding targets across the system including more challenging targets in Acute in addition to building in breastfeeding target allocation to CH(C)Ps.

2.4. Integrated Assessment Framework: You were confident this was working well and Safaa Baxter agreed to send a detailed briefing.

2.5. HMIe Inspection Reports: HMIe review of child protection has been completed and early feedback indicates that performance is good. You agreed to strengthen the reporting child protection and ensure feedback is reported at CH(C)P Committees on this and other inspections and the action which results from their findings.

3. Health Improvement

3.1. Smoking Cessation: You agreed to target maternity services to improve performance amongst pregnant women. You also suggested that the Community Planning Partnership should consider the strategic tobacco control programme.

3.2. Alcohol Brief Interventions (ABI): We agreed future OPR information would highlight the GP coverage of ABIs and we would discuss progress in delivering arrangements for patients who's GPs are not signed up.

3.3. Adults Participating in Sport: We noted good progress and target was being delivered. You agreed to ensure that Health & Well Being Survey questions cover the category of sport.

4. Adult Mental Health

4.1. Suicide Prevention Training: Suicide rates are showing an increase particularly among women in Eastwood. The association between this and the different unemployment experience in East Renfrewshire is affecting women more than elsewhere. Performance in relation to Suicide Training and Prevention was good relative to that of other CH(C)Ps.

5. Older People

5.1. Rehabilitation and Enablement Service Change: This is work in progress but you are confident of making substantial progress in the next six months. The limitations of the RAD redesign and consultation process were recognised and Catriona Renfrew agreed to follow-up with Anne Harkness and Alex Mackenzie.

5.2. Independent Living: We discussed the potential risks of changes to these arrangements and you highlighted the need for the CH(C)P to plan how to address these. You also agreed to provide a breakdown of Community Alarm calls in your next report, to help identify how many were of an emergency nature.

6. Other Issues For Action

6.1. Fairer Scotland Fund/Building Community Capacity: We agreed it would be helpful to have some involvement from public health in relation to Fairer Scotland Funded projects and to identify whether the interventions in building community capacity have been effective.

6.2. Benchmarking: You agreed to build benchmarking information into future reporting alongside corresponding indicators.

ACTIONS AGREED AT THE MENTAL HEALTH PARTNERSHIP, ADDICTIONS AND LEARNING DISABILITIES ORGANISATIONAL PERFORMANCE REVIEW – 14TH JUNE 2010

1. Finance

You identified in year budget pressures in relation to Learning Disabilities Tier 4 out-of-area placements and medical staff and provided assurance that action was in hand to address these.

2. Medical Staffing Issues

The Mental Health Partnership (MHP) was concerned that there should be a consistent approach to medical staffing/deployment issues across all of psychiatry, albeit the MHP only had direct authority in relation to adult psychiatry. However the principles and proposals from the work on adult psychiatry medical staffing needed to be operationalised consistently across adult mental health, older peoples mental health, CAMHS and learning disability and there was a need for an agreed approach to facilitate this.

3. Anti-Depressant Prescribing

You agreed to the following:

- set local anti-depressant prescribing trajectories and share with Corporate Performance Team;
- progress access to psychological therapies with CH(C)Ps; and
- continue to monitor the take up of self-help leaflets.

4. GP Prescribing Practice

You agreed to identify three or four areas where further savings could be made across the Board and we could capture progress against as part of the OPR process.

5. Suicide Prevention Training

You will provide a clearer overview on the total number of staff requiring training and continue to focus on the specific targeted four hour training. You also agreed to prepare a brief on what you are currently doing to meet the target in preparation for the Accountability Review scheduled in November 2010.

6. Learning Disabilities Delayed Discharges

There are now local arrangements in place for managing performance and you agreed to share data with the Corporate Performance Team to be used at subsequent OPRs.

7. Alcohol Brief Interventions (ABI)

I recognised the effort into ensuring the Board is on track to achieving 2010/11 target and you agreed to focus more effort on practices not signed up alongside working towards embedding ABI work in the longer term.

8. Needs Based Allocation Strategy

Resource allocation recommendations for Learning Disabilities Tier 3 to be finalised in June 2010 and considered by CH(C)P directors once received. You agreed to meet with Neil Hunter to discuss how best to take this forward as it sits clearly within Tier 3 services.

9. Routes Of Admission

Action has been taken to reduce to an acceptable level and you are confident the action taken with the former Clyde should see further reductions in adolescent admissions.

10. EQIA's

Examples where provided and you agreed to ensure that those planned EQIAs will feature in your 2010 - 13 Development Plan.

11. Disaggregation of Patient Data

You have disaggregated data in relation to psychiatric inpatients and agreed the next stage would be to identify how you will use the data. You plan to review the disaggregation of LD data in June 2010 in conjunction with Corporate Inequalities Team (CIT) and BOXI administrators.

12. Inpatient Review

Further progress will be required in relation to the following:

- review of inpatients underway for Adult Mental Health;
- the conclusion of the acute admission service appraisal scheduled for end June 2010;
- review of adult beds currently being undertaken; and
- Tier 4 redesign.

13. Performance Assurance Process

You provided Corporate Performance Team with a MHP performance framework listing measures to be used as a basis for use by MHP & CH(C)Ps. You will refine the wider framework in context of assurance of CH(C)P submissions as part of Performance & Development Plan responses to Adult Mental Health Planning Framework. CIT agreed to forward the Mental Health Section of the Development Plans to Doug Adams.

14. Forensic Beds

Two issues requiring conclusion:

- National Learning Disabilities Unit scheduled to be discussed at the next Board Chief Executives meeting; and

- WOS bed usage - finance managers currently finalising a cost/risk sharing proposal taking account of over use versus under capacity. We agreed proposal needs to reflect challenges of adopting an SLA approach.

15. Rowanbank

You will continue to monitor NHSGGCs over use of the Rowanbank bed allocation (currently 15%) to avoid it becoming a potential budget pressure.

16. Sickness Absence

You identified a problem with long term sickness absence with approx 90 individual case reviews. You will to continue to manage in order to reduce levels and we agreed to split short and long term absences at future OPRs.

17. E-KSF

There is now an action plan in place and you are confident that we will start to see an improvement.

18. Smoking Cessation and Breastfeeding

We agreed to return to both smoking cessation and breastfeeding at your next OPR.

19. Bed Use and Length of Stay; Occupancy, Boarding and Readmissions

I recognised the efforts that you and your team have made in ensuring that significant progress has been made in relation to all of the above priorities during the past three years and would hope this will continue.

ACTIONS AGREED AT SOUTH EAST GLASGOW CHCP's ORGANISATIONAL PERFORMANCE REVIEW - 21 JUNE 2010

1. EFFECTIVE ORGANISATION

1.1 Finance

You identified budget pressures relating to EU nationals, asylum seekers and health visitors and agreed to develop an action plan to address these and achieve financial balance. I agreed signed off once confident that the financial plan is more secure.

2. HEALTH IMPROVEMENT

2.1 Smoking Cessation

I recognised the effort that has been made in targeting hard to reach people; BME and young people and we agreed that the interaction between CHCP and local maternity services needs to be looked at.

2.2 Alcohol Challenge

We agreed to reset the ABI targets for those CH(C)Ps ahead of trajectory and will monitor the level of GP engagement at subsequent OPRs.

3. CHILDREN AND YOUNG PEOPLE

3.1 Breastfeeding

You agreed to provide a view on whether the out-of-hours contact and support service is working for women. We agreed to set up a board-wide Breastfeeding Summit to further explore the challenges we face in improving breastfeeding rates and agree what action needs to be taken across the system to meet the 2010/11 H7 target.

3.2 Child Healthy Weight Intervention

You agreed to resolve the issue of getting the data during the programme.

3.3 Integrated Assessment Framework

We agreed to contact Suzy Kempsil to obtain IAF data and will use this to monitor performance at subsequent OPRs.

3.4 MMR 24 months

You are looking at variations across practices and in particular working with two practices that have historically been low but now have new partners in order to improve the number of screening and health promotion opportunities they provide including MMR.

4. OLDER PEOPLE

4.1 Long Term Conditions

You agreed to report on the findings of the COPD pilot alongside drafting a sharper suite of measures to be reflected in your Development Plan to demonstrate the success of your efforts.

4.2 Delayed Discharges

You agreed to develop a plan to change the position with regards to MHOs. There is also a need to develop a performance measure with local authorities to assess availability of MHOs and offset resource transfer if provision is insufficient. We also agreed if there is an issue with availability of MHOs then this requires system-wide agreement.

4.3 Suicide Prevention Training

You acknowledged that progress had been slow and identified this as a priority area supported by a plan of action.

5. EQUALITIES

5.1 EQIAs

You highlighted that your programme of EQIAs were selected to reflect planned outlined in your Development Plan. We will be looking at all Development Plans to evaluate the spread and focus of EQIAs and their relevance to the other actions outlined in the Equalities Scheme.

6. ADULT MENTAL HEALTH

6.1 Anti-Depressant Prescribing

We agreed to draft a note to the system highlighting that we will use GP list sizes as the denominator from here-on-in and will work with the MHP to re-calibrate local trajectories.

7. OTHER ISSUES

7.1 Accommodation

You agreed to report back a fully worked up plan at your next OPR.

7.2 DNAs

We agreed to pick this up as you contribute to an agreed programme of work at your next OPR.

ACTIONS AGREED AT EAST GLASGOW CHCP's ORGANISATIONAL PERORMANCE REVIEW - 24 JUNE 2010

1. EFFECTIVE ORGANISATION

1.1 Finance

The pressures around accommodation costs have been resolved with extra income. You were within overall budget and are comfortable that you can deliver the £650K savings identified for 2010/11 provided that the risk associated with the district nursing element can be covered from other posts.

1.2 E-KSF

We agreed performance needs to be improved and you will ensure that staff do start using the system.

1.3 Sickness Absence

We agreed this was an area of good performance and you will continue to work towards building upon the improvements made to date.

2. HEALTH IMPROVEMENT

2.1 Smoking Cessation

You confirmed your smoking cessation action plan had been agreed with Linda de Caestecker and will work towards achieving your target with a focus on young people.

2.2 Alcohol Brief Interventions

You agreed to focus efforts on those GPs not signed up and provide more clarity on alternative access for patients of those practices.

3. CHILDREN AND YOUNG PEOPLE

3.1 Breastfeeding

Local action is good. We have agreed to set up a board-wide Breastfeeding Summit to further explore the challenges we face in improving breastfeeding rates and agree what action needs to be taken across the system to meet the 2010/11 H7 target.

3.2 Child Healthy Weight Intervention

You agreed to have a follow-up discussion with Glasgow Life regarding the cost of The Bridge.

3.3 Parenting

We agreed to have two or three process measures in place at next OPR to provide an indication of how well we are doing.

3.4 CAMHS

There has been good progress in developing the model; we now need to ensure similar progress for CCH. You agreed to send the data for CAMHS to the Corporate Performance Team.

4. OLDER PEOPLE

4.1 Long Term Conditions

You were proposing a clear focus on COPD and we agreed there needs to be clarity on the outputs and changes which you intend to deliver. You are testing SPARRA for the frail elderly and should have a firm view on the way forward in the autumn. You also noted your intention to:

- achieve a clearer understanding of why East has a high proportion of LTC re-admissions;
- assess the impact of COPD clinics in pharmacies and the introduction of LES in September; and
- consider replicating the successful cancer model at The Bridge and Dennistoun for COPD anticipatory care.

I agreed to address the issue of making the LTC Planning Framework a more helpful tool.

4.2 Delayed Discharges

It was agreed that CHCP directors should escalate with the Council where finance for placements is not available. You also agreed to improve the AWI position and work with other Directors to find a way to resolve the issue of supply of MHOs.

5. ADULT MENTAL HEALTH

5.1 Dementia

You are on track to achieving your 2010/11 target.

5.2 Suicide Prevention Training

I confirmed that I had raised concerns regarding the delivery of the 2010/11 target with the Scottish Government.

5.3 Anti-Depressant Prescribing

You agreed to there are a number of further actions to pick up:

- the most pressing issue is to address the level of DNA, including a gendered approach, for the PCMHT alongside rolling out self referral in September 2010;
- feedback the findings of the 27 GP practices auditing patients on anti-depressants for two years+ and understand the spread of prescribing from high to low; and
- link with other CHPs with lower rates to see if lessons can be learnt.

5.4 Crisis Team

You agreed to push for the completion of the city-wide review given the significant implications it will have for the East area and develop local short term action to address the by-passing of Crisis Teams.

6. EQUALITIES

6.1 Financial Inclusion

We agreed to ask Jackie Erdman to work with you to develop a case for the retention of the money advice workers to be made to the Council.

6.2 EQIAs

We expect to see a closer alignment of EQIAs and the planned priorities outlined in your Development Plan and will be looking at all development plans to evaluate the spread and focus of EQIAs.

7. OTHER ISSUES

7.1 Transport to Stobhill

You agreed to ensure that concerns are being addressed in order to ensure this does not re-emerge as an issue where the CHCP has not taken action.

7.2 Lightburn

You agreed to look at the potential to develop proposals for the use of Lightburn and/or Parkhead as a viable option for your services as the acute division and MHP plan their changes.

ACTIONS AGREED AT SOUTH WEST GLASGOW CHCP's ORGANISATIONAL PERFORMANCE REVIEW – 28TH JUNE 2010

1. EFFECTIVE ORGANISATION

1.1 Finance

You reassured that the budget position will be balanced as the 2009/10 overspends have been addressed for next year. Also Fiona Moss agreed to send Linda de Caestecker an email highlighting a reduction in the CEL 36 funds in order that the board can respond to this.

1.2 Sickness Absence

Whilst still marginally above the trajectory the significant progress made in the South West is recognised.

1.3 Wider Prescription Practice

The well developed focused approach has worked well and you came in under budget. We agreed that this model needs to be shared with other CH(C)Ps.

1.4 Estates and Accommodation

I agreed to follow-up whether the Chief Executive agreed to fund the one-off capital cost of £200 - £300K for the Children's Health Centre and will confirm.

1.5 E-KSF

You agreed to resolve the technical issues and implement the identified improvement actions.

2. HEALTH IMPROVEMENT

2.1 Smoking Cessation

You will agree your smoking cessation plan with Linda de Caestecker urgently. You also agreed to implement the following key actions:

- introducing flexible timing/crèches and reducing delays in offering appointments; and
- continue the work with GPs to reduce the prescribing of nicotine replacement therapy.

Whilst I noted your concerns around achieving the local target, this is not acceptable when there is still action to be implemented.

2.2 Alcohol Brief Interventions

Whilst you have 21 of the 26 practices signed up you will continue to focus effort on those GPs not signed up and provide clarity on alternative access for patients of those practices. We agreed to have a measure in place to monitor GP engagement for the next OPR.

3. CHILDREN AND YOUNG PEOPLE

3.1 Breastfeeding

There has been good progress in deprived areas. You have support in Acute through the Homestart interface and will continue to build upon this and agree a target with Acute before the next OPR. We will set up a board wide Breastfeeding Summit to further explore the challenges we face in improving breastfeeding rates and agree what action needs to be taken across the system to meet the 2010/11 H7 target.

3.2 Child Healthy Weight Intervention

You agreed to take a proposal to the Children's Services Planning Group recommending the delivery of the healthy weight intervention programme in the Govan area in order to increase activity. You will also look at the role of school nurses to further increase uptake.

3.3 Integrated Assessment Framework (IAF)/SCRA

You have a plan in place to increase the number of IAFs to help meet the 85% target and will build upon the improvements in performance in relation to SCRA. The Corporate Performance Team agreed to contact Suzy Kempsill for data that will be used in subsequent OPRs.

3.4 Triple P

You confirmed that all staff trained in Triple P are signed up to deliver a minimum number of interventions. Measures to monitor progress will be part of the next OPR.

3.5 Children's Services

The link social worker model is working well in the area and improving connectivity between social work and health.

3.6 Access

The hubs have been very successful and represent a good approach to unallocated cases.

4. OLDER PEOPLE

4.1 Long Term Conditions (LTC)

The bringing together the different strands of work around LTC will provide a more focussed approach. You agreed to have clear objectives and measures in place by your next OPR and will also provide an update on the multi-disciplinary care management plan pilot that is being rolled out. We agreed to return to LTC as part of the development plan discussion structure.

4.2 Delayed Discharges

You agreed to focus effort on consistently maintaining the zero position in relation to over six weeks and focus more effort on reducing the under six weeks delayed discharges and excluded codes.

4.3 Health and Community Care

To address the significant issue regarding the impact of day care on other key variables you agreed to continue to push towards 120 day care places. This should address the significant gap and minimise the number of unplanned emergency admissions.

4.4 OT Redesign

You have completed the OT redesign and seen a substantial reduction in waiting time lists e.g. from 1,300 to 600. You agreed to ensure local targets are reflected in your development plan and feedback your success into the AHP review process.

4.5 EMI

Confirmed the work board wide is continuing around community care and psychiatric nursing.

5. ADULT MENTAL HEALTH

5.1 Anti-Depressant Prescribing

Whilst the closer working initiative has focussed on a small number of practices i.e. one complete and now working on the second, this needs to be translated into CH(C)P wide action. You agreed to have the PCMHT deliver referral pathways by your next OPR.

5.2 Dementia

You have continued to make good progress.

ACTIONS AGREED AT WEST GLASGOW CHCP'S ORGANISATIONAL PERFORMANCE REVIEW – 30TH JUNE 2010

1. EFFECTIVE ORGANISATION

1.1 Finance

Two budget pressures namely EMI inpatients and community nursing. Progressing the RAM changes will be critical and partnership process needs to be tied down to enable that. I agreed to follow this up however, you expect to have achieved financial balance once EMI inpatient review concluded.

1.2 Prescribing Practice

There is good progress here and capacity is to increase through spend to save. You agreed to extend the work already in place in order to yield the potential savings and drive change in practice.

1.3 Sickness Absence

Whilst recognising improvements particularly in relation to long term absences the two key problem areas are Learning Disabilities and EMI in-patients. You agreed to do further work to improve in these areas and focus on reducing short term sickness absences. We agreed to split long and short term sickness absence for next OPR.

1.4 E-KSF

More work had been done than is reflected in performance and you agreed to try and resolve the issues locally to ensure the efforts of your team are more accurately reflected on the electronic system.

1.5 Integrated Finance and Workforce Plan

There is further work to do and you are currently looking at how to make the workforce fit the budget for Year 1 and 2 of the Development Plan. We agreed to pick this up at the session on 10 August to identify how we use the planning frameworks to link development plans and workforce development.

1.6 Demand Management

You agreed to report in a more structured way progress at a local level with GP input.

2. HEALTH IMPROVEMENT

2.1 Smoking Cessation

Whilst recognising the positive GP referral rates you agreed to focus on the following actions:

- increasing overall activity levels;
- have a clearer understanding on the groups issue and you plan to increase the number of groups from 19 to 25; and
- look at links with acute in recognition of the good quit rates in maternity.

2.2 Alcohol Brief Interventions (ABI)

You agreed to confirm whether or not the ABI target is acceptable and if not acceptable will liaise with Ian Nicol urgently.

3. ADULT MENTAL HEALTH

3.1 Anti-Depressant Prescribing

Whilst progress with the PCMHT was good, action is required to address waiting times and reduce the high DNA rates. You agreed on the need to see significant improvement in relation to anti-depressant prescribing and work with all GP practices will be critical.

3.2 Suicide Prevention Training

You confirmed that you expect to meet the target.

4. CHILDREN AND YOUNG PEOPLE

4.1 Breastfeeding

You agreed to the following actions:

- getting more clarity with the work you are doing with acute needs to be progressed recognising in-reach is clearly key and agree the delivery route with acute;
- provide more peer support to mothers when they are first at home to reduce the drop-off rate from hospital to first HV contact;
- include breastfeeding support work as part of the ante-natal process; and
- look at the effectiveness of weaning fayres based on the evidence and delivery mechanisms.

4.2 Child Healthy Weight Interventions

You agreed to increase the level of activity, look at attrition levels and consider combining this with the GP work around smoking cessation.

4.3 Triple P

You have made good progress and agreed to ensure that all trained staff are signed up to deliver the training.

5. OLDER PEOPLE

5.1 RES Framework

Timing issues and formal implementation should be in place by August 2010. You highlighted the informal implementation of the three GP clusters located in the two localities and identified that further work needed to be done in relation to district nurses. The long term conditions care management is currently being rolled out.

5.2 Day Care for Older People

You confirmed that you had a day care plan in place and expect to deliver the numbers and locations against this at the start of 2011/12.

5.3 Delayed Discharges

Whilst you achieved the zero target at year end, you have raised the major financial concerns with Social Work centre that they do not have enough cash to deliver hospital discharge. I agreed to consider escalating this issue. You also agreed to refocus effort on issues around excluded codes for under and over six weeks and comparative performance in relation to the under six weeks delayed discharge.

5.4 Dementia

Performance is good and I agreed to follow-up with the Scottish Government your concerns around the lack of clarity on how the process should operate.

6. PRIMARY CARE

6.1 48 Hour GP Access

You had not managed to make the agreed progress in gathering local intelligence over and above the GP Survey and agreed to do so. However, you had made good progress on primary care structure and GP engagement.

6.2 SCI Gateway

You are developing a detailed action plan for low performing practices.

6.3 Engagement of GPs and Primary Care Staff in the Employability Agenda

Significant progress has been made and evidenced in the growth in the number of referrals.

7. EQUALITIES

7.1 EQIAs

You agreed to ensure that all the EQIAs carried out to date feature on the website before embarking on your new programme.

8. OTHER ISSUES

8.1 PFPI Strategy

Good progress had been made in recruitment and EQIA activity.

8.2 Estates and Accommodation

There is a clearer picture of accommodation plans with a direction to separate staff bases and access hubs and you agreed to further develop into a full plan.

8.3 GP Disabled Access

Action is not complete and you plan to consider the findings of the system wide survey of primary care scheduled to be complete in three months as part of this process.

ACTIONS AGREED AT NORTH GLASGOW CHCP's ORGANISATIONAL PERFORMANCE REVIEW - 8TH JULY 2010

1. EFFECTIVE ORGANISATION

1.1 Financial Report

EMI will remain a budget pressure for first couple of months this year and then be resolved by delivering agreed changes.

1.2 Sickness Absence

Whilst rates are above the Board average actual sickness absence has reduced significantly this year. The two teams presenting biggest challenge are EMI in-patients and addictions and you have set local trajectories for both teams not to exceed a 4% average. We agreed to split long and short term absences for next OPR.

1.3 E-KSF/PDP

Performance has improved but you recognised that more work needs to be done to resolve issues locally to ensure the efforts of your team are more accurately reflected on the system.

1.4 Prescribing Practice

The prescribing budget is back on track and performance is routinely reported at every PEG.

2. HEALTH IMPROVEMENT

2.1 Smoking Cessation

A lot of effort has gone into improving performance and the engagement with GPs has been successful in directing patients to smoking cessation groups. As part of Keepwell you have asked GPs to identify a cohort of patients aged 35 – 45 years in order to target interventions and will report progress.

2.2 Alcohol Challenge

Whilst you have 12 of the 19 practices signed up you will continue to focus effort on those GPs not signed up and provide clarity on alternative access for patients of those practices. We will have a measure in place to monitor GP participation for the next OPR.

3. CHILDREN AND YOUNG PEOPLE

3.1 Breastfeeding

You have arranged a joint planning session with Acute to identify and agree shared actions to improve performance. You agreed to provide an update on whether peer supporters were now in wards and highlighted that whilst GPs wanted to stay involved in ante-natal work you would use this as a lever to ensure they are raising awareness of the benefits of breastfeeding.

3.2 Triple P

A draft performance management framework for Triple P has been developed. This is scheduled to go to the next Core Group for approval. You agreed to ensure that the staff already trained, are committed to delivering sessions.

3.3 Child Healthy Weight Intervention

Whilst current performance has improved with 27 families having started the programme and 35 one to one assessments having been carried out at February, you agreed to continue your efforts and the work with GPs was seen as crucial to further progress being made.

4. OLDER PEOPLE

4.1 Long Term Conditions

You highlighted that there were performance measures based on the outcomes identified in your Development Plan.

4.2 Delayed Discharge

You agreed to report back on the conclusion of the Social Work Leadership meeting to discuss the £4 million budget shortfall and to ensure this didn't result in patients who are ready for discharge being left in hospital. You also agreed to focus more effort on reducing the number of patients delayed in excluded codes.

4.3 Homecare Pilot

Findings from the evaluation were positive concluding that people needed less homecare resulting in a financial gain.

4.4 Demand Management

We highlighted that a report on SPARRA was scheduled to go to a directors meeting and noted your concerns regarding the value of the SPARRA data we need a whole system resolution to this issue.

5. EQUALITIES

5.1 Financial Inclusion

We agreed to return to the issue of money advisors at the next OPR.

5.2 EQIA'S

You confirmed your planned programme of EQIAs for 2010. We will be looking at all Development Plans to evaluate the spread and focus of EQIAs and their relevance to the other actions outlined in the Equalities Scheme.

6. ADULT MENTAL HEALTH

6.1 Anti-Depressant Prescribing

Whilst change in performance is proving to be a challenge you agreed to focus your efforts on reducing the level of anti-depressant prescribing. You highlighted that the PCMHT are currently looking at alternatives to prescribing. We agreed to use GP list sizes as the denominator for this measure.

7. OTHER ISSUES

7.1 Critical Incident Review

You agreed to report the findings of the critical incident review regarding the triple suicide at the Red Road flats once it has been concluded in August 2010.

Performance Review Group
September 2010

Project Director - New South Glasgow Hospitals and Labs Project **Paper No. 10/44**

NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT

STAGE 1 (LABORATORY FACILITY CONSTRUCTION) AND STAGE 2 (DESIGN OF THE NEW HOSPITALS) – PROGRESS UPDATE

Recommendation:

The members of the Performance Review Group are asked to note the progress of stage 1 (Laboratory Facility Construction) and Stage 2 (Design Development of the New Hospitals)

1. Introduction

The content of this paper sets out the progress of each of the stages of the New Laboratory and New Hospitals Project and identifies financial changes since the last Performance Review Group meeting.

2. Stage 1 - New Laboratory and Facilities Management Project Update

The Laboratory Project remains on programme to complete on 10th March 2012. Key areas of work ongoing are suspended floor slabs above the mortuary, the main waste stores and office pod. Lift and stair cores 1&4 are now in place and work is well underway on the mortuary lift core and the main entrance lift core. The procurement programme is making good progress with work packages costs coming in within allocated budgets. Issues of Reviewable Design Data (RDD) will commence in September 2010 and Lab User Groups will be involved in the reviews which will be considering material samples and colour schemes.

3. Stage 2 - New Adult and New Children's Hospitals Design Development

3.1 Design Development

The Project Team continue to make good progress on the adult and children's hospitals design. The second traunch of 1:50 user meetings have started and the review of all technical design requirements is well underway and both will be completed to the planned level to inform the Full Business Case.

4. Change Control Process Update

4.1 Background

The Acute Services Strategy Board Executive Sub-group was set up to address on-going issues that will arise as part of the NEC3 Contract which is being used for all stages of the New Adult and Children's Hospital and Laboratory Construction Project. This group is responsible for any changes to the contract and controls this through a change control process. The following tables show the current status.

The changes to the contract approved to date are shown below in Table 1

The table below list those concluded Compensation Events which will impact on target price.

Table 1

Item	CE No	Status	Date Completed	Stage 1 costs (inc O/H, Profit & VAT)	Stage 3 costs (inc O/H, Profit & VAT)	Total costs (inc O/H, Profit & VAT)
Testing of Building Board Material on Site	001	Concluded	23/02/2010	£311.73	-	£311.73
Japanese Knotweed Removal	002	Concluded	26/02/2010	£25,361.95	-	£25,361.95
Excavated Building Materials/ Spoil	003	Concluded	05/03/2010	£66,759.04	-	£66,759.04
Labs Project - Diversion of Water Main	004	Concluded	05/05/2010	£13,341.83	-	£13,341.83
Laboratory Block – Mortuary basement Level -1 (Allowance for X-Ray builder works)	005	Concluded	24/06/2010	£5,872.90	-	£5,872.90
AGV System – Cart Washer Removal	006	Concluded	24/06/2010	-	-£603,401.00	-£603,401.00
Labs Project – Copper Cladding to External Columns (Required by Planning)	007	Concluded	28/06/2010	£31,259.79	-	£31,259.79
Labs Project - Removal of Foundation from Old Rec Pavilion	008	Concluded	12/06/2010	£0.00	-	£0.00
Kitchen relocation from level 3 to basement	009	Concluded	02/07/2010	-	£72,723.89	£72,723.89 *
Reconciliation Labs - Stage D to E	010	Concluded	29/03/2010	£904,002.67	-	£904,002.67
Mortuary basement (Allowance for power and structural x-ray requirements) (Links to CE005	011	Concluded	23/08/2010	£17,107.47	-	£17,107.47
Haemato Oncology Area – reduction to Hepa filtration requirements	012	Concluded	27/08/2010	-	-£7,995.58	-£7,995.58
			Total	**£1,064,017.30**	**-£538,672.69**	**£525,344.69**

Potential Compensation Events

The table below lists other changes currently under discussion which will impact on target price.

Table 2

Item	Status	Stage 1 costs (inc O/H, Profit & VAT)	Stage 3 costs (inc O/H, Profit & VAT)	Total costs (inc O/H, Profit & VAT)
Gas found in Labs Ground area	Under discussion with sub-contractor to mitigate costs	£37,407.01	-	£37,407.01
Reduction to site wide electrical load requirements (potential to omit 2 generators)	Detailed design ongoing. C&B cost estimate. Costs awaited from BCL.	-	-£749,566.46	-£749,566.46
Reduction to bedroom patient hoist requirements	C&B cost estimate. Costs awaited from BCL.	-	-£499,710.97	-£499,710.97
Removal of the partitions between the trolley spaces in theatre recovery (NCH)	Indicative costs received from BCL and being reviewed by Currie & Brown	-	- £3,864.15	- £3,864.15
CCU – Bay dividing walls	Indicative costs received from BCL and being reviewed by Currie & Brown	-	-£154,910.40	-£154,910.40
	Total	**£37,407.01**	**-£1,408,051.98**	**-£1,370,644.97**

Table 3– Total Concluded and Potential Compensation Events.

	Total costs/savings (inc O/H, Profit & VAT)
Concluded Compensation Events (Table 1)	£525,344.69
Potential Compensation Events (Table 2)	- £1,370,644.97
Total	**- £845,300.28**

The cost stated with an asterix has been shown at the VAT rate of 20%.

5. Planning Consent Process

5.1 Planning

As reported to the July Performance Review Group meeting the Matters Specified in Conditions, attached to the Outline Consent were submitted to the Council on the 15th July 2010. These are currently being discussed and considered with the Glasgow City Council, Development and Regeneration Services Department (GCC DRS) with a decision expected on 19th October 2010 at GCC. Closing date for objections was Friday 3rd September and there was one objection.

6. Community Benefit Programme

NHS Greater Glasgow and Clyde incorporated community benefit considerations into the tender process for the new South Glasgow Hospitals. This required bidders to submit a method statement outlining how they would meet the Board's requirements in relation to targeted training and recruitment, supporting and developing small/medium enterprises (SMEs) and supporting and developing social enterprises (SEs).

In furthering the objectives outlined above, Brookfield Construction Ltd (BCL) have entered into a partnership agreement with NHS Greater Glasgow & Clyde, Glasgow South West Regeneration Agency (GSWRA), Glasgow City Council and Community Enterprise in Scotland.

BCL have established a project website www.nsghproject.com as a portal for individuals and businesses to engage in the project and register for employment and sub-contracting opportunities.

In addition to the above, BCL have established a recruitment protocol with GSWRA as part of the partnership agreement. Through the protocol, all new vacancies generated through the construction programme are notified to GSWRA, increasing the opportunities for vacancies to be filled locally were possible.

Targeted Training and Recruitment

The workforce currently employed on the laboratory project is 153 (direct and indirect). This includes new vacancies generated through the contract. To date, GSWRA have been notified of 50 new vacancies and have been successful in filling 41 of these vacancies through the recruitment protocol partnership process in place (see table 4).

Table 4: Vacancies	Direct	Indirect	Total
Total no. of vacancies in period generated by contract.	14	36	50
Total No. of Vacancies reported to GSWRA	14	36	50
No. of Contract Vacancies filled by New Entrants	4	12	16
No. of vacancies outstanding	2	4	6
No. of vacancies filled through GSWRA protocol	9	16	41

In addition to recruitment activity, BCL have also committed to undertake a number of other programmes and activities to support individuals back into employment. This includes providing work experience and training places (sees table 5).

Table 5: Experience / Training Places

Occupational Area	Direct	Indirect	F/T	P/T	Total
General Construction Operative		5	5		5
Trainee Civil Engineer		1	1		1
Total	**0**	**6**	**6**	**0**	**6**

Subject to Full Business Case approval, as the project moves forward, the priority for the partnership will be to:

- Establish a "Recruitment & Training Centre" in close proximity to the New South Glasgow Hospitals Project.
- Establish an operational team to deliver services including: vacancy promotion, skills assessment and matching, general and vocational training and business development.
- Engage effectively with the community and other stakeholders on the work of the Partnership.

7. Full Business Case and Gateway Review 3

The Project Team are making good progress on these and will complete the necessary work as programmed

8. Recommendations

The members of the Performance Review Group are asked to noted the progress of stage 1 (Laboratory Facility Construction) and Stage 2 (Design Development of the New Hospitals)

NHS GREATER GLASGOW AND CLYDE

Performance Review Group
Tuesday, 16 November 2010 at 9.30 a.m.
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G21 0XH

AGENDA

1. Apologies

2. Minutes of Previous Meeting

   To submit, for approval, the Minutes of the Performance Review Group meeting held on 21 September 2010. — PRG(M)10/05

3. Matters Arising

   a) Full Business Case – GRI: University Tower Refurbishment Project

      Verbal Update by the Chief Operating Officer – Acute Services Division

   b) Annual Review: 1 November 2010 - Outcome

      Verbal Report by the Chief Executive

4. New Southside Adult and Children's Hospital and Laboratory Project – Update — Paper No. 10/54

   Report of the Project Director – New South Glasgow Hospitals and Laboratory Project

5. 2009/10 Scottish GP Patient Experience Summary - Action — Paper No. 10/55

   Report of the Director of Corporate Planning and Policy

6. Financial Monitoring Report for period to 30 September 2010 — Paper No. 10/56 To Follow

   Report of the Director of Finance

7. HEAT Performance Report 2010/11 — Paper No. 10/57

   Report of Head of Performance and Corporate Reporting

8. Property Committee Minutes– 13 September 2010 — Paper No. 10/58

9. Communication Issues: 21 September to 15 November 2010 — Paper No. 10/59

   Report of the Director of Corporate Communications

10. Date of Next meeting

    9:30 a.m. on Tuesday, 18 January 2011 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0HX.

PRG(M)10/06
Minutes: 74 - 83

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 16 November 2010 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Ms R Dhir MBE
Mr P Hamilton
Mr I Lee
Cllr. D Mackay
Mr D Sime
Mrs E Smith
Mr K Winter
Cllr. D Yates (to Minute 79)

OTHER BOARD MEMBERS IN ATTENDANCE

Mr C Bell
Dr C Benton MBE
Mr R Calderwood
Mr I Fraser
Mr D Griffin
Cllr. J McIllwee
Rev. Dr. N Shanks
Mr B Williamson

I N A T T E N D A N C E

Ms J Gibson	..	Head of Performance and Corporate Reporting
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr I Lochhead	..	Audit Scotland
Mr A McLaws	..	Director of Corporate Communications
Mr P Moir	..	Head of Major Projects, New South Glasgow Hospitals Project (to Minute 77)
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs (to Minute 79)
Mr D Ross	..	Director, Currie & Brown UK Limited (to Minute 77)

ACTION BY

74. APOLOGIES

Apologies for absence were intimated on behalf of Mr R Cleland and Mr P Daniels OBE.

75. MINUTES

On the motion of Cllr. D Yates and seconded by Mr P Hamilton, the Minutes of the Performance Review Group meeting held on 21 September 2010 [PRG(M)10/05] were approved as an accurate record.

76. MATTERS ARISING

a) Glasgow Community Health Partnership

In relation to Minute 62 – Glasgow Community Health Partnership – Ms Renfrew advised that the Scheme of Establishment was being finalised and would include the role of Councillors once concluded with Glasgow City Council and comments from the Scottish Government Health Directorates (SGHD). Members would receive a copy of the finalised Scheme of Establishment in December. **Director – Glasgow CHP**

The senior management posts had been appointed from the existing staff from the former CHCP structures and those staff not appointed would be subject to the Redeployment process.

It was likely that the joint structure for Addictions Services would be agreed later that day with Glasgow City Council and steps taken thereafter to appoint joint Addictions Managers.

Mrs Smith let Members know that a date for the first formal meeting of the Glasgow CHP Committee had not yet been set as discussions between the Chief Executives were ongoing on the role of Councillors on the Committee. An informal meeting of existing members would be arranged shortly and the first formal meeting of the Committee would be held in the new year.

Mr Hamilton was advised that the Clinical Director role within Glasgow CHP was an over-arching Glasgow-wide responsibility and Sector Clinical Directors would deal with more local matters including GP and other primary care contractor issues.

NOTED

b) Coding Issues – Orthopaedic Geriatric Rehabilitation

In relation to Minute 66 – Audit Scotland Report: Review of Orthopaedic Efficiency – Mrs Grant advised that she would report back to the Performance Review Group (PRG) once she had established whether any coding errors had occurred in relation to the transfer of Orthopaedic Geriatric Rehabilitation patients to longer term care. **Chief Operating Officer**

NOTED

c) Preparation of Action Plan – Did Not Attends

In relation to Minute 69 – Outcome of Organisational Performance Reviews – Mrs Grant let Members know that the various steps being taken to reduce the "did not attend" rate at clinics were being finalised and a comprehensive Action Plan developed for implementation across the Acute Services Division. The actions and outcome would be reported back to the PRG within the Quarterly Performance Report. **Chief Operating Officer**

NOTED

d) Full Business Case – GRI: University Tower Refurbishment Project

In relation to Minute 60(a) – Approval of the Full Business Case for the Glasgow Royal Infirmary University Tower Refurbishment Project – Mrs Grant advised that the SGHD Capital Investment Group had approved the Scheme and discussions were ongoing with Glasgow University about commencing the project.

NOTED

e) Annual Review – 2009/10

In relation to Minute 70 – Annual Review Preparations: Update – the Chairman reported that the Cabinet Secretary's letter dated 16 November 2010 had been received. It had recorded her thanks to the NHS Board for what had been a positive, productive and informative day and noting that clear progress had been made in the last year on a number of fronts and staff were to be congratulated for their assiduous efforts.

The Annex attached to the Cabinet Secretary's letter would be converted into an Action Plan and progress monitored by the PRG at future meetings. Members had received a copy of the letter and the Chairman had written to staff thanking them for their efforts in achieving such progress at this challenging time. He also thanked those NHS Board Members who were able to be present at the Annual Review meeting on the afternoon of 1 November 2010.

NOTED

77. NEW SOUTH-SIDE ADULT AND CHILDREN'S HOSPITAL AND LABORATORY PROJECT - UPDATE

There was submitted a paper [Paper No. 10/54] by the Project Director setting out the progress of each of the stages of the development of the new laboratory and design of the new hospitals.

The new Laboratory and Facilities Management (FM) Project remained on programme to be completed by mid-March 2012 and Mr Moir explained the key ongoing areas of work and the next stages which would include mechanical and building services, roof, stairs and internal partitions.

In relation to the new Adult and Children's Hospital design, over 700 different room types had now been agreed with the respective clinical user groups and this had been incorporated into the Final Business Case which the NHS Board had approved at its October NHS Board meeting for submission to the Scottish Government Health Directorates. Since approval of the Final Business Case presentations on the project had been given to the Acute Services Partnership Forum, Yorkhill Medical Staff Association, Yorkhill Integrated Clinical Board and the NHS Board Medical Staff Forum. In addition, the months of December and January would see a programme of Roadshows across the main adult acute sites with staff encouraged to drop in and find out more about the project and timescale.

The Gateway 3 Review was undertaken by the Centre of Expertise for Programme and Project Management in early October. The project was awarded a green level delivery confidence assessment defined as – "successful delivery of the project/ programme on time, cost and quality appeared highly likely and there were no major outstanding issues at this stage which appeared to threaten delivery significantly". This had been welcomed and the Risk Register was refined to include indirect risks (e.g. political risks) and the continued need to develop the benefits management plan to define targets and gather baseline data.

Planning permission for the new Adult and Children's Hospital design had been granted by the City Council on 19 October and this was in addition to the planning permission for the Master Plan which had been granted in June 2010.

Community benefits continued to make good progress and Mr Ross explained the current change control process and potential compensation events which continued to show a likely net saving.

Mr Winter advised that he was pleased to see the progress made and the likely outcome from the potential compensation events. He asked if the removal of partitions had been a result of a request from clinical staff and Mr Calderwood advised that such alterations had indeed been driven by a clinical review of the plans. Mr Williamson enquired about the reduction to bedroom patient hoist requirements and, again, this had been requested by the clinical user groups as their need for such patient hoists were more targeted for particular areas.

Ms Dhir asked about the flexibility in controlling the temperature within individual rooms and Mr Moir advised that there would be limited room for adjustment to the pre-determined temperature for the hospital.

Dr Benton asked about the levels of contamination in terms of ground gases exceeding the limits covered by the NHS Board's site investigation report. Mr Moir advised that gas levels had exceeded limits by only a small amount and this had not proven to be a significant issue although costs were still awaited from the Contractor.

Members were pleased to note the good progress in both the construction of the new Laboratory and the design development of the new Adult and Children's Hospitals.

NOTED

78. 2009/10 SCOTTISH GP PATIENT EXPERIENCE SURVEY – ACTION

There was submitted a paper [Paper No. 10/55] by the Director of Corporate Planning and Policy, which set out the survey results and comments/actions from each of the 10 CH(C)Ps in relation to the Better Together Scottish GP Patient Experience Survey.

Members were advised at the last meeting that a postal survey had been sent to a random sample of patients who were registered with a GP in Scotland in October 2009. This was linked to the patient experience domain of the GMS Contract Quality and Outcomes Framework.

Ms Renfrew advised that the results per survey question were available at NHS Board level, CH(C)P level and GP practice level. The key findings and actions were:-

- CH(C)Ps were using the survey findings in discussions with the senior management teams and Care/Clinical Governance Committees;

- CH(C)Ps were keen to learn from areas within the NHS Board and across Scotland where higher scores had been achieved; and

- The findings were being used in discussions with GPs during Quality Improvement Visits.

The paper provided a summary by each CH(C)P and the Organisational Performance Reviews would scrutinise the actions required and identify any Board-wide issues and themes.

Mrs Smith asked how the NHS Board could be assured that there would be an improvement in performance by GP practices as a result of the survey. Ms Renfrew advised that the Quality Improvement Visits to each GP practice would ensure this was the case and CH(C)Ps would be targeting discussions with particular practices in an effort to bring about improvements for patients.

Mr Hamilton indicated that with the presentation at the December NHS Board Seminar on the In-patient Survey he wondered if there may be scope for Clinical Directors from CH(C)Ps presenting at a NHS Board Seminar in the new year on the actions taken to improve services at a GP level as a result of this national survey. He also advised that the results of the survey would be discussed by the Clinical Governance Forum as well as the Practice Managers Forum within East Renfrewshire CHCP.

Director of Corporate Planning and Policy

NOTED

79. HEAT PERFORMANCE REPORT 2010/11

There was submitted a paper [Paper No. 10/57] by the Head of Performance and Corporate Reporting which set out the NHS Board's performance for the second quarter of the year in respect of the HEAT targets set out in the 2010/11 Local Delivery Plan.

Ms Gibson advised that a total of 35 HEAT targets, 6 HEAT standards and 3 key performance indicators were contained within the scorecard and each had been assigned a performance status based on their variation from their agreed HEAT trajectories. The paper highlighted where good progress was being made, together with key areas where there was need for some improvement. These areas included child healthy weight interventions; breastfeeding at 6-8 weeks; 18 weeks referral to treatment; new out-patient appointments did not attend rates and delayed discharges.

Ms Renfrew advised that there was real concern at the rapid rise in the number of delayed discharges within the Glasgow City Council area. This had been brought about by a reduction in funding within the Social Work budget by the Council and this had resulted in significant pressure on Accident & Emergency departments in arranging emergency admissions and elective operations within Glasgow hospitals. Discussions were taking place between the Chief Executives of both organisations in an attempt to agree a way forward following the Council's decision to re-direct care home placement funds. The number of patients waiting over the six-week target, who had been assessed as suitable for the community placement within the Glasgow area had risen from 10 in July to 91 in November and the increase was continuing at an alarming rate. The number of beds blocked within Glasgow hospitals due to the delayed discharges rising would see the NHS Board failing to meet the performance target set for Accident & Emergency and planned elective operations would potentially require to be postponed.

Councillor Mackay was concerned about how such a backlog could be tackled as he recognised the challenge of maintaining the target on a month-to-month basis.

Mr Calderwood advised that the SGHD would have sight of the rising figures in the regular monitoring reports which would be submitted later that day. The issue of delayed discharges would be discussed in greater detail at the NHS Board's Away Event on 26/27 November 2010.

Mr Sime raised the issue of the NHS Board performance in meeting the target set for eKnowledge and Skills Framework (eKSF) and Personal Development Plans (PDPs). All encouragement was being given to managers to try and complete staff's eKSFs as soon as possible and over 250 trained eKSF experts were available at a local level and the major effort was around transferring data to eKSF once completed and agreed with staff.

Mr Lee raised the issue of the continued difficulty in meeting the sickness absence target of 4%. Currently the figure of 4.56% was comprised of 2.23% short-term absences and 2.21% long-term absences. Mr Calderwood indicated that the issue of sickness absence was being addressed aggressively with the Area Partnership Forum's support and the major target was trying to reduce the short-term absences. There was a recognition that from a workforce of up to 44,000 employees there would be a proportion of staff who faced chronic illness and life-threatening illnesses. National terms and conditions of service pre-determined the access staff had to benefits during long term illnesses. Mr Sime highlighted the initiative – Healthy Working Lives and the benefit that brought to encouraging a healthier workforce. The Staff Governance Committee would continue to monitor progress and the actions developed to try and achieve this particularly challenging target.

NOTED

80. FINANCIAL MONITORING REPORT FOR PERIOD TO 30 SEPTEMBER 2010

There was submitted a paper [Paper No. 10/56] by the Director of Finance, which set out the financial position for revenue and capital for the first six months of the year to 30 September 2010 and also the detailed assessment of the NHS Board's mid-year financial position. The report highlighted that expenditure levels were £5.6m in excess of budget and this was partly attributable to the timing of implementing costs savings plans, additional cost pressures in hospital and primary care prescribing and pay costs linked to the slowing down of the rate of staff turnover.

Mr Griffin took Members through the mid-year review of the financial position in detail and advised that it remained the case that the NHS Board was forecasting that a year-end break-even position remained achievable.

At the mid point of the year the Acute Services Division reported additional expenditure of £3.3m relative to budget. At the Organisational Performance Review further cost pressures had been identified relating to the second half of the year, the most significant being a potential £2m of costs associated with incremental pay progression, In addition, it was reported that expenditure on acute prescribing significantly exceeded budget by £2m – this being an identified risk at the beginning of the year. It was believed that to meet the financial break-even position at year-end an additional £11m of savings would require to be made.

Within NHS Partnerships the most significant issue to emerge from the mid-year performance reviews was the growth in expenditure related to prescribing of appliances, generating a cost pressure approaching £2.5m. This expenditure may not be attributable to NHSGG&C patients and the NHS Board was reviewing this matter to identify potential remedies to resolve the issue.

An additional cost pressure was identified in respect of the incidence of clinical and medical negligence claims. The CNORIS Scheme Managers had confirmed a further significant increase in expenditure across NHS Scotland in 2010/11 which had not been anticipated during the budget-setting process. The impact of additional costs on the Board in 2010/11 was estimated to be £3m. In total therefore it was expected the NHS Board would face an additional financial challenge of circa £17/£18m in 2010/11 and investigations have been ongoing to address this financial challenge in order to forecast a break-even out-turn for the year end.

Mr Griffin advised Members of the comprehensive review which had been carried out on all funding allocations for 2010/11. In addition, it was possible that the NHS Board may be able to release further funds from additional cost savings in 2010/11. The possibility of release of non-recurring funds together with further

supplementary measures, meant that the forecast of a break-even out-turn at the end of the year remained feasible. Future monitoring reports to the NHS Board and PRG would report on the progress being made to manage the Board's finances.

In relation to capital expenditure the Capital Planning Group had allocated funding totalling £191.8m to approved schemes in 2010/11. The review of forecast expenditure out-turn has confirmed a slippage of approximately £18m could reasonably be anticipated enabling capital expenditure to be contained within the available budget of £186.7m. This would leave £5.1m still to be identified in order to ensure overall expenditure can be maintained within the budget and it was reasonable to anticipate this additional slippage would be identified in the remaining months of the year.

NOTED

81. PROPERTY COMMITTEE MINUTES

There was submitted the Minutes of the Property Committee [Paper No. 10/58] dated 13 September 2010 for information.

Mr Calderwood advised Members of the ongoing discussions with Glasgow University in relation to the planned disposal of the site at the Western Infirmary. Detailed discussions were taking place around the complexity over the disposal of 10 acres of the site to the University and, in addition, discussions were also under way with the University in relation to the four acres of the site which fronts Church Street.

In relation to the Johnstone Hospital site this was currently out to tender with a report back to the Capital Planning Group expected shortly.

Cllr. Mackay highlighted the current position with regard to Linwood Health Centre as part of the wider Linwood Town Centre redevelopment.

NOTED

82. COMMUNICATION ISSUES: 21 SEPTEMBER TO 15 NOVEMBER 2010

There was submitted a paper [Paper No. 10/59] from the Director of Corporate Communications covering communication actions and issues from 21 September to 15 November 2010.

Mr McLaws highlighted the following:-

- The arrangements associated with many aspects of the Annual Review meeting, including the Cabinet Secretary's media call during the tour of the West of Scotland Beatson Cancer Centre, presentation by the Cabinet Secretary of the 2010 Chairman's Award and the media activity resulting from the question and answer session at the Annual Review.

- Engagement with the local newspaper to ensure accurate reporting of the ongoing issue of car parking concerns at the Royal Alexandra Hospital. In addition, a message from the Chief Executive reassuring readers of the commitment to the Inverclyde Royal Hospital following locally expressed fears about a running down of services.

- The coverage in today's media about the stroke stem cell injection into the brain. This was in conjunction with Glasgow University and believed to be the first time that such a procedure had been undertaken.

- The article in the magazine – Britain's Top Doctor – a journalist's experience of the Spinal Injuries Unit at the Southern General Hospital. It was agreed that the video connected with this article would be shown at the NHS Board Seminar in December. **Director of Corporate Communications**

- The winter booklet "Know Who To Turn To" was being finalised and printed in late November and would be widely circulated throughout community health premises. The winter edition of the Health News would also feature key messages about being prepared for winter and was written in conjunction with the messages contained in the winter booklet.

Mr Lee asked if NHS Board Members could receive a greater proportion of the press releases which were released by the Communications Directorate and this was agreed. **Director of Corporate Communications**

Mr Robertson took the opportunity of congratulating Mr McLaws and the Communications Team on winning the Public Relations Consultants Association "UK In-House Team of the Year" in October and also the Chartered Institute of Public Relations – "Scottish Public Sector Team of the Year". In addition, the Health News was named as "Best Newspaper" together with the Silver PRIDE Awards for NHS Boards Internal Staff Communications System a separate Award for the Staff Magazine. Members were delighted with the successes achieved by the Communications Team and passed on their congratulations and thanks for such outstanding achievements.

NOTED

83. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 18 January 2011 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

The meeting ended at 11.35 a.m.

PRG(M)11/01
Minutes: 1 - 13

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 18 January 2011 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr R Cleland
Ms R Dhir MBE
Mr P Hamilton
Mr I Lee
Cllr. D Mackay
Mr D Sime
Mrs E Smith
Mr K Winter

OTHER BOARD MEMBERS IN ATTENDANCE

Mr R Calderwood
Ms R Crocket
Mr D Griffin
Cllr. J McIlwee
Rev. Dr. N Shanks

I N A T T E N D A N C E

Mr N Cartlidge	..	Audit Scotland
Ms J Gibson	..	Head of Performance and Corporate Reporting
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow City CHP
Mr A McLaws	..	Director of Corporate Communications
Mr P Moir	..	Head of Major Projects, New South Glasgow Hospitals Project (to Minute 4)
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr D Ross	..	Director, Currie & Brown UK Limited (to Minute 4)
Mr J Rundell	..	Audit Scotland
Mr R Rose	..	Head of Medical Staffing (to Minute 5)

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Mr P Daniels OBE and Cllr. D Yates.

2. MINUTES

On the motion of Mr P Hamilton and seconded by Mr I Lee, the Minutes of the Performance Review Group meeting held on 30 November 2010 [PRG(M)10/06] were approved as an accurate record.

3. MATTERS ARISING

a) Glasgow Community Health Partnership - Update

In relation to Minute 76(a) – Glasgow Community Health Partnership – Mrs Hawkins reported that the Scheme of Establishment had been submitted to the Scottish Government Health Directorate (SGHD) for approval. A development session was to take place in February and arrangements were being made for the first formal meeting of the CHP Committee to be held in March 2011.

The Joint Partnership Board meeting had been held in December, with a further meeting arranged for the third week in February.

In response to a question from Mr Lee about the recruitment process to fill the posts in the new CHP and the impact of those who had not been able to secure a post, Mrs Hawkins provided an update and described the role of the Redeployment Centre for staff who had been displaced as a result of these changes.

The Chair advised that he and Mrs Hawkins had attended a positive meeting with Mr Matt Kerr, Executive Member of the City Council with responsibility for health and social care.

NOTED

b) Coding Issues – Orthopaedic Geriatric Rehabilitation

In relation to Minute 76(b) – Coding Issues – Orthopaedic Geriatric Rehabilitation – Mrs Grant advised that she had provided a response to Mr Winter direct and he confirmed that he had been satisfied with the outcome.

NOTED

4. NEW SOUTH-SIDE ADULT AND CHILDREN'S HOSPITAL AND LABORATORY PROJECT - UPDATE

There was submitted a paper [Paper No. 11/01] by the Project Director setting out the progress of each of the stages of the development of the new laboratory and design of the new hospitals.

Mr Moir reported that the new Laboratory and Facilities Management Project remained on programme for completion on 10 March 2012. The concrete frame was 98% complete and the last pour on Level 4 had been completed prior to the Festive break. The roof steelwork package was well under way, steel staircases had been installed in two cores, the structural framing system for the external walls had been installed to about a fifth of the building and internal partitions had begun to be erected on three floors.

In relation to the new Adult and Children's Hospital, a number of roadshows had been held at the Royal Infirmary and Western Infirmary in December 2010 in order to raise awareness about the detail of the project and further roadshows would be carried out in the early part of the year within other hospital sites in the Glasgow and Clyde area.

The Community benefits programme continued to make good progress in meeting the target of 10% of labour used in the construction of the new hospitals to be new entrants. At 6 December the Glasgow South West Regeneration Agency had been notified of 92 vacancies and had been successful in filling 61 of these. Apprenticeship intake was contributing to 25% of the new entrants and over 1700 individuals had registered on the project recruitment portal. A meet the buyer session was held on 30 November 2010 and generated 250 business registrations. Workshop Sessions were also undertaken in November and facilitated by Brookfield Construction Ltd. and the NHS Board on procurement with a total of 32 businesses attending. A total of 170 businesses had registered with Brookfield through the project portal, each receiving advice and guidance on how best to proceed in relation to future work packages.

The Final Business Case (FBC) was approved by the Scottish Government on 10 December 2010 and a public version of the FBC was being produced for the NHS Board's website and Scottish Parliament Library Services. The contract to build the new Adult and Children's Hospital was signed with Brookfield Construction Ltd on 17 December 2010. Site preparation works for the Energy Centre, the main road access road to the site and reconfiguration of the main drainage system were under way. The Project Team recognised the disruptive nature of the drainage diversion works to the operation of the Southern General Hospital and had devised a plan of works in conjunction with the contractors, hospital managers, estates and the Ambulance Service to minimise any potential impacts from the works.

Project Director

Mr Winter asked about the possible compensation event in relation to inclement weather and whether it had been considered that this should be looked at in conjunction with the full length of the contract. It was reported that costs were awaited from the contractor; however, there were also expected to be benefits in relation to favourable weather in latter parts of the contract and overall these should balance out. It was also reported that in relation to the severe weather of the last few weeks, there would be further discussions about the ventilation system in relation to its operation in temperatures colder than -6ºC.

In responding to Mr Winter's comment about the timing of the handover, it was reported that the Laboratory project had been planned as a single handover date. In relation to the New Hospitals project discussions were continuing with the contractor with the possibility of earlier access to the newly developed Children's Hospital if that was practical and could be handed over safely for commissioning and use some four years from now. Discussions would continue with the contractor over the coming months.

NOTED

5. AUDIT SCOTLAND REPORT: USING MEDICAL LOCUMS: NHSGG&C POSITION

There was submitted a paper [Paper No. 11/02] by the Director of Human Resources, setting out the Audit Scotland Report on Using Locum Doctors in Hospitals and the NHS Board's response.

Mr Raymond Rose, Head of Medical Staffing, drew Members' attention to the main recommendations of the report and the table attached to the paper which set out the NHS Board's position in relation to each point with detailed comments against each.

The governance arrangements for recruiting locum doctors in hospitals were shared between Medical Staffing, the lead on the quality and standards of locums and reported direct to the Medical Director and Recruitment Services which dealt with the more commercial aspects of the process and provided direct operational support to the service. The varying systems and controls in use by the former Divisions had been harmonised into a set of Medical Staffing Recruitment Services guidance in June 2008 and it was planned to review and update that guidance in early 2011.

The process around the New National Locum Framework Contract which commenced in June 2010 was described in the paper. The new National Contract had five suppliers who were advised simultaneously of a locum requirement and they had a fixed time period in which to respond with a potential candidate. If this was not achieved, the position was passed to a non-framework company to fill. To date, the new national framework was responsible for filling 30% of the requests put to it resulting in NHSGG&C still being reliant on its previous supplier. It was the case that most locum cover was short-term. The issue of the National Contract had been discussed at the NHS Scotland Chief Executives meeting and the NHS Board Chairs meeting.

Members expressed concern about the National Contract arrangements and Mr Williamson had submitted written comments on this report which the Chief Executive read out to Members. Mr Williamson had concerns about the quality of service provided by locums and was keen that the NHS Board committed to improving the clinical governance monitoring systems to detect and deal with any issues resulting from the use of locums within hospitals. In addition, the Audit Scotland Report concentrated more on the financial aspects of the arrangements than the quality of service provided by locum doctors.

Mr Rundell, Audit Scotland, advised that he would feed back Members' comments to the central team which had drawn up this report and, in particular, drawing attention to the concerns about the absence of the quality of care aspect.

In agreeing to note the contents of the report and the position with NHSGG&C, it was agreed that the Corporate Management Team would review the arrangements within NHSGG&C.

DECIDED:

That the Corporate Management Team review the arrangements for appropriate and effective arrangements for the provision of medical locums. **Director of Human Resources**

6. FINANCIAL MONITORING REPORT FOR PERIOD TO 30 NOVEMBER 2010

There was submitted a paper [Paper No. 11/03] by the Director of Finance which set out the financial position for revenue and capital for the first eight months of the year to 30 November 2010. The report highlighted that expenditure levels were £4.3m in excess of budget; however, at this stage, it was considered that a year end break-even position remained achievable.

Mr Griffin advised that the overspend to date was partly attributable to the timing of implementing cost savings plans, additional cost pressures pushing expenditure above budget, particularly in relation to hospital prescribing within the Acute Services Division and that pay costs continued to run ahead of budget for the year to date. It was also the case that there had been a slowing down in the rate of staff turnover. The overspend within Acute Services was £3m and all directorates were showing increased expenditure for the first eight months of the year. Efforts were being made to ensure that the overspend was contained in order to deliver an overall break-even out-turn of its expenditure budget by the end of the year. In relation to the Partnerships, excluding expenditure on the dispensing of appliances, overall expenditure was running below budget at this time.

In relation to capital expenditure, Mr Griffin advised that the NHS Board's estimated capital funding for use on 2010/11 approved schemes was anticipated to be £167.6m. Following discussions with SGHD the level of slippage required to be generated in year had increased to £16.5m. To date, approximately half of the £16.6m required slippage had been identified and it was considered reasonable to assume that by 31 March 2011 the remaining balance would be identified and the Board would meet its capital resource limit for the year.

Mr Calderwood advised that the capital sums from SGHD to support the New Southside Hospitals developments and the Tower Block at the Glasgow Royal Infirmary would result in a record capital allocation to the NHS Board in 2011/12. However, officers were aware that there would be a very much reduced capital sum available for other projects and therefore strict prioritisation would be essential in 2011/12 and 2012/13.

Councillor Mackay felt that this strengthened the need for more joint working to identify greater efficiency savings, more flexibility and more opportunities for co-location between Local Authorities and the NHS.

In response to Members' questions Mr Calderwood advised that he was aware that discussions were ongoing to introduce a replacement scheme for the Private Finance Initiative: redesigned services within the NHS would, in the future, have to be less capital dependent and shared premises and shared schemes with Local Authorities would be essential in going forward. He also advised Members of the arrangements around the implementation of new drugs by the Scottish Medicines Consortium and that prescribing costs remained the single biggest upward inflationary impact faced by the NHS. Lastly, he acknowledged that there would be additional costs associated with the winter pressures following the need to open additional intensive therapy unit beds and acute beds within a number of hospital sites. The additional costs would be brought to Members' attention in future Financial Monitoring Reports. **Director of Finance**

Mr Calderwood advised that he was meeting with the Director of Finance, SGHD, the following day in order to discuss the replacement for Douglas Griffin, Director of Finance, who would leave at the end of May 2011. Mr Griffin would oversee the approval process associated with the Annual Accounts 2010/11 and this was welcomed by Members. Mr Calderwood advised that he would further update Members on this matter at the February NHS Board Seminar. **Chief Executive**

NOTED

7. HEAT PERFORMANCE REPORT: 2010/11

There was submitted a paper [Paper No. 11/04] by the Head of Performance and Corporate Reporting, which set out the NHS Board's performance in respect of the HEAT targets set out in the 2010/11 Local Delivery Plan.

Ms Gibson highlighted those areas where the NHS Board was meeting the target or exceeding the trajectory and Members were pleased to note the progress being made. In relation to areas in need of improvement Ms Gibson reported that performance in relation to 13 HEAT indicators were rated as Red. The paper identified a number of key actions which would be taken to improve performance, particularly in relation to Child Healthy Weight Interventions; Smoking Cessation; Breastfeeding at 6-8 Weeks; e-Knowledge Skills Framework (KSF); Sickness Absence rate and Delayed Discharges.

Ms Renfrew advised that discussions had taken place with Glasgow City Council and improvements were being made to delayed discharges. There was, however, a rise in the number of patients who had been in hospital for just under the six-week period and discussions would be held with Local Authorities to try to ensure patients were appropriately discharged as soon as possible rather than just before the six-week target.

Ms Gibson informed the group that since the paper had been prepared, performance against the suicide training target had now been exceeded. However, Mr Hamilton asked if the two-day training session had now been reduced to take account of staff concerns at freeing up time to be available to attend the training. Mrs Hawkins advised that the length of the training sessions had been reduced for future sessions.

Mr Hamilton asked for the costs associated with the Child Healthy Weight Interventions and Ms Renfrew advised that as there were a number of contributions in the programme it was not costed in a single budget sense, but she would obtain information on the specific costs. She indicated that there was a huge health cost of increasing obesity levels.

NOTED

8. LOCAL DELIVERY PLAN: UPDATE

There was submitted a paper [Paper No. 11/05] by the Head of Performance and Corporate Reporting, which set out the progress in preparing the 2010/11 Local Delivery Plan. SGHD had issued in December 2010 a summary and detailed guidance on the requirements and targets to be included in the Local Delivery Plan.

The intention was to submit a first draft to SGHD by 18 February and the final draft by 18 March 2011. Ms Gibson advised that leads had been identified for each target and work was under way to assess the NHS Board's capability to deliver and identify any risks.

NOTED

9. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (TO SEPTEMBER 2010)

There was submitted a paper [Paper No. 11/06] by the Chief Operating Officer – Acute Services Division; the Director, Glasgow CHP and the Head of Board Administration, setting out the third monitoring report on the handling and settlement of legal claims within NHS Greater Glasgow and Clyde. Mr Hamilton introduced the paper and advised that there had been a reduction in the number of claims settled in the last 12 months. This was mainly due to the fact that the Acute Services Division had reviewed and updated all outstanding claims in the early months of 2009 and had settled a number of relatively small claims on an economic settlement basis.

There were currently 644 outstanding claims which was consistent with the previous year, of which 34 of these claims had an estimated (worst case) potential settlement value of £250,000 or more.

Lastly, Members' attention was drawn to the settlement of two significant legal claims in October and November 2010.

In response to a Member's question, Mr Calderwood advised that staged payments had been made by the NHS in Scotland over a number of years – this was where there was an admission of liability and the debate had been about the size of the settlement figure. In these cases the NHS Board had settled an agreed sum early and further discussions then took place on the outstanding balance. More recently, phased payments were being considered by the Scottish Health Service, especially for cases where large settlements had been agreed. This had been in relation to future costs associated with providing adaptations and future care for individuals who had suffered severe mental and physical complications as a result of medical negligence.

NOTED

10. VALE OF LEVEN HOSPITAL – PUBLIC INQUIRY: PROGRESS

There was submitted a paper [Paper No. 11/07] by the Chief Executive, setting out an update on the progress being made by the Vale of Leven Hospital Public Inquiry.

Mr Calderwood advised that he had now been informed by the Inquiry Team that there would be no Public Hearings of the Inquiry in March or April 2011 and no Hearings between 25 July and 22 August 2011.

The second chapter of Oral Hearings from patients and family members which had originally been scheduled for 6–10 December 2010 and had been postponed due to the severe weather had been re-scheduled for Tuesday, 25 January to Thursday, 27 January 2011.

The Inquiry Team were still contacting the Board seeking information and answers to a range of questions. Queen's Counsel for the NHS Board would be changing shortly as the current QC was due to commence maternity leave in the next few weeks.

NOTED

11. PROPERTY COMMITTEE MINUTES

There was submitted the Minutes of the Property Committee [Paper No. 11/08] dated 13 December 2010 for information.

In relation to the Western Infirmary, Mr Calderwood advised on the meeting with Mr David Newall, Secretary to Court/Director of Administration, and Mr Jim McConnell, Director of Facilities, on 22 December 2010. There was high level agreement between the parties although some issues remained outstanding and they would be subject to further discussions and debate between the NHS Board and the University over the coming weeks and months.

Mrs Hawkins responded to a question about Ravenscraig and advised that tenders were awaited for the scheme to replace Ravenscraig and the next stages would be dependent on the tender price being within the allocated revenue budget.

NOTED

12. COMMUNICATION ISSUES: 17 NOVEMBER TO 18 JANUARY 2011

There was submitted a paper [Paper No. 11/09] from the Director of Corporate Communications covering communication actions and issues from 17 November to 18 January 2011.

Mr McLaws highlighted the following:-

- 80,000 copies of the winter booklet – "Know Who to Turn to this Festive Season" were widely distributed in early December explaining how to access health services during the two 4-day public holiday periods. In addition, a press release and half-page advert in the Evening Times ensured widespread awareness of the booklet. Health News in December also featured key messages about the NHS Board's winter arrangements and included a special pull-out supplement of the guide. In response to the adverse weather conditions a staff weather/transport information web portal was introduced to offer staff the most reliable and up-to-date information from Councils, Police, Transport and Road Services, the Meteorological Office and local radio stations.

- A special edition of the Positive Parenting Programme – Stay Positive Tip Newsletter was published in December and delivered to all parents of Glasgow school pupils via a school bag drop distribution.

- There was widespread coverage of the launch of the NHS Board's Stalking Policy at the end of December – the first such policy in NHS Scotland. High profile stalking campaigner, Anne Moulds – 2010 Scottish Campaigner of the Year – worked with the press desk for the media launch.

- Preparations were under way for a major publicity campaign to accompany the transfer of in-patient beds from Stobhill Hospital to the Royal Infirmary. There would be a practical guide for every household in the Stobhill catchment area; a commemoration of Stobhill's proud acute services past in the next edition of Health News and a radio campaign advising people of the changes to emergency services in the north and east of the city.

13. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 15 March 2011 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

The meeting ended at 11.40 a.m.

Performance Review Group
18 January 2011

Project Director – New South Glasgow Hospitals & Laboratory Project **Paper No. 11/01**

NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT

STAGE ONE & STAGE TWO PROGRESS UPDATE

Recommendation:

The members of the Performance Review Group are asked to note progress of Stage 1 (Laboratory Facility construction), Stage 2 (Design Development of the New Hospitals) and Stage 3 construction of the Adult and Children's Hospitals

1. Introduction

The content of this paper sets out the progress of each of the stages of the New South Glasgow Hospitals project and identifies changes since the last Performance Review Group meeting in November 2010.

2. Stage 1 - New Laboratory and FM Project

- The Project remains on programme to complete on 10th March 2012.
- The concrete frame is now 98% complete and the last pour on level 4 was completed prior to the Christmas holiday. Completion of minor elements of lift and stair cores and service plinths remain outstanding.
- The roof steelwork package is well underway with approximately 35% installed.

- Steel staircases have been installed in two cores and will shortly provide permanent access to floors for construction following removal of scaffolding access towers. Stairs and balustrades will be adequately protected during the construction phase.
- The structural framing system for the external walls has been installed to approximately 22% of the building this will support render panels externally and insulation and plasterboard internally.
- Internal partitions have begun to be erected on three floor levels, predominantly to main corridor walls to allow a1st fix of mechanical and electrical services.
- Mechanical and electrical service pods are being installed on three levels. These pods are fabricated in 5 metre sections off site and comprise ventilation ductwork, water services

pipeworks and cable trunking. Off site fabrication improves quality control and reduces the labour on site trying work in one confined area. The pods are jacked into position on site and jointed in-situ.

Internal fit out – a service pod in place

External wall system to Service Yard

3. Stage 1 – 33kv Sub Station

Construction work has started for the main sub station for the new builds at the west end of the development site on Hardgate Road. Piling works are underway to provide a sure footing for the superstructure which will eventually become part of Car Park II. The main entrance from Hardgate Road has been temporarily repositioned to take account of these works, and once part of the new main entrance road is complete, will relocate further north off Hardgate Road.

4. ASR II – Enabling Works

Demolition work to provide a clear site for the new hospitals project is now complete and the site levelled in preparation for Stage 3. The demolition of the Hardgate Road ambulance station is also now complete and will provide space for the enlarged site works facilities and compound required for the new hospitals project.

5. Stage 2 - New Adult and Children's Hospitals (Road Shows held to raise awareness about FBC approval)

Roadshows were held at the Royal Infirmary and the Western during December 2010, and roadshows are scheduled for the other Glasgow sites in January. We are looking to do similar events in the hospitals in Clyde.

Presentation sessions and roadshows were also held in the RHSC during December.

6. 1:50 Process

The next stage of the departmental design development involves translating the standard room types into the full departmental layouts and is programmed to commence on 13th January with the user group reviews and sign off in the period from mid March to end of June 2011.

As the process has the capability to impact on cost and programme, rigid change management process will be applied ensuring pro-active management of any developing issues.

The process will also inform equipment procurement and gateways are included to manage/control this.

7. Community Benefits

The project is making good progress in meeting its target of 10% of labour used in the construction of the hospitals to be new entrants. As of 6th December 2010 Glasgow South West Regeneration Agency have been notified of 92 vacancies and have been successful in filling 61of these.

To date, the apprenticeship intake is contributing 25% of the New Entrant figure (6 apprenticeships). Discussions are ongoing with partners for 2011 intake of apprenticeships to be agreed.

Over 1300 individuals have registered on the project recruitment portal www.nsghjobs.com. These include individuals looking to enter the construction sector and experienced tradespersons. As the project moves forward, the priority is to work with Brookfield and there supply chain partners to ensure that vacancies generated through the project are appropriately matched to individuals registered on the portal.

A meet the buyer session was held on Tuesday 30th November 2010 and generated 250 business registrations, exceeding capacity for the venue. In order to meet demand an additional session has been planned for 25th January 2011 in Orkney Street Enterprise Centre for local SME and Social Enterprises. To date a total of 116 businesses have attended the meet the buyer sessions.

In addition, workshop sessions were undertaken in November facilitated by Brookfield and NHSGG&C on procurement with a total of 32 businesses attending. As of the 6th December 2010 a total of 92 businesses had registered with Brookfield through the project portal, each receiving advice and guidance on how best to proceed in relation to future work packages.

In the November 2010 project report, an update was provided on the Centre for Excellence in Healthcare at Cardonald College. NHSGG&C continues to work closely with Cardonald and partners to engage schools in South West Glasgow linked to the new laboratory development and increase the uptake of healthcare related training from young

people in South West Glasgow. This has included diagnostics undertaking a presentation to 240 S2 pupils from South West Glasgow on the role of science in healthcare as part of the college's annual Christmas lecture.

In addition, diagnostics are supporting engagement with schools in South West Glasgow to undertake healthcare science related curriculum projects linked to the new laboratory development. To date Govan High, St Pauls High, Hillpark Secondary and Rosshall Academy have expressed an interest in undertaking projects and these will be implemented in early 2011.

In addition to the above, Brookfield Construction Ltd organised a Christmas gift collection on the construction site. This was supported by staff from the NHS project team and sub-contractors working on the new laboratory development. As a result, gifts valued at approx £1000 were raised for needy children in the Govan area. The gifts were donated to the Preshal Trust, a recognised Scottish Charity, who will distribute them directly to families and local children with the greatest need.

8. Stage 3 – New Adult and Children's Hospitals - Construction

The Full Business Case (FBC) was approved by the Scottish Government on 10 December 2010. A public version of the FBC is now being produced which will be issued to the Scottish Parliament Library Services. The contract to build the new Adult and New Children's hospitals was signed with Brookfield on 17 December 2010.

The contractor has already commenced work with site preparation works for the Energy Centre, the new main access road to the site and reconfiguration of the main drainage system and the diversion of the Linthouse Burn. This latter task will involve the construction of a temporary road opposite the Neuro-surgical Block to divert traffic and pedestrians away from the works site which will run down the main spine road of the hospital. The work is programmed to complete by early May 2011. The Project Team recognise the disruptive nature of the works to hospital operation and have devised a plan of works in conjunction with Brookfield, hospital managers, FM & Estates, local service managers and Scottish Ambulance Service. Safe access to hospital services, signage, pedestrian and vehicle routes and car parking have been fully considered.

9. Change Control Process

The following tables provide an update of the changes that have been assessed and approved by the Acute Services Strategy Board through the projects change control process.

The changes to the contract approved to date and which will impact on target price.

Table 1

Item	CE No	Status	Date Completed	Stage 1 costs (inc O/H, Profit & VAT)	Stage 3 costs (inc O/H, Profit & VAT)	Total costs (inc O/H, Profit & VAT)
Testing of Building Board Material on Site	001	Concluded	23/02/2010	£311.73	-	£311.73
Japanese Knotweed Removal	002	Concluded	26/02/2010	£25,361.95	-	£25,361.95
Excavated Building Materials/ Spoil	003	Concluded	05/03/2010	£66,759.04	-	£66,759.04
Labs Project - Diversion of Water Main	004	Concluded	05/05/2010	£13,341.83	-	£13,341.83
Laboratory Block – Mortuary basement Level -1 (Allowance for X-Ray builder works)	005	Concluded	24/06/2010	£5,872.90	-	£5,872.90
AGV System – Cart Washer Removal	006	Concluded	24/06/2010	-	-£603,401.00	-£603,401.00
Labs Project – Copper Cladding to External Columns (Required by Planning)	007	Concluded	28/06/2010	£31,259.79	-	£31,259.79
Labs Project - Removal of Foundation from Old Rec Pavilion	008	Concluded	12/06/2010	£0.00	-	£0.00
Kitchen relocation from level 3 to basement	009	Concluded	02/07/2010	-	£72,723.89	£72,723.89 *
Reconciliation Labs - Stage D to E	010	Concluded	29/03/2010	£904,002.67	-	£904,002.67
Mortuary basement (Allowance for power and structural x-ray requirements) (Links to CE005)	011	Concluded	23/08/2010	£17,107.47	-	£17,107.47
Haemato Oncology Area – reduction to Hepa filtration requirements	012	Concluded	27/08/2010	-	-£7,995.58	-£7,995.58
Reduction to site wide electrical load requirements (potential to omit 2 generators)	013	Concluded	07/10/2010	-	-£737,073.68	-£737,073.68
Removal of the partitions between the trolley spaces in theatre recovery (NCH)	014	Concluded	07/10/2010	-	-£24,985.55	-£24,985.55
Removal of Bay dividing walls to Adult Hospital Critical Care	015	Concluded	07/10/2010	-	-£224,869.94	-£224,869.94
Gas found in Labs Ground area	016	Concluded	07/10/2010	£33,334.75	-	£33,334.75
			Total	**£1,097,352.13**	**£1,525,601.65**	**-£428,249.52**

The cost stated with an asterix has been shown at the VAT rate of 20%.

Potential Compensation Events

The table below lists other changes currently under discussion which will impact on target price.

Table 2

Item	Status	Stage 1 costs (inc O/H, Profit & VAT)	Stage 3 costs (inc O/H, Profit & VAT)	Total costs (inc O/H, Profit & VAT)
Reduction to bedroom patient hoist requirements and overall Group 1 & 2 equipment	C&B cost estimate. To be firmed up during next stage of 1:50 User Group meetings	-	-£499,710.97	-£499,710.97
Laboratory Project – Rationalisation of Disposal Holds	Costs awaited from BCL.	-	-	-
Omission of radiant panels from en-suites (hospitals)	Technical solution under review to determine final option	-	-	-
Stage 3 Ground contamination – ground gases levels exceed limits in Board issued Site Investigation report	C&B cost estimate.	-	£100,000.00	£100,000.00
Inclement Weather	Await assessment from BCL	-	-	-
	Total		-£399,710.97	-£399,710.97

Table 3– Total Concluded and Potential Compensation Events.

	Total costs/savings (inc O/H, Profit & VAT)
Concluded Compensation Events (Table 1)	-£428,249.52
Potential Compensation Events (Table 2)	-£399,710.97
Total	**- £827,960.49**

Table 4 – Compensation Events – Movement since last report (November 2010)

	Total costs/savings (inc O/H, Profit & VAT)
Compensation Event value at November 2010	- £927,960.49
Compensation Event value at January 2011	- £827,960.49
Movement since November 2010 (increase)	**+ £100,000.00**

Defined Cost Update

Stage 1: 70% of Contract works committed within Target Price Allowances.
30% of Contract Works remain to be procured
Current estimate of outturn cost to be approximately £1M below Target Price

Stage 2: Final costs being agreed
Estimate outturn costs to be approximately £50,000 below Target Price

Stage 3: 46% of contract works committed within Target Price allowances
54% of Contract Works remain to be procured
Current estimate of outturn costs to be within Target Price allowances.

PRG(M)11/02
Minutes: 14 - 29

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 15 March 2011 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr R Cleland
Ms R Dhir MBE
Mr I Lee
Mr D Sime
Mrs E Smith
Mr K Winter
Cllr. D Yates (to Minute 25)

OTHER BOARD MEMBERS IN ATTENDANCE

Mr R Calderwood
Ms R Crocket
Mr I Fraser
Mr D Griffin
Rev. Dr. N Shanks
Mr B Williamson

I N A T T E N D A N C E

Mr G Archibald	..	Director, Emergency Care & Medical Services (for Minute 26)
Mr N Cartlidge	..	Audit Scotland
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr D Leese	..	Director, Renfrewshire CHCP (to Minute 20)
Mr I Lochhead	..	Audit Scotland
Mr A McIntyre	..	Director of Facilities
Mr A McLaws	..	Director of Corporate Communications
Mr P Moir	..	Head of Major Projects, New South Glasgow Hospitals Project (to Minute 17)
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr D Ross	..	Director, Currie & Brown UK Limited (to Minute 17)

ACTION BY

14. APOLOGIES

Apologies for absence were intimated on behalf of Mr P Daniels OBE, Mr P Hamilton and Cllr. D MacKay.

15. MINUTES

On the motion of Mr I Lee and seconded by Mrs E Smith, the Minutes of the Performance Review Group meeting held on 18 January 2011 [PRG(M)11/01] were approved as an accurate record.

16. MATTERS ARISING

a) Director of Finance Post - Update

In relation to Minute 6 – Financial Monitoring Report to 30 November 2010 – Mr Calderwood advised that the Director of Finance post had been advertised nationally and to date the particulars of the post had been downloaded over 100 times from the website. The closing date for completed application forms was Monday, 21 March 2011.

NOTED

17. NEW SOUTH-SIDE ADULT AND CHILDREN'S HOSPITAL AND LABORATORY PROJECT - UPDATE

There was submitted a paper [Paper No. 11/10] by the Project Director setting out the progress of each of the stages of the development of the new laboratory, design development of the new hospitals and construction of the new adult and children's hospitals.

Mr Moir report that the new Laboratory and Facilities Management Project remained on programme for completion on 10 March 2012. The main superstructure (concrete frame) was now complete and he identified which of the various new sub-contract works were now under way on site. In addition, he advised that following the re-location of the ambulance station, the contractors were currently completing the expansion of the site establishment and this was due to be completed by the end of March 2011. In relation to the culvert diversion, the temporary road diversion was nearing completion and would be in use from 14 March 2011. Thereafter the works to excavate the main drain runs will commence working from the helipad south to the Neurosurgical Block. The contract was running three weeks late due to a number of unforeseen mechanical and engineering services issues causing disruption to the programme.

In relation to the new adult and children's hospital, roadshows had been held in January at the Victoria Infirmary, Southern General and Gartnavel General Hospitals and a lot of interest had been shown with positive comments from staff. In response to staff requests further roadshows would be held at the Southern General, Inverclyde, Royal and the Royal Alexandra Hospitals.

The contractors required the main site to be cleared to enable them to commence work on 28 March 2011. The Scottish Ambulance Service were responsible for the re-location of the helipad from the Southern General site to allow the new hospital build to progress and they had identified a temporary site at the southern end of the Thales site. Planning permission for the permanent helipad was still under consideration and the application for the temporary helipad was also still ongoing. Contingency plans were in place at two off-site locations and, if enacted, clinical staff were giving consideration to the retrieval of patients from a clinical perspective if the helipad was to be off-site.

Mr Ross highlighted the change control process and, in particular, the additional ongoing monitoring of site gases and water as requested by the planning authorities. Evidence was still being collected on the impact of the inclement weather during December/January; the contractor estimated the potential impact had been a delay of two weeks.

Mr Winter asked in terms of the Laboratory Project whether the location and therefore services of the main equipment would now be known. Mr Moir advised that the fixed equipment (Group 1) was part of the building contract; and Group 2 equipment would be purchased by the Board and supplied to Brookfield Multiplex

to install. A further class of equipment was the managed service contract (MSC) which was currently in the final stage of tender review and this equipment would be installed by the successful supplier. The full detail of the MSC equipment was still being assessed although, clearly, space had been provided for and the main areas of air extraction, gas, water and drainage had all been covered within the contract, based on reasonable assessment of the potential requirement.

In terms of the overall budget, Mr Lee sought assurance on the risk provision which had been shown at the maximum price of £60m and the target price at £69m. Mr Ross confirmed the purpose of this figure and that it was currently at the lower end of these two figures but required to be kept under review. The impact of the ground conditions would be known shortly and this would have an impact on the sum set aside by the Board to cover this issue.

NOTED

18. DEVELOPMENT OF BLAWARTHILL HOSPITAL SITE

There was submitted a paper [Paper No. 11/11] by the Director of Corporate Planning and Policy which set out the proposed approach to the re-development of the Blawarthill Hospital site.

The NHS Board had received a report at its February 2011 meeting which had outlined why the planned commercial partnership development of the Blawarthill Hospital site could not proceed. Glasgow City Council and NHS Board officers had been informed that the developer and Southern Cross Limited were no longer working in partnership In formal legal terms this situation had meant that the binding requirements and timescale of the concluded missives had not been met by the developer and the NHS Board had agreed that the planned commercial development could no longer proceed.

A revised approach to the development on the Blawarthill site was now required. Four key elements would be:-

1. The aim of delivering the planned social housing development with Yoker Housing Association with approval required to proceed with the land disposal at a valuation agreed by our Property Advisers and District Valuer.

2. Negotiations with Glasgow City Council to finalise development of 120-bed care home possibly utilising the Blawarthill Hospital site. The City Council were seeking the NHS Board's land at no cost. The NHS Board has a responsibility to maximise its resources and therefore was unable to commit to offering the site to the Council without payment. The District Valuer's valuation of the site would require to be met.

3. Consideration as to whether there should be a continuing care provision on the site.

4. At the conclusion of the process outlined above, the NHS Board would dispose of any surplus land on the open market.

A major review continuing care services within NHS Greater Glasgow was conducted in 2005 and this review was re-tested in 2009 and had concluded that Blawarthill Hospital should move from 120-beds to 60 and St Margaret's Hospice from 30 beds to none. The 60 beds at Blawarthill Hospital had already been closed and the further 30 bed reduction had been planned at St Margaret's Hospice. As agreed by the NHS Board in February, it was proposed to establish a review to consider both the future numbers and locations of continuing care beds for the west part of the Board's area. This would include a wide range of stakeholders including staff, patients and their families, the local communities and St Margaret's Hospice to comment and participate in the process. The programme of work would

be overseen by a group chaired by the Director, North-West Sector, Glasgow CHP jointly with the Director of Rehabilitation & Assessment and would include representation from the West Dunbartonshire CHCP. This would ensure the importance of community engagement in the process and the lead role for partnerships in planning older people's services and developing proposals for the use of the nationally introduced Change Fund. The new Change Fund was for elderly care and the NHS Board had been asked to look at bed numbers for older people in order to further shift the balance of care towards caring for people in their own homes.

It was recognised that depending on the conclusions of the review, there may require to be a period of public consultation on the proposals developed. Ms Dhir was concerned at the possible change in the number of continuing care beds required for the west of Glasgow and what had changed in the Board's planning that might lead to an alternative number of beds being required for continuing care. The introduction of the new Change Fund Policy for Elderly Beds and the need to review further the shift in balance of care towards caring for people in their own homes would be the determinant in concluding the number of beds required. The loss of the planned commercial development which would have seen 60 beds on a single room basis with en suite was no longer possible and going forward with a different set of arrangements was now necessary. In addition, the restriction in the availability of capital funds would also have an impact on the model of care provided and offered in the future.

The collapse of the planned commercial development had indeed been a major disappointment to the NHS Board and it was recognised that the impact would be felt locally within the Blawarthill community. An approach was now required to ensure the right number of continuing care beds were delivered within the best setting possible under the circumstances and identifying the most appropriate location was a critical part of this equation.

It would be important to identify the quality drivers for delivering the service to patients and the review would need to take into account the required number of continuing care beds and consider the use of existing provision. The allocation of funds to the NHS Board from the Change Fund would assist in considering delayed discharges and the most appropriate setting and support for continuing care patients.

DECIDED:

1. That the proposed approach contained within the paper in relation to the re-development of the Blawarthill Hospital site be approved. **Director of Corporate Planning & Policy**

2. That the disposal of the required land to Yoker Housing Association at the sum set by the District Valuer be approved. **Director of Corporate Planning & Policy**

3. That the basis of continued negotiations with the City Council on the market value being paid for the Blawarthill site be approved. **Director of Corporate Planning & Policy**

4. That the proposed approach within the paper to the future of continuing care provision at the Blawarthill Hospital site be approved. **Director of Corporate Planning & Policy**

19. NEW ACUTE SERVICES STRATEGY – PROPOSED PROCESS

There was submitted a paper [Paper No. 11/12] by the Chief Executive asking the Performance Review Group to note the proposed process to begin the Review of the current Acute Services Strategy. A key NHS Board responsibility was to ensure that there was a comprehensive forward plan for Acute Services in order to meet the high standards of care and set challenging targets for efficiency and effectiveness. The current Acute Services Strategy runs until 2015 and a process was now required to deliver Acute Services beyond this date.

It will be necessary to unify the Acute Services Strategies for Greater Glasgow and Clyde as previously they had been developed by two distinct processes; ensure that there was cross-system connectivity in the development of the direction for Acute Services recognising the shift in the balance of care, improving the connection of the delivery and development of Acute and Primary Care; innovative approaches to dealing with long term conditions, addressing the pressures caused by the ageing population and ensuring that clinical services were organised to deliver the highest quality care. Lastly, it was necessary to re-assess the utilisation of the new estate against updated performance and clinical benchmarks.

Mr Sime welcomed the proposals and sought the assurance that there would be partnership involvement at all key stages and that the Area Partnership Forum would be informed of the process and proposals going forward. This was agreed, together with the desire to ensure the full involvement of clinical groups and in consideration of the developing clinical practices against the stringent financial environment faced by the NHS Board.

NOTED

20. RENFREWSHIRE CHP – SCHEME OF ESTABLISHMENT

There was submitted a paper [Paper No. 11/13] from the Director, Renfrewshire Community Health Partnership, which sought agreement on arrangements to amend the Scheme of Establishment and consequential amendments to the Standing Orders for Renfrewshire CHP.

Mr Leese advised that Renfrewshire CHP had been established in August 2006 and the Scheme of Establishment had been prepared on the basis of a hybrid model moving towards an integrated model for health and social care.

The Chief Executives of NHS Greater Glasgow and Clyde and Renfrewshire Council had taken stock of the progress made through these arrangements over the last five years and concluded that some change was required to develop and enable the CHP to work internally within the NHS system and with key partners. Amendments, therefore, would be considered to the Scheme of Establishment which would establish consistency in governance terms between Renfrewshire CHP and the other CHPs within NHS Greater Glasgow and Clyde; the establishment of a consistent management structure with other CHPs within NHS Greater Glasgow and Clyde and it would provide an opportunity for impetus locally to further develop and enhance local joint working arrangements and networks.

It was proposed that the management arrangements proceed with the aim of completion during the Spring. The suggested amendments should be made to the Scheme of Establishment and shared with NHS Board Members and, if acceptable, the Standing Orders and membership of the CHP Committee would be amended and implemented as soon as possible thereafter.

DECIDED:

That the arrangements to be put in place to amend the Scheme of Establishment and consequential amendments to the Standing Orders for Renfrewshire CHP be approved. — Director, Renfrewshire CHP

21. HEAT PERFORMANCE REPORT 2010/11

There was submitted a paper [Paper No. 11/14] by the Head of Performance and Corporate Reporting, which set out the NHS Board's performance in respect of the HEAT targets as set out in the 2010/11 Local Delivery Plan.

In relation to the 35 HEAT targets, 6 HEAT Standards and 3 Key Performance Indicators, 21 were meeting or exceeding the agreed trajectories. However, 11 were reported in performance terms as 10% outwith the trajectory. The paper identified a number of key actions which would be taken forward to improve performance, particularly in relation to child healthy weight interventions, breastfeeding at 6-8 weeks, 18 weeks referral to treatment – admitted completeness and non-admitted completeness, new out-patient appointments – did not attend rates, delayed discharges, eKSF and sickness absence.

NOTED

22. DRAFT LOCAL DELIVERY PLAN – 2011/12

There was submitted a paper [Paper No. 11/15] by the Head of Performance and Corporate Reporting which enclosed a copy of the draft Local Delivery Plan and indicated the progress in preparing the Plan. A draft had been submitted to SGHD on 25 February 2011 and discussions would then take place with SGHD leads on each of the HEAT targets in order to provide a final Plan on 25th March 2011.

Each HEAT target would have an NHS Board-wide lead and would be broken down to identify the contribution required from each part of NHSGG&C. This would then be used as a basis of discussions in the Organisational Performance Reviews alongside other key organisational and local indicators.

Mr Lee enquired about the efficiency and governance section and Mr Calderwood referred to the discussions at the NHS Board Members' Away Day and recent NHS Board Seminars and the need to deliver a 3.6% efficiency saving. Mr Griffin advised on the progress towards identifying the savings plan required to deliver on this target and indicated that schemes were still being worked up which were capable of delivering the Board's cost savings target for 2011/12. This would involve significant service re-design. Mr Griffin advised that plans were in place to deliver approximately one third of the cost savings target, plans had been developed which would deliver a further third, albeit implementation of these plans could be regarded as challenging, leaving one final third which remained to be developed during March/April/May 2011. The timescale was that a draft Financial Plan would be submitted to the Performance Review Group in May and then to the NHS Board for approval in June 2011.

NOTED

23. MID-YEAR REPORT – ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No. 11/16] by the Head of Performance and Corporate Reporting noting the completion of the 2010/11 Mid-Year Organisational Performance Reviews.

The Organisational Performance Reviews were closely aligned to the priorities and outcomes identified in each of the planning and policy frameworks and related activity and measures outlined in the 2010/13 Local Development Plans. This allowed a comprehensive overview of performance within the NHS Board area and focused on how effectively each part of the organisation was delivering its agreed contribution to the achievement of corporate priorities centred on HEAT targets and other critical indicators identified in the Development Plans.

The year end Organisational Performance Reviews were scheduled for April and May 2011.

NOTED

24. FINANCIAL MONITORING FOR PERIOD TO 31 JANUARY 2011

There was submitted a paper [Paper No. 11/17] by the Director of Finance which set out the financial position for revenue and capital for the first ten months of the year to 31 January 2011. The reported highlighted that expenditure levels were £3m in excess of budget. However, at this stage, it was considered that a year end break-even position remained achievable.

Mr Griffin advised that the overspend to date was partly attributable to additional cost pressures pushing expenditure above budget in areas of hospital prescribing within Acute Services, increased utility costs and within partnerships the dispensing of appliances. It had been encouraging, however, that expenditure levels in excess of budget had come down from £4.3m to £3m at the end of January 2011.

In relation to capital expenditure Mr Griffin advised that the NHS Board's estimated capital funding for use on 2010/11 approved schemes was anticipated to be £160.3m. Total expenditure incurred to 31 January 2011 on approved capital schemes was £114m.

NOTED

25. PROCUREMENT REFORM PROGRAMME 2010 – PROCUREMENT CAPABILITY ASSESSMENT REPORT

There was submitted a paper [Paper No. 11/18] by the Director of Facilities which advised on the Procurement Capability Assessment (PCA) which had been developed by a cross-sector working group and launched in June 2009. The process was intended to assess procurement capability across the public sector with the aim of identifying best practice which could be shared; gaps in procurement capability to help prioritise development of performance improvement work/tools across the Scottish public sector and priorities for improvement plans by individual public bodies. The PCA was conducted within NHSGG&C on 4 November 2010 by staff from the NHS National Procurement Programme Management Team and took one full day to complete. Key findings included:

- Across the national procurement indicators, NHSGG&C performance had risen from 78% to 85%
- There was a good understanding of total NHS Board spend and the extent of professional procurement influence
- Industry and public sector lead in Head of Procurement – seen as a strong ambassador for professional procurement across working groups and meetings.
- A people-focused approach with a strong emphasis on professionalism across the team with training qualifications and mentoring in place.

The report identified a number of recommendations and Mr McIntyre covered the plans within NHSGG&C to deliver on those identified areas.

There was encouragement that the results for NHSGG&C continued to show that the Procurement Department was a top performing team across the NHS and the detailed review allowed the department to identify areas of improvement year on year.

Mr McIntyre, in response to a Member's question indicated that improvements continued to be made in national procurement arrangements and there had been opportunities to share some anxieties on the new arrangements and it had been clear that changes had been taken on board and improvements made.

NOTED

26. AUDIT SCOTLAND REPORT – EMERGENCY DEPARTMENTS

There was a paper submitted [Paper No. 11/19] by the Chief Operating Officer (Acute Services Division) which set out the NHS Board's response to the Audit Scotland Report on Emergency Departments which had been published in August 2010.

Mr Archibald, Director, Emergency Care and Medical Services described the main focus of the Audit Scotland Report and drew out the key messages and recommendations which had then been considered by NHSGG&C in order to bring about improvements to the delivery of emergency services.

In reviewing the NHS Board's performance against the checklist produced by Audit Scotland, an Action Plan had been prepared and submitted to Members in order to identify those areas where work was being undertaken to bring about specific improvements.

In addition, the NHS Board was pursuing a series of specific actions:-

1. Establishment of an A&E Attendances Steering Group to review alternatives to A&E attendance and hospital admission.

2. The commissioning of an SGHD sponsored survey of self-presenting patients at four of the A&E Departments. This would identify patient stated reasons for self-presentation rather than accessing other services such as NHS 24.

3. A Lean project had been established to focus on emergency admission processes and this would start in May 2011.

4. Concerted effort had been made to increase the percentage of patients attending the Minor Injuries Units at the new Victoria and Stobhill Hospitals – this had resulted in increased activity in both facilities.

Members welcomed the report and the comprehensive report from Mr Archibald and were keen to see a continuation of the efforts made towards appropriate attendances at A&E; a greater use of other services such as NHS 24 and an increase in patients attending the Minor Injuries Units.

NOTED

27. AUDIT SCOTLAND REPORT – IMPROVING ENERGY EFFICIENCY

There was submitted a paper [Paper No. 11/20] by the Director of Facilities which enclosed a copy of the Audit Scotland Follow-up Report on Improving Energy Efficiency, together with an updated checklist setting out the position with NHSGG&C against the main recommendations.

The NHS Board had been an active participant in the initial Energy Efficiency Report 2008 and subsequent follow-up report in 2010 and, as a result of the recommendations, a number of steps had been taken to support the carbon and energy management initiatives. The NHS Board had a Carbon Management Plan and Energy Policy and co-ordinated its activities around energy management through the Sustainability Performance Improvement Group which was chaired by the Chief Operating Officer, Acute Services Division and drew its membership from all elements of the organisation.

As at December 2010, the NHS Board's recorded performance was a 4.5% reduction in carbon emissions against the target of 3% and a 1.7% reduction in energy against the target of 1%. These were year-on-year targets and challenges would be faced in meeting these each year. The closure of a number of older facilities associated with the Acute Services Strategy would assist, together with the opening, in 2015, of the new Southside Adult and Children's Hospitals. In addition, the NHS Board has submitted three applications under the NHS Scotland's CO2 reduction grant scheme, two of which would see biomass boilers being installed at the Royal Alexandra and Inverclyde Royal Hospitals and the third was a Board-wide theatre air conditioning run time optimisation system. If successful, these will assist in the reduction of CO2 emissions and energy use.

Mr McIntyre advised that an Environment and Energy Awareness Strategy and campaign had been prepared and was to be launched in March as part of the NHS Board's contribution to climate week. Automatic meter readings for all statutory utility meters was presently being implemented and this would ensure that performance data in terms of consumption and cost was readily available to allow real time management of energy use. Historically, a sum of circa £1m had been identified for invest-to-save initiatives related to energy and carbon management. This had included the installation of wind turbines at Inverclyde Royal Hospital (with mixed success) and the establishment of a heat recovery plant at the Central Laundry.

The Chairman enquired about the involvement of staff in meeting the set targets and whether there had been a high level of ownership of the energy saving initiatives. Mr McIntyre advised that staff had been involved in developing the policy and had provided environmental ideas via the StaffNet. Energy awareness issues had been included within the walk-rounds within hospitals and the climate week would see the publication of helpful hints and good practice in cutting carbon emissions and reducing the use of energy. The Trade Unions were also promoting energy awareness to their members.

NOTED

28. COMMUNICATION ISSUES: 19 JANUARY TO 15 MARCH 2011

There was submitted a paper [Paper No. 11/21] from the Director of Corporate Communications covering communication actions and issues from 19 January to 15 March 2011.

Mr McLaws highlighted the following:-

- Publicity for the transfer of in-patient beds and Casualty from Stobhill Hospital to Glasgow Royal Infirmary. This had included a practical guide delivered to every household in the Stobhill area, a 2-week advertising campaign on the radio, posters distributed widely and a dedicated web portal and letters to all GPs in NHSGG&C and North Lanarkshire which confirmed the changes. The next edition of Health News was a commemorative edition highlighting Stobhill Hospital's proud past and this would also be used in the April 2011 edition of Staff News.

- The number of staff reading Staff News on line had increased four-fold due to the new global email alert with 12,500 staff reading the latest edition compared to 3,000 this time last year.

- The conclusion has now been reached of the 12-month Glas-goals Campaign with the Evening Times. The collaboration with the newspaper had achieved a number of significant health improvement goals to get Glaswegians more active. The success of the Glas-goals Campaign has led to the pursuit of similar ventures with other media and in collaboration with the Paisley Daily Express and Renfrewshire Community Health Partnership.

- Preparations were under way to publicise arrangements for accessing the NHS Board's services over the Easter period. This year the campaign was being extended to cover the arrangements for the Royal Wedding/May Day Bank Holiday.

NOTED

29. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 a.m. on Tuesday, 3 May 2011 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

The meeting ended at 11.50 a.m.

PRG(M)11/03
Minutes: 30 - 38

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 3 May 2011 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr P Daniels OBE
Mr I Lee
Mr K Winter
Cllr. D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Dr C Benton MBE (from Minute 35)
Ms M Brown
Mr R Calderwood
Mr G Carson
Ms R Crocket
Mr I Fraser
Mr D Griffin
Dr M Kapasi MBE
Dr R Reid
Rev. Dr. N Shanks

I N A T T E N D A N C E

Ms J Gibson	..	Head of Corporate Reporting
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project

ACTION BY

30. APOLOGIES

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

31. MINUTES

On the motion of Mr I Lee and seconded by Cllr. D Yates, the Minutes of the Performance Review Group meeting held on 15 March 2011 [PRG(M)11/02] were approved as an accurate record.

32. MATTERS ARISING

a) Development of Blawarthill Hospital Site

In relation to Minute 18 – Development of Blawarthill Hospital Site – Ms Renfrew provided the following update:-

ACTION BY

i. Planned social housing development – a meeting had taken place with a further meeting arranged between Yoker Housing Association and the developer, James Walker Ltd. The meeting had been productive, although significant challenges were recognised in delivering this element without clarity on the total development of the site.

ii. Possible care home – the City Council had indicated that they continued to seek the NHS Board's land for the 120-bed care development at no cost. A further meeting was to be held next week: however, agreement to proceed was unlikely to be achieved.

iii. Continuing Care provision in west Glasgow – a meeting had been arranged with the Scottish Health Council to approve and sign-off the proposals for the review this summer of the continuing care provision in West Glasgow.

iv. Disposal of surplus land at Blawarthill - this would be considered at the end of the processes described above.

In response to a question from the Chairman, Ms Renfrew advised that discussions would take place with the Scottish Health Council at the appropriate time to agree the process to move services from Blawarthill Hospital.

NOTED

b) Renfrewshire CHP – Scheme of Establishment

In relation to Minute 20 – Renfrewshire CHP – Scheme of Establishment – it was reported that the amended Scheme had been submitted to NHS Board Members for comment and thereafter the final Scheme and Standing Orders were submitted to the Renfrewshire CHP Committee for approval and implementation.

NOTED

33. NEW SOUTH-SIDE HOSPITALS AND LABORATORY PROJECT – STAGE 1 AND STAGE 2 PROGRESS UPDATE

There was submitted a paper [Paper No. 11/22] by the Project Director setting out the progress against each stage of the development of the new Laboratory, design development of the new hospitals and construction of the new adult and children's hospitals. In addition, the paper set out the need to incur additional Technical Adviser's fees.

Mr Seabourne advised that the Laboratories Project remained on programme to be completed in March 2012. Consideration was being given the feasibility of installing a pneumatic tube system between the Surgical Block and the 1st Floor Reception area of the new Laboratory. The construction work for the 33kv Sub Station was on schedule and Scottish Power planned to install the necessary equipment and services from 30 May 2011. The remaining enabling works were under way although there had been a 4-week delay in creating the temporary road diversion due to issues which had not been covered in the original surveys.

On the new adult and children's hospital, Mr Seabourne explained the range of User Group meetings being held to review and agree the final plans/drawings for each department. Construction work on the new hospitals commenced on 28 March 2011. The ground, first and second floors of the new car park were handed over to

ACTION BY

the NHS Board on 4 April 2011 to allow the closure of the existing car parks within the construction boundary. In relation to the ongoing discussions about the alternative location for the helipad, this was being operated from the SECC and Royal Alexandra Hospital until planning permission was secured for the temporary helipad on the Thales site.

There had been no additions to the change control process and issues in relation to inclement weather, car park interface work and ground water monitoring work requested by the City Council were highlighted within the Potential Compensation Events.

The Chairman invited Members' questions on the Progress Report prior to considering the Technical Adviser's fees issue.

Mr Shanks asked about community benefits and community relations. Mr Seabourne highlighted the establishment by the contractor of the local neighbourhood Liaison Group with the local Housing Associations and Community Councils. In addition to these meetings, information was being provided by the contractor by way of Newsletters and emails covering key aspects and timescales of the project and how best to raise concerns.

Cllr. Yates asked about the availability of public transport into the site and the need for Members to be kept in touch with local plans and initiatives in relation to public transport to the new south side hospital. It was agreed to provide an update at the next meeting, together with a further report in the autumn on Fastlink. **Project Director**

Mr Winter asked about some slippage in the timetable for aspects of the Laboratory Project. Mr Seabourne replied that all key aspects of the construction were on schedule and he remained confident in the contractor's ability to complete the development in March 2012.

Mr Seabourne then explained the position with regard to the request for additional expenditure on the Technical Fees.

In August 2008, Technical Advisers were appointed at a cost of £2.749m from August 2008 until the end of 2015. The appointment was based on a lump sum JCT Design Build form of contract with contractor's design. Through the process of developing the procurement strategy in conjunction with Partnership UK, Scottish Government Capital Development Section and the NHS Board's Finance and Legal Advisers, it was agreed to deliver the project through a different formal building contract which would be more attractive to the market-place and enhance the opportunity to maximise competition.

The form of contract chosen was the National Engineering Contract (NEC3) and it was selected following extensive market soundings carried out by Ernst & Young as the most appropriate form of contract which would attract the market, provide the NHS Board with greater cost assurances and offered a good incentivisation mechanism.

This change in procurement route had an immediate impact on the Technical Advisers' requirements and these had to be changed in line within the new procurement strategy. Subsequently, there was an additional cost for the Technical Adviser's support of £0.61m, increasing the Technical Adviser's fee to £3.35m.

The knowledge gained by the Project Team from the Laboratory Contract had caused a re-evaluation of the Technical Adviser's requirements in relation to the construction of a much larger and more complex hospital development. Therefore, the Project Team had a requirement for additional Technical Advisers' input to the areas highlighted in the paper.

ACTION BY

It was requested therefore that additional fees of £0.76m be approved giving the total Technical Adviser's expenditure of £4.110m The additional costs would be contained within the overall project budget of £841.7m on the basis that the additional fees would be transferred from the non-works contingency budget.

Members expressed some concern at the variance in the Technical Adviser's original Tender costs and sought assurances that there would be no further additional costs sought in this area of the contract. Mr Seabourne advised that the tender process had been evaluated and each bid assessed against the required criteria including costs and ability to deliver the service required. The Procurement Strategy had changed, lessons had been learned from the Laboratory Tender which would assist with the management of the bigger and more complex hospitals development and it had been difficult to predict almost 6 years ago the type of Technical Adviser's contract and impact that would be required for this project. There was no intention of seeking any further variances to this contract.

DECIDED:

1. That the progress report on the Laboratory and New Hospitals Design and Development be noted.

2. That the additional Technical Adviser's Fees of £0.76m, bringing the total contract sum to £4.11m, be approved. **Project Director**

34. HEAT PERFORMANCE REPORT 2010/11

There was submitted a paper [Paper No. 11/23] by the Head of Performance and Corporate Reporting, which set out the NHS Board's performance in respect of the HEAT targets set out in the 2010/11 Local Delivery Plan.

Good progress had been made in relation to increasing the number of HEAT targets being met or exceeded from 21 to 26 since the last report. The key areas where significant improvement had been demonstrated were in Smoking Cessation, e-KSF-PDPs, Financial Performance and the diagnosis of dementia. There remained a number of HEAT targets which continued to perform outwith the trajectory and the paper identified the actions being planned or taken to improve performance in these areas.

Future reporting would be on the new targets set for 2011/12.

Cllr. Yates enquired about variances in CH(C)Ps performance in the Smoking Cessation Target. This was acknowledged and would form part of the discussions with individual CH(C)Ps at the forthcoming Organisational Performance Reviews.

Mr Shanks enquired about the current position with regard to delayed discharges. He had been encouraged to note that as at 1 April 2011 no Local Authority had any patient in hospital waiting over 6 weeks who had been assessed for discharge to a more appropriate setting.

It was reported that with the introduction of the Change Fund monies and the agreements reached with each Local Authority, there would be a report to NHS Board Members on any delays in discharge by 'occupied bed days'. This was where a patient had been assessed as suitable for discharge from hospital to a more appropriate level of care which required Local Authorities to have in place arrangements locally for their discharge and appropriate care packages which met the patients needs. This target would be monitored locally as part of the Change Fund Monitoring and was seen as key to delivering the acute services bed model and achieving other national targets, including the A&E target of arrival to admission, discharge or transfer within 4 hours.

ACTION BY

The Scottish Government Health Directorate would be seeking national monitoring of the Change Fund in the summer through a Ministerial Task Force to ensure efficiencies were maximised through utilising the additional monies released under the Change Fund.

NOTED

35. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT 9 MARCH 2010 – MARCH 2011)

There was submitted a paper [Paper No. 11/24] by the Chief Operating Officer – Acute Services Division and Head of Board Administration setting out the monitoring report on the handling and settlement of legal claims for 2010/11.

Dr Kapasi enquired about the costs to the NHS Board in settling legal claims. It was explained that under the NHS Scotland Clinical Negligence and Other Risks Scheme (CNORIS) the NHS Boards were responsible for meeting the first £100,000 of a non-clinical claim and the first £250,000 for clinical claims. The settlement above these sums thereafter formed part of the CNORIS risk sharing and financing scheme which was established in NHS Scotland in 1999. This was a cost-effective risk pooling and claims management arrangement for Scotland's NHS Boards to which each NHS Board contributed. The Board's contribution was based on the level of settled claims under the Scheme and an annual figure was identified within the accounts under Compensation Payments.

Dr Reid asked about the cost of legal fees and how these were covered by the NHS Board. Legal fees were often paid separately after a claim was settled and finalised by the NHS Board. The level of legal fees would be incorporated into future reporting to Members. **Head of Board Admin-istration**

Cllr. Yates enquired about the lessons learned from legal claims, recognising that some claims could take many years to settle after the event which gave rise to the claim. Mrs Grant advised Members of the clinical governance arrangements in place to consider and reflect on untoward incidents, claims, Fatal Accident Inquiries and complaints. In addition, annual appraisal meetings were held with Medical Consultants where such issues would be discussed to ensure improvements to patient care were considered.

Mrs Grant provided Members with additional information in relation to developments last week of two of the ongoing and significant legal claims.

NOTED

36. PROPERTY COMMITTEE MINUTES: 14 MARCH 2011

There was submitted the Minutes of the Property Committee [Paper No. 11/25] dated 14 March 2011 for information.

It was reported that the disposal of Site 1 at the Western Infirmary to the University of Glasgow had been completed and a report would be submitted to Members shortly. **Chief Executive**

The dilapidations costs for the former lease of Dalian House would be completed shortly.

ACTION BY

Members were advised that the NHS Board would be raising a formal planning objection to the retailer's proposed development at Linwood. No resolution had been reached with the retailer and the NHS Board was required to protect its car parking and access to the Health Centre.

NOTED

37. COMMUNICATION ISSUES: 16 MARCH TO 3 MAY 2011

There was submitted a paper [Paper No. 11/26] from the Director of Corporate Communications covering communication actions and issues from 16 March to 3 May 2011.

The following were highlighted:-

- A major broadcast and on-line campaign to raise awareness of the Triple P programme within Glasgow, Renfrewshire and Inverclyde Council areas was being planned for launch on 8 May 2011. Work had been undertaken with STV's Social Marketing Unit in order to develop the campaign which included on air advertising, bespoke STV web portal and an on-line promotion.

- International Nurses Day was due to take place on 12 May and discussions undertaken with the Nurse Director had included the setting up of a web portal setting out the highlights of nursing care over the past few decades, including the huge strides which have taken place within the nursing profession during that time.

- It was intended to launch the re-designed NHSGG&C website at the end of the month. The website currently has 100,000 unique visitors every month and was a key tool for engaging with patients and the public. The new design has simplified the Homepage and made it easier for visitors to navigate around the site.

NOTED

38. DATE OF NEXT MEETING

The next meeting would be the first meeting of the new Quality and Performance Committee at 9.30 a.m. on Tuesday, 5 July 2011 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

The meeting ended at 10.55 a.m.

QPC(M)11/01
Minutes: 1 - 19

DRAFT MINUTE: NOT YET APPROVED

NHS GREATER GLASGOW AND CLYDE

Minutes of the first Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 5 July 2011 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Ms M Brown (to Minute 11)
Ms R Dhir MBE
Mr I Fraser (to Minute 15)
Cllr. R McColl
Mr D Sime
Mr K Winter
Cllr. D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Mr R Calderwood (to Minute 12)
Ms R Crocket
Dr B Cowan (to Minute 10)
Rev. Dr. N Shanks

I N A T T E N D A N C E

Mr A Crawford	..	Head of Clinical Governance (for Minute 6)
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr J Hobson	..	Deputy Director of Finance
Mr P James	..	Director of Finance
Mr A McCubbin	..	Head of Finance, New South Glasgow Hospitals Project (for Minute 11)
Mr C Neil	..	Head of Finance, Acute Services Division
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute 11)

ACTION BY

1. WELCOME AND APOLOGIES

The Convener welcomed everyone to the first meeting of the Quality and Performance Committee. He hoped the earlier start time of 9.00 a.m. suited Members and sought and received agreement to having future meetings of the committee at that time and to changing the order of the Agenda for this meeting to allow officers to attend other commitments from lunchtime onwards.

Apologies for absence were intimated on behalf of Dr C Benton MBE, Mr P Daniels OBE, Cllr. J McIlwee, Mrs P Spencer and Mr B Williamson.

2. MINUTES OF LAST MEETINGS

The Minutes of the last meetings of the following Committees were considered:

ACTION BY

i Performance Review Group: 3 May 2011

The Minutes of the Performance Review Group meeting held on 3 May 2011 [PRG(M)11/03] were approved as an accurate record.

Matters Arising

a) Development of Blawarthill Hospital Site

In relation to Minute 32 – Development of Blawarthill Hospital site, Ms Renfrew advised that the stakeholders event had been held and there had been good engagement with those who had attended. The format included table-top debates and answering questions from members of the public.

The Chief Executives of Glasgow City Council and the NHS Board had discussed the Council's land requirement for the 120-bed care development on the Blawarthill site and concluded a way forward was possible which might avoid the Council making a capital payment.

A paper would be submitted to the August NHS Board meeting covering these issues. **Director of Corporate Planning & Policy**

NOTED

b) Linwood Health Centre

In relation to Minute 36 – Property Committee Minutes: 14 March 2011 – Mr Calderwood provided Members with the background to the NHS Board raising an objection to the planning application submitted by the retailer in respect of the proposed re-development at Linwood.

The replacement of Linwood Health Centre had originally been included in the retail developer's plan for a new shopping centre proposed in 2007/08. As market conditions changed this offer was withdrawn and the retail developer advised that they would be proceeding with a planning application for their own development only. In order to protect the car parking spaces and access to the Health Centre, the NHS Board advised that it would be objecting to the proposed development. Renfrewshire Council sold the car park area to the retail developer, thus isolating the Health Centre even further. The Health Centre does not meet future space requirements and any expansion was now not possible as the NHS Board does not own any of the adjoining land.

The Council approved the retail developer's planning application for their new development: however, have called it back in in order to consider Disability Discrimination and access issues for patients accessing the Health Centre. There had been recent media coverage of the evolving situation and Board officers had tried at all times to protect the NHS Board's position in relation to the impact the retailer's proposed development would have on the Health Centre and any future expansion plans.

Members were keen to be advised of the date that the Council had sold the car park to the retail developer and to be kept advised of progress in relation to the Council calling the planning application in for access issues to the Health Centre. **Chief Executive/ Project Director**

ACTION BY

NOTED

c) Dalian House

In relation to Minute 36 – Property Committee Minutes: 14 March 2011 – Members would be advised of the finalised dilapidation costs for the former lease of Dalian House — **Director of Finance**

ii Clinical Governance Committee: 5 April 2011

The Minutes of the Clinical Governance Committee [CGC(M)11/02] held on 5 April 2011 were approved. There were no matters arising.

iii Involving People Committee: 22 November 2010

The Minutes of the Involving People Committee [IPC(M)10/05] held on 22 November 2010 were noted.

Matters Arising

a) Involving People

Ms Dhir raised the issue of funding for the maintenance of the Involving People database and how this was going to be achieved going forward. Ms Crocket advised that the Quality and Policy Development Group had discussed a strategy for involving and engaging with the public on the range of the NHS Board's responsibilities. Consideration would also be given to the retention of the Involving People database within an overall paper which would be submitted to a future Quality and Performance Committee for discussion. Cllr. McColl was keen to see included in the review within integrated Community Health and Care Partnerships, better co-ordination between the NHS and Local Authorities on their engagement plans with the public. The development of a Joint Strategy of working together in this area would be welcomed and this was supported by Members. — **Nurse Director**; **Nurse Director/ Director, Glasgow City CHP**

iv Research Ethics Governance Committee: 7 October 2010

The Minutes of the Research Ethics Governance Committee [REGC(M)10/02] held on 7 October 2010 were approved. There were no matters arising.

v Spiritual Care Committee: 7 March 2011

The Minutes of the Spiritual Care Committee [SCC(M)11/01] held on 7 March 2011 were approved.

Matters Arising

a) Spiritual Care

In relation to Members' comments about the costs associated with the provision of Spiritual Care, Mr Calderwood agreed that a paper would be prepared showing the historic arrangements of chaplaincy services in the NHS, the Scottish Government Health Directorate (SGHD) requirements on NHS Boards in this area and the impact the review of all budgets was having on spiritual care. — **Director of Rehabilitation & Assessment**

ACTION BY

In summing up the conclusion of the Minutes of the last meetings of those Committees which had been replaced by the Quality and Performance Committee, the Convener advised that he had asked the Head of Board Administration to finalise a Work Programme for the Committee for the next year, establish a Rolling Action List of agreed actions from each meeting and arrange a pre-agenda setting meeting ahead of each meeting in which he could attend with the officers. **Head of Board Administration**

NOTED

3. SCOTTISH PATIENT SAFETY PROGRAMME: REVIEW REPORT

There was submitted a paper [Paper No. 11/02] by the Medical Director setting out an overview of progress in the implementation of Scottish Patient Safety Programme (SPSP) in the Acute Services Division and an explanation from the latest release of the Hospital Standardised Mortality Rates (HSMR) for NHSGG&C hospitals.

In the three years since the implementation of SPSP, the programme has been generally characterised by success within NHSGG&C. The NHS Board had:-

- inducted all required 280 clinical teams into the programme and engaged others, e.g. day care settings;
- achieved Level 3 on the national assessment scale in line with other major NHS Boards;
- received regular positive feedback on the approach and successes from the national support team;
- demonstrated significant improvement in reducing ventilator associated pneumonia, central line infections;
- demonstrated high levels of reliability (95%) for all key clinical or safety critical communication processes in pilot teams;
- begun the large scale programme of spreading reliable designs across all relevant clinical teams.

It was also recognised that there was still a need to generate a stronger set of actions to achieve all programme aims by the end of December 2012. A more in-depth review process was undertaken that involved assessing the likelihood of meeting the programme objectives, especially whether the spread of reliable practice would be adequately achieved to meet the national expectations. Dr Cowan covered the nine elements which it was considered most likely to meet these aims and he highlighted the perceived risk areas and, in particular, the six areas which still required further work to achieve the improvements necessary.

In relation to the HSMR analysis Dr Cowan explained that a new model was developed on the assessment of actual deaths when compared to expected deaths and normally a ratio of one was expected, but the national target was to achieve a reduction. If the ratio was above one that indicated there were more deaths than expected and if the ratio was less than one, there had been less deaths than expected. There had been some coding and weighting issues on a national basis and more time was still required to draw a full and proper analysis of all the results to date. In addition, anomalies appeared in different sites which required more detailed understanding and explanations. An example of this was the introduction and impact on the data of the two new Ambulatory Care Hospitals at the Victoria and

ACTION BY

Stobhill and the inclusion of a palliative care ward at the Royal Alexandra Hospital.

Dr Cowan took Members through the results and trends shown within the tables in his report.

Mr Sime asked if it would be possible to influence the national coding and weighting models to ensure fairer comparison. Dr Cowan stated that it was indeed still early days and improvements were being made at each step along the way. Cllr. McColl asked for the reasons why the Royal Alexandra and Vale of Leven Hospitals were shown together. Dr Cowan advised that it was the same Consultant team for both hospitals and the high level of patient exchanges between the hospitals really resulted in both being considered a single entity in terms of the collection and reporting on HSMR data.

NOTED

4. HEALTHCARE ASSOCIATED INFECTION – REPORT

There was a paper [Paper No. 11/03] submitted by the Medical Director covering the Board-wide infection prevention and control activity, together with reports on individual hospitals.

Dr Cowan advised that this was a similar report which had been submitted to June's NHS Board meeting and, with Members' agreement, he would move to an exception-reporting basis for future meetings in order to cut down duplication. Members welcomed this way forward. **Medical Director**

Members were pleased to note the progress over the main areas associated with the Healthcare Associated Infection reporting. However, Mr Winter asked that as targets were likely to get tougher, were there national and international standards being considered in order that the NHS Board could work towards and measure its standards against a wider cohort. Dr Cowan advised that the development of a national 'best in class' was under way and the NHS Board was part of the European study that would allow future comparisons across different countries to be made. NHS Highland achieved the highest standards within Scotland and staff would again visit NHS Highland to learn any lessons that may be transferable into an NHSGG&C setting. Some European countries achieved good results although this did not apply to all and this was one of the advantages of being part of the European study going forward and seeing the good practice and what did not work so well.

NOTED

5. CLINICAL INCIDENTS AND REVIEW OF FORTHCOMING FATAL ACCIDENT INQUIRIES

There was a paper [Paper No. 11/04] submitted by the Medical Director seeking Members' comments on the preferred format of future reporting of clinical incidents and forthcoming Fatal Accident Inquiries.

Dr Cowan suggested that individual anonymised cases could be included and then their progress tracked in future reports and this would be supplemented by verbal updates on the specific details of individual cases. Lastly, action plans would be provided where findings and recommendations gave rise to improvements necessary in one particular area or across the NHS Board. Members endorsed this as the method of future reporting on clinical incidents and forthcoming Fatal Accident Inquiries. **Medical Director**

ACTION BY

Dr Cowan provided details of a specific clinical incident which was being considered by the Procurator Fiscal and a notification of a Fatal Accident Inquiry was awaited. In addition, Dr Cowan provided details of the current ongoing Fatal Accident Inquiry, together with those which would commence shortly.

NOTED

6. DRAFT ANNUAL CLINICAL GOVERNANCE REPORT

There was submitted a paper [Paper No. 11/05] from the Medical Director setting out the draft Annual Clinical Governance Report for 2010/11.

Mr Crawford took Members through the Draft Annual Report which would be the Board's 5th review of clinical governance within NHSGG&C. Its purpose was to set out the key strategic developments of the clinical framework and provide an indication of progress and strengths in improving safety and quality of patient care.

Clinical effectiveness refers to any activities which have as their focus the measuring, monitoring and improving of clinical care. These activities included developing and disseminating evidence-based clinical guidance and standards, education and implementation planning through traditional clinic audit. In the past year there had been 133 published documents and it was a challenge to ensure the longer term tracking of the impact and knowledge of successful implementation of recommendations from so many national documents. The intention was to create an alternative risk-based and prioritised tracking model to capture these issues and this would be developed over the coming year. **Head of Clinical Governance**

DECIDED:

That subject to drafting changes the Clinical Governance Annual Report – 2010/11 be approved. **Medical Director**

7. IMPROVING CARE FOR OLDER PEOPLE ACROSS NHSGG&C INCORPORATING QUALITY COMMISSION REPORT – IMPROVING CARE FOR THE ELDERLY

There was submitted a paper [Paper No. 11/07] from the Nurse Director advising that the Quality Policy Development Group had identified improving care for older people as a key area on which to focus in order to make substantial progress on the objectives to improve both quality of care and to ensure that care was more person-centred. Ms Crocket advised that in taking this forward across the organisation in a systematic and comprehensive way, this would be integrated as a core element of the emerging Corporate Change Programme and to the NHS Board's response to the National Quality Strategy. The approach would focus on simple and practical changes which could be made across the organisation to improve the care of older people wherever they came into contact with NHS Board services. Ms Crocket set out the 4-step approach as follows:-

- Step 1 – review existing sources of literature including reports from the Scottish Public Services Ombudsman, Mental Welfare Commission, Fatal Accident Inquiries, patient focus/public involvement activity, patient surveys, ward-based audits, complaints and evidence of good practice.

ACTION BY

- Step 2 – hold a workshop event involving Public Partnership Forum members with a focus on older people; voluntary/advocacy organisations, e.g. Age Scotland and NHS Board staff including those involved in older people's services.

  The purpose would be to share experiences of older people's care from a patient/staff carer perspective and jointly agree a list of issues where change could lead to older people having a better experience with the NHS.

- Step 3 – include the list for change as a central theme for the launch of the Corporate Change Programme in using specific defined projects where applicable. This could include clinical governance, organisational development, corporate inequalities, learning and education, professional development and individual and organisational performance management arrangements. This should include engagement with the relevant wards, departments and teams and it would be important to ensure effective multi-professional engagement and team arrangements when in place across the Board as part of the Change Programme

- Step 4 – develop a new approach to monitoring and evaluation of the changes and whether the action identified by the previous steps has had an impact.

Members welcomed the approach set out by Ms Crocket. Ms Brown asked if Step 1 would include older people's mental health and HEAT targets and the work to support these targets. Ms Crocket advised that it would. Ms Dhir was aware that there was a lot of existing evidence and engagement already available which has previously identified the key issues which need to be addressed in terms of providing improved services for older people. She was also keen that the improvement started with those least able to represent their own view on improvement which would help them. Ms Crocket agreed with the latter point and advised that she was keen to examine all the evidence in a focused way. The need for improvements lay with all clinical teams coming into contact with older people and not just for nursing staff. She recognised that a team approach may take some time but it was important to change culture and hearts and minds in improving all aspects of care for older people.

Ms Crocket advised that she would report back to the Committee at a later date on progress **Nurse Director**

NOTED

8. MENTAL WELFARE COMMISSION REPORT – STARVED OF CARE

There was a paper submitted [Paper No. 11/08] from the Director, Glasgow City CHP and the Chief Operating Officer, Acute Services Division, which enclosed a copy of the Mental Welfare Commission Report – Starved of Care which raised a number of serious issues about the care of a dementia patient in NHS Tayside and offered a number of recommendations to NHS Boards. The intention was that the Director, Glasgow City CHP, and Chief Operating Officer, Acute Services Division, would advise the Committee of the processes they had established to assess the position within NHSGG&C and the action which may be required as a result of the recommendations contained within the report. A full report would be submitted to the next meeting of the Committee on the specific actions to be followed.

ACTION BY

Mrs Hawkins drew specific attention to the main recommendations on pages 23 and 24 of the report and advised that a major learning point related to the end of life care and a review of the care for people in mental health wards who require general medical care due to physical illness. In reviewing the recommendations, it was her intention to cover the elderly mentally ill services, learning disabilities and addictions.

Ms Grant advised that an initial action plan had been drafted to address the recommendations relative to acute services. This would identify the gaps in current arrangements to ensure that action is taken to address these..

Ms Brown was concerned to read about the attitudinal concerns expressed in the report and she believed that a whole system approach was needed in order to see concerns from a patient's perspective. Ms Dhir highlighted the physical constraints of current hospital accommodation in caring for patients with dementia in 4-bedded ward areas. The Convener highlighted the nutritional needs and concerns expressed about the medical leadership in this particular case. It was recognised that steps had been taken in developing the Fluid and Nutrition Policy and this had led to improvements, particularly in the area of swallowing and there also had been the development of a Hydration Policy and strengthened speech and language therapy services in this area.

Mrs Hawkins and Mrs Grant acknowledged the SGHD priority given to older people and report back to the Committee in September on the actions being taken within NHSGG&C to address the very significant recommendations set out in this Mental Welfare Commission Report.

DECIDED:

That the Director, Glasgow City CHP , and the Chief Operating Officer, Acute Services Division would report back to the Committee on the actions being taken to address the recommendations within the Mental Welfare Commission Report – Starved of Care.

Director, Glasgow City CHP/Chief Operating Officer, Acute Services Division

9. FINANCIAL MONITORING TO 31 MAY 2011

There was submitted a paper [Paper No. 11/10] from the Director of Finance setting out the Financial Monitoring Report for the 2-month period to 31 May 2011.

Mr James advised that this was the first time that a Month 2 report had been produced as in previous years the first report had covered the first 3 months of the year. He agreed that in future years, a Month 2 report would be produced for the Committee's consideration.

Director of Finance

ACTION BY

As at 31 May 2011 the NHS Board was reporting expenditure levels running £1.7m ahead of budget and this was mainly attributable to the timing of implementation of cost savings plans but it also recognised that there were some in-year cost pressures which had been pushing expenditure above budget. Based on discussions with the Head of Finance for Acute and Partnerships the assessment was that expenditure was running between £1m and £1.2m behind its year to date cost savings target. Future reports would provide a more detailed break-down of progress on the delivery of the cost savings schemes across NHSGG&C. The total cost savings challenge for 2011/12 had been set at £57m and targets had been set for all but £1.5m. However, the income to be generated from the car parking arrangement was not to proceed and there were some schemes where deliverability may prove challenging in 2011. It was recognised by the Corporate Management Team that additional cost saving initiatives up to circa £5m would need to be identified in 2011/12. The next Financial Monitoring Report would be submitted to the August NHS Board meeting covering the period to 30 June 2011 and it would include the plans to address the identified £5m gap within the Savings Plan.

Director of Finance

NOTED

10. MANAGED LABORATORY SERVICE CONTRACT

There was submitted a paper [Paper No. 11/12] from the Chief Operating Officer – Acute Services Division, seeking endorsement of the decision taken by Members of the Performance Review Group at the end of May 2011 to give approval for Abbott Diagnostics to be appointed as the Preferred Bidder for the Managed Laboratory Service Contract and to the signing and implementation of the contract with the intention of the full service to be rolled out by May 2012.

In view of the time constraints in appointing a preferred bidder, Members of the Performance Review Group had been asked via email communication to consider the recommendation to appoint a Preferred Bidder on the basis that the Quality and Performance Committee's endorsement to that decision would be sought. The Performance Review Group Members unanimously approved the decision to appoint the Preferred Bidder and this had been actioned by the Acute Services Division.

Mrs Grant and Mr Neil took Members through the detail of the paper and the contractual/tendering process which had led to the appointment of the Preferred Bidder. NHSGG&C had the largest unified laboratory medicine entity in Europe comprising eight different disciplines across eleven different hospitals. The laboratory service had undertaken redesign in line with the Acute Services Review and the key objective of the laboratory redesign was the modernisation of laboratory services to deliver Scotland's referral to treatment standards, the creation of a network of laboratory services working pan-Greater Glasgow and Clyde and all services operating within a single integrated management structure. The reconfiguration of the laboratory services covers all NHSGG&C sites and centres on the two main sites – the new Southside Hospital and the refurbished University Tower at the Royal Infirmary. Both sites required equipping to deliver the redesigned service that would encompass planned efficiencies.

ACTION BY

Mr Winter enquired that at the end of the contract in 7/10 years time, how would it be possible to create a level competitive process if the contractor owned all the equipment. Mr Neil advised that the Preferred Bidder already held contracts within some of the laboratories and the tendering process had proven that they had submitted a competitive bid. It was also likely that by the end of 7-10 years there would be a need to refresh the equipment to keep pace with developments within laboratories. Mr Calderwood recognised, in theory, there could be a risk of anti-competitiveness within the process in re-tendering this contract in 7-10 years time: however, a similar situation had arisen previously with a single NHS Board-wide large contract and the existing supplier had lost the contract to a competitor who was then required to purchase the original contractor's equipment. The construct of the specification and tender process would be an important element of ensuring the competitive tendering process was achievable.

Mr Winter and Cllr. McColl enquired about staffing issues and implications of the contract. The savings were predominantly within supplies: however, it was acknowledged that with the automation of batch processors; auto-analysers and the greater level of activity which the equipment platform was capable of processing, future efficiencies could be delivered and the staffing implications related to these efficiencies and the issues of training and competency levels.

Ms Brown asked if the extension to the deadline of the tender process had been made available to all firms including the firm which had withdrawn from the process. Mr Neil advised that the extension to the deadline had been offered to all firms.

DECIDED:

1. That the decision to appoint Abbott Diagnostics as Preferred Bidder for the NHS Greater Glasgow and Clyde Managed Laboratory Service Contract be endorsed. — **Operating Officer – Acute Services Division**

2. That the contract be signed on behalf of the NHS Board and that the timescale for full roll-out was noted as May 2012. — **" "**

11. NEW SOUTH-SIDE HOSPITALS AND LABORATORY PROJECT

There was submitted a paper [Paper No. 11/11] from the Project Director, South-Side Hospitals Development setting out the progress against each stage of the development of the new laboratory, design development in the new hospitals and construction of the new Adult and Children's Hospitals.

Mr Seabourne advised on the progress made to the key milestones of the laboratories project. In addition, he advised that the laboratories project had achieved a Building Research Establishment Environmental Assessment Method (BREEAM) Excellent at design stage with a score of 72.29%. BREEAM was the world's foremost environmental assessment method and rating systems for buildings and had been first launched in 1990. BREEAM sets the standard for best practice in sustainable building design, construction and operation and had become one of the most comprehensive and widely recognised measures of a building's environmental performance.

ACTION BY

In relation to the new Adult and Children's Hospitals, Mr Seabourne advised that user group meetings were now finalising the 1:50 departmental drawings and thereafter there would be workshops with user input to look at security and access, patient call, lighting, doors and information technology. The list of equipment required for the new hospitals was being compiled using information gathered through the 1:50 process and a gap analysis would be undertaken for imaging, electro-medical, facilities management and domestic equipment by comparing the lists currently available and suitable for transfer. It was anticipated that this would be completed in October 2011. **Project Director**

With regard to the construction of the new Adult and Children's Hospitals, piling work was running about two weeks late: however, steps had been taken to mitigate this delay as much as possible. The contractor remained confident that this work would be completed on schedule. **Project Director**

Mr Seabourne was able to report that the planning application for the temporary helipad at the Thales site had been approved and he would review any conditions that may be associated with that approval. **Project Director**

He then set out the community benefits including the contractor making sub-contracting opportunities available and engaging with local businesses through meet the buyer sessions – the most recent session taking place on 9 June at the Royal Concert Hall in conjunction with the City Council

Mr Shanks was pleased to be updated on the community benefits programme and indicated that discussions at previous meetings had talked about further reports covering transport. Mr Seabourne advised that a travel plan had been developed as this had been part of the Section 75 agreed with the City Council when planning permission had been granted to the development. The Head of Community Engagement and Transport had been looking at plans to improve public transport including information on all aspects of public transport, car sharing schemes, safe walking and cycling areas. Money had been set aside to encourage additional bus services with particular emphasis on encouraging the buses to enter the site. Ms Dhir was concerned at some of the timing of the improvements to public transport as the new laboratories project would finish well ahead of the new Adult and Children's Hospitals. Mr Seabourne advised that timelines had been agreed with the City Council and he could cover this in terms of a future report which incorporated transport. Cllr. Yates was keen that more emphasis should be placed on transport and hoped that the Head of Community Engagement and Transport could attend a future meeting to talk to Members about current improvements and plans for the future. Mr Calderwood said Mr Seabourne would arrange for further discussions on transport but he was keen to ensure that the NHS Board's role was seen in the light of discussing and influencing transport discussions via the Scottish Passenger Transport Executive and, whilst the FastLink project would be beneficial for many areas, its impact on the new southside hospital would not address all of the transport needs of the population seeking to travel to the new hospital. **Project Director** **Project Director**

Mr Seabourne then took Members through the change control process; the potential compensation event and Mr McCubbin tabled a revised and updated overall budget paper. Mr Seabourne agreed to report back on the energy analysis and potential reduction to site-wide heating capacity and Cllr. Yates enquired about the pneumatic tube system being installed. Mr Seabourne advised that the installation between the new laboratories and the existing estate to support the period between the new laboratories opening and the hospital opening had been identified at a cost of £79,570.91 and would be funded from the NHS Board's Capital Plan. **Project Director**

ACTION BY

Mr Calderwood asked that the future overall budget schedule separate out that work which the NHS Board appoint the main contractor to carry out and the compensation events. Mr McCubbin agreed to do this for the next report to Committee. **Project Director**

NOTED

12. DISPOSAL OF WESTERN INFIRMARY – SITE A

There was submitted a paper [Paper No. 11/13] from the Chief Executive asking Members to note the sale of Site A, Western Infirmary to the University of Glasgow on 31 March 2011.

There had been a Right of Redemption in favour of the University (Site A) comprising 9.80 acres at the Western Infirmary site. This related to the sale in 1878 of the land from the University to the then Western Infirmary. In accordance with NHS Scotland Property Transaction Handbook, an independent property adviser was appointed on behalf of the NHS Board to take forward the property transaction for the disposal of Site A to the University of Glasgow.

Mr Calderwood advised that the part of the Western Infirmary site sold (Site A) was subject to leaseback of the buildings to the NHS Board to allow ongoing operational use as part of the NHS estate until re-location of the existing facilities to the new South-side Hospital in 2015. This was at a peppercorn rent until the period 2017 and in relation to the Radionuclide Pharmacy which was on Site A, this would be leased back at the same rent for a period of 40 years. Mr Calderwood described the leaseback arrangement in detail, including the significant penalties for late completion by the contractor of the new South-side Hospital.

Mr Calderwood advised Members of the plans in respect of the disposal of the balance of the Western Infirmary site (Site B). The majority of this site comprised Victorian buildings with three Listed buildings (Grade B) and any remaining title conditions over Site B had been discharged by the University as part of a previous disposal. The University had confirmed an interest in purchasing Site B and negotiations would commence shortly. Members would be advised of progress of this additional land transaction. **Chief Executive**

NOTED

13. GLASGOW DENTAL HOSPITAL AND SCHOOL – FLOOD DAMAGE

There was submitted a paper [Paper No. 11/14] from the Director, East Dunbartonshire CHP asking Members to note the actions taken to facilitate reinstatement of the flood-damaged areas within Glasgow Dental Hospital and School and the need to make necessary provisions for reinstatement works whilst negotiations continued with the contractor's insurers for recovery of any allowable sums expenditure.

On the evening of 11 April 2011 there was water escape from a filter that had been relocated as a temporary measure as part of the Glasgow Dental Hospital and School infrastructure works. The resultant flooding gave rise to damages to Levels 1, 0 and the basement. An initial assessment of the damage was undertaken and a revised figure now sits at £718,000. The contractors had notified their insurers and a Loss Adjuster has been appointed to act on their behalf. Separate independent expert reports have been commissioned by the NHS Board and the Loss Adjuster with regard to establishing the cause of, and liability for the water escape.

ACTION BY

There was an urgency to returning the flooded areas into full use, particularly to achieve critical hand-over dates to allow the University of Glasgow to plan for the student term activity in the lecture theatres. The NHS Board is a "self-assurer" and is therefore responsible for funding the reinstatement works and then making a claim against the contractor's insurer if it was established that was where the liability rested.

Mr Hobson explained that the sum of £718,000 had been set aside as an emergency allocation from the NHS Board's formula capital allocation in order to allow the reinstatement works to commence as soon as possible. He advised that a formal response from the contractor on establishing liability and, thereafter, quantum of a claim to the contractor's insurers was expected by the end of July 2011. **Director – East Dunbarton-shire CHP**

In relation to a question from Mr Fraser, Members will be advised of the capital spend plans for the Dental Hospital and School over the next few years. **Director – East Dunbarton-shire CHP**

NOTED

14. QUALITY STRATEGY: EMERGING PERFORMANCE REPORTING

There was submitted a paper [Paper No. 11/06] from the Director of Corporate Planning and Policy on the progress in aligning performance reporting with the Quality Strategy.

The Quality and Performance Committee had been established to develop integrated governance across the key priorities of quality; staff experience; patient safety; patient experience and funding decisions. The nature of performance reporting to Committee would evolve as a national performance framework was developed and, locally, as the NHS Board improved integration of information in what was traditionally seen as separate domains of clinical governance, performance targets, staff feedback and patient experience.

In response to the Quality Strategy and direction of travel of quality indicators the NHS Board has initiated work to improve the presentation of data to create a more integrated view of the quality of its services. Over future meetings it is intended to present iterations of an integrated quality scorecard, starting from September 2011 and will align with the six quality objectives of – current HEAT targets and standards; 12 quality indicators; measures of staff and patient experience; indicators of patient safety; measures on use of resources. **Director of Corporate Planning and Policy**

Members welcomed this new form of reporting as being in line with the Committee's remits and responsibilities.

NOTED

15. HEAT PERFORMANCE REPORT – 2011/12

There was submitted a paper [Paper No. 11/09] from the Director of Corporate Planning and Policy which set out the NHS Board's performance in respect of the HEAT targets set out in the 2011/12 Local Delivery Plan.

ACTION BY

Good progress was being made in meeting the 21 HEAT targets and Ms Renfrew reported that a total of 19 HEAT targets and standards either met or exceeded the trajectory, including child healthy weight interventions, smoking cessation, inequalities cardiovascular health checks, cancer treatment, 18-weeks referral to treatments, rate of A&E attendances and MRSA/MSSA bacterium. The two areas where improvements in performance were still required were in delayed discharges and sickness absence.

Delayed discharges were monitored on an ongoing weekly basis and work was under way with Local Authority partners to ensure delays to discharges were scrutinised and managed effectively. Due to the high number of delays within the Glasgow City Council area, an action plan had been agreed with the Council, Community Health Partnership and the Acute Services Division.

Mrs Hawkins advised on the number of delayed discharges within the Glasgow City area and stated that each CH(C)P was implementing plans from the Change Fund to ensure a commitment to maintaining the zero standard and significantly reducing delays of all patients waiting to be discharged from hospital. The Glasgow City CHP Joint Partnership Board and CHP Committee received detailed reports on delayed discharges.

Ms Dhir enquired about the issues which lay behind a number of delayed discharges within the City Council area. Mrs Hawkins advised that a reduction in finance to fund nursing home placements; the high demand for community placements; and family choices all led to increases in delayed discharges.

In relation to the sickness absence, the rate was 4.14% with long and short-term absences rates being 2.04% and 2.1% respectively.

NOTED

16. QUALITY AND PERFORMANCE COMMITTEE REMIT AND MEMBERSHIP

There was submitted a paper [Paper No. 11/01] by the Head of Board Administration which set out the Committee's remit and membership.

The Convener advised that the NHS Board had approved the Quality and Performance Committee remit at its meeting in April 2011 and its membership had been reported to the NHS Board meeting in June 2011. He was keen that Members review the remit in early 2012 in order that recommendations can be made to the NHS Board as part of the Annual Review of Corporate Governance Arrangements for any changes. If Members had any issues to be considered before then in connection with the remit or the workings of the Committee, they should feed these to the Head of Board Administration in order that these can be considered over the coming months. **Head of Board Administration**

Lastly, the Convener advised that he was keen that the agendas for future meetings of the Quality and Performance Committee should follow the Quality Strategy themes and had been pleased to see this highlighted in the emerging Performance Reporting paper. **Head of Board Administration**

NOTED

ACTION BY

17. CLINICAL GOVERNANCE IMPLEMENTATION GROUP MEETING HELD ON 9 MAY 2011

There was submitted a paper [Paper No. 11/15] which set out the Clinical Governance Implementation Group minutes of its meeting held on 9 May 2011.

NOTED

18. QUALITY AND POLICY DEVELOPMENT GROUP MEETING HELD ON 20 APRIL 2011

There was submitted a paper [Paper No. 11/16] setting out the Quality and Policy Development Group minutes from its meeting held on 20 April 2011.

NOTED

19. DATE OF NEXT MEETING

9.00 a.m. on Tuesday, 20 September 2011 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0HX.

The meeting ended at 12.15 p.m.

NOT APPROVED AS A CORRECT RECORD

QPC(M)11/02
Minutes: 20 - 40

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 20 September 2011 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE
Ms M Brown
Ms R Dhir MBE
Mr D Sime
Mrs P Spencer (to Minute 33)
Mr K Winter

OTHER BOARD MEMBERS IN ATTENDANCE

Mr R Calderwood
Dr B Cowan (to Minute 34)
Ms R Crocket (to Minute 38)
Mr P James
Mr A O Robertson OBE
Rev. Dr. N Shanks

I N A T T E N D A N C E

Mr A Crawford	..	Head of Clinical Governance (to Minute 32)
Mrs J Gibson	..	Head of Performance and Corporate Reporting (to Minute 38)
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr N McGrogan	..	Head of Community Engagement and Transport (for Minute 39)
Ms J Murray	..	Director, East Renfrewshire CH(C)P (to Minute 24)
Ms K Murray	..	Director, East Dunbartonshire CHP (for Minute 22(c))
Mr I Reid	..	Director of Human Resources
Dr S Rodger	..	Associate Medical Director, Regional Directorate (to Minute 23)
Mr D Ross	..	Director, Currie & Brown UK Limited (for Minute 39)
Mr J Rundell	..	Audit Scotland
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute 39)

ACTION BY

20. WELCOME AND APOLOGIES

The Convener welcomed Ms Helen Russell, Audit Scotland, who was attending her first meeting of the Committee. She was taking over the external audit role from Mr Jim Rundell. The Convener wished Mr Rundell well with his new responsibilities and thanked him for his contribution to the NHS Board's work over the last 5 years.

Apologies for absence were intimated on behalf of Mr P Daniels OBE, Mr I Fraser, Cllr. R McColl, Cllr. J McIlwee, Mr B Williamson, and Cllr. D Yates.

ACTION BY

21. MINUTES OF PREVIOUS MEETING

On the motion of Ms R Dhir and seconded by Mr K Winter, the Minutes of the Quality and Performance Committee meeting held on 5 July 2011 [QPC(M)11/01] were approved as a correct record.

22. MATTERS ARISING

a) Rolling Action List

At the Convener's request, Mr Calderwood provided Members with an update on Blawarthill and Linwood Health Centre. As had been reported at the August Board meeting, discussions were continuing with Glasgow City Council over the possible transfer of land for the provision of a Care Home. A further progress report would be submitted to the NHS Board by the end of the year. **Director of Corporate Planning & Policy**

Renfrewshire Council had asked the retailer to submit a revised planning application to take account of the NHS Board's concerns about access and parking. It was recognised, however, that any future development of Linwood Health Centre would be compromised on the current site as there was no expansion possible.

NOTED

b) Mental Welfare Commission Report – Starved of Care: NHSGG&C Report

In relation to Minute 8 – Mental Welfare Commission (MWC) Report – Starved of Care – there was a paper submitted [Paper No. 11/17] by the Chief Operating Officer – Acute Services Division and the Director, Glasgow Community Health Partnership setting out the self-assessment which had been completed against the Report's recommendations. The accompanying Action Plan highlighted the improvements required, the identified lead officers and timescales for completion.

Mrs Spencer made reference to the Mental Health Strategy which was currently out to consultation until January 2012 and the need to ensure that the physical health care needs of the severely mentally ill be taken into account, particularly as a result of the MWC Report. Mrs Hawkins agreed to pick this up as part of the Mental Health Strategy and the National Dementia Strategy for Scotland. **Director, Glasgow City CHP**

Members were pleased to note the progress and steps being taken as a result of considering the recommendations of the MWC Report – Starved of Care.

DECIDED:

That the Action Plan be noted and that a follow-up report be submitted to the March 2012 meeting of the Committee. **Chief Operating Officer – ASD/Director, Glasgow CHP**

c) Dental Hospital – Flood Damage: Progress

In relation to Minute 13 – Dental Hospital – Flood Damage – there was a paper submitted [Paper No. 11/18] which provided an update on the work to reinstate the flood damaged areas within the Dental Hospital and the progress on the negotiations with the Contractor's insurers for recovery of any allowable sums expended.

ACTION BY

The necessary works had been completed and the areas re-occupied by the University of Glasgow, NHS National Education Services and post-graduate teaching were now fully operational with only the main entrance door to be replaced during September 2011. The works had been progressed on the basis of revised estimates, tendered costs and equipment assessments which had resulted in the costs of reinstatement being reduced with an out-turn cost expected to be £467,000.

The NHS Board had made a claim against the contractors for these damage reinstatement costs. Separate independent expert reports had been commissioned by the NHS Board and Loss Adjustors in order to establish the cause of, and liability for the water escape and subsequent damage. These negotiations were ongoing.

In response to Members' questions, Mrs K Murray confirmed that the Dental Hospital Estates staff had agreed to use of the existing filter unit as a temporary measure until the new filter unit had been delivered on site. The Contractor took responsibility for that removal and installation. In addition, Mrs Murray confirmed that the cost of £467,000 included the costs for the independent expert reports.

NOTED

23. ORGAN DONATION ANNUAL REPORT

There was submitted a paper [Paper No. 11/28] from the Medical Director on the Organ Donation Annual Report – 2010/11 and the NHSGG&C audit of potential organ donors as at 1 July 2011.

Dr Stuart Rodger, Associate Medical Director, Regional Directorate took Members through the Annual Report and highlighted the role of the Organ Donation Committee (Chaired by Mr R Cleland) as reviewing and re-organising clinical practice related to organ and tissue donation in line with the recommendations of the Organ Donation Task Force.

In addition to the Organ Donation Committee, an Organ Donation Clinical Executive Implementation Group was set up under the Chairmanship of Dr Stuart Rodger. Eight Clinical Leads had been identified and appointed to this Group for all Intensive Care Units in NHSGG&C and they meet regularly with their hospital Specialist Nurses for Organ Donation to audit and report on Intensive Care Unit deaths, as well as deaths in Accident and Emergency and Stroke Units.

A work plan has been established to develop organ donation activities and the Director of Corporate Communications assisted with the publicity to promote opportunities for organ donation.

Dr Rodger advised that the Audit of Potential Organ Donors provided a summary of data relating to potential and actual organ donors as recorded by NHS Blood and Transplant via the Potential Donor Audit and the UK Transplant Registry for NHSGG&C. The report facilitated case-based discussion about organs by the Organ Donation Committee.

In response to a question from Ms Dhir, Dr Rodger confirmed that there was an Organ Sharing Scheme operating UK-wide. He also confirmed that evidence suggested that younger members of the population were more likely to register for organ donation but much still needed to be done to see a significant increase in the number of organ donors.

ACTION BY

Clinical access to the Registry was available via a computer link but it was possible that despite a person being registered, the next of kin or family could still refuse to give permission to remove an organ for donation.

NOTED

24. EAST RENFREWSHIRE CH(C)P PERFORMANCE REPORT

There was submitted a paper [Paper No. 11/19] by the Chair and Director, East Renfrewshire CH(C)P providing background information on East Renfrewshire CH(C)P and setting out key financial, service, clinical and staff issues affecting the CH(C)P and a commentary on organisational performance and an overview of challenges and risks.

The Convener advised that this was the first scrutiny of a CH(C)P which had been undertaken by the new Quality and Performance Committee and he was keen to receive members' feedback on the process followed in order to consider any improvements for future reviews of performance of the CH(C)Ps

Mrs J Murray, Director, East Renfrewshire CH(C)P, started by apologising that the Chair, Cllr. D Yates had, unfortunately, been unable to attend this morning's meeting. He had been asked to meet with the Cabinet Secretary for Health, Wellbeing and Cities Strategy.

Mrs Murray gave a short presentation to Members on the key performance areas and challenges facing East Renfrewshire CH(C)P and then welcomed questions from the Committee.

Members asked a range of questions from the presentations and operation of the CH(C)P. Mrs Murray responded as follows:-

- Leadership – the challenge of leading staff across two organisations was recognised; however, strong and visible management was important and good staff engagement including regular team briefing were a priority. A Roadshow for staff had been planned for later in the year.

- Shifting the Balance of Care – the CH(C)P was part of a national pilot in re-launching home care services for older people; community budgets were allowing services to be wrapped around people and Social Work had been aligned to five GP practices to date with the plan to roll that out to all fifteen GP Practices later. Monitoring of those over 65-year-olds with two or more re-admissions was showing a reduction.

- Change Fund – working closely with hospitals on discharges; getting home care packages right; seeking alternatives to hospital; building community capacity and working more with community groups and volunteers had been helpful. In addition, engaging direct with carers and the voluntary sector and re-shaping day care services with older people's teams had assisted.

- Budgetary pressures – restructuring opportunities were considered which included a review of back-office services; there were spend-to-save opportunities; a desire to provide integrated and seamless services to the patient thus avoiding unnecessary duplication.

Members welcomed this full and comprehensive scrutiny of East Renfrewshire CH(C)P and thanked Mrs Murray for her helpful presentation and answers to the range of questions asked. It was recognised that this was a mature integrated CH(C)P in its 6th year and many achievements had resulted from the integration and joined up services for patients.

ACTION BY

The CH(C)P Committee worked well and the Convener, as a Member of East Renfrewshire CH(C)P Committee, commented about how impressed he had been that a Committee with a membership of such diverse backgrounds was able to work in such an integrated way with a clear goal of bringing about successful improvements in services for patients.

NOTED

25. SCOTTISH PATIENT SAFETY PROGRAMME

There was submitted a paper [Paper No. 11/20] by the Medical Director setting out the progress in the implementation of the Scottish Patient Safety Programme (SPSP) reflecting the activity within NHSGG&C during July and August 2011.

Dr Cowan reminded Members that the aim was to achieve full implementation of the core programme within NHSGG&C – Acute Services by the end of December 2012. It had previously been an aspiration that Mental Health Services would also be involved; however, the national support to SPSP has not yet delivered its outline objectives meaning that a formal mental health programme was not yet possible. Dr Cowan advised, however, that a Paediatrics Safety Programme was now well under way and Members endorsed the revised aim from that of creating start-up to one of aligning the national medium term objectives for Paediatrics.

A visit by the National SPS Team in June and a recent visit by Swedish colleagues had provided good and positive feedback on the progress being achieved by NHSGG&C. An Action Plan was now being developed in order to resolve any outstanding issues which can now be picked up from the change in interpretation to some elements of the programme and this should, hopefully, lead to confirmation of progress to level 3.5 in the fairly near future.

Mrs Spencer asked about the difficulties associated with releasing clinical staff for the next SPSP conference (Learning Session 8 on 3rd and 4th October 2011). Dr Cowan advised that there has been encouragement for middle managers to also attend but there was slightly less enthusiasm due in some part to the repetitive nature of the sessions.

Dr Cowan, in response to a question from Ms Dhir, advised that patients self-administering medicines were still carried out in a supervised model.

Mrs Spencer asked about the difficulties with including Mental Health Services and Mr Crawford, Head of Clinical Governance, advised that national evidence-based bundles of care still remain untried and untested and, therefore, not suitable at this stage for this programme.

NOTED

26. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE SUMMARY

There was a paper submitted [Paper No. 11/21] by the Medical Director covering the Board-wide infection prevention and control activity and the paper on the revised HEAT target for S.aureus Bacterium (SAB).

ACTION BY

As agreed at the last meeting, the report was now on an exception reporting basis in order to cut down on the duplication of the full report submitted to the NHS Board meeting. The NHS Board continued to work towards the revised 2013 HEAT target of 0.26 cases of SABs per thousand occupied bed days. The most recent results demonstrated a rate of 0.35. The HEAT targets of 2010 and 2011 had both been achieved; however, more SABs were being identified in patients who were being admitted from home or nursing homes and actions to prevent these were limited and Dr Cowan advised this would make the revised target difficult to achieve. Dr Cowan had been invited by SGHD to highlight the difficulties that the revised 2013 HEAT target may cause.

The Convener asked what actions may be taken in order to deal with community based SABs. It was reported that the Public Health Unit were reviewing nursing homes and also GPs' antibiotic prescribing. The outcome from this work by Public Health would be reported to the Committee in January 2012. **Medical Director**

NOTED

27. CLINICAL RISK MANAGEMENT – CORPORATE REPORTING

There was submitted a paper [Paper No. 11/22] by the Medical Director on the current reporting arrangements on clinically related Fatal Accident Inquiries and he also gave a verbal report on significant clinical incidents.

Mr Crawford was keen to ensure that the Quality and Performance Committee had an adequate knowledge of the NHS Board's Clinical Risk Management arrangements and that Corporate Reporting focused on the frequency and form of patient harm associated with care provided by NHSGG&C; priorities for safety improvement and the improvement strategies for making care safer. Mr Crawford set out the model template in relation to formal routine reporting and indicated that added to this list would be the significant Fatal Accident Inquiries and clinical legal claims.

Members supported this template and this would be presented on a Directorate-by-Directorate basis which followed the format of reporting to the Acute Services Division clinical structures and senior management team.

The Convener indicated that it had been raised with him that the new Quality and Performance Committee no longer had the focus on the Acute Services specialty based presentations/scrutiny which the Clinical Governance Committee had. He asked Members if this is something that should be considered further in ensuring transparency of patient safety within Acute Services.

Members welcomed this approach and considered that a report and presentation should be provided to the Committee in a similar manner as the scrutiny of CH(C)Ps was being planned. Dr Cowan suggested that such presentations should be targeted to coincide with the publication of National Reports/major audits of services in order to ensure they were topical and Members would therefore be given an opportunity to see the steps which were being taken within NHSGG&C in relation to findings/recommendations of such reports. This was welcomed and Dr Cowan and Mr Crawford would prepare a programme for the next 12 months which would be built into the forward look of agenda items for future Quality and Performance Committee meetings. It was recognised that this may result in each CH(C)P being scrutinised once every two years rather than annually. The current arrangement with Non-Executives sitting on CH(C)P Committees, Organisational Performance Reviews and other levels of scrutiny were viewed as adequate should CH(C)P reporting move to bi-annual. This would be reviewed by the Committee after a year.

ACTION BY

Dr Cowan provided Members with a verbal update on two significant clinical incidents and provided Members with the outcome in both cases.

DECIDED:

1. That future reports and briefings at Seminars provide Members with a full description of the NHS Board's Clinical Risk Management arrangements. **Medical Director**

2. That the template described in the paper be modelled for future reporting. **"**

3. That the Medical Director provide a verbal report on significant clinical incidents. **"**

4. That the Medical Director draw up a programme of National Reports/major audits which would lead to reports being submitted to the Committee. **"**

28. INFECTION CONTROL – ANNUAL REPORT – 2010/11

There was submitted a paper [Paper No. 11/23] by the Medical Director providing the annual Infection Control Report – 2010/11.

The Annual Report outlined progress within NHSGG&C against its key objectives set out in the 2010/11 Annual Infection Control Programme. It was reported that the NHS Board had implemented the range of measures and controls which had successfully delivered the March 2011 HEAT targets for SABs and Clostridium Difficile infection. During 2010/11 the then Clinical Governance Committee received ongoing assurance through the publication of bi-monthly reports on key infection prevention and control performance indicators, Reports were also sent bi-monthly to the NHS Board.

DECIDED:

That the Annual Infection Control Report – 2010/11 be endorsed. **Medical Director**

29. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was a paper submitted [Paper No. 11/24] from the Head of Performance and Corporate Reporting setting out the first attempt to bring together high level information from separate reporting strands to create a more integrated view of the NHS Board's performance. The development of the Health Care Quality Strategy for NHS Scotland (May 2010) provided the opportunity for aligning the wide range of measurements across the NHS to assist in driving progress towards the Quality Strategy ambitions. The report was work in progress in both format and content and it did not aim to give a comprehensive level of detailed performance throughout the organisation. Its purpose was to create an overall sense of where the NHS Board was achieving the ambitions set out in the Quality Strategy and to signpost to sources of information/greater detail if required.

The Integrated Quality Performance Report was part of the performance activity within the NHS Board which included Organisational Performance Reviews, Participation Standard, Health Care Environment Inspections, Annual Review and the Performance Management System for Senior Managers.

ACTION BY

Members welcomed the integrated report and offered the following comments to improve future reporting:-

- The other papers on the Quality and Performance Committee agenda should be able to be referenced back to the Integrated Quality and Performance Report. — **Head of Performance & Corporate Reporting**

- Presentation of the traffic light approach to be reviewed where Red required action and this was highlighted in the report and Green was acceptable. In addition, it may be possible to cover this approach in columns for ease of presentation to Members. — **"** **"**

- The use of Grey should be considered further; not all data-sets lend themselves to two-monthly reporting and this needed to be recognised. — **"** **"**

- Consider moving the person-centredness element of the report to the beginning. — **"** **"**

Mr Calderwood thanked Members for their comments and consideration of the report and indicated that the Corporate Management Team would consider the comments made and reflect the outcome of that discussion in the future report to the Committee. — **"** **"**

NOTED

30. CLINICAL GOVERNANCE IMPLEMENTATION GROUP MEETING HELD ON 15 AUGUST 2011

There was submitted a paper [Paper No. 11/25] which set out the Clinical Governance Implementation Group minutes of its meeting held on 15 August 2011.

Mrs Hawkins agreed to bring a paper to the Quality and Performance Committee in March 2012 on the Prison Health Services which would be managed by the NHS Board from 1 November 2011. — **Director of Glasgow City CHP**

NOTED

31. QUALITY AND POLICY DEVELOPMENT GROUP MEETINGS HELD ON 22 JUNE 2011 AND 17 AUGUST 2011

There was submitted a paper [Paper No. 11/26(i) and 11/26(ii)] setting out the Quality and Policy Development Group minutes of its meetings held on 22 June 2011 and draft minutes of its meeting held on 17 August 2011.

NOTED

32. PARTICIPATION STANDARD - UPDATE

There was submitted a paper [Paper No. 11/27] from the Nurse Director and Head of Performance and Corporate Reporting setting out the NHS Board's performance against the Participation Standard. This had been the first time that the NHS Board had been assessed by the Scottish Health Council's new process and the paper highlighted the NHS Board's self-assessed level and that as assessed by Scottish Health Council.

ACTION BY

The standards in relation to systems and processes in place to meet the statutory requirements in relation to the Participation agenda; the public feeding into governance and decision making arrangements and the culture of participation forming part of the day-to-day planning and delivery of services would be discussed as part of the NHS Board's Annual Review with the Cabinet Secretary for Health, Wellbeing and Cities Strategy on 17 October 2011.

The 90-page self-assessment was available to Members on request and NHS Board officers worked with patient representatives in drawing up the self-assessment which required a vast amount of detail and evidence to support the full submission. **Nurse Director/**

It was the intention to produce guidance to Directors and senior managers on Standards 1 and 2. The same will apply for Standard 3; however, a corporate session will be held to discuss aspects of this Standard in order to agree the best way forward in achieving future compliance. **Head of Performance & Corporate Reporting**

Each part of the organisation would provide a report to the Quality and Performance Committee in the Spring of 2012 on achieving the Participation Standards. **" "**

Members emphasised the need to ensure that the Standards became embedded into the culture of the organisation and the core of what was being delivered. Experience had suggested that recording the evidence as it occurred was the best approach to ensure future Standards were met. As the Involving People Committee responsibilities were now part of the Quality and Performance Committee, this would be an important area of monitoring for the Committee going forward.

NOTED

33. OVERVIEW FOR CONTRACTING FOR NHS CONTINUING CARE PARTNERSHIP BEDS AND LOCAL AUTHORITY RESIDENTIAL CARE BEDS IN INVERCLYDE

There was submitted a report [Paper No. 11/29] from the Director of Glasgow City CHP providing an update on the current position on the procurement process for the re-provision of adult and older people's continuing care requirements from Ravenscraig Hospital.

NHSGG&C and Inverclyde Council were currently going through a joint procurement process and tenders were submitted in February 2011 which, unfortunately, the evaluation process highlighted did not fully meet the requirements of both organisations. It had been necessary therefore to return to a new tender process. The Invitation to Tender was amended and issued in August 2011 with tenders due by 23 September 2011. The intention would be to submit a paper to the Quality and Performance Committee and the Policy and Resources Committee of Inverclyde Council in November 2011 hopefully seeking acceptance of a competent tender. **Director, Glasgow City CHP**

Mrs Hawkins described the three additional options which had arisen since the procurement process commenced in September 2009 and which would be considered in parallel to the evaluation stage of the submitted tenders in September 2011.

Mr Calderwood asked that Mrs Hawkins ensure that Inverclyde Council fully recognised the impact of Option 3 on the 10 adult continuing care beds. **" "**

Mr Winter asked about removing the cap on prices as contained within the contract terms and Mrs Hawkins agreed to check this and advise Mr Winter of the outcome. Mr Winter also suggested that the indicative timetable may be ambitious. **Director, Glasgow City CHP**

ACTION BY

Ms Brown enquired about the two registered health care facilities in Inverclyde leased by Southern Cross, in particular in relation to the discussions/negotiations with current landlords to consider the future of these facilities. Mrs Hawkins advised that any option would be a lease option and Inverclyde Council were considering carefully the issues with Southern Cross in relation to the Newark Nursing Home in Port Glasgow and the Merino Court in Greenock.

DECIDED:

1. That the progress of the procurement process for the provision of Partnership beds in Inverclyde be noted.

2. That the inclusion of the three additional options outlined as part of the tender evaluation process in November 2011 covering specification, timeline and financial be approved. **Director, Glasgow CHP**

3. That a paper be submitted to the Quality and Performance Committee in November 2011 for approval to contract award. **" "**

34. STAFF GOVERNANCE COMMITTEE MEETING HELD ON 5 JULY 2011

There was submitted a paper [Paper No. 11/30] setting out the Staff Governance Committee minutes of its meeting held on 5 July 2011.

NOTED

35. FINANCIAL MONITORING REPORT TO 31 JULY 2011

There was submitted a paper [Paper No. 11/31] from the Director of Finance setting out the Financial Monitoring Report for the 4-month period to 31 July 2011.

As at 31 July 2011 the NHS Board was reporting expenditure levels running £3.5m ahead of budget and this was mainly attributable to the timing of implementing cost saving plans and some in-year cost pressures pushing expenditure above budget.

Within Acute Services expenditure was running £1.7m over budget with increased expenditure due to the timing of achieving planned cost savings and cost pressures principally relating to non-pay budgets, Expenditure within NHS Partnerships was running £0.9m over budget with the most significant cost pressure within the CH(C)Ps being expenditure on in-patient elderly mental illness. Expenditure within Corporate Services was running £0.9m ahead of budget and this was mainly in relation to interpreting costs and additional legal costs being incurred in handling the Vale of Leven Hospital Public Inquiry.

Mr James reported that it was considered a year-end break-even position remained achievable.

Mr James provided Members with information on the draft figures being reviewed for Month 5 and he would try and ensure, depending on the timing of Committee meetings, that such information was able to be reported to the Committee in future. He also advised that he would submit a half-year review of the NHS Board's finances in December 2011. **Director of Finance**

NOTED

ACTION BY

36. UPDATE FROM THE MAY/JUNE 2011 ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No. 11/32] from the Head of Performance and Corporate Reporting setting out the overview of the key themes and issues which had emerged from the May/June 2011 round of Organisational Performance Reviews. In addition, the individual Organisation Performance Reviews were enclosed for Acute Services and each CH(C)P.

Mrs Gibson reminded Members that the Organisational Performance Review aimed to ensure a focus on how effectively each part of the organisation was delivering its agreed contribution to the achievement of corporate priorities as set out in each of the Planning and Policy Frameworks. It focused on HEAT targets, local key performance indicators and areas of planned activity outlined in the Local Development Plans.

The paper drew out examples of good practice, together with corporate themes/issues which required further consideration across NHSGG&C.

Ms Brown asked about the progress being achieved within Acute Services in relation to dementia. Mrs Grant advised that the Rehabilitation Assessment Directorate was establishing a group to deliver proposals on a comprehensive list of actions to ensure progress on improvements with the dementia services.

The Convener asked about the progress with the process in relation to the Christie Ward at the Vale of Leven Hospital and Mrs Hawkins advised that this issue would be submitted to the NHS Board at its October meeting. **Director, Glasgow CHP**

In relation to monitoring the Change Fund, Mr Calderwood advised that a submission was due to be given to the Ministerial Task Force covering the actions and progress of the first six months and this report would also be submitted to the Quality and Performance Committee meeting in November 2011. **Chief Executive**

Mr Shanks asked if the feedback from the Organisational Performance Reviews was submitted to each individual CH(C)P Committee and Mrs Hawkins confirmed that this was indeed the case.

NOTED

37. ANNUAL REVIEW UPDATE

There was submitted a paper [Paper No. 11/33] from the Head of Performance and Corporate Reporting providing an update on the arrangements for the NHS Board's Annual Review to be held on 17 October 2011.

The Annual Review would again be Chaired by the Cabinet Secretary for Health, Wellbeing and Cities Strategy and one of the changes this year was that there would be a joint meeting between the Area Partnership Forum and the Area Clinical Forum with the Cabinet Secretary.

Members also received a copy of the Annual Review Assessment – 2011 for information.

NOTED

ACTION BY

38. CH(C)P COMMITTEE GOVERNANCE ARRANGEMENTS

There was submitted a report [Paper No. 11/34] from the Head of Performance and Corporate Reporting setting out an annual cycle of reporting to CH(C)P Committees covering core topics which should be reported to Committee.

Following the changes to the NHS Board's governance arrangements and the establishment of the Quality and Performance Committee, Members had raised the importance of ensuring consistency in the way in which CH(C)P Committees fulfilled the financial service, clinical and staff governance responsibilities which they carried as a Subcommittee of the NHS Board.

Members welcomed the requirements for consistency in terms of monitoring key performance areas and it was recognised that the reporting frequency in the paper was a minimum and there would be some Committees which would receive more frequent reports than that recommended in the guidance.

Ms Brown asked if reporting/monitoring could include inequalities. This was agreed and the reporting frequency to the Quality and Performance Committee by each CH(C)P would be affected by the discussions earlier in the agenda on clinical risk management arrangements. **Head of Performance & Corporate Reporting**

NOTED

39. NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT: PROGRESS UPDATE – STAGES 1, 2 & 3

There was submitted a paper [Paper No. 11/35] from the Project Director, New South Glasgow Hospitals and Laboratory Project, setting out the progress against each stage of the development of the new Laboratory, design development in the new Hospitals and construction of the new Adult and Children's Hospitals.

Mr Seabourne advised that the Laboratory Project remained on programme for completion on 10 March 2012. The main focus of work was now the internal fit-out on all levels which included installation of the mechanical and engineering services, ceilings, decoration, flooring and fitted furniture. The equipment issues would be separated into those which were to be installed in advance of the Practical Completion and those which would be installed as part of the migration process after hand-over. Group 1 equipment would be supplied and installed by the Contractor as part of the Contract and Group 2, 3 and 31 would be would be procured or transferred by NHSGG&C.

The Site Facilities Management Team would oversee the commissioning and migration of the services into the Laboratory Medicine and Facilities Management building from hand-over on 10 March 2012.

Learning from the commissioning of the new Ambulatory Care Hospitals, a Staff Handbook would be produced for staff moving into the new Laboratory building with the handbook available electronically and hard copy for those who would not have access to a personal computer. Site visits by staff were under way and had been ongoing throughout August 2011.

ACTION BY

In relation to Stage 2 of the New Adult and Children's Hospitals, Mr Seabourne advised on the issues which had emerged from the 1:50 process – namely, increase the size of one of the interventional theatres; conversion of an ENT consulting room to a hearing test room; conversion of a bedroom to a treatment room in ENT; adaptation of the therapy pool (Children's Hospital); installation of a piped sterile water system to the renal departments within the Children's Hospital. The details and the costs of these were currently being assessed.

In relation to Stage 3, the Project remained on programme to be completed by March 2015. The main focus of work was the excavations, earthworks, and the concrete sub-structure and super-structure. The piling works were anticipated to be completed by mid-October 2011. Part of the planning consent required monitoring of the ground conditions and the Contractor advised that ground-water laboratory analysis had been undertaken which indicated PAH contaminants far greater than previously recorded. On site de-watering of deep excavations had been initiated and this may have been affecting ground water conditions on site. Meetings had been held with the Contractor to revise the frequency of monitoring to monthly for ground water during de-watering and 6 months post de-watering, coming to an end (May 2012).

Mr Seabourne advised in terms of community benefits that 115 new entrants had been recruited and of this number, 26 were apprentices. A further 10 apprentices were scheduled to commence in October 2011 and a training and recruitment centre on site was now operational and staffed by Glasgow Regeneration Agency. Supported by Glasgow City Council, the Contractor had a meet-the-buyer session in the City Chambers on 5 September and this was attended by 60 businessmen. The Brookfield Multiplex Healthcare and Life Sciences Suite at Cardonald College was to be formally opened by the Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy on 21 September 2011.

Mr Seabourne highlighted the changes approved and impacting on the Contract target price and Mr Ross took Members through the potential compensation events and movements since the last report in July 2011.

Mr Niall McGrogan, Head of Community Engagement and Transport had provided Members with a travel planning document for the New Southside Glasgow Hospitals and advised that work was under way in terms of planning for the Hospital which was yet to be built and would not be open until 2015. It was recognised that the current site was congested and it was intended to remedy that for the New Southside Hospital and try and ensure that it was at the centre of transport services. Members welcomed the information from Mr McGrogan on the travel planning for the New South Glasgow Hospitals development.

NOTED

40. DATE OF NEXT MEETING

9.00 a.m. on Tuesday, 15 November 2011 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0HX.

The meeting ended at 12.35 p.m.

QPC(M)11/03
Minutes: 41 - 67

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 15 November 2011 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Mr P Daniels OBE	Mr D Sime
Ms R Dhir MBE	Mr B Williamson
Mr I Fraser	Mr K Winter
Councillor J McIlwee	Councillor D Yates

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Mr R Calderwood	Ms R Crocket
Dr B Cowan	Mr P James

Mr A O Robertson OBE

I N A T T E N D A N C E

Mr S Baker	..	Partnerships Project Manager (for Minute Nos. 63 and 64)
Mr A Crawford	..	Head of Clinical Governance
Dr J Dickson	..	Associate Medical Director
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mrs L Kelly	..	Head of Policy (for Minute Nos. 53 and 54)
Mr A Mathers	..	Clinical Director, Women and Children's (to Minute No. 44)
Mr A MacKenzie	..	Director, North West Sector Glasgow CHP (from Minute No. 64)
Mr A McLaws	..	Director of Corporate Communications
Ms P Mullen	..	Acting Head of Performance and Corporate Reporting (to Minute No. 59)
Ms K Murray	..	Director, East Dunbartonshire CHP (for Minute No. 51)
Mr K Redpath	..	Director, West Dunbartonshire CHCP (for Minute No. 63)
Mr D Ross	..	Director, Currie & Brown UK Limited (for Minute No. 61)
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute No. 61)
Mr S Sengupta	..	Head of Planning, West Dunbartonshire CHCP (for Minute No. 63)

ACTION BY

41. APOLOGIES

Apologies for absence were intimated on behalf of Dr C Benton MBE, Ms M Brown, Councillor R McColl and Mrs P Spencer.

ACTION BY

42. MINUTES OF PREVIOUS MEETING

On the motion of Ms R Dhir and seconded by Mr D Sime, the Minutes of the Quality and Performance Committee meeting held on 20 September 2011 [QPC(M)11/02] were approved as a correct record.

NOTED

43. MATTERS ARISING

(a) Rolling Action List

The Convener asked that Officers complete the "progress column" for the action list for all future meetings. **Head of Board Administration**

(b) Clinical Risk Management: Corporate Reporting

In relation to Minute 27 – Clinical Risk Management: Corporate Reporting – Mr Crawford agreed to submit the final draft of the dates of reporting to the Committee on the publication of key national reports and audits into services in the Acute Services Division to the next pre-agenda setting meeting. **Head of Clinical Governance**

NOTED

(c) Prison Health Service

In relation to Minute 30 – Clinical Governance Implementation Group Minutes – Mrs Hawkins advised that Prison Health Services transferred to the NHS on 1 November 2011. The transfer had gone smoothly and she paid tribute to all the staff involved, in particular Ms Alice Doherty, for contributing to the successful transfer of these responsibilities. The Chief Executive had written to all transferring staff welcoming them to NHS Greater Glasgow and Clyde and the Nurse Director had visited staff at Barlinnie Prison on 1 November 2011. Induction, training and a harmonisation of policies was now underway and the Memorandum of Understanding was to be completed shortly between both organisations.

A progress paper would be submitted to the March 2012 meeting of the Committee. **Director, Glasgow CHP**

NOTED

(d) Overview for Contracting for NHS Partnership Beds and Local Authority Residential Care Beds in Inverclyde

In relation to Minute 33 – Overview of the NHS Continuing Care Partnership Beds and Local Authority Residential Care beds in Inverclyde - there was a paper submitted [Paper No. 11/37] from the Director of Glasgow City CHP providing a progress report on the procurement process for the re-provision of adult and older people's continuing care requirements from Ravenscraig Hospital.

ACTION BY

Tenders had been submitted from two of the four suppliers who had responded to the invitation to tender. Both bidders had submitted tenders only for the Inverclyde Royal Hospital site option and for each of the three contract terms. Both had indicated that the cost of the Kempock site was the key consideration in choosing the Inverclyde Royal Hospital option. The outcome of the evaluation process had resulted in Quarriers being identified as the preferred provider and as part of their submission had offered to enter into a twelve week "Engagement" phase to allow details of their offers to be refined and concluded. There would be no contractual commitment for either NHS Greater Glasgow and Clyde or Inverclyde Council at this stage.

Mrs Hawkins advised that this would be an important phase of the procurement process and would afford the officers the opportunity to try and address the affordability element recognising the need not to compromise the quality of care for patients.

Councillor McIlwee thanked the staff from NHS Greater Glasgow and Clyde and Inverclyde Council for the hard work in getting to this stage and he supported the principle of entering an engagement phase with Quarriers. The Policy and Resources Committee of Inverclyde Council were considering the same paper at its meeting that afternoon.

The challenges were noted and all attempts would be made to conclude agreement with the preferred bidder within the twelve week engagement phase.

DECIDED

1. That the progress to the next stage of the procurement process which was a period of twelve weeks engagement with Quarriers be approved.

2. That the outcome of the engagement process with Quarriers be considered alongside the other options of Prudential Borrowing (Inverclyde Council) or Hub (Scottish Futures Trust).

3. That a paper be submitted to the Committee and Inverclyde Council in Spring 2012 of the outcome and recommendations prior to awarding a contract. **Director, Glasgow CHP**

44. NATIONAL MATERNAL MORBIDITY REPORT

The Convener advised that as agreed at the last meeting each alternate meeting of the Committee would review the implications of national reports/audits within Acute Services on NHS Greater Glasgow and Clyde. This was the first such report from Healthcare Improvement Scotland entitled Scottish Confidential Audit of Service Maternal Morbidity – seventh Annual Report. Dr Alan Mathers, Clinical Director, Women and Children's had agreed to give a presentation to members on the outcome and recommendations of the report, the implications for NHS Greater Glasgow and Clyde and the actions being taken forward to improve services in this area.

Dr Mathers advised that the seventh Annual Report described severe maternal morbidity fulfilling defined criteria reported from all 18 Consultant led maternity units within Scotland in 2009. During this time 381 women had reported experiencing 441 morbidities; this being a rate of 6.7 per 1000 live births and had been a slight increase in recent years. Major obstetric haemorrhage was reported in 306 women a rate of 5.2 per 1000 live births. Dr Mathers drew attention to the recommendations of the report. His presentation would be made available on the Board Members extranet website.

Mr Williamson thanked Dr Mathers for his helpful and comprehensive presentation.

He enquired about the input from specialist vascular services in cases of severe obstetric haemorrhage. Dr Mathers emphasised that the clinical staff worked very closely together and during his time at the Princess Royal Maternity Hospital there had not been to the need to involve specialist vascular services. He emphasised the necessity for speed of treatment and the benefits of drugs for the vast majority of conditions. He explained the protocols in place to try to avoid emergency caesarean section. In relation to elective caesarean sections this was often driven by individual preferences; a number of countries had much higher rates of elective caesarean section than in the UK.

In relation to other comments from members, Dr Mathers advised of the robustness of the guidance issued by NICE in England and the useful statistical information collected by the Information Services Division that allows analysis across each individual hospital in order to address any specific problems or changes in performance.

The Convener enquired about the rise in rates of women experiencing severe maternal morbidity by individual maternity units from 2006 – 2008 to 2009 from 6.2 rate per 1000 live births to 10.9 at the Princess Royal Maternity Hospital. Dr Mathers indicated that the data was analysed on a monthly basis and full reports were produced in order to ensure the best results possible were achieved. The data used within NHS Greater Glasgow and Clyde were robust and comprehensive and gave the full picture of the outcomes being achieved.

The Convener thanked Dr Mathers for attending and presenting to members on the recently issued National Maternal Morbidity Report.

NOTED

45. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was a paper submitted [Paper No. 11/38] from the Acting Head of Performance and Corporate Reporting setting out the next iteration of bringing together high level performance information from separate reporting strands to create a more integrated view of the organisation's performance. The report aimed to provide an overall sense of where NHS Greater Glasgow and Clyde was in achieving the ambitions set out in the Quality Strategy and the sign posts to sources of greater detailed information if required.

The report was still work-in-progress and members feedback was welcomed to ensure it was refined to suit the needs of the Quality and Performance Committee.

ACTION BY

Ms Mullen stated that some performance indicators, particularly in relation to the quality outcome measures, were being developed nationally and some definitions still had to be agreed. The indicators which had been included in the report without data would be populated in future as and when these definitions were agreed. Some measures now had data and were included for the first time; including drug and alcohol treatment; emergency bed days for patients aged 75 years and over; Better Together Survey measures and additional 2010 Staff Survey measures.

Members welcomed the progress in populating the integrated report and Mr Williamson asked if this level of reporting was available at Acute Directorate level. Mrs Grant advised that there was a Directorate based regime scrutinising the key performance target areas and it was agreed that such information could be provided to members as part of the Medical Director's presentations to the Committee when scrutinising national reports/audits.

Mr Daniels was disappointed at the continuing failure to meet the six week delayed discharge target although noted that improvements had been made from the same period last year. He had anticipated greater progress through the additional monies and activities offered by the Change Fund initiative. Mr Calderwood acknowledged this and advised that a report on the utilisation of the additional monies from the Change Fund would be reported to the Committee at its next meeting. **Chief Executive**

Mr Daniels was also disappointed with elements of the results of the Better Together Survey and Staff Survey. In relation to patients not being advised about how long they had to wait within an Accident and Emergency Department, Mr Calderwood acknowledged that patients may not have been proactively advised about the length of the wait however he had been advised, LED screens were updated regularly within the Accident and Emergency Departments to advise patients about wait times.

In relation to some of the results within the Staff Survey it was acknowledged that at a time of constant change and the greater need for more efficient and effective services it was always likely to be the case that staff did not always feel fully involved or felt they were contributing to the development of services within their area. Mr Calderwood hoped that the launch of the Facing the Future Together initiative would allow a far greater engagement with staff and encourage more staff to be involved in contributing to decision making in the areas they worked. Mrs Grant advised that within Acute Services local action plans had been put in place at Directorate level in order to try and achieve a more sustained improvement in staff engagement and for staff to feel more involved with the core functions of the organisation.

Mr Sime indicated that in speaking with staff they generally had good relationships with their local mangers however the corporate messages and any feeling of involvement were missing and more work was required in these areas.

Councillor Yates had highlighted the effort still required within smoking cessation and sickness absence although he did note the improvement with short term sickness absences and acknowledged long term sickness absences was a difficult area to tackle.

NOTED

 ACTION BY

46. SCOTTISH PATIENT SAFETY PROGRAMME: NOVEMBER 2011

There was a paper submitted [Paper No. 11/39] by the Medical Director setting out the progress for the implementation of the Scottish Patient Safety Programme (SPSP) reflecting the activity within NHS Greater Glasgow and Clyde over September and October 2011. The aim was to achieve full implementation of the core programme within the Acute Services Division by the end of December 2012. It was hoped to achieve implementation of the paediatric SPSP, meeting the national medium term goals by March 2012. Officers will also develop SPSP improvement programmes in Primary Care, Mental Health Services and Obstetrics in 2011/12.

The Patient Safety – Primary Care Steering Group was being chaired by Dr Paul Ryan, Clinical Director, North East Sector Glasgow City CHP. It had been established to provide leadership to the local programme design and implementation. Lay representation was currently being secured for the group. The five proposed areas of focus for the programme would be:-

- Disease Modifying Anti Rheumatic Drugs
- Left Ventricular Systolic Dysfunction
- Medication Reconciliation at Discharge
- Tissue Viability; Pressure Ulcers
- Insulin Management

To date 15 GP practices had expressed an interest in the programme and will support one of the above workstreams. It was the intention to ensure that all CH(C)Ps engaged in the programme and have a practice or service involved in at least one of the workstreams.

NOTED

47. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE SUMMARY – OCTOBER 2011

There was submitted a paper [Paper No. 11/41] by the Medical Director covering the Board wide infection prevention control activity.

As previously agreed the report was now on an exception reporting basis in order to cut down the duplication of the full report being submitted to the NHS Board meetings.

The NHS Board continued to work towards the revised 2013 HEAT target of 0.6 cases of Staphylococcus Aureus Bacteraemias (SABs) per 1000 occupied beds. The most recent results demonstrated a rate of 0.291.

The HEAT targets for 2010 and 2011 had both been achieved; however more SABs were being identified in patients who were admitted from home or nursing homes and actions to prevent these were limited and will make the revised target difficult to achieve. The report also highlighted hand hygiene compliance and the surgical site infection surveillance.

NOTED

ACTION BY

48. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 11/42] by the Medical Director on adverse clinical incidents.

Following discussions at the last meeting of the Committee this was the first report provided in the new format and members were asked to give consideration to the reporting format and whether the information presented provided adequate assurance of clinical risk management arrangements.

Mr Crawford advised that he had shown two separate charts rather than a single integrated Board wide picture in relation to significant clinical incidents. The first chart covered the Acute Services Division, which highlighted a slight upward trend in the numbers reported each month. This information was reviewed at each meeting of the Acute Services Division Clinical Governance Forum. The second table showed the same information for the partnerships. The majority of significant incidents were reported in mental health care and whilst the trend showed a downward shift in reporting levels this may have been related to data quality issues which will be reviewed and remedied as soon as possible.

Members welcomed the presentation of the information and agreed the format of reporting was helpful.

Dr Dickson then provided members with a summary of each active Fatal Accident Inquiry within NHS Greater Glasgow and Clyde and provided updates where progress had been made since the report had been written.

NOTED

49. VALE OF LEVEN HOSPITAL PUBLIC INQUIRY - PROGRESS

There was submitted a paper [Paper No. 11/43] by the Head of Board Administration providing an update on the progress of the Vale of Leven Hospital Public Inquiry.

The Medical and Nurse Directors had highlighted the key emerging issues at the September 2011 NHS Board Seminar and this paper provided an update on the hearings to date and the planned hearings which currently were to run until 23 March 2012. It was the intention that the final Report be submitted to the Cabinet Secretary in September 2012. The Chief Executive provided a further update on key issues and advised that a further paper would be submitted to the Committee in January 2012 showing the improvements at the Vale of Leven Hospital since the occurrence of the c-diff incidents.

Chief Operating Officer

NOTED

50. FINANCIAL MONITORING REPORT TO SEPTEMBER 2011

There was submitted a paper [Paper No. 11/51] from the Director of Finance setting out the Financial Monitoring Report for the six month period to 30 September 2011.

 ACTION BY

As at 30 September 2011 the Board was reporting expenditure levels running £3.6m ahead of budget and this was mainly attributable to the timing of implementing savings plans and cost pressures pushing expenditure above budget. This represented an improvement on the NHS Board's position since last month and compared favourably to the results for the same period last year.

Mr Daniels asked for an explanation for the cost pressures within the nursing pay budgets which the report highlighted as an overspend of £1.8m. Mrs Grant advised that these were within Rehabilitation and Assessment Directorate; Women and Children's Directorate and Emergency Care and Medical Directorate and mainly related to sickness level and each Directorate was currently reviewing its position to identify how the costs could be brought back in line with the budget.

Mr Daniels asked about the Cabinet Secretary's recent announcement about the Hub Programme (this part of the Scottish Future Trust Initiative). The Schemes announced were approved capital schemes or schemes which were under consideration within the Capital Plan. The Board would give consideration at the appropriate time to the approval process and revenue implications of such schemes.

Ms Dhir asked if information could be provided on the prescribing budget; how it was managed, monitoring of GP prescribing and the role of the community pharmacists. Mr Calderwood advised that this would be covered at the Board's away session 8/9 December 2011. **Chief Executive**

NOTED

51. DENTAL SERVICES IN ALEXANDRIA (AND INVERCLYDE)

There was submitted a paper [Paper No. 11/45] from the Director, East Dunbartonshire CHP/Oral Health Directorate in which members were asked to consider the provision of dental centres within Paisley, Alexandria and Greenock as a result of a number of factors determining that it was no longer viable to proceed with the development of the three dental centres as originally proposed.

The Royal Alexandra Hospital Dental Centre had been completed in early 2011 and the proposals for a dental centre in Alexandria formed an integral part of the "vision for the Vale of Leven". Dental Services were included in the public consultation process and the business case for the new Health and Care Centre at Alexandria.

The original proposals were the development of three dental centres which would accommodate community dentistry, general dental service and dental student teaching and would facilitate the repatriation of some patients who would normally be referred to the Glasgow Dental Hospital and School.

Since the initial business case had been prepared it was no longer viable to proceed to the development of the three dental centres due to the combined impact of a number of factors. These included:-

- **General Dental Practice** – Several surgeries within each of the three dental centres were allocated for use by general dental practices which needed to relocate to meet compliance with the 'Glennie' decontamination guidelines. To date only one practice now required to relocate due to planned closure of the existing Alexandria Health Centre.

- **Outreach Teaching** - 20 dental surgeries were originally designated for Outreach teaching across NHS Greater Glasgow and Clyde by NHS Education for Scotland (NES). However NES had subsequently reduced their requirement to 12 surgeries; they had originally over-planned capacity but as there was now a higher number of dentists than planned and a reduction in demand for training new dentists, this had led to a reduced requirement for surgeries.

- **Revenue Funding** - Outreach teaching at Greenock required a higher staff to student ratio to provide satisfactory supervision levels because the facilities there were not designed specifically for this purpose. NES had supported this higher than optimal staffing level for a temporary period but have indicated that they will no longer support this higher-cost staffing model in future.

- **Geographic Spread** – The original proposals recommended the consolidation of a number of peripheral community dental sites to be co-located within these dental centres. In discussions with the Scottish Government's Chief Dental Officer, it had been agreed that the Board would retain community dental services within Dumbarton and Port Glasgow.

- **Vale of Leven Vision** –The dental centre in Alexandria formed an integral part the 'Vision for the Vale of Leven' and formed part of the business cases for the new Alexandria Health and Care Centre.

- **Quality of Accommodation** – The Royal Alexandra Hospital Dental Centre had been completed early in 2011. The community dental department at Greenock was modernised and expanded in 2008 and would continue to be the main dental centre for the Inverclyde area. However, there has been no recent investment in community dental accommodation in the West Dunbartonshire and Lomond areas and as a result the current facilities were no longer considered to be fit for purpose.

- **Inverclyde Service/Accommodation Pressures** - Community dental services were the only users now operating within the Elizabeth Martin Clinic in Greenock. There were significant health & safety and security risks in continuing to deliver these services in isolation. As a result it was preferable to relocate these services, after discussion and engagement with Inverclyde CHCP and the appropriate consultation with service users.

Mrs Murray set out the three options within the paper and explained the benefits and risks of each. The provision of 13 chairs within Alexandria Health and Care Centre, if the business case was approved, would provide capacity for the required outreach teaching including repatriated appointments from the Glasgow Dental Hospital and School. This together with the new facilities created at the Royal Alexandra Hospital led the Oral Health Directorate to conclude that the preferred option was option C.

This would mean that all outreach teaching activity would be provided from new purpose built facilities therefore removing the risk that funding would be withheld by NES. This would retain the status quo at the Royal Alexandra Hospital where the new facility was already attracting the appropriate case mix to support outreach teaching. In addition, it provided an opportunity to use the current outreach chairs in Greenock to provide greater access to community dental services and minimising the impact of any potential loss of access from the relocation of outreach facilities.

ACTION BY

The Committee was therefore being asked to support developing a new reduced sized dental centre within the new Alexandria Health and Care Centre and the relocation of 4 dental outreach chairs from Greenock to the new Alexandria facility.

Councillor McIlwee fully understood the move to close the Elizabeth Martin Clinic due to the condition of the building however he had not been aware that the dental chairs at Inverclyde had been an interim solution. Mrs Murray advised that that had been the intention until a permanent solution had been approved. The change had been as a result of the fact it was no longer viable to proceed with the development of 3 dental centres as originally proposed and there was now no need to go beyond 12 chairs.

Councillor McIlwee asked about patients not registered with dental practices and Mrs Murray advised that they can utilise the local community dental services, or attend student outreach at either GDH or the RAH but all patients would continue to be encouraged to register with a general dental practice. Patients can only ever access one course of treatment from student teaching clinics, student teaching clinics do not provide long term dental treatment for patients.

Councillor McIlwee emphasised that a significant number of patients did use the student dental chairs at Inverclyde and he was disappointed that this service may require to be moved.

Mrs Murray in response to a question from the Convener indicated that formal engagement and consultation would be undertaken through agreement with the Scottish Health Council. It was recognised that this was a difficult matter brought about by the result of factors set out in the paper for the need to reduce dental chairs. Regrettably the facility within Greenock Health Centre was not compliant and NES had made it clear that it would no longer support the higher cost staffing model. Mrs Murray went on to advise that if the proposal was approved it would then be dependent on the approval of the Final Business Case for the Alexandria Health and Social Care Centre to be submitted for the Cabinet Secretary's approval. Any changes within the Inverclyde area were likely to fall to the 2013/14 period. Mrs Murray was meeting with Mr R Murphy, Director Inverclyde CHCP to discuss the proposals with him and Councillor McIlwee would hold similar discussions with Inverclyde CHCP staff.

DECIDED

1. That the development of a dental centre within the Alexandria Health and Care Centre be supported.

2. The reduction from the previously planned total of 20 dental Chairs to 13 dental Chairs within this dental centre on the grounds that this was no longer considered to be sustainable. **Director, East Dunbartonshire CHP**

3. The relocation of dental undergraduate teaching (student outreach) from the Community Dental Department at Greenock Health Centre into the Alexandria Dental Centre be approved. **Director, East Dunbartonshire CHP**

 ACTION BY

52. QUALITY AND POLICY DEVELOPMENT GROUP MINUTES - 26 OCTOBER 2011

There was submitted a paper [Paper No. 11/44] setting out the Quality and Policy Development Group Minutes of its meeting held on 26 October 2011.

NOTED

53. PRIMARY CARE REPORTING

There was submitted a paper [Paper No. 11/46] from the Head of Policy setting out the current roles, responsibilities and reporting arrangements in relation to Primary Care.

CH(C)Ps were responsible for the planning and management of Primary Care in their area and were supported in this by the Primary Care Support Team which led on the administration of the General Medical Services Contract. Planning activity for Primary Care was co-ordinated by the Primary Care Steering Group which had responsibility for the development of the Primary Care Planning Framework; this included a set of performance indicators and essential actions for each part of the organisation.

It was expected that CH(C)P Committees and management teams would include and identify a range of Primary Care key issues and indicators in the local performance oversight and progress would be reported at the six monthly organisational performance reviews. These arrangements together with the existing reporting to the Quality and Performance Committee on the integrated quality and performance report scorecard and the new work being undertaken by the Scottish Patient Safety Programme should provide adequate scrutiny of the progress being made on the Primary Care indicators and actions.

Members supported the current scrutiny and reporting arrangements as set out in the paper and in addition each CH(C)P would be subject to a 2 year scrutiny by the Committee covering the areas of key financial, service, clinical and staffing issues.

NOTED

54. PATIENT FOCUS PUBLIC INVOLVEMENT ARRANGEMENTS

There was submitted a paper [Paper No. 11/47] from the Nurse Director in relation to the Patient Focus Public Involvement (PFPI) governance arrangements following the dissolution of the Involving People Committee. The Quality Policy Development Group had taken on the responsibility for PFPI including setting the direction of travel through the Quality and Policy Framework and each part of the organisation, reporting six monthly on their local improvement plans against the Participation Standard.

Ms Crocket advised that she was the designated Lead Director for PFPI. The paper set out the arrangements for supporting PFPI activity within the Acute Services Division and the CH(C)Ps together with the role of the Community Engagement Team and Corporate Communications Team.

ACTION BY

The SGHD circular – Informing Engaging and Consulting People in Developing Health and Community Care Services ensured the consistent approach to engaging and consulting in service changes and developments.

Ms Dhir was keen to ensure that the issues which were the most important ones to patients were captured within the processes described. Ms Crocket agreed and advised that within local service areas, when describing the corporate changes that were being undertaken, patients were being encouraged to identify the areas, which they would like to see improvements. It was important to identify the simple tangible issues that would bring about the type of change and improvement to services that patients wished see.

In response to a question from the Convener, Ms Crocket agreed that the Quality Policy Development Group would provide an Annual Report on its responsibilities to the Quality and Performance Committee. **Nurse Director**

DECIDED

1. That the current arrangements of the Patient Focus Public Involvement be noted.

2. That the Quality Policy Development Group submit an annual report to the Quality and Performance Committee. **Nurse Director**

55. HEALTHCARE ENVIRONMENT INSPECTORATE & IMPROVING CARE FOR OLDER PEOPLE IN ACUTE HOSPITALS

There was submitted a paper [Paper No. 11/48] from the Nurse Director which advised that the Cabinet Secretary for Health, Wellbeing and Cities Strategy announced that Healthcare Improvement Scotland would carry out a programme of inspections of the services provided for older people in acute hospitals. This was in order to drive improvement in the quality of care and provide public assurance that NHS Scotland treated older people with respect, compassion and dignity.

NHS Greater Glasgow and Clyde had was requested by the Health Improvement Inspectorate to take part in the pilot process surrounding the inspections. The inspections would take account of the clinical standards for older people in acute care which were a refreshed version of the Clinical Standards Board for Scotland, October 2002.

NHS Greater Glasgow and Clyde completed a self assessment form. This took account of the Dementia Strategy and Standards of Care for Dementia in Scotland; Reshaping Care for Older People; the Emerging Work on Care Governance; the Implementation of Leading Better Care; Delivery Framework for Adult Rehabilitation; Scottish Patient Safety Programme; Living and Dying Well; the Better Together Patient Experience Programme and the Long Term Conditions Improvement Programme and Work to Improve Emergency Access and Reduced delayed Discharge.

The pilot inspection was carried out on 26 October 2011 involving one ward at the Mansion House Unit at the Victoria Infirmary. This consisted of eight inspectors of whom three were observers. The pilot report would be produced in draft format on the afternoon of 16 November 2011 and the NHS Board had received notification that a formal inspection would take place at Gartnavel General Hospital on 21 and 22 November 2011. There would be no advance warning on which clinical area will be inspected. It was expected that the inspection would cover at least eight clinical areas over two days.

The intention was all acute hospitals within NHS Greater Glasgow and Clyde would be inspected at least twice every three years and therefore disseminating findings and actions from these reports would be crucial in preparing other sites for future inspections.

There were some lessons to be learned from the pilot exercise and some staff had commented that being observed whilst carrying out their daily routine sometimes had an impact on how they engaged with patients. Ms Dhir indicated that it was important that the reports concentrated on the positive ways in which improvements could be brought about for the care of patients. The morale of staff should be considered when providing feedback.

NOTED

56. REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: JANUARY – JUNE 2011

There was submitted a paper [Paper No. 11/49] from the Head of Clinical Governance which set out the actions taken as a result of each recommendation contained within the Ombudsman reports and decision letters. SGHD had requested that the Committee of the Board with responsibility for clinical governance assures itself that actions have been taken as a result of the recommendations from the Scottish Public Service Ombudsman.

Five final reports and thirteen decision letters had been received during the first six month period and the paper set out each recommendation and the action taken against each one.

NOTED

57. INDUSTRIAL ACTION

There was a paper submitted [Paper No. 11/50] from the Director of Human Resources setting out the preparations being put in place to deal with the consequences of the industrial action on 30 November 2011.

Mr Sime updated members on the outcome of a number of ballots held by trade unions and professional organisations. Mr Calderwood advised that local negotiations were continuing with partnership organisations in order to try and protect areas such as cancer services, renal dialysis and emergency services. There would be disruption for patients.

NOTED

58. STAFF GOVERNANCE COMMITTEE MEETING – 6 SEPTEMBER 2011

There was submitted the minutes of the meeting of the Staff Governance Committee held on 6 September 2011 [SGC(M)11/03].

NOTED

ACTION BY

59. ANNUAL REVIEW OUTCOME

There was submitted a paper [Paper No. 11/52] which attached the letter dated 27 October 2011 from the Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy to the NHS Board Chair setting out the outcome of the NHS Board 2011 Annual Review.

Members welcomed the letter and the positive comments they contained. Monitoring the progress of implementing the Action Plan would be reported on a quarterly basis to the NHS Board, starting in December 2011. **Chief Executive**

NOTED

60. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (MID YEAR REVIEW 2010 / 2011)

There was submitted a paper [Paper No. 11/53] from the Head of Board Administration setting out the monitoring report and the handling and settlement of legal claims within NHS Greater Glasgow and Clyde. The monitoring report covered settled claims, outstanding claims and of the outstanding claims the live claims and newly notified claims.

Mr Williamson asked if future reports could highlight the lessons learned and improvements to services which had resulted from considering and settling legal claims. It was recognised that the settlement of legal claims could be some years after the incident which gave rise to the submission of a claim. However, processes were in place within clinical governance forums at a local level which reviewed activity and such indicators and reporting on this would be considered for the future monitoring report. In addition information on the settlement of expenses would also be considered for future reports. **Head of Board Administration**

NOTED

61. NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT: PROGRESS UPDATE – STAGES 1, 2 & 3

There was submitted a paper [Paper No. 11/54] from the Project Director, Glasgow Hospitals and Laboratory Projects setting out the progress against each stage of the development of the new laboratory, design development in the new hospitals and construction of the new adult and children's hospitals.

Mr Seabourne advised that the laboratory projects remained on programme to be completed on 10 March 2012. The Category 3 laboratory had seen a number of changes required due to changes in regulation requirements and this had pushed back completion of this area by one month. This and the delay of a month in the supply and installation of fume cabinets and safety cabinets would however not impact on the overall project being completed on time.

Mr Seabourne advised that the equipment to be purchased by the NHS Board had now been identified and was in the process of being procured. The Laboratory Controlled Area Strategy Table had been updated since the last meeting. The Convener advised that he had visited the site recently as part of the Board Members visits and had been very impressed with the new facility.

ACTION BY

Stage two was progressing although the equipment list generated by contractors had required some further discussions with the NHS Board Project Team. This could have an impact on the costing exercise to be carried out by the NHS Board, however, it was not critical to the overall works programme.

Mr Seabourne gave a summary of the status of the works Status at Stage 3 and highlighted the areas completed or just about to be completed. The Community Benefits Programme continued to make good progress, currently exceeding the 10% target for new entrants and had recruited 130 new entrants including 29 apprentices. The internal auditors had undertaken a fourth internal review of the new hospital project and no findings were noted in relation to the areas reviewed and the audit conclusion was classified as low risk.

Mr Seabourne highlighted the additional security measures which were required at a cost of £45,000 and the disruption to piling operations for the neurosurgery link bridge due to the discovery of unforeseen existing concrete foundations. This had resulted in an additional cost of £30,000.

Mr Ross covered the Design Cost Update for members.

Mr Winter highlighted the range and extent of issues which could incur in a project this size and advised that he believed it was being well managed and he had been satisfied to date with the progress made.

In relation to a question about contingencies Mr Calderwood intimated that the project budget remained unchanged at £841.7m however in negotiations with SGHD he advised that the cost of car parks 1,2 and 3 would now be transferred from the Boards capital plan to be within the project budget. These costs would be covered from the risk fund within the project budget as risks are mitigated and funds redirected to car park works. There would be a need to bring to Board Members in the new year a business case for Car Park 1 which was required to be completed by 2014 to allow proper access to the new Children's Hospital for contractors and thereafter staff. **Chief Executive**

NOTED

62. PROPERTY COMMITTEE MEETING MINUTES – 12 SEPTEMBER 2011

There was submitted the minutes of the Property Committee meeting held on 12 September 2011. In noting the Minutes the Director of Finance agreed that in future the Minutes would provide more information on the matters discussed and decisions taken by the Property Committee. **Director of Finance**

NOTED

63. FULL BUSINESS CASE FOR THE MODERNISATION & RE-DESIGN OF PRIMARY, COMMUNITY HEALTH & SOCIAL CARE SERVICES & FACILITIES FOR ALEXANDRIA

There was submitted a paper [Paper No. 11/56] from the Director, West Dunbartonshire CHCP seeking support to the Final Business Case of the new Alexandria Health and Care Centre.

ACTION BY

Mr Redpath reminded members that the "Vision" for the Vale of Leven – as approved by the Cabinet Secretary for Health and Wellbeing – specified the delivery of a substantially enhanced replacement for the existing Alexandria Medical Centre within the Vale of Leven Hospital site.

The Outline Business Case for the new Centre was approved in June 2010 and thereafter appointments were made of external project managers, cost advisors and private supply chain partners to progress the design and subsequent construction.

A Full Business Case (FBC) had been prepared in accordance with the Scottish Capital Investment Manual and whilst an Executive Summary of the FBC was attached for members a full version of the FBC was available at the meeting should members require to see a copy.

There had been a comprehensive and intense design development process which had resulted in a number of headline adjustments to the schedule of accommodation of the Centre. Namely two general practices had merged, the Sandyford Sexual Health Services and Audiology Services had decided not to establish a presence within the Centre and there had been a change in the number of dental chairs– as previously discussed earlier in the agenda by the Committee. The gross internal floor area for the Centre however had been confirmed at just over that which it had been estimated within the Outline Business Case.

Mr Winter asked how a reduction in services going into the Centre could lead to an increase in floor space required. Mr Baker advised that there had been a significant increase in the circulation space requirement reflecting an increased emphasis on optimising common facilities and shared space.

Mr Winter asked about the flood risk and associated costs and Mr Redpath advised that as part of the planning process it had been necessary to ensure very clear and robust measures to the satisfaction of SEPA and the Council in relation to flood risk. Planning permission had been granted to the scheme on 6 September 2011.

It was agreed that the project capital costs and the application of VAT would be reviewed and submitted to the Convener and Mr Winter. **Director, West Dunbartonshire CHP**

DECIDED

1. Support for the development of a new Health and Care Centre within Alexandria as per the Cabinet Secretary's approved NHS Greater Glasgow and Clyde Vision for the Vale of Leven be reaffirmed.

2. That the Full Business Case be approved

3. That the Full Business Case be submitted to the Scottish Health Directorate and Capital Investment Group with the recommendation that it be approved. **Director, West Dunbartonshire CHP**

64. FULL BUSINESS CASE FOR THE MODERNISATION & RE-DESIGN OF PRIMARY AND COMMUNITY HEALTH SERVICES FOR POSSILPARK

There was submitted a paper [Paper No. 11/57] from the Director, North West Sector Glasgow City CHP seeking approval to the Full Business Case (FBC) for the new Primary and Community Health Centre within Possilpark.

ACTION BY

Mr MacKenzie reminded members that the Outline Business Case had been approved by the NHS Board and the Scottish Health Directorate Capital Investment Group in August 2011. The Scheme was the replacement of Possilpark Health Centre and it presented a unique opportunity to demonstrate the NHS Board's commitment to tackling health inequalities, improving health and contributing to social regeneration in an area of deprivation.

The Full Business Case had been prepared in accordance with the Scottish Capital Investment Manual and an Executive Summary of the FBC had been attached with the report with a copy of the full documentation available to members at the meeting.

The development of the Health Centre would form a significant part of a wider regeneration project lead by Glasgow Regeneration Agency entitled Saracen Exchange. Glasgow City Council had advised that the Glasgow and Clyde Valley Structure Plan identified Possilpark as a "town centre to be safeguarded" and a priority location for investment.

A detailed analysis of cost was covered within the FBC and in discussing the exact capital costs of the project it was requested that the future OBCs and FBCs be presented using the same template in order that the presentation of information had a consistency about them.

DECIDED

1. That support for the development of the new Primary and community Health Centre within Possilpark be reaffirmed.

2. That the Full Business Case be approved

3. That the FBC be submitted to the Scottish Government Health Directorate Capital Investment Group with a recommendation that it be approved. **Director, Glasgow CHP, North West Sector**

65. THE WEST OF SCOTLAND RESEARCH ETHICS SERVICE ANNUAL REPORT 2010/11

There was a paper submitted [Paper No. 11/58] by the Medical Director which set out the West of Scotland Research Ethics Service Annual Report for 2010/11.

NOTED

66. SPIRITUAL CARE

There was a paper submitted [Paper No. 11/59] from the Director of Rehabilitation and Assessment setting out the historic arrangements, SGHD requirements and funding issues relating to Spiritual Care and Health Care Chaplaincy Services within NHS Greater Glasgow and Clyde.

Members welcomed the paper and knowledge of the historic nature of the services.

NOTED

ACTION BY

67. DATE OF NEXT MEETING

9.00 a.m. on Tuesday, 17 January 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0HX.

The meeting ended at 12:50 p.m.

QPC(M)12/01
Minutes: 1 - 18

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 17 January 2012 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE (from Minute 3(c))
Ms M Brown (from Minute 3(c) to Minute No. 14)
Mr P Daniels OBE (to Minute No. 16)
Ms R Dhir MBE (from Minute No. 16)
Councillor J McIlwee (to Minute No. 15)
Councillor R McColl (to Minute No. 12)
Mr D Sime
Mrs P Spence
Mr B Williamson
Councillor D Yates

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Mr R Calderwood
Dr B Cowan
Ms R Crocket
Mr P James
Dr R Reid (from Minute No. 4)
Mr A O Robertson OBE (from Minute No. 16)

Rev Dr N Shanks

I N A T T E N D A N C E

Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr D Leese	..	Director, Renfrewshire CHP (for Minute No. 15)
Mr A McLaws	..	Director of Corporate Communications
Ms P Mullen	..	Acting Head of Performance and Corporate Reporting
Ms C Renfrew	..	Director of Corporate Planning and Policy (to Minute No. 14)
Mr D Ross	..	Director, Currie & Brown UK Limited (for Minute No. 16)
Ms H Russell	..	Audit Scotland (to Minute No. 16)
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute No. 16)

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Mr I Fraser and Mr K Winter.

ACTION BY

2. MINUTES OF PREVIOUS MEETING

On the motion of Mr B Williamson and seconded by Mr D Sime, the Minutes of the Quality and Performance Committee meeting held on 15 November 2011 [QPC(M)11/03] were approved as a correct record.

NOTED

3. MATTERS ARISING

(a) Rolling Action List

It was agreed to delay the Report on Monitoring the Change Fund until the March 2012 Committee meeting to allow the officers to hold a review session on 31 January 2012 on the use of the Change Fund. **Director of Corporate Planning and Policy**

The Report back to the Committee would incorporate the funding also committed by local authorities to this area.

(b) Healthcare Environment Inspectorate – Improving Care for Older People – Scottish Government Guidance

In relation to Minute No. 55 - Healthcare Environment Inspectorate & Improving Care for Older People in Acute Hospitals – Ms Crocket advised that the visit had taken place at Gartnavel General Hospital on 21 and 22 November 2011. This visit was being used as an extension to the pilot visits in order to develop further the methodology and reporting mechanisms. Visits would be focused on areas like falls and hydration and further guidance was awaited on the next steps for the inspections.

If issues had been found on the two day visit to Gartnavel General Hospital these would be raised with NHS Greater Glasgow and Clyde Management. Mrs Grant advised that currently internal self-evaluation assessments were being undertaken in the area of older people's services and Action Plan were prepared for areas requiring improvement.

NOTED

(c) Clinical Governance Strategy: Consultation

In relation to Minute No. 48 – Clinical Risk Management Report – the Convener was keen that the Committee had an opportunity to discuss in detail the Clinical Governance Strategy which was currently out to consultation and provide comments on its development. He suggested that a session on the strategy for Board members be held immediately after the Board Seminar on 1 May 2012 and this would include the attendance of the new Medical Director. This was supported. **Medical Director**

Mr Williamson added that in considering the strategy thought should be given to the leadership profile of Clinical Nurse Specialists, recognising the role all clinical staff play in the delivery of services to patients.

ACTION BY

Mr Calderwood advised that the Corporate Management Team would also be reviewing the Clinical Governance Strategy in the near future — **Medical Director**

DECIDED

That Board members be advised of the session to be held after the NHS Board Seminar on Tuesday 1 May 2012 to discuss the Clinical Governance Strategy. — **Head of Board Administration**

(d) National Maternal Morbidity Report

In relation to Minute No. 44 – National Maternal Morbidity Report – the Convener advised that in reflection he did not think the question on the rise in rates of patients experiencing severe maternal morbidity from 2006 - 2008 and 2009 at the Princess Royal Maternity Hospital had adequately been explained. Dr Cowan agreed to contact the Clinical Director, Women and Children's Directorate seeking a fuller report to the Committee on this issue. — **Medical Director**

NOTED

4. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was a paper submitted [Paper No. 12/02] from the Acting Head of Performance and Corporate Reporting setting out the next iteration of bringing together high level performance information from separate reporting strands to create a more integrated view of the organisation's performance. The report aimed to provide an overall sense of where NHS Greater Glasgow and Clyde was in achieving the ambitions set out in the Quality Strategy and sign posts to sources of greater detailed information if required.

The report was still work-in-progress and members feedback was welcomed to ensure it was refined to suit the needs of the Quality and Performance Committee.

Ms Mullen highlighted the overall summary of performance and drew members attention to the performance status of 7 measures assessed as red, 6 as amber (of which 3 had moved from green to amber) and 16 assessed as green. Thirteen measures were still assessed as grey however, the Directors would be discussing this matter shortly and the intention was that most of these 13 would be colour coded in future reports. — **Acting Head of Performance and Corporate Reporting**

Members welcomed the continued development of the report and asked a series of questions in relation to the data presented. Ms Brown asked about the data which supported the percentage of time in the last six months of life spent at home or in community settings. Mrs Hawkins advised that this was a measure she was now looking at; there would be an impact in using the Change Fund, reshaping care for patients and the District Nursing Review in terms of patients dying in hospices and not homes.

Mrs Grant highlighted the internal target of in-patient/day cases being admitted and treated within a maximum of 9 weeks. The figures shown, due to the rise in orthopaedic cases, had risen to 326 however the national referral to treatment target was 90% of patients to be treated within 18 weeks. In addition, Patient Rights Act had identified in-patient treatment/day cases as a maximum of 12 weeks. The NHS Board had, therefore, achieved an in-patient/day case target of 9 weeks when this had been a national target however had redirected resources to ensure the national referral to treatment target of 18 weeks was achieved.

ACTION BY

Members noted the position with this internal target.

Councillor Yates highlighted the continuing difficulties with the "Did Not Attend" (DNA) rates particularly in relation to deprived communities. Ms Renfrew highlighted the multi-factorial measures in trying to meet this target and the challenging issue for the NHS Board was around some patients circumstances and lifestyles. Further communication measures were being considered including greater engagement with GPs, texting and contacting patients prior to appointments. A referral route document was being prepared for launch in February/March 2012.
Mrs Spencer asked if she could receive a copy. Mrs Spencer also highlighted the difficulties in telephoning clinics when trying to change an appointment and Mrs Grant advised that this had been brought to her attention and she was now monitoring key areas in order to bring about an improvement.

Mr Daniels highlighted areas in the report in relation to smoking cessation, delayed discharges and sickness absence. However his main concerns related to the quality of healthcare experience measures and the disappointing results they had shown for NHS Greater Glasgow and Clyde against the Scottish average. Mrs Grant advised that she was in the process of formulating detailed Action Plans to cover the areas highlighted within this measure and agreed to provide a note of the actions underway to the next meeting of the Committee. **Chief Operator Officer**

Dr Benton asked for information in relation to the steps being taken to reduce carbon emissions. Mr Calderwood advised that the NHS Board remained off target partly due to the double running of properties during the Acute Services Review development Programme and also the extreme weather conditions experienced since the 2009/10 baseline year. Focus remained on delivering progress towards this target and this would be highlighted in future reporting to the Committee.

It was agreed with members that future reports to the Committee should provide greater detail on the actions being taken against those measures with a performance status of red. This would be supplemented with a shorter commentary on the progress against the remaining targets. **Acting Head of Performance and Corporate Reporting**

NOTED

5. SCOTTISH PATIENT SAFETY PROGRAMME: REPORT JANUARY 2012

There was a paper submitted [Paper No. 12/03] by the Medical Director setting out the progress for the implementation of the Scottish Patient Safety Programme (SPSP) reflecting the activity within NHS Greater Glasgow and Clyde over November and December 2011. The aim was to achieve full implementation of the core programme within the Acute Services Division by the end of December 2012. It was reported that the implementation of the paediatric SPSP, meeting the national medium term goals by March 2012, would be achieved.

The paper provided focus on Hospital Standard Mortality Ratio (HSMR) which was one of the national outcome indicators of programme implementation and success. Good progress was being made, with encouraging improvements at the Royal Alexandra Hospital. It was hoped that future national reporting would combine Stobhill Hospital and Glasgow Royal Infirmary into one reporting line for acute as it was now operating as a single hospital.

NOTED

ACTION BY

6. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE SUMMARY – DECEMBER 2011

There was submitted a paper [Paper No. 12/04] by the Medical Director covering the Board wide infection prevention control activity. As previously agreed the report was now on an exception reporting basis in order to cut down the duplication of the full report being submitted to the NHS Board meetings.

The NHS Board continued to work towards the revised 2013 HEAT target of 0.26 cases of Staphylococcus Aureus Bacteraemias (SABs) per 1000 occupied beds. The most recent results demonstrated a rate of 0.29, which was below the trajectory.

The rate of Clostridium Difficile infection for the third quarter was 0.25 per 1000 occupied beds; this being the second lowest rate ever achieved within the NHS Board and well below the revised 2013 HEAT target of 0.39.

Dr Cowan highlighted the work underway in considering community acquired SABs. The NHS Board has retrospectively identified 50 cases of community acquired SABs and a route cause analysis tool has been developed and was currently being used to assess each case in order to identify which factors may have predisposed patients to this infection. The outcome would be reported to the NHS Board's Infection Control Committee. **Medical Director**

NOTED

7. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 12/05] by the Medical Director on adverse clinical incidents.

Members noted the information and Dr Cowan provided members with a detailed verbal summary on a forthcoming Scottish Public Sector Ombudsman Report and two Fatal Accident Inquiries.

NOTED

8 SERVICE IMPROVEMENTS AT THE VALE OF LEVEN HOSPITAL

There was submitted a paper [Paper No. 12/06] by the Chief Operating Officer (Acute Services Division), Medical Director and Nurse Director setting out the improvements put in place since the increased incidents of Clostridium Difficile at the Vale of Leven Hospital in 2007/08.

Mrs Grant took members through the detail of the paper highlighting the implementation of the Vale of Leven Vision and the subsequent changes to the model for acute and post acute in-patient care; the significant investment in improving the general environment of the hospital; the encouraging reductions and levels of healthcare associated infection; the new anti-microbial policies and the monitoring underway in relation to compliance with these polices which has shown the Vale of Leven Hospital being highest within the NHS Board's area ranging from 100 to 96% compliance in 2010 and 2011 respectively; the achievements flowing from the Scottish Patient Safety Programme;

ACTION BY

the implementation of the TrackCare – the new patient administration system; the efforts being made to improve record keeping which has included the involvement of the internal auditors; significant improvements in nursing issues including the Senior Charge Nurse role, releasing time to care, ensuring safe and effective clinical practice – clinical quality indicators, food fluid and nutrition, tissue viability, falls and enhancing the patient experience – as part of the national Better Together Programme.

Members welcomed the report and assurance of the significant improvements which had been brought about. Mr Williamson asked if it was possible to give a report on the rates of deaths in future reports. Dr Cowan advised that whilst this was possible it would be difficult to draw significant conclusions from the data as seriously ill patients were taken direct to the Royal Alexandra Hospital and also transferred there from Vale of Leven when clinically required. In terms of healthcare acquired infection, the rates of infection were now so low that this was now an unlikely occurrence.

Mrs Spencer asked if the number of reported patient falls within the Acute Services Division could be benchmarked against other Scottish NHS Board and Ms Crocket agreed and would report to the future meeting on the outcome. **Nurse Director**

NOTED

9. MINUTES OF THE QUALITY AND POLICY DEVELOPMENT GROUP: 21 DECEMBER 2011

There was submitted a paper [Paper No. 12/07] setting out the Quality and Policy Development Group Minutes of its meeting held on 21 December 2011.

NOTED

10. MINUTES OF THE CLINICAL GOVERNANCE IMPLEMENTATION GROUP: 18 OCTOBER 2011

There was submitted a paper [Paper No. 12/08] setting out the Clinical Governance Implementation Group Minutes of its meeting held on 18 October 2011.

NOTED

11. MINUTES OF THE STAFF GOVERNANCE COMMITTEE: 1 NOVEMBER 2011

There was submitted the minutes of the meeting of the Staff Governance Committee held on 1 November 2011 [SGC(M)11/04].

NOTED

ACTION BY

12. FINANCIAL MONITORING REPORT FOR THE 8 MONTH PERIOD TO 30 NOVEMBER 2011

There was submitted a paper [Paper No. 12/09] from the Director of Finance setting out the Financial Monitoring Report for the eight month period to 30 November 2011.

As at 30 November 2011 the Board was reporting expenditure levels running £1.6m ahead of budget and this was mainly attributable to the timing of implementing savings plans and cost pressures pushing expenditure above budget in some areas. This represented an improvement on the NHS Board's position since last month and compared favourably to the results for the same period last year.

Mr Daniels enquired about the Acute Services Divisions internal targets. Mr James advised that this had intentionally been set at a higher level that was required as its contribution to the NHS Board's overall cost savings target. He explained that this allowed the Acute Services Division some lee-way with tackling in year emerging pressures without recourse to the NHS Board. It was agreed that Mr James and Mrs Grant would look again at the presentation of this figure in future reports to the Board and Committee. Mr Daniels also enquired about the incremental pay progression pressures and Mr James advised that this was currently being discussed with the relevant Directors but was likely not to be as much of a risk as first thought.

Director of Finance and Chief Operating Officer

NOTED

13. LOCAL DELIVERY PLAN 2012/13

There was submitted a paper [Paper No. 12/10] from the Acting Head of Performance and Corporate Reporting setting out the progress in preparing the Local Delivery Plan for 2012/13.

Within 2012/13 there will be a total of fifteen HEAT targets and eight HEAT standards for NHS Greater Glasgow and Clyde to delivery on. Ms Renfrew drew members attention to the six new targets highlighted within the paper and advised that leads have been identified for each target and work was underway to assess the NHS Board's capability to deliver and identify any risks. The future draft of the Local Delivery Plan would be circulated to the Quality and Performance Committee for information.

Director of Corporate Planning and Policy

It was highlighted that one of the new targets from April 2013 was patients being assessed as being able to be discharged should wait no longer than 28 days to be discharged from hospital in to a more appropriate care setting. This would be followed by a 14 day maximum wait from April 2015. It was noted that this did not go as far as having a specific target for reducing the number of bed days for this group of patients.

NOTED

14. UPDATE FROM THE OCTOBER/NOVEMBER 2011 ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No. 12/11] from the Acting Head of Performance and Corporate Reporting asking the Committee to note the completion of the October/November 2011 Organisational Performance Reviews. The paper set out an overview of some of the key themes and issues which had emerged from the recent round of Organisational performance Reviews and highlighted examples of good practice and emerging corporate themes. The Organisational Performance Reviews focused on input and outputs and the next round would commence in May 2012.

Rev Dr Shanks enquired about the reference within the summary of Glasgow CHP to the drugs and alcohol referral to treatment. It was acknowledged that further improvements within Glasgow were achievable and steps would be taken going forward to improve the effectiveness in this area. Councillors Yates and McIlwee spoke about the closer working with the Criminal Justice Agency in their areas and the visit the previous day to a prison with the Alcohol and Drugs Team meeting held there and chaired by Councillor McIlwee.

NOTED

15. RENFREWSHIRE CHP – PERFORMANCE REPORT

There was submitted a paper [Paper No. 12/12] by the Director, Renfrewshire Community Health Partnership (CHP) which provided background information on Renfrewshire CHP and setting out key financial, service, clinical and staff issues affecting each CHP. It also included a commentary on the organisational performance and an overview of challenges and risks within Renfrewshire CHP.

The Convener advised that this was the second scrutiny of a CH(C)P which had been undertaken by the Quality and Performance Committee and he continued to be keen to receive members feedback on the process followed in order to consider improvements for future reviews of performance of CH(C)Ps.

Mr Leese gave a full presentation to members on the background of the formation of the CHP, finance, governance, performance, staff and public partnership issues and the challenges and risks the CHP faced and then welcomed questions from members.

Members asked a range of questions from the presentation and operation of the CHP. Mr Leese responded as follows:-

- Sickness absence rate – this had been a challenging target for Renfrewshire CHP and despite the efforts made further initiatives and plans were being considered in order to bring about an improvement in this area;

- Senior Management Team - the direct line reports were the Clinical Director, Director of Primary Care and Community Care services; Head of Planning Performance; Head of Mental Health Services; Head of Administration and a shared arrangement for the Head of Finance and Head of Human Resources;

- Public Partnership Forum – the right structure and engagement had contributed towards an energetic and vibrant Public Partnership Forum, Chaired by the Chief Executive of a local voluntary sector organisation;

- Integration of Health and Social Care – the concept had been discussed a number of times with Renfrewshire Council and for a period the leader of the Council chaired the Renfrewshire CHP Committee as a hybrid model towards greater integration. It had been encouraging however that there was good joint planning processes between both organisations and a number of joint services had been successfully developed.

- Performance framework – community planning targets were NHS related and were captured by related targets within the performance framework;

- Development sessions – there were six per annum and the attendance by CHP Committee members had been encouraging and has allowed members to hear of forthcoming and emerging challenges but also gave them an opportunity to shape and influence the CHPs response to these.

- Home Care Vacancies – the vacancies highlighted were within social work and therefore within the domain of Renfrewshire Council.

Members welcomed this full and comprehensive scrutiny of Renfrewshire CHP and thanked Mr Leese for his helpful presentation and answer's to the range of questions asked. Mr Williamson Chair, Renfrewshire CHP indicated that he had been pleased with the progress made within the CHP, the culture and the strides made in joint working. He had been asked to join Renfrewshire Council Community and Family Care Policy Board and he had found this particularly useful in understanding the challenges faced by the Council and their impact on the CHP itself.

NOTED

16. NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT: PROGRESS UPDATE – STAGES 1, 2 & 3

There was submitted a paper [Paper No. 12/13] from the Project Director, Glasgow Hospitals and Laboratory Projects setting out the progress against each stage of the development of the new laboratory, design development in the new hospitals and construction of the new adult and children's hospitals.

Mr Seabourne advised that the laboratory projects remained on programme to be completed on 10 March 2012. Work on site continued to focus on finishing trades, commissioning, witnessing and testing of main building services, hand-over inspections by the Project Supervisor and the external works and roads packages. The NHS Board had decided that the Managed Service Contract equipment would be installed post completion of the building and a detailed plan had been developed and was currently being tested to ensure its robustness to support service continuity. Mr Seabourne highlighted the pre-handover works including the pathology ventilated storage cabinets; pathology dissection tables; fume and safety cabinets installation. He reported that the detailed review of the service requirements for the large track analysers on Level 1 was now completed and enabling works would be completed for 10 March 2012 to allow the contractor to proceed with the track installation soon after the NHS Board had taken possession of the building.

ACTION BY

The Cabinet Secretary for Health, Wellbeing and Cities Strategy had been assisted by pupils from local schools when she interred a time capsule on the site on 12 December 2011. The time capsule celebrated the achievements of Healthcare Science staff from the past and their hopes and aspirations for the future and included a number of videos with Healthcare Science staff, images of local pupils learning about genetics and micro-biology, construction images of the new laboratory and a patient story.

Mr Seabourne reported that the Gateway 4 Review for the laboratory building was planned for 28th February to 1 March 2012. This review was about the "Readiness for Service" and would focus on whether the solution was robust before delivery, how ready the organisation was to implement the business changes that will occur before and after delivery and whether there was a basis for evaluating performance.

In relation to Stage 2 for the new Adult and Children's Hospitals, Mr Seabourne highlighted the progress which had been made in the design of layouts and systems in relation to the 1:50 room drawings, fire safety, mechanical and engineering systems and the City Councils Planning Department's agreement to the external finishes to the building. Mr Seabourne highlighted that he had a meeting later that week to ensure compliance with the new fire guidance which had been published in January 2012 by Health Facilities Scotland – NHS Scotland – Fire Code SHTM81 part 3 Atria and Healthcare premises.

Mr Seabourne gave a summary of the status of the works at Stage 3 and highlighted the areas completed or just about to be completed. Works were underway and while some delays had been experienced with the energy centre this was now progressing well and was not part of the critical path for the overall project.

Mr Ross advised that there had been no change to Table One – the Changes Approved and Impacting on the Contract Target Price, and that in Table Two – Potential Compensation events there were agreed changes to Group One and Two equipment lists showing a saving of circa £1.8m. Mr Ross also indicated that he had received a number of requests from Brookfield over the last six months regarding bad weather and although he felt individually that these were not significant events cumulatively they probably had an impact on the construction works, therefore he had made a provisional estimate to cover this. Table Three – Compensation Events – movement since last report highlighted the overall reduction of £1.3m and Mr Ross agreed to incorporate in to future reporting the previous figures in order that comparisons can be made with the previous report.

Project Director

In response to a question from the Convener regarding the piling which was out of alignment and hence being rectified Mr Seabourne advised that the piling costs were part of the defined costs therefore the responsibility of the contractor to achieve within the target cost.

In relation to the bore-holes, Dr Benton asked about the movement in the PH levels and Mr Seabourne advised that the encouraging news was that the last three results had shown they had dropped and he believed that previous results were as a result of the trauma to the site and now that the ground had stabilised the PH levels had come down. He advised that an assessment of the results would be made around May 2012 to determine any requirement for remedial action.

The Convener advised that Mr Winter had visited the site last Friday and reported that he had been impressed with the progress with construction of the laboratory block and the work undertaken in connection with the construction of the new Adult and Children's Hospitals.

NOTED

 ACTION BY

17. PROPOSED DISPOSAL OF SITE B, WESTERN INFIRMARY

Mr P Daniels declared an interest in this item and withdrew from the meeting.

There was submitted a paper [Paper No. 12/14] from the Chief Executive advising on the progress in relation to the potential disposal of site B at the Western Infirmary and seeking approval to a proposed way forward based on an analysis of best value.

Site A of the Western Infirmary was subject to a legal right of redemption in favour of the University of Glasgow and following negotiations last year was sold under an agreement to the University on 30 March 2011. The sale of Site A was subject to a short lease back with the intention that the NHS Board vacated and surrendered the lease in the spring/summer of 2015, in line with the relocation to the new Southside Glasgow Hospital Campus. Site B has no right of redemption in favour the University but was currently subject to an unfavourable planning designation. Site B extended to circa 3.70 acres, predominantly fronting Church Street with some frontage to Dumbarton Road.

It wrapped around a small but prominent site at the corner of Church Street/Dumbarton Road which was in the University ownership. It was densely populated with multi-storey Victorian hospital accommodation and three of the buildings on the site were Grade B listed with the potential for further listings should demolition be proposed.

As part of concluding the sale of Site A at the Western Infirmary to the University it had been agreed that the Board would not proceed to market Site B without first offering the site on an off-market basis to the University. The NHS Board's Property Advisors have commenced discussions with the University and their advisors in relation an appropriate price for an off market sale. The NHS Property Transaction Handbook stated that the NHS Board must ensure that it was clear beyond doubt that the price achieved was greater than would be achieved in open tender. There was difficulty in assessing a potential open market value in the current economic climate and without a planning consent it was difficult to determine the value of the Site B. However as a comparator, an indicative five phase residential student housing and commercial scheme for the site was prepared and had been evaluated. Mr Calderwood then highlighted for members the options and risks with regards to the disposal of Site B, Western Infirmary.

Mr Calderwood responded to a range of questions from members about the disposal options set out in the paper and in response to a particular question about protecting the NHS Board position if it was unable to move to the new Southside Hospital site in 2015, he advised that any conditions on this matter would replicate those agreed in relation to the disposal of Site A which allowed the NHS Board to remain on the site until January 2017.

Members were content that discussions should continue with the University of Glasgow on the possible sale of Site B, Western Infirmary.

DECIDED

That the Chief Executive continue negotiations with the University of Glasgow on the disposal of site B, Western Infirmary in order that a final proposal can be made by the end of March 2012 with the intention of completing the sale by 30 June 2012. **Chief Executive**

ACTION BY

18. DATE OF NEXT MEETING

9.00 a.m. on Tuesday, 20 March 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12:45 p.m.

Meeting of the Quality and Performance Committee
Tuesday, 17 January 2012 at 9.00 a.m.
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1.	**Apologies**		
2.	**Minutes of Previous Meeting: 15 November 2011**		QPC(M) 11/03
3.	**Matters Arising**		
	(a)	**Rolling Action List**	Paper No 12/01
	(b)	**Healthcare Environment Inspectorate – Improving Care for Older People – Scottish Government Guidance** Verbal Report of Nurse Director	Verbal
	(c)	**Clinical Governance Strategy: Consultation** Members Discussion	Verbal
4.	**Integrated Quality and Performance Report** Report of the Acting Head of Performance and Corporate Reporting		Paper No 12/02

SAFETY

5.	**Scottish Patient Safety Programme: Q&P Committee Report January 2012** Report of the Medical Director	Paper No 12/03
6.	**Infection Control Service – HAI Reporting Template Summary – December 2011** Report of the Medical Director	Paper No 12/04
7.	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents** Report of the Medical Director	Paper No 12/05

8. Service Improvements at the Vale of Leven Hospital Paper No 12/06

Report of the Chief Operating Officer

CLINICAL EFFECTIVENESS AND TREATMENT

9. Minutes of the Quality and Policy Development Group: 21 December 2011 Paper No 12/07 To Follow

10. Minutes of the Clinical Governance Implementation Group: 18 October 2011 Paper No 12/08

PERSON CENTREDNESS

11. Minutes of the Staff Governance Committee: 1 November 2011 SGC(M)11/04

MONITORING AND GOVERNANCE

12. Financial Monitoring Report for the 8 Month Period to 30 November 2011 Paper No 12/09

Report of the Director of Finance

13. Local Delivery Plan 2012/13 Paper No 12/10

Report of the Director of Corporate Planning and Policy

14. Update from the October/November 2011 Organisational Performance Reviews Paper No 12/11

Report of the Acting Head of Performance and Corporate Reporting

15. Renfrewshire CHP – Performance Report Paper No 12/12

Report of the Director, Renfrewshire CHP

CAPITAL PROJECTS

16. New South Glasgow Hospitals and Laboratory Project Progress Update – Stages 1, 2 & 3 Paper No 12/13

Report of the Project Director – New South Glasgow Hospitals & Laboratory Project

17. Proposed Disposal of Site B, Western Infirmary

Paper No 12/14
To Follow

Report of Chief Executive

ITEMS FOR INFORMATION ONLY

18. Date of Next Meeting

9.00 a.m. on Tuesday, 20 March 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

Meeting of the Quality and Performance Committee
Tuesday, 20 March 2012 at 9.00 a.m.
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1.	**Apologies**	
2.	**Minutes of Previous Meeting: 17 January 2012**	QPC(M) 12/01
3.	**Matters Arising**	
	(a) Rolling Action List	Paper No 12/15
	(b) Update on Rates of Severe Maternal Morbidity	Paper No 12/16
	Report of Clinical Director for Obstetrics & Gynaecology	
	(c) Western Infirmary – Site B – Update	Verbal
	Verbal Report of the Chief Executive	
4.	**Integrated Quality and Performance Report**	Paper No 12/17
	Report of the Acting Head of Performance and Corporate Reporting	

SAFETY

5.	**Scottish Patient Safety Programme: Q & P Committee Report – January 2012**	Paper No 12/18
	Report of the Head of Clinical Governance	
6.	**Infection Control Service – HAI Reporting Template Summary – March 2012**	Paper No 12/19
	Report of the Infection Control Manager	
7.	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents**	Paper No 12/20
	Report of the Associate Medical Director	
8.	**Mental Welfare Commission – Starved of Care – Update on Implementing Actions**	Paper No 12/21
	Report of the Director, Glasgow CHP	

CLINICAL EFFECTIVENESS AND TREATMENT

9.	**Contracting for NHS Patient Beds – Local Authority Residential Beds at Inverclyde** Verbal report of the Director, Glasgow City CHP	Verbal
10.	**Minutes of the Clinical Governance Implementation Group held on 15 December 2011 and 13 February 2012**	Paper No 12/23
11.	**Draft Minutes of the Quality and Policy Development Group Meeting held on 22 February 2012**	Paper No 12/24

PERSON CENTREDNESS

12.	**Report on Transfer of Prison Health Services** Report of the Director, Glasgow CHP	Paper No 12/25
13.	**Minutes of the Staff Governance Committee Meeting held on 7 February 2011**	SGC(M)12/01

MONITORING AND GOVERNANCE

14.	**Financial Monitoring Report for the 10 Month Period to 31 January 2012** Report of the Director of Finance	Paper No 12/26
15.	**Glasgow City CHP Performance Report** Report of the Director, Glasgow CHP	Paper No 12/27
16.	**Change Fund Report** Report of the Director of Corporate Policy and Planning	Paper No 12/28
17.	**Report on cases considered by the Scottish Public Services Ombudsman July – December 2011** Report of the Head of Clinical Governance	Paper No 12/29

CAPITAL PROJECTS

18.	**New South Glasgow Hospitals and Laboratory Project: Progress Update – Stages 1, 2 & 3 (including Approval of Car Park Development – South Side Hospitals Project)** Report of the Project Director – New South Glasgow Hospitals & Laboratory Project	Paper No 12/30

19. West Territory – Hub Initiative – Approval of Schemes Paper No 12/31

Report of the Head of Capital Planning

20. Minutes of the Property Committee Meeting: 10 January 2012 Paper No 12/32

ITEMS FOR INFORMATION ONLY

21. Draft Local Delivery Plan – 2012/13 Paper No 12/33

Report of the Acting Head of Performance and Corporate Reporting

22. Health Promoting Health Service – Action in Hospital Settings Paper No 12/34

Report of Director of Public Health

23. Date of Next Meeting

9.00 a.m. on Tuesday, 15 May 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

QPC(M)12/02
Minutes: 19 - 43

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 20 March 2012 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE
Ms M Brown (from Minute 22 to Minute No. 33)
Mr P Daniels OBE
Ms R Dhir MBE
Mr I Fraser
Councillor J McIlwee (to Minute No.36)
Mr D Sime
Mrs P Spencer (to Minute 38)
Mr B Williamson
Mr K Winter
Councillor D Yates

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Mr R Calderwood
Dr L de Caestecker
Mr P James
Mr A O Robertson OBE

Rev Dr N Shanks (to Minute 34)

I N A T T E N D A N C E

Mr A Curran	..	Head of Capital Planning (for Minute 38)
Mr A Crawford	..	Head of Clinical Governance (to Minute 29)
Dr J Dickson	..	Associate Medical Director
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr A McLaws	..	Director of Corporate Communications
Ms P Mullen	..	Acting Head of Performance and Corporate Reporting
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr D Ross	..	Director, Currie & Brown UK Limited (for Minute No. 37)
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute No. 37)
Ms G Woolman	..	Audit Scotland (to Minute 36)

ACTION BY

19. APOLOGY

An apology for absence was intimated on behalf of Councillor R McColl.

20. MINUTES OF PREVIOUS MEETING

On the motion of Mr B Williamson and seconded by Cllr D Yates, the Minutes of the Quality and Performance Committee meeting held on 17 January 2012 [QPC(M)12/01] were approved as a correct record, subject to the correct spelling of Mrs P Spencer's name.

NOTED

21. MATTERS ARISING

(a) Rolling Action List

NOTED

(b) Update on Rates of Severe Maternal Morbidity

In relation to Minute No. 3(d) – National Maternal Morbidity Report – there was a paper submitted [Paper No. 12/16] from the Clinical Director of Obstetrics and Gynaecology providing further comment at the Committee's request on the rise in severe maternal morbidity at Princess Royal Maternity in 2009, compared with 2006-2008 figures as described in the Scottish Confidential Audit of Severe Maternal Morbidity Annual Report – 2011. In addition an e-mail message had been circulated to members setting out the changes to the demographics of the east end of Glasgow following the re-distribution of asylum seekers across the UK. This has presented a further level of women with complicated pregnancies with diverse medical issues and variable access to previous medical care.

Members found the information helpful and in discussing the complexity of the issue asked Dr J Dickson, Associate Medical Director, Acute Services to ensure that this matter was kept under review within the local Clinical Governance structures in the acute services division and that it would be reported back to the Committee as part of next year's Annual Report on the Confidential Audit of Severe Maternal Morbidity.

DECIDED

1. That the information provided on the rise in severe maternal morbidity at the Princess Royal Maternity be noted.

2. That the issues discussed be monitored by the Acute Services Division's Clinical Governance structures. **Associate Medical Director**

3. That the 2012 Annual Report be submitted to the Committee with progress in this area highlighted. **Associate Medical Director**

(c) Western Infirmary – Site B: Update

In relation to Minute No. 17 – Proposed Disposal of Site B, Western Infirmary – Mr Calderwood advised that negotiations were continuing with the University of Glasgow in an attempt to complete the sale of Site B by 30 June

2012. Discussion was centred on the claw-back arrangements discussed at the last meeting and the non-educational buildings.

A further report would be given to the Committee at its next meeting. **Chief Executive**

NOTED

22. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No. 12/17] from the Acting Head of Performance and Corporate Reporting setting out the next iteration of bringing together high level performance information from separate reporting strands to create a more integrated view of the organisation's performance. The report aimed at providing an overall sense of where NHS Greater Glasgow and Clyde was in achieving the ambitions set out in the Quality Strategy and signposted sources of greater detailed information if required. It was acknowledged that the report was still work in progress but that Members were content as to how it was developing and as requested by members an additional element had been added to the report. An Exceptions proforma had been developed for those measures where performance was significantly off-track and currently rated as red; the aim was to provide Members with the reassurance that action was underway in addressing performance. In addition some indicators, particularly the Quality Outcome Measures, were still being developed nationally and the indicators continued to be included but without data; these indicators would be populated once definitions had been agreed. Data and targets had now been agreed for five measures since the last report, namely:

- Did Not Attend (DNA) rates
- suicide prevention training
- access to psychological therapies
- long-term conditions
- faster access to specialist services CAMHS

Mr Sime highlighted that violence and aggression incidents had been discussed a couple of years ago and it continued to be a concern. Mr Calderwood indicated that incidents relating to aggression within the clinical field had not previously been gathered and it was difficult to detect trends and he felt that lessons would be learned from each individual incident in order to mitigate a reoccurrence in the future. It was agreed that the local Health and Safety Committees should be asked to look at this issue and consider trends and any training or sharing of lessons across NHS GG&C. Any report back to Committee on progress made would be via the Integrated Quality and Performance Report. **Director of Human Resources/Head of Clinical Governance**

Ms Dhir highlighted the continued problem of Did Not Attends (DNAs), whether double booking of clinics was possible and their effect on the service. Mrs Grant advised that a further worked-up plan to reduce the DNA rate was being developed and this included looking sensitively at clinics where over-booking was possible. Particular attention was being given to those specialties where the DNA rates were highest. Mr Calderwood advised that with shorter waiting times for patients it had been hoped the DNA rates would reduce, however this had not happened. Part of the message was advising patients of the impact on the service by not attending for their clinic or hospital appointment without giving prior notification.

The Convener asked about the progress in achieving the sickness absence target of 4%. Currently the short-term sickness was at 1.60% and long-term absence comprised 3.02% giving an overall average figure of 4.62%. Mr Calderwood

advised that real progress had been made with the implementation of the absence management policy and return to work interviews and the 1.60% short-term sickness was to be welcomed. However it was recognised that staff on longer-term sickness was a more intractable problem as staff in this position were entitled to the sickness leave arrangements set out in their contacts. The new streamlined Occupational Therapy Service was seeing such staff more regularly and making recommendations for different types of approaches to return to work.

The Convener raised concerns that progress was proving to be difficult in achieving the maximum wait of 26 weeks by March 2013 for faster access to specialist services (CAMHS). He noted the maximum wait was currently 57 weeks and some patients were waiting over 52 weeks in the north of Glasgow. Mrs Hawkins indicated that she was looking into the patients who were in excess of the 52 week period and progress would be provided in the next report to Committee. **Director, Glasgow CHP**

NOTED

23. SCOTTISH PATIENT SAFETY PROGRAMME: REPORT TO JANUARY 2012

There was submitted a paper [Paper No. 12/18] by the Medical Director setting out the progress for the implementation of the Scottish Patient Safety Programme (SPSP) reflecting the activity within NHS Greater Glasgow and Clyde to January 2012. The aim was to achieve full implementation of the core programme within the Acute Services Division by the end of December 2012. It was reported that the implementation of meeting the national medium term goals for Paediatric SPSP would be achieved by March 2012.

Mr A Crawford, Head of Clinical Governance, drew Members' attention to the latest release of Hospital Standardised Mortality Ratio data with the Southern General and Victoria Hospitals continuing to out-perform the national target. The variation at Stobhill Hospital was due to the change in activity following the move of acute services to the Glasgow Royal Infirmary and NHS Board has requested that this activity was aggregated in the Royal Infirmary figures in future. Encouragingly, the national team has ceased monitoring the Royal Alexandra Hospital figures and had passed monitoring back to the local Clinical Governance structures.

Mr Crawford drew attention to the two new programmes which have been added to the National Patient Safety Programme and also the progress being made in monitoring implementation and the Scottish Paediatric Patient Safety Programme.

NOTED

24 INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE – MARCH 2012

There was submitted a paper [Paper No. 12/19] by the Infection Control Manager covering the Board wide infection prevention control activity. As previously agreed the report was now on an exception reporting basis in order to cut down the duplication of the full report being submitted to the NHS Board meetings.

The NHS Board continues to work towards the revised 2013 HEAT target of 0.26 cases of Staphylococcus Aureus Bacteraemias (SABs) per 1000 occupied beds. The most recent results demonstrated a rate of 0.27 per 1000 acute occupied bed days.

The rate of Clostridium Difficile infection for the third quarter was 0.25 per 1000 occupied bed days and the second lowest rate achieved in NHS GG&C and below the 2013 HEAT target of 0.39.

NOTED

25. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 12/20] by the Medical Director on adverse clinical incidents. The reporting of adverse clinical incidents had been displayed in two separate charts in order to highlight the position within Acute Services and separately within Partnerships.

Mr Williamson pointed out that the venous thrombo-embolism (VTE) excluded the hospitals within the Clyde area and Mr Crawford indicated that the report had not included the full set of VTE data at this stage. It was a relatively new addition, with monitoring only commencing at the beginning of 2011. This would be developed over time to include all relevant data.

Ms Brown welcomed further work within the Emergency Care and Medical Services Directorate in order that a better understanding was provided on the high numbers of significant clinical incidents within this Directorate. These would be monitored in future reports and Mr Crawford confirmed that to date there was no national benchmarking that this could be measured against.

Mr Sime asked if the significant clinical incidents had been triangulated and Mr Crawford confirmed this was the case and this information was used for clinical reviews.

Dr Dickson provided Members with a detailed summary on forthcoming Fatal Accident Inquiries. Mr Robertson asked about the support provided to staff who would be witnesses at Fatal Accident Inquiries and similar type events. Dr Dickson advised that there was a policy on StaffNet on providing support to witnesses; the Central Legal Office undertook a role to provide guidance and support to witnesses and quite often a staff member who had attended a previous hearing would offer to assist staff who were attending for the first time.

NOTED

26. THE MENTAL WELFARE COMMISSION – STARVED OF CARE – UPDATE ON IMPLEMENTING ACTIONS

There was submitted a paper [Paper No. 12/21] by the Director, Glasgow CHP and Chief Operating Officer, Acute Services Division, advising that the self-assessment against the recommendations of the Mental Welfare Commission Report – Starved of Care had been completed. The Committee had asked at its meeting in September 2011 to receive an update on the implementation of the Improvement Plan and this was attached for Members' information.

Mrs Hawkins advised that the Improvement Plan would form part of the work of the NHS Board's Dementia Strategy Group. Members welcomed receipt of the Improvement Plan. Dr Benton gave a personal account of the very difficult and sensitive issues which she had encountered that highlighted further improvements

were still required in providing person centred and patient sensitive services. Mrs Grant acknowledged that there were still improvements to be made in the areas described by Dr Benton and she hoped through implementing the improvement programme this would go some way to bring a greater consistency and higher level of services.

NOTED

27. CONTRACTING FOR NHS PATIENT BEDS – LOCAL AUTHORITY RESIDENTIAL BEDS AT INVERCLYDE

Mrs Hawkins provided a verbal report on progress to date on the reprovision of NHS and residential care beds at Inverclyde associated with the closure of Ravenscraig Hospital.

Following the tender which had been issued in 2010 and which had attracted no bids, a more flexible tender had been issued in 2011 which had included three sites. Following the evaluation of the tenders, Quarriers had achieved preferred bidder status and efforts were being made to try and close the outstanding financial gap.

Following discussions with Inverclyde Council it was hoped that a solution would be found to closing the current revenue gap. The impact of the timetable to date would be a delay of one year resulting in the ongoing costs of maintaining Ravenscraig Hospital falling to the NHS Board. A report was to be submitted to the Council's Committee on 27 March 2012 and it was hoped thereafter a report could be submitted to the full Council and the Quality and Performance Committee by June/July 2012. Councillor McIlwee said he had been pleased to hear this news and he was hopeful a satisfactory way forward would be found in this matter.

A further report would be submitted to the Quality and Performance Committee. **Director, Glasgow CHP**

NOTED

28. MINUTES OF THE CLINICAL GOVERNANCE IMPLEMENTATION GROUP: 15 DECEMBER 2011 AND 13 FEBRUARY 2012

There was submitted a paper [Paper No. 12/23] setting out the Clinical Governance Implementation Group Minutes of its meetings held on 15 December 2011 and 13 February 2012.

NOTED

29. DRAFT MINUTES OF THE QUALITY AND POLICY DEVELOPMENT GROUP: 22 FEBRUARY 2012

There was submitted a paper [Paper No. 12/24] setting out the Quality and Policy Development Group draft minutes of its meeting held on 22 February 2012.

NOTED

30. REPORT ON TRANSFER OF PRISON HEALTH SERVICES

There was submitted a paper [Paper No. 12/25] providing an update on the issues and risks following the transfer of prison health services from the Scottish Prison Service to the NHS and the commissioning of a new prison within NHS GG&C.

Mrs Hawkins advised that the responsibility to provide enhanced primary health care services to people detained in Scottish prisons transferred from the Scottish Prison Service (SPS) to the NHS Scotland on 1 November 2011. The paper set out the legislative changes required and the impact on a range of services provided within NHS GG&C from having responsibility for prison health care.

HMP Low Moss was a new purpose-build prison built in Bishopbriggs and it opened slightly earlier than planned on 12 March 2012.

On the transfer of prison health services there was a range of ongoing issues in relation to Information Management and Technology, national contracts, human resource issues including transfer arrangements, pensions, as well as outstanding and ongoing Agenda for Change banding issues. A needs assessment of prisoners' health was scheduled for completion at the end of March 2012.

Mr Winter asked about the provision of accommodation and Mrs Hawkins advised that the SPS carried responsibility for the buildings and accommodation and the NHS provided the necessary equipment for the healthcare element of the services.

Mr James would review the financial implications in relation to the part-year effect in 2011/12 and full-year effect in 2012/13 to confirm that the expected allocations are sufficient. **Director of Finance**

NOTED

31. MINUTES OF THE STAFF GOVERNANCE COMMITTEE MEETING – 7 FEBRUARY 2011

There was submitted the minutes of the meeting of the Staff Governance Committee held on 7 February 2012 [SGC(M)12/1].

Mr Winter asked about the review of productivity and efficiency with regard to administration services and in particular the reduction in administrative support from one whole time equivalent to a ratio of 0.6 whole time equivalent per manager. It had been considered that with the improvements in information technology and voice recognition and electronic data transfer this would present significant opportunities to secure efficiencies particularly in non-clinical areas. Mr Winter stated that the matter had been raised in relation to clinical groups drawing attention to delays in General Practitioners receiving discharge letters. Mr Calderwood acknowledged that there had been a reduction in the administrative and clerical posts in order to support the approved workforce plan and financial plan. It was part of the review to ensure the issues of the sufficient investment in IT, but also it was imperative that managers ensured that there were sufficient back-up services to support clinical needs including the timeous issuing of discharge letters and other patient related information.

NOTED

32. FINANCIAL MONITORING REPORT FOR THE 10TH MONTH PERIOD TO 31 JANUARY 2012

There was submitted a paper [Paper No. 12/26] from the Director of Finance setting out the Financial Monitoring Report for the 10 month period to 31 January 2012.

As at 31 January 2012 the NHS Board was reporting expenditure levels running at £0.6million ahead of budget and it was considered that the year-end break-even position would be achieved. This was reinforced by the initial indications that month 11 would show an out-turn of £0.3million in excess of budget.

Mr Winter asked about the delayed expenditure of £35million from the capital budget. It was explained that discussions had been held with the Scottish Government Health Directorate around a brokerage arrangement which would see this funding returned to the Board by supplementing the 2012/13 capital allocation.

NOTED

33. GLASGOW CITY CHP – PERFORMANCE REPORT

There was submitted a paper [Paper No. 12/27] by the Director, Glasgow Community Health Partnership (CHP) which provided background information on Glasgow CHP and setting out key financial, service, clinical and staff issues affecting the CHP. It also included a commentary on the organisational performance and overview of the challenges and risks within Glasgow CHP as well as the arrangements for the Glasgow CHP Committee and its supporting structure.

Mr Peter Daniels, Chair and Mrs Anne Hawkins, Director of Glasgow CHP gave a full presentation to Members on the background to the formation of the CHP, its Committee structure, finance arrangements, performance, and staff and partnership issues and then welcomed questions from Members.

Members asked a range of questions from the presentation and the operation of the CHP. Mr Daniels and Mrs Hawkins responded as follows:-

- Dr John Nugent, Clinical Director, had developed the GP practice performance tool and this would be shared with other partnerships within NHS GG&C.
- The Joint Partnership Board, comprising Members of the NHS Board, Councillors from the City Council and the CHP Director and Social Work Services Director continued to meet and was tasked with monitoring performance, budgets and overseeing service planning. It operated well although a more fuller engagement with all Members would be welcomed.
- The size of the CHP Committee was acknowledged as large, replicating the numbers on the NHS Board. It was considered to be effective and there were no immediate plans to consider a review of its membership as it was settling in to its new role. Seminars were planned to be introduced in the future and it was hoped that this would assist the business of the Committee and ensure full engagement of all those involved.
- Relationships between officers from the CHP and Social Work had been constructive and Social Work had restructured around the three sectors within the CHP. Tensions did arise occasionally on specific issues but these led to healthy debates and constructive discussions.

- The issue of delayed discharges was being tackled through initiatives from the Change Fund and the review underway on the Adults with Incapacity client group.

Members welcomed the excellent progress which had been achieved in under 18 months in the formation of Glasgow CHP and congratulated Mr Daniels and Mrs Hawkins. In addition they welcomed this full and comprehensive scrutiny of Glasgow CHP and the Convener thanked both for this helpful presentation and the answers they had given to the range of questions asked by Members.

NOTED

34 IMPLEMENTATION OF THE CHANGE FUND

There was submitted a paper [Paper No. 12/28] from the Director of Corporate Planning and Policy providing an update on the implementation of the Change Fund across the six Partnerships in 2011/12 and the plans and expected outcomes for 2012/13.

A national £70million Change Fund was introduced in 2011/12 to support the implementation of reshaping care for older people. This funding would continue for three years and would increase to £80million for 2012/13 and 2013/14. The Change Fund was intended to act as a catalyst for major service redesign and to enable changes to the way the total health and social care resource was used for older people, to support the policy goal of optimising independence and well-being for older people at home or in a homely setting. Change Fund plans were required to demonstrate a clear strategy to invest in anticipatory and preventive approaches to help manage demand for formal care and support carers when more older people were at home. NHS GG&C received a total allocation of £14.8million which would rise to £17.215million in the next financial year.

The critical performance measure agreed for the NHS Board was to achieve substantial reductions in the number of days beds occupied by patients who were agreed by the NHS and local authority to be ready to leave hospital. While there were indications of a downward trend overall, in several individual Partnerships towards the end of 2011, there remained a concern that the number of beds days lost was higher than the baseline year of 2009/10. Each of the six Partnerships reviewed the implementation and early impact of their Change Fund spend and commitments for 2012/13 included a reduction in bed days lost by delayed discharges by 50% against the 2009/10 baseline; address the availability of services such as physiotherapy and occupational therapy over seven days, provide consistent services and interventions and continue to develop effective Partnership approaches including robust engagement of primary care contractors and acute clinicians.

It was an evolutionary process with the overall trend remaining positive and the establishment of better relationships between acute services and the individual Partnerships. In response to a question from Mrs Spencer, Ms Renfrew advised that the six different CH(C)Ps developed their own individual plans and actions to reflect their issues and individual circumstances for their area.

The issue of carer support and respite would be discussed further at the July or September meeting of the Quality and Performance Committee. **Director of Corporate Planning & Policy**

It was emphasised that it was important that the CH(C)P Committees, whilst developing good working relationships, needed to bring about significant changes in the number of NHS bed days lost to delayed discharges and it was expected that this would be a regular feature of the Partnership Committee meeting debates.

The Convener raised the issue of the more significant increase in bed days lost within West Dunbartonshire. It was acknowledged there were difficulties with Adults with Incapacity issues. Improvements were planned and more work was required to be done on developing better incentives to achieve the targets set. The impact of the measures identified for 2012/13 were to be monitored on a monthly basis within the existing performance framework and Members noted the progress to date.

NOTED

35. REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN – JULY TO DECEMBER 2011

There was submitted a paper [Paper No. 12/29] from the Head of Clinical Governance setting out the progress against each of the recommendations highlighted in the formal reports of the Ombudsman and decision letters issues from July to December 2011.

The NHS Board received summaries of each Ombudsman report and decision letter and the recommendations contained were then subject to the development of action plans within the Acute Services Division and Partnerships. This approach had been commended by the Scottish Public Sector Services Ombudsman and there was a reporting mechanism back to the Scottish Public Health Directorate on the actions taken. The report covered two SPSPO reports and 26 decision letters together with one follow-up action from the reported period of January to the June 2011. The Convener raised the issues highlighted in the Ombudsman's overview for November 2011 in relation to vulnerability being a key theme which had arisen in three health cases. He also raised the theme identified in the December overview of communications.

Mr Calderwood indicated that Ms Crocket was picking up on the issues of vulnerability as part of the review of older people's work. In relation to communications this had been an ongoing issue for many years and was picked up in the training sessions held within Acute Services and Partnerships, where training models covered communication issues. The other concern was record keeping and the need to ensure record keeping matched that which was required by the organisation and the professional standards developed in this area.

NOTED

36. PROPERTY COMMITTEE MEETING – 10 JANUARY 2012

There was submitted a paper [Paper No. 12/32] setting out the Property Committee minutes of its meeting held on 10 January 2012.

NOTED

37. NEW SOUTH SIDE HOSPITAL AND LABORATORIES PROJECT (INCLUDING APPROVAL OF CARPARK DEVELOPMENT – SOUTH SIDE HOSPITAL)

There was submitted a paper [Paper No. 12/30] from the Project Director, Glasgow Hospitals and Laboratory Project setting out the progress against each stage of the development of the new laboratory, design development of the new hospitals, the construction of the new adult and children's hospitals and seeking approval to development of a 1000 space carpark adjacent to Hardgate Road/new children's park.

Mr Seabourne advised that works on the new laboratory and facilities management building were completed and the contractor subsequently handed the building over to NHS GG&C on 9 March 2012. A formal handover ceremony had been organised to take place on 21 March 2012. All staff transferring to the new building had been invited to attend a building induction session and 26 sessions have been organised to take place during the mid to latter part of March 2012. The Gateway Four Review for the laboratory building was held from 28 February to 1 March 2012. The Review was about the readiness for service and focussed on how ready NHS GG&C was to move into the new building and take over the running. Fourteen members of staff were interviewed and key documentation examined. The Review Team found that the delivery confidence assessment was green and the final written report was now awaited.

The Convener congratulated Mr Seabourne and his team on the handover being on time and he was looking forward to his attendance at the formal handover ceremony on 21 March.

In relation to Stage 2 for the new adult and children's hospitals, Mr Seabourne highlighted the progress in relation to the 1:50 room drawings, the fire strategy process, the mechanical and engineering systems. He also highlighted the changes to national guidance in relation to the fire code and impact on the atria in healthcare premises. The contractor had been advised of this change to the guidance and the changes requested by the project team to comply with the new guidance. Brookfield were reviewing the changes to determine the impact and cost to the Board.

Mr Seabourne gave a summary of the status of the works at Stage 3 and highlighted the remedial piling activities and the fact that the project remained on programme; the completion of the energy centre remained on programme and the community benefit programme continued to make good progress, currently exceeding the 10% targets from new entrants. A total of 151 new entrants had been employed on site and the project had taken on 35 apprentices.

Mr Seabourne took members through Table 1 – the Changes Approved and Impact on the Current Target Price, and Table 2 – Potential Compensation Events. The Convener asked about the impact of the work associated with additional guidance and fire code and Mr Seabourne indicated that any additional costs had not yet been identified as they had not determined the scope of the changes yet.

The paper submitted also included the plans for the construction of three new carparks to provide the required carpark provision as approved by Glasgow City Council as part of the planning application. These three carparks were in addition to the already completed multi-storey carpark and were as follows:-

Carpark 1 (adjacent to Hardgate Road/New Children's Park) – approximately 1,000 spaces
Carpark 2 (opposite the new hospital's A&E entrance) – approximately 300 spaces
Carpark 3 (adjacent to existing multi-storey carpark) – approximately 700 spaces

The procurement strategy for carpark 1 was highlighted in this paper and Members' approval was sought regarding the procurement recommendation and the budget allocation for carpark 1. The budget for carpark 1 was estimated at £14.4million (this incorporated works, professional fees and VAT).

The Acute Services Strategy Board (ASSB) which includes in its membership representatives from the Scottish Government Health Directorate and Scottish Futures Trust considered that there were two viable procurement options to procure the carpark 1, namely use the National framework to appoint a contractor or negotiate with current contractor. The paper set out in detail the advantages and disadvantages of both which led to the recommendation to negotiate a compensation event with the current contractor to build carpark 1. The paper also advised that the ASSB had approved the continuation of the current Technical Advisors and Technical Supervisors. Initial architectural/design services to develop the Employers Requirements will be tendered. Advice was also received from the project legal advisers and this was included within the paper submitted to Members.

Mr Winter indicated that he supported the recommendation that a compensation event be negotiated with the current on-site contractor as this reduced risk, did not interfere with the current supply chain arrangements, retained a single point of responsibility particularly in relation to any warranty issues for the sub-station carpark and kept the continuity of adviser support within the project.

The Convener asked about the costs associated with carpark 1 and procurement arrangements for carparks 2 and 3. It was explained by Douglas Ross that this was a more expensive carpark to build due to its location being on top of the new sub-station, it required a new access road and needed higher specification elevational treatment on all four sides. He also advised that carparks 2 and 3 would be procured through the Scottish Frameworks Contract at the appropriate time (therefore not negotiated tenders).

Mr Robertson indicated that the legal advice had been helpful and supported the proposal.

DECIDED

1. That the progress in relation to stages 1, 2 and 3 of the New South Side Hospitals and Laboratory be noted.

2. That the recommendation of the Acute Services Strategy Board to negotiate the compensation event with the current contractor up to the sum of £14.4million for carpark 1 at the New South Side Hospital be approved. **Project Director**

38. WEST TERRITORY – HUB INITIATIVE – APPOINTMENT OF A PRIVATE SECTOR DEVELOPMENT PARTNER AND ESTABLISHMENT OF HUBCO

There was submitted a paper [Paper No. 12/31] from the Head of Capital Planning providing the procurement process to select a private sector development partner to join with the 15 participants (public sector organisations including NHS GG&C) and the Scottish Futures Trust Investment Limited to establish HUBCO for the Hub West Territory and to seek approval of the appointment of Wellspring Partnership Limited as that private sector development partner. The paper and the subsequent information e-mailed to Members on the national appointments process provided the detail on the background to the Hub Initiative, programme, West HUBCO and the appointment process of the preferred private sector development partner.

Within the current territory delivery plan for West HUBCO the four following projects for NHS GG&C had been identified:-

- Gorbals Health and Care Centre
- Eastwood Healthcare Centre
- Woodside Health and Care Centre
- Maryhill Health and Care Centre

These four projects have been highlighted as a key service priority for the NHS Board and were further identified in the property and asset management system as buildings that required significant investment to upgrade or replacement. All four projects would be revenue funded with 100% revenue support for development costs funded directly from the SGHD with the facilities management costs to be provided by the NHS Board.

The corporate governance and financial implications were set out within the paper and Mr Curran reminded members that the Quality and Performance Committee or NHS Board would receive the Outline Business Case and Final Business Cases for each project for consideration and approval if acceptable.

Mr Winter asked a range of questions which Mr Curran responded to as follows:

In relation to how NHS GG&C would pay for the project, and the issues of profit redistribution dividends and returns Mr Curran advised there was an option for the NHS Board to take shareholder status in terms of an investment to this model however that was not the intention for NHS GG&C; the NHS Board could ask for particular design teams to be included within the national framework and a competitive tender process would determine who would be appointed as designers/advisers to the project and the NHS Board would draw down that expertise when required.

The Convener asked about balance sheet issues and Mr Curran advised that this would be on the NHS Board's balance sheet and Mr Calderwood described the financial arrangements around these new national arrangements.

Mr Daniels, while supporting the four projects, enquired as to the Government's processes followed in identifying these particular projects. Mr Calderwood advised that the use of the Property Asset Management System and local priorities were used in submitting schemes to the SGHD. If Members felt that any current scheme should or could be replaced with an alternative, that would be possible. He did acknowledge however that the NHS Board had not endorsed the list of schemes submitted to SGHD as it had been understood at that time the list was indicative.

Ms Dhir supported these schemes but was keen that Members were sighted on a dilapidations survey for the estate which covered the conditions of remaining properties which would provide evidence for better decision making around such priorities.

Mr Robertson reminded Members that this was the mechanism to establish the process going forward that was being considered and that the individual Outline Business Cases and Final Business Cases would be submitted to the Committee in future for consideration and approval.

DECIDED

Subject to the approval of the individual Outline Business Cases and Full Business Cases by the Quality and Performance Committee of the NHS Board the following be approved:-

(i) the selection of Wellspring Partnership Limited as the Private Sector Development Partner ("PDSP") in HUBCO as recommended by the West HUB Territory Programme Board (WhTPB); **Head of Capital Planning**

(ii) the establishment of HUBCO; **Head of Capital Planning**

(iii) the investment in HUBCO shareholding of a maximum of £30 and the provision of working capital of a maximum of £300,000. There shall be an equal shareholding for those Participants who elect to take a shareholding, and the provisions of working capital shall be split in the same proportions; **Head of Capital Planning**

(iv) the entering into of the Territory Partnering Agreement, Shareholders Agreement and Participants' Agreement, summary details of which are narrated in Appendix 3 to this report with delegated authority to the Chief Executive Officer to execute the same on behalf of Greater Glasgow Health Board and to grant delegated authority to the Chief Executive Officer to agree on behalf of Greater Glasgow Health Board any further non-material amendments to the Territory Partnering Agreement, Shareholders Agreement and Participants' Agreement prior to the date of execution of the said documents; **Head of Capital Planning**

(v) the appointment of Anthony Curran, Chair of the West HUB Territory Programme Board and Head of Capital Planning and Procurement at Greater Glasgow Health Board as the B Shareholders' Director on the Board of HUBCO; **Head of Capital Planning**

(vi) to note appointment of Neil Harris, HUB West Territory Programme Director as the B Shareholders' Representative; **Head of Capital Planning**

(vii) to note the appointment of Neil Harris, HUB West Territory Programme Director as the Lead Participants' Representative under and in terms of the Participants' Agreement with delegated authority to take any action, grant any approval or consent or sign any notice required in terms of the Shareholders Agreement and Territory Partnering Agreement; **Head of Capital Planning**

(viii) the appointment of General Manager for Capital Projects as Greater Glasgow Health Board representative on the Territory Partnering Board with delegated authority to make any decisions on its behalf which require to be taken by the Territory Partnering Board pursuant to its constitution; and **Head of Capital Planning**

(ix) to note that the Director of Finance will develop a formal Scheme of Delegation to support these arrangements; **Director of Finance**

(x) to note the content of the Territory Delivery Plan.

39. DRAFT LOCAL DELIVERY PLAN – 2012/13

There was submitted a paper [Paper No. 12/33] providing Members with a copy of the draft Delivery Plan - 2012/13 as submitted to SGHD and that the final Local Delivery Plan will be presented to the Committee at a later date.

NOTED

40. HEALTH PROMOTING HEALTH SERVICE; ACTION IN HOSPITAL SETTING

There was submitted a paper [Paper No. 12/34] providing the proposed delivery and reporting arrangements for the Health Promoting Health Service; Action in Hospital Setting Circular from SGHD.

ACTION BY

A report would be submitted to the Committee on a regular basis on the progress.

NOTED

41. PENSIONS REFORM

Mr Calderwood advised Members of the intended targeted industrial action to be undertaken by Unison members on 27 March 2012 in relation to strike action by their members within the finance and procurement areas.

NOTED

42. MS R DHIR MBE

The Convener advised Members that this was the last meeting Ms Dhir would be attending as her term of appointment ended on 31 March 2012. He took this opportunity to thank Ms Dhir for her significant contribution to the work of the then Performance Review Group and the new Quality and Performance Committee. He had enjoyed her contributions across a range of issues considered by the Committee and wished her well for the future. A lunch with Members had been arranged for 2 April 2012.

43. DATE OF NEXT MEETING

9.00 a.m. on Tuesday, 15 May 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12:55 p.m.

DRAFT

QPC(M)12/03
Minutes: 44 - 63

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 15 May 2012 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Mr I Fraser
Mr D Sime
Mrs P Spencer
Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong (to Minute 59)
Mr R Calderwood
Ms R Crocket
M r P James
Dr R Reid
Mr A O Robertson OBE

Rev Dr N Shanks

I N A T T E N D A N C E

Mr A Crawford	..	Head of Clinical Governance (to Minute 51)
Mr I Finlay	..	Associate Medical Director, Surgery and Anaesthetics (to Minute 42)
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Ms P Mullen	..	Acting Head of Performance and Corporate Reporting (to Minute 54)
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr D Ross	..	Director, Currie & Brown UK Limited (for Minute No. 59)
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute No. 59)

ACTION BY

44. APOLOGY

Apologies for absence were intimated on behalf of Dr C Benton MBE, Ms M Brown, Mr P Daniels OBE and Mr B Williamson.

Following the outcome of the recent Local Authority elections, the Convener recorded his appreciation of the contributions of the Local Authority members, Councillors Ronnie McColl, Joe McIlwee and Douglas Yates, to the work of the Quality and Performance Committee.

45. MINUTES OF PREVIOUS MEETING

On the motion of Mr K Winter and seconded by Mrs P Spencer, the Minutes of the Quality and Performance Committee meeting held on 20 March 2012 [QPC(M)12/02] were approved as a correct record.

NOTED

46. MATTERS ARISING

(a) Rolling Action List

NOTED

(b) Western Infirmary – Site B: Update

In relation to Minute No. 21(c) – Western Infirmary – Site B: Update, Mr Calderwood advised that negotiations were continuing with the University of Glasgow in an attempt to complete the sale of Site B by 30 June 2012. The University Court would consider the Heads of Agreement at a meeting next week.

Negotiations also included the housing of University staff in appropriate accommodation in the New South Side Hospital, a monetary contribution and following on from this providing embedded space for teaching and research at the New South Side Hospital. There were also discussions about the possibility for a joint academic and post-graduate building on the same site.

Mr Calderwood would provide a further update on both issues highlighted above to the Committee. **CEO**

NOTED

(c) Transfer of Prison Health Services: Financial Allocation

In relation to Minute No. 30 – Transfer of Prison Health Services – Mr James reported that the NHS Board allocation had included £4.4m in 2012/13 for managing the prison health services. He would report back to the Committee in the autumn as part of the Financial Monitoring Report, on the adequacy of the funding. **Director of Finance**

NOTED

47. SURGICAL PROFILE AND DIRECTORATE PRESENTATION

There was submitted a paper [Paper No. 12/36] by the Associate Medical Director, Surgery and Anaesthetics, setting out the NHS Board's response to Healthcare Improvement Scotland (HIS) and the Information Services Division (ISD) Surgical Profile which presented a range of clinical indicators from various national data sources. This was the third Surgical Profile and the intention was to assist NHS Boards to continuously improve the quality, safety and effectiveness of surgical care. Mr Finlay, Associate Medical Director, gave a presentation to Members on the outcome of this external scrutiny, the impact on NHSGG&C and the actions being taken to address the report's findings. The presentation included information on the work and responsibilities of the Surgery and Anaesthetics Directorate.

Members asked a range of questions on the presentation and Mr Finlay responded as follows:-

- The number of elective aortic aneurysm procedures carried out took account of other possible radiological interventions
- The benefits of non-elective cholycystectomy procedures was recognised but not achievable under the present design of services across the acute hospitals in NHSGG&C. A move to a single site for non-elective cholycystectomy procedures would be considered as part of the move to the new South Side Hospital or as part of the review of clinical services: Fit for the Future Strategy. There were strong clinical benefits in this model and it would be one of the options to be considered by the NHS Board when considering the re-design of clinical services.
- The Consultants Appraisal and Re-Validation processes were incremental processes which were bringing about improvements to patients through improved performance. The inclusion of patient and colleagues' feedback every five years would bring a further patient focus element to the process.
- The provision of standardised basic instrumentation packs for surgeons had proven helpful.

The Convener thanked Mr Finlay for his most interesting and informative presentation and for answering Members' questions in an open frank way.

NOTED

48. INTEGRATED QUALITY AND PEFORMANCE REPORT

There was submitted a paper [Paper No. 12/37] from the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGG&C's performance in context of the Quality Strategy.

Of the 33 measures which had been assigned a performance status based on their variance from trajectories and/or targets, 23 were assessed as green; four as amber (performance within 10% of trajectory) and six as red (performance 10% outwith meeting the trajectory). The areas where improvement was required were:-

- New Out-Patient Did Not Attend Rates
- Faster access to specialist services – child and adolescent mental health
- Access to psychological therapies
- Acute bed days lost to delayed discharge
- Delayed discharge
- Sickness absence

An exception report had been prepared for each of the above measures which had been rated as red in order to provide the Committee with the assurance that action was underway to address performance.

In relation to violence and aggression incidents it was confirmed that the Health and Safety Forum through the Violence Reduction Group reviewed incidents on a regular basis and had developed a Violence and Aggression Sstrategy to assist in this area. It was agreed that the Director of Human Resources would provide a report to the next meeting of the Committee on the processes and actions taken in relation to reviewing violence and aggression incidents. **Director of Human Resources**

In relation to faster access to specialist services – child & adolescent and mental health services - the Director, Glasgow CHP provided an update on the plans to meet the target of a maximum wait of 26 weeks by March 2013. Performance had improved in wait times from 57 weeks to the March 2011 figure of 48 weeks. A trajectory was in place and managers were using a demand and capacity tool, looking at job planning, referrals and assessing possible interventions from other services in order to achieve the waiting time target set for March 2013. Progress would be monitored through the integrated report.

Members remained concerned at the New Patient Did Not Attend performance which was 13.1% in the period January to December 2011 and in 2010/11 had been 13.9% across the NHSGG&C. This was made up of 7.4% from the least deprived patients to 19.4% in the most deprived areas. In addition to the production of the strategy – "Managing Referrals into Acute Services" – which covered a joint approach between Acute Services and Partnerships to manage the flow of patients across health care systems, Mrs Grant advised on the pilot which had been utilised within NHS24 on patient-focused booking. This system would be operated within a specific area within Acute Services with the plan to target it at the hard to reach patients in the hope that some benefits will flow from the outcome of the pilot. She confirmed that sensitive overbooking at some clinics was taking place in an effort to reduce the inefficiency highlighted by patients not attending treatment clinic appointments.

The sickness absence rate for March 2012 was 4.94% and Members had discussed on previous occasions the areas of short-term absences and long-term absences and the strategies and plans in place to bring about improvements to both. Managers strive for a balance between pursuing service efficiency and responding compassionately to individual circumstances affecting staff. It was agreed that the Director of Human Resources would submit a report to the Committee on the range of processes in place to manage the sickness absence within the NHSGG&C and in particular to highlight the efforts made to manage stress in the workplace. **Director of Human Resources**

NOTED

49. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP) – MAY 2011

There was submitted a paper [Paper No. 12/38] by the Medical Director focussing on progress in the adult care programme and on the paediatric programme.

The SPSP approach focussed on improving safety by increasing the reliability of health care processes within acute care. This was achieved by front line teams testing and establishing a more consistent application of clinical or communication processes. The two over-arching improvement aims were:-

- Mortality – 15% reduction
- Adverse events – 30% reduction

The National SMR had reduced to 0.92% and whilst this was a significant reduction it was not generally expected that the national aim would be fully met by the end of 2012. In addition the measurement plan for the reduction of adverse events, based on the global trigger tool, had been unsuccessful across NHS Scotland with detection rates well below predicted levels.

The report set out a summary of those clinical elements in the programme, along with the prediction of the NHS Board's likely achievement levels for spreading the element to 90% of all applicable areas by December 2012. Good progress was

predicted in ten areas with a further five areas likely to achieve between 50% - 90% spread and two areas likely to achieve under 50% - these being diabetic and glucose control (peri-operative) and medicines reconciliation. The report set out a response plan for both.

In relation to the paediatric programme the majority of requirements had been met however of the ten areas not met, there have been associated problems in either the measurement or redesign and the paper set out the actions to address each one.

Dr Armstrong indicated that this report was predominately a stock-taking exercise of what had been achieved and the areas at risk, which allowed the NHS Board to focus on the areas not currently being achieved.

Dr Reid asked about the electronic patient record system in relation to medicines reconciliation. Mr Calderwood replied that he was chairing a national group on this matter and he was due to report on his recommendations to NHS Scotland by the end of the year. In addition, there was local consensus on the importance of accelerating the roll-out of medicines reconciliation. Acute Services were reviewing their Directorate plans to identify opportunities for the more rapid implementation with a report being submitted in June to the Acute Services Division Clinical Governance Forum. A further update on actions and predictions would be submitted to the Quality and Performance Committee thereafter. **Medical Director**

NOTED

50. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE – APRIL 2012

There was submitted a paper [Paper No. 12/39] by the Medical Director covering the Board-wide infection prevention control activity. As previously agreed the report was on an exception reporting basis only as a full report was submitted to each NHS Board meeting.

The report indicated that the most recent validated results available for October – December 2011 demonstrated a Staphylococcus Aureus Bacteraemias (SAB) rate of 0.296 per 1000 acute occupied bed days against the revised 2013 HEAT target of 0.26 cases.

The rate of Clostridium Difficile infection for October – December 2011 was 0.21 per 1000 occupied bed days and this was well below the revised 2013 HEAT target of 0.39.

In relation to compliance with hand hygiene, the bi-monthly audit for November – December 2011 was 92% which was slightly down on previous months.

In relation to surgical site infection surveillance, within the period of October – December 2011, the NHS Board was below or equal to the national average for identified procedure categories.

Dr Armstrong provided members with an update on the recent outbreak of a Norovirus bug within Glasgow Royal Infirmary and more recently the Royal Alexandra Hospital. She reported that eight wards had been closed at the Royal Alexandra Hospital and outbreak control procedures were being followed and it was hoped that some wards would be re-opened shortly.

In addition she reported on an infection within the renal unit at the Western Infirmary. Daily outbreak control team meetings were being held and additional cleaning, hand hygiene and environmental issues were underway to reduce the infection.

Lastly, she reported on the closure of ward 10 at the Victoria Infirmary from 20 – 23 April following two patients being identified as having multi-resistant acinetobacter baumanii. Infection control measures were in place including twice daily cleaning of the ward and enhanced screening had been agreed which would include weekly screening of all patients.

NOTED

51. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 12/40] by the Medical Director on adverse clinical incidents. The reporting of adverse clinical incidents had been displayed in two separate charts in order to highlight the position within Acute Services and separately within Partnerships.

In relation to Acute Services the clinical incidents were routinely reviewed at each meeting of the Clinical Governance Forum. For Partnerships the vast majority of cases were related to mental health and it was reported there was an ongoing review of significant clinical incident reporting and alignment in future to the revised clinical governance arrangements within Partnerships.

Dr Armstrong provided members with the detailed summary on ongoing forthcoming Fatal Accident Inquiries and of a recent death and answered members' questions in relation to specific cases.

NOTED

52. HEALTH CARE IMPROVEMENT SCOTLAND – ANNOUNCED INSPECTION REPORT – CARE OF OLDER PEOPLE IN ACUTE HOSPITALS

There was submitted a paper [Paper No. 12/41] by the Nurse Director advising that the final inspection reports from Health Care Improvement Scotland (HIS) for the announced inspections on the care of older people in acute hospitals for the Western Infirmary and Royal Alexandra Hospital had been received. The Cabinet Secretary for Health, Well-being and Cities announced that HIS would carry out the new programme of inspections on the care of older people in acute hospitals and the purpose of this paper was to inform the Committee on the outcome of the visit undertaken to the Western Infirmary from 21-23 February and Royal Alexandra Hospital from 14-15 March 2012.

The inspections focused on three national quality ambitions for NHS Scotland, which ensure that the care provided to patients was person-centred, safe and effective. Inspections were to ensure that older people were treated with compassion, dignity and respect and would focus on one or more of the following areas:-

- Dementia and cognitive impairment
- Falls prevention and management
- Nutritional care and hydration
- Preventing and managing pressure ulcers

Both reports were available on HIS's website along with the NHS Board's improvement plans. Emerging themes from both inspections was the need for early assessment of patients with cognitive impairment.

It was also reported that an inspection was undertaken between 2 – 4 May 2012 at Glasgow Royal Infirmary and the final report was awaited. The outcome would be submitted to the next available Quality and Performance Committee meeting. In relation to the question from a member, Mr Calderwood advised that he, Mrs Crocket and Mrs Grant were seeking a meeting with the inspectors to discuss the draft report and the inspection process. **Nurse Director**

NOTED

53. ADDITIONAL COMMUNITY CARE PACKAGES

There was submitted a paper [Paper No. 12/42] by the Director of Corporate Planning and Policy on the age-differentiated approach to the provision of NHS input to patients living in the community who had additional community care needs. The paper proposed a revised and consistent approach which would ensure the Board was not discriminating on the basis of age.

The paper indicated that the Corporate Management Team had previously considered policy risks and costs of community care packages and had taken a view that the NHS input on funding should be limited to core community services (eg district nursing). The paper extended that approach to include children with a particular focus on home ventilation where the approaches to adults and children were the most divergent. There were broadly two different systems in operation within NHS GG&C covering children and adults. Due to these differential arrangements and increasing survival of disabled children, recent cases had highlighted concerns about transition from children's to adult services and the confusion the differential approach created.

The plan was to shift all new patients to a consistent approach for children and adults ready for discharge from hospital and the consistent approach for patients who required home invasive ventilation. The NHS contribution would cover the provision of standard community services with specialist advice, support and training where required. It would not extend to the provision of care workers to support the individual at home. It was recognised that agreement was required on what age current support to patients would move away from the extended NHS service and to consider the appropriate issues to work through for staff who currently provide this service.

NOTED

54. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (AND YEAR END REVIEW)

There was submitted a paper [Paper No. 12/43] by the Head of Board Administration on the handling and settlement of legal claims within NHS Greater Glasgow and Clyde for 2011/2012.

The Monitoring Report highlighted the number and value of claims settled in 2011/12 with comparative figures for the previous year. Information was given on outstanding claims together with a breakdown of new claims notified in the last year and the proportion falling to each Acute Directorate and CH(C)P.

It was agreed that future reports should include the Board's annual contribution to the Clinical Negligence and Other Risks Scheme (CNORIS) in order to see the full annual cost to the NHS Board of settling legal claims. **Head of Board Admin**

NOTED

55. REVIEW OF ASPECTS OF WAITING TIMES MANAGEMENT

There was submitted a paper [Paper No. 12/44] by the Chief Operating Officer setting out the implications for NHSGG&C following the publication of the PriceWaterhouseCoopers (PWC) report on "Review of Aspects of Waiting Times Management at NHS Lothian". A number of areas of concern were highlighted in the report which was published on 19 March 2012. These were:-

- Use of periods of unavailability (particularly social unavailability)
- Reporting of unavailability
- Trakcare system
- Working practices and guidance
- Culture and governance

The Scottish Government Health Directorate had sought clarification on the practices adopted by the NHS Board in Scotland on issues of unavailability. Unavailability was characterised as follows:-

(i) Medical unavailability
- where a patient had a clinical condition/co-morbidity which prevented them from progressing to their treatment pathway

(ii) Social unavailability
- where a patient had a personal issue/engagement which prevented them from being available for an appointment or treatment;
- where a patient elected to wait for a specific location or consultant rather than accepting the first available appointment or treatment slot.

(iii) Other
- where a patient was subject to patient-focused booking process and had not responded to a first letter.

NHS GG&C provided SGHD with information on current practice in the use of Unavailability Status Codes and Appendix B of the paper provided the position within the NHS Board as at 31 March 2012.

The Acute Services Division had reviewed the position within their Directorates and had confirmed at a high level that waiting lists were being managed in compliance with the required New Ways guidance including the use of Unavailability Codes, with the exception of a small number of patients in neurosurgery. The detail had been incorporated into Appendix A of the paper.

The paper highlighted that SGHD had advised that all Boards must instruct an internal audit of their waiting time arrangements in 2012/13. The outcome of the audit was also to be reported to SGHD. In addition, Audit Scotland were considering methodology in terms of undertaking a review of waiting times management within four NHS Boards within Scotland.

The NHS Board received high level reports on performance against waiting time guarantees at each meeting. The Corporate Management Team received a monthly report which provided more detail on the unavailable position and highlighted three-month trends. Lastly, waiting times management was also a key element of the Organisational Performance Review process. A review was underway to ensure that the NHS Board was alerted to indicators which may merit further examination or explanation.

In responding to the practicalities of a patient being added to the waiting list or a decision taken on an Unavailability Status Code, Mrs Grant explained the process and the roles undertaken by the consultant, the secretary and the waiting times administrative staff. In relation to the recent review of Secretary/PA services, it was explained that the role of the Secretary/PA together with the waiting times administrative staff were more focused on this area of work and more routine duties including typing was being handled by a typing pool arrangement.

Mr Sime commented that the outcome of the PWC report was wider than just waiting times management and there was an issue of culture which he hoped that the Corporate Organisational Development Group would review and make recommendations. It was confirmed that the OD Group were reviewing these matters with the intention of submitting a report to the Corporate Management Team and ultimately reporting the outcome to Staff Governance/Quality and Performance Committee.

Director of Planning and Policy

The Convener asked how the use of unavailability codes was monitored. Mrs Grant explained that there were clear rules and definitions given to the waiting times administrative staff and monitoring and review took place at the high level in terms of the numbers and trends within each area/code.

Members welcomed the detailed report, the reporting line for both sets of Auditors to the Audit Committee and steps which were taken within NHSGG&C to implement the findings and recommendations of the waiting times management report.

NOTED

56. REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN – JANUARY TO MARCH 2012

There was submitted a paper [Paper No. 12/45] from the Head of Clinical Governance setting out the progress against each of the recommendations highlighted in the formal report of the Ombudsman and the decision letters issued from January to March 2012.

The NHS Board received summaries of each Ombudsman Report and Decision Letters and the recommendations contained were then subject to the development of action plans within the Acute Services Division and Partnerships. This approach had been commended by the Scottish Public Sector Services Ombudsman. The paper covered two SPSO reports and 15 Decision Letters.

The Head of Board Administration advised that one recommendation within Acute Services and one recommendation within a dental practice had not yet been completed and the outcome would be reported in the next report to the Committee. **Head of Clinical Governance**

NOTED

57. FINANCIAL MONITORING – YEAR END 2011/12

The Director of Finance advised members that subject to Audit Scotland's review of the Annual Accounts, the year end for 2011/12 was likely to see expenditure being £0.3m under budget. The Audit Committee would meet on the 5th and 19th June to review the Annual Accounts' process and the Annual Accounts would be presented to the NHS Board on 26 June 2012 for approval. **Director of Finance**

The Director of Finance confirmed that he was indeed looking at budget phasing for 2012/13 to ensure a more relevant monitoring of the Board's financial position on a monthly basis including the reporting on savings plans and contingencies. **Director of Finance**

NOTED

58. DRAFT FINANCIAL PLAN 2012/13

There was submitted a paper [Paper No. 12/46] from the Director of Finance seeking approval to the 2012/13 Financial Plan, pending ratification at the NHS Board meeting on 26 June 2012.

The Board had submitted a draft Financial Plan to SGHD in February 2012 as required as part of the Local Delivery Plan submission. An update was provided in March 2012 however at that stage the Cost Savings Plan had not been finalised. Members had been involved in NHS Board Seminar discussions in developing and shaping the Financial Plan and Cost Savings Plan over the last few months and the draft Financial Plan reflected the outcome of these discussions. The paper set out the key elements of the Financial Plan, highlighting key assumptions and risks and explained how it was proposed to address the cost savings challenge which the NHS Board faced in order to achieve a balanced financial out-turn in 2012/13.

SGHD had confirmed the headline funding uplift for 2012/13 of £46.2m – 2.4%. A savings target of 3% had been set for 2012/13 and taking into account funding issues, cost drivers and new service commitments, the savings required in 2012/13 was £59m. The Director of Finance took members through the paper and highlighted pay-cost growth, prescribing, energy costs, capital charges growth, service commitments and the specific cost savings target for each Acute Directorate.

The Director of Finance responded to members' questions by giving the breakdown of the £7m set aside for general provisions to cover known risks and also described the process of the national negotiations around the uplift for resource transfer arrangements.

DECIDED:

- That the Financial Plan at 2011/12 would be approved pending ratification at the NHS Board meeting on 26 June 2012.

59. NEW SOUTH SIDE HOSPITAL AND LABORATORIES PROJECT

There was submitted a paper [Paper No. 12/47] from the Project Director of Glasgow Hospitals and Laboratory Project setting out the progress against each stage of the development of the new laboratory, design development of the new hospitals and construction of the new adult and children's hospitals.

The laboratory building was handed over to the Board on 9 March 2012 and a formal handover ceremony took place on 21 March 2012. The Project Commissioning Team have been managing staff inductions, installation of Group 3 and 4 equipment, installation of transfered equipment, day to day running of the building and the interface with the contractors over any defects. The Migration Plan was underway and by May 2012 the following services had moved in – UK NEQAS – from the Victoria Infirmary; molecular genetics from Yorkhill, paediatric virology and molecular from Yorkhill, mycology from Yorkhill and molecular haematology from Yorkhill. The next services to move in would be the mortuary and post-mortem services from the Southern General and Yorkhill and all pathology departments. The city morgue was planned to be on location by 5 June 2012. In addition the biochemistry and haematology departments would move in in late May/early June.

In relation to Stage 2 - new Adult and Children's Hospital, good progress continued to be made in the design of layouts and systems for the two hospitals. Work had commenced on identifying the larger pieces of equipment for transfer to the new hospitals and the specifications for equipment in specialist areas; this would be taken forward with significant user input.

The Chief Operating Officer had formally approved the Ophthalmology department's request for a treatment room to be transferred into a clean room and the contractors have been advised to carry out this conversion. In relation to the new fire guidance issued by Health Facilities Scotland, the designers were reviewing the guidance to determine any changes which may be required to be made to the design together with any associated costs.

A summary of the Stage 3 works was provided covering the slip cores, the completed link tunnel between the laboratory facility and the new hospitals, and the basement tunnel work was well underway. The paper set out the fit-out/mechanical installation progress together with the external walling/cladding and provided images of the progress for members.

Mr Seabourne took members through the process in relation to the approved Carpark 1 Project. A voluntary ex-ante transparency notice had been formally published in the official Journal of the European Union on 6 April and it was decided to await a three month period from the date of issue of the notice to see if any concerns or enquiries were raised. Following a tendering process a firm of architects had been appointed on 25 April 2012 to prepare the Stage D design and submission of a planning application for Carpark 1. An indicative programme was provided covering the design processes, submission of the planning application, negotiations with the contractor and the intention to seek the Committee's approval to a full business case for Carpark 1 in September 2012. **Project Director**

ACTION BY

The Community Benefits Programme continued to make good progress with a total of 171 new entrants being employed on the site including 47 apprentices. An additional 87 jobs had been filled in partnership with Glasgow Regeneration Agency. Work with schools continued and pupils were undertaking visits to the new laboratory and an independent learning project with six secondary schools in South West Glasgow had been completed in April 2012. Members were delighted with the progress shown under community benefits and in particular the employment of 47 new apprentices. Further consideration would be given as to how best to publicise this success and Mr Seabourne explained that the Community Engagement Officer for the project was well connected with local community councils and other groups in ensuring they were fully aware of the progress and intentions of the new South Side Hospitals project. **Project Director**

Mr Ross took members through the change control process, potential compensation payments and overall budget. The Convener enquired about the £300,000 in relation to adverse weather conditions during late 2011. It was explained that there had been a series of isolated one in ten year weather events and cumulatively they had resulted in a compensation event due under the conditions of the contract.

NOTED

60. MINUTES OF THE QUALITY AND POLICY DEVELOPMENT GROUP – 23 APRIL 2012

There was submitted a paper [Paper No. 12/48] setting out the Quality and Policy Development Group minutes of its meeting held on 23 April 2012.

NOTED

61. MINUTES OF THE STAFF GOVERNANCE COMMITTEE – 3 APRIL 2012

There was submitted a paper [Paper No. 12/49] setting out the Staff Governance Committee minutes of its meeting held on 3 April 2012.

NOTED

62. MINUTES OF THE CLINICAL GOVERNANCE IMPLEMENTATION GROUP – 16 APRIL 2012

There was submitted a paper [Paper No. 12/50] setting out the Clinical Governance Implementation Group minutes of its meeting held on 16 April 2012.

NOTED

63. DATE OF NEXT MEETING

9.00am on Tuesday 3 July 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH

The meeting ended at 12.05pm

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 15 May 2012 at 9.00 a.m.
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1.	**Apologies**	
2.	**Minutes of Previous Meeting: 20 March 2012**	QPC(M) 12/02
3.	**Matters Arising**	
	(a) Rolling Action List	Paper No 12/35
	(b) Western Infirmary – Site B: Update Verbal report of Chief Executive	
	(c) Transfer of Prison Health Services: Financial Allocation Verbal report of Director of Finance	
4.	**Surgical Profile and Directorate Presentation** Presentation by Ian Finlay, Associate Medical Director, Surgery & Anaesthetics	Paper No 12/36
5.	**Integrated Quality and Performance Report** Report of the Acting Head of Performance and Corporate Reporting	Paper No 12/37

SAFETY

6.	**Scottish Patient Safety Programme** Report of the Medical Director	Paper No 12/38
7.	**Infection Control Service – HAI Reporting Template Summary – May 2012** Report of the Medical Director	Paper No 12/39
8.	**Clinical Risk Management Report – Surveillance of Adverse Clinical Incidents** Report of the Medical Director	Paper No 12/40

9. Inspection of Services for Older People – Reports on Western Infirmary and Royal Alexandra Hospital Paper No. 12/41

Report of Nurse Director

CLINICAL EFFECTIVENESS AND TREATMENT

10. Complex Community Care Packages Paper No. 12/42

Report of the Director of Corporate Planning & Policy

11. Analysis of Legal Claims – Monitoring Report (and Year End Review) Paper No 12/43

Report of the Head of Board Administration

PERSON CENTREDNESS

12. Waiting Times/Availability Access Codes Paper No 12/44

Report of the Chief Operating Officer

13 Report on Ombudsman Cases – Jan- Mar 2012 Paper No 12/45

Report of Head of Clinical Governance

MONITORING AND GOVERNANCE

14. Financial Monitoring

Verbal report of the Director of Finance

15. Draft Financial Plan – 2012/13 Paper No 12/46

Report of the Director of Finance

CAPITAL PROJECTS

16. New South Glasgow Hospitals and Laboratory Project: Progress Update – Stages 1, 2 & 3 Paper No 12/47

Report of the Project Director – New South Glasgow Hospitals & Laboratory Project

ITEMS FOR INFORMATION ONLY

17. Draft Minutes of the Quality and Policy Development Group Meeting held on 23 April 2012 Paper No 12/48

18. Minutes of the Staff Governance Committee Meeting held on 3 April 2012 Paper No 12/49

19. Draft Minutes of the Clinical Implementation Group held on 16 April 2012 Paper No 12/50

20. Date of Next Meeting

9.00 a.m. on Tuesday, 3 July 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

QPC(M)12/04
Minutes: 64 - 83

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 3 July 2012 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Ms M Brown	Mr I Fraser
Dr C Benton MBE	Mr D Sime

Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong	Councillor J McIlwee
Ms R Crocket	Dr R Reid
Dr L de Caestecker	Councillor M Rooney
Mr R Finnie	Dr Rev N Shanks
Mr P James	Mr Andrew Robertson OBE

I N A T T E N D A N C E

Mr A Crawford	..	Head of Clinical Governance (from Minute No. 68)
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr A McLaws	..	Director of Corporate Communications
Ms P Mullen	..	Acting Head of Performance and Corporate Reporting
Mrs K Murray	..	Director, East Dunbartonshire CHP (for Minute No. 78)
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr N Rogerson	..	Head of Civil Contingencies Planning Unit (for Minute No. 71)
Mr D Ross	..	Director, Currie & Brown UK Limited (for Minute No. 77)
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute No. 77)

ACTION BY

64. APOLOGY

Apologies for absence were intimated on behalf of Mr P Daniels OBE, Mrs P Spencer and Mr B Williamson.

 ACTION BY

65. MINUTES OF PREVIOUS MEETING

On the motion of Mr K Winter and seconded by Mr I Fraser, the Minutes of the Quality and Performance Committee meeting held on 15 May 2012 [QPC(M)12/03] were approved as a correct record.

NOTED

66. MATTERS ARISING

(a) Rolling Action List

NOTED

(b) Proposal to Award Contract for NHS Partnership Beds and Local Authority Residential Care Beds in Inverclyde

In relation to Minute No. 27 – Contract for NHS Partnership beds and Local Authority residential care beds in Inverclyde – there was submitted a paper [Paper No. 12/52] from the Director of Glasgow CHP setting out the progress achieved in conjunction with Inverclyde Council in relation to awarding this contract to Quarriers subject to satisfactory conclusion of all outstanding engagement issues both legal and technical.

The NHS Board and Inverclyde Council were currently engaged in a joint procurement process for the re-provision of adult and older people's continuing care beds from Ravenscraig Hospital . A formal contract process was undertaken in August 2011 and following a detailed evaluation of the two bids received, Quarriers achieved the highest score in all of the relevant criteria. It was decided to enter into an engagement phase with Quarriers in order to discuss the detail of the offer and clarify certain aspects. The bid from Quarriers included Apollo Capital Projects who were their development partners. The development was to be on the Inverclyde Royal Hospital (IRH) site with the developer purchasing the relevant IRH site from the NHS and erecting the building and then leasing it back to Quarriers. The NHS Board and Inverclyde Council's bed care contract would be directly with Quarriers.

The offer from Quarriers however resulted in a funding gap of £100,000 to £140,000 for the NHS Board and it was planned that this gap would be met by a reduction in recurring costs of clinical staff through service re-design.

The paper described the other three options being considered and Mrs Hawkins reported that Inverclyde Council had agreed to continue discussions with Quarriers with a view to awarding the contract. It was noted however that Quarriers had appointed a new Board which was reviewing its current commitments.

Councillor McIlwee advised that he was pleased this long process was hopefully now coming to an end and Inverclyde Council had delegated to the CHCP Committee, authority to negotiate the outcome.

ACTION BY

Mr Winter indicated he was content with the proposals and noted the role of Apollo Capital Projects and that the funding gap was to be met by a re-design of the existing service and was advised that Inverclyde CHCP Clinical Director was content with the proposal.

Councillor Rooney enquired about the abnormal cost provision and was advised that this had been site conditions which had been taken into account by the submission of a net price without any provision for abnormal costs.

Mr Robertson was pleased with the progress made and the fact that the awarding of the contract was subject to the satisfactory conclusion for both legal and technical matters. Mrs Hawkins advised that she was hopeful that these matters could be resolved by the end of the week.

DECIDED

1. That, the conclusion of the joint procurement process between NHS Greater Glasgow and Clyde and Inverclyde Council for the provision of partnership beds at Inverclyde as the final step in the modernising of the Mental Health Strategy with Ravenscraig Hospital closure programme, be noted.

2. That, the ongoing discussions with Quarriers (the preferred provider) during the engagement period, be noted. That the assessment should conclude that the contract offer provided was financially viable and value for money which met the criteria to be entered into the NHS Board and Inverclyde Council.

3. That, the Property Committee approval to their arrangements for the land at Inverclyde Royal Hospital to be sold to Apollo Capital Projects, be noted.

4. That, the outcome of the other options considered in relation to prudential borrowing (Inverclyde Council); hub (Scottish Futures Trust) and Larkfield Unit, be noted.

5. That, the outcome of Inverclyde Policy and Resource Committee meeting on 27 March 2011 to award the contract, be noted.

6. That, approval to awarding the contract to Quarriers subject to satisfactory conclusion of all outstanding engagement issues of both a legal and technical nature, be approved. **Director of Glasgow CHP**

67. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No. 12/53] from the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHS Greater Glasgow & Clyde's performance in context of the Quality Strategy.

Of the 43 measures which had been assigned a performance status based on their variance from trajectories and/or targets, 28 were assessed as green; eleven as amber (performance within 10% of trajectory) and four as red (performance 10% outwith meeting the trajectory). The areas where improvement was required were:-

ACTION BY

- Faster access to specialist services – Child and Adolescent Mental Health (CAMHS)
- Acute bed days lost to delayed discharge
- Carbon emissions
- Sickness absence

An exception report had been prepared for each of the above measures which had been rated as red in order to provide the Committee with the assurance that action was underway to address performance in these areas.

Ms Mullen advised that the report had been updated to reflect the new 2012/13 HEAT Targets and Standards.

Rev Dr Shanks was pleased to see the clarity brought by this report and appreciated the effort put into its incremental development. Ms Brown asked if not achieving the CAMHS waiting times was in any way a resource issue and also asked if timelines for improvements to areas where performance had been assessed as read could be included in future reports. Mrs Hawkins indicated that of the three teams breaching the 33 week trajectory for May 2012, for CAMHS, this had been associated with the prioritisation of high risk cases, current staffing vacancies, extended sick leave absence and critical/complex cases requiring considerable input from the team. She did not believe it was a resource issue but she did advise that there was to be a shift in the national way in which these figures would be reported so the figures themselves would change in future reports. It was agreed to include timelines for improvements within exception reports. Mr Robertson asked if the CAMHS Service was meeting the aspirations of patients as he had aware that there had been problems a few years ago and Mrs Hawkins agreed to look into this point.

Acting Head of Performance and Corporate Reporting/Director Glasgow CHP

Councillor Rooney enquired which Committees/Groups reviewed this information and whether it would be possible to provide action plans for those measures assessed as green or amber which were going down i.e. not stable or improving. He also asked if the sickness/absence days could be quantified as days lost rather than a percentage. It was agreed that there would be merit in producing narrative/exception reports for those targets going down and assessed as amber and Ms Renfrew advised that the sickness absent target was set nationally as a percentage and therefore the NHS Board was required to report in that way. She advised that this type of performance information was submitted to CH(C)P Committees, the Acute Performance Management arrangements and formed part of the twice yearly organisational performance reviews.

Acting Head of Performance and Corporate Reporting

Mr Reid advised that as agreed at the May 2012 meeting of the Quality and Performance Committee, a report would be brought forward on the range of processes in place to manage sickness absence within NHS Greater Glasgow and Clyde and pointed out the significant improvements which had been achieved in recent months in this area. It would be considered whether the NHS Board's performance in this area could be measured against other NHS Boards and public sector organisations.

Director of Human Resources

Dr Benton indicated that no target had been set for the recruitment of disabled people and Mr Reid highlighted the discussion at the previous week's NHS Board and that he was taking a paper to the Staff Governance Committee to consider this issue going forward.

Director of Human Resources

NOTED

 ACTION BY

68. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP) – JUNE 2012

There was submitted a paper [Paper No. 12/54] by the Medical Director updating on changes to the national overarching aims for the Core Adult Programme, update on the local Primary Care Programme and the setting up of a new Mental Health Programme.

The Cabinet Secretary had visited the Intensive Care Unit, Royal Alexandra Hospital on 18 June 2012 and had been impressed with the teams achievement which had included:-

- A record seven months between Ventilator Associated Pneumonias (VAP), currently 87 days since the last VAP in intensive care;
- A record two years between catheter related blood stream infections in intensive care and currently 259 days since the last catheter related blood stream infection;
- A 1.1 day reduction in average length of stay in the ICU;
- A record 13 months between MRSA cases and currently six months since the last case.

During her visit the Cabinet Secretary announced that the programme would be extended until 2014 with two new aims; firstly to ensure that at least 95% of people receiving care do not experience harm – such as infections, falls, blood clots and pressure sores; and secondly, to reduce the Hospital Standardised Mortality Ratio (HSMR) by 20% by 2015.

The paper highlighted the HSMR analysis for the October – December 2011 period, with the Royal Infirmary and Stobhill now being shown as a combined figure. There was caution in relation to the figure for Inverclyde Hospital as there was reporting issues in the last quarter on the SMR 1 returns.

Councillor Rooney asked why the Royal Alexandra and Vale of Leven Hospital figures were combined and Dr Armstrong advised that it was the same group of clinicians looking after patients at both hospitals and protocols were in place for patients to go direct to the Royal Alexandra Hospital for certain treatments.

In relation to the reduction in harm, Dr Armstrong advised that a Global Trigger Tool was being developed nationally for adult care and that would then be the base line for measuring performance against this new target. It was recognised that it was important that the target set was measurable.

NOTED

69. HEALTHCARE IMPROVEMENT SCOTLAND ANNOUNCED INSPECTION REPORT – CARE OF OLDER PEOPLE IN ACUTE HOSPITALS – GLASGOW ROYAL INFIRMARY

There was submitted a paper [Paper No. 12/55] by the Nurse Director advising that final inspection report from Healthcare Improvement Scotland (HIS) had been received on the inspection visit into care of older people in Acute Hospital's at the Royal Infirmary on 2 – 4 May 2012.

ACTION BY

Prior to the inspection visit, the inspection team had reviewed the NHS Board's self assessment against the care of older people in acute hospital standards and also reviewed the findings from the Scottish Patient Experience Programme. The inspection thereafter focussed on dementia and cognitive impairment and preventing and managing pressure ulcers. Nine wards were visited, staff were interviewed and nine periods of observation included two members of the inspection team observing interactions between staff and patients in set areas of wards took place. The inspection team spoke to 19 patients, distributed patient and care questionnaires and reviewed 30 patient records.

The inspection resulted in four areas of strength and 17 areas for improvement and an action plan to address these was submitted and has been published on the website. HIS advised that they plan to carry out further inspections at the Royal Infirmary to ensure that issues regarding dignity and respect for patients had been resolved in a satisfactory manner.

The Acute Services Division will review the implementation of the improvement plan however some aspects will be challenging given the constraints on capital funding.

Mr Fraser was concerned about the methodology that could lead to so many improvements and which did not give due cognisance of the financial and capital constraints. Mrs Grant advised that the current rolling programme for upgrading wards at the Royal Infirmary had not to date specifically taken into account the inspection reports. Therefore the common areas being highlighted like toilets areas may require to be a reviewed in order to reprioritise capital spend to maximise benefits for patients. The Quality and Performance Committee would be advised of changes to the rolling capital programme if it was altered as a result of the improvement plan issued for the Royal Infirmary.

Chief Operating Officer

Ms Crocket acknowledged that such inspections visits were about improving issues for patients however some of these areas indentified could be challenging for the Board. Ms Brown believed it was beneficial to receive an independent scrutiny body's review of services and the challenges it brought to improve services for patients should be welcomed.

NOTED

70. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE – JUNE 2012

There was submitted a paper [Paper No. 12/56] by the Medical Director covering the Board-wide infection prevention control activity. As previously agreed the report was on an exception reporting basis only as a full report was submitted to each NHS Board meeting.

There was no change in the Staphylococcus Aureus Bacteraemias (SAB) rate or Clostridium Difficile rate from the last reporting period and compliance with hand hygiene for the period 19 – 30 March 2012 was 95% against the Scottish Average of 96%.

In relation to surgical site infection surveillance, apart from the reduction of long bone fracture, were below the national average.

ACTION BY

Dr Armstrong provided members with an update on the recent infection control outbreaks covering the Victoria Infirmary, two separate outbreaks within the Western Infirmary and updated members on the norovirus outbreak across a number of hospitals in May 2012 which led to ward closures. Outbreak control team meetings were held throughout May 2012 to monitor these outbreaks.

In relation to the outbreaks at the Western Infirmary, they had both affected the Renal Unit. The first had seen an increased number of patients with vancomycin resistant enterococci (VRE) and following review, infection control measures had been put in place and the numbers had returned to normal. Secondly, enhanced screening had identified linezolid VRE and again steps had been taken to colonise and treat the patients and the Unit remained open to admissions. Dr Armstrong indicated there were environmental issues within the Unit and therefore she planned to visit the Unit with the Nurse Director to examine these matters. **Medical Director**

NOTED

71. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 12/57] by the Medical Director on adverse clinical incidents. The reporting of adverse clinical incidents had been displayed in two separate charts in order to highlight the position within Acute Services and separately within Partnerships.

In relation to Acute Services the clinical incidents were routinely reviewed at each meeting of the Clinical Governance Forum. For Partnerships the vast majority of cases were related to mental health and it was reported there was an ongoing review of significant clinical incident reporting and management aligned to clinical governance arrangements for Partnerships.

Dr Armstrong provided members with the background to a specific case. In relation to the circumstances of this case, Ms Crocket would enquire whether gastric and feeding protocols were available within nursing homes within NHS Greater Glasgow and Clyde. **Nurse Director**

Dr Armstrong provided members with a detailed summary of ongoing and forthcoming fatal accident inquiries and answered members question in relation to specific cases.

NOTED

72. CIVIL CONTINGENCIES - 2012 OLYMPICS BRIEF

There was submitted a paper [Paper No. 12/58] by the Director of Public Health setting out the arrangements being put in place following an examination of emergency plans in light of the additional pressures that the Olympic Games may bring to host cities. Eight Olympic football matches were being played at Hampden Park from 25 July to 3 August and the NHS Board was required to provide medical services to athletes, officials, the Olympic family and the media.

Dr de Caestecker took members through the report in relation to the co-

ACTION BY

ordination/reporting requirements; security, doping arrangements, sports injuries; accessing prescriptions, communications and business continuity. The report highlighted that the Olympic teams for three countries would be training within the NHS Greater Glasgow and Clyde area during the wider games period. A mutual aid agreement has been signed between the NHS Board within Strathclyde Emergency Co-ordination Crew and this established the type of resources which would be shared in emergency situations and the method of requested mutual aid from neighbouring Boards.

Dr de Caestecker emphasised that this was a useful test for the NHS Board's procedures and preparations for the 2014 Glasgow Commonwealth Games.

Members welcomed the arrangements being put in place and enquired about the timing of the purchasing of new IT systems. Mr Rogerson explained that the systems to be purchased would augment the existing systems and the new systems were being purchased for use during the Commonwealth Games so this was a useful test two years ahead of these games.

NOTED

73. ANNUAL CLINICAL GOVERNANCE REPORT – 2011/12

There was submitted a paper [Paper No. 12/59] from the Medical Director setting out the 2011/12 draft Annual Report for Clinical Governance.

The report set out the change in clinical governance arrangements following the transfer of the responsibilities from the Clinical Governance Committee to the Quality and Performance Committee. It emphasised that this Committee's role was to seek assurance that clinical governance remits were working effectively to safeguard patients and improve the quality of clinical care. Appendix 1 to the report was an extract of the statement of assurance on the clinical governance arrangements as provided to the Audit Committee by the Medical Director and Convener of the Quality and Performance Committee.

The report highlighted patient safety and clinical risk management arrangements; clinical effectiveness measures and improvements which had been implemented throughout the year in different Acute Directorates and CH(C)Ps and lastly provided commentary on the emerging clinical governance themes over the next year.

DECIDED

That the Clinical Governance Annual report – 2011/12, subject to minor changes be approved and the final document issued to all NHS Board members. **Head of Clinical Governance**

74. CLINICAL GOVERNANCE STRATEGY

There was submitted a paper [Paper No. 12/60] from the Medical Director presenting the outcome of the extensive consultative review process in developing the Clinical Governance Strategy.

The Clinical Governance Strategy highlighted the key priorities for the Annual

ACTION BY

Clinical Governance Improvement Programme. The main objectives would now be discussed with the various clinical Fora/Lead Groups to ensure a local commitment to the framework provided within the Clinical Governance Strategy. The Quality and Performance Committee had discussed the strategy at earlier meetings and more recently it had been one of the topics at the NHS Board May Seminar. This assisted in shaping the final document.

Dr Armstrong advised that it was important that the processes in place provided clinicians and clinical teams with timely information to improve and change services for the benefit of patients. The desire was to continually improve services and learn lessons from cases highlighted throughout the year.
Improving the safety in quality of care was core to the work of NHS Greater Glasgow and Clyde and improving quality was a core value which was emphasised within the Health Act 1999 – which stated - that NHS Boards should "put and keep in place arrangements for the purpose of monitoring and improving the quality of healthcare which it provided to individuals". Members welcomed the completion of the Clinical Governance Strategy.

DECIDED

1. That, the Clinical Governance Strategy, be approved. **Medical Director**

2. That, the associated headline priorities, be noted.

75. FINANCIAL UPDATE

Mr P James, Director of Finance, reported that for the period 31 May 2012 the NHS Board was showing a £0.7m overspend. It was early on in the financial year and the first formal financial monitoring report would be submitted to the August 2012 NHS Board meeting. **Director of Finance**

Mr James advised that the budgets were being set up in a way which took account of phased expenditure and the impact of the savings plan. Councillor Rooney asked for more detail on the savings plan and Mr James indicated that this would be provided to new members as part of their induction session on 4 September 2012. **Director of Finance**

NOTED

76. ANNUAL REVIEW – 2011/12

There was a paper submitted [Paper No. 12/61] from the Director of Corporate Planning and Policy setting out the arrangements for the NHS Board's Annual Review to be held on Monday 26 November 2012. The paper outlined the programme for the day and the core agenda items as notified by the Scottish Government Health Directorate.

NOTED

ACTION BY

77. REVIEW OF REMIT OF QUALITY & PERFORMANCE COMMITTEE

There was a submitted a paper [Paper No. 12/62] by the Head of Board Administration providing members with the opportunity after one year of reviewing the workings of the Committee and its remit to ensure that it remained relevant and fit for purpose. The Committee took an integrated approach to the key responsibilities of quality of patient safety, patient experience and funding decisions and the Staff Governance Committee was a Subcommittee of the Quality and Performance Committee. All Board members received the agenda minutes and papers of the Committee and were invited to attend and contribute to the discussions.

Members discussed the size of the agenda and whether there was alternative ways of undertaking the responsibilities of the Committee. It was felt that finance was an integral part to the integrated approach to measuring performance and that it was appropriate for major capital projects to be considered by the Committee, it was acknowledged that these meetings may be lengthy.

Ms Brown had hoped for more information and discussion on involving people aspect of the Committee's responsibilities and it was agreed to return to this when the Nurse Director presented the Quality Development Group's Annual Report to the September meeting of the Committee. **Nurse Director**

Mr Sime welcomed the Clinical Incident Reports and update on Fatal Accident Inquiries. He asked if the Medical Director would be able in future to provide more information on ongoing Clinical Incidents which had not long arisen or were being reviewed. Dr Armstrong indicated she would consider this for future meetings. **Medical Director**

DECIDED

That the remit and arrangements for the Quality and Performance Committee be approved for a further year and reviewed again in July 2013. **Head of Board Administration**

78. NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT: PROGRESS UPDATE – STAGES 1, 2 & 3

There was submitted a paper [Paper No. 12/64] from the Project Director of Glasgow Hospitals and Laboratory Project setting out the progress against each stage of the development of the new laboratory, design and development of the new hospitals and construction of the new Adult and Children's Hospitals.

The laboratory building was handed over to the Board on 9 March 2012 and all moves into the building have taken place as per the migration plan. The following services are now operational within the new laboratory building – genetics laboratory, pathology, microbiology, haematology, mortuary (NHS) and biochemistry. Biochemistry from the Royal Hospital for Sick Children and clinical genetics would have moved in by the end of the week and the city mortuary would move at a later date during the summer 2012.

The pneumatic tube link connecting the existing hospital to the new laboratory block was tested and commissioned during February 2012. Further tests carried out prior to the transfer of biochemistry in early June found water had entered the system and had made it inoperable. To ensure the move in of biochemistry, a temporary portering service was implemented to provide the transfer of samples until the tube system could be re-established. Brookfield had decided to set aside the underground

route and had commenced work to design an aerial route to link in with existing entry point on the east wall of the mortuary and its hoped installation and works would be completed by the end of July 2012. This would be a cost for the contractor and the cost of the portering service was being recorded by the Project Team and this cost will also be recovered from the contractor.

It was recognised that there was now no further need to provide monitoring information on the laboratory block contract as it had been completed and was operational.

In relation to Stage 2 – new Adult and Children's Hospital good progress had been made in the design of layouts and systems from two hospitals and the first batch of 1:50 drawings for construction had now been issued by Brookefield and these were being carefully examined by the NHS Board's technical team.

A member of the Clinical Physics and Bio-engineering staff had been seconded to the Project Team to support the development of the equipment procurement and transfer strategy.

In addition the issues raised through the new fire guidance had now been addressed through the design process with some elements still being further explored with building control.

On Stage 3 –Mr Seabourne highlighted that the Stage 3 Energy Centre Construction – "A" side handover was re-programmed to be completed on 21 September 2012. This was a four week delay but posed no operational or financial difficulties for the NHS Board.

The Community Benefits Programme currently exceeded the 10% target for new entrants. A total of 185 new entrants had been employed on the site including 53 apprentices; an additional 100 jobs had been filled in partnership with Glasgow Regeneration Agency. Work with schools continued, the Independent Learning Project with six secondary schools in South West Glasgow was completed in April. The project has supported over 140 work experience placements for young people and provided a programme of placement and site visits for university students and local employability organisations. The Training and Recruitment Centre on site had been working well and was officially opened at a ceremony on 28 May 2012 by the Cabinet Secretary for Health, Wellbeing and Cities Strategy.

Councillor Rooney asked whether the community benefits related solely to the main contractor and Mr Seabourne advised that the community benefits in terms of recruitment and apprentices ran through the other contractors and sub contractors.

The infrastructure for car parks 1, 2 and 3 had now been incorporated within the project at £25.4m including VAT and the agreed £1.6m affordability provision. This represented a £6.9m movement in the risk provision for car parks. Planning permission had now been sought for car park 1 with the design process started and the VEAT Notice had been published in the official journal of the European Union and comments were due by 7 July 2012. No comments had been received to date.

Mr Ross took members through the change control process, potential compensation payments and overall budget. Mr Winter advised that he had met with Mr Seabourne and the Project Team and was content with the progress being made.

NOTED

ACTION BY

79. EAST DUNBARTONSHIRE CHP – REVIEW

There was submitted a paper [Paper No. 12/63] from the Director, East Dunbartonshire Community Health Partnership (CHP) which provided background information on East Dunbartonshire CHP and setting out key financial, service, clinical and staff issues, including those effecting the Oral Health Directorate, which was managed by East Dunbartonshire CHP. The paper provided commentary on the organisational performance and overview of the challenges and risks as well as the arrangements for East Dunbartonshire CHP and its supporting structure.
Mrs Murray, Director, East Dunbartonshire CHP gave a full presentation to members on the background of the formation of the CHP, the Committee structure, clinical governance arrangements, finance, performance, staff and partnership issues. Mr Fraser, Interim Chair added that he had been a member of the CHP Committee for the last year and found that the partnership was very effective with good local contacts made with voluntary organisations made through the Public Partnership Fora arrangements. It had not proved possible to take forward the integrated model of health and social care with East Dunbartonshire Council.

Members asked a range of questions from the presentation and the operation of the CHP. Mrs Murray and Mr Fraser responded as follows:-

- There had been discussions with GPs to encourage them to assist in meeting the HEAT target for alcohol brief interventions, however, despite the CHP's efforts there were some GPs who did not see the issue as a problem for their population.

- The transfer of prison dentistry from the Scottish Prison Service to the NHS did pose resource challenges for the NHS Board as the current service was more an emergency service rather an optimum service. Mrs Murray had a meeting arranged with the Deputy Chief Dental Officer SGHD to discuss this matter and a Working Group was being formed to review prison dentistry.

- Managing the prescribing budget was a challenge particularly with a population actively engaged in their health and valued their health as an asset. The CHP adhered to the prescribing management protocol and it was a volume issue and demand for new treatments.

- The reviewing of significant event analysis undertaken within primary care had proved useful and GPs were sharing such information with other GPs to bring about improvements to services to patients. The Partnerships Clinical Governance Fora assisted in this area.

- Despite efforts to engage East Dunbartonshire Council in an integrated health and social care model it had not been proved possible to move beyond the current health only model at this stage.

The Convener thanked Mrs Murray and Mr Fraser for the paper and presentation and for the answers given to members' questions.

NOTED

ACTION BY

80. MINUTES OF THE PROPERTY COMMITTEE MEETING: 6 JUNE 2012

There was submitted a paper [Paper No. 12/65] setting out the Property Committee Minutes of its meeting held on 6 June 2012.

Mr James advised that as part of the review of the Governance arrangements, one of the recommendations would be that the Property Committee and Capital Planning Group merge as their business overlapped in many areas.

It was agreed that the development of the Capital Plan for 2013/14 would be submitted to the Quality and Performance Committee in Spring 2013 as part of the process of endorsement prior to seeking NHS Board approval to the plan. **Director of Finance**

NOTED

81. MINUTES OF THE CLINICAL IMPLEMENTATION GROUP MEETING: 11 JUNE 2012

There was submitted a paper [Paper No. 12/66] setting out the Clinical Implementation Group Meeting Minutes of its meeting held on 11 June 2012.

NOTED

82. MINUTES OF THE STAFF GOVERNANCE COMMITTEE MEETING: 3 APRIL 2012

There was submitted a paper [Paper No. 12/667] setting out the Staff Governance Committee Minutes of its meeting held on 3 April 2012.

NOTED

83. DATE OF NEXT MEETING

9.00am on Tuesday 18 September 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH.

The meeting ended at 11:55 am

DRAFT

QPC(M)12/05
Minutes: 83 - 104

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 18 September 2012 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE	Cllr A Lafferty
Ms M Brown	Cllr J McIlwee
Mr P Daniels OBE	Mr D Sime
Mr I Fraser	Mrs P Spencer
Cllr M Kerr (to Minute 97)	Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong (to Minute 89)	Mr P James
Ms R Crocket	Mr A O Robertson OBE (from Minute 92)
Mr R Finnie	Rev Dr N Shanks

I N A T T E N D A N C E

Mr A Brown	..	Audit Scotland
Mr J Crombie	..	Director, Surgery and Anaesthetics
Mr T Curran	..	Head of Capital Planning (to Minute 90(b))
Mrs J Grant	..	Chief Operating Officer
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Ms P Mullen	..	Acting Head of Performance and Corporate Reporting
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr D Ross	..	Director, Currie & Brown UK Limited (for Minute No. 98)
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute No. 98)
Mrs J Still	..	Head of Administration, Renfrewshire CHP

ACTION BY

83. WELCOME AND APOLOGIES

The Convener welcomed Cllr M Kerr and Cllr A Lafferty to their first meeting of the Committee and welcomed Cllr J McIlwee back on to the Committee. He also welcomed Mr A Brown, Audit Scotland, Mr J Crombie, Director – Surgery & Anaesthetics, Acute Services Division, Mr A Curran, Head of Capital Planning and Mrs J Still, Head of Administration, Renfrewshire CHP to the meeting.

Apologies for absence were intimated on behalf of Ms R Micklem and Mr B Williamson.

84. DECLARATIONS OF INTEREST

Declarations of interest were raised in relation to the following agenda items to be discussed:–

Item 4(c) – Contract for NHS Partnership Beds and Local Authority Residential Care Beds: Inverclyde – Cllr J McIlwee and Mr I Fraser.

Item 14 – Integration of Health & Social Care: Response to Consultation - Cllr J McIlwee.

Item 4(b) – Western Infirmary – Site B: Update – Mr P Daniels and Cllr M Kerr.

85. MINUTES OF PREVIOUS MEETING

On the motion of Mr K Winter and seconded by Mr I Fraser, the Minutes of the Quality and Performance Committee meeting held on 3 July 2012 [QPC(M)12/04] were approved as a correct record.

NOTED

86. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP) - UPDATE

There was submitted a paper [Paper No. 12/71] by the Medical Director providing an update on the Acute Adult Core Programme and on the set up of the new Mental Health programme.

Two nationally set aims had been confirmed for the Adult Acute Core Programme – (i) to ensure that at least 95% of people receiving care do not experience harm; (ii) to reduce the Hospital Standardised Mortality Ratio (HSMR) by 20% by 2015.

The Board's HSMR analysis for the quarter January to March 2012 was lower than the national level and the overall reduction within the NHS Board was greater than the overall reduction at national level. The initial aim was to achieve a 15% reduction in HSMR by the end of 2012.

The challenge for the Acute Services Division was spreading the models of reliable care processes from the initial pilot locations to all relevant patient areas and good progress continued to be positively reviewed by the national team. Sustained reliability had been achieved in 85% of the critical care programme in intensive care units and good progress was being achieved in High Dependency Units. Dr Armstrong highlighted the critical care workstreams within the Intensive Care Units and advised members that the programme was popular with staff as they saw specific improvements being achieved across the units and for the benefit of patients.

In response to the question from the Convener, Dr Armstrong advised that medicines reconciliation was targeted at the areas where significant improvements could be made. Currently the target was emergency care and medical services and this would be followed by surgical receiving. Currently the programme was approximately half way through the targeted circa 40 wards within the NHS Board's area.

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87. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE – AUGUST 2012

There was submitted a paper [Paper No. 12/72] by the Medical Director covering the Board-wide infection prevention control activity. As previously agreed the report was on an exception reporting basis only as the full report was submitted to each NHS Board meeting and this report covered the quarter January to March 2012.

The most recently validated results available demonstrated a Staphylococcus Aureus Bacteraemias (SAB) rate of 0.275 per 1,000 average occupied bed days (AOBD) against a 2013 HEAT target of 0.26 cases. With more infections being identified when patients were admitted from the community, the actions to prevent these were limited and would make the 2013 target difficult to achieve. This was the reason that the Board had started a process to examine the epidemiology of these cases to determine how best to intervene.

The NHS Board's rate for Clostridium Difficile infection for the quarter – January to March 2012 was 0.25 per 1,000 total occupied beds days for those patients aged 65 and over, against the 2013 HEAT target of 0.39.

The NHS Board's compliance with hand hygiene was 95% for the period 21 May to 1 June 2012 against a Scottish average of 96%.

In relation to surgical site infection surveillance, apart from the reduction of long bone fracture, the other measures were below the national average.

The report provided an update on the increase in surgical site infection in caesarean section wounds in the Royal Alexandra Hospital which had been investigated and now returned to normal and also the highly unusual strain of infection identified at the Renal Unit, Western Infirmary where no further cases had been detected.

Dr Armstrong advised members of the action taken in relation to an incidence of inappropriate prescribing of particular antibiotics, progress being made in two Acute directorates to further reduce SAB rates and future reporting on deaths associated with any Norovirus outbreak would be consistent with national reporting guidelines, ie only those patients who during outbreaks have the causative organism listed as either an underlying or contributory cause of death.

NOTED

88. CLINICAL RISK MANAGEMENT REPORT; SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 12/73] by the Medical Director on Adverse Clinical Incidents. The reporting of the adverse clinical incidents had been displayed in two separate charts in order to highlight the position within Acute Services and separately within Partnerships.

The report set out the definition and process followed in relation to Significant Clinical Incidents; within Acute Services clinical incidents were routinely reviewed at each meeting of the Clinical Governance Forum. For Partnerships the majority of

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cases were related to mental health and these were reported in to the Mental Health Clinical Governance Group.

Dr Armstrong advised members that a Freedom of Information request had been received from the media seeking information on the process for handling Significant Clinical Incidents and also requested copies of the redacted investigation report into the individual Significant Clinical Incidents within the NHS Board over the last year. All NHS Boards in Scotland had received a similar request and the NHS GG&C responded by providing a note on the process and redacted copies of the 43 cases which had been completed in the last 12 months. The information not disclosed from the reports related to personal health information which was exempt from disclosure under the Freedom of Information legislation and the outcome and lessons learned from each case was disclosed in each report. Ms Brown emphasised the importance of the NHS Board providing assurance to the public on the policies and procedures in place to learn lessons from unintended or unexpected clinical incidents which may have led to harm to patients. Dr Armstrong recognised the tensions between maintaining clinical staff's involvement in self-reporting errors in order that lessons could be learned for future care and the requirements of being open and transparent and providing reassurance to the public of the processes in place within the NHS Board. This was recognised in the spirit with which the NHS Board responded to the recent Freedom of Information request. However it was important to ensure that staff did have protected time and space to share experiences in a way that encouraged them to engage with this process for the greater benefit of patients accessing such services in the future.

Dr Armstrong advised that a review was being undertaken as a result of Health Improvement Scotland publishing a critical review of the management of Significant Adverse Events. This followed the publicity attached to the critical decision notice from the Scottish Information Commissioner into Ayrshire & Arran's response to a Freedom of Information request in relation to its processes and procedures in relation to Significant Clinical Incidents. Dr Armstrong would provide an update on the progress being made by this review to the Committee in November and would give consideration to future reporting to the Quality & Performance Committee on the handling and lessons learned from Significant Clinical Incidents, recognising the need to ensure sustainable changes in processes and procedures. Mr Sime referred to the arrangements held within the former Clinical Governance Committee meeting and again asked if the Medical Director could provide a verbal update at each meeting of the Committee on current and ongoing cases. However, there were over 100 cases per annum and there is a need to consider how best to do this. It was agreed that the reporting of SCI at a corporate level should be considered by the ongoing review. This was agreed.

Dr Armstrong provided Members with a detailed summary of a particular case which had been withheld in relation to the Freedom of Information request mentioned above and also provided a detailed summary of the ongoing and forthcoming Fatal Accident Inquiries.

DECIDED:

1. That the surveillance of adverse clinical incident report be noted.

2. That the Medical Director provide an update to the next meeting of the Committee in relation to the review being undertaken of the procedures related to the handling and reporting of Significant Clinical Incidents. **Medical Director**

 ACTION BY

89. MINUTES OF THE CLINICAL GOVERNANCE IMPLEMENTATION GROUP MEETING – 13 AUGUST 2012

There was submitted a paper [Paper No. 12/82] in relation to the Clinical Governance Implementation Group meeting. Minutes of its meeting held on 13 August 2012 together with a summary of the key items were discussed at this meeting. Dr Armstrong took Members through the summary report.

NOTED

90. MATTERS ARISING

(a) Rolling Action List

Noted.

Mr P Daniels and Councillor M Kerr left the meeting.

(b) Proposed Disposal of Site B and Production Pharmacy Building – Western Infirmary

In relation to Minute No.46(b) – Western Infirmary – Site B; Update – there was submitted a paper by the Chief Executive [Paper No. 12/68] updating Members on the proposed disposal of the balance of the Western Infirmary site including the Production Pharmacy Unit on University Place and seeking approval to the provisional agreed sale and short-term leased-back terms. Mr T Curran, Head of Capital Planning attended to take Members through the paper and described the background, disposal options and proposed sale terms.

On completion of the Acute Services Review, the services from the Western Infirmary would transfer to the new New South Side Hospital from mid-2015 onwards and this would lead to the subsequent closure of the Western Infirmary. Two sites at the Western Infirmary had been identified as part of a legal right of redemption in favour of the University of Glasgow and were sold to the University early this year on the basis of agreed price and terms and conditions relating to the use and timescale of the transfer of the site.

The Quality & Performance Committee had agreed in January 2012 that negotiations with the University be entered into in relation to an off-market disposal of Site B of the Western site. Site B represented the balance of the Western Infirmary site extending to circa 3.7 acres predominantly fronting Church Street but with some frontage to Dumbarton Road. The University requested inclusion of the Production Pharmacy Building on University Place in the sale and it was considered that there was a case to be made for its inclusion.

Site B was subject to an unfavourable planning designation and it wrapped around a small but prominent site at the corner of Church Street/Dumbarton Road which was in the University's ownership. In agreeing an appropriate price for an off-market sale, the NHS Property Transaction Handbook stated that the NHS Board must ensure that it was clear beyond doubt that the price achieved was greater than would have been achieved in open tender. Mr Curran explained in detail the disposal options and the proposed sale terms together with the claw-back arrangements which ensured the NHS was able to

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share in any profit arising from land sales or development for any non-"tertiary education" use which may be achieved by the University at a later date.

Members were content with the arrangements set out in the paper and the Director of Finance indicated that he was in discussions with the Scottish Government Health Directorate about the prospects of retaining the full market sum achieved in this sale.

DECIDED:

That the Chief Executive be instructed to progress the sale of Site B and the Production Pharmacy as described within the paper and within a target timescale of the end of November 2012. **Chief Executive**

Mr P Daniels and Cllr M Kerr returned to the meeting.

(c) Update – NHS Partnership Beds and Local Authority Residential Care Beds in Inverclyde

In relation to Minute No. 66(b) – Proposal to Award Contract for NHS Partnership Beds and Local Authority Residential Beds in Inverclyde – there was submitted a paper from the Director of Glasgow City CHP [Paper No. 12/69] updating Members on the current position on the commissioning of specialist nursing care for older people with dementia and adult mental health intensive supported living services in Inverclyde.

These services were a crucial element of a joint process undertaken in partnership with the Council as the final step in the current programme of the closure of Ravenscraig Hospital and were part of an initiative to modernise mental health services in Inverclyde. This was the fifth report to the Quality & Performance Committee and following the decision at the last meeting to award the contract to Quarriers, unfortunately the joint procurement process came to an end on 13 July following Quarriers withdrawal from the process.

Following a review of the arrangements it was now proposed that the NHS Board and Inverclyde Council separately commission the elements of the service to meet their own individual requirements. This decision was informed by the two unsuccessful attempts to jointly procure from the market place and the fact that new opportunities now existed that provided alternative options for both the Board and the Council that allowed greater choice, flexibility and was more cost effective.

The NHS Board now intended to procure 42 NHS mental health continuing care beds (30 for older persons and 12 for adults). Following a review of the need for specialist dementia services, Inverclyde Council now intended to commission 12 older adult dementia places rather than the original 24 places.

The paper set out the commissioning options and proposed timetable to meet the Ravenscraig Hospital closure timetable of July 2014.

Councillor McIlwee intimated his disappointment at this outcome. He had taken the opportunity of meeting the families of patients at Ravenscraig Hospital and it was their expressed wishes that all efforts should be made to ensure there are no further delays or extensions to the proposed timescale for the re-provision of these services. Mr Finnie enquired about the rationale which saw the preferred bidder withdraw and this leading to a withdrawal from

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the joint procurement process and both the NHS Board and Council now commissioning separately the services required. Mrs Hawkins advised that Inverclyde CHCP continued to ensure close working between both parties but the reviews undertaken had led to a financial and more cost effective plan and one which was hopefully deliverable against the tight timetable. Councillor McIlwee emphasised that the Board and Inverclyde Council continued to work closely in all areas relating to health and social care.

Ms Brown understood the position of each but wanted reassurance on the mix of the NHS beds covering 30 for older people and 12 for adults. She also enquired about the reduction in the older adult dementia places and whether these included dementia and chronic functional mental illnesses. Mrs Hawkins advised that it was important to provide services close to the local community within Inverclyde rather than splitting these services and causing patients and relatives to travel to other locations within NHS GG&C. Whilst close working with the Council did continue, particularly around the development of services that attracted resource transfer, it was the Council who would govern which services it required to commission from its assessment of the needs of its population.

It was felt that it would be useful to have a NHS Board Seminar covering the mental health strategy and related matters. **Director of Glasgow CHP**

DECIDED:

1. That, the conclusion of the original procurement process, be noted.

2. That, the proposal that NHS GG&C and Inverclyde Council separately commission the elements of service to meet their individual requirements, be noted.

3. That, the options being worked up for comparison purposes, be endorsed. **Director of Glasgow CHP**

4. That, a report be submitted to the November Quality & Performance Committee on the business case drawn up for the preferred option and update on progress. **Director of Glasgow CHP**

(d) Gastric Feeding Protocols in Nursing Homes - Feedback

In relation to Minute 71 – Clinical Risk Management Report – Surveillance of Adverse Clinical Incidents - Ms Crocket advised that the responsibility for having gastric and feeding protocols in place lay with the individual nursing homes and in terms of meeting professional standards, the nurses themselves. The 2008 Knowledge Skills Framework did not cover this as a core requirement. It was recognised that it was as an infrequent occurrence within nursing homes and therefore viewed as an additional requirement.

NOTED

91. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No.12/70] from the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHS Greater

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Glasgow and Clyde's performance in context of the Quality Strategy.

Of the 41 measures which had been assigned a performance status based on their variance from trajectories and/or targets outlines, 28 were assessed as green; 9 as amber (performance within 10% of trajectory) and 4 as red (performance 10% outwith meeting the trajectory). The areas where improvement was required (and an exception report provided) were:-

1. Faster access to specialist services – Child and Adolescent Mental Health (CAMHS)
2. Acute bed days lost to delayed discharge
3. New outpatients – maximum 12 weeks from referral
4. Sickness absence

In addition the findings of the 2012 inpatient experience survey were now available and a performance update against those measures previously reported was provided within the patient focus quality dimension of the main report.

Rev. Dr. Shanks expressed his appreciation of the clarity of the report however did not think it was acceptable that four CAMHS teams were currently breaching the 31 week trajectory as at July 2012. The report highlighted that the current maximum wait for access to specialist services was 50 weeks. Mr Fraser expressed his severe concerns at the failure to meet the trajectory of meeting the 26 week target by 31 March 2013. He believed management needed to be creative and deploy additional resources to ensure better performance in this important area of the NHS Board's work. Ms Renfrew intimated that there was a detailed programme available bringing about improvements to achieving faster access to these specialist services. It was taking longer than had been hoped but the report did indicate the expectations of improvement during September/October when vacancies had been filled and workforce models for the CAMHS framework had been implemented. It was agreed that the future report should provide details of the number of patients within the different waiting time brackets in order that Members had a better understanding of the distribution of patients across the waiting times. It was also agreed that the intended NHS Board Seminar on the mental health service should include elderly mental health care and also the focus on the CAMHS service.

Director of Glasgow CHP

Mr Winter asked why the number of patients waiting over the 12 weeks for referral to outpatients was shown and not the percentage and also the reasons for the high number of patients on the unavailable outpatient and inpatient and day case waiting lists. Mrs Grant advised that a major review of waiting list processes was underway in the Institute of Neurosciences to update service models for outpatient pathways in addition to the work underway in relation to inpatient/day case pathways. She had shown the number of outpatients waiting longer than 12 weeks, which were all from the Institute of Neurosciences, as it was a small number and thought it important to highlight this to Board Members. The 2,689 unavailable patients on outpatient waiting lists and 3,957 unavailable patients on inpatient and day case waiting lists were covered by social and medical reasons. Sometimes dates of admission didn't suit patients due to holidays or other social reasons and other patients may have had other medical complications which required to be resolved before proceeding with any treatment. The draft Access Policy would be submitted to the NHS Board in October 2012 to agree the principles around meeting the waiting time targets and also what constituted a reasonable offer of an appointment within NHS GG&C. The intention would be that a reasonable offer of an appointment would be an appointment within a hospital within the NHS GG&C area.

Ms Brown asked if a seminar or away day could incorporate the development and

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setting of key performance indicators. This was agreed as a future Seminar topic. She was also keen to receive more information on the Change Fund in relation to the benefits accrued from this additional funding.

Ms Mullen agreed that future reporting on bed days lost/delayed discharges would also have a table excluding adults with incapacity. CH(C)P Committees received updates on the use of Change Funds within their own areas and it was reported that Inverclyde was now hitting the monthly targets set for bed days lost to delayed discharges. Unfortunately Glasgow City and Renfrewshire Council continued to be significantly adrift from the set target.

Dr Benton reflected that some nursing homes were indeed over-subscribed and while beds were available in other nursing homes, patients and the relatives of patients did not always find these homes suitable.

NOTED

92. HEALTHCARE IMPROVEMENT SCOTLAND – UNANNOUNCED INSPECTION VISIT – CARE OF OLDER PEOPLE IN ACUTE HOSPITALS – ROYAL INFIRMARY

Ms R Crocket provided an update on the Healthcare Improvement Scotland's unannounced visit to the Royal Infirmary in July 2012. The first announced visit had taken place in May 2012 and there was a 90% patient and relatives satisfaction level however 17 areas of improvement had been identified. An action plan had been prepared with most actions identified to be resolved by the end of September 2012. The unannounced visit in July had identified two further improvements which would be required:-

1. Assisting patients to the toilet
2. Skin/pressure sores assessed and recorded within six hours of the patient's admission to the ward.

The expanded action plan was being monitored via the Clinical Governance Group within Acute Services and most actions would be completed by the end of September 2012. Ms Crocket agreed to provide a composite report to the Quality & Performance Committee in March 2013 on the announced and unannounced visits by Healthcare Improvement Scotland. **Nurse Director**

Dr Benton had worried about the impact on the staff at the Western Infirmary following the publicity following Healthcare Improvement Scotland's visit there earlier this year and this she felt had been unfortunate in terms of staff morale. Ms Crocket indicated that the intention was to identify learning opportunities and areas for improvement which staff could bring about improvements for patients and not dwell on any negative publicity which such reports could attract. It was important to identify the material issues and work with staff on them.

NOTED

93. MANAGEMENT OF SICKNESS ABSENCE WITHIN NHS GG&C

There was submitted a paper [Paper No. 12/74] from the Director of Human Resources providing Members with the measures currently in place to manage sickness absence within NHS GG&C.

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The paper highlighted that sickness absence impacted on the ability of the NHS Board to deliver patient care due to the loss of qualified and experienced staff in providing such care directly or indirectly. It also impacted on staff who remained at work and the sickness absence rates for the past two years were set out in an appendix to the report. Current levels within NHS GG&C was 4.47% (against a target of 4%).

Absence monitoring was a regular part of both individual management objectives and as part of the system-wide organisational performance review process led by the Chief Executive. The Workforce Information Team provided regular reports breaking down absence rates specifically to all Acute Directorates, Partnerships and Corporate functions. Detailed reports on absence were also provided to specific departments.

In relation to the policy framework, the NHS Board had in place an Attendance at Work Policy; Dignity at Work Policy and a suite of Work/Life Balance Policies. In addition the NHS Board also has a Staff Health Strategy aimed at improving the health of the workforce, and the themes concentrated on smoking, alcohol, obesity and physical activity and mental health. The NHS Board was also committed as part of this work associated with the national Healthy Working Lives programme and plans were in place to achieve the gold award status across the organisation during 2012/13. Lastly, the Board had its own Occupational Health Service which supported managers in the management of individual employees and supported staff who become ill. There is also an independent Employee Counselling Service which provided confidential support to employees experiencing difficulties.

Sickness could be categorised into two categories, namely short-term absences which accounted for 2% of absences and long-term absences which accounted for 2.5%. The breakdown of the underlying reasons for absence which have resulted in a referral to occupational health highlighted that anxiety, stress, depression and other psychiatric illnesses accounted for approximately 50% of these referred cases. Other musco-skeletal problems (excluding back problems but including neck problems) and back problems accounted for the next highest level of referrals.

Members thanked Mr Reid for a very full report although concern was expressed at the high level of anxiety/stress issues being recorded and whether there was any disconnect between top management and frontline staff. Mr Reid advised that a stress management action plan from a health and safety perspective was in place and this included a stress risk assessment. Detailed reporting by departments was possible as well as across professional groups although it was recognised that not all stress was work related but still had an impact on staff absences.

In relation to relaxation techniques and mindful sessions, these had been highlighted in staff surveys and formed part of elements of the Healthy Working Lives work.

Comparators with the private sector sickness absence rates was not always relevant and Mr Reid advised that in relation to the 4% sickness absence target set for NHS Boards no other territorial Board within NHS Scotland was achieving this target.

Further more detailed reporting will be submitted to the Staff Governance Committee and Mr Reid will bring a paper on violence and aggression to the next meeting of the Quality & Performance Committee in November 2012.

Director of Human Resources

NOTED

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94. SCOTTISH PUBLIC SERVICES OMBUDSMAN – REPORT ON IMPLEMENTING RECOMMENDATIONS

There was submitted a paper [Paper No. 12/75] from the Head of Clinical Governance asking the Committee to note investigations concluded by the Ombudsman and to review and comment on the actions taken by the relevant Directorate/Partnership. It was the Committee's function to ensure that the recommendations made by the Scottish Public Services Ombudsman (SPSO) including those recommendations relating to GPs and Dentists were implemented in the interest of delivering safe and effective care.

In relation to the two cases which were ongoing from the last report, it was confirmed that the case in relation to the Acute Services Division and the case in relation to the Dental Practice had both now been concluded and reports had been provided to the SPSO on the improvements made and implementation of the recommendations.

This report covered the three SPSO reports issues in the period April – June 2012 together with the 16 Decision Letters (8 of which related to Acute Services, one to a CHP, 4 to GP practices and 3 to dental practices). The report covered those Decision Letters where an element of the complaint had been upheld and where the Ombudsman had made a recommendation; the remaining 8 Decision Letters had no elements upheld or recommendations from the SPSO.

The three full Ombudsman reports covering two cases within Acute Services and one in Mental Health Services were summarised and the actions taken were highlighted in relation to the recommendations made by SPSO.

Members had a concern about the number of upheld elements of complaints, recognising that SPSO review those cases where the local complaints procedure has been exhausted.

Mrs Grant and Mrs Hawkins explained that SPSO do not take all cases forward for investigation and complex and difficult complaints can cover a number of issues, not all of which are upheld following an investigation/review by SPSO. SPSO are not required to meet the 20 working day target to complete complaints and also use independent advisers to review in detail each individual case and its outcome. Acute Services and Partnerships carry out detailed reviews including Medical and Nurse Directors' involvement to understand what areas have either been missed or not covered by previous Boards' response under the local resolution element of handling complaints. There were occasions where the Ombudsman had introduced a different perspective to an issue rather than identifying a fundamentally different outcome from that of the NHS Board. All efforts will continue to review and learn the lessons from the Reports and Decision Letters of the SPSO in an effort to ensure improvements to the provision of local health services.

NOTED

95. REVIEW OF FALLS – HOSPITAL GOVERNANCE REPORT

There was submitted a paper [Paper No. 12/76] from the Nurse Director which provided information on the Acute Service Division hospital falls governance report.

At the January 2012 of the Committee a request had been made that a report be

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prepared on patient falls within the NHS Board in order to highlight the actions taken in relation to falls. The Acute Services Division agreed a Falls Policy in December 2006 and also the establishment of an Acute Services Division Falls Governance Group. Patient falls were reported via the Risk Management Datix System and in 2011 there were 11,481 falls across the Acute Services Division. The paper highlighted the injuries relating to falls and reported that five cases were reviewed as Significant Clinical Incidents. A team of Hospital Falls Co-ordinators were in place and their role was to support the implementation of the Falls Policy in all inpatient areas. In addition there was also a requirement to complete a Falls Risk Assessment within 24 hours of a patient's admission to hospital and a care plan developed to prevent falls where appropriate. It was recognised however that the development of alternative strategies for preventing falls for patients with cognitive impairment could be an area in which further benefit could be brought in terms of falls and harm reduction. This was a priority for the coming year and was jointly being addressed by the Falls Team and the Acute Dementia Advisory Group.

Members welcomed the report and the detailed actions underway and Mrs Spencer asked if a further report could be provided in March 2013 which highlighted the falls across NHS GG&C and not within the Acute Services Division. This was agreed. **Nurse Director**

NOTED

96. PATIENTS' RIGHTS (SCOTLAND) ACT

There was submitted a paper [Paper No. 12/77] from the Director of Corporate Planning and Policy outlining the action required to ensure the NHS Board met the requirements of the Patients' Rights Act and related Charter of Patients' Rights and Responsibilities.

The Patients' Rights (Scotland) Act 2011 was passed by Parliament on 24 February 2011 and gained Royal Assent on 31 March 2011. The aim was to improve patients' experience of using health services and to support people to become more involved in their health and healthcare. The Act placed a duty on Scottish Ministers to publish a Charter of Patients' Rights and Responsibilities and this document will bring together in one place a summary of the rights and responsibilities that patients have in using NHS services. The Charter will be launched from 1 October 2012.

The Act had four key provisions, namely –

1. Taking account of the patient's individual needs and circumstances
2. 12 week treatment time guarantee
3. Right to give feedback or comments or raise concerns or complaints
4. The establishment of a Patient Advice and Support Service

The Charter of Patients' Rights and Responsibilities would cover access to health services, confidentiality covering personal health information, communication and participation, respect and dignity, safety - and the right to raise comments and complaints.

From 1 October 2012 the NHS Board will be required to ensure that eligible patients who are due to receive planned treatment provided on an inpatient or day care basis can expect to start to receive the treatment within 12 weeks from the date they agree to the treatment. The treatment time guarantee did not apply however to the following services –

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1. Assisted reproduction
2. Obstetric services
3. Organ and tissue transplantation
4. Designated national services for surgical intervention in spinal scoliosis
5. Treatment of injuries, deformities or disease of the spine by infection or surgical intervention

There will be a need to have a clear access policy covering treatment offers and information for patients and this will be considered by the NHS Board at its October 2012 meeting. **Chief Operating Officer**

Mr Crombie described the steps being taken by the Acute Services Division to meet the 12 week guarantee and described the administrative processes being put in place to ensure that this guarantee was met and auditable. The upgrading of existing systems together with manual entry would be undertaken initially to ensure patients were tracked. The nationally agreed Trak-Care system would be implemented across NHS GG&C during the course of 2013.

NOTED

97. HEALTH AND SOCIAL CARE INTEGRATION – RESPONSE TO CONSULTATION

There was submitted a paper [Paper No. 12/78] from the Director of Corporate Planning and Policy setting out the NHS Board's response to the Scottish Government consultation on the Integration of Health and Social Care.

NHS GG&C currently has three fully integrated partnerships within East Renfrewshire, Inverclyde and West Dunbartonshire Councils. These partnerships manage all community health and social care services, including criminal justice and children and family social work. The Partnerships are led by a single Director, jointly appointed by the Councils and NHS Board and are accountable to the respective Chief Executives of both organisations. The Partnership Committees are chaired by a local Councillor and it was the NHS Board's view that these existing Partnerships have demonstrably improved services, reduced duplication for patients, reduced management costs and benefitted from the direct engagement of Councillors in decision making about local health services. The NHS Board response to the consultation should reflect these experiences and also on the creation of the integrated partnership with Glasgow City Council which was then subsequently dissolved due to issues about governance and accountability. The response should therefore also reflect the experience of what did not work.

Members had welcomed the discussion at the September NHS Board Seminar and the overall impression was the draft response captured the range of views discussed at the Seminar.

Members provided detailed comments in relation to paragraphs 2.4, 2.9, 2.10 and 2.11. In addition, Mr Sime was concerned that the NHS Board within its response was not championing enough the workforce section the staff governance standard set for NHS staff and the joint partnership arrangements between management and staff. In addition, the loss of the Staff Governance Forum having a voting member on the Partnership Committee was a concern to Mr Sime. The first point was noted and the response did show regret at the loss of current voting members on Partnership Committees but did acknowledge the different governance and accountability

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arrangements from the current CH(C)P Committees. It was the case that those stakeholders remained engaged, strong and influential in the ways of working in decision making of Partnerships in future.

DECIDED:

That, subject to revision as discussed the NHS Board's response for submission to SGHD in response to the consultation exercise undertaken into health and social care integration, be approved. **Director of Corporate Planning & Policy**

98. NEW SOUTH SIDE HOSPITALS – PROGRESS UPDATE – STAGES 2 AND 3 AND CARPARK 1

There was submitted a paper [Paper No. 12/81] from the Project Director of the Glasgow Hospitals and Laboratory Project setting out the progress against Stage 2 (design development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals). In addition, the paper sought Members' approval to the Full Business Case for the development of Carpark 1 on the New South Side Glasgow Hospitals site.

To assist Members Mr Seabourne, Project Director, South Glasgow Hospitals Project, gave a presentation of photographs from the site of the new hospital and explained the progress being made in each area. Members found this visual presentation very helpful in understanding the progress being made in developing the new Adult and Children's Hospitals.

Mr Seabourne made reference to the discussions ongoing between the University of Glasgow and NHS GG&C in connection with the intention to develop a proposal to build a joint teaching and learning facility adjacent to the new Adult and Children's Hospitals. SGHD had been involved in the discussions and the Capital Investment Group of SGHD agreed at their meeting on 28 August 2011 that an Outline and then Full Business Case should be developed for the joint teaching and learning facility. It was hoped to bring the Outline Business Case to the Quality & Performance Committee in January 2013 and current plans were that the NHS would contribute 45% of the funding, the remaining 55% coming from the University of Glasgow. **Project Director**

In response to comments from Members, Mr Seabourne confirmed that there was no ground movement or sinking in relation to the concrete cores that had been constructed and the development was progressing exactly as planned and within budget and timescale. In response to a question from Ken Winter on some of the design issues he was facing, Mr Seabourne explained for example that the water pipes supplying heating etc would need to be tested with air at first instead of water to ensure that the pipes didn't corrode from the inside when sitting for some three years before the hospitals were occupied which was an issue in other hospitals.

In relation to the procurement/transfer of the large pieces of imaging equipment, this process was well underway and a submission would be made to the Chief Operating Officer – Acute Services in relation to the overall plan for major pieces of equipment and which pieces of existing equipment would transfer to the new hospital and when.

Mr Ross covered the change of control process, potential compensation events and overall budget. An investigation was underway in relation to a weather event covering June/July in relation to extraordinary heavy rainfall during that time and impact on the contract.

ACTION BY

Carpark 1 – Full Business Case

The Full Business Case for Carpark 1 at the new South Glasgow Hospitals project was considered by Members. Carpark 1 was embedded in the Brookfield Multiplex construction site and close to the entrance of the hospitals. It had originally been thought that the carpark would be outside the construction site, however the winning bid from Brookfield Multiplex had seen this carpark embedded within the construction site.

The Quality and Performance Committee had considered the procurement option at a previous meeting and had agreed a negotiated variation to the current construction contract with Brookfield Multiplex as the most advantageous method for the Board, recognising the increased risks to the main project during the construction phase and possible disruption to the main programme. The capital cost had been identified through negotiation as £11.43 million excluding VAT and fees. The costs had been benchmarked and was deemed by Board Officers and cost advisers to represent value for money. The capital costs would be funded from the existing new South Side Hospital project budget and the revenue costs had originally been recognised in calculating the net savings to be generated from the overall development.

Mr Seabourne confirmed that planning permission had been granted recently to construct the carpark and Members supported the proposal.

DECIDED:

1. That, the progress report and presentation on the development of the design and construction of the new Adult and Children's Hospitals, be noted. **Project Director**

2. That, the Full Business Case for the carpark 1 at the new South Side Hospitals project for submission to the Capital Investment Group of the Scottish Government, be approved. **Project Director**

99. FINANCIAL MONITORING REPORT – TO 31 JULY 2012

There was submitted a paper [Paper No. 12/79] providing the financial report for the four month period to 31 July 2012.

The report showed an expenditure outcome of £1million in excess of budget for the first four months of the year, however it was considered that a year end break even position remained achievable.

NOTED

100. UPDATE FROM THE MAY 2012 ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No. 12/80] from the Director of Corporate Planning and Policy setting out the updates from the May 2012 Organisational Performance Reviews (OPRs) for the Acute Services Division and each Partnership. This provided the Committee with an overview of some of the key achievements and issues which had emerged from the May 2012 OPRs.

Organisational Performance Reviews were carried out twice a year and focused on how effectively each part of the organisation was delivering its agreed contribution to the achievement of corporate priorities as set out in each of the planning and policy frameworks. They focused on HEAT targets, local key performance indicators and areas of planned activity outlined in Local Development Plans.

NOTED

101. LOCAL DELIVERY PLAN – 2012/13

The Director of Corporate Planning and Policy advised that SGHD had approved the NHS Board's Local Development Plan – 2012/13.

NOTED

102. LEVERNDALE HOSPITAL – CAPITAL CONTRACT – DELEGATED LIMITS

The Director of Finance advised that a contract for two 24 bed wards at Leverndale Hospital to replace beds from the Southern General Hospital site has led to the issuing of a contract of £7 million. This sum had been contained within the Capital Plan however with SGHD issuing revised delegated sums to Boards the contract sum was now above the new delegated sum and Mr James wanted to notify the Quality & Performance Committee of this anomaly. The original sum had been within the NHS Board's delegated limit when the process had commenced however, having been required to sign the contract, Mr James was aware that it was no longer within delegated limits. Members noted the position.

NOTED

103. MINUTES OF THE STAFF GOVERNANCE COMMITTEE MEETING – 21 AUGUST 2012

There was submitted a paper [Paper No. 12/83] setting out the Staff Governance Committee minutes of its meeting held on 21 August 2012.

NOTED

104. DATE OF NEXT MEETING

9.00am on Tuesday 20 November 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

The meeting ended at 12.50pm

QPC(M)12/06
Minutes: 105-126

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 20 November 2012 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE	Ms R Micklem
Ms M Brown	Mr D Sime
Mr I Fraser	Mrs P Spencer
Cllr M Kerr (for Minute 109-121)	Mr B Williamson
Cllr J McIlwee	Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong (to Minute 115)	Mr R Finnie
Mr R Calderwood	Mr A O Robertson OBE

Rev Dr N Shanks

I N A T T E N D A N C E

Cllr G Casey	..	Chair West Dunbartonshire CHCP (for Minute 118)
Dr G Cobb	..	Specialist Trainee, Public Health
Mr A Daly	..	Head of Financial Planning
Mr J Dearden	..	Head of Administration, Glasgow CHCP (for Minute 110)
Mr K Fleming	..	Head of Health & Safety (for Minute 117)
Ms J Gibson	..	Head of Performance & Corporate Reporting (to Minute 114)
Mrs J Grant	..	Chief Operating Officer
Mr J C Hamilton	..	Head of Board Administration
Mr N McGrogan	..	Head of Community Engagement & Transport (for Minute 116)
Mr A McLaws	..	Director of Corporate Communication
Mrs K Murray	..	Director, East Dunbartonshire CHP (to Minute 4(d))
Mr K Redpath	..	Director, West Dunbartonshire CHCP (for Minute 118)
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning & Policy
Mr D Ross	..	Director, Currie Brown UK Limited (for Minute 120)
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute 120)
Mr M Sheils	..	Assistant Head of Financial Services (for Minute 119)

ACTION BY

105. WELCOME AND APOLOGIES

The Convener welcomed Dr G Cobb and Mr A Daly to the meeting and explained that a number of officers were attending the meeting to present their papers, therefore there may be a need to move some agenda items in order to minimise any delay for those involved.

Apologies for absence were intimated on behalf of Mr P Daniels OBE and Cllr A Lafferty.

106. DECLARATIONS OF INTEREST

Declarations of interest were raised in relation to the following agenda items:-

Item 4(c) – Contract for NHS Partnership Beds and Local Authority Residential Care Beds – Inverclyde – Cllr J McIllwee

107. MINUTES OF PREVIOUS MEETING

On the motion of Mr I Fraser and seconded by Mr K Winter, the Minutes of the Quality and Performance Committee Meeting held on 18 September 2012 [QPC(M)12/05] were approved as a correct record.

NOTED

108. MATTERS ARISING

(a) Rolling Action List

In relation to Minute 69: Healthcare Improvement Scotland: Care of Older People Report: Glasgow Royal Infirmary - Mrs Grant advised that approximately two thirds of the toilets in the area in question had been refurbished with the remaining toilet areas to be completed in the new year. Further assessments were undergoing to identify other toilet areas requiring minor refurbishment ahead of any ward upgrading works.

NOTED

(b) Western Infirmary and Site B - Update

In relation to Minute 90(b) – Proposed Disposal of Site B and the Production Pharmacy Building: Western Infirmary - Mr Calderwood advised the Committee that the disposal of the balance of the Western Infirmary Site, including the Production Pharmacy Unit had been agreed in principle with the University of Glasgow, on the terms set out in the paper submitted to the Committee in September 2012.

Discussions were continuing with the University on the issue of embedded space and progress would be reported to the next meeting of the Committee. **Chief Executive**

NOTED

ACTION BY

(c) Contract for NHS Partnership Beds and Local Authority Residential Care Beds - Inverclyde

In relation to Minute 90(c) – Update – NHS Partnership Beds and Local Authority Residential Care Beds in Inverclyde - Mr Calderwood advised the Committee on the progress since the last meeting. The preferred option was building on the Inverclyde Royal Hospital Site using our funds, however this required access to Capital Funds and the options to achieve this were being considered. The second preferred option would be considered in relation to funding the facility on the Inverclyde Royal Hospital site via the HUBCO route being followed by the NHS Board in respect of the four local health centre schemes considered earlier in the year.

In relation to capacity on the Inverclyde Royal Hospital site, Mr Calderwood gave a description of the possibility of rationalising accommodation through different Board efficiency plans.

Cllr McIllwee was pleased at the progress being made but was concerned at the impact on the families and patients in Ravenscraig Hospital if there were any further delays in the process to provide improved accommodation.

Director, Glasgow CHP

Mr Calderwood advised that the Outline Business Case would be submitted to the Committee for approval once the preferred option had been agreed.

Cllr J McIlwee

Ms Brown was keen that the Council provided a report on the make-up of the types of beds they would be providing. Cllr McIlwee indicated he would raise this with Council officials in the hope a report can be submitted to the January 2013 meeting of the Committee.

NOTED.

(d) Transfer of Dental Outreach Teaching Service from Greenock Health Centre to the new Alexandria Medical Centre in 2013/2014 – Update

In relation to Minute 51(15/11/2011) – Dental Services In Alexandria and Inverclyde – there was submitted a paper [Paper No. 12/86] from the Director, East Dunbartonshire CHP updating the Committee on the proposed use of the four dental chairs in Greenock Health Centre, post the relocation of the student outreach service in 2013.

Mrs Murray advised that the Oral Health Directorate had been working to support Inverclyde CHCP relocate services, including the Community and Salaried Dental Services from the Elizabeth Martin Clinic in Inverclyde. The relocation took place during November 2012 and the majority of the patients have registered with local general dental practices and those patients requiring ongoing support from the Community and Salaried Dental Service will have their care provided from Greenock Health Centre from November 2012 onwards.

The Oral Health Directorate was planning for the cessation of outreach teaching at Greenock Health Centre at the end of the Spring student term in 2013. In addition it was considering options for the utilisation of the remaining capacity released by the relocation of outreach teaching to Alexandria.

DECIDED:

ACTION BY

1. That the relocation of the Community and Salaried Dental Services from the Elizabeth Martin Clinic to Greenock Health Centre be noted.

2. That the Oral Health Directorate continued to develop proposals to relocate orthodontic activity from Inverclyde Royal Hospital to Greenock Health Centre be agreed. **Director, East Dun CHP**

3. That the Oral Health Directorate continued the review of Community and Salaried Dental Services and feasibility of developing endodontic and periodontal service provision from Greenock Health Centre after Outreach Services relocated in 2013 be agreed. **Director, East Dun CHP**

109. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No. 12/87] from the Head of Performance & Corporate Reporting setting out the integrated overview of NHS Greater Glasgow and Clyde's performance.

Of the 41 measures which have been assigned a performance status based on their variance from trajectories and/or target outlines, 27 were assessed as green; 9 as amber (performance within 10% of trajectory) and 5 as red (performance 10% out with meeting the trajectory). The areas where improvement was required were:-

1. Faster access to specialist services/children's & adolescent mental health (CAMHS)
2. Handling freedom of information requests
3. Acute bed-days lost to delayed discharge (including adults with incapacity)
4. Sickness absence

In relation to CAMHS, Mr Williamson inquired about the plans for moving from wait times of over 26 weeks to the intended 7 weeks as described at the November NHS Board Seminar. Mr Calderwood advised that the plans described by the managers at the NHS Board Seminar were around tackling the long waits with additional resources and thereafter wait from the end of the current financial year would be an average of 7 weeks (made up of 3 weeks for assessment followed by 4 weeks for treatment), well within the HEAT target of 26 weeks. .

Dr Benton inquired about service level agreement with NHS Highland and the negotiations to agree the settlement of the outstanding sums due to NHS Greater Glasgow and Clyde. Discussion were underway to address the under recovery from NHS Highland and there was now a recognition of a gap and discussions were focusing on quantifying the sum involved.

Ms Micklem asked a general point in relation to service resilience particularly as she noted the impact of absences in small specialist teams. Mr Calderwood advised that he had been thoughtful about resilience within teams and particularly within small specialist teams and he had identified this as an area for particular focus for discussion with managers during 2013/2014. **Chief Executive**

Mr Finnie was concerned at the number of bed-days that were being lost to delayed discharges. Ms Renfrew advised that progress was being made although achieving the intended reduction had been delayed. The Change Fund of £17milion was assisting the reduction of delayed discharges and a key indicator of success would be the ability of the Board to decommission an appropriate number of beds within the Acute sector to match the funding to support people within the community. It

ACTION BY

remained under close scrutiny and would be the subject of an exception report to the Committee as it was critical to keep up the pressure on this difficult issue.

Ms Brown asked that future reports on bed-days lost include a table which showed figures excluding adults with incapacity. This was agreed. She was surprised to see within the commentary on the exception report that CH(C)Ps would be required to submit proposals to finance the additional acute bed resources if they were unable to bring about improvements within their own area. She asked about the focus on the Change Fund and whether there was a means by which members could receive more information in relation to the benefits accrued from this additional funding. CH(C)Ps Committees were required to focus on the Change Fund plans for their own areas, however if additional information was required this could be considered for a NHS Board Seminar in the New Year. In relation to a point raised by Mrs Spencer, Ms Renfrew advised that more change was required within the community to support people leaving hospital care and Glasgow City and Renfrewshire Councils continued to be adrift from the target set. Mrs Grant intimated that the Acute Services Division was engaging with both Councils to ensure that the patients received the appropriate care and treatment and progress was being made.

Mr Calderwood emphasised the focus on this issue in terms of discussions with Councils, CHCPs and at the Organisational Performance Review meetings with the Partnership Directors. Ms Brown accepted this and asked that there be a whole system approach to the matter which included a review on inappropriate admissions to hospital.

DECIDED

1. That the Integrated Quality & Performance Report be noted.

2. That future reports on bed-days lost include a Table which provided the figures excluding adults with incapacity. **Director of Corporate Planning & Policy**

3. That consideration be given to including the Change Fund as a topic for an NHS Board Seminar in 2013. **ditto**

4. That a whole system approach, including inappropriate admissions to hospital, be considered in relation to bed days lost. **ditto**

110. ADULTS WITH INCAPACITY REPORT OF SUPERVISORY BODY FOR 2011

There was submitted a paper [Paper No. 12/97] from the Director of Glasgow CHP providing members with the Annual Report produced by the Adults with Incapacity Supervisory Body covering the discharge of the NHS Board obligations under part 4 of the Adults with Incapacity (Scotland) Act 2002 to make arrangements for the management of funds of those patients resident in hospitals who lack the capacity to make decisions about their own finances.

Mr J Dearden, Head of Administration, Glasgow City CHP was attending the meeting, representing Mrs A Hawkins, Director of Glasgow City CHP to present the report and answer members' questions.

The report covered the calendar year 2011 and detailed the work undertaken in this

ACTION BY

area and was submitted to the Committee based on recommendations made by the internal auditors following a review undertaken in 2009.

In relation to questions asked by members, Mr Dearden advised that the difference between fully compliant and compliant as set out in the summary of inspection visits was that where areas were determined as compliant there had been some minor areas which had been identified for possible improvement. It was the intention that the report for 2012 be submitted to the Committee earlier next year.

Director, Glasgow CHP

NOTED.

111. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP) – UPDATE

There was submitted a paper [Paper No. 12/88] by the Medical Director providing an update on the Acute Adult Core Programme, setting up of the new Mental Health Programme and the progress been made with the Primary Care Programme.

The National Coordinating Team and the key Technical Advisers from Scottish Government Health Directorate (SGHD) visited NHS GG&C for three days over 8-10 October 2012 as part of the SPSP Autumn Harvest. This was to gather examples of good practice across NHS Scotland and also to afford the opportunity to celebrate the success of this phase of SPSP. Dr Armstrong advised that the full report was still awaited however the informal feedback had been positive and some of the highlights identified had been used in the Board presentation at the national SPSP event on 8-9 November 2012.

Within Primary Care the implementation of the five workstreams continued to be tested in Primary and Community Care, to improve patient safety. Six District Nursing Teams were continuing to improve compliance and reliability of the process, for both prevention of pressure ulcers and the administration of insulin care bundles. There were eleven GP Practices who continued to collect data on a monthly basis to improve the reliability of the process for these bundles. Ten GP Practices had volunteered to use the Trigger Tool to screen medical records of patients to identify avoidable harm.

Dr Armstrong indicated that the prevention of pressure ulcers had been targeted to high risk patients. She also explained that the involvement of the GP Practices and District Nursing Teams had been helpful and the intention would be, if success could be evidenced and services improved, to roll it out across other GP Practices and District Nursing Teams within NHSGG&C.

NOTED.

112. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE – OCTOBER 2012

There was submitted a paper [Paper No. 12/89] by the Medical Director covering the board wide infection prevention control activity. The report was on an exception reporting basis only as the full report was submitted to each NHS Board meeting and this report covered quarter April – June 2012.

The most recently validated results available demonstrated Staphylococcus Aureus Bacteremias (SAB) rate of 0.312 per 1000 average occupied bed-days (AOBD) against a national rate of 0.302.

The NHS Board rate for C Difficile infection for the quarter – April to June 2012

 ACTION BY

was 0.25 per 1000 total occupied days for those patients a 65 and over, against the 2013 Heat Target of 0.39. The national average was 0.31.

The NHS Board's compliance with hand hygiene was 96% for the period July – August 2012 against the Scottish average of 96%. Dr Armstrong advised that this equalled the highest compliance rate achieved thus far by NHS GG&C. Mr Fraser asked why 100% had not been achieved. Dr Armstrong advised of the process which involved the Charge Nurse carrying out local audits and the need for all staff to succeed in meeting all ten criteria on all occasions. This was then followed up by a National Audit and she believed that it was genuinely difficult to achieve 100% against all the criteria all the time and therefore she had been pleased with the rate of 96% and meeting the national average on compliance with hand hygiene opportunities.

In relation to surgical site infection surveillance, all procedural categories were below the national average. An electronic surgical site surveillance module had been purchased and this would facilitate broadening out this type of surveillance to other operating procedure categories.

Dr Armstrong reported that three cases of MRSA had occurred in a ward at the Beatson Oncology Centre in October and samples had been sent to the National Reference Laboratory for detailed investigation.

During October 2012, five hospitals and nine wards had reported novovirus activity and the figures had highlighted the effect on patients and staff. Dr Benton inquired about staff contracting novovirus and Mrs Grant intimated that staff were in such circumstances advised to stay off work for the required time to ensure that the infection was not spread throughout clinical areas.

NOTED.

113. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 12/90] by the Medical Director on adverse clinical incidents. The reporting of adverse clinical incidents had been displayed in two separate charts in order to highlight the position within Acute Services and separately within Partnerships.

The report highlighted that there had been an Avoiding Serious Events Monitoring Summary Report operating within Acute Services Division for some time. This had proven useful in augmenting the existing review arrangements for patient's safety by adding an approach which created a more visible focus on indicators and assurance of improvement. The system was still in evolution and the information presented within the report highlighted the impact of adding Venous Thromboembolism in early 2011 and serious pressure ulcers in late 2011. A similar system was being developed within Mental Health Services and the two priority areas being progressed had been suicide and Lithium management.

Dr Armstrong provided members with a detailed summary of a particular case in addition to providing an update on the ongoing and forthcoming Fatal Accident Inquiries.

At the last meeting Dr Armstrong had been asked to provide an update on the handling and lessons learned from significant clinical incidents with a view to ensuring sustainable changes in processes and procedures. A paper had been tabled

ACTION BY

which set out the process to establish a new Significant Incidents Policy in line with NHS Scotland requirements. In addition it had been announced that Health Improvement Scotland would also be producing a National Framework for NHS Boards and in future Boards would be subject to an inspection process to scrutinise compliance with the framework for the handling and management of significant clinical incidents. Dr Armstrong took members through the review process and subject to the timescale for receiving the National Framework it was the intention that the new policy be submitted to the Committee for approval at the March 2013 meeting. Dr Armstrong agreed to report on progress at the next meeting in January 2013. **Medical Director**

NOTED.

114. CLINICAL GOVERNANCE IMPLEMENTATION GROUP MINUTES AND SUMMARY – 8 OCTOBER 2012

There was submitted a paper [Paper No. 12/91] in relation to the Clinical Governance Implementation meeting held on 8 October 2012. Dr Armstrong took members through the summary report and highlighted the steps taken within Mental Health in reviewing and clearing the outstanding significant clinical incidents and also the issues in relation to breakdown in communications between clinical staff within Castlemilk Health Centre.

NOTED.

115. MODERNISING MEDICAL CAREERS – IMPACT ON SERVICE PROVISION

There was submitted a paper [Paper No. 12/92] from the Chief Operating Officer and Medical Director setting out the impact on different specialties as a result of the National Programme of Modernising Medical Careers which had been established to provide a more structured approach to medical training. A key aim of the programme was to more closely link the number of training posts to the likely requirements for consultants in future.

Until recently reductions in trainees had been modest year on year however in August 2012 three acute specialties, namely Emergency Care, Anaesthetics and Obstetrics and Gynaecology experienced a significant and unprecedented reduction in middle grade trainee posts. The service was reliant on these grades to provide both out of hours cover and in the case of the Anaesthetics and Obstetrics and Gynaecology a significant amount of planned care.

In practice manpower projections had proven inaccurate particularly in more acute specialties and those leaving some specialties had been underestimated. This had resulted in there not being a viable cohort of doctors to fill all the middle grade gaps. Despite repeated advertisements recruitment to staff grade posts had been very poor and retention was also poor amongst those who had been appointed. A range of options had been considered and the conclusion was that the only reliable way to ensure that there were sufficient senior doctors to maintain a safe and sustainable service was to recruit additional consultants. This recognised however that a consultant cannot replace the service hours with a like for like basis which the middle grade doctor provided due to the nature of the consultant contract.

The paper set out the impact on Emergency Care and Medicine (Adult Accident Emergency); Surgery and Anaesthetics – General and Neuro Anaesthesia; and

ACTION BY

Women and Children – Paediatric Accident and Emergency and Obstetrics and Gynaecology.

Due to service pressures across Scotland in relation to this issue SGHD undertook a consultation process "Reshaping the Medical Workforce in Scotland" earlier this year. The Cabinet Secretary for Health & Well-Being accepted that there should be "a pause" in any further reduction in trainee numbers in a number of key specialties. Significant staffing challenges continue to be experienced in these key areas and considerable redesign was being undertaken to ensure the maximum efficiency was achievable from the overall staffing complement. It was anticipated that in 2011/2012 £2.073million of additional funding was required to secure safe and sustainable service in these areas (full year effect – £3.572million).

Members were concerned at the failures in manpower planning at a national level and the effect on service provision. Mr Calderwood took members through the full background to the National Programme of Modernising Medical Careers and the steps taken within NHSGG&C to recruit consultants to these posts in order to ensure the continuation of a safe and deliverable service to patients. It was possible there would also be an impact in 2013 and planning was already underway to mitigate the circumstances that may be faced in August 2013. A further paper would be submitted to the Committee or the NHS Board at a later date.

Medical Director/Chief Operating Officer

Mr Williamson believed that officers had managed the challenges well and had avoided a serious crisis. He emphasised that the national desire to increase the quality of trained doctors, had not been fully connected to the changing workforce issues and the need to provide a sustained service provision. Mr Calderwood emphasised that the steps taken by the NHS Board had led to a high quality consultant led service and Mr Lee welcomed the outcome of securing a safe and better quality service for patients.

Dr Armstrong described the discussions ongoing with other West of Scotland NHS Boards and the Deanery's proposal to introduce practice guidance which will be monitored locally. There remained a need to improve some identified rotas.

DECIDED:

1. That the impact on the identified specialties and proposed plan to manage that impact be noted

2. That a further paper be submitted to the NHS Board or Quality Performance Committee during 2013 and the impact on next year was better understood.

Medical Director, Chief Operating Officer

116. REPORT ON PATIENT, CARER AND PUBLIC INVOVEMENT ACTIVITY

The was submitted a paper [Paper No. 12/93] from the Nurse Director which the Committee was asked to note, on patient, carer and public involvement activity during 2012 and the progress made towards meeting the Participation Standard.

Mr N McGrogan, Head of Community Engagement & Transport attended on behalf of the Nurse Director to present the paper and answer members' questions.

In August 2010 the Scottish Health Council (SHC) issued a Participation Standard which brought together existing legislation, guidance and best practice relating to

ACTION BY

how patients, carers and the public were to be involved in the NHS. The standard covered patient focus, public involvement and governance. SHC selected specific criteria as a basis of an annual assessment process and NHS Board was required to complete a self-assessment framework in order to measure compliance against these three specific aspects of the standard. Following the assessment of the NHS Board performance against the standards in September 2011 a wide ranging discussion document was sent to the Nurse Director by SHC in March 2012. This led to directorate specific improvements being identified and communicated to relevant directors and localised improvement plans highlighted key actions to improve public involvement activity.

The Quality Policy Development Group reviewed the improvement plans agreed with SHC and supported a programme of activity to support improvement in how patients, carers and the public could be involved in NHSGG&C.

The paper set out a summary of examples of work taken from across the Acute Service Division and the CH(C)Ps to illustrate the variety of approaches, audiences, topics and techniques employed across the NHS Board to involve patients, carers and the public.

Members welcomed the information and commended the effort to engage with the public. In response to a question from Ms Micklem, Mr McGrogan advised that there was an opportunity to reflect on practice and those issues which went well and those which did not. He highlighted this by describing the engagement with young people in relation to the new children's hospital. In relation to bringing patient centred approaches together, Ms Renfrew advised that a framework was being developed covering this area and will be discussed with members at the December 2012 NHS Board Seminar.

Director of Corporate Planning & Policy

Patient Public Forums (PPFs) within CH(C)Ps were working well and were a useful channel for providing and receiving information on public involvement. It was just one of the mechanisms used to involve the public and capture their views. Mr McGrogan described one to one sessions, surveys and other engagements which were undertaken around particular changes within service provision. Steps were taken to share good practice across NHS Board and there was recognition of a need to engage locally on issues of interest/concern to individuals as well as improving performance in engaging with the public across the range of strategic/policy decisions facing the NHS Board.

NOTED.

117. MONITORING OF VIOLENCE AND AGRESSION

There was submitted a paper [Paper No. 12/98] from the Director of Human Resources in relation to the monitoring of violence and aggression within NHSGG&C.

Mr K Fleming, Head of Health & Safety attended to present the paper and answer members' questions.

Mr Fleming explained that a decade ago musculoskeletal injuries were the highest reported injury by staff. However as a result of better training and improved procedures these injuries had been greatly reduced and now violence and aggression (as well as stress) topped the list of most reported incidents by staff. In 2008 the

NHS Board implemented an electronic incident management system – DATIX. The system was accessible through Staffnet and allowed for all types of incidents to be recorded in a fast and reliable electronic manner. The system utilised reviewers and approvers to ensure all incident reports were completed before being accepted into the database and that relevant management action was undertaken.

The number of violent and aggressive incidents reported, while coming down in the last couple of years had settled at fairly consistent levels of reporting and this was the case for physical assaults and verbal abuse incidents. The Health & Safety Forum regularly reviewed and discussed the trends and management actions being put in place to bring about improvements to the handling of violence and aggression incidents. In addition Mr Fleming reported that it was the intention to obtain the medical condition of the patient involved in a violent or aggressive incident toward a member of staff in order that training effort can be better focused to minimise risk for staff. Lastly Mr Fleming reported that new SGHD guidelines were to be issued in 2013 and NHS Board would review its policy on the basis of these revised guidelines.

Mrs Spencer enquired about how repeat offenders were handled. Mr Fleming advised that there was a Standards of Behaviour Policy which had different options which could be utilised in extreme situations. It acknowledged degrees of tolerance and could result, in extreme cases, of visitors not being permitted to enter particular premises.

Mr Finnie enquired about the use of the Emergency Workers Act. Mr Fleming advised that normally in such situations police were involved and they determined what action was required, depending upon the circumstances of each case. There had been ten prosecutions in the last year.

There was a dedicated police presence at Glasgow Infirmary and Western Infirmary at weekends from 10.00pm to 3.00am and the Board paid for the service. It assisted in reducing the risk of violence and aggression to staff and also, based on comments from staff, reduced the fear of violence and aggression.

NOTED.

118. WEST DUNBARTONSHIRE CHCP - REVIEW

There was submitted a paper [Paper No. 12/100] from the Director, West Dunbartonshire CHCP setting out the responsibilities, performance and challenges facing the CHCP.

The Convenor welcomed Cllr Gail Casey, Chair West Dunbartonshire CHCP and Mr K Redpath, Director West Dunbartonshire CHCP to the meeting and Mr Redpath gave a presentation to the Committee on the performance, achievement and priorities facing the CHCP going forward.

Members welcomed the detailed and comprehensive information provided in Mr Redpath's presentation and particularly welcomed the achievements of the CHCP in bringing together the NHS Board's and West Dunbartonshire Council's separate responsibilities for community based health and social care services within a single, integrated structure.

Ms Micklem enquired about the equality section of the paper and in particular what the CHCP had identified from evidence in terms of any gaps in access to services. In addition Mr Fraser asked about how the CHCP operationalised these issues. Mr

 ACTION BY

Redpath advised that a key Council priority was reducing unemployment and this was major focus in this area. In addition, within the declining population there was a growing elderly population and this was significant in terms of planning services for these patients. He believed that equalities was not a separate strand of work but was embedded within the normal business and practice of the services provided by CHCP staff and performance in this area was measured both by the Council and Board as well as part of the Organisational Performance Reviews conducted with the Chief Executives.

The Convenor thanked Cllr Casey and Mr Redpath for their interesting and informative presentation and willingness to answer members' questions.

NOTED.

119. PROPOSAL FOR REVISED TREATMENT OF NON-CHARITABLE TRANSACTIONS/FUNDS FROM ENDOWMENTS

There was submitted a paper [Paper No. 12/101] from the Director of Finance providing the Committee with an update on the particular types of transactions/funds which may no longer be considered compatible with charity legislation from 1st April 2013 and advising on the possible alternative management arrangements for such funds.

The governance of endowments within NHS Scotland has been subject to a recent review by a National Endowment Steering Group led by Paul James, Director of Finance, NHSGGC. The review group's draft report had previously been circulated to NHS Board Members in August 2012.

Mr M Sheils, Assistant Head of Financial Services attended to present the paper and answer members' questions on behalf of the Director of Finance. Members had a range of questions in relation to expenditure relating to hospitality, health at work activities, retirement awards and research & development. As the matters were wide ranging it was agreed that a separate meeting of the Board as the Endowment Trustees be held by March 2013 to consider outstanding matters. The Convener noted that funds received, held and expended in future as exchequer rather than endowment funds would require appropriate governance arrangements. **Director of Finance**

DECIDED:

1. That a separate meeting of the Board as Endowment Trustees be held by March 2013 to consider the issues raised within the Director of Finance's paper. **Director of Finance**

120. NEW SOUTH SIDE HOSPITALS AND LABOLATORY PROJECT – PROGRESS UPDATE; STAGES 2 AND 3

There was submitted a paper [Paper No. 12/103] from the Project Director of the Glasgow Hospitals and Laboratory Project setting out the progress against Stage 2 (Design Development of the New Hospitals) and Stage 3 (Construction of the Adult and Children's Hospitals).

In relation to Stage 2, Mr Seabourne advised that good progress continued to be made in reviewing and agreeing the design of layouts and systems for the Adult and Children's Hospitals. The design review process remained on programme.

In relation to Stage 3, as at the end of October 2012 week 83 of the 205 week contract had been completed and the project remained within timescale and within budget. The paper provided a range of images highlighting the progress being made in particular areas of the site. The handover of the A-Side Energy Centre will take place on 16th January 2013.

In relation to the car park 1, Mr Seabourne advised that the SGHD Capital Investment Group had approved the Full Business Case and the current plan was to start on site in the third week of April 2013.

The NHS Board and Brookfield Multiplex recently won the Government Opportunities, Sustainability and Corporate Social Responsibility Initiative of the Year Award. It also been short listed for the prestigious Government Opportunities Team of the Year award for the New South Glasgow Laboratory project. Last week the team had won the Design Award – Best Healthcare Project in Scotland. These had been particularly welcome recognitions of the excellent working and cooperation between the NHS Board and Brookfield in delivering this multimillion pound project.

Mr Ross advised that the only movement since the last meeting was a compensation event in relation to adverse weather encountered during June and July 2012. This had resulted in the payment of an additional £42,000 including VAT to the contractor.

NOTED.

121. WEST OF SCOTLAND RESEARCH ETHICS SERVICE – ANNUAL REPORT: 2011/2012

There was submitted a paper [Paper No. 12/94] from the Medical Director setting out the West of Scotland Research Ethics Service Annual Report 2011/2012.

NOTED.

122. QUARTER REPORT AND CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN; JULY – SEPTEMBER 2012

There was submitted a paper [Paper No. 12/95] from the Head of Board Administration asking the Committee to note investigations concluded by the Ombudsman and to review and comment on the actions taken by the relevant Directorate/Partnership. It was the Committee's function to ensure that the recommendations made by the Ombudsman, including those relating to GP's and Dentists, were implemented in the interest of delivering safe and effective care.

The report covered two investigation reports (both GP cases); 20 decision letters (16 within Acute Services, 2 GPs, 1 Dental Practice and 1 CHP) and 2 cases which had been outstanding from the last quarter report (CHCP case and a GP case).

Mr Williamson asked if Ombudsman cases and the recommendations were included in discussions with medical staff during the appraisal. Mrs Grant confirmed this was indeed the case and the action plans were also reviewed by the Clinical Governance structures to ensure wider lessons could be learned across the division. The recommendations and the outcome of complaints would also used during the revalidation process for medical staff.

NOTED.

ACTION BY

123. FINANCIAL MONITORING REPORT FOR SIX MONTH PERIOD TO 30 SEPTEMBER 2012.

There was submitted a paper [Paper No. 12/96] providing the financial report for the six month period to 30th September 2012.

The report showed an expenditure outcome of £0.5million in excess of budget for the six months of the year. Mr Daly, representing the Director of Finance, advised that it was considered a year end breakeven position remained achievable.

NOTED.

124. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (MID YEAR REVIEW 2011/2012)

There was submitted a paper [Paper No. 12/99] from the Head of Board Administration setting out the monitoring report for the handling and settlement of legal claims within NHS Greater Glasgow & Clyde up to September 2012. The report had included an overview of claims settled over the last year including the overall settlement cost; claimants cost recovered from the NHS Board and the NHS Board defence cost. In addition, for the first time, an overview of the gross cost and also the amount of income received from the clinical negligence and other risk scheme (CNORIS). The table also identified the net cost of their claims.

It was confirmed that the vast majority of the unsettled significant legal claims related to Obstetrics & Gynaecology. It was the case that solicitors representing the pursuer could delay cases by wishing to obtain developmental reports in order to properly assess the full extent of future care required in relation to clients.

NOTED.

125. MEDIA ISSUES

Mr McLaws, Director of Corporate Communications advised that in addition to the recently introduced weekly media monitoring report which was sent to NHS Board Members he will be producing a report at the Convenor's request to the Committee to cover media and communication issues together with trend and monitoring of the handling of media related issues.

Mrs Grant provided members with an update on the difficulties that had been experienced by the Assisted Conception Service in early November 2012 at Glasgow Royal Infirmary. There had been occasions recently where the percentage rate of fertilisation had significantly deviated from the normal rate of fertilisation. Under the licence to operate the Assisted Conception Services for the West of Scotland there was a requirement to review clinical inputs, the environment and if necessary invoke the emergency plan which would move the service off site while the significant review of practice was undertaken. The service moved off site in the second week of November 2012 and the review was underway. To date no one single issue had been identified as the cause of the downturn in the percentage of fertilisation which would normally be expected, although it was noted that building work was ongoing within this area and that aspect, along with a full review of the clinical aspects of the service, was being considered. The practicalities of offering a further cycle to those patients who may have been affected during the period under review would be worked through as soon as possible and members would be kept up to date of the progress and outcome of the review.

Chief Operating Officer

ACTION BY

NOTED.

126. DATE OF NEXT MEETING

9.00am on Tuesday 15 January 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

The meeting ended at 12.55pm

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 15 January 2013 at 9.00 p.m.
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting: 20 November 2012**	QPC(M) 12/06
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 13/01
	(b) Western Infirmary - Site B and Embedded Space – Update Verbal Report of the Chief Executive	Verbal
	(c) Local Authority Residential Care Beds - Inverclyde Report of the Director, Inverclyde CHP	Paper No 13/02
	(d) West Dunbartonshire CHCP – Up-date on Care Inspectorate Scrutiny Report Verbal Report of the Director, Glasgow CHP	Verbal
5	**Integrated Quality and Performance Report** Report of the Head of Performance and Corporate Reporting	Paper No 13/03

MONITORING AND GOVERNANCE

6	**Local Delivery Plan – 2013/14** Report of Director of Corporate Planning & Policy	Paper No 13/04
7	**Organisational Performance Reviews – Mid-Year Report** Report of Director of Corporate Planning & Policy	Paper No 13/05

8 **Annual Review – 2012 – Outcome** Paper No 13/06

Report of Director of Corporate Planning & Policy

9 **Media Coverage Nov/Dec 2012** Paper Non 13/07

Report of Director of Corporate Communications

10 **Financial Monitoring Report to November 2012** Paper No 13/08

Report of the Director of Finance

SAFETY

11 **Scottish Patient Safety Programme: Q & P Committee Report** Paper No 13/09

Report of the Medical Director

12 **Infection Control Service – HAI Reporting Template Summary** Paper No 13/10

Report of the Medical Director

13 **Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents (including up-date on future reporting of Significant Clinical Incidents)** Paper No 13/11

Report of the Medical Director

14 **Clinical Governance Implementation Group Minutes and Summary – 10 December 2012** Paper No 13/12

CLINICAL EFFECTIVENESS AND TREATMENT

15 **Maternal Morbidity – Annual Report** Paper No 13/13

Report of Medical Director

PERSON CENTREDNESS

16 **Report on Chaplaincy Service – Annual Report – 2012 (FOR INFORMATION)** Paper No 13/14

Report of Director, Rehabilitation and Assessment Directorate

17 **Staff Governance Committee Minutes - and Review of Remit** Paper No 13/15

Report of Director of Human Resources

18 Pensions – Auto Enrolment Paper No 13/16

Report of Director of Human Resources

CAPITAL PROJECTS

19 New South Glasgow Hospitals: Paper No 13/17

(a) Progress Update – Stages 2 & 3 and

(b) Approval of Outline Business Case – Joint Teaching & Learning Facility

Report of the Project Director – New South Glasgow Hospitals Project

20 Date of Next Meeting

9.00 a.m. on Tuesday, 19 March 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

DRAFT

QPC(M)13/01
Minutes: 1 - 20

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 15 January 2013 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE
Ms M Brown
Mr P Daniels OBE (Minutes 4(c) to 19(a)
Mr I Fraser
Ms R Micklem
Cllr J McIlwe
Mr D Sime
Mrs P Spencer BEM (to Minute 18)

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong
Mr R Calderwood
Ms R Crocket
Mr R Finnie
Mr P James
Mr A O Robertson OBE

I N A T T E N D A N C E

Ms J Gibson	..	Head of Performance and Corporate Reporting (to Minute 9)
Mrs J Grant	..	Chief Operating Officer
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr A Mathers	..	Clinical Director, Women and Children's (for Minute 18)
Ms C Renfrew	..	Director of Corporate Planning & Policy (to Minute 14, and 19 -20)
Mr D Ross	..	Director, Currie & Brown UK Limited (for Minute No. 19)
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute No. 19)
Mr R Wright	..	Director, Health Information & Technology

1. APOLOGIES

The Convener wished everyone a happy new year and congratulated Mrs P Spencer on the award of her BEM for services to nursing in the New Year's Honours List.

Apologies for absence were intimated on behalf of Cllr M Kerr, Cllr A Lafferty, Mr B Williamson and Mr K Winter.

 ACTION BY

2. DECLARATIONS OF INTEREST

Declarations of interest were raised in relation to the following agenda items to be discussed:-

Item 4(c) – Local Authority Residential Beds – Inverclyde: Cllr J McIlwee
Item 4(d) – West Dunbartonshire CHCP – Update on Care Inspectorate Scrutiny Report: Ms M Brown
Item 19(b) - Approval of Outline Business Case – Joint Teaching and Learning Facility: Mr P Daniels

3. MINUTES OF PREVIOUS MEETING

On the motion of Mrs P Spencer and seconded by Ms M Brown, the Minutes of the Quality and Performance Committee Meeting held on 20 November 2012 [QPC(M)12/06] were approved as a correct record.

NOTED

4. MATTERS ARISING

(a) Rolling Action List

NOTED

(b) Western Infirmary - Site B and Embedded Space: Update

In relation to Minute 108(b) – Western Infirmary - Site B Update - Mr Calderwood advised the Committee that he was due to meet representatives of the University of Glasgow that afternoon with a view to concluding the last aspects of the disposal of Site B and the embedded space to the University in line with the terms set out in the paper submitted to the Committee in September 2012.

He agreed to report back to the Committee in May 2013 on the outcome. **Chief Executive**

NOTED

(c) Inverclyde Council Commissioned Services for Specialist Nursing Care, Older People's Dementia and Adult Mental Health Intensive Supported Living Services

In relation to Minute 108(c) – Contract for NHS Partnership Beds and Local Authority Residential Care Beds - Inverclyde – there was submitted a paper [Paper No. 13/02] from the Director of Glasgow City CHP updating the Committee on the current position on the commissioning by Inverclyde Council/CHCP of specialist nursing care for older persons with dementia and adult mental health intensive supported living services in Inverclyde.

It had been proposed that Inverclyde Council and NHSGG&C separately commission the elements of service needed to meet their individual requirements. This decision was informed by two unsuccessful attempts to jointly procure from the market place a viable 74 bed contract. NHSGG&C was in the process of procuring 42 NHS mental health continuing care beds (30 for

ACTION BY

older persons and 12 for adults) as had been outlined in the original procurement specification.

Inverclyde Council's service elements of the original tender had been reviewed and a needs analysis had determined that 12 older people mental health/dementia beds and up to eight adult mental health beds were required to be commissioned. Councillor McIlwee advised that Inverclyde Council had approved the recommendation to commission these services from the independent sector through a tendering process. This was for the provision of specialist nursing care services for older people specifically who had dementia and chronic functional mental illness such as schizophrenia or treatment resistant depression.

The procurement of the NHS mental health continuing care beds on the Inverclyde Royal Hospital site would see a submission made to the Scottish Government's Capital Investment Group at the end of February 2013. This would seek confirmation of capital funding and would either be through a capital allocation or the Scottish Futures Trust West Hubco arrangement.

Mrs Hawkins highlighted to Members that a bridging investment would be required for the additional period of time Ravenscraig Hospital would require to stay open. This would allow Inverclyde Council to progress their commissioning arrangements and have a suitable provider in place prior to the closure of Ravenscraig Hospital.

Ms Brown sought more information on the strengthening of the community infrastructure for older people's mental health services. In particular to the risks of the proposals, especially if the replacement services were not in place within the right timeframe, discussions stalled on the bridging finance required between both organisations or in relation to the resource transfer arrangements. Mrs Hawkins agreed that the next report back to the Committee will clearly identify all the risks associated with the proposals. She also advised that the Partners for Change Programme was a local authority scheme which aimed at building local, positive relationships with the third sector and to collaboratively develop and implement a commissioning improvement plan. **Director – Glasgow CHP**

DECIDED:

1. That, the present position on the proposed way forward and commissioning arrangements, be noted and endorsed. The key timescales and bridging requirements would be determined by the outcome of the Capital Investment Group in February 2013. **Director – Glasgow CHP**
2. That, the progress reports during the commissioned period on the progress of the NHS GG&C procurement process and the Inverclyde Council arrangements, be received. **Director – Glasgow CHP**
3. That, the requirements for Inverclyde for bridging finance for a period of time prior to the closure of Ravenscraig Hospital to enable the Council to put in place the services they required prior to the closure date, be noted. NHS GG&C would work with Inverclyde Council to determine the amount of bridging finance required, along with an appropriate funding source to meet the transitional costs – this work to be completed within three months. **Director – Glasgow CHP**
4. That the balance of the unallocated resource currently shown as £664,000 was dependent on the final cost of both the commissioned places and the continuing care bed provision and was subject to further discussion on final investment, to be noted. **Director – Glasgow CHP**
5. That, the background and context section of the paper setting out the next steps for both NHS GG&C and Inverclyde Council, be noted. **Director – Glasgow CHP**

ACTION BY

(d) West Dunbartonshire CHCP – Update on Care Inspectorate Scrutiny Report

In relation to Minute 118 – West Dunbartonshire CHCP – Review – Mrs Hawkins, Director, Glasgow CHP, advised that the Care Commission Scrutiny Report on Services provided by West Dunbartonshire CHCP had been sent to Members in December 2012 for information. The report had highlighted two areas of uncertainty in relation to governance and management support to staff. Three recommendations had been made and the West Dunbartonshire CHCP Committee would oversee the implementation of the Action Plan to implement these recommendations. **Director – West Dun CHCP**

The report had been positive in relation to the joint work of the CHCP and in particular to the joint organisational performance review arrangements and the requirement to report back to both the NHS Board and Council on the outcome.

NOTED

5. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No. 13/03] from the Head of Performance & Corporate Reporting setting out the integrated overview of NHS Greater Glasgow and Clyde's performance.

Of the 42 measures which have been assigned a performance status based on their variance from trajectory, 28 were assessed as green; 11 as amber (performance within 10% of trajectory) and 3 as red (performance 10% outwith meeting the trajectory). The areas of key performances changes since the last report included:-

1. Sickness absence had moved from red to amber;
2. New outpatients; maximum 12 weeks from referral had moved from red to green
3. Ante-natal care had moved from green to amber

At the Committee's request the bed days lost to delayed discharge measure was disaggregated to highlight:- (i) the overall bed days lost to delayed discharges (including adults with incapacity); (ii) bed days lost to delayed discharges excluding adults with incapacity and, (iii) bed days lost to delayed discharges for adults with incapacity.

The Convener asked in relation to Accident and Emergency waiting times if more up-to-date information could be made available especially when there were particular challenges. The integrated Quality and Performance report was an organisational performance report and on this occasion the report had been prepared two weeks in advance due to the festive holiday period. Ms Renfrew advised that for future meetings that where performance has changed since the time the report was produced the relevant lead Director would provide the Committee with a verbal update. **Directors**

In relation to Accident and Emergency waiting times, Mrs Grant advised that it had been a challenging period over the last four weeks due to the unprecedented demand on services and this had led on occasions to some hospitals failing to meet the agreed targets. While this was still variable most hospitals were now returning to an acceptable level of performance. The opening of additional bed capacity had been helpful and there had been a need to reduce the number of elective procedures in order to cope with the significant increase of emergency admissions. Mr Calderwood advised that he had written to those staff involved to thank them for

ACTION BY

their significant efforts in meeting this increased demand on services over the last four weeks.

Mr Daniels enquired whether the 26 week target for faster access to specialist services (CAMHS) would be achieved by February 2013. Ms Renfrew advised that 16 patients were waiting over this time within Inverclyde. However all had been offered an appointment in January 2013. It was hoped that this would ensure the target was met and new referrals from 1 January 2013 would have a waiting time target of less than seven weeks. The Quality and Performance Committee's focus on the CAMHS services and the lengthy waiting times had been particularly helpful in bringing about improvements to the services for these patients.

NOTED

6. DEVELOPMENT OF LOCAL DELIVERY PLAN 2013/14

There was submitted a paper [Paper No. 13/04] from the Director of Corporate Planning and Policy setting out the SGHD guidance to NHS Boards on producing Local Delivery Plans (LDPs) for 2013/14. Three new HEAT targets had been included:-

1. Dementia – a minimum of one year's post-diagnostic support through a link worker for new people diagnosed with dementia including a person-centred support plan. This target would be due for delivery by 2015/16;

2. Healthcare Associated Infection – to further reduce the levels of staphylococcus, aureus, bacteraemia (including MRSA) and clostridium difficile;

3. In-Vitro Fertilisation (IVF) - eligible patients to commence IVF treatment within 12 months by March 2015.

The dementia and IVF targets would have substantial resource implications and these were currently being assessed.

The paper highlighted the NHS role in community planning and in particular the LDP included a requirement for Boards to indicate through their contribution to the Single Outcome Agreements the tangible contributions they will make in 2013/14 towards improved outcomes in;

1. Economic recovery and growth
2. Employment
3. Early Years and Early Intervention
4. Safer and stronger communities
5. Offending
6. Health Inequalities
7. Physical Activities
8. Older People

NHS Boards were required to submit their draft LDPs to SGHD by 15 February 2013 and final LDPs by 15 March 2013. Ms Renfrew will circulate a copy of the draft LDP – 2013/14 to Members for information.

Director of Corporate Planning and Policy

Ms Micklem was interested in the increased emphasis on community planning engagement and Mr Calderwood advised that the NHS Board had no single approach

ACTION BY

to community planning. NHS Boards were invited by Local Authorities to contribute to the community planning processes and it was very much driven by Local Authority priorities. Normally NHS Boards and Local Authorities did not have co-terminus boundaries and this could add to some of the difficulties however the NHS Boards and the CH(C)Ps played an active part in the community planning processes across the six Local Authorities within the NHS GG&C and where it had worked well the NHS Board had been an effective contributor. It was recognised that the NHS would feed in health priorities but it was also important what the NHS take out and learn from the community planning processes and contribute around some of the wider areas discussed.

Mr Finnie enquired about the process of developing new HEAT targets. Mr Calderwood advised that where strong clinical support and engagement was possible this was particularly helpful in influencing new targets, particularly, as Dr Armstrong highlighted, in relation to healthcare acquired infection rates. It was important to continue to try and ensure greater clinical engagement in the setting of future targets. Dr Armstrong highlighted the greater tolerance rate available down south with the 4-hour accident and emergency target set at 95% as opposed to 98% within Scotland.

The HEAT targets reflected the priorities of SGHD and it was important that NHS Boards and staff worked towards achieving the target set in order to contribute to the overall Board's performance. There was an important balance in securing investment monies from the national efficiency targets to support developments and new targets and one of the challenges was to continue to gain the support of staff and the communities in identifying and driving through further efficiencies. The importance of continuing an open dialogue between the NHS Board and SGHD was recognised in trying to shape appropriate priorities and investment decisions.

Ms Micklem highlighted that the guidance indicated the NHS Board should outline any risks which the delivery of a particular target could create in unequal health outcomes for people with protected characteristics and Ms Renfrew advised that this was underway and the opportunity would be taken to respond to SGHD as requested.

NOTED.

7. ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No. 13/5] from the Head of Performance and Corporate Reporting setting out the detail of the mid-year Organisational Performance Reviews (OPRs). The paper highlighted an overview of some of the key achievements and issues which emerged from the mid-year OPRs. Ms Gibson would circulate to Members with a copy of the Inverclyde CHCP performance overview.

Ms Micklem asked about the read across from the corporate themes to the detailed discussions and performance overviews of the individual CHCPs/Acute Services Division. Ms Renfrew advised that the two hour OPRs looked at all commitments and targets and discussed all issues including the corporate themes in significant detail. The write-up of each performance overview would not necessarily cover all corporate themes if they had not been a priority within that particular area. However Members were assured that each corporate theme was discussed with each CHCP/Acute Service Division during their OPRs. Ms Renfrew agreed to submit the paperwork which supported the OPR process for Members' information.

Director of Corporate Planning & Policy

NOTED.

ACTION BY

8. ANNUAL REVIEW - OUTCOME

There was submitted a paper [Paper No. 13/6] from the Director of Corporate Planning and Policy which attached the letter from the Cabinet Secretary for Health and Wellbeing summarising the discussions and actions agreed at the NHS Board's Annual Review on 26 November 2012. The letter contained a number of actions and the Quality and Performance Committee would be kept up to date on the progress of implementing each of these actions.

Mrs Spencer had felt that the reports produced for members of the public were not conducive to easily understanding the issues being discussed. She had had first hand experience of this by sitting with two members of the public at the last annual review. Ms Renfrew advised that SGHD set out the format and type of paperwork however whilst further suggestions would be made to SGHD on the presentation of this annual public event NHS Board Officers would consider the production of a more public-friendly summary for those attending future annual reviews.

Director of Corporate Planning & Policy

NOTED.

9. MEDIA COVERAGE – NOVEMBER/DECEMBER 2012

There was submitted a paper [Paper No. 13/7] from the Director of Corporate Communication highlighting the outcomes of media activity for the November/December 2012 period. The report supplemented the weekly media round-up which was provided to NHS Board Members every Friday afternoon and summarised media activity over the last few days and provided an alert for some issues which may be reported in the immediate future.

Members welcomed this report and particularly asked that the Director of Corporate Communications and his staff be thanked for the very helpful weekly media round-up.

NOTED

10. FINANCIAL MONITORING REPORT FOR THE 8 MONTH PERIOD TO 30 NOVEMBER 2012

There was submitted a paper [Paper No. 13/8] providing the financial report for the eight month period to 30 November 2012.

The report showed an expenditure outcome of £0.3million in excess of budget for the first eight months of the year however it was considered that a year-end break-even position remained achievable.

Mrs Spencer asked a question in relation to the overspend within nursing pay and Mrs Grant advised that the Acute Director of Nursing was currently reviewing the position and meeting with each Directorate to review action plans and review the implementation of the workforce planning model. It had been the case that some additional bank and agency staff had been used in particular areas.

NOTED

11. SCOTTISH PATIENT SAFETY PROGRAMME REPORT

There was submitted a paper [Paper No. 13/9] by the Medical Director providing an

update on the acute adult core programme and the paediatric programme.

In relation to the two nationally set aims:-

1. to ensure that at least 95% of people receiving care do not experience harm – such as infections, falls, blood clots and pressure sores;
2. to reduce the Hospital Standardised Mortality Ratio (HSMR) by 20% by 2015.

The Medical Director advised that discussions were continuing with the SGHD over the definition of "harm" in relation to the first target. In relation to HSMR the latest release of the national SMR data to the quarter ending June 2012 indicated a national position of 0.89 with the Board achieving an overall trend across its acute hospitals of 0.84 – indicating a downward trend and an overall reduction greater than the national SMR figure.

The paediatric programme implementation continued within the Women and Children's Directorate with the general ward workstream currently being spread beyond the pilot areas. All ward areas were actively engaged with hand hygiene and the children's early warning score with a focus now on PVC and safety communications. Revised national aims from the Paediatric Action Group were awaited.

NOTED

12. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE – JANUARY 2013

The was submitted a paper [Paper No. 13/10] by the Medical Director covering the Board-wide infection prevention control activity. The report was on an exception reporting basis only as the full report was submitted to each NHS Board meeting and this report covered the quarter July – September 2012.

The most recently validated results available demonstrated a staphylococcus aureus bacteria (SAB) rate of 27 per 100,000 average occupied days against a national rate of 29.3. The HEAT targets of 2010 and 2011 had both been achieved however more of these infections were being identified when patients were admitted from home or nursing homes and actions to prevent these were limited and would make the revised target of 26 cases difficult to achieve. The NHS Board rate for C.difficile infection for the quarter July – September 2012 was 17.4 per 100,000 occupied bed days which placed the NHS Board below the national average of 31.9 and well below the revised 2013 HEAT target of 39.

The NHS Board's compliance with hand hygiene for the period 24 September to 5 October 2012 was 93% against the Scottish average of 95%. In relation to surgical site infection surveillance, all procedure categories, except reduction of long bone fracture, were on or below the national average. The purchase of an electronic surveillance model will facilitate broadening out surgical site infection surveillance to other operating procedure categories and this was welcomed.

Dr Armstrong highlighted from the paper the four superficial surgical site infections from cesarean sections carried out in August at the Royal Alexandra Hospital. A review had been undertaken of all cases and there was no common linking factors between the patients, however close monitoring would continue. In addition, four deep surgical site infections had been identified in October within orthopaedics at the

 ACTION BY

Royal Alexandra Hospital; three from hemi-arthroplasty and one knee joint surgery and all patients were on antibiotics as per the NHS Board's policy. Lastly it was reported that during November 21 wards across nine hospitals had been closed at some point to admissions due to norovirus and this figure had risen to 32 wards across 13 hospitals during December.

NOTED

13. CLINICAL RISK MANAGEMENT REPORT; SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 13/11] by the Medical Director on Adverse Clinical Incidents. The reporting of Adverse Clinical Incidents had been displayed on two separate charts in order to highlight the position within Acute Services and separately within Partnerships.

Dr Armstrong highlighted the ongoing work in relation to the management of Significant Clinical Incidents (SCIs). NHS Board staff were currently engaging with Health Improvement Scotland to support their ongoing development of a national guidance framework for the management of SCIs. This had helped shape the national consultation document "Building a National Approach" which was launched on 8 January 2013. Contributions from members of the Committee would be welcomed and should be submitted to Mr Andy Crawford, Head of Clinical Governance by 15 February 2013 to enable a NHS Board response to be submitted. **Q&P Members**

Health Improvement Scotland were also continuing their round of local inspection visits where they were auditing a small sample of Significant Clinical Incidents and interviewed both the clinical team and the investigation team for each case. No date has yet been set for the visit to NHSGG&C.

Within NHSGG&C clinical risk staff had been completing staff surveys and discussion groups to identify local perspectives on the SCI policy and process. Interviews had included patient forums and the information gained had been fed into a workshop with the key leads in each service. Steps were now being taken to review the collated information in order to revise the current policy and frame a set of outstanding issues which would be developed through a consultation process with the services. It was still intended to publish the policy in April 2013 however this depended on the publication of a national development framework.

Members welcomed the work ongoing within NHS GG&C and Ms Micklem enquired about the balancing of accountability and the promotion of a learning culture and in particular enquired about the training offered to the lead investigators for the SCIs. Dr Armstrong advised that root cause analysis training was available and this together with their experience of liaising with families had been particularly helpful. Mrs Spencer felt that the SCI process was variable across the NHS Board and that more focused training would certainly be beneficial for lead investigators, particularly in the role of sharing with families the details of significant incidents. Mrs Spencer agreed to submit comments in relation to the issues which had concerned her in relation to SCIs so that they could be considered as part of the consultation response from the NHS Board.

Dr Armstrong provided Members with the summary of the ongoing and completed Fatal Accident Inquiries and in particular drew Members' attention to the Sheriff's Determination that had been issued earlier this month in relation to Mr Hughes. The Determination stated that there were no reasonable precautions where the death may

ACTION BY

have been avoided or were there any defects in any system of working. In relation to the escalation of phone calls to clinical staff and training for receptionists/telephonists, Mrs Hawkins would raise these with the Clinical Director to ensure that good practice was in place throughout NHSGG&C.

Director of Glasgow CHP

Lastly Dr Armstrong highlighted a recent Freedom of Information request which had resulted in media headlines suggesting a higher mortality rate over weekends at the Royal Alexandra Hospital. In reviewing the information released it was found that it was based on a format that misrepresented the position. The number of patient deaths per weekdays and weekends were similar however in this instance mortality had been presented as a proportion of all discharges and this was inappropriate as it created a significant bias given the lower number of patients who were discharged at the weekend. The revised presentation of the information, provided in tabular form, did not provide any evidence of a real increase in mortality amongst those admitted at weekends. The review of processes for releasing information under Freedom of Information legislation had been undertaken to ensure that in future it was presented in a more balanced manner.

NOTED

14. CLINICAL GOVERNANCE IMPLEMENTATION GROUP MINUTES AND SUMMARY – 10 DECEMBER 2012

There was submitted a paper [Paper No. 13/12] in relation to the Clinical Governance Implementation meeting held on 10 December 2012 together with a summary report highlighting key issues. Dr Armstrong highlighted the error which had occurred with electronically transmitted discharge letters from North East Glasgow to GPs. A GP had highlighted that the paper copy of the discharge letter and electronic copy did not match and immediately a review was undertaken. This had highlighted an error in the system which involved the comment section and medication section. This was rectified and a review was undertaken to identify all records of patients involved and revised documentation was provided to GPs. No patient had come to harm however it had been a concern and the lessons learned from the review had been considered across the NHS Board.

The move from hard copy to electronic transmission of discharge letters was still ongoing and Mr Wright, Director of Health Information and Technology, advised that this process continued to be ongoing and that the errors in the electronic discharge letters had ensured an additional level of review of such important patient information. It had been clear that there had been no user acceptance part of the process and that would be the area which Mr Wright would further review and strengthen in future.

The issues in relation to the breakdown in relationships between clinical staff and Castlemilk Health Centre was ongoing.

NOTED

15. REPORT OF THE CHAPLAINCY SERVICE – 2012

There was submitted a paper [Paper No. 13/14] from the Director of Rehabilitation and Assessment Directorate setting out for information the Annual Report on the Healthcare Chaplaincy Services. The report highlighted the significant aspects of the year's work, identified priorities for service development and improvement and informed on the work of the healthcare chaplains.

ACTION BY

NOTED

16. STAFF GOVERNANCE COMMITTEE MINUTE – 8 NOVEMBER 2012 AND REVIEW OF REMIT

There was submitted a paper [Paper No. 13/15] setting out the Staff Governance Committee minutes of its meeting held on 8 November 2012 together with the review undertaken by the Committee of its remit.

Mr Daniels asked for more information on the suggestion of Non-Executive Directors aligning themselves to specific Board-wide campaigns. Ms Brown, Chair, Staff Governance Committee, advised that the idea had been intended to be similar to the Non-Executive Directors' involvement in the leadership walk-arounds within Acute Services and it was hoped it would be a helpful contribution and involvement of Members in Board campaigns ie the recent homophobia campaign.

DECIDED:

1. that the Staff Governance minutes of its meeting on 8 November 2012 be noted.
2. that the Staff Governance remit be approved. **Director of Human Resources**

17. PENSIONS – AUTO ENROLMENT

There was submitted a paper [Paper No. 13/16] from the Director of Human Resources setting out the background to the UK Government scheme for pension auto-enrolment which had been launched in October 2012 together with identifying the costs associated of introducing the scheme within NHSGG&C from 1 January 2013.

Membership of the NHS occupational pension scheme, administered by the Scottish Public Pensions Agency, was available to all employees within the NHS Board. All new starts who were eligible under the scheme's regulations were automatically included in the relevant section of the scheme on commencement unless they completed a form to opt out. Currently there were approximately 7,500 employees within the NHS Board who had exercised their right not to be a member of the scheme – this was largely within the paybands of 2, 3 and 5. Under the new arrangements employers must commence implementation of the new obligations by a date determined by the number of staff in the employer's PAYE scheme. This would be 1 January 2013 for the NHS Board although a, transitional period, was available under the UK rules of 30 September 2017.

A sub-group of the Area Partnership Forum had been formed to oversee auto-enrolment and had met on two occasions. The preferred option of the group was not to take advantage deferring the auto-enrolment until 2017.

In relation to additional costs, if all existing staff who were not members of the scheme chose to join the additional costs to the Board would be £16 million per annum; if 50% joined the additional costs would be £8 million per annum.

Mr Sime emphasised the importance of staff to having adequate pension arrangements in place long before they retired, as this would help sustain independent living and he had supported the implementation of auto-enrolment from

ACTION BY

2013. Mrs Spencer asked about the awareness of staff to the scheme and what steps would be taken to communicate with staff about the new arrangements and highlighting the benefits of contributing as early as possible to a pension. Mr Reid indicated that further discussion would be ongoing with the Area Partnership Forum and that communications would be prepared for existing staff and new starts to advise on the UK-wide scheme and provide encouragement to staff to join the pension scheme.

DECIDED

That the pension's auto-enrolment arrangements for existing staff at 31 March 2013, be approved. **Dir of Human Resources**

18. MATERNAL MORBIDITY – ANNUAL REPORT

There was submitted a paper [Paper No. 13/13] from the Clinical Director for Obstetrics and Gynaecology providing an overview and perspective from NHSGG&C of the Health Care Improvement Scotland 8th Annual Report on the Scottish Confidential Audit of Severe Maternal Morbidity; Reducing Avoidable Harm.

Dr Alan Mathers, Clinical Director for Obstetrics and Gynaecology was welcomed to the meeting and gave a presentation on the findings of the 8th Annual Report and NHSGG&C's position with regard to the report and its recommendations.

Dr Mathers advised that a significant change would take place in the immediate future with regard to the processing of Scottish data relating to both maternal morbidity (ill health and survival) and maternal deaths. This was in response to a change in the UK-wide clinical outcome review programmes and a change to the previous UK Confidential Enquiry into Maternal Deaths. It was expected that it would be possible in future to extract and analyse Scottish data to be used as part of the new maternity safety and early years collaborative improvement programmes which were run under the auspices of Health Improvement Scotland.

The 8th Annual Report repeated many findings from previous years:-

1. Major obstetric haemorrhage remained the commonest cause of severe morbidity in pregnancy
2. Guidelines for the management of major obstetric haemorrhage were not followed consistently
3. The care of major obstetric haemorrhage was assessed by local reviewers as sub-optimal in one; five cases
4. Only 59% of cases of major obstetric haemorrhage were reviewed by maternity units' risk management teams
5. The quality of data collected varied and was poor from sub-units.

Dr Mathers took Members through each of the report's recommendations and "room for improvement" and presented the position within NHSGG&C.

The variation in the reported experience of each NHSGG&C consultant-led units remained consistent with the pattern and explanations provided last year to the Quality and Performance Committee. Two units were within the funnel of the national average performance for severe maternal morbidity and the unit at the Southern General was below the low threshold. It had been ascertained that this had been in relation to lower reporting levels arising from case ascertainment problems which had now been resolved.

Ms Micklem sought clarification of the statement within the Annual Report about the suggestion that there was no association between the level of deprivation and the occurrence of severe morbidity – recognising numbers were small and required to be aggregated for a number of years to be meaningful. Dr Mathers advised that the level of deprivation was indeed a factor.

Dr Benton asked about the impact of the move towards mothers giving birth at a later stage in their life. Dr Mathers indicated that the report highlighted some specific issues however it had been clear to him that the mothers giving birth, at a later stage of their lives, had different expectations from younger mothers. In relation to the data covering the period to 2010 Dr Mathers advised that there was indeed an inbuilt delay as much of the reporting was one year after any deaths and this was the nature of this type of data collection and national publication.

The Convener thanked Dr Mathers for his excellent presentation and report on this critically important area of the NHS Board's work.

NOTED

19. NEW SOUTH SIDE GLASGOW HOSPITALS
(a) PROGRESS UPDATE – STAGES 2 & 3

There was submitted a paper [Paper No. 13/17] from the Project Director of the Glasgow Hospitals Laboratory Project setting out the progress against Stage 2 (Design Development of the New Hospitals) and Stage 3 (Construction of the Adult and Children's Hospitals).

In relation to Stage 2 Mr Seabourne advised that the progress continued to be made in reviewing and agreeing the design of layouts and systems for the Adult and Children's Hospital. The next stage would be a move towards drawing up the programme of equipment installation requirements.

In relation to Stage 3, as at 6 January 2013, 93 weeks of the 112 week contract had been completed and the project remained within the timescale and within budget. Progress continued to be made on the construction of the new hospitals and Mr Seabourne provided further images highlighting the progress with both hospitals and in particular critical care, acute assessment, the ward wing, together with the mechanical and electrical area and energy centre.

In relation to community benefits, the project had recruited 257 new entry employees (exceeding the project target of 250) and this included 77 apprentices against a target of 88 for the project. In relation to the work experience targets, 160 placements had been provided against the target of 184 and overall the project was on track to achieve the training and recruitment targets ahead of schedule.

The design team was progressing the design detail for the construction of the new multi-storey carpark (carpark 1) and the agreed start of the one year contract was 29 April 2013. The compensation event for the multi-storey carpark would be concluded by the end of the week.

Mr Seabourne was pleased to advise that as part of the employers' requirements for the new Laboratory Medicine building the NHS Board had stipulated that the laboratory building design achieve BREEAM Excellent (Building Research

Establishment Environmental Assessment Message). Confirmation that the new Laboratory Medicine building had been awarded excellence status was confirmed by the Board's BREEAM consultant on 11 December 2012. The Committee congratulated Mr Seabourne and the project team on this excellent achievement.

Mr Ross took Members through the change control process, potential compensation events and provided an overall budget update. He highlighted that there had been one specific compensation event relating to ground contaminants discovered during excavations and this had been at a cost of £7,115.46. This was an area which may attract further changes as more groundwork was made available and investigated.

NOTED

Mr P Daniels left the meeting.

(b) OUTLINE BUSINESS CASE – TEACHING AND LEARNING FACILITY

There was submitted a paper [Paper No. 13/17b] from the Project Director of the Glasgow Hospitals and Laboratory Project providing Members with a copy for approval of the Outline Business Case (OBC) of the teaching and learning facility on the Southern General campus.

It had been recognised that to support the large modernised Southern campus the NHS Board in partnership with the University of Glasgow would benefit from a teaching and learning facility which would support their respective staff and students. The joint teaching and learning facility would replace the facilities on the Western Infirmary, Victoria Infirmary, Southern General and the Royal Hospital for Sick Children's sites. On completion of the new South Side Adult and Children's Hospital the site would comprise a new 1,109 bedded adult hospital; a 256 bedded children's hospital; a new laboratory building; maternity services, Institute of Neurological Sciences; the National Spinal Injuries Unit; Westmark (the rehabilitation technology service for the West of Scotland); elderly services and facilities for young physically disabled. There would be 10,000 staff and approximately 1,000 under-graduate and post-graduate students on the site, all requiring access to educational facilities to support their education training needs. Providing a joint teaching and learning centre on the Southern site would be the most effective way for students and staff to access these facilities.

The design of the new build had involved users from both the NHS Board and the University of Glasgow and both have signed off plans to Stage 3 – department adjacencies and departmental layouts. The timescale was to seek the Scottish Government Capital Investment Group approval of the Outline Business Case by the end of February 2013; target price agreed by the end of the July 2013 and seek final business case approval by the end of September 2013. If this proved to be the case the start on site would be November 2013 with an estimated completion date of May 2015.

The estimated capital costs had been derived from cost schedules produced by cost advisers and the joint teaching and learning facility would cost £20.3 million.

Whilst the agreed percentage split between both parties would be agreed before the final business case submission, currently the NHS share would be 48.5% - £9.844million.

Early discussions had taken place with SGHD officials prior to submission of the OBC to the Capital Investment Group and the three main comments highlighted had

ACTION BY

been addressed within the OBC. The Convener had indicated that Mr Winter (who was on leave) had provided some written comments on this proposal. He supported the OBC and had asked about the control change process recognising this was a joint project between both the NHS Board and the University.

Mrs Grant indicated that the local user group would be the forum for any discussions and any changes from either party would be governed by the rules of engagement between the NHS Board and the University. As with the main hospital's contract it was intended to reach a stage where no further revisions would be accepted.

Mr Seabourne reported that a project manager had been appointed and in response to a question by Mr Robertson he advised that the selection process for the constructor and the designers had been undertaken via the Scottish framework process and therefore an open process had been undertaken leading, once the scheme had been approved, to entering a contract with BAM Construction for the full construction cost of the joint teaching and learning facility. The NHS Board would be responsible for managing all payments made to BAM Construction and would re-charge the University of Glasgow based on the agreed proportion of ownership with the University.

In relation to psychology services, discussions had not taken place with regard to those currently provided from Gartnavel Royal, however these could be discussed with the University at a meeting to be held that afternoon. **Project Director**

In relation to the impact on the balance sheet and the new building being subject to initial valuation by the District Valuer, the Convener had noticed that the OBC had commented that it was likely that the assessed value of the asset would be less than the capital spend and if so an impairment value would be calculated. This had been noted.

DECIDED:

That, the Outline Business Case for the joint teaching and learning facility with the University of Glasgow, be approved for onward submission to the Capital Investment Group of the Scottish Government. **Project Director**

20. DATE OF NEXT MEETING

9.00am on Tuesday 19 March 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

The meeting ended at 12.30pm

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 19 March 2013 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting:15 January 2013**	QPC(M) 13/01
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 13/18
	(b) Inverclyde NHS Partnership Beds and Local Authority Residential Beds – Up-date Verbal Report of the Director, Glasgow City CHP	
5	**New South Glasgow Hospitals: Progress Update – Stages 2 & 3** Report of the Project Director – New South Glasgow Hospitals Project	Paper No 13/19
6	**Integrated Quality and Performance Report** Report of the Head of Performance and Corporate Reporting	Paper No. 13/20

SAFETY

7	**Scottish Patient Safety Programme: Q & P Committee Report** Report of the Medical Director	Paper No 13/21
8	**Infection Control Service – HAI Reporting Template Summary** Report of the Medical Director	Paper No 13/22
9	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents** Report of the Medical Director	Paper No 13/23

10 **Board Clinical Governance Forum Minutes – 18 February 2013 - Draft** Paper No 13/24

CLINICAL EFFECTIVENESS AND TREATMENT

11 **Terms and Remit of Group to Review Recommendations of Mid Staffs (Francis) Report** Paper No 13/25

Report of the Medical Director

PERSON CENTREDNESS

12 **Progress Report on Transfer of Prison Health Services**

Verbal Report of the Director, Glasgow City CHP

13 **Scottish Public Sector Ombudsman – Quarterly Report** Paper No 13/26

Report of Head of Board Administration

14 **Quality Policy Development Group Minutes of Meeting held on 18 December 2012** Paper No 13/27

MONITORING AND GOVERNANCE

15 **Inverclyde CHCP Performance Report** Paper No 13/28

Report and Presentation of the Director, Inverclyde CHCP

16 **Media Coverage: Jan/Feb 2012** Paper Non 13/29

Report of the Director of Corporate Communications

17 **Financial Monitoring Report to January 2013** Paper No 13/30

Report of the Director of Finance

18 **Central Decontamination Unit – Discussion**

19 **Date of Next Meeting**

9.00am on Tuesday 21 May 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

DRAFT

QPC(M)13/02
Minutes: 21 - 39

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 19 March 2013 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE
Ms M Brown (from Minute 26)
Mr I Fraser
Cllr A Lafferty
Ms R Micklem
Cllr J McIlwee
Mr D Sime

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong
Mr R Calderwood
Mr R Finnie
Mr P James
Mr A O Robertson OBE

I N A T T E N D A N C E

Ms J Gibson	..	Head of Performance and Corporate Reporting (to Minute 25)
Mrs J Grant	..	Chief Operating Officer
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr A McIntyre	..	Director, Facilities (for Minute 32)
Mr A McLaws	..	Director, Corporate Communications
Mr B Moore	..	Director, Inverclyde CHCP (for Minute 31)
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning & Policy
Mr D Ross	..	Director, Currie & Brown UK Limited (for Minute No 26)
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute No 26)
Mr R Wright	..	Director, Health Information & Technology

21. APOLOGIES

Apologies for absence were intimated on behalf of Mr P Daniels OBE, Cllr M Kerr, Mrs P Spencer BEM, Mr B Williamson and Mr K Winter.

22. DECLARATIONS OF INTEREST

No declarations of interest were raised in relation to the agenda items to be discussed.

ACTION BY

23. MINUTES OF PREVIOUS MEETING

On the motion of Ms R Micklem and seconded by Mr D Sime, the Minutes of the Quality and Performance Committee Meeting held on 15 January 2013 [QPC(M)13/01] were approved as a correct record, subject to the following correction:-

Minute 19 – "New South Side Glasgow Hospitals: Progress", 3rd paragraph; 1st line – delete "112 week" and insert "205 week".

NOTED

24. MATTERS ARISING

(a) Rolling Action List

(i) Local Delivery Plan : 2013/14

Ms Renfrew confirmed that the final Local Delivery Plan: 2013/14 would be submitted to the Scottish Government Health Directorate (SGHD) by the end of this week and a copy sent to NHS Board Members for information. **Director of Corporate Planning and Policy**

NOTED

(b) Clinical Risk Management: Surveillance of Adverse Clinical Incidents

In relation to Minute 13 – Clinical Risk Management: Surveillance of Clinical Incidents - Mr Finnie asked about the recent reports of a higher mortality rate at the Royal Alexandra Hospital. It was explained that this was in relation to a recent SGHD Freedom of Information response about Healthcare Improvement Scotland actions in relation to Scottish Standardised Mortality Rates (SMR) for 2010. The Medical Director would cover this issue in her report on Scottish Patient Safety Programme later on in the agenda.

NOTED

(c) Inverclyde NHS Partnership Beds and Local Authority Residential Beds - Update

In relation to Minute 4 (c) - Inverclyde Council Commissioned Services for Specialist Nursing Care, Older People's Dementia and Adult Mental Health Intensive Supported Living Services – Mrs Hawkins advised that the SGHD Capital Investment Group had considered the submission to procure NHS mental health Continuing Care beds at the Inverclyde Royal Hospital Site at its meeting on 26 February 2013. The formal decision was awaited with the expectation that it may be announced by the end of this week. If approved there then would be a short period of time to agree the bridging requirements with Inverclyde Council.

ACTION BY

Inverclyde Council had approved the commissioning of the older people mental health/dementia beds and adult mental health beds at its meeting on 28 February 2013.

NOTED

25. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No. 13/20] from the Head of Performance and Corporate Reporting setting out the integrated overview of NHS Greater Glasgow and Clyde's performance.

Of the 41 measures which had been assigned a performance status based on their variance from trajectory and/or targets, 25 were assessed as green; eight as amber (performance within 10% of trajectory) and eight as red (performance 10% outwith meeting the trajectory). The areas of key performance change since the last report included:-

- Child and adolescence mental health services had moved from red to amber;
- Freedom of information requests had moved from red to amber;
- Bed days lost to delayed discharges for adults with incapacity had moved from red to amber;
- Access to psychological therapy had moved from amber to red;
- Admissions to stroke unit had moved from amber to red;
- Accident and emergency waits; maximum four hours had moved from amber to red
- New out-patients; maximum 12 weeks wait had moved from green to red;
- Delayed discharges over 28 days had moved from green to red;
- Overtime usage (whole time equivalent) had moved from green to amber;
- New out-patient did not attends had moved from amber to red; and
- Sickness absence had moved from amber to red.

Ms Gibson, Head of Performance and Corporate Reporting advised that it had been agreed that those performance measures which were reported on an annual basis would be reported as and when the data became available. To assist Members, this report had included a three year breakdown of the percentage of new outpatient did not attends by age, sex and deprivation.

Councillor Lafferty thanked officers for the report and whilst there had been an increase in the number of measures assessed as red, he had taken some comfort that the Committee's intervention had led to faster access to specialist child and adolescent mental health services.

Ms Micklem had been disappointed in the did not attend figures and had expressed an interest in the equalities impact assessment for the Access Policy in terms of ensuring accessibility to all those seeking treatment within NHSGG&C. Ms Renfrew made reference to the new GP referrals direct to hospital services and sought Members' agreement that a more detailed report be submitted to the next meeting of the Committee picking up on the issues highlighted from the equalities impact assessment report including the new GP referrals initiative. This was agreed.

Director of Corporate Planning & Policy

Ms Benton enquired about the delayed discharges within Glasgow City CHP and Mrs Hawkins agreed that while stringent efforts were being made to reduce delayed discharges and in particular bed days lost, there was still much work to do to try and meet the target set.

Mr Lee referred to the recent Board Members' visit to the Vale of Leven Hospital and one of the problems highlighted by staff there was that the discharge of dementia patients could be held up by a lack of arrangements around guardianship and/or Power of Attorney. He wondered if there was more which could be done to promote and encourage people to consider this at an earlier stage. Mrs Hawkins indicated that action was already being taken in Glasgow to raise the profile of this matter and she envisaged that the anticipatory care work which will be part of the GMS contract in the coming year would give an opportunity for Power of Attorney to be actively discussed with patients. The role of GPs was particularly helpful when discussing these issues with patients.

Ms Micklem enquired about the increase in pressures to services across NHSGG&C and the impact it was having on an increased number of measures being categorised as red. Mr Calderwood recognised the impact of the relentless pressures over the winter period and whilst acknowledging the shift in the categorisation of specific performances was pleased that a high quality of services continued to be delivered to the vast majority of patients who attended services within NHSGG&C.

Mr Lee enquired about the psychological therapy services where performance has moved from amber to red and Mrs Hawkins advised that this was currently a preparatory target while data was gathered and different methodologies to assist in setting a realistic target for the future were reviewed.

NOTED

26. NEW SOUTH SIDE GLASGOW HOSPITALS – PROGRESS UPDATE – STAGES 2 & 3

There was submitted a paper [Paper No. 13/19] from the Project Director of the Glasgow Hospitals Laboratory Project setting out the progress against Stage 2 (design development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals).

In relation to Stage 2 Mr Seabourne advised that progress continued to be made in reviewing and agreeing the design of layouts and systems for the two hospitals. The current focus of the design and review process was on specialist areas such as the Department of Child Psychiatry, Audiology, Dental and Major Imaging Equipment.

In relation to Stage 3, as at 3 March 2013, 101 weeks of the 205 contract had been completed and the project remained within timescale and budget. Mr Seabourne provided Members with further images highlighting the progress of both hospitals and the shape of both the Adult and Children's Hospitals could now clearly be seen.

Mr Lee read a note from Mr Winter, who was unable to attend today's meeting, indicating that he had recently visited the hospital site and he endorsed the positive view presented in this progress report.

Councillor Lafferty commented on the impressive nature of the building work and how visible it had all become in the recent months. He asked about the type of gases under the site and the what the cladding panels were made of. Mr Seabourne advised

that it was natural gas which was under the site and the cladding panels were made of glass and therefore an ongoing cleaning programme would be required.

The Outline Business Case for the Teaching and Learning Centre had been approved by the SGHD Capital Investment Group and the Court of the University of Glasgow was to consider the Outline Business Case at its next meeting.

Mr Calderwood advised that the Scottish Medicines and Innovation Centre had secured a Scottish Funding Council grant of £5million to the University and a further application to another funding body was being considered. If approved, this would lead to a fourth floor on the Teaching and Learning Centre to be utilised by the University as part of its Strathclyde medicine initiative.

Ms Micklem was pleased to read about the improvements to walking and cycling access/egress and enquired about the possible enhancement of transport links to the new hospitals. Mr Seaborne advised that he and Mr Niall McGrogan, Head of Public Engagement and Transport, had been having a range of discussions with transport bodies around trying to ensure enhanced transport services to the new hospitals when they opened in 2015. In addition, through the Section 75 Agreement with Glasgow City Council the NHS Board have committed £2.25m to pump prime transport services. Mr Calderwood advised that the SGHD had sought to ensure that the fast link initiative also served the New South Side Hospitals development.

Mr Ross updated Members on the change control process and compensation events and Mr Calderwood advised that the additional wooden structures behind the hospital bed heads were to assist with a future development of patient entertainment systems; carrying out the works now would save major disruption to patients at a later date.

NOTED

27. SCOTTISH PATIENT SAFETY PROGRAMME – REPORT

There was submitted a paper [Paper No. 13/21] by the Medical Director providing an update on HSMR and the general ward workstream with specific notes on Early Warning Scoring systems (EWS). In addition, Dr Armstrong tabled a paper on HSMR which gave a description of what it was and how it was used to monitor progress on reducing hospital mortality over time. HSMR was calculated for all acute in-patient and day case patients and was based on hospital discharge summaries to death registrations from the National Records of Scotland. The calculation took account of patients who died within 30 days from hospital admission, including deaths which occurred in the community (out of hospital deaths). The national model was developed to calculate the predicted probability of deaths within 30 days of admission which took account of the patient's primary diagnosis; specialty; age; gender; where they were admitted from; the number and severity of prior morbidities in the previous 1 – 5 years and the number of emergency admissions in the previous 12 months where admitted as an in-patient or day case. HSMR was a useful indicator when used effectively but should not be used in isolation. It can provide an indication of where a problem might exist and should be used as a trigger for investigation. If an HSMR value was less than one, this meant that the number of deaths was less than predicted; if it was greater than one, this meant the number of deaths was more than predicted.

Dr Armstrong took Members through the HSMR data for the Royal Alexandra Hospital from 2010. In 2010 the HSMR data highlighted that the number of deaths

ACTION BY

within 30 days of discharge from the Royal Alexandra Hospital was more than predicted and therefore an approach was made by Healthcare Improvement Scotland to review the data and respond appropriately. One of the key issues was inappropriate coding and changes were introduced to improve the coding. Additional actions were also taken, including changes to the trainee cover within high dependency units to allow them to have their own trainee and access to intensive care input being simplified; medical physicians undertook a review of 50 non-surgical deaths and this led to the implementation of monthly morbidity and mortality meetings; a review was conducted of the assessment of deteriorating patients and the resuscitation response resulting in the RAH being a test site for the harmonised national Early Warning Scoring system. The Medical Director of Healthcare Improvement Scotland confirmed that they were satisfied with NHSGG&C's response and that no further action was required.

Members welcomed this detailed review and it was planned to have further discussions at the NHS Board meeting to cover these and other issues raised by the Leader of Renfrewshire Council in relation to the mortality rates at the Royal Alexandra Hospital. **Medical Director**

It was highlighted that whilst the HSMR rates for the RAH and Inverclyde Royal Hospital were under one, they still showed a trend of being higher than other hospitals within NHSGG&C. Whilst this would be reviewed further it was highlighted that palliative care patients were admitted to a surgical ward within the RAH and there was a need to ensure the accuracy of information contained within discharge letters. However this area was being kept under review. It was also expected that HIS may adapt the HSMR methodology and this was awaited.

In relation to the Acute Services core adult programme – general ward workstream, Ms Micklem acknowledged the challenging targets faced by the wards, however enquired as to whether the target teams for the Early Warning System of 165 were all the teams across the NHSGG&C. Dr Armstrong would review and confirm to Members the actual number of teams to be involved, recognising that this might change the percentage number of teams achieving the elemental aim within the identified timeline. **Medical Director**

NOTED

28. INFECTION CONTROL SERVICE – HAI REPORT; MARCH 2013

There was submitted a paper [Paper No. 13/22] by the Medical Director covering the Board-wide infection prevention control activity. The report was on an exception reporting basis only as the full report was submitted to each NHS Board meeting.

The NHS Board compliance with hand hygiene for the period 19 – 30 November 2012 was 94% against the Scottish average of 96%. Councillor Lafferty asked if these figures related solely to staff compliance and Dr Armstrong advised that this was indeed the case and monitoring of visitors did not take place routinely on the basis that there was little evidence of infections from visitors to patients. However the recent audit indicated that if the first visitor used the hand gel then others followed suit. The Infection Control Team as discussing ways to improve visitor compliance. **Medical Director**

Mr Lee enquired about possible improvements to the signage to encourage staff and visitors to use the hand gel on entering ward areas and also to wash their hands. Councillor Lafferty wondered if this and other measures could be considered to

ACTION BY

ensure a higher level of compliance. Dr Armstrong advised that notices/posters were available within the ward areas and that the Associate Medical Director had written to all medical staff about the importance of this issue and between that and further discussions at Associate Medical/Clinical Directors' meetings and at Clinical Governance meetings there had been an increase of uptake from the medical staff. If a single member of staff was repeatedly noticed not to be complying with the hand hygiene requirement they would be spoken to by the Clinical Director. She had recognised that it had proven extremely difficult to achieve or get very close to the 100% compliance rate. She also advised that the SGHD were considering one of two models to monitor compliance and a decision was awaited on this in the fairly near future. However there would be further debate with the Acute Sector clinical leads about how to improve compliance. **Medical Director**

In relation to the previous agenda item and the surgical site infections element of the report, Ms Brown made reference to the number of times the Royal Alexandra Hospital featured within these exception reports. Dr Armstrong acknowledged this was indeed the case at this time however the detailed investigations around the increases in surgical site infections had not highlighted any particular pattern or reason for a wider concern. In relation to the cases of C. Difficile, seven were associated with individual wards, with no ward having more than one case identified. In the case of Ward 1, where three cases had been highlighted, none of these cases were severe (two being confirmed as the same ribotype). Ward 1 did not take any new admissions for a week and a revised cleaning regime had been introduced, using chloride based detergents. Mr Lee asked if this was worth considering for all wards and Dr Armstrong agreed to follow this up and report the outcome at the next meeting. **Medical Director** Dr Benton had enquired about those staff who were unable to utilise alcohol hand gel due to dermatological reasons and what steps had been put in place to ensure that they observed good hygiene standards. Dr Armstrong agreed to report back on this in the next report and also on Councillor McIlwee's comment that monitoring reports should take account of those staff who may have to adhere to a different regime, beyond just hand washing. **Medical Director**

Lastly, Dr Armstrong highlighted the ongoing investigation into a perceived increase in surgical site infections within the Orthopaedic Surgical Unit at Gartnavel General Hospital. An analysis of cases had been extended to Glasgow Royal Infirmary in order to obtain comparable data and further analysis was being undertaken and follow-up meetings to be held with the orthopaedic consultants at Gartnavel General to review these findings when available. Dr Armstrong agreed to report back on this matter I he next report to the Committee. **Medical Director**

NOTED

29. CLINICAL RISK MANAGEMENT REPORT – SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No.13/23] by the Medical Director on adverse clinical incidents. The report of adverse clinical incidents had been displayed on two separate charts in order to highlight the position within acute services and separately within Partnerships.

Dr Armstrong provided Members with a summary of an ongoing investigation in relation to a fatality which had occurred at the Victoria Infirmary. Recognising this was an ongoing investigation Dr Armstrong answered Members' questions in relation to principles and policies operating within NHSGG&C and not on the specifics of the particular case.

It was also reported that the NHS Board has submitted its comments to the national consultation undertaken by Healthcare Improvement Scotland on building a national approach to learning from adverse events through reporting and review. The internal consultation on the Significant Clinical Incident Policy was underway and already had led to identified additions which were currently under development:-

- Guidance for staff – what to expect if I'm involved in a Significant Clinical Incident;
- Guidance for managers – supporting staff through a Significant Clinical Incident;
- Recommendations - guidance implementing recommendations from reviews
- Templates to support patient/relative communications;
- Information for patients/relatives on processes and what to expect;
- Reflective practice template/tips.

Dr Armstrong provided an update on the recently completed and ongoing Fatal Accident Inquiries and made particular reference to the recent Sheriff Determination issued in relation to the death of Mrs L which had been widely reported within the media. She answered Members' questions about elements of the detail of the case and the involvement of clinical staff at different stages of this distressing case. A significant factor had been the failure to follow up care when Mrs L had been boarded out to a different ward and the Sheriff's Determination was being considered within the clinical governance structures and with the staff involved.

NOTED

30. BOARD CLINICAL GOVERNANCE FORUM MINUTES – 18 FEBRUARY 2013

There was submitted a paper [Paper No. 13/24] in relation to the Board Clinical Governance Forum meeting held on 18 February 2013. The minutes highlighted the up-to-date position with regard to the Castlemilk Group Practice and a discussion ensued on the actions taken by NHS Board Officers to ensure a satisfactory outcome for staff and patients, particularly vulnerable children.

NOTED

31. INVERCLYDE CHCP PERFORMANCE REPORT

There was submitted a paper [Paper No. 12/28] from the Director, Inverclyde CHCP, providing information on the establishment and responsibilities of the Inverclyde CHCP. Mr B Moore, Director, Inverclyde CHCP, had been invited to attend to provide Members with a presentation on the range of services provided by the CHCP; its performance against set targets and its challenges in the years ahead. Mr Moore provided a full and informative presentation to Members and the following comments/questions were raised:-

- Councillor Lafferty thanked Mr Moore for a good report and positive presentation and felt he had given a very distinctive local perspective to the issues and challenges within Inverclyde and this was welcomed.
- In relation to Mr Moore's council-wide responsibility for information governance, he answered Members' questions in relation to the policies, procedures and arrangements in place to handle client/patient confidential

information and the need to comply with the data protection legislation. He advised that data protection audits would take place within public authorities from next year and Ms Brown highlighted the challenges that would bring for integrated organisations and the need to ensure stricter protocols around patient-sensitive information.

- In relation to the Change Fund Mr Moore advised that Inverclyde would continue to build on established procedures and new developments were underway to utilise these funds in as an innovative way as possible. He emphasised the ownership of targets between his staff and those within acute services and a need to continue to deliver improvements for patients.
- In relation to the Care Inspector's Report and the section, which had no comments, Mr Moore indicated these areas had not been identified for any particular action and there were no underlying historical difficulties in relation to any areas of performance. He advised that Inverclyde had been selected as a pilot site for the joint inspection between Healthcare Improvement Scotland and the Care Inspectorate.
- In relation to a point by Ms Micklem, Mr Moore acknowledged the integrated approach possibly leading to a more strategic solution to shared areas however he believed that the community planning framework set out a more robust way to have such matters considered and discussed. Audit Scotland would be issuing a report on 20 March about community planning arrangements.
- Mr James highlighted the progress being made within Inverclyde CHCP in terms of the significant reduction in relation to prescribing although it was acknowledged that more work was still required going forward.

The Convener thanked Mr Moore for his helpful and informative presentation and for answering Members' questions so openly.

NOTED

32. CENTRAL DECONTAMINATION UNIT (CDU)

Following the recent press coverage of concerns expressed by orthopaedic consultants at Gartnavel General Hospital about aspects of the central decontamination unit, Mr A McIntyre, Director of Facilities, attended to provide Members with a summary and background of the central decontamination unit and the steps taken to try and address the concerns raised.

Mr McIntyre advised that the CDU was the biggest in Europe and opened in 2005. It dealt with the cleaning of 7,700 trays of clinical instruments each week and this amounted to 250,000 individual instruments per week. Concerns had surfaced in September 2012 by orthopaedic consultants at Gartnavel General Hospital in relation to surgical site infections. Health Protection Scotland and Health Facilities Scotland were asked to review the day-to-day processes and procedures and provided a report in October 2012. It, together with the internal audit report, had been generally positive but had identified a number of areas for further review, including some additional cleaning processes for particular instruments, transportation and theatre storage. An action plan had therefore been drafted to address these areas which included additional investment in shelving and instruments.

The theatre lists at Gartnavel were more intensive on Wednesdays and Thursdays and this has led to greater use of the fast-track system of turning around clean instruments within eight hours rather than the usual 24 hours. This had led to the fast-track system moving from 10% of cases to 25 – 29% and had resulted in five

whole-time members of staff moving to night shift to cope with this additional workload.

Other issues which had been highlighted in discussions with the orthopaedic consultants had been the issues of tears within the wrapping of the instruments (instruments arrived at theatres double wrapped). Additional investment had recently been made in enhanced wrapping for the trays and bases. It had been highlighted that instruments had been missing from trays and this had been an issue which had been ongoing for some time. Additional instrumentation had been ordered and while the delivery time was between 6 - 13 weeks, 85% of the new instrumentation had been received. The biggest concern related to contaminated trays/instruments and specific instrumentation was now subject to a brush through process to ensure the cleanliness of the instrumentation. To try and ensure a greater confidence in the service, the cleaning of the theatre instrumentation had been moved to the unit in Inverclyde however this was leading to additional work pressures within that CDU. In addition there was now a backlog of 2,000 trays requiring to be cleaned at the CDU and agency staff had been brought in over the last fortnight and this had made an impact on the turnaround time. No specific concerns had been raised by other clinical services across NHSGG&C in relation to infection rates however it was recognised that it was important to ensure a detailed analysis of surgical site infection rates at Gartnavel General Hospital has been completed and a comparison was undertaken with Glasgow Royal Infirmary, although it was important to note that infection control colleagues had not identified any direct link with the instrumentation issue. The concerns had related specifically to knee infections as a higher number of infections than had been expected were being experienced.

Mrs Grant and Mr McIntyre answered a range of questions from Members around patient safety and quality control measures. Members were grateful for the briefing and detail provided in relation to this ongoing issue. The discussion touched on the staffing, management of the services (Mr McIntyre advised that an additional General Manager had been seconded for a period of time to deal with ongoing issues), confidence levels of the clinical staff at Gartnavel in the service, identification of any issues lying outwith the CDU, the concerns at the significant increase in the use of the fast-track system for Gartnavel, the need for more robust measures around issues included within the risk registers and the need to try and ensure an early resolution.

Mrs Grant advised that just over 200 patients had to be rescheduled and to date half that number had been treated and she expected that within a week the remaining available patients would have a revised date for their elective procedures.

The Convener thanked Mrs Grant and Mr McIntyre for updating the Committee on this issue.

NOTED

33. TERMS AND REMIT OF GROUP TO REVIEW RECOMMENDATIONS OF THE MID STAFFS (FRANCIS) REPORT

There was submitted a paper [Paper No. 13/25] from the Medical Director setting out the process, timescale and terms of reference of the group set up to review the 290 recommendations contained within the Mid Staffs (Francis) Report and their possible impact within NHSGG&C.

ACTION BY

Mr Robertson advised that Non-Executive Member involvement in this group and attendance at its Away Day on 11 April 2013 had been secured via Ms Ros Micklem agreeing to join the group together with Mr D Sime and Mrs P Spencer who were already members of the group. The membership section would be revised to take account of Ms Micklem's involvement. **Medical Director**

NOTED

34. PROGRESS REPORT ON TRANSFER OF PRISON HEALTH SERVICES

Mrs Hawkins advised that it was her intention to bring a written report to the next meeting of the Committee and she sought Members' agreement that it covered the following issues – staffing issues, GP staffing, skill mix, dental services, consideration of specific services for women prisoners now held at Greenock, addiction services, learning disability services, the outcome of the health needs assessment, clinical governance issues including handling of complaints and preparation for the new women's prison within the Greenock area. Members agreed that these issues would be helpful in discussing the first 18 months of managing prison health services. **Directors Glasgow City CHP**

NOTED

35. SCOTTISH PUBLIC SERVICE OMBUDSMAN – QUARTERLY REPORT

There was submitted a paper [Paper No. 13/26] from the Head of Board Administration in relation to the actions taken in connection with the recommendations of the full investigation reports and decision letters of the Scottish Public Service Ombudsman. It was highlighted that there had been four full reports in the quarter from October to December 2012 and 15 Decision letters in addition to reporting on the two outstanding actions from the previous quarter in relation to recommendations affecting a GP practice and dental practice.

Mr Fraser expressed his ongoing concern at the number of issues the SPSO upheld and he was concerned that the local resolution stage of the NHS Complaints Procedure was not being conducted robustly enough to ensure a lower level of upheld findings by the Ombudsman. Mr Calderwood agreed that this remained a challenge for the organisation when dealing with complaints under local resolution within the 20 working days target. Proper recording of information in patient records was not always robust enough and the Ombudsman would find fault where administrative processes or the handling of a complaint had not fully followed the Board's own NHS Complaints Policy. Mrs Hawkins indicated that meetings with patients did prove helpful on a number of occasions but it was not always possible to do this successfully or within a reasonable timeframe. Ms Brown raised her concerns in one case highlighted within the report where it was clear basic care was not even offered to the patient in question. She wanted assurances that the clinical governance quality processes and reviews ensured not just learning within the area of the complaint but that learning applied across the NHS Board. Mrs Grant recognised the failures in this case and indicated that the action plan developed for the upheld aspects of this case were shared wider within the clinical governance structures to ensure staff were reminded of the importance of providing dignity and respect when dealing with all patients. The Chief Executive and senior Directors had met with the Scottish Public Services Ombudsman last month to discuss a range of issues and he had been positive about Complaint handling within NHSGGC. However he had encouraged the NHS Board to close down some cases at an earlier stage when it was

clear a resolution could not be found.

NOTED

36. QUALITY POLICY DEVELOPMENT GROUP MINUTES – 18 DECEMBER 2012

There was submitted a paper [Paper No. 13/27] enclosing the minutes of the Quality Policy Development Group meeting of 18 December 2012.

NOTED

37. MEDIA COVERAGE – JANUARY/FEBRUARY 2013

There was submitted a paper [Paper No. 13/29] from the Director of Corporate Communications highlighting the outcomes of media activity for the January/February 2013 period. The report supplemented the weekly media round-up which was provided to NHS Board Members every Friday afternoon and summarised media activity over the last few days and provided an alert for some issues which may be reported in the immediate future.

Mr McLaws highlighted the increase in the number of negative reports about NHS GG&C during the period of winter pressures on Accident and Emergency together with the Audit Scotland's report on waiting times.

NOTED

38. FINANCIAL MONITORING REPORT TO JANUARY 2013

There was submitted a paper [Paper No. 13/30] providing the financial report for the 10 month period to 31 January 2013. The report showed an expenditure out-turn of £0.3million under budget for the first 10 months of the year and it was considered that a year-end break-even position remained achievable.

NOTED

39. DATE OF NEXT MEETING

9.00am on Tuesday 21 May 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

The meeting ended at 12.40pm

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 21 May 2013 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting:19 March 2013**	QPC(M) 13/02
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 13/31
	(b) Inverclyde NHS Partnership Beds and Local Authority Residential Beds – Up-date Report of the Director, Glasgow City CHP	Verbal Update
5	**Integrated Quality and Performance Report** Report of the Head of Performance and Corporate Reporting	Paper No. 13/32

SAFETY

6	**Scottish Patient Safety Programme Report** Report of the Medical Director	Paper No 13/33
7	**Infection Prevention and Control Service – Report April 2013** Report of the Medical Director	Paper No 13/34
8	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents** Report of the Medical Director	Paper No 13/35

9	**Review of Falls Across NHSGG&C** Report of Nurse Director	Paper No 13/36 To Follow
10	**Older People in Acute Care: HEI Inspection Summary Report** Report of Nurse Director	Paper No 13/37
11	**Board Clinical Governance Forum Minutes (Draft) and Summary of Meeting held on 15 April 2013**	Paper No 13/38

PERSON CENTREDNESS

12	**Prison Healthcare Update** Report of the Director, Glasgow City CHP	Paper No 13/39
13	**Tackling Inequalities** Report of Director of Public Health & Director of Corporate Planning and Policy	Paper No 13/40 To follow
14	**Quarterly Report on Cases Considered by the Scottish Public Services Ombudsman: January – March 2013** Report of the Nurse Director	Paper No 13/41
15	**Quality Policy Development Group Minutes of Meeting held on 28 February 2013**	Paper No 13/42
16	**Staff Governance Committee – Minutes of Meeting held on 19 February 2013**	SGC(M)13/01

MONITORING AND GOVERNANCE

17	**2013/14 Financial Plan** Report of the Director of Finance	Paper No 13/43
18	**Proposed Capital Plan – 2013/14 to 2015/16** Report of the Director of Finance	Paper No 13/44
19	**Adults With Incapacity Report of Supervisory Body for 2012** Report of Director, Glasgow City CHP	Paper No 13/45

20 **Media Coverage: Mar/April 2013** Paper No 13/46

Report of the Director of Corporate Communications

21 **Analysis of Legal Claims – Monitoring Report (Year-end Review 2012/2013)** Paper No 13/47

Report of Head of Board Administration

CAPITAL

22 **New South Glasgow Hospitals and Laboratory Project: Progress Update – Stages 2 & 3** Paper No 13/48

Report of the Project Director – New South Glasgow Hospitals Project

23 **Property Asset Management Strategy (PAMS)** Paper No 13/49

Report of the Director, Facilities

24 **Capital Planning and Property Group Minutes of Meeting held on 25 March 2013** Paper No 13/50

25 **Date of Next Meeting**

9.00am on Tuesday 2 July 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

DRAFT

QPC(M)13/03
Minutes: 40 - 64

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 21 May 2013 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Ms M Brown
Mr I Fraser (To Minute 49)
Cllr A Lafferty
Ms R Micklem
Cllr J McIlwee
Mr D Sime
Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong
Mr R Calderwood
Ms R Crocket
Dr de Caestecker (Minutes 50-55)
Mr R Finnie
Mr P James

I N A T T E N D A N C E

Ms J Gibson	..	Head of Performance and Corporate Reporting (To Minute 45)
Mr A Daly	..	Head of Financial Planning & Allocations (To Minute 49)
Mrs J Grant	..	Chief Operating Officer
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP (To Minute 55)
Mr A McIntyre	..	Director, Facilities (Minutes 49-62)
Mr A McLaws	..	Director, Corporate Communications
Ms C Renfrew	..	Director of Corporate Planning & Policy (To Minute 55)
Mr D Ross	..	Director, Currie & Brown UK Limited (To Minute 61)
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (To Minute 61)

40. APOLOGIES

Apologies for absence were intimated on behalf of Dr C Benton BEM, Mr P Daniels OBE, Cllr M Kerr, Mrs P Spencer and Mr B Williamson.

41. DECLARATIONS OF INTEREST

No declarations of interest were raised in relation to the agenda items to be discussed.

ACTION BY

42. MINUTES OF PREVIOUS MEETING

On the motion of Mr D Sime and seconded by Ms R Micklem the Minutes of the Quality and Performance Committee Meeting held on 19 March 2013 [QPC(M)13/02] were approved as a correct record, subject to the following amendment:
Minute 26: "New South Glasgow Hospitals – Update" – delete "Strathclyde" and insert "stratified".

43. MATTERS ARISING

(a) Rolling Action List

(i) Outline Business Case: Teaching & Learning Facility
The Scottish Government Capital Investment Group had approved the Outline Business Case. No further action required on the psychological services.

NOTED

(b) Inverclyde NHS Partnership Beds and Local Authority Residential Beds – Up-date
In relation to Minute 24(c) – Inverclyde Partnership Beds – Mrs Hawkins advised that the SGHD Capital Investment Group had approved the submission to procure NHS Mental Health Continuing Care beds at the Inverclyde Royal Hospital site. Bridging Finance arrangements were still being considered. The design work was scheduled to be completed by the end of the month.

Inverclyde Council were working towards awarding a contract for its beds by December 2013. A further report would be submitted to the Committee in September 2013. **Director, Glasgow City CHP**

NOTED

44. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No. 13/32] from the Head of Performance and Corporate Reporting setting out the integrated overview of NHS Greater Glasgow and Clyde's performance. Of the 42 measures which had been assigned a performance status based on their variance from trajectory and/or targets, 25 were assessed as green; 10 as amber (performance within 10% of trajectory) and seven as red (performance 10% outwith meeting trajectory). The areas of key performance change since the last report included:-

- Suspicion of cancer referrals (62 days) – had moved from amber to green;
- Faster access to specialist services – had moved from amber to green;
- Admission to stroke unit – had moved from red to amber;
- A&E Waits to be a maximum of 4 hours – had moved from red to amber;
- Mental Health Services: Nursing Standards Compliance – Food, Fluid and Nutrition – had moved from amber to green;
- Child Fluoride Varnishing applications – had moved from green to red.

Mr Sime asked about the new National Reporting Requirements for child fluoride varnishing applications. Ms Gibson explained that this was the first occasion in

ACTION BY

which this performance had been rated red and this had followed the national requirement to be measured against the worst performing SIMD quintile. Most CH(C)Ps within NHSGG&C worst performing quintiles were SIMD 3,4 and 5. NHS Boards were funded through the Dental Bundle as part of the Child Smile programme for delivery in 20% of the NHS Board's schools and nurseries in the lowest deprivation quintile (SIMD 1). NHSGGC delivered fluoride varnishing applications in nearly 50% of SIMD 1 schools which was in excess of what funding was available. It was considered that within Glasgow City, restricting access to 20% of schools would be unlikely to address assessed need. The Board does not deliver the programme in schools and nurseries in East Dunbartonshire, West Dunbartonshire or East Renfrewshire as there were no schools with numbers of SIMD 1 children. If it did, this would give schools and nurseries priority over those selected by needs assessment in CH(C)Ps with larger numbers of SIMD 1 and 2 populations. The positive aspect was ensuring that targets were being met in the most at-risk populations and was therefore helping address the oral health inequalities gap. For those schools and nurseries outwith the priority areas, the delivery of the programme relied entirely on general dental practitioners who had been paid for their participation in the Child Smile Programme. There had been limited success in delivering the programme across Scotland despite efforts being made to engage with the general dental practitioners. The Director responsible for oral health was taking steps to ensure best efforts were made to meet this challenging target however members did acknowledge and welcome the prioritisation of children in the SIMD 1 category and the impact this was having on the inequalities gap.

Ms Brown raised the Exception Report produced on the percentage of patients waiting longer than 18 weeks to access psychological therapy, in particular some of the factors said to have affected performance. The issue of annual leave trends was viewed as a capacity issue at particular times and overall expectations were that the 18 week target by December 2014 (which was in line with the HEAT target delivery date) remained on track. Mrs Hawkins advised that there were up to 86 teams delivering this very specialised service across Primary Care, Mental Health and Acute Services. Demand and capacity issues were being considered for each team and the redirection of resources would be possible within the teams if this was required to meet the 18 week target by December 2014. Mrs Hawkins did agree that she would look at the number of teams to see if a rationalisation of teams would assist although she did indicate that some teams in the South of Glasgow had already been rationalised. Ms Renfrew added that the future reports would show the changes in the longest waits and the changes in the numbers of patients waiting over 18 weeks, including a narrative to explain both.

Director of Corporate Planning & Policy

Councillor Lafferty highlighted the significant percentage improvement in the number of delayed discharges although he was disappointed to see that the target had not yet been met. Ms Renfrew advised that welcome improvements were being made but also that a significant number of patients being assessed as not requiring hospital care for their needs were still being delayed within a number of hospitals. She explained that the baseline for the calculation had been 2009/10 and there had been a significant increase in delayed discharges within Glasgow City during 2010/11. Continued improvement was expected as a result of Glasgow City CHP's work with the City Council.

NOTED

45. SCOTTISH PATIENT SAFETY PROGRAMME - REPORT

There was submitted a paper [Paper No. 13/33] by the Medical Director updating

the Committee on the Mental Health Programme – the Hospital Standardised Mortality Ratio (HSMR) and the Early Warning Scoring (EWS) systems.

The programme for Mental Health would be four years with the overall aim of systematically reducing harm experienced by people using Mental Health Services. This would be carried out by supporting frontline staff to test, gather real-time data and reliably implement interventions. A steering group, chaired by the Lead Associate Medical Director for Mental Health, had been established to coordinate and support the programme.

The national approach of measuring hospital mortality – HSMR – was established in 2009 through the Scottish Patient Safety Programme. It was calculated for all Acute inpatient and day case patients admitted to all specialties (medical and surgical but excluding obstetrics and psychiatry) based on hospital discharge summaries and linked to death registrations from the National Records of Scotland. The calculation took account of patients who died within 30 days from hospital admission including deaths which occurred in the community (out of hospital deaths). The factors which affected hospital mortality were variable across each hospital and the community it serves. It used a risk-based model to estimate the predicted probability of death within 30 days of admission from the overall national experience in 2007. It does not however, adjust for all clinically relevant characteristics which define risk in the patient case mix of individual hospitals over time. Because it uses national averages this can cause some distortions when applied at individual hospital level. It was helpful in supporting local discussion as to whether a hospital was able to demonstrate an outcome of SPSP implementation and other measures in reducing mortality.

Specifically in relation to the Royal Alexandra Hospital, a concern had been raised previously that it had not been reducing HSMR in line with the national average. The NHS Board and its governance committees had received reports on the effective management process and the confirmation of acceptability by Healthcare Improvement Scotland on reducing the HSMR at the Royal Alexandra Hospital. It was planned that the report would be submitted to the June 2013 Board Meeting in order to discuss the concerns raised.

Within NHSGG&C all hospitals as at September 2012 had an HSMR of <1 and all had observed a >10% reduction within the reporting period. Ms Brown noted the need to continually review all factors associated with the HSMR data and had noted that the Royal Alexandra Hospital, while improving, was doing so at a slower rate than other hospitals within NHSGG&C.

NOTED

46. INFECTION PREVENTION AND CONTROL SERVICE – REPORT: APRIL 2013

There was submitted a paper [Paper No: 13/34] by the Medical Director covering the Board-wide infection prevention control activity. The report was on an exception reporting basis only as the full report was submitted to each NHS Board meeting.

The HEAT target for Staphylococcus Aureus Bacteraemia (SAB) for 2013 was 26 cases of SABs per 100,000 acute occupied bed days. Dr Armstrong advised the Committee that all efforts had been made to meet the HEAT targets at the end of March 2013 and whilst the validated results were awaited, she realised that with an

influx of admissions to hospitals, this may just have impacted on meeting this target on this occasion. In relation to Clostridium Difficile infection, the rate within NHSGG&C was 17.8 per 100,000 occupied bed days which placed the Board below the national average of 26.7 and well below the 2013 HEAT target of 39.

Dr Armstrong highlighted the outbreaks/incidents which had occurred at the Inverclyde Royal Hospital and Royal Alexandra Hospital as well as the Novovirus outbreaks across NHSGG&C. She drew attention to the information contained on the chlorine-based detergent usage within hospitals and the discussions which had been undertaken with the orthopaedic consultants at Gartnavel General Hospital in relation to hip and knee arthroplasty surgical site infection concerns and the comparisons made with the same service at Glasgow Royal Infirmary. No differences had been found, however the Infection Control Team had agreed to perform a third round of data analysis looking at an historical period agreed by the orthopaedic team, covering 1 July 2011 and 31 January 2012. Again, there was no significant statistical difference in surgical site infection rates at Gartnavel General Hospital. Ms Grant advised that the range of improvements had been made at the Decontamination Unit and active monitoring was continuing with reports being submitted to the Operational Management Group every 2-3 months.

NOTED

47. CLINICAL RISK MANAGEMENT REPORT – SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No.13/35] by the Medical Director on adverse clinical incidents. The report on adverse clinical incidents had been displayed on two separate charts in order to highlight the position within Acute Services and separately within Partnerships.

Dr Armstrong advised members of Healthcare Improvement Scotland's visit last week and discussions around the Significant Clinical Incident Policy and Incident Reviews. A report on the outcome of the meeting was awaited however it was clear that there was emphasis on learning across the organisations, families' involvement in the process and Non-Executive Members involvement. With anything from 160-200 Significant Clinical Incident Reviews per annum, the challenge would be ensuring that the correct processes were in place which provided assurance to NHS Board members about the steps taken to ensure learning across the organisation, leading to improvements and better outcomes. The current arrangement was based on a no-blame culture and learning shared to ensure improvements in services as a result of clinical incidents. That challenge and the involvement of families at an early a stage as possible could present some difficulties for clinical staff especially as some cases could lead to future Fatal Accident Enquiries or legal claims.

Mr Fraser asked about the intentions of Non-Executive Members' involvement and Dr Armstrong advised that this had included the SPSP walk-rounds within Acute Services, assurances about the Clinical Governance processes and reporting to the Quality and Performance Committee/Board. The challenge for NHSGG&C was to provide assurance to members about the outcomes and discharging the learning without all 160/200 cases being presented to a Committee individually. A tabulation of key themes and explanations was one possible route together with utilising the Board's Clinical Governance Forum, with only significant cases being reported direct to the Quality and Performance Committee. These points would be considered in completing the review of the Significant Clinical Incident Policy prior to its submission to the July Quality and Performance Committee meeting for approval,

ACTION BY

although it was recognised that it would be intrinsically linked to the Healthcare Improvement Scotland guidance on the National Framework for managing learning from adverse events. Mr Sime asked Dr Armstrong to include within her review the previous role undertaken by the Clinical Governance Committee to ensure its previous role was adequately covered in the new arrangements. **Medical Director**

Dr Armstrong highlighted an ongoing investigation and drew members' attention to the active Fatal Accident Enquiries.

NOTED

48. 2013/14 FINANCIAL PLAN

There was submitted a paper [Paper No. 13/43] from the Director of Finance in which he presented the Draft 2013/14 Financial Plan for comment following the agreed review undertaken by the Corporate Management Team.

The Draft Plan had been discussed at the NHS Board's Away Sessions in mid-January 2013 and further discussed by members at the NHS Board Seminar in May 2013. The paper had been revised to take account of comments received from NHS Board members and the Corporate Management Team. It provided an overview of the key elements of the plan including the key assumptions and risks and plans to address the cost savings challenge which the NHS Board faced in order to achieve a balanced financial outcome in 2013/14.

Mr James took members through each section of the Report and described each table in turn, recognising the titles of each table may change prior to submission to the NHS Board on 25 June 2013. Mr James answered members' questions in relation to the reviews underway including IT, the assumptions made on the under recovery from other Boards in relation to cross-boundary flow, the progress made with the National Resource Allocation Committee assumptions, the process and timescale of the presentation of the Financial Plan, the prescribing cost growth projections for 2013/14, the steps taken in achieving greater efficiency in reducing energy consumption, the assumptions relating to auto-enrolment and lastly he agreed to revise the wording within the paper in relation to staff turnover ratios and filling of vacancies. **Director of Finance**

DECIDED

- That the NHS Board's 2013/14 Financial Plan be approved and presented for ratification at the NHS Board meeting on 25 June 2013. **Director of Finance**

49. PROPOSED CAPITAL PLAN – 2013/14 to 2015/16

There was submitted a paper [Paper No: 13/44] from the Director of Finance setting out the proposed Capital Plan for 2013/14 to 2015/16.

Mr James advised that SGHD had confirmed that the initial gross capital resource allocation for the NHS Board was [redacted] with the new Southside Glasgow Hospitals accounting for [redacted]

Councillor McIlwee asked about the allocation for cladding at Inverclyde Royal Hospital and Mr McIntyre advised that while the current reviews continued to try and determine the extent of the problems with the cladding at this hospital, the sum

ACTION BY

set aside was to ensure that the building was maintained in a safe and wind and watertight state.

In response to a question from Mr Lee, Mr James agreed to review whether the balance sheet should include the Hub Initiatives as these were of a capital nature, although revenue-funded. **Director of Finance**

DECIDED

1) That, the allocation of Capital Funds for 2013/14 pending ratification at the NHS Board meeting on 25 June 2013, be approved; **Director of Finance**

2) That, the current indicative allocations for 2014/15 and 2015/16, be noted;

3) That the Joint Capital Planning and Property Group be delegated the authority to allocate any additional available funds against the 2013/14 Capital Plan throughout the year. **Director of Finance**

50. FALLS WITHIN HOSPITALS – GOVERNANCE REPORT

There was submitted a paper [Paper No. 13/36] by the Nurse Director providing an overview of the approach within NHSGG&C in reviewing incidence of falls within hospitals.

At the September 2012 meeting of the Quality and Performance Committee, a paper had been presented describing the work undertaken within the Acute Services Division to address the incidents of falls within hospitals. The Committee had asked that the next update include information on the incidence and governance arrangements of falls within inpatient settings in Partnerships. Falls within Acute Services were reviewed through Local Directorate Governance arrangements and the Acute Services Division Falls Governance Group with six monthly reports to the Acute Services Clinical Governance Forum. Within Partnerships the incidence of falls was reported and reviewed at Local Governance Groups within each Service Area. A composite report on a six monthly basis through the System-Wide Governance arrangements incorporating Older People's Mental Health, Adult Mental Health, Addictions and Learning Disability Services was produced.

The number of falls had reduced within Acute Services by 4.5% in the previous year and by 8.8% in Partnerships. There had been a welcome increase in referrals to the Acute Service Divisions Hospitals Falls Prevention Service (which provided staff training and specialist advice on the identification and prevention of falls) and this had demonstrated that patients were more readily being assessed for the risk of falling.

The Nurse Director would chair a multi-disciplinary Falls Steering Group, to be established shortly and one of its early priorities will be to agree the most appropriate method of setting trajectories towards preventing the incidence of falls in hospital settings. **Nurse Director**

Members welcomed the NHS Board-wide approach and the Governance in place to review the incidence of falls and steps taken to prevent falls in future.

NOTED

ACTION BY

51. OLDER PEOPLE IN ACUTE CARE: HEI INSPECTION SUMMARY REPORT

There was submitted a paper [Paper No. 13/37] from the Nurse Director which presented a summary report on the care of older people in Acute Hospitals Inspections and progress with improvement actions. Healthcare Environment Inspectorate carry out a programme of inspections in order to provide assurance that the care of older people in Acute Hospitals was of a high standard and they gave special consideration to:-

- Treating older people with respect, compassion and dignity;
- Dementia and cognitive impairment;
- Preventing and managing falls;
- Nutritional care and hydration;
- Prevention and management of pressure ulcers.

The report set out the inspections undertaken to date together with the findings' key themes which included areas for improvement and areas of strength.

The report was welcomed by members and it was agreed that a regular report would be sent to Committee, which would incorporate future reports' comparative data. **Nurse Director**

NOTED

52. BOARD CLINICAL GOVERNANCE FORUM MINUTES (DRAFT) AND SUMMARY OF MEETING HELD ON 15 APRIL 2013

There was submitted a paper [Paper No: 13/38] in relation to the Board Clinical Governance Forum meeting held on 15 April 2013.

NOTED

53. PRISON HEALTHCARE - UPDATE

There was submitted a paper [Paper No. 13/39] from the Director of Glasgow City CHP on the progress of delivering of healthcare within prisons in Scotland since it became the responsibility of the NHS in November 2011. This report provided an update across the full range of services, governance matters and ongoing challenges. A broad range of services were delivered within each prison including GP, dental, addictions, mental health, chronic disease management, sexual health, podiatry, pharmacy and optometry.

Ms Brown commented on the report from the National Prisoner Healthcare Network in relation to the new paragraph entitled "Social Care". She would like the description of social care to be revised in future reports. **Director of Glasgow City CHP**

Ms Micklem found the report comprehensive and informative and was encouraged at the undertaking of the health needs assessment of the prison population which had been commissioned in 2011 and reported in 2012. She asked about the planning for sexual behaviours within prisons and associated risks. Mrs Hawkins indicated that this had been identified as an issue under the health needs assessment. Ms Renfrew, who chaired the Sexual Health Steering Group, indicated that there was a stigmatising issue for prisoners and more work was being undertaken to understand the complexities of these areas and what actions could best be taken to meet the issues and challenges faced by prisoners.

Dr Armstrong recognised the issue of mental health services within prisons and also the need to support better discharge planning to avoid the same prisoners returning to prison time and time again. It was also noted that Methadone accounted for the majority of supervised medicine activity and currently within Barlinnie there was an average of 300 prisoners receiving supervised Methadone at any one time. Mrs Hawkins advised that Addiction Services were delivered jointly between the NHS and Phoenix Futures who are a voluntary sector organisation. This service included assessment of addiction needs, one-to-one and group based interventions and harm reduction interventions. However next month a revised addiction model would be introduced to ensure that service delivery in the prison setting was consistent with the outputs for the addictions clinical services review activity and also better supported the through-care needs of prisoners when they were moving back into their communities. Dr de Caestecker added that she was a member of a group looking at the holistic care for vulnerable women within prisons and that they were at an early stage of scoping and then planning future services. On Mental Health, Mrs Hawkins advised that a draft report on this issue about reshaping the services as part of a national vision had been prepared and would be considered at the appropriate time.

The first 18 months had been an opportunity to assess those areas in which change can be enacted and the service was now steadily adapting towards new models of care and filling gaps in service provision. The focus of activity now has been on improving on through-care and it was anticipated that this will materialise as the service further develops.

NOTED

54. ADULTS WITH INCAPACITY REPORT OF SUPERVISORY BODY FOR 2012

There was submitted a paper [Paper No: 13/45] by the Director of Glasgow City CHP presenting the Annual Report for the calendar year 2012 covering discharge of the Board's obligations under Part IV of the Adults with Incapacity (Scotland) Act 2000 to make arrangements for the management of funds of those patients resident in our hospitals and residential establishments who lack the capacity to make decisions about their own finances.

The role of the Supervisory Body was to oversee the functions of the Board which relate to the management of patients' financial affairs where other possible means such as Guardianship Orders or Power of Attorney have not been obtained. The annual report produced by the supervisory body was submitted to the Committee for comment based on recommendations made by the internal auditors following the review undertaken in 2009.

NOTED

55. WHAT ARE WE DOING ON INEQUALITIES AND WHAT ARE THE GAPS AND CHALLENGES?

There was submitted a paper [Paper No: 13/40] from the Director of Corporate Planning and Policy which summarised the presentation and discussion at the NHS Board Seminar in April 2013 on tackling inequalities and proposed a set of further actions which built upon existing work.

ACTION BY

Dr de Caestecker, in highlighting a number of the actions proposed, made particular reference to the development of a more systematic approach to understanding service use (including preventative services) in relation to the need and the following up of "did not attend" data; the focus on influencing Scottish Government Policy on primary care so that the contribution primary care could make to tackling inequalities was maximised; ensure that equalities measures were given the same prominence as other targets; to ensure that the NHS Board's papers reflected equalities dimensions systematically; retest the focus on early years in NHS Service Delivery and Partnership Working and lastly, consider whether maximum synergy has been achieved between NHS Board work and academic research and maximise joint opportunities for advocacy.

Ms Brown commended the focussed approach to the actions and Ms Micklem complimented the comprehensive summary and actions to be undertaken. She enquired about the accountability to deliver the actions in terms of reporting to the Committee and frequency of reporting and she particularly welcomed the review of Health Improvement teams in Community Development. Ms Renfrew agreed that there would be a regular reporting cycle back to the Committee on the progress against the specific identified actions.

Director of Corporate Planning & Policy

NOTED

56. QUALITY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: JANUARY – MARCH 2013

There was submitted a paper [Paper No: 13/41] from the Nurse Director in relation to the actions taken in connection with the recommendations of the full investigations reports and decision letters of the Scottish Public Service Ombudsman. It was highlighted that there had been one full report in the quarter from January to March 2013 (enclosed with the paper) and 15 decision letters in addition to reporting on the two outstanding actions from the July to September 2012 quarterly report in relation to recommendations affecting a GP practice and dental practice.

Mr Finnie expressed his ongoing concern that Ombudsman investigative reports and decision letters were produced in situations where the NHS Board has completed the local resolution stage of the NHS Complaints Procedure and believed that it had handled the complaint adequately. Mr Calderwood acknowledged disappointment that there was a high number of upheld elements to the Ombudsman's Reports and decision letters and the highlighting of lessons to be learned by the investigating organisation. He acknowledged that not all recommendations related to failures in the adequate delivery of clinical services but it had caused him to wonder if NHSGG&C still remained too defensive on occasions when responding to complaints. Ms Grant advised that within the Acute Services Clinical Governance structure, steps were being taken to identify themes, identify where responses could have been better and possibly less defensive and provide greater support to the NHS Complaints process. She had also introduced an external review between different Directorates to ensure that a fresh approach was taken when a complainant was dissatisfied with our initial response.

Ms Brown welcomed the steps described by Ms Grant and hoped that in future we would see less elements of complaints upheld by the Ombudsman. Ms Crocket talked about the meeting with the Ombudsman in February 2013 and the intention to bring about closer links between complaint managers and the Ombudsman teams to try and ensure better complaints handling and where gaps may exist in handling complaints within NHSGG&C. It was important to support managers, but also to

learn lessons from complaints in order to bring about service improvements.

NOTED

57. QUALITY POLICY DEVELOPMENT GROUP MINUTES – 28 FEBRUARY 2013

There was submitted a paper [Paper No. 13/42] enclosing the minutes of the Quality Policy Development Group meeting of 28 February 2013.

NOTED

58. STAFF GOVERNANCE COMMITTEE – MINUTES OF MEETING HELD ON 19 FEBRUARY 2013

There was submitted the minutes of the Staff Governance Committee meeting held on 19 February 2013.

NOTED

59. MEDIA COVERAGE – MARCH/APRIL 2013

There was submitted a paper [Paper No: 13/46] by the Director of Corporate Communications highlighting outcomes of media activity for the March-April 2013 period. The report supplemented the weekly medial roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

NOTED

60. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (YEAR-END REVIEW 2012/2013)

There was submitted a paper [Paper No: 13/47] by the Head of Board Administration setting out the monitoring report on the handling and settlement of legal claims within NHSGG&C in the period 2012/13.

NOTED

61. NEW SOUTHSIDE GLASGOW HOSPITALS – PROJECT UPDATE –– STAGES 2 & 3

There was submitted a paper [Paper No: 13/48] by the Project Director of the New South Glasgow Hospitals Project setting out the progress against Stage 2 (design development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals).

In relation to stage 2 Mr Seaborne advised that good progress continued to be made in reviewing and agreeing the design of the layouts and systems for the two hospitals. The design review process remained on programme and the process to detail equipping and programme of equipment was ongoing for all groups.

ACTION BY

In relation to stage 3, as at 5 May 2013, 110 weeks of the 205 week contract had been completed and the project remained within timescale and budget. Mr Seaborne provided members with further images highlighting the progress of both hospitals over the last 12 months.

In relation to Car Park 1, site preparation works had commenced in March with the relocation of the subcontractors compound to an area North of the new Adult Hospital. The piling mat was completed and the subsequent piling activities commenced on-site on 13 May 2013. In relation to Car Park 2, work continued to develop the design for Car Park 2 which would dovetail with the construction of the new VIE Oxygen installation adjacent to the physically disabled rehabilitation unit. Brookfield had confirmed that they hope to start work on the VIE Plant in the autumn of 2013 and this would be completed before the start of works to construct Car Park 2.

In addition to the SGHD Capital Investment Group Approval of the outline business case for the Teaching and Learning Centre, the planning application had also now been submitted to Glasgow City Council in March and it was anticipated that the full business case would be submitted to NHS Board members in September 2013 for approval.

Project Director

In October 2012 NHSGG&C and Brookfield Multiplex won the Government Opportunities Excellence in Public Sector Awards – Sustainability and Corporate Social Responsibility Initiative of the Year at the Scottish Government Opportunity Awards ceremony. In addition the NHS Board and Brookfield Multiplex also won the UK National Government Opportunities Award for best supplier engagement. NHS Board members congratulated Mr Seaborne and his team on achieving such prestigious awards.

Mr Ross updated members on the change control process and comprehensive events and it was noted that there had been no compensation events since February 2013.

Mr Seaborne advised that the Acute Services Strategy Board had considered an approach from Brookfield Multiplex to proceed to close out and cap the Board Inflation Liability within the contract by agreeing a £12m (including VAT) compensation event to the contract with Brookfield. The Acute Services Strategy Board and Chief Executive supported the recommendation that this offer be accepted and Mr Seaborne highlighted the background to this matter together with the inflation forecast. The agreement at the time of procurement was that bidders were to include a baseline allowance of 2.5% per annum inflation and the NHS Board would accept the risk of inflation exceeding 2.5% over the duration of the contract (2010-2016). As part of the Hospitals Stage 3 instruction to proceed, the NHS Board negotiated a change to baseline calculation period to 2011-2016, mitigating the 2010 inflation impact which was significantly above the 2.5% baseline. In order to provide surety on potential inflation recovery for both parties, Brookfield had proposed a compensation value of £12m (including VAT) to be considered now and cap the Board's inflation liability. All other contract terms would remain unchanged. The current allocation for inflation in the risk register was £16.5m and in considering this matter, the movements in HM Treasury Future Forecasts and variations in historic forecasts versus actual, there had been and continued to be volatility in potential inflation forecasts.

Mr Winter was supportive of accepting the recommendation as long as it could be contained within the allocation for 2013/14 and was consistent with the contract terms. Mr Calderwood assured Mr Winter on both points and indicated that it had

ACTION BY

the potential of also releasing £4.5m from the contract for other schemes.

DECIDED

1. That the Progress Report on Stage 2 (Design and Development of the new hospitals) and Stage 3 (Construction of the Adult and Children's Hospitals) be noted.

2. That officers be instructed to proceed to close out and cap the NHS Board's Inflation Liability by agreeing a £12m (including VAT) compensation event to the contract with Brookfield Multiplex be approved. **Project Director**

62. PROPERTY ASSET MANAGEMENT STRATEGY (PAMS)

There was submitted a paper [Paper No: 13/49] by the Director of Facilities enclosing a copy of the NHS Board's Property and Asset Management Strategy for April 2013 to March 2017. This was the third strategy and was an accumulation of both physical site surveys and desktop reviews. It was a live document and was continually reviewed and updated by the Property Team to reflect the investment and improvements from the Board's Capital Plan and the condition of assets relative to their age and use. The PAMS documentation would be a key element used in determining future capital investment strategies by the NHS Board and SGHD.

In the last five years the NHS Board has significantly improved its estate assets and has delivered a new Beatson Oncology Centre, two ambulatory care hospitals at the Victoria and Stobhill sites, a new South Glasgow Laboratory complex, a medium secure unit at Stobhill, the new Gartnavel Royal Hospital and new health centres at Renfrew and Barrhead. The developments in 2013 and 2014 will see the opening of the new Alexandria and Possilpark Health Centres, the completion of the major refurbishment of the new Lister Laboratories at Glasgow Royal Infirmary and, in 2015, the new Southside Glasgow Hospital will be commissioned and four replacement health and care centres built through the hub initiative at Maryhill, Woodside, Gorbals and Eastwood. In addition to these new facilities, the estate will herald the closure of the Victoria Infirmary and Mansionhouse Unit, Western Infirmary, Royal Hospital for Sick Children and the corresponding health centres at Maryhill, Woodside, Gorbals and Eastwood.

It was recognised that the Board was in a very good position to identify how to improve the overall rating of its Acute Hospital estate through the completion of the new Southside Glasgow Hospital, the upgrading of retained estate and the rationalisation out of a number of older and less compliant premises. There will however still be a number of areas where, in retained estate, fully compliant spaces and services cannot be delivered due to the physical constraints in the properties. However these will be maintained to a safe and effective standard for patient care.

In the context of GP premises, the challenge will be to support where legislatively and financially possible the practices through improvement grants and to encourage/demand improvements to an acceptable standard for those areas requiring individual practice financed improvements. In addition the PAMS document also considered the Board's position in the context of I M and T, vehicles and equipment.

Members welcomed the excellent overview of the Property Asset Management Strategy and recognised the benefits accrued by the large capital investments made within the NHS Board's estates over the last few years. It was also recognised the challenging position that the NHS Board would face in future years in terms of the

ACTION BY

allocation of Scottish Capital Funds.

Mr Finnie enquired about how officers would manage the end point of the current PAMS document and move into the next programme. Mr Calderwood acknowledged the point and described the current PAMS document as one based on decisions taken some ten years ago in relation to the Acute Services Strategy and other reviews. The Clinical Services Review and working together with other public sector organisations, particularly Local Authorities, would be essential in moving forward to securing better premises for the provision of joint and individual services. Major challenges remained in connection with providing facilities at the Tower Block at Glasgow Royal Infirmary and other health care buildings constructed in the 1970s/1980s.

DECIDED

- That the NHSGG&C Property Asset Management Strategy 2013-2017 be received and endorsed. **Director of Facilities**

63. CAPITAL PLANNING AND PROPERTY GROUP MINUTES OF MEETING HELD ON 25 MARCH 2013

There was submitted a paper [Paper No: 13/50] enclosing the minutes of the Capital Planning and Property Group meeting of 25 March 2013.

NOTED

64. DATE OF NEXT MEETING

9.00am on Tuesday 2 July 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 1.00pm

Project Director – New South Glasgow Hospitals & Laboratory Project

NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT

PROGRESS UPDATE – STAGES 2 & 3

Recommendation:
Members are asked to note progress of Stage 2 (Design Development of the New Hospitals) and Stage 3 (construction of the Adult and Children's Hospitals).

1. Introduction

The content of this paper sets out the progress of each of the stages of the New South Glasgow Hospitals and Laboratory project.

2. Stage 2 – New Adult & Children's Hospitals (Design)

In the period to 30th April 2013 good progress continues to be made in reviewing and agreeing the design of layouts and systems for the two hospitals. The design review process remains on programme. The process to detail the equipping and the programming of equipment is on going for all groups i.e. Group 1 – Brookfield, Group 2 – NHS/Brookfield, Group 3/4 – NHS and Group 5 - NHS.

3. Stage 3 Works

a) Summary status of the works (as at 5th May 2013).

Stage 3 Start Date	28 March 2011
Stage 3 Contract Completion Date	28 February 2015
Stage 3 Contract Duration	205 weeks
Elapsed contract period at 05 May 2013	110 weeks (54%)
Period Remaining	95 Weeks

Phase	+/- In period	Comments
Stage 3 Adults & Children's Hospital Construction	0	Maintaining progress this period.
Stage 3 Energy Centre Construction	0	A-side of Energy Centre handed over to NHS Board on 2nd May 2013. B-side of Energy Centre remains on programme.

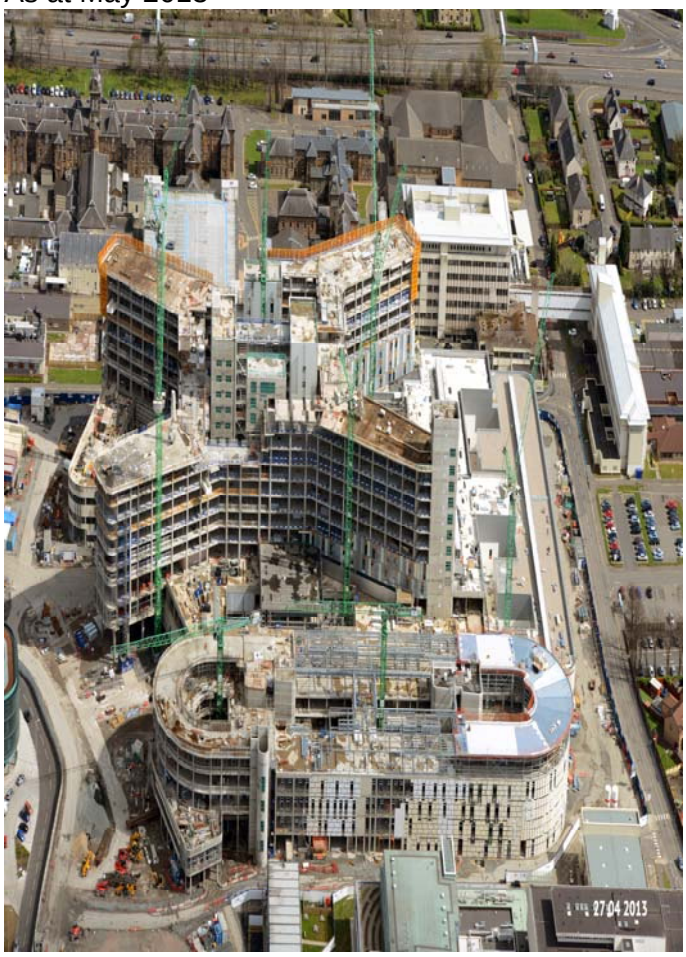
b) General progress of key construction activities

The construction programme remains stable at this time with minor areas of time loss and gain balancing out. One area of loss is in the external cladding of the tower where complexities of detail and setting out combined with adverse weather (high winds) have resulted in loss of productivity. This has been recognised by all parties and Brookfield are working with the sub-contractor, Structal, to bring in additional resources to recover the lost time. It should be noted that this work is not presently on the programme critical path and therefore no overall delay to programme is intimated.

i) Changes to the Construction Site Over the last 12 months.

Progress to May 2012

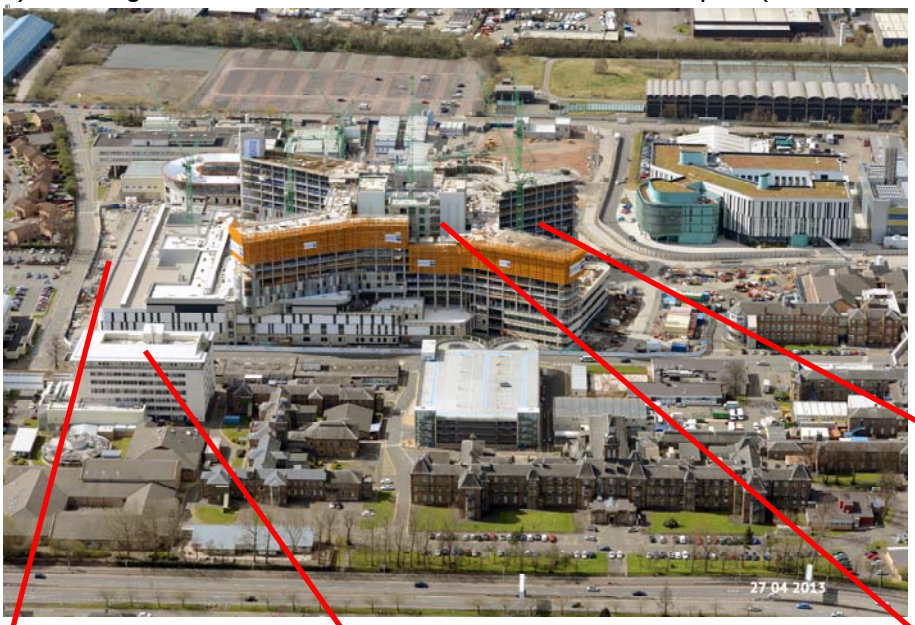
As at May 2013



Over the past 12 months the construction activities have continued to focus on the construction of both the adult and children's hospitals which are nearly at full height. In May 2012 the focus was on getting the hospitals out of the ground (constructing all the cores) and now the main focus has shifted on both hospitals to getting the structures wind and water proof and internal fit out.

ii) Changes to the Construction Site since the last report (March 2013)

1



1a

View towards main entrance

1b

Hoists installed so materials can be delivered into the building

View from Langlands Road

Curtain walling to the south east ward leg

Cladding nearing completion at the link bridge

2

2a

Plantroom steelwork being erected and concrete slab being poured

2b

Partitions being installed to NCH general ward area (level 3)

The height of the Adult Hospital is now apparent with construction of level 12 of the first ward leg well underway. The atrium link bridge is now fully complete and the installation of the cladding to the surrounding cores is ongoing with the first of the cores now complete. (Picture 1a). The pods to be installed in the Adult atrium are programmed to be delivered to the site in July 2013.

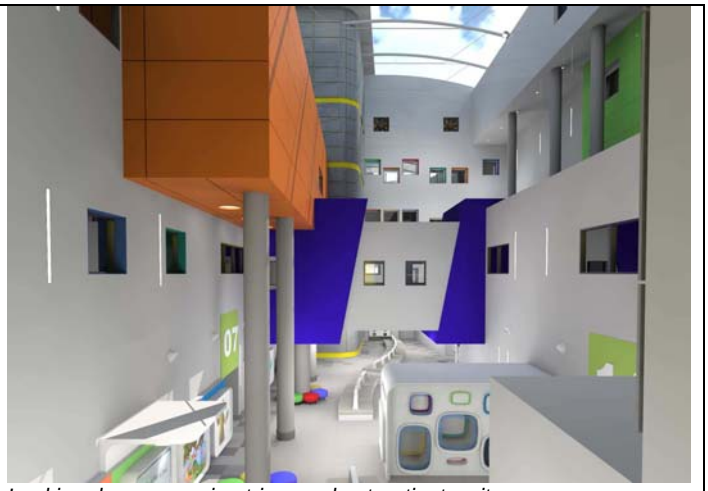
The erection of the steel frame of the 4th floor plant room continues with netting having been installed to the first section (Picture 2a). Cladding works to the elevations of the Children's Hospital are continuing round the west elevation of the structure and at the front of the structure.

The internal fit-out is continuing to progress as programmed with full partition wall construction in many areas well underway. Picture 2b shows the partition wall construction to the general ward area on level 3 of the children's hospital.

Brookfield have finalised the construction of a number of exemplar rooms (critical care) which were jointly inspected by Capita and NHS Reps at the beginning of May 2013. The finishes and fittings of these rooms have set the standard Brookfield must achieve for the remainder of the building.

The design of the atrium of the Children's Hospital has recently been concluded and the images below show the agreed design.

Main atrium and out-patient wait



Looking down on main atrium and out-patient wait

4. Car Park 1

Site preparation works commenced in March with the relocation of the sub-contractors compound to an area north of the new adult hospital. The site hoarding adjacent to the Brookfield/NHS site cabins was moved south to make space for the car park construction site, the installation of the piling mat was completed and subsequently the piling activities commenced on site on Monday 13th May 2013. Over the next month the Project Team will be reviewing final design layouts as part of the RDD process.

5. Car Park 2

Work continues to develop a design for Car Park 2 that will dovetail with the construction of the new VIE oxygen installation adjacent to the Physically Disabled Rehabilitation Unit. Brookfield have confirmed that they hope to start work on the VIE plant in the autumn of 2013, and will be complete before the start of works to construct the car park.

A full site investigation has been put out to tender and BAM Ritchie have been selected as lowest tender. In parallel with this, a desktop study has established the possible presence of an old mine shaft from Coal Board records and a ground radar survey is about to be undertaken to establish its exact location. The radar survey will be completed before the full SI which will now take place towards the end of May. Local residents and site facilities staff have been appraised of the works.

Design work is ongoing, a layout plan has been developed that will provide approximately 310 spaces constructed as part of a new build, with a further 40 spaces comprising existing ground based parking. There will be some remodelling of these existing spaces to maintain access to the Langlands Building in the southern corner of the campus. The architects are currently developing the design of the facades, especially the west elevation which faces onto the adjacent private housing.

6. Section 75 Agreement between NHS Greater Glasgow & Clyde and Glasgow City Council

The Board is legally committed to satisfying the requirements of a Section 75 Agreement with GCC to upgrade external infrastructure to facilitate the new hospital development. Included in the Section 75 agreement is a requirement to improve walking and cycling access/egress to the site with a capital contributon for this of £750k. It should also be noted that measures to support active travel are an important element in meeting the projects travel plan objectives.

As previously noted at the Quality and Performance Committee, NHSGGC has been working with Glasgow City Council and SUSTRANs (Sustainable Transport) in identifying appropriate improvements to walking and cycling infrastructure.

An application for some match funding was submitted by SUSTRANs to the Community Links Programme with the project being awarded £200,000 for 2013/14. Work with Glasgow City Council and SUSTRANs in taking forward initial schemes totalling £400,000 to be delivered in 2013/14. Further match funding will be applied for in future years with the total contribution from NHSGGC not exceeding the allocated £750k capital subscription.

7. Teaching and Learning Centre

The Outline Business Case for the Teaching and Learning Centre was submitted to the Scottish Government Capita Investment Group (CIG) for approval at its meeting on 26th February 2013.

The design of the Teaching & Learning Centre is on-going in line with the programme and both the University of Glasgow & NHS GG&C have signed off the RIBA Stage D design.

The Planning Application for the Teaching & Learning Centre was submitted to Glasgow City Council on 1st March 2013. The Full Business Case will be submitted to the NHS Board in September 2013 for approval to CIG in October 2013.

8. Medical Gas Validation Appointment

The tender exercise to appoint an Authorised Engineer for the installation and commissioning phases was commenced on 21st March 2013 which resulted in 3 companies being invited to tender for the work (Atkins – Design & Engineering, MGPS Services Limited and Hulley SGS) and 2 tenders being recieved (Atkins – Design & Engineering and Hulley SGS).

Subsequent to a scoring exercise undertaken by Currie & Brown in April 2013, Hulley SGS were appointed to the project and have since commenced visits to the site.

9. Community Benefits

The project continues to make progress against its community benefit targets. In April 2013, the project had recruited 333 new entrant employees, exceeding the project target of 250. This includes 82 apprenticeships, against a target of 88 for the project. The project is also making significant progress against its work experience targets with 179 placements provided against a target of 184 with further placement opportunities being planned in conjunction with schools, colleges and universities for 2013.

Overall the project is on track to achieve its training and recruitment targets ahead of schedule and the project team will continue to work with the contractor to maximise future opportunities moving forward.

10. Government Opportunities (GO) Excellence in Public Procurement Awards

The Government Opportunities (GO) Excellence in Public Procurement Awards recognise and reward excellence and achievement in the Public Procurement sector. In October 2012, NHS Greater Glasgow & Clyde and Brookfield Multiplex won the GO Sustainability and Corporate Social Responsibility (CSR) Initiative of the Year award at the Scottish GO Awards.

Following on from the success at the Scottish GO Awards, NHS Greater Glasgow & Clyde and Brookfield Multiplex won the UK National GO Award for Best Supplier Engagement.

11. Change Control Process

The following tables provide an update of the changes that have been assessed and approved by the Acute Services Strategy Board through the projects change control process, and an indication of pending changes that are being reviewed prior to formal approval.

The changes approved and impacting the Contract Target Price are as follows:-

Table 1

Item	CE No	Status	Date Completed	Stage 1 costs (inc O/H, Profit & VAT)	Stage 3 costs (inc O/H, Profit & VAT)	Total costs (inc O/H, Profit & VAT)	Variation
Testing of Building Board Material on Site	001	Concluded	23/02/2010	£311.73	-	£311.73	-
Japanese Knotweed Removal	002	Concluded	26/02/2010	£25,361.95	-	£25,361.95	-
Excavated Building Materials/ Spoil	003	Concluded	05/03/2010	£66,759.04	-	£66,759.04	-
Labs Project – Diversion of Water Main	004	Concluded	05/05/2010	£13,341.83	-	£13,341.83	-
Laboratory Block – Mortuary basement Level -1 (Allowance for X-Ray builder works)	005	Concluded	24/06/2010	£5,872.90	-	£5,872.90	-
AGV System – Cart Washer Removal	006	Concluded	24/06/2010	-	-£616,239.32	-£616,239.32	-
Labs Project – Copper Cladding to External Columns (Required by Planning)	007	Concluded	28/06/2010	£31,924.89	-	£31,924.89	-
Labs Project – Removal of Foundation from Old Rec Pavilion	008	Concluded	12/06/2010	£0.00	-	£0.00	-
Kitchen relocation from level 3 to basement	009	Concluded	02/07/2010	-	£72,723.89	£72,723.89	-
Reconciliation Labs – Stage D to E	010	Concluded	29/03/2010	£904,002.67	-	£904,002.67	-
Mortuary basement (Allowance for power and structural x-ray requirements) (Links to CE005)	011	Concluded	23/08/2010	£17,107.47	-	£17,107.47	-
Haemato Oncology Area – reduction to Hepa filtration requirements	012	Concluded	27/08/2010	-	-£8,165.49	-£8,165.49	-
Reduction to site wide electrical load requirements (potential to omit 2 generators)	013	Concluded	07/10/2010	-	-£752,756.10	-£752,756.10	-

Removal of the partitions between the trolley spaces in theatre recovery (NCH)	014	Concluded	07/10/2010	-	-£25,517.16	-£25,517.16	-
Removal of Bay dividing walls to Adult Hospital Critical Care	015	Concluded	07/10/2010	-	- £229,654.40	-£229,654.40	-
Gas found in Labs Ground area	016	Concluded	07/10/2010	£33,334.63	-	£33,334.63	-
Nitrogen Supply to Tandem Mass Spectrometer	017	Concluded	18/01/2011	£356.56	-	£356.56	-
Additional on-going monitoring of site gases and water as requested by GCC Planning Dept (until 1st Quarter 2012 (Potential for request to extend monitoring until 2015). Enhanced DPM for Energy Centre as requested by GCC Planning Dept	018	Concluded	10/02/2011	-	£82,930.76 £25,836.12	£82,930.76 £25,836.12	- -
Laboratory block – Changes to statutory requirements	019	Concluded	13/05/2011	0.00	-	0.00	-
Additional groundwater and gas monitoring from 2012 to 2015 as subsequently requested by GCC	020	Concluded	24/06/2011	£18,034.25	-	£18,034.25	-
Exceptionally Adverse Weather Conditions	024	Concluded	24/06/2011	£117,155.56		£117,155.56	-
GCC Planning Conditions – Borehole to monitor groundwater has failed therefore a further borehole will need to be drilled for continuous monitoring.	025	Concluded	04/08/2011	-	£3,827.57	£3,827.57	-
Additional security measures to CATIII Laboratory imposed by change to Home Office Regulations. Legislative changes are the Board's risk	026	Concluded	24/06/2011	£38,202.90	-	£38,202.90	-
Delay to diversion of Linthouse Burn works and connecting major drainage systems due to discovery of unforeseen services in the ground	027	Concluded	20/08/2011	-	£75,000.00	£75,000.00	-
Reduction from 24 hour water storage to 12 hour water storage as dual mains supplies provide the necessary resilience. (Fully risk assessed)	028	Concluded	24/06/2011	-	-£38,275.73	-£38,275.73	-
Increase to frequency of ground water monitoring required due to increased levels of PHA contaminants discovered. Monitoring to May 2012 (GCC Requirement)	029	Concluded	20/09/2011	-	£15,000.00	£15,000.00	-
Installation of security fencing and automatic entrance gates to secure the operational area around the new Laboratory and FM Centre to assist with the 24hr management of vehicles arriving with goods for the hospitals, laboratory samples and mortuary management.	030	Concluded	20/09/2011	£45,461.81	-	£45,461.81	-
Agreed changes to Group 1 and 2 Equipment lists	031	Concluded	14/12/2011	-	-£1,871,457.82	-£1,871,457.82	-
Disruption to piling operations for Neurosurgery Link Bridge due to discovery of unforeseen existing concrete foundations	032	Concluded	09/02/2012	-	£30,000	£30,000	-

Adverse weather conditions - during later half of 2011 there has been a series of isolated 1 in 10 year weather events. Individually they have nominal impact, however commutatively there is a potential for a Compensation Event to be due under the contract.	033	Concluded		-	£300,000.00	£300,000.00	-
Alteration of Ophthalmology Out-patient Treatment room to clean room specification	034	Concluded	26/03/2012	-	£2,178.25	£2,178.25	-
Continuation of monthly assessment/reporting until February 2013. Cross reference CE 029	035	Concluded	19/10/2012	-	£15,565.47	£15,565.47	-
Adverse weather encountered during June & July 2012.	036	Concluded	19/10/2012	-	£42,000.00	£42,000.00	-
Further investigation at 2 specific locations to identify the extent of ground contaminants discovered during excavations	037	Concluded			£7,115.46	£7,115.46	-
Reduction to site wide heating capacity (Detailed assessment indicates 7 boilers required not 8)	038	Concluded	25/02/2013	-	-£85,983.88	-£85,983,88	-
Addition of pattress plates to bedheads in Adult Hospital	039	Concluded	25/02/2013	-	£49,561.28	£49,561.28	-
			Total	£1,317,228.19	-£2,906,311.10	-£1,589,082.91	

The costs stated have been shown at the relevant rate of VAT.

11.1 Potential Compensation Events

The table below lists other changes currently under discussion which will impact on target price.

Table 2

Item	Status	Stage 1 costs (inc O/H, Profit & VAT)	Stage 3 costs (inc O/H, Profit & VAT)	Total costs (inc O/H, Profit & VAT)
Pending Changes to Group 1 and 2 Equipment lists	C&B cost estimate Work in progress to conclude	-	-£200,000.00	-£200,000.00
	Total	£0.00	-£200,000.00	-£200,000.00

Table 3 – Compensation Events – Movement since last QPC report (March 2013)

	Total costs/savings (inc O/H, Profit & VAT)
Compensation Event value at February 2013	-£1,789,082.91
Compensation Event value at April 2013	-£1,789,082.91
Movement since March 2013	-

11.2 Defined Cost Update

Stage 1: Outturn cost finalised at approximately £2.7M below Target Price

Stage 3: 88% of Contract Works tendered and contracts awarded
2% of Contract Works tendered and awaiting formal contract award
5% of Contract works currently at tender stage
5% of Contract Works remain to be procured

BMCE Target Price risk / contingency allowance within the original target price, unadjusted for Board inflation risk liability, has reduced to approximately £1.0m.

There is a high risk that the remaining work package procurement and general management of work package interfaces / delivery during the remaining contract period will exceed the original Brookfield budget, unadjusted for inflation, and will utilise part of the additional funds due to Brookfield as a result of the potential inflation Compensation Event. The balance of the notional inflation compensation event falling due to Brookfield as a gain share.

Although there is upwards pressure on project costs, the above can be fully funded from the current budgetary allocation set aside for target price acceptance and inflation risk allowance.

12. Overall Budget Update

The core Project Budget remains unchanged at £841.7m, supplemented by £112k in respect of the car-park landscaping (£32k) and pneumatic tube installation (£80k) funded from core capital.

Table 1 continues to reflect the key elements of the project budget, including the previously approved allowances for car parking.

Full details of the movement in the overall core and non-core Project Budget (at Target Price), since Contract Award/ FBC Approval, are reflected in Table 1 below:

Table 1

New South Glasgow Hospitals & Laboratory Project
Forecast Budget Analysis - As at April 2013

		Opening Values (Contract Award/ FBC)	Subsequent Movements Impacting on Risk Provision	Subsequent Movements not Impacting on Risk Provision	Revised Budget (Target Price)	Spend to 28th Feb 2013
1.0	**Construction Costs**					
1.1	Adult & Children's	£499,331,000	£0	£0	£499,331,000	£264,040,227
1.2	Laboratory & FM Building	£75,780,000	£0	£0	£75,780,000	£74,527,083
1.3	**Original Estimated Total Build Cost (as bid)**	**£575,111,000**	**£0**	**£0**	**£575,111,000**	**£338,567,310**
1.4	Subsequent Movements	£0	-£1,471,999	£0	-£1,471,999	£0
1.5	**Revised Estimated Total Build Cost**	**£575,111,000**	**-£1,471,999**	**£0**	**£573,639,001**	**£338,567,310**
2.0	**Other Costs**					
2.1	Preparatory Works and Fees	£20,155,510	£90,000	£0	£20,245,510	£10,367,000
2.2 i	Carparks 1,2 & 3 Approved Budget	£0	£19,562,500	£0	£19,562,500	£127,467
2.2 ii	Carparks 1,2 & 3 Affordability Provision		£1,333,334		£1,333,334	£0
2.3	Irrecoverable VAT	£116,046,890	£3,862,084	£0	£119,908,974	£67,298,810
2.4	Gross Equipment Cost	£62,040,000	£0	£0	£62,040,000	£1,957,000
2.5	Risk Provision	£68,346,600	-£23,375,918	£0	£44,970,682	£0
3.0	**TOTAL CORE COSTS**	**£841,700,000**	**£0**	**£0**	**£841,700,000**	**£418,317,587**
4.0	**Add: Funded from Board Capital**					
4.1	Car Park 0 interface works	£0	£0	£31,896	£31,896	£31,896
4.2	Pneumatic tube installation	£0	£0	£79,531	£79,531	£79,531
4.3	**Total to be funded from Board Capital**	**£0**	**£0**	**£111,427**	**£111,427**	**£111,427**
5.0	**TOTAL CORE & NON CORE**	**£841,700,000**	**£0**	**£111,427**	**£841,811,427**	**£418,429,014**

12.1 Movements since the last ASSB meeting in February 2013.

There were no new Compensation Events since the February 2013 meeting.
As a result the risk provision remains at £44.97m at Target Price as noted in line 2.5 of Table 1 above. As requested at the February ASSB meeting, a high level analysis of the risk provision movements since contract award is provided within table 3.

Cumulative actual expenditure incurred since the project commenced up to and including February 2013 is £418.4m.

Table 2 - Notes on Forecast Budget Analysis

1. Subsequent Compensation Events (excluding Non Core Elements and Equipment) at Target Price		
Concluded Compensation Events	£(1,305k)	
Potential Compensation Events	£(167k)	
Subsequent Compensation Events – Target Price (Line 1.4)		£(1,472)k
2. Summary of Preparatory Works and Fees		
2.1 Direct Fees		
Direct fees – Laboratory Build	£2,092k	
Direct fees – C&B	£3,350k	
Direct fees – Surveys etc	£250k	
Direct fees – Others	£408k	
Original Budget		£6,100k
Subsequent Movements		
Additional fees re Car-parks 1,2 & 3	£325k	
Teaching & Learning Centre fees	£518k	
Supervisor fees	£970k	
Additional C&B fees (transfer from Non Works)	£760k	£2,573
Direct Fees		£8,673
2.2 Enabling Schemes		
Site Wide upgrade of HV network		£681k
Site Wide upgrade of drainage infrastructure.		£1,191k
Renewal of Water Mains		£681k
Demolition of Chest Clinic for MacDonald House		£98k
Demolition of Psychiatric Block		£357k
Enabling Schemes		£3,008k
2.3 Other Costs		
Non Works Costs	£1,800k	
Less: transfer to Teaching & Learning Centre fees	(£518k)	
Less: Transfer to Fees	(£760k)	£522k
Section 75 Contributions		£5,000k
Mobile ITU		£1,500k
SAS Relocation		£1,277k
Scottish Water Land		£265k

Other Costs		£8,564k
Total Preparatory Works and Fees (Line 2.1)		£20,245
3. Revised Brookfield Target Price		
Original Target Price (ex VAT) (Line 1.3)		£575,111k
Subsequent Core Compensation Events (ex VAT) (Line 1.4)		£(1,472k)
Car Park 1 Interface Works (Gross) (Line 4.1)	£32K	
Less VAT	£(5K)	£27k
Pneumatic Tube Installation (Gross) (Line 4.2)	£80k	
Less VAT	£(13k)	£67k
Fume Cupboards and Safety Cabinets (Gross) (incl. Line 2.4)	£350k	
Less VAT	£(58k)	£292k
Revised Target Price (ex VAT)		£574,025

13. Recommendation:

Members are asked to note progress of Stage 2 (Design Development of the New Hospitals) and Stage 3 (construction of the Adult and Children's Hospitals).

Enclosure - Brookfield Multiplex Contract Inflation Adjustment

1.0 Introduction

The contents of this Paper have been thoroughly considered by the Acute Services Strategy Board and the Members unanimously support the Papers recommendation to proceed to close out, and cap, the Board inflation liability by agreeing a £12M including VAT Compensation Event to the contract with Brookfield Multiplex.

The Board CEO supports and recommends to the Quality & Performance Group to endorse the ASSB recommendation.

2.0 Background

As part of the Competitive Dialogue with all bidders during the procurement stage in 2009 the subject of inflation was discussed and debated in order to arrive at a strategy that shared the risk, and avoided excessive risk being included within the commercial bids.

The agreement at the time of procurement was that bidders were to include a baseline allowance of 2.5% per annum, and the Board would accept the risk of inflation exceeding 2.5% per annum over the duration of the contract (2010 – 2016). The RPIX index was agreed as the inflation monitor and trigger point for calculation of risk.

As part of the Hospitals Stage 3 Instruction to Proceed, the Board negotiated a change to baseline calculation period to 2011 – 2016, mitigating the 2010 inflation impact which was significantly above the 2.5% baseline.

3.0 Inflation Forecasts

The potential inflation liability has been regularly reviewed by the ASSB utilising the "HM Treasury Forecasts for the UK Economy" published monthly for short term RPIX forecasts (current and following years) and long range forecasts published quarterly for RPI forecasts (currently up to 2017). The ASSB has been updated at each meeting on inflation movement and potential Board liability.

The Treasury Reports collate a range of independent forecasts and summarises the lowest, median and highest estimates. The ASSB meeting in December 2011 agreed that for forecasting purposes the Median Forecasts would be utilised for calculation of potential liabilities and risk amount allocation.

The median forecasts included in the April 2013 Treasury Report published data for 2013 and 2014 forecasts, and the February 2013 Treasury Report published data for 2015 and 2016 forecasts. The current information, compared to previous forecasts in February 2013 is set out in Table 1 below.

Table 1: RPIX forecasts

Year	Median Forecast	
	Feb 2013 ASSB Update	April 2013 ASSB Update
2011 RPIx (Actual -note 1)	5.0%	5.0%
2012 RPIx (Actual -note 1)	3.0%	3.0%
2013 RPIx	2.8%	3.3%
2014 RPI	2.5%	3.0%
2015 RPI	2.9%	3.1%
2016 RPI	3.1%	3.1%
Cumulative inflation	20.89%	22.31%

As noted above the updated forecasts for 2013 and 2014 have each increased by 0.5% to 3.3% and 3.0% respectively, with a 0.3% increase in 2015.

Over the last 6 months there has been an increasing upward movement in inflation forecasts for the remainder of the contract period. The table below notes the HM Treasury increasing trend in inflation forecasts:-

Table 2: RPIX forecasts movement trend

	Dec 2012 ASSB Update	Feb 2013 ASSB Update	Current
2011 RPIx (Actual -note 1)	5.0%	5.0%	5.0%
2012 RPIx (Actual -note 1)	2.9%	3.0%	3.0%
2013 RPIx	2.5%	2.8%	3.3%
2014 RPI	2.5%	2.5%	3.0%
2015 RPI	2.9%	2.9%	3.1%
2016 RPI	3.1%	3.1%	3.1%
Cumulative inflation	20.43%	20.89%	22.31%

The above confirms the variable nature in inflation forecasts, with the table below confirming the actual variance in HM Treasury annual 12 month median forecasts published each December versus the actual inflation incurred each year to date:-

Table 3: HM Treasury Forecast v's Actual

	Forecast	Actual	Variance
2011	2.6%	5.0%	+2.4%
2012	2.7%	3.0%	+0.3%

4.0 Inflation Liability Calculations

The table below compares the Median Forecast and the contract baseline.

Table 4: Median RPIX forecast v's Contract Baseline

Year	Median Forecast	Base within contract
2011 RPIx (Actual -note 1)	5.0%	2.5%
2012 RPIx (Actual -note 1)	3.0%	2.5%
2013 RPIx (note 2)	3.3%	2.5%
2014 RPI (note 2)	3.0%	2.5%
2015 RPI (note 3)	3.1%	2.5%
2016 RPI (note 3)	3.1%	2.5%
Cumulative inflation	22.31%	15.96%

Based on the above median forecast the estimated compensation event would uplift the current contract target price by approximately £19.6M. Due to the increase in inflation forecasts through the remainder of the contract, the potential compensation event has increased significantly from £17.9M previously calculated during the last review in February 2013.

The £19.6M is the potential the contractual liability to the Board, and the maximum amount, based on median forecasts, that would require to be set aside from the Risk Register to fund the future contract liability. The current key risk summary is included in an Appendix to this Paper, and notes inclusion of £16.5M for inflation. This amount having been determined based on previous inflation reviews

However, as the contract is a Target Price contract the payments to Brookfield are based on defined cost plus incentivised gain share of any savings below the contract target price, the actual liability to the Board will be dependent on actual expenditure incurred by Brookfield.

Considering the above potential Compensation Event value and utilising a range of outturn cost scenarios the potential actual additional payment to Brookfield in respect of inflation are noted below:

Table 5: Potential Scenarios for Board Liability

	Original Target Cost	C&B Estimate	£5M above Target	BMCE Estimate	£10M above Target
	(£m)	(£m)	(£m)	(£m)	(£m)
Hopsitals Outturn Cost	£471.6	£475.0	£476.6	£477.2	£481.6
	Additional Payment to BMCE				
Median Inflation Forecast (ex VAT)	£10.0	£10.9	£11.0	£11.1	£12.8
Median Inflation Forecast (inc VAT)	£12.0	£13.1	£13.2	£13.3	£15.4

The above assessments could increase / decrease depending on actual outturn cost and inflation outturn. The tables below highlighting potential scenarios if inflation forecasts vary by +/- 0.25%:-

	Original Target Cost	C&B Estimate	£5M above Target	BMCE Estimate	£10M above Target
	(£m)	(£m)	(£m)	(£m)	(£m)
Hopsitals Outturn Cost	£471.6	£475.0	£476.6	£477.2	£481.6
	Additional Payment to BMCE				
Median Inflation Forecast +0.25% (ex VAT)	£10.6	£11.3	£11.6	£11.8	£13.2
Median Inflation Forecast +0.25%(inc VAT)	£12.7	£13.6	£13.9	£14.2	£15.8
Median Inflation Forecast -0.25% (ex VAT)	£9.5	£10.1	£10.5	£10.5	£12.6
Median Inflation Forecast -0.25%(inc VAT)	£11.4	£12.1	£12.6	£12.6	£15.1

5.0 Brookfield Offer of Commercial Settlement

As the first two years inflation have been published by HM Treasury and the variance against the Brookfield baseline contract allowance can be determined, and work package procurement is nearing the final stages, Brookfield approached the Board to consider agreeing an inflation contract adjustment.

Ross Ballingall, Managing Director Brookfield Multiplex Construction Europe Limited organised a meeting with Robert Calderwood, NHS GG&C CEO to discuss the overall project risks and cost pressures incurred arising from inflation. One of the key areas noted at the meeting was a request by Brookfield for the Board to consider a commercial settlement in terms of inflation impact now rather than wait until the end of the project as originally set out in the contract.

In order to provide surety on potential inflation recovery for both parties, Brookfield proposed a Compensation Event value of £10M (£12M incl VAT) to be considered now and cap the Board inflation liability. All other contract terms would remain unchanged.

6.0 Recommendation

The current allocation for inflation in the Risk Register is £16.5M, is less than the amount to cover the median forecasted Compensation Event. However, it is currently in excess of the amount required to fund the additional payment to Brookfield based on a range of risk assessed outcomes.

As noted from the movements in HM Treasury future forecasts and variation in historic forecasts versus actual, there has been, and continues to be, volatility in potential inflation forecasts.

Maintaining the status quo of waiting until the end of the contract and undertaking a final reconciliation of actual costs and actual inflation maintains the ongoing risk and uncertainty over the additional liability due to Brookfield due in connection with inflation, and as such requires the Board to set aside a significant sum of monies to fund the potential additional liability.

The offer from Brookfield to cap inflation at a £12M is at the lower range of the scenarios as set out in Table 5 above and will protect the Board against any future rise in inflation.

The Quality & Performance Group are requested to endorse the ASSB recommendation to agree a £12M commercial settlement with Brookfield and to cap the Boards inflation liability.

Data Sources
Note 1: Office of National Statistics Jan 2013 Table 39 Actual 2011/12
Note 2: HM Treasury Report April 2013: Table 5 2013 & 2014 Forecast
Note 3: HM Treasury Report February 2013: Table M3 Medium Term Forecasts

Appendix 1 – Current Key Risk Summary

Risk Item	Risk Provision December 2012	Estimated Risk Provision February 2013	Estimated Risk Provision April 2013	Reason for Movement	Date Majority of Risk Passed
Ground risk - general	£2.0M	£2.0M	£1.0M	No significant issues identified to date at former helipad site and adjacent former biochemistry block, residual risk until excavations completed. Final ground water monitoring results awaited to confirm potential risk mitigated	March 2013
Ground risk – below existing buildings	£1.0M	£1.0M	£1.0M	SI ongoing in area of Biochemistry (no significant issues) and SI required at Surgical block following demolition	July 2016
Inflation Risk	£16.5M	£16.5M	£16.5M	Inflation remains higher than expected, current estimate of inflation. Risk allowance based on Median compensation event forecast	2015
Planning Risk	£0.5M	£0.5M	£0.1M		
Client Changes	£1.5M	£1.5M	£1.5M	Current drawing review has not resulted in changes to brief, ongoing final drawing reviews, potential to reduce risk at later date	Jul 2013
Client Approval Delays	£1.1M	£1.1M	£1.1M	RDD progressing to programme, actively managed with Brookfield to deal with priority areas, ongoing final drawing reviews, potential to reduce risk at later date	Jul 2013
Equipment Requirements	£10M	£10M	£10M	Overall equipment list estimate reduced from £75M to £70M before consideration of transfers. Current £60M budget allocation plus £10M risk provides coverage for full requirements	2013
Residual funding for other risks	£12.6M	£12.6M	£14.0M		
	£45.2M	£45.2M	£45.2M		

[redacted]

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 2 July 2013 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting: 21 May 2013**	QPC(M) 13/03
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 13/51
	(b) EQIA for NHSGGC Access Policy – Actions Update Report Report of the Director of Corporate Planning & Policy	Paper No 13/52
5	**Integrated Quality and Performance Report** Report of the Acting Head of Performance and Corporate Reporting	Paper No. 13/53

SAFETY

6	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents** Report of the Medical Director	Paper No 13/54
7	**Reviewing Significant Clinical Incidents Policy and Practice** Report of the Medical Director	Paper No 13/55
8	**Board Clinical Governance Forum Minutes and Summary of Meeting held on 10 June 2013**	Paper No 13/56

9	**Report of the NHSGGC Francis Review Team** Report of the Medical Director and Nurse Director	Paper No 13/57
10	**Health Promoting Health Service: Action in Hospital Setting (CEL 01 2012) – Annual Report** Report of the Director of Public Health	Paper No 13/58

CLINICAL EFFECTIVENESS AND TREATMENT

11	**Impact of Reduction in Medical Training Numbers and Recruitment Issues 2013** Report of the Medical Director/Chief Operating Officer	Paper No 13/59 To Follow

PERSON CENTREDNESS

12	**Local Delivery Plan – NHS Board Contribution to Community Planning Partnership** Report of the Director of Corporate Planning & Policy	Paper No 13/60
13	**Person-centredness:-** **a. Healthcare Framework** **b. NHS Scotland Person-centred Health & Collaborative Summary Report** Reports of the Nurse Director	Paper No 13/61(a) To Follow Paper No 13/61(b)
14	**Food, Fluid and Nutritional Care Update** Report of the Nurse Director	Paper No 13/62
15	**Services to Transgender People** Report of the Director of Corporate Planning & Policy	Paper No 13/63
16	**Quality Policy Development Group Minutes of Meeting held on 30 April 2013**	Paper No 13/64
17	**Staff Governance Committee – Minutes of Meeting held on 21 May 2013**	SGC(M)13/02

MONITORING AND GOVERNANCE

18	**Review of Remit of Quality and Performance Committee** Report of the Head of Board Administration	Paper No 13/65
19	**DATIX Short Life Working Group** Report of the Medical Director	Paper No 13/66
20	**Media Coverage of NHSGGC May/June 2013** Report of the Director of Corporate Communications	Paper No 13/67

CAPITAL

21	**New South Glasgow Hospitals: Progress Update – Stages 2 & 3** Report of the Project Director – New South Glasgow Hospitals Project	Paper No 13/68 To Follow
22	**Western Infirmary Site B: Progress Update** Report of the Chief Executive	Verbal Update
23	**Eastwood Health and Care and Maryhill Health Centres Outline Business Cases** Report of the Director of Glasgow City CHP	Paper No 13/69
24	**Capital Planning Group & Property Commitee Minutes – Meeting held on 30 April 2013**	Paper No 13/70
25	**Date of Next Meeting** 9.00am on Tuesday 17 September 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH	

DRAFT

QPC(M)13/04
Minutes: 65 - 88

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 2 July 2013 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE
Mr I Fraser
Cllr M Kerr (from Minute 69)
Cllr A Lafferty
Ms R Micklem
Cllr J McIlwee
Mr D Sime
Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong
Mr R Calderwood (to Minute 78)
Ms R Crocket
Dr L De Caestecker (to Minute 70)
Dr R Finnie
Mr P James
Mr R Reid
Mr A O Robertson OBE (to Minute 78)
Rev Dr N Shanks

I N A T T E N D A N C E

Mrs E Borland	..	Head of Planning & Performance, Glasgow CHP – North West Sector (to Minute 79)
Ms C Curtis	..	Health Improvement Lead – Acute (to Minute 70)
Mrs J Grant	..	Chief Operating Officer
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP (Minute 79)
Mr D Loudon	..	Director, Facilities (to Minute 78)
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting (to Minute 69)
Mrs J Murray	..	Director, East Renfrewshire CHCP (to Minute 79)
Ms C Renfrew	..	Director of Corporate Planning & Policy
Mr D Ross	..	Director, Currie & Brown UK Limited (to Minute 78)
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (to Minute 78)
Dr D Stewart	..	Lead Director for Acute Medical Services

65. APOLOGIES

Apologies for absence were intimated on behalf of Ms M Brown, Mr P Daniels OBE and Mr B Williamson.

66. DECLARATIONS OF INTEREST

No declarations of interest were raised in relation to the agenda items to be discussed.

ACTION BY

67. MINUTES OF PREVIOUS MEETING

On the motion of Mr D Sime and seconded by Mr K Winter, the Minutes of the Quality and Performance Committee Meeting held on 21 May 2013 [QPC(M)13/03] were approved as a correct record.

68. MATTERS ARISING

(a) Rolling Action List

(i) In relation to Minute 49 – Capital Plan 2013/14 – 2015/16 – the Convenor advised that the Outline Business Case for Eastwood Health and Care Centre contained information which confirmed that revenue-funded Hub initiatives were included in the balance sheet. The Director of Finance confirmed this to be the case.

NOTED

(b) EQIA for NHSGGC Access Policy – Actions Update Report

In relation to Minute 25 – Integrated Quality and Performance Report – a request had been made for an update on the equalities issues raised in the Patient Access Policy and how these were being addressed. There was submitted a paper [Paper No 13/52] by the Director of Corporate Planning and Policy which set out an Action Plan on how these issues were being taken forward within defined timescales.

In addition, a further process was underway through the GP Interface Group to improve referral processes between Primary Care and Secondary Care. This would include enabling GPs to target support to patients who they believe may be likely to not attend appointments.

Ms Micklem welcomed the report and ongoing monitoring and enquired as to what the information was telling us about services and asked that this be included in a follow-up report to the Committee. Ms Renfrew agreed to include this aspect in a follow-up report to the Committee in six months' time.

Director of Corporate Performance & Policy

(c) Western Infirmary Site B: Progress Update

In relation to Minute 4(b) – Western Infirmary: Site B: Update – the Chief Executive advised that the final Heads of Agreement had been exchanged with the University of Glasgow and he expected the sale to conclude during the course of this month. He would confirm the outcome at the next meeting of the Committee.

Chief Executive

NOTED

69. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No. 13/53] from the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHS

ACTION BY

Greater Glasgow and Clyde's performance. As had been reported previously, from 1 April 2013, the tolerance level applied to the performance status had been reduced from 10% to 5%. This meant that performance that was 5% outwith meeting the trajectory/target was rated as red and performance that was within 5% of trajectory was rated as amber. Of the 42 measures which had been assigned a performance status based on their variance from trajectory and/or targets, 25 were assessed as green; 9 as amber (performance within 5% of trajectory) and 8 as red (performance 5% outwith meeting trajectory). The areas of key performance change since the last report included:-

- Suspicion of cancer referrals (62 days) had moved from green to amber;
- Carbon emissions had moved from amber to red;
- New outpatients; maximum 12 week wait had moved from red to green;
- Freedom of Information requests completed within 20 days had moved from amber to green.

Ms Renfrew advised that it was intended to bring a more detailed to report to the Committee at the next meeting in relation to waiting times for access to psychological therapy, especially in light of the improved data highlighting variances in performances and, in some areas, excessive waits. This was welcomed. **Director of Glasgow CHP**

Mr Finnie asked about the impact of the Change Fund in relation to delayed discharges and acute bed days lost to delayed discharge, particularly in relation to the likelihood of the Change Fund not being sustained at current levels. Mr Calderwood advised that an initial allocation across Scotland amounted to £70m and an additional £10m was added to this in the second year and the overall intention was that the Change Fund be a three year programme. A Ministerial Task Force had been established to consider how the £80m per annum could be best used in future and these discussions were underway. Current monitoring within NHSGGC in relation to the use of the Change Fund was undertaken at local CH(C)P Committee level and at the Organisational Performance Review meetings which were held twice per annum. Benefits had been realised by utilisation of the Change Fund as had been noted in the reports to Committee on improving performances under delayed discharges. In addition the Fund had also been used to improve the quality of services, capacity building and other similar initiatives. If any decision was made to withdraw or redirect the funds, the NHS Board would need to consider the implications in terms of financial planning and consideration of priorities. On a separate point, it was reported that the SGHD were clarifying the intention that there be no reduction in Elderly Care beds for the over-75s at a time of increasing demand and a growing elderly population.

Mr Finnie also raised his concerns at the only actions identified within the Carbon Emissions exemption report as they seemed to relate to future capital investment decisions. Mr Calderwood acknowledged this point and indicated that a paper would be brought to the Committee shortly on the full range of actions being undertaken within the Carbon Management Plan in order that members could scrutinise the different individual actions being undertaken and the moves to achieve the carbon reduction target of 15% by March 2016. **Director of Facilities**

Mr Winter raised the increasing use of overtime and bank staff in recent months. Mr Calderwood indicated that the Corporate Management Team monitored this area and would be concerned if excessive use was being made of bank staff or overtime which masked concerns about staffing levels. The issues to date in relation to the additional overtime and use of bank staff had related to service redesign changes and unscheduled demand. He agreed that he would ask the **Director of Human Resources**

Director of Human Resources to pull together a more detailed report from Operational Directors for further scrutiny by the Committee.

Councillor Lafferty asked if there was more detail available on where the sickness absences were occurring within the organisation. It had been acknowledged that the HEAT target was unlikely to be achieved although whilst it was a tough target, it had focussed attention on this area and had resulted in a lot of significant work in improving absence management arrangements and sickness levels within the organisation. Mr Sime reminded members that the Staff Governance Committee had been remitted to review and take all action in relation to the sickness absence rate.

Dr Armstrong advised that the MRSA target of 26 cases per 100,000 acute occupied bed days would be narrowly missed by NHSGGC as it seemed its validated figure would be 26.8 bringing it into the amber category of performance status.

Members welcomed again the detailed analysis made possible by the information contained within the Integrated Quality and Performance Report.

NOTED

70. HEALTH PROMOTING HEALTH SERVICE: ACTION IN HOSPITAL SETTING (CEL 01 2012) – ANNUAL REPORT

There was submitted a paper [Paper No: 13/58] from the Director of Public Health providing a copy of the Annual Report – 2012/13 on Health Promoting Health Service: Action in Hospital Setting. The Annual Report had been submitted to Health Scotland on behalf of the Government on 30 April 2013 and the document provided a summary of the year 1 position and identified priorities for progression in year 2.

The report had provided comprehensive evidence in relation to SGHD's performance measures in relation to core actions i.e. smoking; alcohol; breast feeding; healthy working lives; sexual health; food and health; physical activity and active travel within hospital sites. In addition further detail was provided in relation to a staff management programme and research to engage with hard-to-reach staff groups. Ms Claire Curtis, Acute Health Improvement Lead, attended to assist with members' questions.

Mr Finnie welcomed the successful launch of the campaign to stop smoking but he would like further information on how these initiatives could be sustained. Dr de Caestecker advised that a lot of work was ongoing with the media to ensure continued publicity within this area and the intention was that on a quarterly basis to look at the impact of the initiatives, evaluate their success and make changes going forward. This would include changing posters and messages within hospital entrances and clinic/ward areas and she highlighted that regrettably, three smoke-free wardens had recently resigned from their posts following unacceptable behaviour from members of the public who had been approached within hospital sites to stop smoking. No smoking was a key target for the NHS Board and therefore it would be a priority to ensure a sustained effort over a long period of time would be maintained.

Rev Dr Shanks asked for more information about the acute patient panels and Ms Curtis explained that they comprised of 20-30 patient representatives and were

ACTION BY

subject to six monthly reviews to ensure effective public engagement was maintained in trying to ensure that every healthcare contact was a health improvement opportunity.

Members welcomed sight of the first Annual Report.

NOTED

71. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 13/54] by the Medical Director on Adverse Clinical Incidents. The report on Adverse Clinical Incidents had been displayed on two separate charts in order to highlight the position within Acute Services and separately within Partnerships.

Dr Armstrong highlighted the recent case where valuable lessons had been learned and drew members' attention to the active Fatal Accident Enquiries, in particular to a current case involving a [redacted]

NOTED

72. REVIEWING SIGNIFICANT CLINICAL INCIDENTS POLICY AND PRACTICE

There was submitted a paper [Paper No: 13/55] by the Medical Director providing sight of the Significant Clinical Incidents Policy and giving an update on Healthcare Improvement Scotland's approach.

It had been previously stated that the Significant Clinical Incidents Policy would be submitted to the Quality and Performance Committee in July for approval. However as has been previously recognised, this was also dependent on Healthcare Improvement Scotland (HIS) publishing the new National Clinical Incident Framework. The Framework has not yet been published and therefore the Significant Clinical Incidents Policy would be brought back to the September meeting, revised as appropriate, for formal Committee approval. Dr Armstrong tabled a paper setting out the process undertaken in conducting the policy review and implementation plan.

Dr Armstrong had previously reported that NHSGGC had provided extensive feedback through the national consultation from HIS on building a national approach to learning from adverse events through reporting and review. Complementary to this development process, HIS had now completed their inspection visit to review NHSGGC's arrangements and to audit samples of significant clinical incidents. This report was now due for publication and comments had been fed back on an embargoed version of the report to ensure accuracy and proper clarity around some issues.

Dr Armstrong will provide NHS Board members with a copy of this report once available. **Medical Director**

Ms Micklem commented that the policy on the management on Significant Clinical Incidents was helpfully balanced in terms of the appropriate rigour and

ACTION BY

transparency required together with informing and involving patients and relatives. She believed that it was crucially important to maintain and retain the public's confidence in our services particularly with the processes which are then undertaken when something does go wrong.

Mr Finnie enquired about the Non-Executive member engagement particularly in relation to what form, what level and who would decide. Dr Armstrong advised that national work was currently underway to define the Non-Executive member involvement; currently that role was undertaken on a strategic basis at the Quality and Performance Committee and she fully understood members' comments previously that it would not be possible for Non-Executive member involvement in all circa 200 cases of significant clinical incidents per annum. It was likely that a summary of the key areas, key risks and trends and outcomes would be a possible way forward however once the national group had reported. It would then be for Non-Executive members to determine what role they would like to undertake against whatever national framework is set for member involvement. Mr Sime welcomed the attempts to ensure that there were no surprises by producing regular updates to members, particularly via the Communications Team. This had been very helpful and welcomed by members.

DECIDED

(1) That the Policy on the Management of Significant Clinical Incidents be noted, revised in light of the publication of the National Clinical Incident Framework and thereafter submitted to the next Committee meeting for approval. **Medical Director**

(2) That the Report by HIS on their inspection visit to review NHSGGC arrangement associated with significant clinical incidents be forwarded to NHS Board members. **Medical Director**

73. BOARD CLINICAL GOVERNANCE FORUM MINUTES (DRAFT) AND SUMMARY OF MEETING HELD ON 10 JUNE 2013

There was submitted a paper [Paper No: 13/56] in relation to the Board Clinical Governance Forum meeting held on 10 June 2013.

NOTED

74. REPORT OF THE NHSGGC FRANCIS REVIEW TEAM

There was submitted a paper [Paper No. 13/57] from the Medical Director and Nurse Director setting out NHSGGC's Review Team report into the recommendations of the Francis Report of the Mid-Staffordshire NHS Foundation Trust Public Enquiry. The Francis Report was published in February 2013 and included a description of appalling standards of care which had prevailed in the Mid-Staffordshire Hospital for a number of years. NHSGGC had set up a Review Team to undertake a comprehensive review of all 292 recommendations and take stock and reflect on the NHS Board's arrangement and practices. This was with a view to learning lessons and ensuring that the care provided by NHSGGC was of the highest quality, safe and centred on the needs of patients.

The report submitted had been reviewed by the Corporate Management Team and a facilitated event for Executive Directors, Senior Managers and Senior Clinicians

ACTION BY

had been arranged to review the report in detail on 4 July 2013.

Ms Micklem advised that as one of the team members she had been able to attend the away-day held on 11 April 2013 and had been impressed with the depth and level of process undertaken in trying to identify the gaps and actions in order to be assured such issues could not happen within NHSGGC. It had highlighted to her the possible weaknesses in the dual role of commissioner and provider; how patient feedback was reviewed by the Quality and Performance Committee and the need to tackle the defensive culture as highlighted by previous Ombudsman reports, in handling complaints and to consider the external scrutiny role.

Mr Calderwood felt the report had been a fair distillation of the work undertaken by the team and a range of gaps and opportunities had been identified. Some issues would require a national view and some would require a more strategic and wider approach to be taken by the NHS Board in considering how best to take forward specific aspects of the report. Topics had been agreed for the facilitated event on 4 July and he looked forward to the outcome of that event. There were, however, issues that could be taken forward now, particularly around the complaints management issues and he supported early progress in such areas.

Nurse Director

Members welcomed the report and Rev Dr Shanks was pleased to see the areas of values, culture and caring and compassionate behaviours and the leadership role being highlighted as important although he recognised all were difficult to measure.

Dr Armstrong welcomed the comments and looked forward to the event on 4 July, together with good visibility with staff on the report. She would consider the issues raised and also give further thought to the external scrutiny arrangements.

NOTED

75. MEDICAL WORKFORCE PLANNING 2013/14

There was submitted a paper [Paper No. 13/59] by the Medical Director and Chief Operating Officer which described some of the key drivers which were changing the shape of the medical workforce and contributing to additional pressures which the NHS Board was experiencing. This paper was introduced by Dr David Stewart, the Lead Director for Acute Medical Services. Those key drivers were:-

- Introduction of the new junior doctors training scheme, Modernising Medical Careers in 2007;
- A change in the pattern of seniority of trainees distributed to NHS Boards via the Regional Workforce Planning Group;
- Change in the demographics of the medical workforce with more demand for flexible working practices;
- Inability to fill increasing numbers of junior doctor vacancies.

In 2012/13 the NHS Board had agreed to resource additional medical staff (consultants and specialty doctors) in the following areas, which had seen the disestablishment of 34.5 junior medical posts:-

- Emergency Medicine – 8 consultants and 1 specialty doctor;
- Anaesthetics – 16 consultants;
- Obstetrics and Gynaecology – 7 consultants.

The reductions in 2013/14 would impact on NHSGGC in paediatrics, emergency

ACTION BY

medicine and anaesthetics and the Chief Executive and Medical Director have approved the following posts to minimise the risk to service provision:-

- 1 specialty grade doctor, 1 ANNP – Princess Royal Maternity
- 1 post-certificate of completion training clinical fellow
- 4 consultant neonatology posts
- 1 consultant – paediatric emergency medicine
- 10 locum appointments for training posts for maternity

The additional cost would be £800,000 per annum.

It was recognised that it was likely that further reductions in the junior doctors cohort would apply to the next two years. Efforts would be made to work with services in order to merge rotas, consider opportunities for shift working and reassess the overall medical workforce numbers and skill mix to mitigate any further medical workforce challenges. Members noted the actions taken to date to minimise any risk to service provision to patients.

Dr Stewart also highlighted a difficulty in terms of out-of-hours coverage for general practitioner services. This had been exacerbated during the summer months due to differential pay rates which had been offered to general practitioners to work elsewhere. As it was the NHS Board's responsibility to ensure a safe and effective service for patients in terms of GP's out-of-hours services, it had been necessary to match the differential pay rates to retain the existing GPs on the out-of-hours rotas. This had been an unfortunate outcome but the need to ensure safe and sustainable services was the Board's priority. Challenges lay ahead as the workforce now had greater choices around work life balances and workforce planning needed to take account of this moving forward. Ms Hawkins advised that there was work underway looking at the roles and responsibilities of GPs and currently within the area of the Prison Health Services, some posts have had to be filled by agency staff.

It was Mr Calderwood's intention to raise the issues highlighted by differential pay rates being used by west of Scotland NHS Boards with the west of Scotland Chief Executives to ensure a better and more effective co-operative approach was taken in future.

Chief Executive

NOTED

76. LOCAL DELIVERY PLAN – NHS BOARD CONTRIBUTION TO COMMUNITY PLANNING PARTNERSHIP

There was submitted a paper [Paper No. 13/60] from the Director of Corporate Planning and Policy highlighting the additional guidance issued by SGHD in relation to local delivery plan (LDP) contributions to community planning and single outcome agreements. NHS Boards had now been asked to reflect on the outcome of the current quality assurance of single outcome agreements and in particular the key areas for development or improvement arising from that process. This would lead to the sign-off of an additional LDP submission setting out the NHS Board's contribution to community planning single outcome agreements to be shared with SGHD by the end of September 2013. Ms Renfrew advised that a draft report on community planning therefore, would be submitted to the next meeting of the Quality and Performance Committee.

Director of Corporate Planning and Policy

Mr Finnie enquired about the role of Non-Executive members in relation to this

area and Ms Renfrew advised that this oversight was undertaken by Non-Executive members being members of the CH(C)P Committees, who reviewed these matters at a local level.

NOTED

77. (a) PERSON CENTREDNESS: HEALTHCARE FRAMEWORK – IMPROVING THE PATIENT EXPERIENCE AND PROVIDING CARE WHICH IS SAFE CLINICALLY AND COST EFFECTIVE

(b) NHS SCOTLAND PERSON-CENTRED HEALTH & COLLABORATIVE SUMMARY REPORT

There were submitted two papers [Papers No: 13/61a and 13/61b] by the Nurse Director setting out the proposed framework to deliver person-centred health and care across NHSGGC together with the National Person-centred Health and Care Collaborative which was launched in November 2012 by SGHD. Members agreed to link both papers together in terms of their consideration and discussions.

The approach taken in improving the patient experience had been developed by the Quality Policy Development Group following a wide consultation across the NHS Board together with detailed discussions with Directors. It was intended that the launch would be backed up by an extensive programme of communication. A simplified version would be made available to all staff; local badging and process for local implementation which would include engaging with public partnership forums, patient panels and managed clinical networks; integration with the "Our Patients" theme of the Facing the Future Together programme and a series of key messages to staff to ensure that the right balance was struck between posing the improvement challenge, recognising the pressure many staff feel under, encouraging engagement and feedback, acknowledging the many examples of very good practice and encouraging staff to share what makes their job hard.

The paper highlighted under patient experience issues of access, older people's services, patient feedback, whole system experience reporting, clear quality standards and engaging staff on improving services. The area of patient feedback was highlighted in relation to the read-across to the Francis Report and recommendations and the need to capture feedback to bring about improvements in services and report this to scrutiny Committees including the Quality and Performance Committee.

In addition, the launch of the National Person-centred Health and Care Collaborative challenged health and care systems to put the person at the centre of the service. The aim of the programme was that by 2015, health and care services were more person-centred, as demonstrated by improvements in three workstreams – care experience; staff experience and co-production underpinned by a fourth workstream of leadership at all levels.

Rev Dr Shanks recognised the connections to the messages contained within the Francis Report and welcomed the additional information which would be gathered in relation to patient feedback. He had attended with other members the Board Members visit to the Interpreting Service and had been impressed with how the service was conducted and responded to the needs of patients.

Ms Micklem welcomed this important report and was keen to see it not just as another initiative but linked into an integral part of day-to-day ongoing services.

ACTION BY

Creative approaches to obtaining patient feedback would be welcomed and collecting patient stories was a very helpful way of sharing experiences and where relevant, identifying any inequality issues.

Ms Crocket welcomed members' comments and would report back to the Committee on the progress made in using the Person-centred Healthcare Framework to improve the patient experience. **Nurse Director**

NOTED

78. NEW SOUTHSIDE GLASGOW HOSPITALS – PROJECT UPDATE –– STAGES 2 & 3

There was submitted a paper [Paper No: 13/68] by the Project Director of the New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals).

In relation to Stage 2, Mr Seaborne advised that good progress has continued in finalising the remaining 1:50 design issues which were now generally limited to those items which were influenced by the procurement of specialist equipment. The project team had engaged with medical physics staff and the procurement team to undertake an exercise to identify the group 5 equipment which was to be installed in the first half of 2014. Other design work undertaken in the recent period included finalisation of floor and wall finishes, sign-off of reflected ceiling plans and the development of specialist areas and systems including aseptic, renal and medical gases. The links to both neuro and neo-natal were currently in the detailed design stage. Approval had been given to changes to be made to provide the infrastructure to support patient self check-in and patient calling technology. This involved additional data and electrical points to be installed within the adult atria.

In relation to Stage 3, as at 2 June 2013, 114 weeks of the 205 week contract had been completed and the project remained within timescale and budget. Mr Seaborne provided members with further images highlighting the progress of both hospitals over the last 12 months. The structure of the adult hospital had now been completed with the final concrete pour on the last ward leg having taken place in week commencing 21 June 2013. A "Topping Out" ceremony to mark this event took place on 24 June 2013 and was attended by Alex Neil, Cabinet Secretary for Health and Wellbeing.

In relation to Car Park 1, piling work commenced on 7 May 2013 and substructure work commenced on 3 June 2013. In relation to Car Park 2, a radar survey of the build site had been completed and had not conclusively identified the location of a mineshaft but had identified other ground conditions which needed to be investigated further. Members would be kept advised of progress and any possible re-evaluation of site options in relation to Car Park 2. **Project Director**

In relation to the Teaching and Learning Centre, work continued to be on programme and was progressing well, with planning approval expected in July 2013, formal target price agreement in August 2013 and the full business case would be submitted to the Quality and Performance Committee at its next meeting on 17 September 2013. **Project Director**

Mr Ross updated members on the change control process and compensation events and in particular highlighted the changes to group 1 and 2 equipments lists; the decision taken at the last Committee meeting in relation to the transfer of risk for future inflation liability and the installation of additional data and power to support patient calling and patient self check-in.

Mr Seaborne then referred to Appendix A of the paper in connection with the re-provision of administration support on the South Glasgow Hospital site. He set out the outline of the proposals to re-provide administration support facilities which were currently on the Western Infirmary, Victoria Infirmary, Southern General and Yorkhill Hospital sites. These sites will close following the transfer of services to the new Southside Glasgow Hospital in 2015 and the proposed project was to re-provide 1,200 workdesks and associated facilities to support the clinical work of consultants, heads of department and other staff.

There were two options for the re-provision of the administration support, namely a new-build administration office block or the refurbishment of vacated buildings. The option appraisal undertaken with the company employed to develop design work to identify the capital costs had given early indications of a far higher capital cost for the refurbishment of the retained estate than the capital costs required for a new office block. Mr Calderwood explained the funding arrangements to support a circa £20m capital investment in a new build and a site had been identified close to the Teaching and Learning Centre which could accommodate the office block.

Mr Lee enquired about the existing office accommodation if the decision was to proceed with the new build option. Mr Seaborne advised that the intention would be to demolish the buildings, some of which dated back to the 1870s and others were of a prefabricated nature dating from the 1960/70s. Consideration would be given to the position with regard to any buildings listed within that area.

The Committee were being asked to approve the submission of the initial agreement document to the Capital Investment Group for consideration at their meeting on 13 August 2013 and also to approve the development of an outline business case for the new office block.

Dr Armstrong and Ms Grant then highlighted Appendix B which was a paper on haematology and haemato-oncology at the new Southside Hospital. Currently there were 52 designated haematology inpatient beds across NHSGGC – 38 at the Beatson West of Scotland Cancer Centre (BOC) and 14 at the Southern General Hospital (SGH). Currently there was an issue of sustaining the Bone Marrow Transplant Unit (BMT) at the Beatson as new standards indicated that the Unit should be collocated with an Intensive Care Unit. In addition, there were ongoing discussions with the haematologists as part of the Clinical Services Review to look at the clinical model for this service across NHSGG&C. There has been discussion regarding the need to develop non acute and acute services for this speciality.

It was proposed that the Bone Marrow Transplant Unit at the BOC together with the haemato-oncology beds at the SGH transfer to the new Southside Hospital in 2015. In addition, the haemato oncology team will conclude the debate concerning acute and non acute haematology. The capital cost would be [redacted] with no revenue cost implications. There was an opportunity at this stage to introduce this change to the contract at the new Southside Glasgow Hospital without disrupting the ongoing work and would be funded as a client instructed change for the new hospital. The clinical case was strong, with clinical support provided to the Medical Director for the relocation of the BMT Unit and in relation to the vacated beds at the Beatson West of Scotland Cancer Centre, Mr Calderwood advised that

ACTION BY

with the annual increases affecting cancer services, it was likely that the freed up capacity would be utilised going forward.

Mr Winter, who was the Non-Executive member involved with the new Southside Hospitals contract, took the opportunity to pay tribute to Mr Alan Seaborne for managing so effectively and professionally the £842m publically-funded new Southside Hospitals and Laboratory project. Mr Seaborne was attending his last meeting prior to his retirement at the end of the month. Mr Winter wished it recorded that the Committee acknowledged the significant contribution he had made to managing all aspects of this huge contract. The contract remained within budget and on time, and many additional benefits had been realised during the length of the contract. The Committee endorsed these views and thanked Mr Seaborne and wished him well for a long and happy retirement.

DECIDED

1. That the progress of Stage 2 (design development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals) be noted.

2. That the initial agreement document be approved for submission to the Capital Investment Group for consideration and the development of an outline business case for the new office block be agreed and submitted to a future meeting of the Committee for consideration. **Project Director**

3. That the changes in the Service Model for haematology and haemato-oncology be approved at a cost of [redacted] to be funded as a client instructed change and that it form part of the construction of the new Southside Hospital. **Project Director**

79. EASTWOOD HEALTH AND CARE AND MARYHILL HEALTH CENTRES OUTLINE BUSINESS CASES

There was submitted a paper [Paper No: 13/69] by the Director of Glasgow City CHP summarising the outline business cases (OBCs) for the development of a new Eastwood Health and Care Centre and a new Maryhill Health Centre. Both projects were proposed to be bundled into one contract to be provided by Hub West of Scotland as part of the Scottish Government's approach to the delivery of new community infrastructure. A copy of the full OBC had been electronically sent to members of the Committee. Ms Hawkins advised that a land ownership issue at the site identified for the Maryhill Health Centre may slow down the process however steps were being taken with the Central Legal Office to find an acceptable way forward in order to replace the existing Maryhill Health Centre as a new build at Gairbraid Avenue.

Ms J Murray, Director of East Renfrewshire CHCP, took members through the proposal for a new build Health and Care Centre at Drumby Crescent, Clarkston. The project would provide a range of health and social care services for the population of Eastwood and would provide space for five GP practices as well as 250 CHCP staff. Councillor Lafferty commented that the proposals built on the success of the recently opened Barrhead Health and Social Care Centre and had also followed an extensive public consultation exercise.

Mr Winter enquired about the continuing revenue support that would be required if the scheme was not completed by the stipulated date within 2015. Ms Hawkins advised that assurances had been given around this point by SGHD but she would

ACTION BY

seek a more formal level of assurance to mitigate this possible risk. She was hopeful that this point would be covered by the time of the submission of the full business case to the Committee for approval. **Director, Glasgow CHP**

The initial capital estimate for the Eastwood Health and Care Centre was £14, 675,415 and East Renfrewshire Council was an equal partner in the project with £6.13m of capital funding secured for the project. The revenue costs (unitary – capital, lifecycle and hard facilities management) would be mainly funded by the Scottish Government and the funding was set at 85% of the cost. The OBCs were subject to value for money assessment within SGHD and plans were in place to ensure that additional operating revenue costs would be met from within the existing East Renfrewshire CHCP budget.

In relation to the Maryhill Health Centre proposal, Ms E Borland, Head of Planning and Performance, Glasgow CHP, North-West Sector, advised that the current Health Centre had been built in the 1970s and was now of a poor fabric and had been identified as a priority for replacement in the National Scottish Health Department Property and Asset Management Survey. The building of the new Health Centre in Gairbraid Avenue, within an area of deprivation, was a tangible example of the NHS Board's commitment to tackling health inequalities and the building would house four GP practices and a range of community health services including community dental services and a pharmacy. The new Health Centre would also be adjacent to the Maryhill Burgh Halls and Councillor Kerr gave his support for the joint working being undertaken in developing this Health Centre and believed it would be an asset to the area of Maryhill.

The initial capital cost estimated for the new Maryhill Health Centre was £12,105, 977. The revenue costs would be mainly funded by the Scottish Government and the funding was set at 85% of the cost. The Outline Business Cases were subject to value for money, assessment within SGHD and plans were in place to ensure that the additional operating revenue costs would be met within existing Glasgow CHP budgets.

Mr Winter highlighted that some time ago agreement had been reached that the summaries of outline business cases would cover a standard format and provide information on predetermined areas such as capital, revenue, site implications, services, etc. He had been disappointed that this standard format had not been covered on this occasion. Ms Hawkins agreed that she would discuss further with Mr Winter a standard format/template which would be acceptable for all future summaries of outline business cases being submitted to the Quality and Performance Committee for approval. **Director, Glasgow CHP**

DECIDED

1. That the outline business case for the Eastwood Health and Care Centre be approved for submission to the Scottish Government's Capital Investment Group. **Director, East Renfrewshire CHCP**

2. That the outline business case for the new Maryhill Health Centre be approved for submission to the Scottish Government's Capital Investment Group. **Director, Glasgow CHP**

80. CAPITAL PLANNING AND PROPERTY GROUP MINUTES OF MEETING HELD ON 30 APRIL 2013

There was submitted a paper [Paper No: 13/70] enclosing the minutes of the Capital Planning and Property Group meeting of 30 April 2013.

NOTED

81. FOOD, FLUID AND NUTRITIONAL CARE UPDATE

There was submitted a paper [Paper No. 13/62] from the Nurse Director providing an annual update in relation to the implementation of the Food, Fluid and Nutrition Care across NHSGGC. Significant progress had been made in relation to compliance with national guidelines for catering standards and best practice in nutritional care within all inpatient services. Challenges remained in relation to consistency of application. Detailed monitoring was now routinely undertaken in the form of patient feedback and engagement, audits and clinical quality indicators to ensure local action plans were developed in relation to any identified shortfalls. Lessons from national improvement reports and inspections were routinely used to drive further improvements. While patient satisfaction scores were higher than in previous surveys, expectations required further improvement and new targets of 90% compliance were proposed.

Dr Benton enquired about training for volunteers and Ms Crocket advised that their primary focus was to support patients around mealtimes in the form of assisting with menu selection, decluttering bedside tables and assisting patients with washing their hands. They did not feed patients, particularly those with swallowing difficulties. This was a task for the nursing staff.

Ms Crocket advised that Speech and Language Therapy staff had been involved in the review and in terms of their availability within ward areas, they worked from Mondays to Fridays.

Mr Lee enquired about the hospitals within partnerships and Ms Crocket advised that progress was being made within mental health hospital settings and ongoing catering satisfaction monitoring of mental health services sites was included as part of the Board satisfaction survey.

NOTED

82. SERVICES TO TRANSGENDER PEOPLE

There was submitted a paper [Paper No: 13/63] by the Director of Corporate Planning and Policy setting out the progress to ensure NHSGGC had a patient pathway between the GID and regional acute services which was clinically appropriate and compliant with equalities legislation and the Board's wider public sector equality duty.

The two stage review process was underway with the Medical Director bringing together the appropriate GID and regional services clinical teams to review the current clinical pathway for transgender patients and thereafter an equalities focussed review would be commissioned post-clinical pathway including input from transgender patients. Ms Micklem welcomed the work underway to ensure these services were appropriately delivered to this group of patients.

NOTED

ACTION BY

83. QUALITY POLICY DEVELOPMENT GROUP MINUTES OF MEETING HELD ON 30 APRIL 2013

There was submitted a paper [Paper No: 13/64] enclosing the minutes of the Quality Policy Development Group meeting of 30 April 2013.

NOTED

84. STAFF GOVERNANCE COMMITTEE – MINUTES OF MEETING HELD ON 21 MAY 2013

There was submitted the minutes of the Staff Governance Committee meeting of 21 May 2013.

NOTED

85. REVIEW OF REMIT OF QUALITY AND PERFORMANCE COMMITTEE

There was submitted a paper [Paper No. 13/65] by the Head of Board Administration asking the Committee to consider whether any changes were required to the remit and arrangements for supporting the Quality and Performance Committee. The review conducted at the July 2012 Committee meeting had concluded that a further review be held in one year's time and the two issues which had been highlighted during that year had been matters relating to clinical governance and public involvement.

There was recognition that the high level strategic operation of the Committee together with the scrutiny and challenging function was being met by the Quality and Performance Committee. However, carrying out these functions through a single committee was a challenge in terms of manageable agendas, appropriate scrutiny to all papers and issues, the length of the meeting and some members concerns that the integrated approach which was desired in setting up the Quality and Performance Committee was not being achieved.

There was a recognition that the person-centredness and patient experience responsibilities had not been adequately covered in the current remit of the committee and these responsibilities would be set out in a revised remit.

Head of Board Administration

Mr James, in relation to a comment that there was no finance report at the July meeting, advised that the month 2 figures showed an overspend of £780,000 and this had been in line with the similar period last year. He was aware that there was no template to integrate finance into the range of papers considered by the Committee and that this was possibly one of the areas to be considered in trying to achieve a more integrated approach to the responsibilities of ensuring quality, patient safety, patient experience and financial planning and decision making processes. Mr Lee acknowledged this point and mentioned that the intention had been to receive a one-page summary of all papers for this meeting in order to assist members understanding of the issues to be discussed and approved. This new initiative had not been universally followed by authors of papers submitted.

Mr Sime suggested that the Committee give consideration to approving the current remit, with the addition of responsibilities for person-centredness, patient experience, and thereafter, discuss the remit and the standing committee

ACTION BY

arrangements at the NHS Board members' away day. Members sought a range of options so that full consideration could be given to any possible alterations to the current committee arrangements. Ms Renfrew added that the integration of Health and Social Services would also have an impact on the accountability of the Board and would also result in further changes.

DECIDED

That the remit of the Quality and Performance Committee be approved subject to the addition of responsibilities for person-centredness and patient experience matters and that the remit and Committee arrangements be discussed at the next NHS Board members' away day.

Head of Board Administration

86. DATIX SHORT LIFE WORKING GROUP

There was submitted a paper [Paper No 13/66] by the Medical Director setting out a proposal to undertake a review of Datix functionality to ensure that it was fit for purpose and able to support full compliance with the Incident Management Policy, Significant Clinical Incident Policy and other applications.

Datix was the IT system used to support the management of the incident reporting, complaints, legal claims and freedom of information processes. A number of concerns and issues about the use and functionality of Datix had recently been reported through various channels throughout the NHS Board and these concerns included IT/technical issues, wider process issues and the need to ensure that the functionality of Datix was fit for purpose going forward.

A Short Life Working Group was being formed which would report jointly to the Clinical Governance Forum and the Health and Safety Forum and thereafter, the Corporate Management Team and Audit Committee.

NOTED

87. MEDIA COVERAGE OF NHSGGC MAY/JUNE 2013

There was submitted a paper [Paper No: 13/67] by the Director of Corporate Communications highlighting outcomes of media activity for the May/June 2013 period. The report supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

NOTED

88. DATE OF NEXT MEETING

9.00am on Tuesday 17 September 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12:55pm

Quality and Performance Committee **Paper No 13/68**
2 July 2013

Project Director – New South Glasgow Hospitals & Laboratory Project

NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT

PROGRESS UPDATE – STAGES 2 & 3

Recommendation:
Members are asked to note progress of Stage 2 (Design Development of the New Hospitals) and Stage 3 (construction of the Adult and Children's Hospitals).

1. Introduction

The content of this paper sets out the progress of each of the stages of the New South Glasgow Hospitals and Laboratory project.

2. Stage 2 – New Adult & Children's Hospitals (Design)

In the period to 2nd June 2013 good progress has continued in finalising the remaining 1:50 design issues which are now generally limited to those items which are influenced by the procurement of specialist equipment. In order to advance this and support the construction programme the Project Team have engaged both Medical Physics staff and the procurement team to undertake an exercise to identify the Group 5 equipment which will be installed in the first half of 2014. This work involves the preparation of detailed specification and a tender action to allow selection by end September 2013.

Other design work undertaken in the period includes finalisation of floor and wall finishes, sign-off of reflected ceiling plans and development of specialist areas and systems including Aseptic, Renal and Medical Gas. The links to both Neuro and Neo-natal are currently in the detailed design stage.

- **Changes to the design**

Approval has been given for changes to be made to provide the infrastructure to support patient self check-in and patient calling technology. This involves additional data and electrical points to be installed within the adult atria.

3. Stage 3 Works

a) Summary status of the works (as at 2nd June 2013).

Stage 3 Start Date	28 March 2011
Stage 3 Contract Completion Date	28 February 2015
Stage 3 Contract Duration	205 weeks
Elapsed contract period at 2nd June 2013	114 weeks (56%)
Period Remaining	91 Weeks

Phase	+/- In period	Comments
Stage 3 Adults & Children's Hospital Construction	0	Maintaining progress this period.
Stage 3 Energy Centre Construction	0	B-side of Energy Centre remains on programme.

b) General progress of key construction activities

The construction programme continues to be maintained with on-going adjustment to various elements both progress and development of the technical commissioning process.

The item raised previously relating to the slow progress on the tower cladding has been addressed with additional resource now on site and this element is expected to come back into line over the coming period. The unitised cladding is being installed to all 4 ward legs.

The concrete frame will complete in June 2013, representing a key stage of the project being achieved on schedule.

i) Changes to the Construction Site Over the last 12 months.

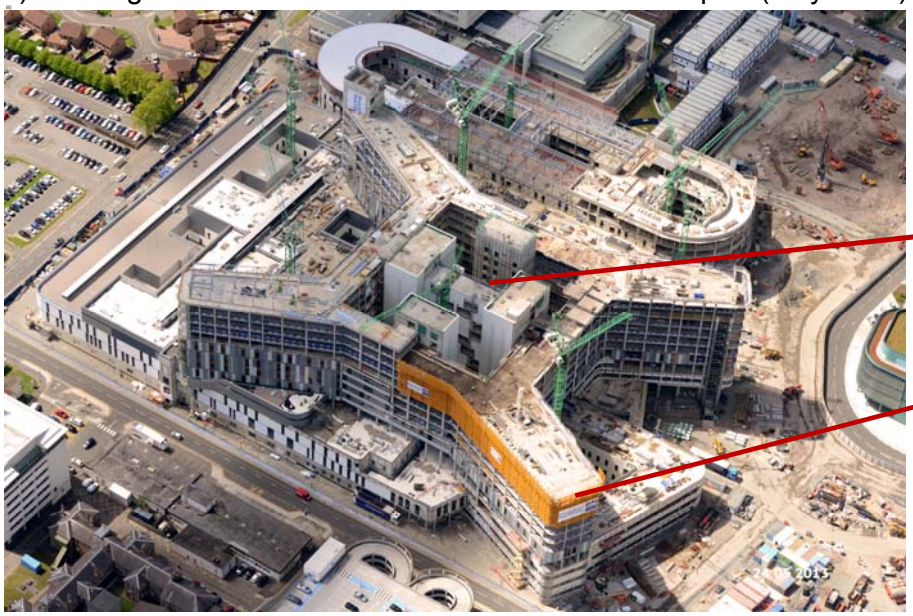
Progress to May 2012

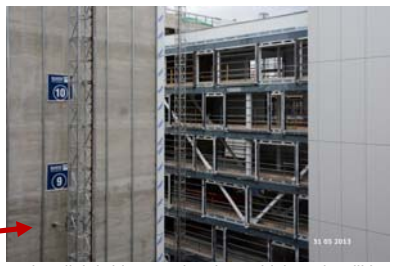
As at end of May 2013

In May 2012 the focus was on completing the piling operations, installing columns and slip cores and the building, at its highest point, had reached level 3. In the most recent picture it can be seen that the cores are now hardly visible as they are becoming increasingly enveloped by the buildings. The new Children's Hospital is at full height and is currently having the final roof steelwork and roof installed. The new Adult hospital is very close to being at full height with the last concrete pour scheduled to take place late June 2013. There number of tower cranes on site has now reduced to 8.

ii) Changes to the Construction Site since the last report (May 2013)

1





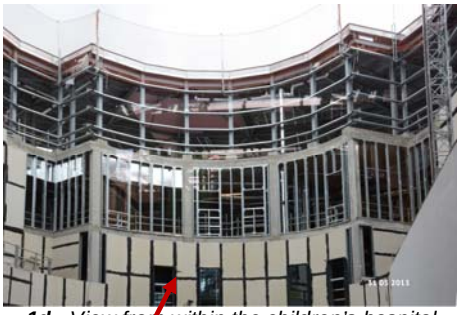
1a

Atrium link bridge steelwork to which pods will be installed

1b

Building structure nearing full height

1c - Curtain walling to the east elevation



***1d** - View from within the children's hospital atrium*

1 e - Roofing works commenced to the children's hospital

2

2a

Waiting area within the Critical Care ward

2b

Nurse base within Critical care ward

The structure of the adult hospital has now been completed with the final concrete pour on the last ward leg having taken place w/e 21st June 2013 and a 'Topping Out' ceremony to mark this event took place on 24th June 2013 which was attended by Alex Neil, The Cabinet Secretary for Health and Wellbeing. The cladding works to the adult hospital has also progressed well throughout the period.

The installation of the atrium link bridge steelwork to which the pods will be installed is well underway and delivery of the link bridge pods to site in June 2013 remains on programme. The picture shown at 1b gives an indication of where the pods will be installed and the door ways to these pods.

The erection of the steel frame to the children's hospital 4th floor plant room continues with netting having been installed and the installation of the roof to the first section well underway. The cladding works to the elevations of the Children's Hospital are continuing towards the front main entrance area of the hospital.

The internal fit-out continues to progress as programmed with full partition wall construction in many areas well underway with other areas approaching completion such as the waiting area and nurse base within critical care (picture 2a and 2b). The mechanical and electrical fit out also continues to progress at a pace.

4. Car Park 1

The piling works to car park 1 commenced on 7th May 2013 and are progressing on programme, these works should complete by the end of June. Substructure works commenced on site on 3rd June and will be ongoing well into July. Forthcoming work packages consist of the underground drainage and stair core walls. All works currently remain on programme.

5. Car Park 2

A radar survey of the build site has been completed, this has not conclusively identified the location of a mine shaft but has identified other underground features that need to be investigated as part of the site survey, it is anticipated that these features are most likely the remnants of foundations and service ducts from demolished hospital buildings. The full site survey has been postponed awaiting the outcome of the radar survey.

6. Teaching and Learning Centre

The works continue to be on programme and are continuing to progress well. The following activities have been progressed in line with the Stage 2 FBC programme:

- The tracker and preparation of the Full Business Case (FBC) has commenced in line with September 2013 submission date.
- The Project Stage D for level 4 sign off was pushed back until 14th May 2013, allowing consultation with Aridhia to ensure their requirements have been captured, however, levels 1 – 3 were signed off by both NHS GG&C and University of Glasgow.
- Stage D Sign-off incorporating level 4 has been obtained.
- Joint weekly meetings are continuing with University of Glasgow and NHS GG&C Representatives.
- A review of the BAM (PSCP) project programme has been concluded and updated to reflect the new planning dates, however, this has not impinged on the completion date.
- Planned fortnight technical and contract administration meetings with BAM (PSCP) have taken place within the reporting period to ensure project success.
- Early BREEAM credits have been targeted by the relevant representatives.

- 1:50 Room Layout changes have been passed to the BAM (PSCP) for formal re-issue for contract approval.
- Public Events for the planning application held on 29th & 30th April 2013 at El derpark Library, Govan, were successful, there was public interest and the comments they displayed within the questionnaires were very positive. T hese questionnaires were included within the Formal Planning Submission on the 27th May 2013.

6.1 Key Dates

Planning approval date on full submission (expected)	15th July 2013
Initial target price (expected)	26th July 2013
Formal target price agreement	19th August 2013
FBC submission to QPC	17th September 2013
Anticipated CIG approval	October 2013

7. Change Control Process

The following tables provide an update of the changes that have been assessed and approved by the Acute Services Strategy Board through the projects change control process and an indication of pending changes that are being reviewed prior to formal approval.

The changes approved and impacting the Contract Target Price are as follows:-

Table 1

Item	CE No	Status	Date Completed	Stage 1 costs (inc O/H, Profit & VAT)	Stage 3 costs (inc O/H, Profit & VAT)	Total costs (inc O/H, Profit & VAT)	Variation
Testing of Building Board Material on Site	001	Concluded	23/02/2010	£311.73	-	£311.73	-
Japanese Knotweed Removal	002	Concluded	26/02/2010	£25,361.95	-	£25,361.95	-
Excavated Building Materials/ Spoil	003	Concluded	05/03/2010	£66,759.04	-	£66,759.04	-
Labs Project – Diversion of Water Main	004	Concluded	05/05/2010	£13,341.83	-	£13,341.83	-
Laboratory Block – Mortuary basement Level -1 (Allowance for X-Ray builder works)	005	Concluded	24/06/2010	£5,872.90	-	£5,872.90	-
AGV System – Cart Washer Removal	006	Concluded	24/06/2010	-	-£616,239.32	-£616,239.32	-
Labs Project – Copper Cladding to External Columns (Required by Planning)	007	Concluded	28/06/2010	£31,924.89	-	£31,924.89	-
Labs Project – Removal of Foundation from Old Rec Pavilion	008	Concluded	12/06/2010	£0.00	-	£0.00	-
Kitchen relocation from level 3 to basement	009	Concluded	02/07/2010	-	£72,723.89	£72,723.89	-
Reconciliation Labs – Stage D to E	010	Concluded	29/03/2010	£904,002.67	-	£904,002.67	-
Mortuary basement (Allowance for power and structural x-ray requirements) (Links to CE005)	011	Concluded	23/08/2010	£17,107.47	-	£17,107.47	-
Haemato Oncology Area – reduction to Hepa filtration requirements	012	Concluded	27/08/2010	-	-£8,165.49	-£8,165.49	-
Reduction to site wide electrical load requirements (potential to omit 2 generators)	013	Concluded	07/10/2010	-	-£752,756.10	-£752,756.10	-

Removal of the partitions between the trolley spaces in theatre recovery (NCH)	014	Concluded	07/10/2010	-	-£25,517.16	-£25,517.16	-
Removal of Bay dividing walls to Adult Hospital Critical Care	015	Concluded	07/10/2010	-	-£229,654.40	-£229,654.40	-
Gas found in Labs Ground area	016	Concluded	07/10/2010	£33,334.63	-	£33,334.63	-
Nitrogen Supply to Tandem Mass Spectrometer	017	Concluded	18/01/2011	£356.56	-	£356.56	-
Additional on-going monitoring of site gases and water as requested by GCC Planning Dept (until 1st Quarter 2012 (Potential for request to extend monitoring until 2015). Enhanced DPM for Energy Centre as requested by GCC Planning Dept	018	Concluded	10/02/2011	-	£82,930.76 £25,836.12	£82,930.76 £25,836.12	- -
Laboratory block – Changes to statutory requirements	019	Concluded	13/05/2011	0.00	-	0.00	-
Additional groundwater and gas monitoring from 2012 to 2015 as subsequently requested by GCC	020	Concluded	24/06/2011	£18,034.25	-	£18,034.25	-
Exceptionally Adverse Weather Conditions	024	Concluded	24/06/2011	£117,155.56		£117,155.56	-
GCC Planning Conditions – Borehole to monitor groundwater has failed therefore a further borehole will need to be drilled for continuous monitoring.	025	Concluded	04/08/2011	-	£3,827.57	£3,827.57	-
Additional security measures to CATIII Laboratory imposed by change to Home Office Regulations. Legislative changes are the Board's risk	026	Concluded	24/06/2011	£38,202.90	-	£38,202.90	-
Delay to diversion of Linthouse Burn works and connecting major drainage systems due to discovery of unforeseen services in the ground	027	Concluded	20/08/2011	-	£75,000.00	£75,000.00	-
Reduction from 24 hour water storage to 12 hour water storage as dual mains supplies provide the necessary resilience. (Fully risk assessed)	028	Concluded	24/06/2011	-	-£38,275.73	-£38,275.73	-
Increase to frequency of ground water monitoring required due to increased levels of PHA contaminants discovered. Monitoring to May 2012 (GCC Requirement)	029	Concluded	20/09/2011	-	£15,000.00	£15,000.00	-
Installation of security fencing and automatic entrance gates to secure the operational area around the new Laboratory and FM Centre to assist with the 24hr management of vehicles arriving with goods for the hospitals, laboratory samples and mortuary management.	030	Concluded	20/09/2011	£45,461.81	-	£45,461.81	-
Agreed changes to Group 1 and 2 Equipment lists	031	Concluded	14/12/2011	-	-£1,871,457.82	-£1,871,457.82	-
Disruption to piling operations for Neurosurgery Link Bridge due to discovery of unforeseen existing concrete foundations	032	Concluded	09/02/2012	-	£30,000	£30,000	-
Adverse weather conditions - during later half of 2011 there has been a series of isolated 1 in 10 year weather events.	033	Concluded		-	£300,000.00	£300,000.00	-

Individually they have nominal impact, however commutatively there is a potential for a Compensation Event to be due under the contract.							
Alteration of Ophthalmology Out-patient Treatment room to clean room specification	034	Concluded	26/03/2012	-	£2,178.25	£2,178.25	-
Continuation of monthly assessment/reporting until February 2013. Cross reference CE 029	035	Concluded	19/10/2012	-	£15,565.47	£15,565.47	-
Adverse weather encountered during June & July 2012.	036	Concluded	19/10/2012	-	£42,000.00	£42,000.00	-
Further investigation at 2 specific locations to identify the extent of ground contaminants discovered during excavations	037	Concluded			£7,115.46	£7,115.46	-
Reduction to site wide heating capacity (Detailed assessment indicates 7 boilers required not 8)	038	Concluded	25/02/2013	-	-£85,983.88	-£85,983.88	-
Addition of pattress plates to bedheads in Adult Hospital	039	Concluded	25/02/2013	-	£49,561.28	£49,561.28	-
Changes to Group 1 and 2 Equipment lists	040	Concluded			-£277,069.07	-£277,069.07	Transfer from table 2
Employer Accepted Risk for inflation agreement as set out in the contract. The Board have no future inflation liability. ** Cross Reference Key Risk Update below **	041	Concluded		-	£12,000,000.00	£12,000,000.00	NEW
Installation of the infrastructure and associated adult atrium design works to support patient calling/patient self-check (Additional data and power points)	042	Concluded		-	£28,047.50	£28,047.50	NEW
			Total	£1,317,228.19	£8,844,667.33	£10,161,895.52	

The costs stated have been shown at the relevant rate of VAT.

7.1 Potential Compensation Events

The table below lists other changes currently under discussion which will impact on target price.

Table 3 – Compensation Events – Movement since last QPC report (May 2013)

	Total costs/savings (inc O/H, Profit & VAT)
Compensation Event value at April 2013	-£1,789,082.91
Compensation Event value at June 2013	£10,161,895.52
Movement since May 2013	£11,950,978.43

7.2 Defined Cost Update

Current status of procurement is as follows:-

90% of Contract Works tendered and contracts awarded
2% of Contract Works tendered and awaiting formal contract award
5% of Contract works currently at tender stage
3% of Contract Works remain to be procured

Based on BMCL current cost projections and risk estimates, the estimated outturn final cost to the Board is estimated to be in the range of £577M - £580M. This is within the revised Target Price incorporating all Compensation Events of approximately £584M.

8. Overall Budget Update

The core Project Budget remains unchanged at £841.7m, supplemented by £112k in respect of the car-park landscaping (£32k) and pneumatic tube installation (£80k) funded from core capital.

Table 1 continues to reflect the key elements of the project budget, including the previously approved allowances for car parking.

Full details of the movement in the overall core and non-core Project Budget (at Target Price), since Contract Award/ FBC Approval, are reflected in Table 1 below:

Table 1

New South Glasgow Hospitals & Laboratory Project
Forecast Budget Analysis - As at June 2013

		Opening Values (Contract Award/ FBC)	Subsequent Movements Impacting on Risk Provision	Subsequent Movements not Impacting on Risk Provision	Revised Budget (Target Price)	Spend to 31st May 2013
1.0	**Construction Costs**					
1.1	Adult & Children's	£499,331,000	£0	£0	£499,331,000	£317,982,322
1.2	Laboratory & FM Building	£75,780,000	£0	£0	£75,780,000	£74,550,494
1.3	**Original Estimated Total Build Cost (as bid)**	**£575,111,000**	**£0**	**£0**	**£575,111,000**	**£392,532,816**
1.4	Subsequent Movements	£0	£8,487,149	£0	£8,487,149	£0
1.5	**Revised Estimated Total Build Cost**	**£575,111,000**	**£8,487,149**	**£0**	**£583,598,149**	**£392,532,816**
2.0	**Other Costs**					
2.1	Preparatory Works and Fees	£20,155,510	£90,000	£0	£20,245,510	£11,051,000
2.2 i	Carparks 1,2 & 3 Approved Budget	£0	£19,562,500	£0	£19,562,500	£1,978,047
2.2 ii	Carparks 1,2 & 3 Affordability Provision		£1,333,334		£1,333,334	£0
2.3	Irrecoverable VAT	£116,046,890	£5,853,913	£0	£121,900,803	£78,473,203
2.4	Gross Equipment Cost	£62,040,000	£0	£0	£62,040,000	£1,997,076
2.5	Risk Provision	£68,346,600	-£35,326,895	£0	£33,019,705	£0
3.0	**TOTAL CORE COSTS**	**£841,700,000**	**£0**	**£0**	**£841,700,000**	**£486,032,142**
4.0	**Add: Funded from Board Capital**					
4.1	Car Park 0 interface works	£0	£0	£31,896	£31,896	£31,896
4.2	Pneumatic tube installation	£0	£0	£79,531	£79,531	£79,531
4.3	**Total to be funded from Board Capital**	**£0**	**£0**	**£111,427**	**£111,427**	**£111,427**
5.0	**TOTAL CORE & NON CORE**	**£841,700,000**	**£0**	**£111,427**	**£841,811,427**	**£486,143,569**

Movements since the last ASSB meeting in April 2013.

The movement since the last ASSB meeting in April 2013 are as follows:

- Board accepted risk for inflation as set out within the contract and concluded at £12.0m. The Board has no future inflation liability.
- Installation of infrastructure and associated adult atrium design works to s upport patient calling/patient self check at £28k.
- An Increase to savings assumed with regard to changes to Group 1&2 equipment lists of (£77k).

Cumulative actual expenditure incurred since the project commenced up to and including May 2013 is £486.1m. This is largely in line with the latest spend profiles received from Brookfield Multiplex and is incorporated into the Board's latest capital plan.

APPENDIX 1

Notes on Forecast Budget Analysis (Table 1)

1. Subsequent Compensation Events (excluding Non Core Elements and Equipment) at Target Price		
Concluded Compensation Events	£8,487k	
Potential Compensation Events	nil	
Subsequent Compensation Events – Target Price (Line 1.4)		£8,487k
2. Summary of Preparatory Works and Fees		
2.1 Direct Fees		
Direct fees – Laboratory Build	£2,092k	
Direct fees – C&B	£3,350k	
Direct fees – Surveys etc	£250k	
Direct fees – Others	£408k	
Original Budget		£6,100k
Subsequent Movements		
Additional fees re Car-parks 1,2 & 3	£325k	
Teaching & Learning Centre fees	£518k	
Supervisor fees	£970k	
Additional C&B fees (transfer from Non Works)	£760k	£2,573
Direct Fees		£8,673
2.2 Enabling Schemes		
Site Wide upgrade of HV network		£681k
Site Wide upgrade of drainage infrastructure.		£1,191k
Renewal of Water Mains		£681k
Demolition of Chest Clinic for MacDonald House		£98k
Demolition of Psychiatric Block		£357k
Enabling Schemes		£3,008k
2.3 Other Costs		
Non Works Costs	£1,800k	
Less: transfer to Teaching & Learning Centre fees	(£518k)	
Less: Transfer to Fees	(£760k)	£522k
Section 75 Contributions		£5,000k
Mobile ITU		£1,500k
SAS Relocation		£1,277k
Scottish Water Land		£265k
Other Costs		£8,564k
Total Preparatory Works and Fees (Line 2.1)		£20,245k

3. Revised Brookfield Target Price

Original Target Price (ex VAT) (Line 1.3)		£575,111k
Subsequent Core Compensation Events (ex VAT) (Line 1.4)		£8,487k
Car Park 1 Interface Works (Gross) (Line 4.1)	£32K	
Less VAT	£(5K)	£27k
Pneumatic Tube Installation (Gross) (Line 4.2)	£80k	
Less VAT	£(13k)	£67k
Fume Cupboards and Safety Cabinets (Gross) (incl. Line 2.4)	£350k	
Less VAT	£(58k)	£292k
Revised Target Price (ex VAT)		£583,984

9. Key Risks – June 2013

The following table provides an overview of the key risks and provisions made in order to cover these risks.

The Board and BMCL have agreed that the Employer Accepted Risk for inflation as set out in the contract is now closed and a Compensation Event in the sum of £12m (including VAT) has subsequently been issued. The risk contingency identified for inflation was £16.5m therefore the remaining £4.5m has subsequently been included in the revised sum indentified as residual funding for other risks. The Board now have no future inflation liability.

Risk Item	Estimated Risk Provision Feb 13	Estimated Risk Provision April 13	Estimated Risk Provision June 13	Reason for Movement	Date Majority of Risk Passed
Ground risk - general	£2.0M	£1.0M	£1.0M	No significant issues identified to date at former helipad site and adjacent former biochemistry block, residual risk until excavations completed. Final ground water monitoring results awaited to confirm potential risk mitigated	July 2013
Ground risk – below existing buildings	£1.0M	£1.0M	£1.0M	SI ongoing in area of Biochemistry (no significant issues) and SI required at Surgical block following demolition	July 2016
Inflation Risk	£16.5M	£16.5M	£0	Closed. £4.5m transferred to "Residual funding for other risks"	June 2013
Planning Risk	£0.5M	£0.1M	£0.1M		
Client Changes	£1.5M	£1.5M	£1.5M	Current drawing review has not resulted in changes to brief, ongoing final drawing reviews, potential to reduce risk at later date	Jul 2013
Client Approval Delays	£1.1M	£1.1M	£1.1M	RDD progressing to programme, actively managed with BMCL to deal with priority areas, ongoing final drawing reviews, potential to reduce risk at later date	Jul 2013
Equipment Requirements	£10M	£10M	£10M	Overall equipment list estimate reduced from £75M to £70M before consideration of transfers. Current £60M budget allocation plus £10M risk provides coverage for full requirements	2015
Car Parks	-	-	-		
Residual funding for other risks	£12.6M	£14.0M	£18.5M		
	£45.2M	**£45.2M**	**£33.2M**		

10. Initial Agreement – Re-provision of Administration block

The Initial Agreement document for the re-provision of administration support facilities on the New South Glasgow Hospitals Campus has been included as an appendix (Appendix A) to this report.

11. Members are asked to consider:- Appendix A: Re-provision of Administration Support
Appendix B: Haematology & Haemato-oncology in NSGH

12. Recommendation:

Members are asked to note progress of Stage 2 (Design Development of the New Hospitals) and Stage 3 (construction of the Adult and Children's Hospitals).

APPENDIX A

INITIAL AGREEMENT

RE-PROVISION OF ADMINISTRATION SUPPORT

1.0 PURPOSE OF DOCUMENT

This document gives an outline of the proposals to re-provide administration support facilities which are currently on the Western Infirmary, Victoria Infirmary, Southern General and Yorkhill Hospital sites. These sites will close following the transfer of services to the New South Glasgow Hospitals (NSGH) in 2015. This document describes the options to re-provide the facilities on the NSGH Campus.

2.0 STRATEGIC CONTEXT

Glasgow's Acute Services are delivered from ten major hospitals three of which lie within Clyde and the remaining seven are located within Glasgow itself.

Following an Acute Services Review (ASR) of Glasgow acute clinical services, two new Ambulatory Care Hospitals have been built in the North and South of the city at the Stobhill Hospital and Victoria Infirmary sites respectively. These represent Phase 1 of the ASR and opened in 2009. Phase 2 of the ASR is well underway with the investment of £842m in a new laboratory building (opened March 2012), and a new 1109 bedded adult hospital and 256 bedded children's hospital, all on the Southern General Campus. This will achieve triple co-location of adult, maternity and children's services. The new hospitals will be operational in 2015 and there will be a total of approximately 10,000 staff based at the New Southern Campus.

3.0 CURRENT FACILITIES AND CASE FOR CHANGE

To support their clinical work consultants, heads of departments and other staff have offices/workstations from which they review patients and digest patient notes and test results, devise complex treatment plans, undertake clinical decisions, dictate correspondence, and make phone calls etc. Many of these facilities have been accommodated within Victorian buildings close to clinical services and few were designed to meet their current function. With the migration of services in 2015 from the Western, Victoria and Yorkhill sites, and parts of the Southern General, into the New South Glasgow Hospitals there is a requirement to replace these administration support facilities. There are very few offices within the new hospitals as the cost per square metre in the NSGH is prohibitive compared to that of alternative provision.

4.0 PROJECT OVERVIEW & SCOPE

The proposed project is to re-provide 1,200 work desks and associated support facilities with easy access to the New South Glasgow Hospitals for staff transferring to the Southern Campus.

A benchmarking exercise has taken place to identify layout of other recent office facilities provisions, what has worked well and lessons learnt. The output of this has been incorporated into a project scope with facilities to be based on an open plan arrangement with breakout support spaces. This is described in more detail in section 6

5.0 BENEFITS OF THE PROJECT

The key benefit of the project is to provide fit for purpose administrative workspace to support staff in the execution of their clinical duties.

6.0 OPTIONS AVAILABLE

There are two options for the re-provision of administration support these are a) a new build administration (office) block, or b) to refurbish vacated buildings (retained estate) to accommodate the staff admin support areas.

The following describes these in more detail.

a) Option 1 - New Office Block

A new build circa 10,000m^2 accommodating 1,200 workstations and support spaces.

The following floor layout was proposed taking into account the Scottish Futures Trust guidance "What can we do with the Office?" and other Governmental guidance and also the output of the benchmarking exercise.

Mixture of cellular offices and open plan

- Multi-occupancy (6 person) cellular offices for consultant staff
- Open plan seating for support/other staff
- Desk spaces and touch down spaces
- Paperless – high Wi-Fi density
- Break out spaces/private spaces for meetings, confidential conversations/telephone calls, dictation – quiet rooms and meeting booths
- Kitchenette and seating areas

The layout described above will provide a flexible design allowing grouping of specialty teams and good co-locations both within, and between, specialty teams. Good use of natural light, non reflective surfaces to provide good acoustics (deaden sound), centralised waste and storage(limited), and a high standard of security will also be incorporated into the design.

Dependencies - available sites

Limited land is available on the Southern Campus therefore options for siting the new office block are restricted, however there is space on the current site of the Mental Health Building next to the planned Teaching and Learning Facility to provide a new circa 10,000m^2 office block as shown in the plan below. This will provide good links to the new Teaching and Learning Facility.

Timescale

The anticipated length of build is 18 months indicating a start time on site in November/December 2013 to allow completion in March 2015, thereby supporting the clinical migration to the New South Glasgow Hospitals.

b) <u>Option 2 - Refurbished Estate</u>

An alternative option is to re-provide the administration support within the retained estate on the Southern campus vacated by the migrating clinical services. Some of these buildings date back to the 1870's and others are of a pre-fabricated nature dating from the 1960's/70's.

Much of the current retained estate has reached the end of its lifespan and will require <u>as a minimum</u> extensive roof repairs or re-roofing, re-cladding and other improvements in order to obtain a building warrant for change of use. No internal wall reconfiguration is planned and therefore the majority of spaces will be multi-occupancy. Current single offices which are capable of housing more staff have been planned and costed as multi-occupancy offices. It should be highlighted that the ability to provide good team co-locations will be limited as teams will need to fit into the current configuration. Due to the age and fabric of the buildings the provision of good WiFi coverage, which is fundamentally necessary for clinical working, will be challenging and costly.

A review of likely timescales for refurbishment of this retained estate highlighted that it will take 7 to 12 months.

This means that any programme of service migration using retained estate to re-provide staff admin support will need an additional 7 to 12 months compared to a migration programme without refurbished estate. The services from the current Southern General site will need to transfer into the new hospital first to allow refurbishment of the retained estate to take place. There will therefore be prolonged double running costs due maintaining the new hospitals and the Western, Victoria and Yorkhill sites while refurbishment of the retained estate takes place.

7.0 INDICATIVE COSTS

An option appraisal has been undertaken with BAM employed to develop design work to identify the capital costs. Early indicative costing identifies the capital cost as circa £30m for the refurbishment of the retained estate and circa £20.5m the new office block. The detailed comparison of lifecycle and maintenance costs will be included in the Outline Business Case.

8.0 RISKS

The main project risks and mitigation factors are identified as below:

Description	Mitigation
Business Risks	
Financial	Robust business case & procurement process.
Regulation	Encompass current legislation.
Environmental	Early sustainability briefing and Planning consultation.
Quality	Detailed briefing & monitoring.
Procurement method	Adopt NHS Framework Scotland.
Organisational	Agreed early project management framework and delegated authority limits.
Service Risks	
Technical	Initial design and costing complete.
Cost	Employ strict change control management processes.
Programming	Employ strict change control management processes.
Operational support	Control service User input effectively.
Resource	Adequate resources have been identified and dedicated team aligned.

External Environmental Risks	
Ground Conditions	Comprehensive site investigations have already taken place for the Teaching and Learning facility which is currently being built within the same site. Therefore conditions are known.
Neighbouring Disturbance	Manage with appropriate communications – NHS Southern General Campus only.

9.0 PREFERED WAY FORWARD

Both options will provide ongoing workspace to support their clinical duties however the new build office block option will have the following additional benefits:

- Provide a fit for purpose environment which meets national guidelines
- Enhanced communication and collaboration through co-location of teams
- To support the clinical migration
- Provide an eco-efficient facility

In more detail a new build office block will:

- Provide fit for purpose administration support accommodation (please see appendix 1 & 2)

- The open plan nature of the replacement administration support facilities will facilitate good staff communications and interaction both within and between specialty groups and between specialty teams from the four transferring sites

- Meet national guidance for administration support facilities e.g. Scottish Futures Trust "What Can We Do With The Office?'' - providing flexible working space, maximising use of technology, using efficient storage practices, more energy efficient

- Provide eco efficient sustainable accommodation compared to the current retained estate the majority of which dates back to the Victorian era. The new build office block will contribute to the Board achieving National HEAT Targets for reduction in Carbon emissions

- Will provide a reduction in the service migration programme by at least 7 months compared to the retained estate option, this means the requirement for double running is reduced

- Gives flexibility in the order of clinical migration, the moves can therefore be planned around clinical need rather than availability of administration support

The preferred way forward therefore is to develop the option for a new office block as this will offer fit for purpose facilities, offer better value for money, be eco friendly and sustainable and minimise the length of time for the migration programme and therefore minimise double running costs

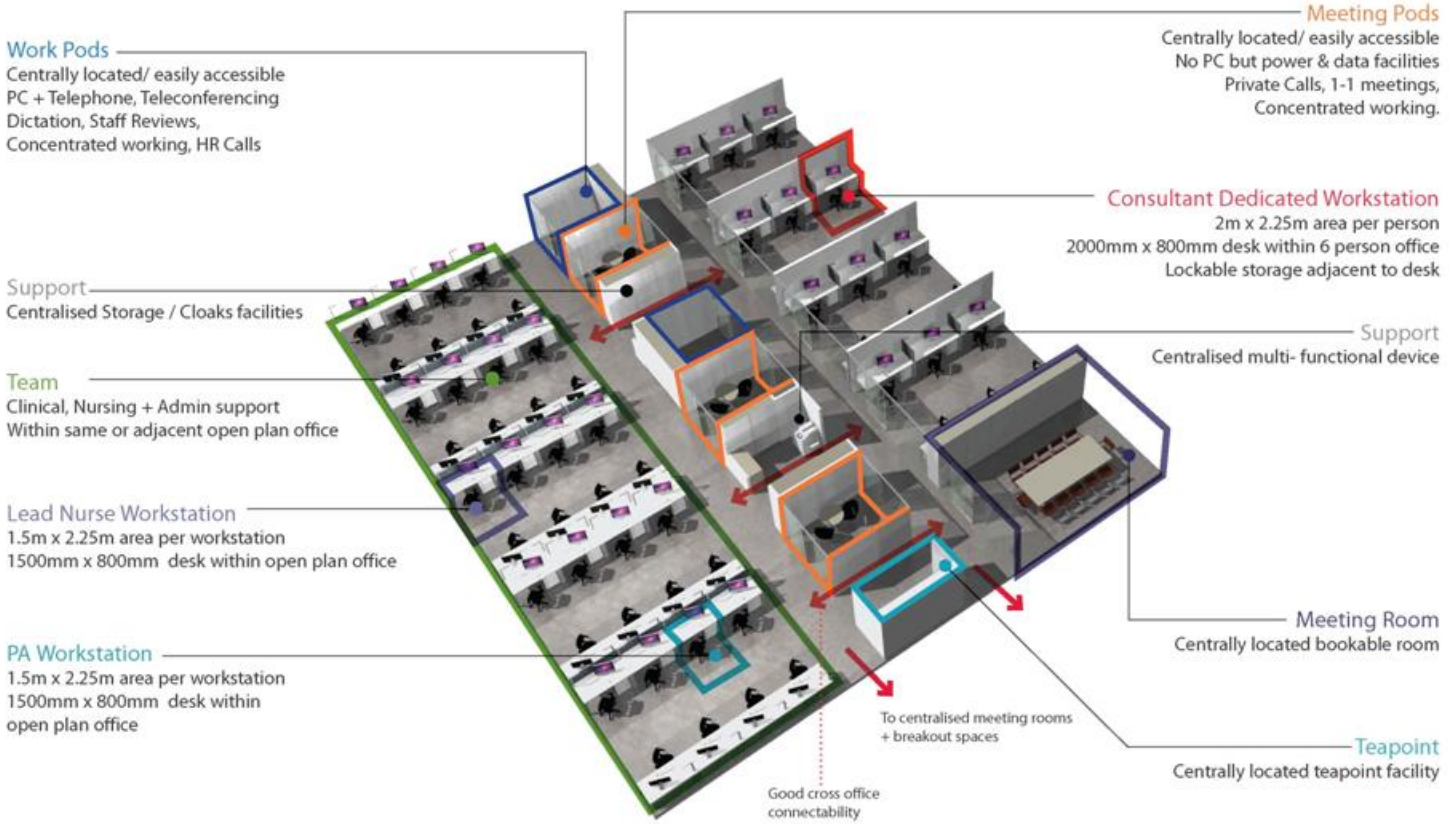
10.0 FUNDING

It is planned that the preferred way forward, a new office build, is funded from a combination of monies from within the New South Glasgow Hospitals Project budget of £842m through effective risk management mitigation and the Board's Capital plan.

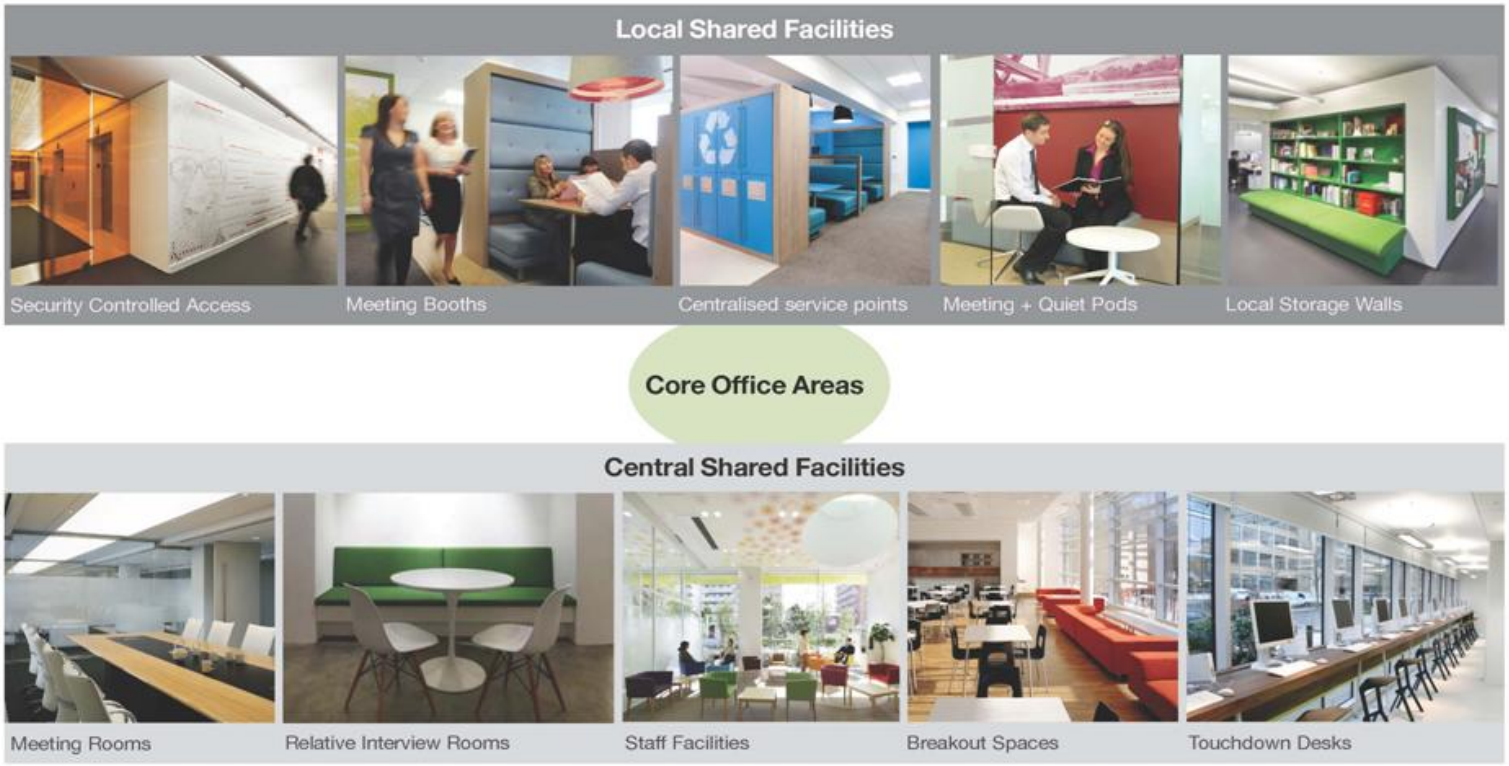
11.0 RECOMMENDATION

Approval is sought to submit this Initial Agreement document to the Capital Investment Group by July 16th 2013 for consideration at their meeting on 13th August 2013 to approve the development of an Outline Business Case for a New Office Block.

OFFICE DESIGN PRINCIPLES



OFFICE CONCEPT



NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 17 September 2013 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting: 2 July 2013**	QPC(M) 13/04
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 13/71

SAFETY

5	**Scottish Patient Safety Programme Report** Report of the Medical Director	Paper No 13/72
6	**Healthcare Associated Infection: Exception Report** Report of the Medical Director	Paper No 13/73
7	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents and FAIs** Report of the Medical Director	Paper No 13/74
8	**Draft Clinical Governance Annual Report 2012-13** Report of the Medical Director	Paper No 13/75
9	**Summary and Minutes of the Board Clinical Governance Forum meeting held on 12 August 2013**	Paper No 13/76
10	**Integrated Quality and Performance Report** Report of the Acting Head of Performance and Corporate Reporting	Paper No 13/77

11 **Quarterly Report on Cases Considered by the Scottish Public Services Ombudsman: April – June 2013** — Paper No 13/78

Report of the Nurse Director

CLINICAL EFFECTIVENESS AND TREATMENT

12 **NHSGGC Continuing Care Facilities and Inverclyde Council Commissioned Services for Specialist Nursing Care, Older Peoples Dementia and Adult Mental Health Intensive Supported Living Services – Progress Report** — Paper No 13/79

Report of the Director of Glasgow CHP

PERSON CENTREDNESS

13 **Annual Report on Engagement Activity** — Paper No 13/80

Report of the Nurse Director

14 **NHSGGC's Local Development Plan Contribution to Community Planning Single Outcome Agreements** — Paper No 13/81

Report of the Director of Corporate Planning and Policy

15 **Person-Centred Health and Care Collaborative - Strategic Work Plan and Report** — Paper No 13/82

Report of the Nurse Director

16 **Nursing Workforce Plan** — Paper No 13/83 To Follow

Report of the Nurse Director

17 **Bounty Contract** — Paper No 13/84

Report of the Chief Operating Officer

MONITORING AND GOVERNANCE

18 **Update from the 2012/2013 End of Year Organisational Performance Reviews** — Paper No 13/85

Report of the Director of Corporate Planning and Policy

19 **Quality Policy Development Group Minutes of Meeting held on 26 June 2013** — Paper No 13/86

20	**Staff Governance Committee – Minutes of Meeting held on 20 August 2013**	SGC(M)13/03 To Follow
21	**Media Coverage of NHSGGC: 22 June – 31 August 2013** Report of the Director of Corporate Communications	Paper No 13/87
22	**Financial Monitoring Report for the 4 Month Period to 31 July 2013** Report of the Director of Finance	Paper No 13/88

CAPITAL

23	**Disposal of Site B and Production Pharmacy Building - Western Infirmary** Report of the Chief Executive	Paper No 13/89
24	**Possible Future Joint Property Disposal** Report of the Chief Executive	Paper No 13/90
25	**New South Glasgow Hospitals Development – Progress Report** Report of the Project Director – New South Glasgow Hospitals Project	Paper No 13/91
26	**New South Glasgow Hospitals Development – Full Business Case for Teaching & Learning Facility** Report of the Project Director - New South Glasgow Hospitals Project	Paper No 13/92 To Follow
27	**New Southern General Hospitals Development – Outline Business Case for New Accommodation (Office) Block** Report of the Project Director – New South Glasgow Hospitals Project	Paper No 13/93 To Follow
28	**West of Scotland Radiotherapy Provision and Satellite Radiotherapy Unit Development** Report of the Chief Executive	Paper No 13/94
29	**Capital Planning and Property Committee Group Minutes – Meeting held on 28 May 2013**	Paper No 13/95
30	**Date of Next Meeting** 9.00am on Tuesday 19 November 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH	

DRAFT

QPC(M)13/05
Minutes: 89 - 118

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 17 September 2013 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE
Ms M Brown
Dr H Cameron (From Minute 93)
Mr P Daniels OBE (From Minute 97 to 113)
Mr I Fraser
Cllr M Kerr (From Minute 102 to 113)
Cllr A Lafferty
Ms R Micklem
Cllr J McIlwee
Mr D Sime
Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong (To Minute 97)
Mr R Calderwood
Ms R Crocket
Mr R Finnie
Mr P James
Dr R Reid
Mr A O Robertson OBE

I N A T T E N D A N C E

Mr G Archibald	..	Director of Surgery and Anaesthetics
Mr A Brown	..	Audit Scotland
Mr R Farrelly	..	Director of Nursing – Acute Services Division
Mrs J Grant	..	Chief Operating Officer
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr D Loudon	..	Project Director - South Glasgow Hospitals Development (From Minute 112 to 115)
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting (To Minute 108)
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources (To Minute 115)
Ms C Renfrew	..	Director of Corporate Planning & Policy

89. APOLOGY

An apology for absence was intimated on behalf of Mr B Williamson.

The Convenor advised that Mrs P Spencer's term of office had come to an end and the Area Clinical Forum had appointed Dr Heather Cameron as Chair. The Chair of that Committee had a place as a member of the Quality and Performance Committee therefore he sought the Committee's agreement to Dr Cameron replacing Mrs Spencer on the Quality and Performance Committee.

DECIDED

ACTION BY

- That Dr Heather Cameron be appointed a member of the Quality and Performance Committee for as long as she held the position of Chair, Area Clinical Forum. **Head of Board Administration**

90. DECLARATIONS OF INTEREST

Declarations of interest were raised by two members in relation to the following agenda items to be discussed:-

- Cllr J McIlwee – Agenda Item 12 – NHSGGC Continuing Care Facilities and Inverclyde Commissioned Services
- Mr P Daniels – Agenda Item 23 – Disposal of Site B and Production Pharmacy Buildings: Western Infirmary

  Agenda Item 26 – FBC: Teaching and Learning Facility – Southern General Hospital

91. MINUTES OF PREVIOUS MEETING

On the motion of Mr I Fraser and seconded by Mr K Winter, the Minutes of the Quality and Performance Committee Meeting held on 2 July 2013 [QPC(M)13/04] were approved as a correct record, subject to the following change in those present. Amend "Dr R Finnie" to "Mr R Finnie". **Head of Board Administration**

92. MATTERS ARISING

(a) Rolling Action List

(i) In relation to Minute 75 – Medical Workforce Planning: 2013/14 – Mr Calderwood advised that the West of Scotland Health Boards had discussed the differential pay arrangements for out-of-hours GPs. There was a significant variation in the pay rates and it was left to individual Boards to deal with their own issues. NHSGGC had returned to a standard rate together with an agreed pay rise, recognising there had been no uplift since 2004.

NOTED

(ii) In relation to Minute 69 – Integrated Quality and Performance Report: Access to Psychological Therapy – Mrs Hawkins responded to a question from Mr Fraser on why the report back to Committee in November rather than September. She advised that was necessary to ensure that a full and comprehensive review was undertaken of the arrangements within all 120 different teams, some of which had no formal data collection processes in place. She was keen to ensure that the report provided members with the full picture with regard to the service and the plans in place to improve access times in order to meet the commencement of psychological therapy treatment within 18 weeks from referral.

NOTED

ACTION BY

93. SCOTTISH PATIENT SAFETY PROGRAMME: UPDATE

There was submitted a paper [Paper No: 13/72] by the Medical Director setting out the progress against the Scottish Patient Safety Programme (SPSP). In particular, the paper updated on recent revisions to the SGHD approach to SPSP implementation in adult acute care and on hospital standardised mortality ratios (HSMR).

Dr Armstrong drew particular attention to the SGHD announcement of the introduction of ten patient safety essentials which were to be implemented across NHSGGC. These proven measures had been developed, refined and tested over time and each measure was internationally recognised as fundamentally important for safe care. Dr Armstrong's paper gave an overview on the current position within NHSGGC against each of the ten safety essentials.

In relation to HSMR, Dr Armstrong drew attention to the fact that Inverclyde Royal Hospital was above 1 for the quarter January – March 2013. At this time there were no specific concerns but this would be used as an opportunity for improvement by developing an additional analysis and a process of clinical engagement at Inverclyde Royal Hospital and a further update would be provided to future meetings. **Medical Director**

The Convenor, welcomed the information about the Leadership Walk Rounds and enquired as to the timing of the completion of the identified actions. The table had identified 1,044 actions of which 806 had been completed (77%) however as the programme had been running since 2008 it was not clear whether there had been any delay in completing actions from previous years. Dr Armstrong advised that she would provide a further analysis to show the completion periods of identified actions. **Medical Director**

NOTED

94. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No: 13/73] by the Medical Director providing an exception report on the NHS Board's performance against HEAT and other HAI targets.

The NHS Board was slightly above the March 2013 HEAT target for Staphylococcus Aureus Bacteraemia (SAB) at 26.8 cases per 100,000 Acute Occupied Bed Days – the national target being 26. This however, was the lowest rate to date and the fourth lowest in total patient numbers.

SGHD had published revisions to the Clostridium Difficile infection target in response to the detection that the number of bed days used to calculate rates for C.Diff infection in patients aged 65 years and over since 2006 was previously artificially high. This would result in all NHS Boards being higher than previously reported however, there were no changes in the number of cases identified and reported and the reductions in C.Diff remained accurate. The revised target was agreed following discussions and recommendations by the HAI Taskforce and was based on the rate of the best performing Board (NHSGGC) in the period ending June 2012. NHSGGC's revised rate was 30.3 per 100,000 Acute Occupied Bed Days, this being below the national average of 31.7, and well below the 2013 HEAT target of 39.

ACTION BY

NOTED

95. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS AND FAIs

There was submitted a paper [Paper No:13/74] by the Medical Director and an update on FAIs. The full report on adverse clinical incidents had been displayed in two separate charts in order to highlight the position within Acute Services and separately within Partnerships.

Dr Armstrong provided a review of the ongoing fatal accident enquiries.

NOTED

96. DRAFT ANNUAL CLINICAL GOVERNANCE REPORT 2012-13

There was submitted a paper [Paper No: 13/75] by the Medical Director which set out the draft Annual Report for Clinical Governance for 2012/13. This provided an overview of the clinical governance arrangements for the last financial year.

Dr Armstrong highlighted the developing role of person-centred care within the clinical governance arrangements, particularly following the launch of the National Person-centred Health and Care Collaborative in November 2012, this being a key strategic priority for NHS Scotland. In addition, she spoke about the work of the Clinical Effectiveness Team in measuring, monitoring and improving clinical care. This team's activities included developing and disseminating evidence-based clinical guidance and standards, education, planning and implementing measures through traditional clinical audit and key indicators, and reporting on learning activities. In seeking to improve the processes for the development and accessibility of clinical guidelines, the NHSGGC Clinical Guidelines Framework and Electronic Directory had been made available on Staffnet since spring 2012. This included 204 clinical guidelines and work was underway to scope out a process of migration of other guidelines to ensure a fully comprehensive electronic directory was available.

Dr Armstrong sought the Committee's support in carrying out a full review of suicides within the NHS Board's area together with identifying prevention measures. It was agreed that a full review should be undertaken and reported to the Quality and Performance Committee at a future date. **Medical Director**

Members welcomed the draft Clinical Governance Annual Report and the information it contained, together with the development of the Clinical Guidelines Electronic Directory which was clearly being accessed regularly by staff on a daily basis.

DECIDED

- That subject to the addition of the Medical Director's introduction and minor alterations, the draft Clinical Governance Annual Report – 2012/13 be approved. **Medical Director**

ACTION BY

97. BOARD CLINICAL GOVERNANCE FORUM MINUTES (DRAFT) AND SUMMARY OF MEETING HELD ON 12 AUGUST 2013

There was submitted a paper [Paper No: 13/76] in relation to the Board Clinical Governance Forum meeting held on 12 August 2013.

NOTED

98. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No: 13/77] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHS Greater Glasgow and Clyde's performance. Of the 47 measures which have been assigned a performance status based on their variation from trajectory and/or targets, 28 were assessed as green; eight as amber (performance within 5% of trajectory) and eleven as red (performance 5% outwith meeting trajectory) (although this included one which was a subheading of a main target). It was agreed in future that subheadings would not be included in the overall summary. The areas of key performance change since the last report included:-

- Suspicion of cancer referrals (62 days) had moved from amber to green;
- Stroke unit admission had moved from red to green;
- Carbon emissions had moved from red to green;
- Suicide prevention training had moved from green to red;
- New outpatient maximum 12 week wait for referral had moved from green to red;
- Freedom of Information requests completed within 20 working days had moved from green to amber.

In relation to members' questions about a range of issues highlighted by the Integrated Performance Report, the following responses were provided:-

- In relation to the new outpatient – maximum 12 week wait the exception report highlighted that in July 2013 four patients had waited longer than 12 weeks for a new outpatient appointment. This had accounted for 0.006% of the overall list of 69,651 patients seen within the outpatient waiting time target of 12 weeks. Action had been taking place to review administrative procedures and flexible use of capacity across all sites to maximise efficiency.
- In relation to the 19% of patients who had waited longer than 18 weeks for access to psychological therapy, it was agreed that the report to Committee in November should include an analysis as to why it had been a recurring problem and how the waiting time target would be maintained and sustained going forward.
- There was concern expressed about waiting times for access to physiotherapy and it was reported that a new target of four weeks would be set nationally by April 2014. It was agreed that future reports would **Director of**

ACTION BY

include information on forthcoming targets and the actions being taken by the NHS Board to prepare to respond and adhere to such targets in the future. **Corporate Planning & Policy**

- The handling of freedom of information requests within 20 working days had moved from green to amber and whilst the numbers remained largely consistent, the complexity and size of individual requests had affected the slight movement in performance in the last quarter.

NOTED

99. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: APRIL-JUNE 2013

There was submitted a paper [Paper No:13/78] by the Nurse Director setting out the handling of recommendations made by the Scottish Public Services Ombudsman (SPSO) in their published reports and decision letters relating to NHSGGC for the period April to June 2013. Three full investigation reports had been received and members welcomed the opportunity to read the detail of these reports together with 20 decision letters and the completion of the recommendations of three decision letters which had been outstanding from the previous quarter.

Mr Finnie welcomed the action plans which had been prepared and implemented in relation to the range of recommendations made by the SPSO in relation to the investigation reports and decision letters. However, he was again concerned at the number of reports and decision letters in which the Ombudsman had upheld a high level of issues and which NHS staff at the local resolution stage had not identified or had resolved in handling the original complaint.

Mr Calderwood acknowledged the point and advised members that an annual meeting was held with the SPSO Office and part of that was to discuss how the SPSO identified evidence that officers had previously missed or not taken enough cognizance of when undertaking the investigation and response into the original complaint. The complaints session on improving the handling of complaints had been held on 14 August 2013 with the Chief Executive and Nurse Director presenting at this session. The Ombudsman's office and Scottish Mediation Network had also presented. The session was attended by directors, general managers, lead nurses, other managers and complaints officers and the outcome of the session had now been written up and would be considered by the Corporate Management Team (CMT) on 19 September 2013. Mr Calderwood had been heartened by the complaints session and the desire to move away from a defensive approach towards a more empathetic tone in responding to complainants. Mr Calderwood advised that the CMT would consider the issues on 19 September together with members' comments and would report back to the Committee on further actions which could be taken in improving the quality and comprehensiveness of responses at local resolution stage. He would also consider the idea of highlighting to directorates cases where the Ombudsman did find issues upheld together with the possibility of incorporating into the performance review arrangements the quality of complaints handling and the outcome of the independent scrutiny brought by the Ombudsman's office. The Ombudsman's arrangements for investigating complaints could on occasions, highlight differences of opinion in relation to the findings and the NHS Board officers were well aware of the reliance the Ombudsman's office placed on written and documentary evidence of actions taken by clinical staff. Mrs Grant explained the process within the Acute Services when dealing with Ombudsman reports and the discussions **Nurse Director**

ACTION BY

which took place at directorate's performance review group meetings and within the clinical governance structures.

Mr Finnie indicated that he found the discussion helpful and while he understood some of the difficulties he did believe that if NHS Board officers carried out a more thorough investigation there would be a reduction in complainants being dissatisfied and seeking the involvement of the Ombudsman's office.

Ms Micklem highlighted the National Education Scotland masterclass in handling complaints which some non-executive members would be attending on 25 October 2013 and she was keen to see feedback from this event being fed into the report back to Committee. This was agreed. In response to a question from Dr Reid, Mr Calderwood advised that when complainants intimated that they were pursuing a claim for negligence, the complaints procedure would cease at that point and the issues highlighted would then be held within the process developed for handling legal claims submitted against the NHS Board.

Nurse Director

Ms Brown highlighted the Ombudsman case number 1104025 – Hospital; Care of the Elderly; Clinical Treatment; Diagnosis. In particular the delays in providing preventative care by the hospital in relation to the management of a pressure ulcer and the risk of further pressure damage including the delays within the Tissue Viability Service and the provision of an appropriate pressure relieving mattress. Ms Crocket acknowledged the criticisms of the Ombudsman's office in relation to this case. This issue had led to eight recommendations from the Ombudsman's office and these issues had been raised and discussed with the relevant team and ward as well as being shared with other clinical teams involved in the management of pressure ulcers.

NOTED

100. NHSGGC CONTINUING CARE FACILITIES AND INVERCLYDE COUNCIL COMMISSIONED SERVICES FOR SPECIALIST NURSING CARE, OLDER PEOPLES DEMENTIA AND ADULT MENTAL HEALTH INTENSIVE SUPPORTED LIVING SERVICES – PROGRESS REPORT

There was submitted a paper [Paper No:13/79] from the Director of Glasgow CHP setting out the progress in relation to the 42 NHS continuing care beds and on the commissioning by Inverclyde CH(C)P of specialist nursing care for older persons with dementia and adult mental health intensive supported living services in Inverclyde.

The report stated that HUB West of Scotland had accepted the Inverclyde NHS Continuing Care scheme as the new project in April 2003. The Outline Business Case was scheduled to be considered by the SGHD Capital Investment Group on 5 November 2013 and therefore, as this fell between meetings, agreement was required to be reached with the Quality and Performance Committee as to how best to achieve the consideration of the Outline Business Case. After discussion it was agreed that Mrs Hawkins would email all members of the Committee with a copy of the Outline Business Case and recommendations and seek any comments or concerns from members. If the scheme was acceptable to members, it would then be delegated to the Convenor to approve the scheme on behalf of the Committee and allow it to proceed to be submitted to the Capital Investment Group for consideration on 5 November.

A key issue identified within the paper was the non-recurring transitional

ACTION BY

investment which would be required for a period before the expected closure of Ravenscraig Hospital to allow the Council to progress their commissioning arrangements and have a suitable provider in place. The phasing of double running non-recurring transition costs was identified in Appendix 1 and would cover 2014/15 and 2015/16. These costs would be funded from the Clyde Strategy - transitional funding.

Mr Winter asked about the implications of "bundling" in relation to the arrangements with HUB West of Scotland and the impact this could have on any one scheme over-running or missing any financial targets. Mrs Hawkins explained that the two recently approved replacement health centres for NHSGGC and the Inverclyde project would be linked together as one contract from the NHS Board, fees would be pro-rata and there would be economies of scale in relation to managing the contract. However, each scheme would be accountable within its own revenue funding and would require to report to the Quality and Performance Committee for any non-adherence to the financial arrangements and set timescales.

Councillor McIlwee welcomed the progress being made and recognised the time-critical elements in relation to the closure of Ravenscraig Hospital and having appropriate services in place to allow patients to access them immediately on discharge.

DECIDED

1. That, the proposed way forward and commissioning arrangements for Inverclyde Mental Health Services, be noted.

2. That, HUB West of Scotland's acceptance of the Inverclyde NHS Continuing Care Scheme, be noted. That the Outline Business Case would be submitted by email by the Director of Glasgow CHP to members of the Quality and Performance Committee seeking comments and concerns and that the Convenor be authorised to approve the Outline Business Case if there were no concerns. Thereafter, the Outline Business Case would be submitted to the SGHD Capital Investment Group for consideration at its meeting on 5 November 2013. **Director of Glasgow CHP**

3. That, the phasing of the double-running non-recurring transitional costs as outlined in Appendix 1 for a period of time prior to the closure of Ravenscraig Hospital to enable to Inverclyde CHCP to put in place the Community Mental Health Services required prior to the final closure date, be approved. The requirements were 2013/14 – nil; 2014/15 – [redacted]; 2015/16 - [redacted]. Only the actual costs would be drawn down so any slippage in the implementation of the community provision would reduce requirements. The final year's requirements would be determined by the timetable of the final closure of Ravenscraig Hospital and the release of resource transfer. **Director of Glasgow CHP**

4. That, further progress reports be received by the Committee during the commissioning period covering the HUB West of Scotland arrangements and Inverclyde CHCP procurement. **Director of Glasgow CHP**

101. ANNUAL REPORT ON ENGAGEMENT ACTIVITY – 2012/13

There was submitted a paper [Paper No:13/80] by the Nurse Director providing an annual overview on engagement activity with the public, patients and carers for the

ACTION BY

period 2012/13. The report was a snapshot of activity across the NHS Board and Ms Crocket sought members' comments on whether the format and information contained was acceptable.

Members found the report useful however Ms Micklem wondered if there was a more systematic way of reporting back on the NHS Board's engagement with the public, patients and carers. The report required to give assurance to members and this could be better achieved by showing progress against key standards highlighted within the Participation Standard and those key outcomes contained within the Corporate Plan. She felt that there was more which could be reported in relation to the steps being taken within inequalities and she hoped that future reporting would be more analytical and highlighted in a more systematic way the Board's engagement with the public, patients and carers. Ms Crocket acknowledged this and whilst there was a separate report on inequalities, links could be made between the two reports to provide the levels of assurance being sought. It was recognised that the CH(C)P Committees and the Public Partnership Fora undertook a lot of the public involvement activity and again, better links could be made to local processes and governance structures. Mr Robertson was keen that Ms Crocket also reviewed the lessons from other NHS Boards in order to draw comparisons and pursue best practice in this area.

Nurse Director

Nurse Director

The Convenor enquired about the reporting mechanisms for the review of district nursing services. This matter was being discussed at the Corporate Management Team on 19 September 2013 and reporting structures would be taken to local CHCP Committees albeit this was an NHS Board-wide review. This would be another issue which would be affected by the Integration of Health and Social Services and Ms Renfrew sought members' agreement that this would be added to the list of future topics for NHS Board Seminars.

Director of Corporate Planning & Policy

NOTED

102. NHSGGC's LOCAL DELIVERY PLAN CONTRIBUTION TO COMMUNITY PLANNING SINGLE OUTCOME AGREEMENTS

There was submitted a paper [Paper No: 13/81] by the Director of Corporate Planning and Policy setting out the content of the revised Local Delivery Plan contributions to Community Planning Single Outcome Agreements. The Scottish Government Guidance had asked NHS Boards to reflect on the outcomes of the recent Quality Assurance of Single Outcome Agreements. In particular, the key areas for development or improvement arising from that process alongside a summary of the key tangible contributions they will make during 2013/14, towards improved outcomes in relation to each of the national outcomes. Each CHCP's contribution to the Single Outcome Agreement within their Local Authority Area was attached for information.

NHS Boards had been asked to submit contributions to the Scottish Government by the end of September 2013 and progress on each would be considered at the mid-year stock takes and the next Annual Review.

Director of Corporate Planning & Policy

NOTED

ACTION BY

103. PERSON-CENTRED HEALTH AND CARE COLLABORATIVE – STRATEGIC WORK PLAN AND REPORT

There was submitted a paper [Paper No: 13/82] by the Nurse Director on the Strategic Work Plan and the direction taken in relation to the Person-Centred Health and Care Collaborated within NHSGGC, this being an integral component of the Board's Person-Centred Framework which was to be launched in November 2013.

The paper outlined the governance arrangements, progress of the programme and action plan and provided an illustrative case study to showcase a local approach.

DECIDED

1. That, the progress, ongoing priorities and strategic work plan and direction be noted.

2. That, the Quality and Performance Committee undertake the governance role for this programme and receive regular reports on progress. **Nurse Director**

104. NURSING WORKLOAD AND WORKFORCE REVIEW – ACUTE SERVICES DIVISION

There was submitted a paper [Paper No: 13/83] by the Nurse Director highlighting the need to enhance the nursing workforce levels in the Acute Services Division through the application of the SGHD Nursing and Midwifery Workload and Workforce Planning Tools. The paper gave the background to the development of the tools and explained the approach taken within Acute Services in relation to the implementation of the approved and signed-off tools. Implementation of the tools was mandatory and alongside the tools, senior professional judgement and impact of the quality of care for patients must also be taken into account when determining the workforce requirements, a process known as triangulation. The paper highlighted the need to increase the supervisory capacity of Senior Charge Nurses from 7.5 hours per week to 15 hours per week, and finally, it explained the current skill mix of registered to unregistered staff in each Directorate and the changes to skill mix as a result of this new investment. It was anticipated that there would be an additional 111 nursing posts on the ward and an additional 51 Senior Charge Nurse posts to allow for the increase in the supervisory capacity of that role. This would require an additional £6.7m investment and would be contained within the NHS Board's approved financial plan. The additional nursing posts would be predominantly within the Emergency Care and Medical Services, Rehabilitation and Assessment and Women's and Children's – Neonates.

Mr Daniels welcomed the application of the Nursing and Midwifery Workload and Workforce Planning Tools and this provided an analytical approach to staff numbers within the Acute Services Division. He supported the outcome however sought an explanation that the review undertaken four years ago suggested a reduction of circa 650 posts. Mr Calderwood indicated that the bed model at that time indicated changes in the number of beds required when moving into the New Southside Hospital Development together with changes in skill mix in relation to tasks being undertaken by qualified and unqualified staff. However, this more analytical approach had given a clear outcome in relation to the number of nursing staff required on the ward at this time, and its findings were being implemented. He did caution however, that the revised bed model associated with moving into the

New Southside Hospitals and implications of the Mental Health Strategy would have a further impact on efficiency and staffing numbers and would be reviewed at that time using these new workforce tools.

It was emphasised that additional workforce tools were still being developed in other areas of nursing e.g. mental health nursing, community nursing, theatres, emergency departments, perioperative and midwifery, and therefore further reports would be submitted to the Quality and Performance Committee in relation to any further potential financial implications for the NHS Board.

Mr Winter recognised that previous savings plan had relied on savings in staff costs and this would be more difficult to achieve in future. Mr Sime welcomed the workforce planning tools and believed that quality of care had been a big issue in developing these tools and ensuring a safe service for patients. The revision of the bed model would require the application of these new workforce tools to determine nurse staffing levels and this was welcomed as it was more evidence-based than previous approaches.

Dr Cameron welcomed the systematic approach and asked if other clinical staffing groups would be included in the future i.e. Allied Health Professionals. Ms Crocket indicated that she was not aware of any further national work including these groups however she was aware of an ongoing Audit Scotland report into this area and its likely implications for service redesign and staffing levels.

NOTED

105. BOUNTY CONTRACT

There was submitted a paper [Paper No. 13/84] by the Chief Operating Officer updating the Committee on the provision of Bounty Packs across all maternity hospitals and a photography service which was only offered at the Royal Alexandra Hospital. Recent press articles had indicated that some women felt pressurised into giving personal details in exchange for Bounty Packs together with having their privacy invaded. It was also alleged that some mothers felt they were being pressurised into having their photographs taken.

Nationally, Bounty had been providing expectant and new mothers with free sample packs for over 50 years and the packs contained important information, expert advice and free samples from the leading baby brands to assist women to help choose what was right for them and their families. This service had been run within NHSGGC for over 20 years. A written contract was in place with Bounty. All inclusions in the packs were subject to approval by the Lead Midwife; Bounty fully indemnified NHS Board against any liability incurred as a result of distribution of the packs; all Bounty staff had full Disclosure checks carried out and Bounty paid the NHS Board a fee for the distribution of each newborn pack (72p per pack). All monies were paid into the Endowment Funds and used to enhance patient services. The current contract for NHSGGC in relation to the distribution of the packs was signed on 1 July 2012 and would run for a five year period. The photography service at the Royal Alexandra Hospital had been due for renewal in May 2013. No concerns had been raised about this service locally however to ensure equity of service to women across NHSGGC, a six month period of notice to terminate the photography service was given to Bounty in August 2013 and this service would cease from 26 February 2014.

The Women's and Children's Directorate would continue to monitor any concerns

and complaints in relation to the Bounty packs and would consider seeking views again from a wider group of women in relation to these services and packs prior to any contract renewal in 2017.

The Convenor took this opportunity to remind members that this was Mrs Grant's last meeting of the Committee prior to taking up her new post as Chief Executive of NHS Forth Valley. He, on behalf of the Committee, thanked Mrs Grant for her contribution and presentations to the Committee and wished her well with her new responsibilities from 1 October 2013.

NOTED

106. UPDATE FROM THE MAY-JUNE 2013 END OF YEAR ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No: 13/85] by the Director of Corporate Planning and Policy which provided an overview of cross-system and local key achievements and challenges which emerged from the End of Year Organisational Performance Reviews (OPRs).

The next round of OPRs was scheduled to take place throughout October 2013 and this would ensure that progress in each of the cross-system and local key achievements and challenges identified were being delivered.

Ms Renfrew drew members' attention to the summary of the cross-system areas of challenge and these included:-

- Achieving effective action to deliver reductions in bed days lost to delayed discharge from all CH(C)Ps and the Acute Services Division; the need to capitalise on the improvements made to date in GP prescribing practice with the continued rigour applied to monitoring cost savings across the system and providing a clear understanding of the service consequences of identifying savings.

- Inequality remained a significant challenge with the need to continuously focus effort on reducing the social gradient in relation to service use, screening and a range of health improvement activities.

- Improving the delivery of real joint change between the Acute Services Division and CH(C)Ps in relation to the broad programme of work which included A&E attendance, bed days lost to delayed discharge, breast feeding and "did not attend" rates.

- Delivery of consistent reductions in waiting times for access to primary care mental health teams and psychological therapies.

- The need to continue to focus effort on reducing levels of sickness, absence and improvement and improving e-ksf completion rates.

Members welcomed the process and helpful presentation of the information in relation to each CH(C)P and the Acute Services Division. Ms Micklem asked how the Partnerships learned from each others' experiences and Ms Renfrew advised that the Partnership Directors met regularly and discussed the issues highlighted from the OPR process and Mrs Hawkins endorsed this and explained how these meetings focussed on shared learning, particularly board-wide initiatives being

taken forward in relation to bed days lost and psychological therapies.

NOTED

107. QUALITY POLICY DEVELOPMENT GROUP MINUTES OF MEETING HELD ON 26 JUNE 2013

There was submitted a paper [Paper No: 13/86] enclosing the minutes of the Quality Policy Development Group meeting of 26 June 2013.

NOTED

108. STAFF GOVERNANCE COMMITTEE – MINUTES OF MEETING HELD ON 20 AUGUST 2013

There was submitted the minutes of the Staff Governance Committee meeting of 20 August 2013 [SGC(M)13/03].

NOTED

109. MEDIA COVERAGE OF NHSGGC: 22 JUNE – 31 AUGUST 2013

There was submitted a paper [Paper No. 13/87] by the Director of Corporate Communications highlighting outcomes of media activity for the 22 June - August 2013 period. The report supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

Members discussed recent media coverage and the attempts made to ensure accurate reporting of factual information. It was noted that the media seldom attended the NHS Board meetings.

Some of the media reporting reflected Freedom of Information requests submitted to the Information Services Division and articles were not always portrayed within the full context of the information released.

Dr Benton enquired as to whether the temporary no-smoking wardens were being retained and was advised that this was being discussed at the Corporate Management Team on 19 September 2013, but it was hoped that some level of service would be retained as the benefits had been clear.

NOTED

110. FINANCIAL MONITORING REPORT FOR THE FOUR MONTH PERIOD TO 31 JULY 2013

There was submitted a paper [Paper No 13/88] by the Director of Finance setting out the financial monitoring report for the four month period to 31 July 2013. The NHS Board was currently reporting on expenditure outturn of £1m over budget however at this stage it was considered that a year-end break even position would be achieved.

ACTION BY

Mr James drew attention to the changes to page 5 of the report in relation to the discussions he had had with the Convenor and Mr Finnie in relation to highlighting changes in budgets and movements within budgets. Mr Finnie welcomed this additional high level information.

Mr Winter enquired about the budget increase within Capital for IT spend and Mr James intimated that the governance arrangements for approval levels and spend within IT was currently being reviewed and more information would be provided at the next meeting of the Committee. Mr Calderwood advised that the Director of Health Information and Technology was identifying the cost base particularly as more and more services become heavily dependent on IT solutions. There needed to be consideration of sustainable resilience within the IT structure. The full details of this review would be presented to the Committee in the new year.

Director of Finance

Director of HI&T

NOTED

111. DISPOSAL OF SITE B AND PRODUCTION PHARMACY BUILDING – WESTERN INFIRMARY

Mr Daniels declared an interest in the following item and left the room.

There was submitted a paper [Paper No: 13/89] by the Chief Executive asking the Committee to note the conclusion of the sale of the Western Infirmary Site B and the Production Pharmacy Building to the University of Glasgow.

Mr Calderwood took the members through the paper and reminded them of the sale and leaseback arrangements of Sites A and C, and the negotiations which had been underway with the University of Glasgow in relation to the disposal of Site B and the Production Pharmacy Building. It was welcomed that the conclusions had now been reached for the disposal of the identified sites to the University of Glasgow and acknowledged that potential future security costs and liabilities for the buildings would now be kept to an absolute minimum. It was now intended to review the NHS Board's position with regard to the Victoria Infirmary and seek what disposal arrangements may be possible.

NOTED

Mr Daniels returned to the meeting.

112. POSSIBLE FUTURE JOINT PROPERTY DISPOSAL

There was submitted a paper [Paper No:13/90] by the Chief Executive which set out the possibility of an opportunity to work with Renfrewshire Council on a joint disposal strategy of land in an area to be known as Paisley South Site.

It was explained that subject to ongoing deliberations on a proposed integrated approach to the development of a joint disposal strategy of land, it was likely that elements of land at Dykebar Hospital could be included in this proposed joint disposal arrangement with Renfrewshire Council. This would be dependent on the outcome of the mental health services review and members would be provided with periodic updates during the course of the next year on the development of such a joint disposal strategy.

NOTED

ACTION BY

113. NEW SOUTH GLASGOW HOSPITALS: PROGRESS UPDATE – STAGES 2 & 3

There was submitted a paper [Paper No:13/91] by the Project Director – New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals).

In relation to Stage 2, Mr Loudon advised that good progress had continued in finalising the remaining 1:50 design issues and the tenders for the Group 5 imaging equipment had been received and were currently being evaluated to allow the selection of the preferred suppliers, hopefully by the end of September 2013. The design for the links to both neuro and neonatal had been concluded and the link bridges were now in production and would be installed in late October 2013. The project team had confirmed to the contractors the changes required to accommodate additional haemato-oncology activity in the adult hospital and the additional costs will be confirmed in the course of the next week. As this was a service change requested by the NHS Board, this would be a capital cost funded by the Board and not part of the SGHD Capital Sum for the full project.

In relation to Stage 3, as at 1 September 2013, 127 weeks of the 205 week contract had been completed and the project remained within timescale and budget. Contract completion date remained as 20 February 2015. Mr Loudon provided members with images highlighting the progress of both hospitals.

Car Park 1 continued to progress as planned however, in relation to Car Park 2 it had become clear that the additional costs associated with a piled solution did not represent value for money. Therefore, taking cognizance of this, the negative feedback from the residents adjacent to the site and the anticipated prolonged planning process, it had been recommended that the NHS Board did not proceed with the proposed car park. NHS Board Officers would consider surface car parking as an alternative. Mr Calderwood highlighted the difficulties posed by losing short-term car parking close to the Accident and Emergency Department. The Project Team would now consider looking at 30 minute wait options/alternatives for dropping off and collecting patients in an area that would be heavily used by ambulances.

Mr Winter advised that he had walked round the site with Mr Loudon and had been impressed with progress and the finishes. Mr Loudon explained to members the testing and inspection procedures in place for the 7000+ rooms together with the precautions in relation to the completed pipework and its readiness for use in circa two years after it had been completed. The contractor provided early warning notifications to the Project Team in relation to any visit or inspection and thus far only minor issues had been identified. A sign-off certification process was in place in relation to the pipework.

Mr Loudon took members through the change control process (he wished to tidy up this table for future presentation to the Committee), the potential compensation events, the overall budget and explained the detail of the risk provision within the risk movement summary and key risk update.

NOTED

ACTION BY

114. FULL BUSINESS CASE: TEACHING AND LEARNING FACILITY AT SOUTHERN GENERAL HOSPITAL: UPDATE

There was submitted a paper [Paper No: 13/92] by the Project Director – New South Glasgow Hospitals Project seeking the Committee's approval of the Final Business Case in relation to the Teaching and Learning Facility.

The Teaching and Learning Facility would consolidate a series of fragmented NHS training and meeting locations throughout NHSGGC replacing facilities in the Western Infirmary, Victoria Infirmary, Southern General and at the Royal Hospital for Sick Children. The University of Glasgow was a strategic partner in this venture and wished to further enhance their reputation as a world leader in medical academia, training and research.

Scottish Enterprise approached NHSGGC seeking the introduction of an additional floor (development of a Stratified Medicines Scotland Innovation Centre) in the Teaching and Learning Facility. The design and specification was fast-tracked to align with the current programme. The University of Glasgow would be soley responsible for the management of the Stratified Medicine Innovation Centre and completion of the construction. The floor would be maintained by NHSGGC with applicable cross-charges as detailed in the financial case. This additional floor would have no impact on NHSGGC cost elements however the University of Glasgow share had subsequently increased to 60%. If approved, the Business Case would be submitted for consideration to the SGHD Capital Investment Group on 6 November 2013. If approval was granted, start on construction would commence on 18 November 2013 with an anticipated construction completion date of May 2015.

The division of space occupancy within the Teaching and Learning Centre had been based on the undernoted agreement with the University of Glasgow:-

- Level 1-3: 50/50
- Level 4: 100% occupancy by the University of Glasgow (Stratified Medicine Scotland Innovation Centre)
- Division of Capex: 60 (University) / 40 (NHSGGC)
- Division of Facilities Management Costs: 60 (University) / 40 (NHSGGC)

The commitment from NHSGGC to Capex would be £9.725m from the total development investment of £24.381m – the balance being funded by the University of Glasgow and other stakeholders. The additional recurring cost for NHSGGC would be [redacted] in 2015/16 and [redacted] in 2016/17.

Mr Winter welcomed this opportunity to see the development of the Learning and Teaching Facility on the New Southside Hospitals Site and Mrs Grant confirmed to Mr Winter that the NHS Board had responded to the University's letter of 1 July 2013 indicating that with negotiation from both parties, the NHS Board's usage of the Facility would be accommodated and fit for purpose.

Mr Calderwood reminded members that the contractor for this project was BAM Construction Limited.

DECIDED

- That, the Final Business Case for the Teaching and Learning Facility at the cost identified above, be approved. **Project Director**

ACTION BY

115. OUTLINE BUSINESS CASE: NEW OFFICE ACCOMODATION ON SGH SITE

There was submitted a paper [Paper No:13/93] by the Project Director – New South Glasgow Hospitals Project seeking approval of the Outline Business Case and submission to the SGHD Capital Investment Group for the reprovision of office space for the New Southside Glasgow Hospitals staff.

Mr Loudon apologised that the wrong table had appeared in the summary document and therefore advised members of the projected dates (as covered in the OBC) for this project:-

- OBC approval sought from Quality and Performance Committee 17 September;
- OBC approval sought from Capital Investment Group 6 November 2013;
- Target price agreed 31 October 2013;
- Anticipated planning approval 17 December 2013;
- FBC approval sought from December Board meeting and Capital Investment Group 28 January 2014;
- Anticipated construction commencement February 2014;
- Anticipated construction completion April 2015.

The anticipated capital cost was [redacted] and Mr Loudon and Mr Calderwood explained to members the funding of the capital required which would be covered by the management of the risk register funds and the release of funds from Endowments to assist with equipping the New Southside Hospital.

In relation to a question from Mr Finnie, Mr Calderwood explained that once demolition costs had been identified for existing buildings within the Southern General Hospital site, this would be submitted to the Quality and Performance Committee for approval. An assessment was still being undertaken as to which buildings would be identified for demolition as well as consideration being given to those buildings that were listed.

Members sought further details of the funding arrangements in relation to ensuring this project was affordable and Mr Calderwood explained the detail of the funding package in relation to the balance of the scheme – [redacted]. He reminded members that the Full Business Case would set out the detail required before any commitment was issued to a contractor to start on site and if there were further questions at that time, he would be happy to answer them.

DECIDED

- That, the Outline Business Case for the reprovision of office space for the New Southside Glasgow Hospitals staff, be approved. **Project Director**

116. WEST OF SCOTLAND RADIOTHERAPY PROVISION AND SATELLITE RADIOTHERAPY UNIT DEVELOPMENT

There was submitted a paper [Paper No:13/94] by the Chief Executive setting out the plans relating to the development of the West of Scotland Radiotherapy provision and Satellite Radiotherapy Unit at Monklands. The paper set out the background and strategic context of the West of Scotland Radiotherapy provision and the Satellite Radiotherapy Unit development. In 2006 the Radiotherapy Activity Planning for Scotland 2011-2015 report had indicated that due to rising

levels of cancer incidence there would be a significant increase in the capacity requirements for radiotherapy in Scotland over the next 10-15 years. This was reaffirmed in the 2009 Scottish Radiotherapy Advisory Group report and further reviews undertaken by the Scottish Government.

The West of Scotland Beatson Cancer Centre on the Gartnavel site was the busiest radiotherapy centre in the UK and was operating close to maximum capacity. This, together with the fact that the majority of cancer patients who required radiotherapy, lived in the Central Belt of Scotland, meant that SGHD agreed to fund a satellite radiotherapy unit. NHS Ayrshire and Arran, NHS Forth Valley and NHS Lanarkshire were invited to submit notes of interest in hosting the proposed West of Scotland Satellite Radiotherapy Facility. The outcome was that the Outline Business Case for the new Satellite Radiotherapy Unit for the West of Scotland at Monklands Hospital in Airdrie was submitted to the SGHD Capital Investment Group on 9 July 2013 and was formally approved in August 2013 which allowed plans to be taken forward to the next stage.

The development of the Full Business Case would be taken forward by NHS Lanarkshire and this was expected to be submitted in early 2014 and if approved in the spring of 2014, would see the new facility becoming operational by the end of 2015. NHS Lanarkshire would construct the building on land owned by them and the responsibility for the facility's management, support services and clinical service support would rest with NHS Lanarkshire. However, the licence for the clinical services and major medical equipment for the satellite would be provided by NHSGGC. Capital funding for the facility would be provided by the SGHD however, revenue costs would be based on the National Resource Allocation Committee share of costs. For NHSGGC, this would be in the region of [redacted] per annum. This would be brought forward to the NHS Board as part of the future financial planning processes to cover 2015/16 with full year effect from 2016/17. Mr Calderwood had provided a letter of support to the Outline Business Case.

In relation to the IRMER Regulations, Mr Calderwood confirmed that these would be the responsibility of NHSGGC and he was aware that the Radiation Safety Committee was cited on this development and its responsibilities.

NOTED

117. CAPITAL PLANNING AND PROPERTY COMMITTEE GROUP MINUTES – MEETING HELD ON 28 MAY 2013

There was submitted a paper [Paper No: 13/95] enclosing the minutes of the Capital Planning and Property Group meeting of 28 May 2013.

118. DATE OF NEXT MEETING

9.00am on Tuesday 19 November 2013 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12:40pm

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 19 November 2013 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting: 17 September 2013**	QPC(M) 13/05
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 13/96
5	**Integrated Quality and Performance Report** Report of the Acting Head of Performance and Corporate Reporting	Paper No 13/97

SAFETY

6	**Scottish Patient Safety Programme Report** Report of the Medical Director	Paper No 13/98
7	**Healthcare Associated Infection: Exception Report** Report of the Medical Director	Paper No 13/99
8	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents and FAIs** Report of the Medical Director	Paper No 13/100
9	**Board Clinical Governance Forum Minutes and Summary of Meeting held on 21 October 2013**	Paper No 13/101
10	**Quarterly Report on Cases Considered by the Scottish Public Services Ombudsman: 1 July – 30 September 2013** Report of the Nurse Director	Paper No 13/102

11 **Analysis of Legal Claims: Monitoring Report (Mid-Year Review 2013)** Paper No 13/103

Report of the Head of Board Administration

PERSON CENTREDNESS

12 **Person-Centred Health and Care Collaborative, Strategic Work Plan and Report** Paper No 13/104

Report of the Nurse Director

13 **Planning for the Commonwealth Games** Paper No 13/105

Report of the Director of Public Health

14 **Psychological Therapies HEAT Target** Paper No 13/106

Report of the Director of Glasgow City CHP

CLINICAL EFFECTIVENESS

15 **Redesign of GP Out-of-Hours Services** Paper No 13/107

Report of the Lead Director, Acute Division

MONITORING AND GOVERNANCE

16 **Post-Incident Report on Recent ICT Systems Failure** Paper No 13/108

Report of the Director of Health Information and Technology

17 **West of Scotland Research and Ethics Service Annual Report 2012-13** Paper No 13/109

Report of the Medical Director

18 **Media Coverage of NHSGGC Sept/Oct 2013** Paper No 13/110

Report of the Director of Corporate Communications

19 **Carbon Management Report** Paper No 13/111

Report of the Director of Facilities

20 **Overtime and Bank Staff Usage across NHSGGC** Paper No 13/112

Report of the Director of Human Resources

21 **Financial Monitoring Report for the 6 Month Period to 30 September 2013** Paper No 13/113

Report of the Director of Finance

22 **Quality Policy Development Group Minutes of Meeting held on 28 August 2013** Paper No 13/114

CAPITAL

23 **New South Glasgow Hospitals and Laboratory Project: Progress Update – Stages 2 & 3** Paper No 13/115

Report of the Project Director – New South Glasgow Hospitals Project

24 **Capital Planning and Property Group Minutes – Meeting held on 27 June 2013** Paper No 13/116

25 **Date of Next Meeting**

9.00am on Tuesday 21 January 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

DRAFT

QPC(M)13/06
Minutes: 119 - 143

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 19 November 2013 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE
Ms M Brown (To Minute 141)
Dr H Cameron
Mr P Daniels OBE (From Minute 123 to 134)
Mr I Fraser (To Minute 141)
Cllr A Lafferty
Ms R Micklem (To Minute 137)
Cllr J McIlwee
Mr D Sime (To Minute 141)
Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong
Mr R Calderwood
Mr R Finnie
Mr P James
Mr A O Robertson OBE (To Minute 137)
Rev Dr N Shanks (To Minute 141)

I N A T T E N D A N C E

Mr G Archibald	..	Director of Surgery and Anaesthetics
Ms L De Caestecker	..	Director of Public Health
Mr A Crawford	..	Head of Clinical Governance (For Minute 130)
Mr A Finlayson	..	Head of IT Infrastructure
Mr A Gallacher	..	Technical Manager
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Ms M A Kane	..	Director of Facilities
Ms L Kelly	..	Head of Policy
Mr D Loudon	..	Project Director - South Glasgow Hospitals Development (For Minute 141)
Ms F McNeill	..	General Manager, Specialist Mental Health Services (For Minute 132)
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting
Mr I Reid	..	Director of Human Resources (To Minute 141)
Mr D Ross	..	Director, Currie & Brown UK Limited (For Minute 141)
Ms H Russell	..	Audit Scotland (To Minute 140)

119. APOLOGY

An apology for absence was intimated on behalf of Mr B Williamson.

120. DECLARATIONS OF INTEREST

There were no declarations of interest raised.

121. MINUTES OF PREVIOUS MEETING

On the motion of Mr D Sime and seconded by Mr K Winter, the Minutes of the Quality and Performance Committee Meeting held on 17 September 2013 [QPC(M)13/05] were approved as a correct record.

122. MATTERS ARISING

(a) Rolling Action List

NOTED

123. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No: 13/97] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC's performance. Of the 45 measures which had been assigned a performance status based on their variation from trajectory and/or targets, 28 were assessed as green; 9 as amber (performance within 5% of trajectory) and 8 as red (performance 5% outwith meeting trajectory).

The key performance status changes since the last report to the Committee included:-

- Overtime usage had moved from red to amber;
- Smoking cessation had moved from amber to green;
- Antenatal care had moved from red to green;
- Suspicion of cancer referrals had moved from green to amber.

Members had raised concerns at the last meeting about waiting times for access to physiotherapy. A new national target of four weeks was to be set for 2014/15 however, at the members' request, this and future papers would cover the actions being taken to prepare to respond and adhere to this target in the future. The HEAT target would be to reduce musculoskeletal waiting times, although a detailed target definition was still to be agreed. The average wait time was currently nine weeks and in response to Dr Cameron, Ms Mullen advised members that the range of waiting times covered 3-19 weeks. Data collection systems were still being put in place in preparation for the target however, there would be a focus on those areas with the highest wait times and future reporting to the Committee would include variations from the trajectory and also include the range of wait times across NHSGGC.

Mr Finnie enquired about the performance information in relation to the suspicion of cancer referrals (62 days) and was advised that the current performance was at a given moment in time and was currently a four week wait. The NHS Board had invested up to £30m in this area.

Ms Brown enquired about the performance status/in progress against the early diagnosis and treatment in first-stage cancer. Mr Archibald advised that Acute Services were working on a theme basis to improve performance and he would submit a paper to the next meeting of the Committee describing the work underway together with the next steps in reporting performance to the Committee. Overall the performance in recent years had been acceptable although there had been a

Lead Director, Acute Services

recent dip which affected a few lung cancer patients. The actual target was still to be confirmed by the SGHD and information was being collected in order to determine a start point, which would then be used thereafter to measure performance. Some cancers were not staged and there could be a long lead-in time causing difficulties with monitoring in real time.

Ms Hawkins advised that there had been some difficulties in the provision of training for suicide prevention as had been reported at the last meeting.

Acting Head of Performance & Corporate Reporting

Ms Mullen agreed that future reports would retain the measures which had not been updated since the last meeting in order to give members a full picture of performance against all measurable targets.

NOTED

124. SCOTTISH PATIENT SAFETY PROGRAMME: UPDATE

There was submitted a paper [Paper No: 13/98] setting out the progress against the Scottish Patient Safety Programme (SPSP). In particular the work being undertaken within primary care in relation to medicines reconciliation; disease modifying anti-rheumatic drugs; heart failure; prevention of pressure ulcers in the community; and insulin administration in the community. In addition it had been agreed that all GP practices in Scotland be invited to participate in SPSP activity; this would take the form of 11 QOF points to look at the safety climate survey within clinical teams and using the trigger tool to identify previously undetected evidence of patient safety incidents and identify learning from them.

Dr Armstrong also drew members' attention to the Chief Executive's Letter in relation to governing the Acute Adult Care Programme and reported on the progress in relation to the three areas of focussed work – patient safety essentials; points of care and infrastructure/leadership. In particular she advised that the extended scope of the programme requirements for improving the deteriorating patient was recognised to be a significant challenge. Therefore a small planning group was being convened to describe the fuller programme plan and an overarching programme design paper was to be submitted for approval by the Acute Services Clinical Governance Forum.

The report highlighted that the hospital standardised mortality ratio (HSMR) had indicated that the rate for Inverclyde Hospital had fallen from 1.08 in the last quarter of the last year to 0.82 for the first quarter of 2013/14. The plan however, was to continue with the improvement programme at Inverclyde as the trend of HSMR had demonstrated considerable variability from the baseline in 2007 and its improvement rate was not as rapid as other hospitals within NHSGGC.

In relation to the Healthcare Improvement Scotland visit to the NHS Board on 3 September 2013, Ms Micklem asked about the funding difficulties highlighted in releasing staff for training. Dr Armstrong advised that NHS 24 had previously assisted in this area and had changed their practice nationally in the recent past. Discussions were ongoing to see if it would be possible to reinstate the previous arrangements where calls to GPs were taken by NHS 24 to allow staff to be freed for training purposes.

In relation to Ms Micklem's point about identifying outcome measures for improvement activity, Dr Armstrong advised that this was work in progress as they sought a reliable indicator i.e. expected rate of readmission. She also advised of the

work underway to ensure that medical staff highlighted to GPs in the discharge letter why particular drugs had been stopped within hospitals.

NOTED

125. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No:13/99] by the Medical Director providing an exception report on the NHS Board performance against HEAT and other HAI targets. Current analysis of staphylococcus aureus bactaeremia infection (SAB) indicated an upward trajectory in the quarter April-June 2013. The revised March 2015 HEAT target was 24 SAB cases per 100,000 Acute Occupied Bed Days (AOBDs) and currently NHSGGC demonstrated a rate of 27.4 (which was still below the national average of 29.5). Dr Armstrong reported that this was mainly due to patients being admitted with infections from the community. A whole-system review was underway and also contact was being made with Birmingham which had achieved a 0% rate of SABs within their hospitals. Weekly reporting was now underway in order to try and manage an improvement in the current rate.

Dr Armstrong also highlighted the incidence of C-Difficile within Ward 15 at the Vale of Leven Hospital. There had been three cases in October 2013 in Ward 15 and the ward was closed to admissions and transfers following the identification of two C-Difficile cases. The ward was reopened to admissions on 4 November and there have been no reported new cases identified since 28 October. Overall the HEAT target was 25 C-Difficile cases or less per 100,000 AOBDs for all patients and NHSGGC demonstrated a rate of 33.5 (which is below the national average of 33.6). Mr Sime thanked Dr Armstrong for highlighting this particular matter and he felt that staff had reacted well and that the introduction of process charts had clearly been very helpful.

NOTED

126. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS AND FAIs

There was submitted a paper [Paper No: 13/100] by the Medical Director on the handling of adverse clinical incidents together with an update on the current fatal accident enquiries. The full report on adverse clinical incidents had been displayed on two separate charts in order to highlight the position within acute services and separately within partnerships.

In relation to the development of the NHS Board's Significant Clinical Incident Policy, it was reported that discussions were still ongoing with Healthcare Improvement Scotland around a few issues including changes proposed nationally to the Severity Rating Matrix and consideration of what the implications may be for NHSGGC continuing to use its existing categories which had the benefit of the possibility of learning to be gained where systems should have been expected to prevent the event along with a review of near misses. Once the national guidance has been published, the NHS Board's Significant Clinical Incident Policy would be submitted, hopefully in January 2014, to the Committee for approval and thereafter implemented.

Dr Armstrong highlighted to members the detailed directorate-by-directorate information which was included in the report for the first time in relation to

significant clinical incidents. She was open to suggestions about the inclusion of this type of information or further detail in future reports and the general view from members had been that this was helpful and brought a useful perspective to the information presented in this report. Dr Armstrong then provided an update on the current and ongoing fatal accident enquiries and presented a case study to members and highlighted areas where improvements had been made as a result of that particular case. In responding to a range of members' questions, it was agreed that a paper would be submitted to a future meeting of the Committee on the use of pagers within hospitals, with the particular emphasis on any areas where pagers did not operate effectively.

Director of Facilities

NOTED

127. BOARD CLINICAL GOVERNANCE FORUM MINUTES (DRAFT) AND SUMMARY OF MEETING HELD ON 21 OCTOBER 2013

There was submitted a paper [Paper No: 13/101] in relation to the Board Clinical Governance Forum meeting held on 21 October 2013.

NOTED

128. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: 1 JULY-30 SEPTEMBER 2013

There was submitted a paper [Paper No:13/102] by the Nurse Director setting out the handling of recommendations made by the Scottish Public Services Ombudsman (SPSO) in their published reports and decision letters relating to NHSGGC for the period June to September 2013. There had been no investigative reports however 18 decision letters had been received and eight of these related to acute services, four to partnerships, five to GPs and one to a dental practice. The Ombudsman had investigated a total of 25 issues; seven of which had been upheld and 18 not upheld. The Ombudsman had made 14 recommendations.

The report had also included a summary of the National Education for Scotland Masterclass Event which had been held on 25 October 2013 and attended by three Non-Executive Directors – Mr Lee, Ms Micklem and Mr Finnie together with Ms Crocket, Nurse Director and Mr P Cannon, Head of Administration (Acute Services). Members had found the Masterclass Event particularly helpful in hearing the perspectives from the Ombudsman and the recent experiences of improving complaints handling by Glasgow Housing Association. Mr Calderwood advised that he had asked Ms Crocket to consider whether the current structure for handling complaints hindered or benefitted the intentions of bringing about further improvement to the quality of local resolution and responses and the moves to adopt a less defensive approach to those complaints raised with NHSGGC. This would form part of the discussions on the NHS Board structures at the February away sessions with NHS Board members. Ms Hawkins advised members of the changes to the handling of complaints for prisoners accessing health services and the impact these changes have had on the number of complaints received. Currently the process required attempts to resolve a prisoner's concerns within three working days.

Nurse Director

Ms Micklem emphasised how beneficial she felt the Masterclass Event had been, particularly around the scrutiny role and how far the NHS Board should be required to look for reassurance and how far to challenge the information presented and

officers in order to be satisfied that the system was working adequately for patients. Mr Finnie added that he felt that the presentations from the Ombudsman and Glasgow Housing Association had highlighted the significance of the culture of the organisation and how a move away from a less defensive approach led to better outcomes and greater patient satisfaction.

NOTED

129. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (MID-YEAR REVIEW 2013)

There was submitted a paper [Paper No:13/103] from the Head of Board Administration providing an overview of the handling and settlement of legal claims within NHSGGC as at September 2012 to September 2013. Background information was also provided in relation to the role of the Central Legal Office and the Clinical Negligence and Other Risks Scheme (CNORIS).

In overall terms the number of cases settled was lower than the previous year however, the amounts awarded continued to grow. The financial information provided within the report required further refinement in future reports to capture the impact of the periodic payment orders which committed the NHS Board to annual expenditure over the lifetime of the patient receiving compensation.

Mr Finnie enquired about the consultations with the Legal Office in determining whether to defend cases or seek early settlement to reduce exposure to costs. Mr Calderwood advised that an assessment was made of individual cases and where negligence on the Board's part has been clearly proven, negotiations would be undertaken with the other party in order to try and settle the claim at an agreed sum with no requirement to go to court. There were however, occasions when legal advice had suggested a robust defence of a case was possible, however, very occasionally that position changed just at the point of the court hearing and updated advice from the Legal Office had recommended settlement. Mr Calderwood provided an example to illustrate that point.

Mr Lee invited Ms Mary Anne Kane, Director of Facilities to update members on the recent media coverage on asbestos claims against NHSGGC. Ms Kane advised that following a number of Freedom of Information requests about health and safety referrals and meetings in relation to asbestos within hospitals, the media had published an article which did not portray the full position within NHSGGC. She advised that a legal action regarding asbestos in the plant room at the Southern General Hospital site was underway, however, the NHS Board had been advised by the Health and Safety Executive that no action would be taken against the Board following their investigation into asbestos at three other sites – Clydebank Health Centre, Dykebar Hospital and the Skylark Centre and Inverclyde Royal Hospital. Ms Kane also reported that the NHS Board had now employed a highly qualified and dedicated member of staff in relation to asbestos in order to identify current and future issues so they could be tackled in an ongoing way. Members welcomed this update and information.

NOTED

130. PERSON-CENTRED HEALTH AND CARE COLLABORATIVE, STRATEGIC WORK PLAN AND REPORT

There was submitted a paper [Paper No:13/104] from the Nurse Director setting out the work undertaken within NHSGGC to the National Person-Centred Health and Care Collaborative, describing the progress made locally with the pilot improvement teams in clinical services within the Board. Mr A Crawford, Head of Clinical Governance presented the report and highlighted three main areas:- themed conversations with patients; coproduction and the case study involving the Community Respiratory Team in the North West Community Health Partnership.

Ms Micklem indicated that she had found the report very helpful and would be keen that the Committee received regular updates on this initiative. She was particularly keen on the development of the key engagement principles for inequalities sensitive practice which had been targeted for completion by December 2013. It was important to hear everyone's voice and she would be keen to see the outcome of this piece of work. In relation to coproduction, there was acknowledgement that this meant different things to different people and it would be useful to have a specific definition. It was agreed that it would be best to set aside some time at a future NHS Board Seminar to explore this area further.

Head of Board Administration

Ms Brown enquired as to how all the issues could be brought together in order to see the bigger picture and see what improvements were being made in which areas. Mr Crawford indicated that this was a significant challenge in terms of the work of clinical governance, performance management, team-based approaches and a local and Board focus. To bring this all together into something like a balanced scorecard at this very early stage of development would be challenging. Ms Brown still felt it important that the NHS Board should have access to the overall benefits or otherwise of the various initiatives and programmes underway. Mr Sime acknowledged that a lot of this type of work still operated within sites and was not brought to the NHS Board in a way where you could see the bigger picture and overall improvements.

Dr Armstrong agreed that it was important to attempt this with the information available in order that members had an insight into what was happening in different hospitals and different services driven by a whole range of information streams and clinical indicators. A further Board discussion, possibly at the February Away Sessions, would be necessary and Mr Calderwood emphasised the need to bring patient experiences and desires together as part of the type of information NHS Board members would expect to see to allow them to take investment decisions in particular services. It was important to recognise that the bringing together of all of that information and intelligence could be hugely beneficial in understanding the areas that required further concentration and greater effort.

NOTED

131. PLANNING FOR THE COMMONWEALTH GAMES - 2014

There was submitted a paper [Paper No: 13/105] from the Director of Public Health providing members with an update on the planning taking place by NHSGGC in terms of its preparedness for the Glasgow 2014 Commonwealth Games which would take place between 23 July and 3 August 2013. It would operate in three site clusters – East End, West End and South Side and the Games Athletes' Village

would be in the East End of Glasgow. It was expected that there would be 4,500 athletes competing over eleven days and 1.4m spectators expected to attend the events.

NHSGGC Civil Contingencies Planning Unit had been working with partners including the Commonwealth Games Organising Committee (medical services, transport services, food safety, safety and security); Scottish Government NHS Resilience Team, the Police, Ambulance Service, Local Authorities and Health Protection Scotland. 14 clinical expert groups had been formed to assist the Organising Committee Medical Services in the planning of medical provision and 11 Task and Finish Groups had been formed to lead the planning at NHS Scotland level through the NHS Resilience Team.

Glasgow Royal Infirmary was to be the designated hospital for athletes during the Games and one of the major challenges would be the issue of the availability of key staff. Some would be volunteering, some providing a health role to the Games or spectating at the events. Discussions had been undertaken with staff to ensure adequate services at the hospital were in place to meet demand and that the business continuity planning was robust and able to deal with higher than normal demand from athletes, their families and visitors to the city.

Mr Daniels was pleased to read that the Memorandum of Understanding had now been agreed and that the Organising Committee was responsible for providing medical services and this helped to clarify the NHS Board's role.

In addition, Festival 2014 were in the process of planning live events for the Games at Glasgow Green, Merchant City and Kelvingrove, and these were not part of the responsibility of the Organising Committee and would be run by private providers. It was possible that these events could have a knock-on effect on attendances at Accident and Emergency departments.

Members welcomed the update and asked that a further report be submitted to the March meeting of the Committee in order to be kept abreast of developments in this important area.

Director of Public Health

NOTED

132. PSYCHOLOGICAL THERAPIES – HEAT TARGET

There was submitted a paper [Paper No: 13/106] from the Director of Glasgow City CHP providing, at members' request, a detailed report of the actions being undertaken by the teams/services across NHSGGC to deliver the psychological therapy HEAT target of 18 weeks waiting time from December 2014. The psychological therapy HEAT target was to specifically report on the delivery of psychological therapy treatments for mental illness or disorders. These can be delivered by health and/or care staff of any profession; not necessarily a psychologist, who are trained to deliver a particular intervention and who have the appropriate supervision arrangements in place. The 18 week target applies across the whole pathway from referral to treatment.

Ms Hawkins took the members through the detail of the paper and introduced Ms Fiona McNeill, General Manager, Specialist Mental Health Services, to assist with answering members' questions.

Over 100 teams/services that provided psychological therapy treatments for mental

illness and disorders had been identified, and this covered community and in-patient services, including the Rehabilitation and Assessment Directorate. As at the end of September 2013, NHSGGC were reporting activity of 98 of these teams/services.

During September 2013, 914 people commenced psychological therapy treatment of which 85.3% commenced their treatment within 18 weeks, with a median wait of six weeks. The current position for those still waiting for a psychological therapy treatment was that at 30 September 2013, 2,338 people were still awaiting their psychological therapy treatment to commence. 82.5% of those waiting were within the 18 week target and the median wait of all those waiting was nine weeks. Of those waiting, they were distributed across 46 teams/services and these teams had provided an update on the actions they were undertaking to ensure that arrangements would be in place to meet the waiting time target of 18 weeks by December 2014.

Rev Shanks welcomed the comprehensive nature of this report and noted the different arrangements and investment down South. He was concerned about the exceptionally high waits, 36 weeks within the Glasgow North West Sector. Ms McNeill indicated that there were a few exceptionally long waits and whilst these were being tackled, Ms McNeill explained that these cases tended to be exceptional outliers and tended not to be indicative of the usual pattern of waits. It would be important going forward, to ensure the understanding of what exactly the psychological therapy HEAT target covered in reporting terms and what it did not. Ms McNeill explained that whilst some psychological interventions such as counselling and higher volume low-intensity interventions (e.g. stress control classes) were not included within the monthly reports, there was evidence that a substantial proportion of people with mild/moderate mental illness and disorders could be treated effectively with these interventions, thus reducing the demand for more specialist therapy types. Members welcomed the detail provided in the report and would monitor the progress via the updates given in the Integrated Quality and Performance Report submitted to future meetings.

NOTED

133. REDESIGN OF GP OUT-OF-HOURS SERVICES

There was submitted a paper [Paper No: 13/107] by the Lead Director, Acute Services Division setting out the arrangements for the GP Out of Hours Services (OOH) across NHSGGC. Previous discussions had highlighted that the filling of OOH shifts had become increasingly problematic over recent months and as recently as summer 2013 NHSGGC had to offer similar rates of pay to that of a neighbouring Health Board to ensure that all shifts could be filled. Ongoing discussions had been held at a national level and from September 2013 a 5% uplift was applied in NHSGGC to the sessional rate, recognising that GPs had not had a pay rise for this work since 2004/5. This increase had stabilised the weekend service throughout September/October and the service had continued to fill all shifts at all times although this had been administratively time consuming as staff had to telephone GPs during the week to encourage them to take up remaining shifts within a rota.

In relation to filling shifts during the festive season, these shifts were advertised some six months in advance and doctors indicated their availability for those shifts. Enhanced rates had been paid over the festive period since the inception of the OOH service, however, three weekends over the festive period were still vacant,

this being significantly higher than in previous years. These weekends being 21/22 December; 28/29 December and 4/5 January 2014. All GPs within NHSGGC had been contacted to ask them to participate and the Partnership Clinical Directors and Local Medical Committee had also been asked to encourage GPs to take part in these shifts. A range of other options had been considered including reviewing those primary care emergency centres with the least activity to see if services could be brought together at a different location. As this would require additional patient travel at this time of the year together with the need for additional staff being required at the remaining centres and therefore would not reduce the need for GPs to cover shifts, this option was not pursued further. It was therefore recommended that the sessional rate be increased on the three weekends in question with an overall additional cost to the NHS Board of £80,000.

In addition, the Director of Human Resources would lead a group reviewing the employment position of GPs who work both as independent contractors and for the NHS Board. In addition, as part of service planning, the location and number of primary care emergency centres required was now under review and options for change would be generated which could then be subject to formal public consultation as required.

Councillor McIlwee intimated that he understood the difficulties but would not support any move of activity from the Inverclyde/Greenock and Lomond areas to Paisley.

Mr Finnie wondered if it was possible to draw conclusions from the table showing October 2013 against December 2012 activity and overlay the OOH calls with contacts to NHS 24 and Accident and Emergency attendances. Mr Calderwood indicated that that would need to relate to Accident and Emergency departments after midnight and the attendances at that point dropped. Clearly it would be a different profile than that shown within the table although it had been recognised that the vast majority of calls to NHS 24 led to a GP OOH visit or attendance at an Accident and Emergency Hospital.

DECIDED

- That the additional rate of pay for the weekends of 21/22 December 2013, 28/29 December 2013 and 4/5 January 2014 be agreed and that the ongoing work to redesign the OOH service be noted.

Lead Director, Acute Services

134. POST-INCIDENT REPORT ON RECENT ICT SYSTEMS FAILURE

There was submitted a paper [Paper No: 13/108] by the Director of Health Information and Technology asking members to note the findings of the post-incident review into the recent ICT systems disruption.

Following the incident which resulted in the failure of a significant number of ICT systems within NHSGGC during 1-2 October 2013, the Board and the Scottish Government jointly commissioned an independent review of:-

- The technical environment which was in place when the failure occurred;

- The response to the incident by ICT staff and services.

The review followed a commitment made by the Cabinet Secretary for Health and Wellbeing to ascertain the root cause of the problem and ensure that the lessons learned in NHSGGC were available to be shared with other Boards. The aim was

to enable them to assess their preparedness to recover from similar incidents in future.

Mr Alasdair Finlayson, Head of IT Infrastructure, presented the paper and findings and recommendations of the review team and highlighted that while the technical environment was assessed to be in accordance with industry standard best practice, the review team set out a number of areas that would provide additional security to the Board in the event of similar service failure in future. These were set out as recommendations within the report.

A second phase of review and assessment would be conducted by the National Computing Centre on behalf of the Scottish Government and would concentrate on the resilience shown in NHSGGC and assess whether further improvements were necessary in contingency planning and whether other Boards were equipped to operate to a similar level in the event of failure. In response to a question from Mr Sime, Mr Finlayson advised that Microsoft had cooperated with the review however, the root cause had not been determined.

Councillor Lafferty acknowledged that this event had been unprecedented and had wondered whether there was any human intervention element which could be detected. Mr Finlayson and Mr Calderwood replied that whilst this was the first time such a failure had ever occurred, the investigations undertaken to date had not identified any breach in the IT systems and Microsoft had not identified or found any external source for the problem.

Mr Finnie wondered what the risk was if this was now to be added to the Risk Register. Mr Calderwood intimated that increased resilience and more interrogation/screening was being introduced to the whole system to ensure that checks were regularly undertaken on an hourly basis. The firewall had not been hacked and no evidence had been found thus far of human intervention.

Dr Benton asked about the costs and Mr Finlayson advised that the premier contract with Microsoft was £45,000 per annum for contract support and auditing and the event itself had some increased staffing costs related to overtime during the time the IT team had tried to resolve the issue which had caused the systems disruption.

NOTED

135. WEST OF SCOTLAND RESEARCH AND ETHICS SERVICE ANNUAL REPORT 2012-13

There was submitted a paper [Paper No: 13/109] by the Medical Director in which the Annual Report of the West of Scotland Research and Ethics Service 2012-13 was enclosed for information.

NOTED

136. MEDIA COVERAGE OF NHSGGC: SEPTEMBER – OCTOBER 2013

There was submitted a paper [Paper No: 13/110] by the Director of Corporate Communications highlighting outcomes of media activity for the period September - October 2013. The report supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media

activity including factual coverage, positive coverage and negative coverage.

NOTED

137. CARBON MANAGEMENT REPORT

There was submitted a paper [Paper No:13/111] by the Director of Facilities setting out the NHS Board's Carbon Management Plan and the need to report nationally on emissions levels based on actual consumption as part of the Energy Efficiency Scheme.

NHSGGC as at March 2013 had failed to achieve both the energy and carbon targets associated with the HEAT targets (fossil fuel) as follows:-

- Energy target 2.97% - NHS achieved 1.87%;
- Carbon target 8.73% - NHS achieved +3.45%.

The single biggest issue impacting on the HEAT target was the NHS Board's reliance on fossil fuels whereas the Carbon Management Plan took a broader view of the carbon footprint of the organisation.

Between 2009 and 2013, 91 individual carbon reduction projects were delivered and on an annual basis the NHS Board identified a list of projects to address its carbon footprint as part of its Carbon Plan. The Appendix to the paper listed the completed projects with details of the CO^2 and financial savings and the projects which SGHD funding had supported during 2013/14. In addition the NHS Board had allocated £500,000 to take forward the plan of projects in an effort to reduce its carbon footprint.

The Sustainability Policy Implementation Group received written and verbal reports against the energy and carbon targets in order to monitor progress. It was recognised that in order to keep moving at the pace of the European and United Kingdom changes to regulation targets in this area, the NHS Board needed to ensure it continued to invest in and focus on reducing its carbon and energy profile as a key business objective. The NHS Board's Carbon Plan described the challenges the Board faced, which were complicated by double running and more energy-consuming technology being introduced to its sites.

Ms Kane introduced Mr Alan Gallacher, Technical Manager, who explained some of the work undertaken to identify inefficiencies within Glasgow Royal Infirmary and, in particular, the boiler house.

Mr Winter welcomed this report and asked what the typical payback time would be for investment into energy reducing schemes. Ms Kane advised that normally, it would be a 5-7 year payback although occasionally some schemes stretched as far as ten years.

Mr Finnie found the report very helpful in fleshing out the concerns he had raised at the previous Committee meeting when it had been highlighted that the Board had not achieved the HEAT targets in this area. He welcomed the steps made to improve the Board's position in this matter and could see the significant strides taken since the introduction of the Carbon Management Programme from 2009 onwards.

NOTED

138. OVERTIME AND BANK STAFF USAGE ACROSS NHSGGC

There was submitted a paper [Paper No:13/1112] by the Director of Human Resources setting out the use of overtime and bank staff in recent months. Concerns had been raised at a previous Committee meeting about the increasing use of overtime and bank staff and further details were requested by the Committee on the Board's use of both.

Mr Reid advised that the NHS Board operated a variety of banks covering various professions, the largest of which was the nurse bank. There were 9,981 individuals on the bank and of this number, 6,847 held a permanent contract with the Board i.e. 68.6% were current NHSGGC employees. In relation to overtime, this related to employees who worked more than the standard working week of 37.5 hours or more than their part time commitment.

The use of additional hours from bank staff of overtime was required to cover unforeseen staff absences caused by employee sickness, injury or accident; domestic emergencies/carer leave; maternity/paternity leave, special leave, parental leave, annual leave, study leave; coping with peaks in clinical activity and increases in admissions/A&E attendances and covering gaps in service provision caused by posts becoming vacant. In the last year, the use of bank, overtime and excess hours had averaged 5.4% of the total contracted hours. It was recognised that additional hours did fluctuate on a month to month basis although it was fairly consistent as a percentage of the total hours available. As the number of staff in post has increased, arrangements to cover have also increased in a fairly consistent manner. Monitoring was undertaken by management teams and the costs were contained within allocated budgets. The Staff Governance Committee monitors this area and Mr Sime endorsed this report and welcomed the detail contained therein.

NOTED

139. FINANCIAL MONITORING REPORT FOR THE SIX MONTH PERIOD TO 30 SEPTEMBER 2013

There was submitted a paper [Paper No: 13/113] by the Director of Finance setting out the financial monitoring report for the six month period to 30 September 2013. The NHS Board was reporting an expenditure outturn of £2.8m under budget. As part of the agreement with SGHD and to be consistent with public sector accounting rules, to fund the transitional costs of the move to the New Southside Hospital in 2014/15, it was anticipated that a year-end surplus of circa £8m would be required to be carried forward to 2014/15. This funding being clearly identified for the commissioning and double running costs of moving from existing sites to the New Southside Hospital.

Mr Winter asked about the differences in the figures indicated in this and previous reports for the NHS Board's Financial Allocation as well as a significant increase in Other income. Mr James indicated that allocations from SGHD were received monthly, however, he would in future provide a full summary of the additional allocations received and the equivalent expenditure line. As a separate note, he would write to Committee members with the explanation for the increase shown against Other income as contained within the financial monitoring report. **Director of Finance**

Mr Finnie indicated that the report did not seem to highlight any significant

financial pressures although he was aware of the pressure that the services were generally under. Mr James indicated that he had highlighted where particular pressures were appearing particularly within Acute Services with overspends in medical and nursing pay which to date had been offset by underspends within Partnerships. On prescribing issues, the UK arrangement recently announced with the pharmaceutical industry would be covered in the next report to the Committee. In relation to prescribing costs and the need to find additional savings from other elements of the budgets, this would be covered in greater detail in future reports, highlighting the additional savings required and where it was felt these could be achieved.

Director of Finance

NOTED

140. QUALITY POLICY DEVELOPMENT GROUP MINUTES OF MEETING HELD ON 28 AUGUST 2013

There was submitted a paper [Paper No: 13/114] enclosing the minutes of the Quality Policy Development Group meeting of 28 August 2013.

NOTED

141. NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT: PROGRESS UPDATE – STAGES 2 & 3

There was submitted a paper [Paper No:13/115] by the Project Director – New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals). In addition, the paper included progress updates on the proposed Teaching and Learning Centre and the new accommodation (office) building.

In relation to Stage 2, the project team had continued to review the updated equipment list which had been derived from the 1:50 layouts. The Group 5 equipment procurement process had been concluded and the outcome of the tender process had been received by the project team.

Due to the proximity of the piling works to the neurosciences building and local residences, the project team had visited the site to assess the levels of dust and noise pollution which may be created. Planning permission had been received with construction work due to commence this week; the Community Engagement Team would advise neighbours of the intended works and related timescales.

In relation to Stage 3, as at 3 November 2013, 136 weeks of the 205 week contract had been completed and the project remained within timescale and budget. Contract completion remained at 28 February 2015 and Mr Loudon had provided members with images highlighting the progress of both hospitals. The construction of the multi-storey car park was currently behind schedule, however, the main contractors were in dialogue with their sub-contractors to identify areas within the programme which could be re-sequenced or accelerated. It was however, still reported that the car park would be completed by April 2014, as programmed.

The project team had identified draft proposals to provide replacement surface car parking and these proposals were being tested and priced for consideration by the Acute Services Strategy Board in the new year. In relation to the Teaching and

Learning Centre, the Full Business Case was submitted to the Scottish Government Capital Investment Group for approval on 6 November 2013 and the project will progress to construction phase during the course of this week.

The Outline Business Case for the new accommodation (office) building had been approved in September and by the Scottish Government Capital Investment Group in November. The Full Business Case would be submitted for approval to the December 2013 NHS Board and the recommendations on the proposed funding stream for the capital expenditure were set out in an Appendix to the paper.

Members welcomed the update and the new presentation of information in relation to the compensation events. Mr Lee however, was keen to meet with Mr Loudon to discuss an element of the presentation of this information in future reports. **Convenor**

Mr Calderwood advised that on the fifth floor of the Teaching and Learning Centre, the University would be developing a clinical research facility as part of their capital funding and the NHS Board's contribution through revenue funding would be as part of the Board's current allocation in the field of clinical research.

Mr Loudon gave a full presentation on the progress made with the construction of both the adult and children's hospital and members welcomed this informative and detailed presentation. It was agreed that Mr Mark McAllister, Community Engagement Manager, would give a presentation to the NHS Board meeting in December on the community benefits programme. **Community Engagement Manager**

NOTED

142. CAPITAL PLANNING AND PROPERTY COMMITTEE GROUP MINUTES – MEETING HELD ON 27 JUNE 2013

There was submitted a paper [Paper No: 13/116] enclosing the minutes of the Capital Planning and Property Group meeting of 27 June 2013. Mr James agreed to submit the draft minutes of this group to future meetings of this Committee. **Director of Finance**

NOTED

143. DATE OF NEXT MEETING

9.00am on Tuesday 21 January 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 13:05pm

NHS Greater Glasgow & Clyde

Quality & Performance Committee

19th November 2013

David W Loudon

Project Director – South Glasgow Hospitals Development / Director of Facilities and Capital Planning Designate **Paper No: 13/** 115

Recommendation: It is **recommended** that members of Q&PC note the content of the paper and also approve the proposed funding mechanism for the New Accommodation (Office) Building.

Purpose of Paper: To update members of Q&PC on general progress on the New South Glasgow Hospitals development and also to seek approval for the proposed funding mechanism for the New Accommodation(Office) Building.

Key Issues to be Considered:

- Impact of New Accommodation (Office) Building funding on the key risk register;
- To be aware of the programme related issues for the New Accommodation(Office) Building;
    - To note that subject to the approval of the OBC, the FBC will be submitted to the Scottish Government on 20th December 2013.
    - It is intended to commence construction activities on 10th February 2014

Any Patient Safety /Patient Experience Issues: None

Any Financial Implications from this Paper : To note that the proposed capex funding for the New Accommodation(Office) Building is contained within the total development budget for the New South Glasgow Hospitals campus.

Any Staffing Implications from this Paper: None

Any Equality Implications from this Paper: None

Author: David W Loudon
Tel No: [redacted]
Date 11th November 2013

Quality and Performance Committee

19th November 2013

Project Director – New South Glasgow Hospitals & Laboratory Project

NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT

PROGRESS UPDATE – STAGES 2 & 3

Recommendation:
Members are asked to note progress of Stage 2 (Design Development of the New Hospitals) and Stage 3 (construction of the Adult and Children's Hospitals),

1. Introduction:

The content of this paper sets out the progress of each of the stages of the New South Glasgow Hospitals and Laboratory project. The paper also includes a progress update on the proposed Teaching & Learning Centre and New Accommodation (Office) Building.

2. Stage 2 – New Adult & Children's Hospitals (Design):

In the period to 31st October 2013, the Project Team have continued to review the updated equipment list which has been derived from the 1:50 layouts.

The Group 5 equipment procurement process has been concluded and the outcome of the tender process has been received by the Project Team. The Project Team continue to meet with BMCL to discuss the requirements for other large equipment identified to be transferred into the new hospitals in order that rooms are completed in such away as to enable the equipment to be installed on transfer with minimum disruption.

- **Vacuum Insulated Evaporator Compound (VIE):**

Due to the proximity of the piling works to the Neuro-sciences Building and local residences, the Project Team visited a site which currently using driven piles to assess the levels of dust and noise pollution which may be created from this piling method. The visit established that the noise and general pollution was no worse than alternative methods of piling. Therefore, it was agreed with Brookfield that driven piles would be acceptable subject to noise reduction practices being in place. Planning permission has been received. Construction works are due to commence by 18th November 2013. The Board's Community Engagement team will advise neighbours of the intended works and related timescales.

- **Changes to the Design**

The revised architectural design of the renal ward area incorporating the additional haemato-oncology requirements was reviewed and signed-off by the Project Team. BMCL subsequently confirmed the cost for the changes which were analysed by the Project Team and were found to be within the previously agreed maximum price which had been approved at the Quality & Performance Committee on 17th September 2013. Consequently, BMCL have been instructed to progress the changes in accordance with the signed-off drawings.

3. Stage 3 Works

a) Summary status of the works (as at 3rd November 2013).

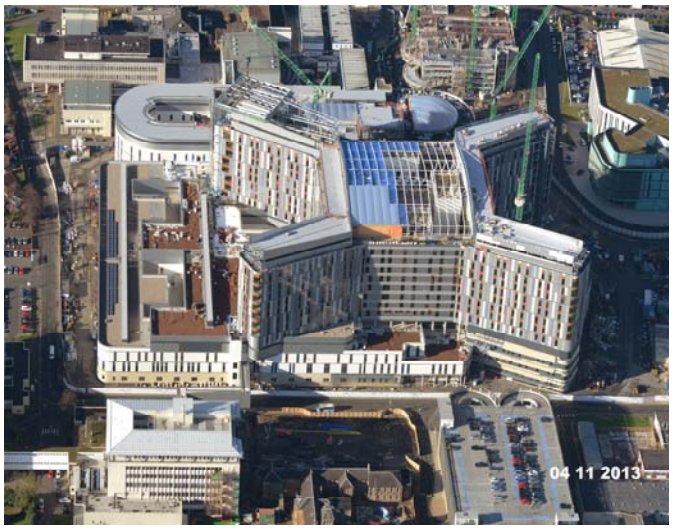
Stage 3 Start Date	28 March 2011
Stage 3 Contract Completion Date	28 February 2015
Stage 3 Contract Duration	205 weeks
Elapsed contract period at 3rd November 2013	136 weeks
Period Remaining	69 weeks

Phase	+/- In period	Comments
Stage 3 Adults & Children's Hospital Construction	0	Maintaining progress this period.
Stage 3 Energy Centre Construction	0	Maintaining progress this period
Car Park 1	-14 days	Superstructure maintaining progress Design information delays occurred during September however these have been resolved and BMCL are progressing measures to be taken to regain time

b) General Progress of Key Construction Activities

In summary, construction of the new hospitals remains on programme for handover at end February 2015. The construction of the Multi-storey car park is currently behind schedule. However, BMCL are in dialogue with their sub-contractors to identify areas within the programmes which could be re-sequenced or accelerated and are continuing to report that the completion date remains unchanged.

c) Changes to the Construction Site over the last 12 months (October to October)

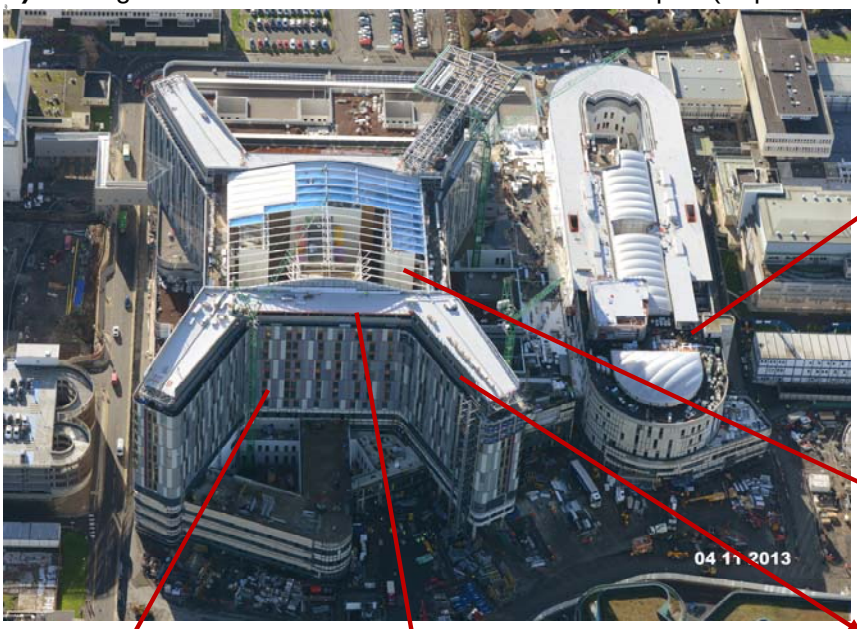


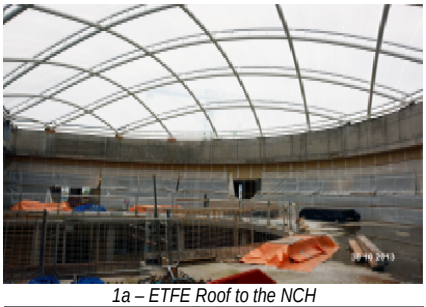
In October 2012, construction works were focused on forming the structure for both hospitals with the shape of the both hospitals becoming increasingly visible. Works were being progressed on all fronts including the concrete structural frame, steelwork and internal fit-out. The works to the south elevation of the adult hospital were focused on the installation of the cladding and windows which was nearing completion and the roofworks which were ongoing. The installation of the link bridge between the adult atrium towers had recently been completed and snagging of the link ridge structure was underway in preparation for the installation of the pods. Internally, BMCL had commenced the construction of a number of exemplar rooms within critical care which were anticipated to be available for inspection early 2013.

As can be seen from the photograph taken late September 2013, the site has changed dramatically with the buildings now being at full height and the roofing works to both hospitals well underway. The concrete structure works have been completed and the cladding, window and render installation is well underway to the elevations and on the south elevation is nearing completion. BMCL are targeting to have the hospitals wind and water-tight by the end of 2013.

d) Changes to the Construction Site since the last report (September 2013)

1





1a – ETFE Roof to the NCH

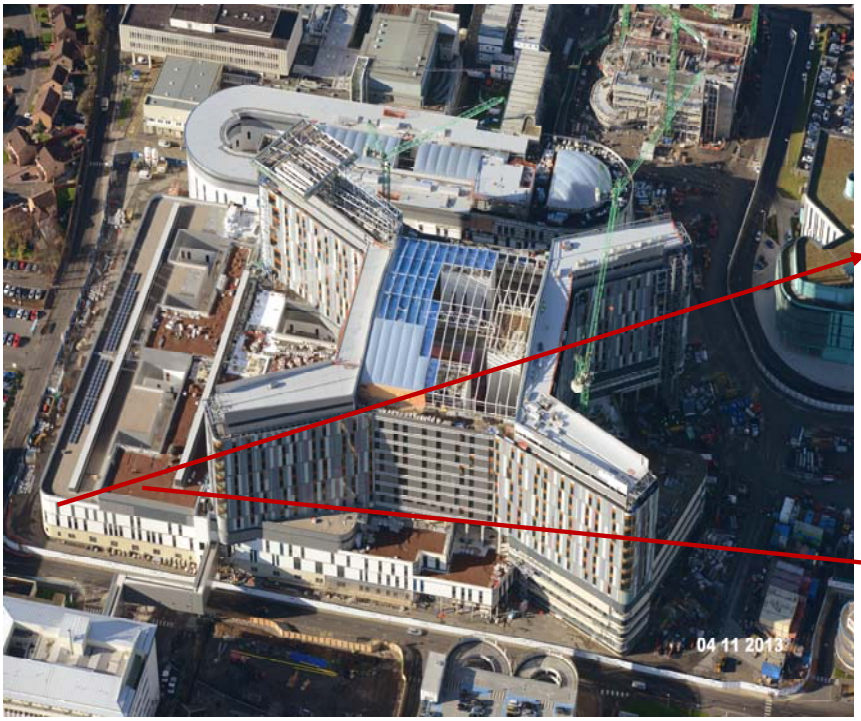
1b - Installation of netting and EFTE - adult atrium roof

1c – Reception base within Emergency Dept (Adult – majors)

1d – Helipad steelwork

1e – South east ward tower elevation

2



2a – Installation of the Neuro link bridge

2b – Bed head and en-suite within Critical Care

The installation of the final ETFE covering over the pillows to the children's hospital atrium is well underway. The completion of the ETFE roof will allow the plasterboard sheeting to be commenced to this area. The steelwork to form the adult atrium roof continues to be installed with the netting to hold the pillows currently being installed. As previously advised the completion of the atrium roofs to both hospitals will be a major step towards achieving wind and water-tightness for the buildings which is anticipated to be by Christmas 2013. (Pictures 1a and 1b).

The steelwork to the helipad has been completed and the patient trolley ramp steelwork is progressing in line with the programme. The installation of the helicopter deck commenced on 14th October 2013. (Picture 1e). The staff accommodation facility was delivered to site during W/C 4th November.

The internal fit-out of the adult atrium link bridge has commenced. The screeding of the pod floors has been completed which has allowed ceilings to be installed and early partition walls to be construct to the level 4 link.

The three sections which form the Neuro-surgical link bridge were planned to be installed on 28th October 2013. Owing to adverse weather conditions, two of the three sections were installed with the third remaining section installed on 2nd November 2013.

The cladding, curtain walling and unitised glazing installation is continuing to progress well despite the recent high winds. The high level cladding forming the plant room walls of the adult hospital has been completed.

The render works on the children's hospital continue to be focused on the west elevation and the stone cladding to the north elevation of the adult hospital continues to be progressed in line with the programme.

The mechanical and electrical fit-out is continuing to progress well and the 1st fix M&E has been completed to all levels throughout the tower with the dry lining works progressing up the tower. Second side boarding of partitions is ongoing in levels 4, 5 and 6 of the tower.

Internally, decoration works are continuing to many zones of the building. Each area has been allocated a specific decoration colour which is allowing the different areas of the buildings to be more recognisable. The installation of staff bases throughout the building continues in line with the programme. The pictures shown at 1d, 2a and 2b show, respectively, the staff base/reception area within the Paediatric Intensive

Care Unit, the staff base within the majors area of Emergency Department and the reception desk area within OPD.

4. Car Park 1

The car park construction progress has been delayed by fourteen days due to the design detail of the interface of the car park with the sub-station being delayed. BMCL are in liaison with their sub-contractor to identify how the current works can be re-sequenced/accelerated to mitigate the delay. BMCL are however reporting that the construction of the car park will be completed by April 2014 as programmed.

The steelwork to Core 2 was commenced during w/c14th October 2013. The vehicle ramps to the second level of the car park have both been formed and works have commenced to the construction of the upstands for the ramp which will take vehicles from the second to the third level.

5. Car Park 2

The Project Team have identified draft proposals to provide replacement surface car parking and these proposals are currently being tested and priced for consideration by the Acute Services Strategy Board in 2014.

6. Teaching and Learning Centre

The Full Business Case (FBC) for the Teaching & Learning Centre was submitted to the Scottish Government Capital Investment Group (SGCIG) for consideration at the meeting on 6th November 2013.

The project will progress to construction phase subject to approval of the FBC by SGCIG. Construction work is planned to commence on 18th November 2013.

7. New Staff Accommodation (Office) Building

The Outline Business Case was approved by the Quality and Performance Group at its meeting of 17th September and was subsequently submitted to the Scottish Government for the consideration of the Capital Investment Group at its meeting on 6th November 2013. The Board has responded to a number of questions from SGCIG and resubmitted a revised OBC incorporating the responses.

A recommendations report confirming the proposed funding streams for the capital expenditure was reviewed in detail at the ASSB meeting on 11th November 2013. The Project Director's recommendation was approved and subsequently, the Q&PC is requested to approve the recommendation. The report is included at Appendix 1.

8. Equipment

The tendering exercise for the Group 5 equipment has been completed on programme. The value of Group 3 equipment has been estimated and an exercise is ongoing to finalise the volume of existing equipment to be transferred against new purchases.

9. Change Control Process

The following tables provide an update of the changes that have been assessed and approved by the Acute Services Strategy Board through the projects change control process and an indication of pending changes that are being reviewed prior to formal approval.

9.1 Compensation Events which were previously issued

The table below summarises the previously issued Compensation Events

Table 1

Item	Stage 1 costs (inc O/H, Profit & VAT)	Stage 3 costs (inc O/H, Profit & VAT)	Total costs (inc O/H, Profit & VAT)	Variation
Compensation Events No's 01 - 042	£1,317,228.19	£8,844,667.33	£10,161,895.52	-

The costs stated have been shown at the relevant rate of VAT.

9.2 New Compensation Events

The table below lists other changes which have been concluded since the previous report (September 2013).

Table 2

Item	CE No	Date completed	Status	Total costs (inc O/H, Profit & VAT)	Variation
Changes to NSGH level 4 due to clinical requirement to increase the number of beds available for use by haemato-oncology (hepa filtration).	043	02/10/2013	Concluded	£682,801.79	£157,198.21
Group 5 Equipment Insurance	044	23/09/2013	Concluded	£67,302.00 *	-
			Total	£750,103.79	

* Funded from Equipment Budget

9.3 Movement since last ASSB report (September 2013)

The table below shows the cost movement since the previous ASSB report.

Table 3

	Total costs/savings (inc O/H, Profit & VAT)
Compensation Event value at September 2013	£11,001,895.52
Compensation Event value at November 2013	£10,911,999.31
Movement since September 2013	- £89,896.21

9.4 Compensation Event Classification

The table below provides an overview of the costs associated with those Compensation Events which are not related to the accepted contract scope of works.

Table 4

	Total costs/savings (inc O/H, Profit & VAT)
Compensation Events related to accepted contract scope of works	- £1,838,104.48
Compensation Events related to NHS GG&C Clinical Brief changes	£682,801.79
Compensation Events related to events outwith NHS Control - Inflation	£12,000,000.00
Compensation Events related to events for insurances – Group 5 equipment	£67,302.00
Total	£10,911,999.31

9.5 Compensation Events being charged to other funding

The table below provides a list of Compensation Events and their associated costs which are being charged to other funding.

Table 5

Compensation Event	Funding being charged to	Amount
Carpark 0 – Interface Works	NHSGGC Core Capital Plan	£31,896.00
Pneumatic tube installation	NHSGGC Core Capital Plan	£79,531.00
Installation of sky ceilings to specific rooms within the NCH.	Yorkhill Children's Charity	£150,081.45
Changes to data, power, lighting and structural supports within the main atrium outpatient areas to enable the fitment of distraction therapy equipment	Yorkhill Children's Charity	£30,101.08

9.6 Defined Cost Update

92% of Contract Works tendered and contracts awarded
2% of Contract Works tendered and awaiting formal contract award
3% of Contract works currently at tender stage
3% of Contract Works remain to be procured

Based on BMCL current cost projections and risk estimates, the estimated outturn final cost to the Board is estimated to be in the range of £582M - £584M. This is within the revised Target Price incorporating all Compensation Events of approximately £584M.

Car Park 1 estimated outturn is around target price level of £11.4M.

10. Overall Budget Update

The core Project Budget remains unchanged at £841.7m, supplemented by £112k in respect of the car-park landscaping (£32k) and pneumatic tube installation (£80k) funded from core capital. Additionally, funding has been secured from the Yorkhill Children's Foundation in respect of work in connection with the installation of sky ceilings to specific rooms within the New Children's Hospital (£150k) and changes to data, power, lighting and structural supports within the main atrium outpatient areas, also, within the New Children's Hospital (£30K). These are presented within the table below on lines 5.1 and 5.2.

Table 1 continues to reflect the key elements of the project budget.

Full details of the movement in the overall core and non-core Project Budget (at Target Price), since Contract Award/ FBC Approval, are reflected in Table 1 below:

Table 1

New South Glasgow Hospitals & Laboratory Project
Forecast Budget Analysis - As at November 2013

		Opening Values (Contract Award/ FBC)	Subsequent Movements Impacting on Risk Provision	Subsequent Movements not Impacting on Risk Provision	Revised Budget (Target Price)	Spend to 30th September2013
1.0	**Construction Costs**					
1.1	Adult & Children's	£499,331,000	£0		£499,331,000	£373,988,534
1.2	Laboratory & FM Building	£75,780,000	£0	£0	£75,780,000	£74,561,461
1.3	**Original Estimated Total Build Cost (as bid)**	**£575,111,000**	**£0**	**£0**	**£575,111,000**	**£448,549,995**
1.4	Subsequent Movements	£0	£9,056,151	£56,085	£9,112,236	£0
1.5	**Revised Estimated Total Build Cost**	**£575,111,000**	**£9,056,151**	**£56,085**	**£584,223,236**	**£448,549,995**
2.0	**Other Costs**					
2.1	Preparatory Works and Fees	£20,155,510	£51,000	£0	£20,206,510	£10,925,213
2.2	Carparks 1 & 3 Approved Budget	£0	£19,245,000	£0	£19,245,000	£4,509,919
2.3	Teaching & Learning Facility		£8,126,667		£8,126,667	£784,339
2.4	New Administration (Office) Block		£17,355,000		£17,355,000	£354,948
2.5	Irrecoverable VAT	£116,046,890	£10,733,879	£11,217	£126,791,986	£90,251,630
2.6	Gross Equipment Cost	£62,040,000	£0	-£67,302	£61,972,698	£2,075,802
2.7	Risk Provision	£68,346,600	-£64,567,697	£0	£3,778,903	£0
3.0	**TOTAL CORE COSTS**	**£841,700,000**	**£0**	**£0**	**£841,700,000**	**£557,451,846**
4.0	**Add: Funded from Board Capital**					
4.1	Carpark 0 interface works	£0	£0	£31,896	£31,896	£31,896
4.2	Pneumatic tube installation	£0	£0	£79,531	£79,531	£79,531
4.3	**Total to be funded from Board Capital**	**£0**	**£0**	**£111,427**	**£111,427**	**£111,427**
5.0	**Add: Other Funding Incl Donated Assets**					
5.1	Installation of Sky ceilings to specific rooms	£0	£0	£150,081	£150,081	£0
5.2	Changes to data, power, and lighting	£0	£0	£30,101	£30,101	£0
5.4	**Total Other Funding**	**£0**	**£0**	**£180,182**	**£180,182**	**£0**
6.0	**TOTAL CORE & NON CORE**	**£841,700,000**	**£0**	**£291,609**	**£841,991,609**	**£557,563,273**

Movements since the last ASSB meeting in September 2013.

The movements since the last ASSB meeting in September 2013 are as follows:

- Reduction to the cost of providing changes to NSGH level 4 due to clinical requirements to increase the number of beds available for use by Haemato-oncology. Cost reduction of £157k. This was a pending Compensation Event in September at £840k. The Compensation Event was concluded at a value of £683k.

- Incorporation of the financial effects associated with the decision made at the last ASSB meeting to vary the plans associated with Car Park 2. This results in a transfer of £2.02m from car park costs to risk provision and recognises the agreement that £500k was to remain within the car park costs for remaining external costs.

- The incorporation of the costs associated with the Teaching & Learning Facility as contained within the Full Business Case approved at the September ASSB meeting. These costs of £9.752m (£8.127m plus VAT) are included within lines 2.3 and 2.5 of table 1.

- The incorporation of the costs associated with the New Administration (Office) Block, as identified within the Outline Business Case. The costs of £20.826m (£17.355m plus VAT) are included within lines 2.4 and 2.5 of table 1. *It is important to note that the treatment of the funding sources in connection with the Office Block, reflected within table 1, assumes that the recommendation contained within the update paper circulated to group members on 22nd October 2013 by the Project Director, is formally ratified by the ASSB at its meeting on 11th November 2013.*

As a result of recognising the above adjustments in the period, the risk provision now stands at £3.779m at Target price as noted in line 2.7 of table 1 above. A high level analysis of the risk provision movements since contract award is also provided within Appendix A.

In addition, there has been a Compensation Event for Group 5 Equipment Insurance at a value of £67k. As this is funded from the equipment allocation, the impact has been reflected within Table 1 through a budget reallocation between line 2.6 and lines 1.4 and 2.5 to ensure the revised Target Cost currently agreed with Brookfield Multiplex is reflected in Table 1.

Cumulative actual expenditure incurred since the project commenced up to and including September 2013 is £557.6m. This is largely in line with the latest spend profiles received from Brookfield Multiplex and is incorporated into the Board's latest capital plan.

Notes on Forecast Budget Analysis (Table 1)

1. Subsequent Compensation Events (excluding Non Core Elements and Equipment) at Target Price		
Concluded Compensation Events	£9,112k	
Potential Compensation Events	£nil	
Subsequent Compensation Events – Target Price (Line 1.4)		£9,112k
2. Summary of Preparatory Works and Fees		
2.1 Direct Fees		
Direct fees – Laboratory Build	£2,092k	
Direct fees – C&B	£3,350k	
Direct fees – Surveys etc	£250k	
Direct fees – Others	£408k	
Original Budget		£6,100k
Subsequent Movements		
Additional fees re Car-parks 1,2 & 3	£286k	
Supervisor fees	£970k	
Additional C&B fees (transfer from Non Works)	£760k	£2,016k
Direct Fees		£8,116
2.2 Enabling Schemes		
Site Wide upgrade of HV network		£681k
Site Wide upgrade of drainage infrastructure.		£1,191k
Renewal of Water Mains		£681k
Demolition of Chest Clinic for MacDonald House		£98k
Demolition of Psychiatric Block		£357k
Enabling Schemes		£3,008k
2.3 Other Costs		
Non Works Costs	£1,800k	
Less: Transfer to Fees	(£760k)	£1,040k
Section 75 Contributions		£5,000k
Mobile ITU		£1,500k
SAS Relocation		£1,277k
Scottish Water Land		£265k

Other Costs		£9,082k
Total Preparatory Works and Fees (Line 2.1)		£20,206k
3. Revised Brookfield Target Price		
Original Target Price (ex VAT) (Line 1.3)	£575,111k	
Subsequent Core Compensation Events (ex VAT) (Line 1.4)	£9,112k	£584,223k
Car Park 1 Interface Works (Gross) (Line 4.1)	£32K	
Less VAT	£(5K)	£27k
Pneumatic Tube Installation (Gross) (Line 4.2)	£80k	
Less VAT	£(13k)	£67k
Fume Cupboards and Safety Cabinets (Gross) (incl. Line 2.4)	£350k	
Less VAT	£(58k)	£292k
Work to be funded from Yorkhill Children's Foundation:		
Installation of sky Ceiling (Line 5.1)	£150k	
Changes to data, power, lighting and structural supports (Line 5.2)	£30k	
	£180k	
Less VAT	£(30k)	£150k
Revised Target Price (ex VAT)		£584,759k

APPENDIX A

New South Glasgow Hospitals and Laboratory Project

Risk Movement Summary

Introduction

The opening risk provision at contract award was £88m at target price.
The risk provision now stands at £3.8m as a result the following key drivers presented in the table below.

	£m
Opening risk provision	**88.0**
Key drivers utilising risk	
Vat rate increase 17.5% to 20%	-13.2
Incorporation of Enabling Schemes	-3.5
Scottish Ambulance & land purchase	-2.0
Supervisor Fees	-1.0
Risk provision at FBC	**68.3**
Scottish Ambulance & land purchase Adj	0.2

Incorporation of Items which avoid the requirements for funding to be set aside from the National Capital Plan	**£m**	
Introduction of carparks 1,2&3	-25.4	
Removal of carpark 2 (net cost reduction)	2.0	
	-23.4	
Teaching & Learining Facility	-9.8	
New Administration (Office) Block	-20.8	
		-54.0
Compensation Events		-10.7 *
Balance per risk provision		**3.8**

Analysis of Other Including Compensation Events *

		£m
Compensation Events (CE)	Others	1.1
Compensation Events (CE)	Inflation	-10.0
VAT		-1.8
		-10.7

11. Key Risk Update – October 2013

Risk Item	Risk Provision June 2013	Risk Provision August 2013	Estimated Risk Provision October 2013	Reason for Movement	Date Majority of Risk Passed
Ground risk - general	£1.0M	£0.25M	£0.25M	No significant issues identified to date at former helipad site and adjacent former biochemistry block, residual risk until excavations completed in Stage3A area undertaken.	July 2015
Ground risk – below existing buildings	£1.0M	£1.0M	£1.0M	SI ongoing in area of Biochemistry (no significant issues) and SI required at Surgical block following demolition	July 2016
Inflation Risk	£0			Closed	
Planning Risk	£0.1M	£0.1M	£0.1M		
Client Changes	£1.5M	£0.5M	£0.5M	Current drawing review has not resulted in changes to brief, ongoing final drawing reviews, potential to reduce risk at later date	Jul 2013
Client Approval Delays	£1.1M	£0.5M	£0.5M	RDD progressing as planned, no major issues, residual risk rmaining	Sept 2014
Equipment Requirements	£10M	£10M	£0	Overall equipment list estimate reduced from £75M to £70M before consideration of transfers. Current £60M allocation within £841M project budget. Additional £10M secured from Endowments for extra funding towards equipment	
Residual risk available for other projects	£18.5M	£19.85M	£1.45M		
Sub-total	**£33.2M**	**£32.2M**	**£3.80M**		
Teaching & Learning Facility			£9.75M	Approved transfer from risk (10th September 2013 ASSB)- allocation to fund the Board share of overall project	
New Office Building			20.83M	Budget allocation as issued to CIG as supplementary information for OBC	
Total	**£33.2M**	**£32.2M**	**£34.38M**		

October 2013 risk provision includes £2.02M transfer back from Car Park Budget – CP2 omitted, with £500k retained in CP budget for potential surface alterations, and £0.16M for Haemato-oncology change which was ageed at less than budget allocation.

12. Recommendation:

Members are asked to note progress of Stage 2 (Design Development of the New Hospitals) and Stage 3 (construction of the Adult and Children's Hospitals), the Teaching & Learning Centre and the New Staff Accommodation (Office) Building.

Appendix 1

New South Glasgow Hospitals Development
New Office Accommodation
Identification of Capital Investment Sources

Introduction:

At the 10th September 2013 meeting of the ASSB, the Project Director presented the draft Outline Business Case (OBC) for approval in advance of its submission to the Quality and Performance Group and finally, submission to the Scottish Government for approval. It should be noted that the Q&PG approved submission of the OBC at its meeting on 17th September and subsequently, it has been submitted to the Scottish Government. At time of writing, the recommendation of the CIG has yet to be formally conveyed to the Board.

When approving the OBC, ASSB requested a paper to be issued by the end of October that confirming the Board's intended funding streams to progress the new office accommodation building. At the meeting of 11th November 2013, the ASSB **noted** the content of this paper.

The total development cost of the project has been estimated to be **£20.826M** (VAT included at standard rate)

Capital Investment Funding Streams

The principle funding sources for the New Office Accommodation will be derived from the risk contingency fund. That is, from;

- **Residual Risk Fund:**

  Following a review of the residual risk fund in August, a current balance of **£10.098M** is available for reallocation to the new office accommodation. It should be noted that this balance is derived from the total residual funding of **£19.85M** (at 31st August) with an approved allocation of **£9.752M** to the Teaching and Learning Centre.

- **Key Risk Allowances:**

  At the ASSB meeting on 10th September, the Project Director presented the revised Key Risks Register and it was noted that this continued to reflect the previously identified provision of **£10M** in respect of any potential equipment requirements in excess of the existing notional equipment budget of **£60m**.

  The inclusion of the equipment risk provision reflected the initial cost projections associated with 100% new purchase of equipment, which had been forecast at c.£73m, although it was recognised that equipment transfers would reduce the overall requirement as plans were formalised.
  Discussion during the meeting centred on the work currently underway to quantify equipment needs and to clarify the latest position in respect of any equipment funding to be made available from Endowment Funds.

  It was noted during the meeting that the Procurement Department would report on the tendering of Group 5 equipment and cost estimates for Group 3 equipment against the notional budget of **£60M** by mid October.

  Since this meeting, a substantial amount of work has been completed on the evaluation of the tender returns received for Group 5 Equipment. It can now be confirmed that the tender prices received are broadly in line with the assumptions used when planning the initial notional equipment budget and completion of this exercise therefore reduces the associated pricing risk.

  Additionally, the recent finalisation of the financial statements for the Endowment Funds has confirmed funds of just under £10m have currently been earmarked in relation to equipping the New South Glasgow Hospitals thereby providing further comfort that equipping needs can be appropriately resourced. The Endowments Subcommittee agreed at their meeting on 13 January 2010 to set aside funds as an Endowment contribution to the building of a New South Glasgow Hospital. This fund had a balance as at 31 March 2013 of £9.9M.

Whilst every effort will continue to be made to ensure that both procurement efficiencies and transfer levels are maximised, the increased certainty gained in respect of Group 5 tender prices, and confirmation of the latest position with regards to Endowment Funds, results in a degree of confidence that it is now appropriate for the £10m equipment risk provision to be released as an additional source of funding that can be applied in favour of the new office accommodation.

- **Car Park 2:**
  At the 10th September 2013 ASSB meeting, members endorsed the Project Director's recommendation not to progress Car Park 2 due to the proposed scheme not representing good value for money. Furthermore, it was agreed that £**0.50M** of the **£2.52M** budget be allocated for a surface car parking scheme. It is **recommended** that a further **£0.728M** is provided to support the office accommodation building.

- **Summary of Proposed Capital Investment Sources for the New Office Accommodation Building:**

Residual Risk Fund	**£10.098M**
Re-provisioning of Equipment Requirements	**£10.00M**
Re-provisioning of Car Park 2 Budget	**£0.728M**
Total	**£20.826M (including VAT)**

Recommendation:

It is recommended that members of the Quality and Performance Committee endorse the content of this paper and approve the capital funding proposal for the Office Accommodation Building.

David W Loudon
Project Director
11 November 2013

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 21 January 2014 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting: 19 November 2013**	QPC(M) 13/06
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 14/01
5	**Integrated Quality and Performance Report** Report of the Acting Head of Performance and Corporate Reporting	Paper No 14/02

SAFETY

6	**Scottish Patient Safety Programme Report** Report of the Medical Director	Paper No 14/03
7	**Healthcare Associated Infection: Exception Report** Report of the Medical Director	Paper No 14/04
8	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents** Report of the Medical Director	Paper No 14/05
9	**Significant Clinical Incidents Policy – For Approval** Report of the Medical Director	Paper No 14/06 To Follow
10	**Board Clinical Governance Forum Minutes and Summary of Meeting held on 9 December 2013**	Paper No 14/07

PERSON CENTREDNESS

11	**Person-Centred Health and Care Collaborative, Strategic Work Plan and Report** Report of the Nurse Director	Paper No 14/08
12	**Older People in Acute Care: HEI Inspection Summary Report** Report of the Nurse Director	Paper No 14/09
13	**Report on the Chaplaincy Service 2013** Report of the Director, Rehabilitation and Assessment	Paper No 14/10

MONITORING AND GOVERNANCE

14	**2014-15 Local Delivery Plan Guidance** Report of the Director of Corporate Planning and Policy	Paper No 14/11
15	**Update from the October - November 2013 Mid-Year Organisational Performance Reviews** Report of the Director of Corporate Planning and Policy	Paper No 14/12
16	**2012-13 Annual Review – Scottish Government Feedback Letter** Report of the Chief Executive	Paper No 14/13
17	**Falls Governance Report** Report of the Nurse Director	Paper No 14/14
18	**Media Coverage of NHSGGC Nov-Dec 2013** Report of the Director of Corporate Communications	Paper No 14/15
19	**Financial Monitoring Report for the 8 Month Period to 30 November 2013** Report of the Director of Finance	Paper No 14/16
20	**Quality Policy Development Group Minutes of Meeting held on 31 October 2013**	Paper No 14/17
21	**Staff Governance Committee Minutes of Meeting held on 19 November 2013**	SGC(M)13/04

CAPITAL

22 **New South Glasgow Hospitals Development: Progress Update – Stages 2 & 3** — Paper No 14/18

Report of the Project Director, New South Glasgow Hospitals Project /Director of Facilities and Capital Planning Designate

23 **HUB Programme Update Including Maryhill Health Centre and Eastwood Health & Care Centre – Full Business Case Approval Arrangements** — Paper No 14/19

Report of the Director of Glasgow City CHP

24 **Inverclyde Council Commissioned Services for Specialist Nursing Care, Older People's Dementia and Adult Mental Health Intensive Supported Living Services** — Paper No 14/20

Report of the Director of Glasgow City CHP

25 **Capital Planning and Property Committee Group Minutes – Meetings held on 29 July 2013, 16 September 2013 & 25 October 2013** — Paper No 14/21

26 **Date of Next Meeting**

9.00am on Tuesday 18 March 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

DRAFT

QPC(M)14/01
Minutes: 01 - 27

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 21 January 2014 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE	Cllr A Lafferty
Ms M Brown	Ms R Micklem
Dr H Cameron	Cllr J McIlwee (To Minute 24)
Cllr M Cunning	Mr D Sime
Mr I Fraser	Mr B Williamson

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong (To Minute 23)	Mr R Finnie (To Minute 23 and for Minute 27)
Mr R Calderwood	Mr P James
Ms R Crocket MBE (To Minute 24)	Mr A O Robertson OBE

Rev Dr N Shanks (To Minute 23)

I N A T T E N D A N C E

Mr G Archibald	..	Director of Surgery and Anaesthetics
Mr A Curran	..	Head of Capital Planning (For Minute 24)
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr D Loudon	..	Project Director - South Glasgow Hospitals Development (For Minute 22)
Mr A McLaws	..	Director of Corporate Communications
Mr J Mitchell	..	Service Manager, Inverclyde CH(C)P (For Minute 23)
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting
Ms C Renfrew	..	Director of Corporate Planning and Performance
Mr D Ross	..	Director, Currie & Brown UK Limited (For Minute 22)
Ms H Russell	..	Audit Scotland
Ms M Speirs	..	Senior Management Accountant (For Minute 23)

01. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mr P Daniels OBE and Mr K Winter. The Convenor welcomed Councillor Malcolm Cunning to his first meeting and hoped that he enjoyed the workings of the Quality and Performance Committee.

02. DECLARATIONS OF INTEREST

There were no declarations of interest raised.

03. MINUTES OF PREVIOUS MEETING

On the motion of Councillor J McIlwee and seconded by Councillor A Lafferty, the Minutes of the Quality and Performance Committee Meeting held on 19 November 2013 [QPC(M)13/06] were approved as a correct record.

04. MATTERS ARISING

(a) Rolling Action List

(i) Minute 68(b) – EQIA – Access Policy and Minute 55 – Inequalities – Gaps and Challenges

Ms Micklem asked for the progress in relation to the above-mentioned matters which had been due to be submitted to the Committee at its January 2014 meeting. Ms Renfrew advised that the EQIA – Access Policy was still work in progress and had not been completed in time for the January meeting but would be submitted to the March meeting. In relation to the Inequalities issue, she advised that the event to discuss the issues with Directors had only been held on 20 January and therefore the write-up would be completed and submitted to the March meeting of the Committee.

Director of Corporate Planning & Performance

(ii) Minute 139 – Financial Reporting and Minute 119 – Endowment Funds

Mr James advised that he would cover the outstanding actions as part of his financial planning presentation to members at the NHS Board's Away Sessions on 13/14 February 2014. In relation to the revised arrangements for non-charitable endowment funds, he advised that the National Endowments Review had now been completed and therefore he would now arrange for a meeting to be held shortly with the Endowment Trustees to discuss the new arrangements for 2014/15.

Director of Finance

NOTED

05. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No: 14/02] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC's performance. Of the 45 measures which had been assigned a performance status based on their variations from trajectory and/or targets, 29 were assessed as green; seven as amber (performance within 5% of trajectory) and nine as red (performance 5% outwith meeting trajectory).

The key performance status changes since the last report to the Committee included:-

- Suicide prevention training had moved from red to green;
- Overtime usage had moved from amber to green;
- Primary care community nursing standards – hand hygiene compliance had moved from amber to green;

- Emergency bed days for patients aged 75 years + had moved from amber to green;
- MRSA/MSSA had moved from amber to red;
- Admissions to Stroke Unit had moved from green to amber;
- Complaints responded to within 20 working days had moved from green to amber.

Eight exception reports had been provided to members on the nine measures which had been assessed as red (a single exemption report had been provided on the delayed discharge over 28 days and 14 days).

NOTED

06. SCOTTISH PATIENT SAFETY PROGRAMME: UPDATE

There was submitted a paper [Paper No: 14/03] setting out the progress against the Scottish Patient Safety Programme (SPSP). The SPSP Acute Adult Measurement Plan had been launched in December 2013 by Healthcare Improvement Scotland and this reiterated two new national aims of the Acute Adult Safety Programme:-

- 95% of people in Acute Adult Healthcare free from the four harms in the Scottish Patient Safety Indicator – namely cardiac arrest; catheter associated urinary tract infection; pressure ulcers and falls.

- Reduce HSMR by 20% by December 2015.

The focus on patients being free from harm across the four indicators in the Acute Adult Healthcare system indicated a progression to a formal implementation of measuring and linking this aim to the Scottish Patient Safety Indicator. The paper set out the nine local actions being considered and it was recognised that this was a significant and complex programme which, if fully achieved, would be hugely beneficial for patients.

Mr Williamson welcomed this approach and felt that, at last, efforts were being made to measure the effect of disease and he believed the implications would be seen for length of stay and quality of care.

Mr Lee asked what timescale had been planned for implementing the new measures and Dr Armstrong replied that it was important to get the plans in place in order to measure progress and the challenge lay in patients with deteriorating health and this was a complex area which tested the whole pathway of care. It was agreed however, that Dr Armstrong would provide regular updates on progress in her future reports to the Committee. Ms Micklem was keen to ensure that a balance was struck in the number of targets and measures being assessed and Dr Armstrong agreed that this was a further increase in measures and therefore data collection. However, she did indicate that this new arrangement was bringing together nursing measures and it was hoped this may lead to a rationalisation of the number of different measures. However there were still a considerable number of measures highlighted and it may be that NHSGGC would focus on high priority areas in the first instance. Ms Crocket reinforced this and highlighted the example of the benefits gained from measuring an area such as tissue viability. **Medical Director**

NOTED

07. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No:14/04] by the Medical Director providing an exception report on the NHS Board performance against HEAT and other HAI targets.

The paper highlighted a significant rise in quarter 3 (July-September 2013) with a total of 129 SAB cases which equated to a rate of 36.8 cases per 100,000 acute occupied bed days (AOBDs). The national target was 24 cases or less by 31 March 2015.

Until March 2013, NHSGGC had been progressing well and, in most cases, was achieving the HEAT targets to reduce SABs. The March 2013 target of 26 cases per 100,000 AOBDs was narrowly missed with a rate of 26.8. The first quarter of 2014/15 had shown a rise against the updated target of 24 cases to 27.4, however the NHS Board was still below the national rate of 29.5 at that time.

Despite rigorous analysis of the data, the reasons for the increase in the July-September quarter were still unclear and analysis was ongoing both within NHSGGC and Health Protection Scotland to try and identify the possible causes. Suggestions had included the introduction of the SPSP programme to identify patients with sepsis may have increased the number of blood cultures taken, although this is unlikely to be the cause, and the possible introduction of a new type of access device for lines. Weekly monitoring was in place and the enhanced surveillance data sent to Health Protection Scotland for analysis was due by February 2014 and any recommendations made would be considered/implemented. Dr Armstrong advised that the estimated rate for the quarter October-December 2013 would be similar to that of the previous quarter although early indications were that the figure may already be coming down in January 2014. The action plan in place was shared with members and there was a focus on the insertion and maintenance of lines.

Mr Williamson acknowledged the focus on MMSA and the possibility of patients who were carriers of infection within their bloodstream. Dr Armstrong acknowledged that some people carried MRSA/MMSA, particularly nasal carriage. However bloodstream infections with both MRSA/MSSA lead to considerable morbidity and mortality especially in vulnerable sick patients. This underlined the need to gain control of healthcare acquired infection.

Ms Brown was disappointed that healthcare professionals were required to be reminded to undertake best practice in preventing healthcare acquired infections. Dr Armstrong advised that the internal auditors had highlighted that there had been some conflicting policies across the NHS Board area and this had led to some different interpretations of guidance. A recent pilot of PVC compliance at the RAH indicated that while a doctor would insert a line into a patient, it worked best thereafter when the charge nurse ensured a care plan was in place to ensure regular review of the line and questioning the doctor on a regular basis as to its continued purpose.

In response to queries raised by Dr Benton, Dr Armstrong indicated that each patient had different circumstances in terms of different patterns of illness and no one patient group was more vulnerable than another. General surgery had indeed been analysed and tracked in order to reduce the frequency and likelihood of SABs and in relation to training, the critical point was where a young doctor was finding difficulty in inserting a line and knowing when to call on help from a more senior

doctor.

Mr Lee asked about the reasons for ceasing to capture the date and time of cannulla insertion and Dr Armstrong advised that no evidence had been produced that this made any specific difference. It had been identified in 2009 Health Protection Scotland as good practice but not required and it was considered that too much time was being spent on something which was not making a difference. It was more important to spend the time on the care plan approach and achieve a much higher compliance which would have greater overall benefits for the patient.

NOTED

08. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS AND FAIs

There was submitted a paper [Paper No: 14/05] by the Medical Director on the handling of adverse clinical incidents together with an update on the current fatal accident enquiries.

An example was given of aggregate analysis reports being used by the Acute Services Division Directorates to explore the experience of adverse incidents with a view to identifying safety priorities or reflecting on progress in improvement aims. The example was from the Blood Transfusion Committee and its role in reviewing incidents, receiving updates on progress regarding different types of training, reviewing wastage figures and developing NHS Board policy and guidance. On this occasion, the Committee had reviewed incidents from a period in 2013 and data taken from DATIX and Q pulse in October 2013 (both software systems capturing incident reporting). This provided an opportunity to look back on the incidents; increased the visibility of incidents across the Acute Services Division, and identified the key concerns; namely incorrect storage/transportation of components; breach of administration protocol and other reactions suspected e.g. allergic, infective or immune.

Two further examples were given of the Acute Falls Governance Forum and the Healthcare Associated Thrombosis Committee. Members welcomed this information.

Dr Armstrong then provided an update on the current and ongoing fatal accident enquiries and presented a case study to members and highlighted some of the difficulties where there had been no previous history known or recorded which would have given an insight into the outcome.

NOTED

09. SIGNIFICANT CLINICAL INCIDENT POLICY – FOR APPROVAL

There was submitted a paper [Paper No: 14/06] by the Medical Director seeking approval of the Significant Clinical Incident Policy. The draft policy had been submitted to the Committee in the latter part of 2013. It was recognised that further revision may be required if the National Adverse Events group developed further guidance and this had created some challenges in terms of full alignment with the Framework. There were many areas of good practice which overlapped with the National Framework and NHSGGC's policy. At a recent national workshop it was clear that other NHS Boards had difficulties with certain parts of the National

Framework, specifically around decision making and categorisation of significant clinical incidents. It was felt, however, that the NHS Board needed to have an approved policy in place in order to address some of the planned improvements in the arrangements identified following the internal review undertaken last year.

Mr Robertson asked about the possible additional financial and staffing implications as highlighted in the summary of the main paper. Dr Armstrong indicated that she was hoping to deliver any changes necessary within current resources.

Ms Brown asked about the consultation process undertaken, the challenges faced in meeting the three month target in completing investigations, the possible risks in not undertaking any human resource matters forward until the completion of an investigation, and she queried the length of time records required to be held particularly in relation to children's records. Dr Armstrong indicated that the consultation had included focus groups with patient involvement and full staff engagement. There were challenges in meeting the three month timescale and she was trying to bring a focus to this area; with regard to HR processes, she indicated that the policy did allow earlier intervention where there had been an obvious serious breach of professional practice or organisational policy. She agreed to review the national guidance in relation to the retention of records, particularly records relating to children and young people, and amend the policy as necessary.

Dr Cameron asked about the confidence in the system that learning would still be available from staff recording near-misses. Dr Armstrong indicated that staff would continue to complete incidents within DATIX and this would lead to local reviews, and while this would continue to be encouraged, she was conscious that this was dependent on staff recording actual incidents and near-misses. There is a currently a short life working group with membership from the Head of Clinical Governance which would ensure that the changes to DATIX supported the Board's SCI Policy.

DECIDED

- That, the Significant Clinical Incident Policy be approved subject to the outcome of any further discussions with Healthcare Improvement Scotland and the amendments made as a result of discussion with members. **Medical Director**

10. BOARD CLINICAL GOVERNANCE FORUM MINUTES (DRAFT) AND SUMMARY OF MEETING HELD ON 9 DECEMBER 2013

There was submitted a paper [Paper No: 14/07] in relation to the Board Clinical Governance Forum meeting held on 9 December 2013. Dr Armstrong confirmed that the DATIX working group had identified a range of actions to bring about improvements in the DATIX system and new software and hardware had been purchased and would be tested in mid-February 2014. Further improvements would be considered.

NOTED

11. PERSON-CENTRED HEALTH AND CARE COLLABORATIVE, STRATEGIC WORK PLAN AND REPORT

There was submitted a paper [Paper No:14/08] by the Nurse Director setting out the

work undertaken within NHSGGC in relation to the National Person-Centred Health and Care Collaborative, describing the progress of the teams involved across the Board and the Collaborative's action plan. An illustrative case study provided a tangible example of improvements as a result of the Collaborative.

Ms Micklem indicated that this was a refreshing report which provided a bottom-up approach as opposed to the many top-down targets which the NHS Board has to deliver. She was interested in the Combined Positive Experience table as shown in the quantitative summary of feedback received from themed conversations held with patients and also the linkages with the gap analysis undertaken on the Francis Report. Ms Crocket would, for the next Committee meeting, share the questions asked of patients, and provide an update on the recommendations from gap analysis from the Francis Report. **Nurse Director**

Rev Dr Shanks enquired about the methodology of the patient conversations, how representative they were and how they were selected. Ms Crocket indicated that she would include this in her next paper to the Committee. **Nurse Director**

NOTED

12. OLDER PEOPLE IN ACUTE CARE: HEI INSEPCTION SUMMARY REPORT

There was submitted a paper [Paper No:14/09] from the Nurse Director providing an update on the Older People in Acute Care: HEI Inspections within NHSGGC since the last report submitted in May 2013. The paper also provided a summary of NHSGGC findings in comparison to other NHS Board's published reports.

In November 2013, a report on the review of the methodology and process for the inspection of the care of older people in acute hospitals was published and it outlined 19 recommendations. The majority of recommendations related to the HIS Inspection methodology and process for inspections. There were three main potential areas for consideration and these related to casenote review processes; medicine reconciliation dual application and the release of staff to participate in the HIS Older People in Acute Hospitals: Inspection process.

Since the last report to the Committee there had been one unannounced inspection to Gartnavel General Hospital in October 2013 and the report was awaited. There had also been a total of seven inspections to NHSGGC in all, which included two pilot inspections and the paper provided a summary of the inspections together with a number of findings from the reports against the key themes. A table was provided showing a summary by the NHS Board of the total number of inspection reports published, strengths, improvements and continuous improvements.

Ms Crocket advised that on a monthly basis, local inspection processes were now been undertaken within wards in NHSGGC using national guidance and with the inclusion of patient panel representatives. Mr Archibald indicated this internal inspection process was helpful and the Acute Services Nurse Director was also carrying out themed visits i.e. tissue viability. This aggregated approach was helping, however, there was a challenge when considering more internal inspections in order to bring about improvements. With over 400 wards within NHSGGC, a balance needed to be struck.

Dr Benton asked about cognitive impairment being picked up in assessment at Accident & Emergency, and also how seriously ill patients had their height and

weight measured. Ms Crocket advised that cognitive impairment was picked up when patient assessments were undertaken and she recognised that whilst the height and weight of patients was required to be undertaken within a certain time period, there could be challenges to this when the equipment was not always immediately available for certain patient conditions.

Ms Crocket advised that she had attended the feedback report following the unannounced visit to Gartnavel General. It had been generally fine however the report had attracted negative media coverage. Some aspects of the findings were heartening however, it was disappointing when similar issues from previous reports were identified as repeat problems and that was why consideration was being given to whether further internal inspections should be rolled out across the NHS Board area.

NOTED

13. REPORT ON THE CHAPLAINCY SERVICE 2013

There was submitted a paper [Paper No:14/10] from the Director, Rehabilitation and Assessment providing the Annual Report on the Healthcare Chaplaincy Service within NHSGGC. The report aimed to give an overview of recent and ongoing developments and reflected on diversity of activity which falls under the heading of Specialist Spiritual Care. It was recognised that there was an increased interest in spirituality and spiritual wellbeing in NHS Scotland and the connection of these to person-centred care, personal and community resilience and staff experience was acknowledged.

Rev Dr Shanks indicated that he was encouraged by the fact that spiritual care had been embedded into hospital care and the service, whilst available for patients, was also made available to staff. This was a good report and a good contribution to health care.

NOTED

14. 2014-15 LOCAL DELIVERY PLAN GUIDANCE

There was submitted a paper [Paper No: 14/11] from the Director of Corporate Planning and Policy setting out the process for considering the 2014/15 Local Delivery Plan Guidance. This was to be a transitional year towards supporting NHS Boards to embed the performance gains delivered during the last five years in addition to achieving the transformational change required to deliver NHS Scotland's ambition to be a world leader in quality care and its 20:20 Vision described through the Route Map.

The revised LDP Guidance indicated a move towards a more integrated approach to planning and had requested four elements, all of which will be underpinned by finance and workshop planning. These were:-

- Improvement and Coproduction Plan
- NHS Board contribution to community planning
- HEAT Risk Management plans and Delivery Trajectories
- A Strategic Assessment of Primary Care

The move to have a more integrated LDP which brought together all the various

planning, performance and reporting requirements of SGHD was welcomed by members. Ms Brown welcomed the inclusion of the Keys to Life Learning Disability Strategy which highlighted the stark inequalities faced by people with a learning disability. Ms Julie Murray, Director of East Renfrewshire CH(C)P was taking forward the review of learning disability services within NHSGGC and it was agreed that she be asked to present at a future NHS Board Seminar work on progress within this area. This could form part of the discussions at the February 2014 NHS Board Seminar on the preparation of the Local Delivery Plan.

Director of Corporate Planning & Performance

NOTED

15. UPDATE FROM THE OCTOBER – NOVEMBER 2013 MID-YEAR ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No: 14/12] from the Director of Corporate Planning and Policy providing an overview of the cross-system and local key achievements and challenges which emerged from the Mid Year Organisational Performance Reviews.

The End of Year Review identified a number of system-wide achievements including:-

- Overall, a mid year in-balance financial position and on-schedule efficiency savings;
- Evidence of progress across each of the CH(C)Ps in working towards the Health and Social Care Integration agenda;
- The delivery of key HEAT targets including smoking cessation, alcohol brief interventions, child healthy weight, CAMHS, alcohol and drug waiting times and 18 week RTT;
- The progress of key capital projects on time and within budget including the new Southside Hospitals and the completion and opening of the New Vale Centre for Health and Care in West Dunbartonshire CH(C)P.

Members who chaired or who were members of CH(C)Ps welcomed the Organisational Performance Review process and its benefits to keeping key matters and key themes under significant focus.

Ms Micklem indicated that the District Nursing Review featured in the Glasgow City CHP actions and it had been planned to bring that matter to the January meeting of the Quality and Performance Committee. This was acknowledged and it was reported that the Corporate Management Team were still discussing the review, particularly the separate issue of the development of services as opposed to the changes and revisions to current work practices. This would be further discussed and an update or outcome covered at the NHS Board Seminar or the NHS Board members' Away Session on 13/14 February 2014.

Director of Corporate Planning & Performance

Councillor Lafferty highlighted the issue of bed days lost to delayed discharge. Mr Calderwood indicated that there continued to be a variable pace in achieving reductions in this area however, it was clear that the direction of travel across all CH(C)Ps was encouraging. There was a rise in demand across both Local Authorities and the NHS and the Change Fund monies of £19m was likely to come to an end and this would possibly form part of the discussion at the Board's Away

Day in terms of priorities/choices. There was full recognition of the challenges faced both by Local Authorities and NHS Boards with delayed discharges and this was a result of patients with more long-term conditions than had been the case previously.

NOTED

16. 2012-13 ANNUAL REVIEW – SCOTTISH GOVERNMENT FEEDBACK LETTER

There was submitted a paper [Paper No: 14/13] by the Chief Executive providing the Committee with the SGHD letter setting out the outcome of the NHS Board's 2012-13 Annual Review. The letter summarised the main points discussed and the actions arising from the review.

The Mid Year Review would be held on 11 February 2014 and the Chief Executive would be accompanied by the Director of Finance in a meeting with the Director General and Director of Finance of NHS Scotland. There would be a particular focus on achieving the break-even position financially in 2014/15, winter pressures and achieving the 18 week RTT.

Mr Sime welcomed the acknowledgement of the local implementation of the values in the 2020 Workforce Vision via the Facing the Future programme and Mr Robertson provided an update on the meeting the Cabinet Secretary had with non-executive members as part of the Annual Review process.

NOTED

17. FALLS GOVERNANCE REPORT

There was submitted a paper [Paper No: 14/14] by the Nurse Director providing an update on the current position of the falls recorded and monitoring across the NHS Board and a description of the future planned developments in this area.

Within the Acute Services Division, the reported incidence of falls continued to decline on previous years although projecting the six month data for 2013 to the end of the year may indicate a slight increase in the Rehabilitation and Assessment and the Women and Children's Directorates.

Within Partnerships, District Nurses assessed patients in their own homes for risk of falls as part of the standardised nursing assessment documentation within 36 hours of the first visit. All patients referred to the Community Falls Team were fully assessed for their risk of falls and preventative measures were put in place to try and avoid future falls.

In developing the monitoring arrangements of the incidence of falls, in future it was planned to include the incidence of falls per occupied bed days with the intention of meeting the data requirements for the Older People in Acute Care Inspection processes.

The Scottish Patient Safety Indicator for falls in Acute Services included a 25% reduction in the number of falls by December 2015 and a 20% reduction in the number of falls with harm by December 2015. The Corporate Falls Steering Group would take forward this work, linking with the Clinical Governance Support Team

and local services to integrate this programme within current workstreams. Work was still to be undertaken which would link falls with significant clinical incidents.

NOTED

18. MEDIA COVERAGE OF NHSGGC NOV-DEC 2013

There was submitted a paper [Paper No: 14/15] by the Director of Corporate Communications highlighting outcomes of media activity for the period November - December 2013. The report supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

There was a significant increase in the volume of media reports about NHSGGC due the coverage of the helicopter crash into the Clutha Vaults bar on 29 November 2013. Coverage was broadly factual but neutral although there were a number of positive reports about the response of NHS staff to the incident and in particular the hundreds of staff who came to work outwith their normal shift pattern to help respond to the emergency.

NOTED

19. FINANCIAL MONITORING REPORT FOR THE 8 MONTH PERIOD TO 30 NOVEMBER 2013

There was submitted a paper [Paper No: 14/16] by the Director of Finance setting out the financial monitoring report for the eight month period to 30 November 2013. The NHS Board was reporting an expenditure outturn of £3.7m under budget and to assist in funding the transitional costs of the move to the New Southside Hospital, it was anticipated that a year-end surplus of circa £8m would be achieved in terms of carrying forward that sum to 2014/15.

The Director of Finance indicated that following a request from members for greater detail in the finance report particularly around the allocation of resources and in-year movement in resources, he had added two additional sections to the Financial Monitoring Report. He explained each in detail and sought members' comments on the provision of this additional information. Members welcomed this new presentation of information and Mr James indicated that he would also be meeting with Mr Lee and Mr Finnie on 27 January to further discuss any other requirements that members would find useful in terms of providing a full and detailed Financial Monitoring Report to the Quality and Performance Committee and NHS Board.

Mr Lee enquired as to the steps being taken to ensure the full allocation of capital funds was committed in 2014/15. Mr James advised that the Chief Executive had recently reviewed the current expenditure against the Board's Capital Plan, recognising some slippage had occurred. He had agreed a series of actions in order to assist in achieving a balanced outturn at the end of the financial year. Discussions had commenced with SGHD about a brokerage arrangement for £5m from this to the next financial year and certain expenditures had been brought forward in order to achieve a balanced capital allocation outturn.

NOTED

20. QUALITY POLICY DEVELOPMENT GROUP MINUTES OF MEETING HELD ON 31 OCTOBER 2013

There was submitted a paper [Paper No: 14/17] enclosing the minutes of the Quality Policy Development Group meeting of 31 October 2013.

NOTED

21. STAFF GOVERNANCE COMMITTEE MINUTES OF MEETING HELD ON 19 NOVEMBER 2013

The minutes of the Staff Governance Committee held on 19 November 2013 [SGC(M)13/04] were submitted to the Committee.

NOTED

22. NEW SOUTH GLASGOW HOSPITALS PROGRESS UPDATE – STAGES 2 & 3

There was submitted a paper [Paper No:14/18] by the Project Director – New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals).

In relation to Stage 2, the project team have reviewed and returned the updated equipment list to the contractor for finalisation. Piling works for the vacuum insulated evaporator compound were completed on 22 November 2013 and foundation works had subsequently progressed.

In relation to Stage 3, as at 31 December 2013, 144 weeks of the 205 week contract had been completed and the project remained within timescale and budget. Contract completion was 28 February 2015 and Mr Loudon provided members with images and a presentation highlighting the progress of both hospitals.

In relation to car park 1, dialogue continued with the sub-contractor to identify how the current works could be re-sequenced/accelerated to mitigate the current delay in the programme. Currently the car park was due for completion in May instead of April 2014.

In relation to the Teaching and Learning Centre, the Full Business Case was approved by the Scottish Government Capital Investment Group on 14 November 2013 and the construction phase commenced on 18 November 2013 and the piling works subsequently commenced on 9 December 2013.

In relation to the new Staff Accommodation (Office) Building, the Full Business Case was considered and approved at a meeting of the NHS Board on 17 December 2013. The Full Business Case had subsequently been submitted to the Scottish Government Investment Sub-Group for consideration at their meeting to be held on 28 January 2014. Full planning approval from Glasgow City Council was granted on 12 December 2013.

Mr Ross advised that there had been no new compensation events since the last meeting of the Committee.

Mr Lee asked about the EFTE roof and in particular how it would be cleaned and Mr Loudon advised that it was designed as a self-cleaning roof via rainwater and consideration would be given to the possibility of an annual clean. Mr Williamson asked about the transfer of existing equipment and Mr Loudon advised that a further review was now being undertaken to ensure there was an up-to-date assessment of what equipment could sensibly transfer and what would be required to be purchased at the time of the move into the new hospitals.

Mr Fraser asked about the BREAM process and Mr Loudon advised that a BREAM consultant was on site and there was an element of self inspection and external inspection in order to bring an independence to the outcome.

NOTED

23. INVERCLYDE COUNCIL COMMISSIONED SERVICES FOR SPECIALIST NURSING CARE, OLDER PEOPLE'S DEMENTIA AND ADULT MENTAL HEALTH INTENSIVE SUPPORTED LIVING SERVICES

There was submitted a paper [Paper No: 14/20] by the Director of Glasgow City CHP providing the Outline Business Case for the Inverclyde Adult and Older People's Mental Health Continuing Care facility with the request that it be approved for submission to the Scottish Government Capital Investment Group meeting on 11 March 2014 for approval to progress to Full Business Case.

HUB West of Scotland (Scottish Futures Trust) would be responsible for the development of the facility and the project was part of the Clyde Modernising Mental Health Strategy which set out the guiding principles and supporting evidence behind the proposals to modernise and rebalance mental health services in Clyde. The project would provide a new facility for 42 NHS Mental Health Continuing Care beds, 30 for older people and 12 for adults. The site for this development was adjacent to the Inverclyde Royal Hospital on land owned by NHSGGC (previously used as staff accommodation). The site would be leased to HUB West of Scotland for 25 years – the contract period. The new facility would replace services currently on the Ravenscraig Hospital site and would be the final step in closing the hospital in October 2015.

Councillor McIlwee congratulated the team in reaching this point and was pleased that finally services would be transferred from the outdated facilities at Ravenscraig Hospital, and was supportive of the proposal. Mr Williamson considered this a well put together Outline Business Case and proposal which was well overdue.

Ms Brown welcomed the proposal however, was keen to receive reassurance about the patient mix at the facility and whether this would be covered in the Final Business Case in terms of the accommodation/design. She was keen to see a separation between the 12 adult beds and the 30 beds for older people. Mr Mitchell advised that in terms of design, the 30 bedded unit would be separated from the 12 bedded area by a large public area in the middle. This would be shown in the Full Business Case.

DECIDED

- That the Outline Business Case for the Inverclyde Adult and Older Peoples Mental Health Continuing Care Facility be approved for submission to the

Director of Glasgow City CHP

24. HUB PROGRAMME UPDATE INCLUDING MARYHILL HEALTH CENRE AND EASTWOOD HEALTH & CARE CENTRE – FULL BUSINESS CASE APPROVAL ARRANGEMENTS

There was submitted a paper [Paper No: 14/19] by the Director of Glasgow City CHP setting out the progress with each scheme under the auspices of the Hubco Development Programme for NHSGGC. This included Maryhill Health Centre, Eastwood Health and Care Centre, Gorbals and Woodside Health Centre and East Pollokshields Primary Care Centre.

In relation to the Maryhill Health Centre and Eastwood Health and Care Centre, the Outline Business Case for both projects had previously been approved by the Quality and Performance Committee and the Scottish Government Capital Investment Group. The next approval arrangements were for the Full Business Cases (FBCs) which included a more detailed financial analysis for the proposed facilities. A core requirement was that the FBC demonstrated that the cost of the project was within the agreed affordability cap and that the financial profiles had been developed in such a way as to demonstrate that the project provided value for money. Mr Curran advised that an updated timescale had been requested by SGHD and that the request was for approval by the Quality and Performance Committee by 4 February 2014 and submission to the SG Capital Investment Group for consideration at its meeting on 11 March 2014. It was acknowledged that this would require delegated authority to take decisions outwith the meeting.

Mr Curran advised that the Stage 1 process of the Hubco arrangement had returned a market price which was too high and steps were required to reduce excessive costs. Mr Calderwood asked how affordability was achieved. Mr Curran advised that the mechanical and engineering specification for Maryhill Health Centre had been set at a higher standard than any of the previous health centres. Steps had been taken to find a balance such as reducing the air conditioning provision within the whole facility to only providing it within those areas it was required to ensure this South facing building would have adequate comfort cooling when required. Mr Curran advised that Hubco were, as a result of these steps, more confident that a more acceptable market price would be achieved this time around.

It was agreed that the Full Business Cases would be submitted to the members of the Quality and Performance Committee as soon as practical and any queries would be raised with the Convenor and once satisfied, the Convenor would then approve on behalf of the Committee, the Full Business Cases for submission to the Capital Investment Group meeting on 11 March 2014.

Mrs Hawkins gave an update on the replacement of the Gorbals and Woodside Health Centres and advised that the Outline Business Cases would be submitted to the May meeting of the Quality and Performance Committee for consideration. **Director of Glasgow City CHP**

With regard to East Pollokshields Primary Care Centre, she advised that the site has been secured from Glasgow City Council and planning permission obtained. The scheme was within the affordability cap set for the project and financial closure was expected at the end of January/early February 2014 with a start date on site in February and completion by October 2014. The capital expenditure had come from the Primary Care Modernisation Fund in 2008 and whilst the CHP Committee and Capital Planning and Property Group had viewed and approved these costs, it was acknowledged that a Business Case had not been submitted to the Quality and

Performance Committee for approval. Mrs Hawkins regretted that this had not occurred on this occasion and sought agreement to the Committee delegating approval of the Business Case under the same set of arrangements agreed for the FBC for Maryhill and Eastwood Centres.

Mr Lee pointed out that the minutes of the Capital Planning and Property Group meeting in February 2013 which had considered and approved this scheme, had unfortunately not been submitted to the Quality and Performance Committee for noting. He was keen that the approval limits set out in the Quality and Performance Committee remit be re-circulated in order that key staff and groups were sighted on the requirement to obtain the Quality and Performance Committee approval for appropriate schemes. **Director of Finance**

DECIDED

1) That, the progress with each scheme under the auspices of the Hubco development programme for NHSGGC be noted.

2) That, the approvals process for Maryhill Health Centre and Eastwood Health and Care Centre, Full Business Cases be delegated to the members to consider outwith the meeting and provide any comments to the Convenor and when these had been answered/satisfied, the Convenor approve on behalf of the Committee the Full Business Case to be submitted to the SG Capital Investment Group for its meeting on 11 March 2014. **Director, Glasgow City CHP**

3) That the Business Case for the East Pollokshields Primary Care Centre be submitted to members outwith the meeting for consideration with comments to be submitted to the Convenor and once answered/satisfied, the Convenor be delegated the authority to approve the Business Case and to allow the start on site to commence on 14 February 2014. **Director, Glasgow City CHP**

25. CAPITAL PLANNING AND PROPERTY COMMITTEE GROUP MINUTES – MEETINGS HELD ON 29 JULY, 16 SEPTEMBER, 25 OCTOBER AND 29 NOVEMBER 2013

There was submitted a paper [Paper No: 14/21] enclosing the minutes of the Capital Planning and Property Group meetings of 29 July, 16 September, 25 October and 29 November 2013.

NOTED

26. PROPOSAL FOR THE DEVELOPMENT OF A RADIOTHERAPY AND IMAGING RESEARCH CENTRE AT THE BEATSON WEST OF SCOTLAND CANCER CENTRE (BWOSCC) ON THE GARTNAVEL GENERAL HOSPITAL SITE

There was submitted a paper by the Chief Executive [Paper No: 14/22] asking the Committee to note the proposal from Beatson Cancer Charity to raise funds to construct and run a new radiotherapy and imaging research centre on the site of the current virology laboratory on Gartnavel campus.

The intention was that the charity raised funds to finance the construction of the centre, the purchase, installation and commissioning of a state of the art linear accelerator, MRI, CT and possibly PET, the recruitment, salaries and on-costs for

11.5 WTE clinical, research and administrative staff for five years. It was anticipated that the centre would become self-funding through research grants and academic contracts after the initial five year period. Total project costs with five years of funding would be in the region of £22.5-25m.

The Beatson Cancer Charity wished to seek the NHS Board's approval to secure the site currently occupied by the virology laboratory on the Gartnavel campus, adjacent to the Beatson West of Scotland Cancer Centre. The virology laboratory was currently being transferred to Glasgow Royal Infirmary and would not be required for any developments at the Gartnavel site.

Mr Williamson indicated that there had been discussions at the Endowment Trustees Committee about another development and this was an encouraging proposal with direct patient benefits for those from the West of Scotland. The challenge would be in raising the required funding. Mr Calderwood acknowledged this and indicated that the Beatson Cancer Charity was seeking approval in principle at this stage for reserving the land.

DECIDED

- That, the Beatson Cancer Charity proposal that the land at the current virology laboratory on the Gartnavel campus be retained for the proposed construction of a new radiotherapy and imaging research centre be approved in principle. **Chief Executive**

27. DATE OF NEXT MEETING

9.00am on Tuesday 18 March 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12:55pm

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 18 March 2014 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting: 21 January 2014**	QPC(M) 14/01
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 14/23
	(b) Maryhill and Eastwood Health and Care Centres Report of the Director of Glasgow City CHP	Paper No 14/24 To Follow
5	**Integrated Quality and Performance Report** Report of the Acting Head of Performance and Corporate Reporting	Paper No 14/25

SAFETY

6	**Scottish Patient Safety Programme Report** Report of the Medical Director	Paper No 14/26
7	**Healthcare Associated Infection: Exception Report** Report of the Medical Director	Paper No 14/27
8	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents and FAIs** Report of the Medical Director	Paper No 14/28
9	**Summary of, and Board Clinical Governance Forum Minutes of Meeting held on 3 February 2014**	Paper No 14/29

10	**Quarterly Report on Cases Considered by the Scottish Public Services Ombudsman: 1 October – 31 December 2013** Report of the Nurse Director	Paper No 14/30

PERSON CENTREDNESS

11	**Inequalities – Update on Progress** Report of the Director of Corporate Planning and Policy	Paper No 14/31
12	**NHSGGC Access Policy EQIA Action Plan Update** Report of the Interim Lead Director for Acute Services	Paper No 14/32
13	**National Person-Centred Health and Care Collaborative: Strategic Report and Work Plan** Report of the Nurse Director	Paper No 14/33
14	**Update on the Francis Report** Report of the Nurse Director	Paper No 14/34 To Follow

MONITORING AND GOVERNANCE

15	**Suicide Prevention in NHSGGC** Report of the Director of Glasgow City CHP	Paper No 14/35
16	**Media Coverage of NHSGGC Jan/Feb 2014** Report of the Director of Corporate Communications	Paper No 14/36
17	**Financial Monitoring Report for the 10 Month Period to 31 January 2014** Report of the Director of Finance	Paper No 14/37
18	**Quality Policy Development Group Minutes of Meeting held on 18 December 2013**	Paper No 14/38
19	**(a) Staff Governance Committee Minutes of Meeting held on 18 February 2014**	SGC(M)14/01
	(b) Staff Governance Committee Remit 2014	Paper No 14/39

20	**Quality and Performance Committee – Revised Remit** Report of the Head of Board Administration	Paper No 14/40
21	**Adults with Incapacity (Scotland) Act 2000 – Annual Report for 2013 on the Operation of Part 4** Report of the Director of Glasgow City CHP	Paper No 14/41

CAPITAL

22	**New South Glasgow Hospitals: Progress Update – Stages 2 & 3** Report of the Project Director – New South Glasgow Hospitals Project	Paper No 14/42 To Follow
23	**Capital Planning and Property Group Minutes – Meetings held on 17 December 2013 and 24 January 2014**	Paper No 14/43

24 Date of Next Meeting

9.00am on Tuesday 20 May 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

QPC(M)14/02
Minutes: 28 - 51

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 18 March 2014 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE	Cllr A Lafferty
Ms M Brown	Ms R Micklem
Dr H Cameron	Cllr J McIlwee
Mr P Daniels OBE	Mr D Sime
Mr I Fraser (To Minute No:45)	Mr B Williamson

Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong	Mr P James
Mr R Calderwood	Cllr M O'Donnell
Ms R Crocket MBE	Dr R Reid
Mr R Finnie	Mr A O Robertson OBE

Rev Dr N Shanks

I N A T T E N D A N C E

Mr G Archibald	..	Director of Surgery and Anaesthetics
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr D Loudon	..	Project Director - South Glasgow Hospitals Development (For Minute No: 49)
Mr A MacKenzie	..	Director, Partnerships (To Minute No: 31(b))
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting
Ms C Renfrew	..	Director of Corporate Planning and Policy
Ms H Russell	..	Audit Scotland
Dr M Smith	..	Lead Associate Medical Director, Mental Health (For Minute No: 42)

28. APOLOGY

An apology for absence was intimated on behalf of Councillor M Cunning.

29. DECLARATIONS OF INTEREST

There were no declarations of interest raised.

30. MINUTES OF PREVIOUS MEETING

On the motion of Mr I Fraser and seconded by Councillor J McIlwee, the Minutes

of the Quality and Performance Committee Meeting held on 21 January 2014 [QPC(M)14/01] were approved as a correct record.

31. MATTERS ARISING

(a) Rolling Action List

(i) Minute 12 – Older People in Acute Care: HEI Inspection Summary Report

Mr Winter referred to the HEI Inspection carried out at Gartnavel General Hospital in October 2013 and advised that in reading the full report, he had been concerned about the number of issues raised particularly in relation to forms not being filled in and the lack of proper recording of relevant clinical information. Mrs Crocket advised that a full action plan was in place for each of the action points identified and there was a range of care planning audits undertaken, auditing of record keeping and reporting to clinical governance structures in relation to nursing and other core audit activity. The difficulty was in sustaining this effort and ensuring consistency across the NHS Board's area. Further reporting on HEI inspections would include the actions being undertaken in relation to better record-keeping and the monitoring of this activity. **Nurse Director**

(ii) Minute 139 – Financial Monitoring Report

Mr James advised that issues relating to prescribing and the impact of UK arrangements with the pharmaceutical industry would be covered in the financial plan which would be discussed at the April NHS Board Seminar. **Director of Finance**

NOTED

(b) Maryhill and Eastwood Health and Care Centres - Update

There was submitted a paper [Paper No: 14/24] by the Director, Glasgow City CHP providing an update on the approval process of the Final Business Cases (FBCs) for both Maryhill Health Centre and Eastwood Health and Care Centre. Both projects had been bundled into one agreement to be provided by Hub West of Scotland as part of the Scottish Government's approach to the delivery of new community infrastructure.

The January meeting of the Quality and Performance Committee had agreed that the Full Business Cases for both health centres, due to time constraints, be considered outwith formal meetings and if members were satisfied with the proposals, it was delegated to the Convener of the Committee to approve the Business Cases for submission to the Scottish Government Capital Investment Group meeting on 11 March 2014. The members of the Committee queried aspects of the proposals and, based on the answers given, supported the proposals and thereafter the Convener approved the Final Business Cases for Maryhill Health Centre and Eastwood Health and Care Centre on 21 February 2014. Both FBCs were considered by the Capital Investment Group at its meeting on 11 March 2014 and were approved in principle with a number of points to be clarified and finalised prior to financial close on 29 April 2014. The

issues raised were:-

- Provide the most up-to-date costings for each project and ensure that these were reflected in the FBCs;
- Ensure the Risk Register was updated;
- Take note of the recommendations from Architecture and Design Scotland.

If these outstanding matters were concluded, the start on-site for both projects was June 2014 with anticipated completion for the Maryhill Health Centre in August 2015 and for the Eastwood Health and Care Centre, October 2015.

In noting the current position, members requested that the arrangements associated with Hub projects be a topic for a future NHS Board Seminar. **Head of Board Administration**

NOTED

32. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No: 14/25] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC's performance. Of the 45 measures which had been assigned a performance status based on their variations from trajectory and/or targets, 29 were assessed as green; seven as amber (performance within 5% of trajectory) and nine as red (performance 5% outwith meeting trajectory).

The key performance status changes since the last report to the Committee included:-

- Access to psychological therapies had moved from red to green;
- A&E waits maximum four hour stay had moved from amber to red;
- Overtime usage had moved from green to amber.

Exception reports had been provided to members on the nine measures which had been assessed as red and this had included an exception report on A&E waits of a maximum of four hours.

Mr Shanks was pleased at the progress with psychological therapies but wondered if the A&E waits had been related to the difficulties experienced with delayed discharges. Mrs Hawkins acknowledged this and explained that fortnightly meetings were being held between Glasgow CHP and the City Council to seek improvements in this area. Her presentation at the Board Away Day had focused on the figures up until January 2014 and some improvements were coming through in the figures for February. Whilst resources had been increased in the south of Glasgow, there was an impact in the reduction of funding for nursing home places, industrial action and a number of staff absences in the early part of 2014. It was recognised that a solution required a whole system approach and all parts needed to work well. Mr Archibald emphasised this by describing the seasonal impacts, moves to early morning hospital discharges and attempts to reduce the number of inappropriate hospital admissions.

Mr Finnie recognised the challenge for the NHS Board particularly if the funding associated with the Change Fund, which had been helpful in identifying bottlenecks and speeding up the process, was withdrawn. There was recognition that there was far less flexibility with capacity and this would become even more difficult in future years as further efficiencies were required to be made. An analysis of the Change Fund and what had been achieved would be presented to members later in the year. **Director, Corporate Planning & Policy**

Dr Benton enquired about the issuing of medication to patients upon discharge. Mr Archibald acknowledged that although some progress had been made there was still a need for better organisation of medications being ready for patients being discharged, particularly if there were moves to discharge patients earlier in the morning.

NOTED

33. SCOTTISH PATIENT SAFETY PROGRAMME: UPDATE

There was submitted a paper [Paper No: 14/26] setting out the progress against the Scottish Patient Safety Programme (SPSP). In particular, the paper set out the update on the treatment of the ten safety essentials which had been described in the CEL 19 (2013).

The first four safety essentials related to the critical care workstream which applied to ITU settings. ITUs have processes in place for recording infection rates linked to the clinical care processes, meaning that the reliability and effectiveness of the clinical process can be tracked through an already established process of outcomes monitoring. The next four safety essentials related to the general ward workstream. The Early Warning Scorecard charts had achieved a high level of spread, having been embedded in the ongoing work around deteriorating patients. The remaining actions were underway and the leadership walkrounds were ongoing and attended by Non-Executive Members of the Board and would remain a feature of the regular reporting framework.

The NHS Board had recently hosted a review visit from Healthcare Improvement Scotland and the National Clinical Lead for Safety. The write up from this report would be provided to a future meeting of the Quality and Performance Committee. **Medical Director**

Ms Micklem enquired about the number of targets and measures to be assessed as she continued to have a concern about the increase. Dr Armstrong advised that whilst clearly there were more measures and therefore more data collection, it had been important to focus on those which were most important and those which gave the greatest learning. She was hopeful that collecting data electronically would make these tasks easier and less labour intensive and she had been having discussions with the Director of Health Information and Technology to see if assistance could be given in this area. She would update the committee in due course. **Medical Director**

NOTED

34. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No: 14/27] by the Medical Director providing

an exception report on the NHS Board performance against HEAT and other HAI targets.

Dr Armstrong advised that the position on SABs remained the same as reported at the meeting of the Committee in January 2014 when the last validated figures for the quarter July-September 2013 had been presented. She was able to say however, that the unvalidated figures for January, February and March had shown a continued downward trend and this had been welcomed.

Ms Brown was pleased to hear about the recent downward trend but asked in particular, whether the overall responsibility now lay with the Charge Nurse for lines inserted into patients; the reasons for no longer capturing the date and time of cannulla insertion and if the actions taken to improve performance in this area were sustainable. Dr Armstrong agreed that the policies which had previously been developed by different hospitals had been inconsistent and the infection control team had now introduced a consistent policy across NHSGGC which gave the responsibility to the Charge Nurse in relation to regularly reviewing the line and questioning the doctor on a regular basis as to its continued purpose. She advised that no evidence had been produced that recording the date and time of the cannulla insertion made any specific difference; and the conclusion had been that too much time had been spent on something which was not making a difference and it was important to spend that time on the care plan approach and achieve a higher compliance which would have a greater overall benefit for the patient. She was hopeful that these two actions and the other actions as part of the action plan to reduce SABs would ensure sustainability of the improving performance.

Ms Brown asked about patients returning to the community with infections and Dr Armstrong advised that for those serious infections, these would be picked up and reviewed on readmission to hospital and then tracked back to the ward or clinical setting in which the patient had received treatment.

NOTED

35. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS AND FAIs

There was submitted a paper [Paper No: 14/28] by the Medical Director on the handling of adverse clinical incidents together with an update on the current fatal accident enquiries. Dr Armstrong tabled a revised Figure 1a – Time Sequence Chart of Significant Clinical Incidents Reported in Acute Services Division per month (April 2008 - February 2014). This showed a more stable picture of reported significant clinical incidents and Dr Armstrong explained that when running the report at the end of the month, there had still been some potential SCIs awaiting a decision as to whether they should be investigated as SCIs.

Dr Armstrong advised members that there had been [redacted] and she was having each one investigated and would advise the Committee of the outcome of these investigations. In relation to the Fatal Accident Inquiries, she advised that the Sheriff's determination was due on [redacted] The Sheriff's determination would be passed to members when received. **Medical Director** **Medical Director**

NOTED

36. BOARD CLINICAL GOVERNANCE FORUM MINUTES (DRAFT) AND SUMMARY OF MEETING HELD ON 3 FEBRUARY 2014

There was submitted a paper [Paper No: 14/29] in relation to the Board Clinical Governance Forum meeting held on 3 February 2014. Dr Armstrong gave an update on the steps taken to improve the use and efficiency of the Datix recording system. Funds had been allocated to purchase a new server and other improvements had been identified and made as a result of the Datix Working Group's review of the functionality and use of Datix. It had been noted that there was still a high number of overdue incidents which had not been closed off, and taking action on this point remained a priority.

Ms Brown asked about the serious clinical incidents in mental health which had not been fully reported through the briefing note/rapid alert system. Dr Armstrong advised that a reminder had been sent to Heads of Mental Health and Partnership Directors to follow the guidance issued and ensure that the Medical Director and Nurse Director were included in the distribution. This particular situation had been highlighted in relation to one particular case which had not been escalated to the Medical or Nurse Director.

NOTED

37. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: 1 OCTOBER – 31 DECEMBER 2013

There was submitted a paper [Paper No: 14/30] from the Nurse Director setting out the actions taken by the responsible operational area in response to recommendations made by the Scottish Public Services Ombudsman in investigative reports and decision letters.

The report covered one investigation report and 20 decision letters relating to ten within Acute Services, six within Partnerships and four within the Family Health Services. There was a total of 39 issues investigated of which 12 issues were upheld. The Ombudsman had made 23 recommendations. The report had also included the outcome of three cases from the previous quarter.

Mr Finnie continued to be concerned that the Ombudsman had investigated cases where the patient remained dissatisfied and had reviewed the same heads of complaints which Board staff had and yet was able to uphold issues which NHS Board staff had failed to identify. He was aware of work being undertaken to make improvements in this area but he felt that there still needed to be a change of culture with a far more open and less defensive approach to handling complaints at the local resolution stage. Ms Crocket acknowledged that continued concern and explained some of the actions which had been recently put in place including second episode complaints being reviewed by a different Director and the Chief Executive now writing to Directors seeking reasons why the Ombudsman was able to uphold a complaint which had not been upheld following the Board's own investigation. In addition, a Corporate Session had been arranged for 25 March 2014 at which all Senior Directors and both clinical and other mangers involved in complaints would be present to hear presentations from the Chief Executive, the Scottish Public Services Ombudsman and the Nurse Director. It was hoped that through the session, the message would be clear that there was a drive from the top

to lead to a far more compassionate and empathetic stance taken on complaints and that an improvement in this area was a priority for the Board.

Mr Fraser did however, indicate that he was pleased with the downward trend in upheld issues and thought the actions already put in place had begun to show significant improvements in complaints handling.

NOTED

38. INEQUALITIES – UPDATE ON PROGRESS

There was submitted a paper [Paper No: 14/31] by the Director of Corporate Planning and Policy and the Director of Public Health setting out the progress on the actions agreed at the April 2013 NHS Board Seminar when it had been highlighted that there was a significant difference in life expectancy, mortality and morbidity between the most and least affluent communities within NHSGGC and also the considerable health gap between areas within NHSGGC and the rest of Scotland. The Seminar had also identified how health improvement, health services and influencing wider determinants through partnership working were currently contributing to addressing inequalities and reflected on whether there were any issues which still needed to be addressed.

Ms Micklem welcomed the report but was disappointed with the review of health improvement resources in relation to need and the outcomes delivered and that the Keep Well project was not to be funded from 01 April 2014. In relation to the identification of good practice in other areas which had made a significant impact in improving the gap in health outcomes, there was little evidence in the report showing that this had been done. Lastly, she did not believe that the template for NHS Board and Committee papers reflected equalities dimensions systematically. Ms Renfrew acknowledged the frustration at the decision on Keep Well and Dr De Caestecker would look further at the review of health improvement resources and provide feedback to the next meeting as to whether further improvements could be made in relation to need and outcomes. Ms Renfrew acknowledged that there was good practice within NHSGGC however there needed to be a more comprehensive scope of good practice within other areas and would look more widely. In relation to the template of Board/Committee papers, it was agreed that further thought required to be given to this to reflect equalities dimensions in a more significant and helpful way.

Director of Public Health

Director, Corporate Planning and Policy

NOTED

39. NHSGGC ACCESS POLICY EQIA ACTION PLAN: UPDATE

There was submitted a paper [Paper No: 14/32] by the Lead Director, Acute Services asking members to note the update on the Access Policy EQIA Action Plan. Mr Archibald advised that there were no great variances within waiting times although the auditors were currently reviewing performance in this area. The six month average had been 26.2 days and the one outlier had been the Vale of Leven Hospital where patients had wished to remain at the Vale of Leven rather than attending any other hospital. These issues would be considered together with the update of the action plan at the next meeting of the Access Group in April.

Ms Micklem welcomed this helpful update although she was concerned at the performance of “did not attends” and despite all the actions taken, this was one area

that was still getting worse.

NOTED

40. PERSON-CENTRED HEALTH AND CARE COLLABORATIVE, STRATEGIC WORK PLAN AND REPORT

There was submitted a paper [Paper No: 14/33] by the Nurse Director setting out the current position on the NHS Board's progress in implementing the National Collaborative for Person-Centred Health and Social Care. The paper provided briefings on the approach, progress and the current action plan. A brief outline of a themed conversation was included as requested by the Quality and Performance Committee and an illustrative case study was also included to showcase a qualitative description of the local approach within a clinical team.

Ms Brown was pleased to read about the success described in the case study but was worried about how it would be possible to achieve this level across the Board and in a consistent way. It worked best in the places where it was possibly needed least. Ms Crocket indicated that clearly, working with enthusiastic teams provided good outcomes and learning opportunities. She agreed that it was critical to share this across other areas and support its development in areas that needed it most. She felt that this would be best achieved by trying to ensure that it was made real for staff on the frontline and that they were contributing thoughts and ideas to bring about such improvements. It was a huge challenge but the early successes had proven thus far that it was possible to make a difference.

NOTED

41. UPDATE ON THE FRANCIS REPORT

There was submitted a paper [Paper No: 14/34] from the Nurse Director asking the Committee to note the progress to date on the implementation of the recommendations from the review of NHSGGC's position in relation to the recommendations for improvement within the Francis Report. A Short Life Working Group made up of staff from a range of backgrounds had been established to undertake this work and they consulted a range of key individuals across the NHS Board. Following the publication of a detailed report, the working group had concluded that there was evidence that the Board did have the necessary tools in place to support and provide high standards of care. The progress of the implementation of the recommendations was to be tracked through a range of governance arrangements including the Board Organisational Development Group, Clinical Governance Forum and the Quality Policy Development Group. Some of the areas for further improvement included:-

1. Supporting and encouraging a bottom-up approach to listening and responding to patients and their families;

2. Supporting front-line staff to feel more confident in engaging with patients and their families who are unhappy about services;

3. Continuously develop a culture where staff feel empowered and proactively listened to;

4. Ready access to data that supports and demonstrates the quality of

care/services afforded to patients.

Ms Brown wondered if it would be possible to bring together a composite report covering person-centredness, the Ombudsman's report, the Francis Report, significant clinical incidents and the staff survey to highlight all the key actions into one paper so that it was joined-up and integrated around the patient. Mr Sime felt that these were all different strands of work which drove different outcomes and that most of the information sought already came to the Quality and Performance Committee.

Ms Micklem felt that it was also critical to include culture and leadership and the underpinning values which supported the organisation in delivering a high standard of patient care. This could be linked to the content of the leadership programme which was currently being reviewed.

Ms Renfrew felt it was worthwhile for officers to discuss how to bring all this together which could incorporate the work of the Francis Group, Quality and Development Group and Organisational Development Group. It was recognised that not all actions would come together within the same timeframe or quarter but it would be best to concentrate on completed issues initially. Such an outcome could be referred back to the Francis Report recommendations to show where each action/improvement had been made.

If this proved feasible, Ms Brown would then be keen to ensure that the messages in such a report would be communicated to staff. Mr Williamson reminded members that there was a huge difference between the management and clinical aspects in Mid-Staffordshire than there was with NHSGGC and the important issue for the NHS Board was both listening to and learning from reports such as the Francis Report. Dr Armstrong said there was no doubt that patient expectation had been raised and this had to be responded to. However, clinical leadership also needed to be improved, and this was one of the gaps identified from the Francis recommendations. Bringing together clinical performance and feeding it into an "easy to read" paper would not be straightforward. Mr Finnie echoed this and felt that complex workstreams should not be muddled. The issues which were easy to be merged should be merged and matters should not be overcomplicated.

Consideration would be given to what could be sensibly brought together into an overarching report. **Nurse Director**

NOTED

42. SUICIDE PREVENTION IN NHSGGC

There was submitted a paper [Paper No: 14/35] from the Director, Glasgow City CHP and Associated Medical Director, Mental Health which provided the context for suicide reduction within the NHS Board's area and an update on current action plans and intended plans.

Over the last decade, suicide and non-fatal self harm had become increasingly recognised as an important issue for public health policy and practice in Scotland, in part because suicide rates were significantly higher in Scotland compared to the rest of the UK. There were 830 suicides registered in Scotland in 2012 which included 193 deaths in the NHSGGC area. Although deaths from suicide in NHSGGC and Scotland continued to fall (down 18% in ten years) they had risen slightly over the last decade in England and Wales. Economic recession, especially

unemployment, has been clearly shown to be associated with increased suicide rates across Europe.

Dr Smith, in presenting the paper, also highlighted the suicide prevention actions undertaken by the Greater Glasgow and Clyde Suicide Prevention Planning Group and the paper gave specific details of the eight point work plan agreed by the group.

Mr Williamson asked if there was evidence that the Samaritans were effective and if their work had connections with the NHS. Dr Smith indicated that no formal study had been carried out, however compassion was an important part of prevention and the Samaritans played an important role in this area and many could learn from their experiences. Formal links did exist and their leaflets and telephone numbers were freely available within the NHS.

Mr Fraser commended the excellent paper and presentation and was pleased to read of the steps being taken within the Board's area in trying to further reduce suicides in NHSGGC.

Ms Micklem noted that people were three times more likely to commit suicide if they were from deprived areas and she wondered if the overall reductions could be shown across all social groups. She was also keen to know whether there were specific actions targeted at males in deprived areas. Dr Smith was not aware if the reductions were across all social groups but work was being undertaken in this area and he confirmed the actions taken in terms of training and liaison with benefit agencies and prisons to target messages to males from deprived areas. Mrs Hawkins indicated that custody suites in prisons would have health care provided in future and this would be a real opportunity to make a difference in this area.

NOTED

43. MEDIA COVERAGE OF NHSGGC JAN-FEB 2014

There was submitted a paper [Paper No: 14/36] from the Director of Corporate Communications highlighting outcomes of media activity for the period January/ February 2014. The report supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

NOTED

44. FINANCIAL MONITORING REPORT FOR THE 10 MONTH PERIOD TO 31 JANUARY 2014

There was submitted a paper [Paper No: 14/37] by the Director of Finance setting out the financial monitoring report for the ten month period to 31 January 2014. The NHS Board was reporting an expenditure outturn of £7.1m under budget in order to assist in funding the transitional costs of the move to the New South Glasgow Hospital. It was anticipated that a year-end surplus of circa £10m would be achieved in terms of carrying forward that sum to 2014/15. This would be formally reported in the Month 11 report.

The Director of Finance drew members' attention to the changes in presentation with more analysis of costs and changes in income reporting. He took members through the detail of the report and the changes to it.

Members welcomed the presentation changes and felt that the report was enhanced by the additional information shown.

NOTED

45. QUALITY POLICY DEVELOPMENT GROUP MINUTES OF MEETING HELD ON 18 DECEMBER 2013

There was submitted a paper [Paper No: 14/38] enclosing the minutes of the Quality Policy Development Group meeting of 18 December 2013.

NOTED

46(a) STAFF GOVERNANCE COMMITTEE MINUTES OF MEETING HELD ON 18 FEBRUARY 2014

The minutes of the Staff Governance Committee held on 18 February 2014 [SGC(M)14/01] were submitted to the Committee.

NOTED

46(b) STAFF GOVERNANCE COMMITTEE REMIT 2014

There was submitted a paper [Paper No: 14/39] by the Director of Human Resources setting out the recommended changes to the Remit of the Board Staff Governance Committee.

The Staff Governance Committee had reviewed its remit at its meeting in February 2014 and had made recommendations for specific changes.

DECIDED

- That the revised remit of the Staff Governance Committee be approved.

47. QUALITY AND PERFORMANCE COMMITTEE – REVISED REMIT

There was submitted a paper [Paper No: 14/40] by the Head of Board Administration setting out the revised remit of the Quality and Performance Committee for members' consideration.

The revised Quality and Performance Committee remit had been produced following discussions at the Audit Committee on the Standing Financial Instructions in relation to the limit for approval of Capital and IM&T Schemes and property transactions. The revised remit had also taken account of the discussions with the Chief Executive who was keen to keep a significant scrutiny/approval role for the Quality and Performance Committee in relation to Capital Schemes, IM&T Schemes and property matters.

DECIDED

- That, the revised Quality and Performance Committee remit be approved for submission to the April Board for endorsement. **Head of Board Administration**

48. ADULTS WITH INCAPAPCITY (SCOTLAND) ACT 2000 – ANNUAL REPORT FOR 2013 ON THE OPERATION OF PART 4

There was submitted a paper [Paper No: 14/41] by the Director, Glasgow City CHP asking the Committee to note the Annual Report produced by the Adults with Incapacity Supervisory Body covering the discharge of the Board's obligations under Part 4 of the Adults with Incapacity (Scotland) Act 2000. The Act required the making of arrangements for the management of funds of those patients resident in NHSGGC hospitals who lacked the capacity to make decisions about their own finances. The report was presented to provide assurance to the Committee that the Supervisory Body was fulfilling its obligations under the Act.

Mr Lee reminded members that this was the last meeting which Mrs Anne Hawkins would be attending prior to her retirement at the end of the month. He wished to record his and the Committee's appreciation of the open and helpful way Mrs Hawkins had communicated and supported the Quality and Performance Committee and her willingness to respond positively to members' questions and concerns. He wished her very best wishes for a long and healthy retirement. Mrs Hawkins thanked members for their kind comments.

NOTED

49. NEW SOUTH GLASGOW HOSPITALS PROGRESS UPDATE – STAGES 2 & 3

There was submitted a paper [Paper No: 14/42] by the Project Director – New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals).

As at 10 March 2014, 155 weeks of the 201 week contract had been completed and the project remained within timescale and budget. Contract completion was now 26 January 2015 and Mr Loudon provided members with images in a presentation highlighting the progress of both the adult and children's hospitals.

The Project Team input to the design of the new hospitals was now minimal. The latest drawings to be reviewed and approved included the nurse call layouts for the inpatient wards, and fixtures and fittings for the adult atrium and restaurant areas.

Mr Loudon highlighted progress within the new adult acute hospital, new children's hospital and the internal fit-out/inspection process.

Car Park 1 would be completed by the end of July 2014. However, following review of the car parking strategy for the site, it had been decided that there was limited benefit for the Board to negotiate a beneficial occupancy at present and it would be handed over to the NHS Board on the completion of both hospitals by 26 January 2015.

Mr Loudon also highlighted that the NHS Board had entered into dialogue with Brookfield Multiplex about the link bridge from the adult hospital to the Institute of Neurosciences building. The current design was considered to be austere and detracted from the high standards of design evident from the adult hospital and would also impact on the new Teaching and Learning Centre and new office block.

Options had been discussed to revise the design and install an aesthetically acceptable solution and add value by also enhancing the operational functionality of the link bridge. In addition, the Board was considering a Capital Project to enhance the main entrance of the Institute of Neurosciences with the objective of optimising the use of space to create a sense of arrival on entering this building. Currie and Brown UK Ltd had been commissioned to prepare a report on the procurement options. The intention was that the Board consider and implement a negotiated procurement route with Brookfield Multiplex and follow the steps noted within the paper to demonstrate value for money. The requirement would be to complete both sets of work during the financial year 2014-15 and the preservation of a single warranty for all works associated with the installed link bridge and any amendments to incorporate the new Neurosciences entrance.

Mr Loudon then took members through the progress in relation to the Energy Centre, Teaching and Learning Centre, Clinical Research Facility and the new staff accommodation (office) building.

Mr Robertson highlighted that some Non-Executive Members had been able to visit the new hospitals last Friday and a further visit had been arranged for the following Friday. Six members had confirmed their attendance and if the other members wished to attend, they should let Mr Loudon know as soon as possible.

In response to a question from Mr Winter, Mr Loudon advised that the technical inspections as a result of the pending expiry of the two year defects liability period for the new laboratory at the Southern General Hospital related mainly to minor issues of fixing cracked mirrors in toilet areas and other such works.

DECIDED

- That, the progress report on the New South Glasgow Hospitals Development be noted.

- That, the negotiated procurement route with Brookfield Multiplex for the Neurosciences entrance and new link bridge be approved on the basis of the works being completed in the financial year 2014-15 and reserving a single warranty for all works associated with the installed link bridge and any amendments to incorporate the new Neurosciences entrance. **Project Director**

50. CAPITAL PLANNING AND PROPERTY COMMITTEE GROUP MINUTES – MEETINGS HELD ON 17 DECEMBER 2013 AND 24 JANUARY 2014

There was submitted a paper [Paper No: 14/43] enclosing the minutes of the Capital Planning and Property Group meetings of 17 December 2013 and 24 January 2014.

NOTED

51. DATE OF NEXT MEETING

9.00am on Tuesday 20 May 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12:40pm

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 20 May 2014 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting: 18 March 2014**	QPC(M) 14/02
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 14/44
	(b) NHSGGC Access Policy – EQIA Action Plan - Update Report of the Interim Lead Director, Acute Services	Paper No 14/45
5	**Year End Update** Report of the Director of Finance	Verbal Report
6	**2014/15 Draft Financial Plan** Report of the Director of Finance	Paper No 14/46
7	**Proposed Capital Plan 2014/15 to 2016/17** Report of the Director of Finance	Paper No 14/47
8	**Integrated Quality and Performance Report** Report of the Acting Head of Performance and Corporate Reporting	Paper No. 14/48

SAFETY

9	**Scottish Patient Safety Programme Report** Report of the Medical Director	Paper No 14/49

10	**Healthcare Associated Infection: Exception Report** Report of the Medical Director	Paper No 14/50
11	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents and FAIs** Report of the Medical Director	Paper No 14/51
12	**NHSGGC Paging System Overview** Report of the Interim Lead Director, Acute Services	Paper No 14/52
13	**Board Clinical Governance Forum Minutes and Summary of Meeting held on 14 April 2014**	Paper No 14/53
14	**Quarterly Report on Cases Considered by the Scottish Public Services Ombudsman: 1 January – 31 March 2014** Report of the Nurse Director	Paper No 14/54

PERSON CENTREDNESS

15	**Planning for the Commonwealth Games** Report of the Director of Public Health	Paper No 14/55
16	**Health Promoting Health Service (CEL 01 2012) Annual Report** Report of the Director of Public Health	Paper No 14/56
17	**NHSGGC Food Retail Policy** Report of the Director of Public Health	Paper No 14/57
18	**National Person-Centred Health and Care Collaborative: Strategic Report and Work Plan** Report of the Nurse Director	Paper No 14/58
19	**Proposal For Elderly Mental Health Continuing Care Beds** Report of the Director, Renfrewshire CHP	Paper No 14/59 To Follow
20	**Tackling Inequality**	
	(a) Meeting the Requirements of Equality Legislation- A Fairer NHSGGC: Monitoring Report 2014 Report of the Director of Corporate Planning and Performance	Paper No 14/60

(b) Addressing the Health Inequality Gap — Paper No 14/61 To Follow

Report of the Director of Corporate Planning and Performance

CLINICAL EFFECTIVENESS

21 GP Out of Hours Payments — Paper No 14/62

Report of the Interim Lead Director, Acute Services

MONITORING AND GOVERNANCE

22 Media Coverage of NHSGGC Mar/Apr 2014 — Paper No 14/63 To Follow

Report of the Director of Corporate Communications

23 Analysis of Legal Claims - Monitoring Report (Year End Review 2013/2014) — Paper No 14/64

Report of the Head of Board Administration

24 2013-14 Annual Review Proposals — Paper No 14/65

Report of the Director of Corporate Planning & Policy

25 2014-15 Local Delivery Plan - Sign-Off Letter — Paper No 14/66

Report of the Director of Corporate Planning & Policy

26 Quality Policy Development Group Minutes of Meeting held on 24 February 2014 — Paper No 14/67

27 Management of Overdue Incidents in Datix — Paper No 14/68

Report of the Medical Director

28 Shadow Arrangements - Glasgow Joint Integrated Partnership — Paper No 14/69 To Follow

Report of the Interim Director of Glasgow CHP

CAPITAL

29 New South Glasgow Hospitals: Progress Update – Stages 2 & 3 — Paper No 14/70

Report of the Project Director – New South Glasgow Hospitals Project

30 Sale of Lands at the Former Lennox Castle Hospital — Paper No 14/71 To Follow

Report of the Chief Executive

31 Capital Planning and Property Group Minutes – Meetings held on 26 March 2014 and 9 May 2014 Paper No 14/72

32 Date of Next Meeting

9.00am on Tuesday 1 July 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

DRAFT

QPC(M)14/03
Minutes: 52 - 84

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 20 May 2014 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE	Mr I Fraser
Ms M Brown	Cllr J McIlwee
Dr H Cameron	Mr D Sime
Cllr M Cunning (To Minute 79)	Mr B Williamson
Mr P Daniels OBE	Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong	Mr R Finnie (To Minute 78)
Mr R Calderwood	Cllr M MacMillan
Dr L De Caestecker	Mr A O Robertson OBE

I N A T T E N D A N C E

Mr G Archibald	..	Interim Lead Director, Acute Services
Ms A Baxendale	..	Head of Health Improvement and Inequalities (For Minute 68)
Ms L Carroll	..	Programme Manager – HIV/STIs (For Minutes 71a, 71b)
Mr A Crawford	..	Head of Clinical Governance (For Minute 69)
Mr A Curran	..	Head of Capital Planning and Procurement (For Minute 81)
Mr A Daly	..	Head of Financial Planning and Allocations (For Minute 81)
Ms J Erdman	..	Corporate Inequalities Team Manager (For Minutes 71a, 71b)
Mr J C Hamilton	..	Head of Board Administration
Mr D Leese	..	Director, Renfrewshire CHP (For Minute 70)
Mr D Loudon	..	Project Director - South Glasgow Hospitals Development
Mr A McCubbin	..	Head of Finance – Capital and Planning (For Minute 58)
Mr A MacKenzie	..	Interim Director, Glasgow City CHP
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr D Ross	..	Director, Currie & Brown UK Limited (For Minute 80)
Ms H Russell	..	Audit Scotland

52. APOLOGIES

Apologies for absence were intimated on behalf of Councillor A Lafferty and Ms R Micklem.

53. DECLARATIONS OF INTEREST

Declarations of interest were raised by two NHS Board Members in relation to items included in the agenda for this meeting:-

1. Mr R Finnie – Agenda Item 17 – NHSGGC: Food Retail Policy

   Mr Finnie is a Trustee with the charity – League of Hospital Friends, Inverclyde.

2. Councillor M MacMillan – Agenda Item 19 – Proposal for Elderly Mental Health Continuing Care Beds

   Councillor MacMillan is the leader of Renfrewshire Council.

54. MINUTES OF PREVIOUS MEETING

On the motion of Councillor J McIlwee and seconded by Mr B Williamson, the Minutes of the Quality and Performance Committee Meeting held on 18 March 2014 [QPC(M)14/02] were approved as a correct record.

55. MATTERS ARISING

(a) Rolling Action List

NOTED

(b) NHSGGC Access Policy – EQIA Action Plan - Update

There was submitted a paper [Paper No: 14/45] by the Interim Lead Director, Acute Services providing an update on the Access Policy EQIA Action Plan and setting out the progress on all outstanding actions.

Mr Archibald indicated from the Action Plan that those areas shaded grey had been completed and those unshaded actions were still ongoing. The "did not attend" rate was still being regularly reviewed as, although there had been a 1% improvement, the NHS Board's position was still higher than the Scottish average. In addition, Mr Archibald drew attention to the measures being put in place to ensure referrers of patients with additional support needs were providing details of this to secondary care to ensure equitable access and a National Short Life Working Group was currently progressing a proposal to use the SCI Gateway to transfer patient information on additional needs. In the interim, work was ongoing locally with the Inequalities Team and GPs to identify a way for patients' additional needs to be more prominently highlighted within referral letters. **Interim Lead Director, Acute Services**

In addition, Mr Archibald reported on the analysis undertaken of patient waiting time trends which was carried out to ensure that the implementation of the Access Policy had not led to any unforeseen bias to any particular patient group. In particular, it was to ascertain if the implementation of the Access Policy had had any detrimental impact on patients living in more deprived areas of the Board. The paper indicated

that the average waiting time totals for the whole year for each Scottish Index of Multiple Deprivation (SIMD) quintile were all between 27 and 28 days. Average waiting times for each month fluctuated across the year between 25 and 29 days with each quintile subject to some variation. It was however, being recommended that the following data were analysed:-

- Average waiting time at a specialty level;
- Average waiting time for each hospital site;
- Waiting times categorised by other protected characteristics;
- Outpatient data.

Mr Williamson welcomed this report and its findings and asked if the issue of unavailability had been considered. Mr Archibald intimated that the whole patient journey had been looked at and a specific focus on unavailability across the SIMD categories would be possible. He would include outpatients and, as notified earlier, the "did not attend" rates.

Mr Calderwood emphasised the benefits of the Board's Access Policy and the analysis undertaken showed that equitable access was available across all five SIMD categories. The whole patient journey incorporating the access to cancer care particularly for those within the deprived categories was acknowledged to be part of the further review.

Interim Lead Director, Acute Services

NOTED

56. YEAR END UPDATE

In the absence of the Director of Finance who was attending the Scottish Parliament Health and Sport Committee, the Chief Executive advised that subject to the full auditing process for the Annual Accounts 2013-14, the year-end position was as had been forecast in the Director of Finance's monitoring reports to the NHS Board and Quality and Performance Committee. The draft Annual Accounts following the full audit process would be submitted to the Audit Committee in June and to the NHS Board on 24 June 2014 for approval.

NOTED

57. 2014/15 DRAFT FINANCIAL PLAN

There was submitted a paper [Paper No: 14/46] by the Director of Finance providing members with an overview of the key elements within the Financial Plan, highlighting key assumptions and risks and explaining how it was proposed to address the cost savings challenge which the Board faced in order to achieve a balanced financial outturn in 2014/15. The Committee was being asked to scrutinise the Board's 2014/15 Financial Plan and recommend it for formal approval by the NHS Board at its meeting on 24 June 2014.

Mr Calderwood presented the Financial Plan to members. He highlighted the need to improve performance with waiting times at Accident and Emergency Departments; the changes in relation to the Change Fund; the non-recurrent monies set aside for next winter and the additional contributions required for the Clinical

Negligence and Other Risk Insurance Scheme (the National Risk Sharing Scheme for the settlement of legal claims).

Ms Brown highlighted members' comments at the Away Day and the recent Board Seminar that any review of services should protect resources currently targeted at those in greatest need and subjected to poverty within the NHS Board area. It should not be the case that the Board's actions should make matters worse in health terms for those most vulnerable within our society. Mr Calderwood intimated that he had emphasised this point when he met individually the CH(C)P Directors when discussing the 2014/15 Financial Plan.

Mr Winter sought further information on how it was intended to address the risks which had been clearly set out within the paper. He was concerned at the movement in bed numbers, impact on wards and the need to seek further savings from procurement. Mr Calderwood indicated that the paper set out the known risks which had been identified at the time of drawing together the Financial Plan. A contingency fund had been set aside and whilst it would always be desirable to have a large contingency, it was not thought prudent to seek a further reduction in services to ensure a more significant contingency fund. Turning to the specifics, Mr Calderwood indicated that the bed model was phased across all the hospital sites. In addition it was the case that there were currently almost 300 beds within NHSGGC which were occupied by elderly patients who had been assessed as fit for discharge but whose arrangements were still being organised for their individual placements within appropriate care settings. In relation to procurement, there was a continuation of the product rationalisation programme through aggregating procurement to a smaller set of suppliers. This programme to date had proven particularly successful in reducing unnecessary costs. The Financial Plan had been worked up with Board Members at the Away Day and NHS Board Seminar and he believed it set out sensible recommendations for seeking a balanced budget for 2014/15, recognising the additional pressures which would be faced in the two financial years thereafter.

Mr Finnie recognised the disconnect between the known risks and setting the Contingency Fund of £5m. He was not able to find coherence from the Financial Plan, Capital Plan to the delivery of the necessary HEAT and local targets. Members recognised the need to set a balanced budget for the year and the difficulties in doing this with a number of imponderables, and emphasised the need to ensure regular and detailed monitoring took place throughout the financial year in order to be able to respond to any changing circumstances.

It was also recognised that in submitting the paper to the June NHS Board meeting, it would be useful to set out a fuller description of the risks identified within the paper and steps which could be taken to minimise their impact.

DECIDED

- That, subject to a fuller description of the risks and steps to minimise these, that the NHS Board's 2014/15 Financial Plan be submitted to the June NHS Board meeting with the recommendation that it be approved. **Director of Finance**

58. PROPOSED CAPITAL PLAN 2014/15 TO 2016/17

There was submitted a paper [Paper No: 14/47] by the Director of Finance setting out the proposed allocation of capital funds for 2014/15, indicative allocations for 2015/16 and 2016/17 and the request to delegate to the Capital Planning and

Property Group the authority to allocate any additional available funds against the 2014/15 Capital Plan throughout the year.

Mr Calderwood took members through the Capital Plan and advised that the adjusted sum for capital resources for 2014/15 was £179.520m, of which £121.867m was committed to the new Southside Hospitals Development. Mr Calderwood also highlighted the schemes associated with the Adult Mental Health Services, radiotherapy equipment replacement, PET scanner replacement, carbon reduction programme and the HUB Initiative in relation to the construction of health centres in the next two years.

Mr Finnie enquired about the coherence between the energy spend and link to the HEAT target for carbon reduction. Mr Calderwood indicated that in relation to carbon reduction, the largest reduction would be in opening and moving to the new Southside Hospitals with the subsequent closures of the Western Infirmary, Victoria Infirmary, Mansionhouse Unit and Royal Hospital for Sick Children. He was also seeking a number of demolitions of redundant buildings. He highlighted the anomaly in the calculation of this target highlighting the joint working with Renfrewshire Council in establishing the new Renfrew Health and Social Care Centre, the NHS Board's footprint went up as it owned the site and, despite being a joint partner in this venture, Renfrewshire Council's footprint went down as it did not own the premises.

DECIDED

- That, the proposed allocation of capital funds for 2014/15 be approved.
- That, the current indicative allocations for 2015/16 and 2016/17 be noted.
- That, the Capital Planning and Property Group be delegated the authority to allocate any additional available funds against the 2014/15 Capital Plan throughout the year.

59. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No: 14/48] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC's performance. Of the 47 measures which had been assigned a performance status based on their variations from trajectory and/or targets, 32 were assessed as green; four as amber (performance within 5% of trajectory) and eleven as red (performance 5% outwith meeting trajectory).

The key performance status changes since the last report to the Committee included:-

- Freedom of Information requests had moved from amber to green;
- Overtime usage had moved from amber to green;
- Complaints responded to within 20 working days had moved from amber to green;
- Carbon emissions had moved from green to red;
- Energy consumption had moved from green to red.

Exception reports had been provided to members on the eleven measures which had been assessed as red and this had included new exception reports for carbon emissions and energy efficiency. Performance relating to the early detection of cancer and the IVF HEAT targets had been included in the integrated report for the first time. Lastly, the report highlighted three legal cases in 2013 which were reported on by the Equality and Human Rights Commission which provided clarity in disability discrimination claims. The clarification directly related to the NHS Board's "Release Potential" campaign where the NHS Board wished to promote an environment where staff members felt able to tell their managers about their disability and where managers understood the benefits of developing a workplace culture which was supportive to disabled people.

In relation to a question from Ms Brown about seeking more information on cancer times and in particular, the glaucoma service within ophthalmology, Mr Archibald indicated that steps were being taken to redesign this service as it continued to be very disappointing that patients were breaching their waiting time guarantees within this sub-specialty area. He was aware that performance remained good around meeting the 31 day target for access to cancer services however, there had been a deterioration in meeting the 62 day target. He agreed that he would bring a further paper to the next meeting of the Committee highlighting the difficulties and the steps being taken to make improvements to this important service area.

DECIDED

- That, the May 2014 Integrated Quality and Performance Report be noted.

- That, a paper be submitted to the next meeting of the Committee on the steps being taken to improve cancer waiting times and, in particular, the glaucoma service within ophthalmology. **Interim Lead Director, Acute Services**

60. SCOTTISH PATIENT SAFETY PROGRAMME: UPDATE

There was submitted a paper [Paper No: 14/49] by the Medical Director, which provided a review of the Maternal and Child Quality Improvement Collaborative which consisted of the paediatric, maternity and neonatal workstreams together with a report on the recent review visit by Healthcare Improvement Scotland and the National Clinical Lead for Safety.

The paper highlighted that the Acute Services Division had made good progress in relation to the Paediatric workstreams. The Women's and Children's Directorate had recently revised the structures in place to support the Maternal and Child Quality Improvement Collaborative in order to align it to the new collaborative arrangements within the SPSP monitoring groups established for both obstetrics and gynaecology and hospital paediatrics and neonatology.

Members welcomed the write-up of the review visit from Healthcare Improvement Scotland and National Clinical Lead for Safety and it was noted that the outline of the NHS Board's approach and progress had been well received.

NOTED

61. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No: 14/50] by the Medical Director providing an exception report on the NHS Board performance against HEAT and other HAI targets.

Dr Armstrong advised that the position on SABs was that the recent validated results for quarter 4 confirmed a total of 133 SAB cases between October and December 2013. This equated to a SAB rate of 36.8 cases per 100,000 acute occupied bed days (AOBDs). As indicated at the last meeting however, the local data for 2014 quarter 1 indicated a 26% reduction in case numbers, equating to an estimated rate of 28.2 cases per 100,000 AOBDs. The validated results for quarter 1 were expected to be published in July 2014.

In addition, Dr Armstrong highlighted that there had been a significant increase in orthopaedic surgical site infections at the Royal Alexandra Hospital between November 2013 and February 2014. Meetings had been held with the clinical team and a number of actions had been taken in reviewing the patient risk factor pathways. These actions remained ongoing, however, it was known that there had only been one surgical site infection in orthopaedics in April 2014, although the situation continued to be closely monitored.

NOTED

62. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS AND FAIs

There was submitted a paper [Paper No: 14/51] by the Medical Director on the handling of adverse clinical incidents together with an update on the current fatal accident enquiries. The paper highlighted that there had been [redacted] An investigation was currently underway in relation to this case. There had also been two wrong site blocks (local anaesthetic performed on wrong body part) and both these events were still under investigation although it did appear in both cases that the "stop before you block" process had not been properly implemented. These events had been discussed at the Theatres and Anaesthetics Clinical Governance meeting, and greater awareness of these events had been raised in all departments.

There had been five medication errors which fell into the category of avoiding serious events monitoring, and all were currently under investigation. Lastly, there had also been 39 pressure ulcers reported as developing since the last report and discussions were ongoing with the Tissue Viability Service in relation to improving the quality of this data and providing an indication of avoidability and it was hoped to have the revised dataset for the next report. **Medical Director**

Dr Armstrong highlighted the Sheriff's determination in relation to Ms McC and the improvements that had been put in place since 2008, including the increased hours of consultant presence, a modified early warning system now in place, and the notification of the on-call Consultant Obstetrician when any patient was admitted to the obstetric high-dependency unit or equivalent unit. Further discussions were underway in relation to access to medical/surgical opinions in such cases and the timescales in which they should be obtained. In response to a

member's question, Dr Armstrong indicated that the Sheriff's determination had highlighted that access to more senior medical staff and a cardiologist could have made a difference in this case.

NOTED

63. NHSGGC PAGING SYSTEM OVERVIEW

There was submitted a paper [Paper No: 14/52] by the Interim Lead Director, Acute Services providing the context and current position within the NHS Board area in relation to the paging system in operation within hospitals.

The hospital paging systems are provided by Multitone Electronics and are privately networked dedicated radio-based systems, licensed by OFCOM, which are used to deliver real-time voice and data messaging. Each site had its own autonomous local paging network which was operated either from the contact centres (in Hillington Industrial Estate and the Royal Alexandra Hospital) or on site. There had, in the past, been some instances with coverage blackspots on the paging system and these had been addressed at the time, and the paper highlighted specific issues and resolutions. Since the move to the Hillington contact centre, the emergency paging group was tested on a daily basis and this has not identified any issues with blackspots on the current sites.

Members welcomed this report and asked Mr Archibald if specific information could be provided on the incident which highlighted the need to review the paging system and also the rationale behind the number of pagers used on different hospital sites.

DECIDED

- That, the paper setting out the current position in relation to the paging system within NHSGGC be noted.

- That, a further paper be provided which covered the specific incident which had led to the need to review the paging system and an explanation as to the rationale of pagers across different hospital sites. **Interim Lead Director, Acute Services**

64. BOARD CLINICAL GOVERNANCE FORUM MINUTES (DRAFT) AND SUMMARY OF MEETING HELD ON 14 APRIL 2014

There was submitted a paper [Paper No: 14/53] enclosing the minutes of the Board Clinical Governance Forum meeting held on 14 April 2014.

NOTED

65. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: 1 JANUARY – 31 MARCH 2014

There was submitted a paper [Paper No: 14/54] from the Nurse Director setting out the actions taken by the responsible operational area in response to recommendations made by the Scottish Public Services Ombudsman in investigative reports and decision letters. The report covered two investigation reports for GPs and 21 decision letters relating to ten within Acute Services, five

within Partnerships and six within Family Health Services. The Ombudsman investigated total of 32 issues, twelve of which were upheld and 20 not upheld and the Ombudsman had issued 31 recommendations.

NOTED

66. PLANNING FOR THE COMMONWEALTH GAMES

There was submitted a paper [Paper No: 14/55] by the Director of Public Health asking members to note the planning being undertaken in preparation for the Glasgow Commonwealth Games 2014.

The NHS Board Civil Contingencies Planning Unit had been extensively involved in the preparations for the Games with the Commonwealth Games Organising Committee (Medical Services, Transport Services, Food Safety, Safety and Security), Scottish Government, NHS Resilience Team, Police, Ambulance Service, Local Authorities and Health Protection Scotland. In addition, 14 clinical expert groups had been formed to assist the Organising Committee Medical Services in the planning for medical provision and eleven Task and Finish Groups had been formed to lead the planning at NHS Scotland level coordinated through the NHS Resilience Team.

NHSGGC would continue to deliver services as usual to its resident population during the Games and internal planning had been led by the Civil Contingencies Strategic Group with three identified workstreams, namely; health protection, health services and health resilience.

Police Scotland were responsible for the overall safety and security and they have worked with the full range of partners including the NHS Board. Discussions were ongoing regarding the awareness and management of "fixated people" with both Police Scotland and the Fixated Threat Assessment Centre in London. A mass casualty tabletop exercise had recently been undertaken to test the NHS Board's Strategic Major Incident Plan and a further exercise was held last week to test the daily routine of operation during the Games.

NOTED

67. HEALTH PROMOTING HEALTH SERVICE (CEL 01 2012) ANNUAL REPORT

There was submitted a paper [Paper No: 14/56] by the Director of Public Health asking the Committee to formally ratify the Year 2 submission and continue to support the implementation of the Health Improvement programmes in hospital settings. This initiative aimed to build on the concept that every healthcare contact was a health improvement opportunity, recognising the important contribution that hospitals can make to promoting health and enabling wellbeing in patients, families, visitors and staff.

NHS Boards were required to carry out actions in relation to underpinning and enabling activity to support health improvement in the hospital setting as well as the delivery of specific topic-based actions with defined performance measures. The Board was able to evidence significant progress in relation to all actions in Year 2. The submission had been sent to SGHD within the timescales set however, if any amendments were necessary as a result of discussions with members, these

would be notified to SGHD.

Members welcomed the steps being taken thus far and the actions highlighted for Year 3 and it was noted that Rev Dr Norman Shanks, Non-Executive Member, was the Lead Non-Executive Director for this issue with Ms Morag Brown leading on Staff Health. Dr Cameron highlighted an error in the percentage of Allied Health Professionals in one of the tables and it was agreed that this would be altered and SGHD notified.

DECIDED

- That, the Year 2 submission to SGHD be approved, subject to the alteration highlighted by Dr Cameron. **Director of Public Health**

68. NHSGGC FOOD RETAIL POLICY

There was submitted a paper [Paper No: 14/57] by the Director of Public Health asking members to consider the Food Retail Policy and recommend its approval by the NHS Board.

The NHS Board first endorsed a policy position on food, fluid and nutrition in 1993 and the extant Food, Fluid and Nutrition Policy was approved in 2008 with a subsequent review in 2011. The key objective of the policy was to increase availability of an acceptable and appropriate healthy diet for employees, visitors and outpatients within NHSGGC. NHSGGC operated dining, cafe and vending facilities and had successfully achieved a high level of compliance with national and local healthy eating guidance. This included:-

- 12 Aroma Cafes/ten dining rooms with Health Living Award +
- One Aroma Cafe/two dining rooms with Healthy Living Awards
- 60 drink vending machines – 100% sugar free
- 34 snack vending machines with 50% healthier items
- 8 meal vending machines with Healthy Living Awards

The Aroma Cafe brand was a wholly owned NHS coffee bar brand piloted within NHSGGC and now extended to 16 outlets across NHS Scotland, all meeting the Health Living Award + status. The last four years had seen income generation reduce a NHSGGC retail deficit into a £73,000 surplus in 2013/14.

The Food Retail Policy proposed that NHSGGC adopted an exemplar position in the routine provision of healthy eating opportunities for patients, staff and visitors. The remaining vending machines, managed by external companies, were now moving towards compliance with the Food Retail Policy. In addition, on completion of the move to the New Southside Hospitals in 2015, at least 16 lease agreements with externally operated retail shops, cafes, tea rooms and trolleys were anticipated to be in operation.

In response to Councillor Cunning's comments about healthy eating within schools, Dr de Caestecker advised that the standards within hospitals were not as stringent as within schools and this was in an attempt to ensure people were given healthy choices rather than attempt to stop them leaving the site and possibly opting for unhealthy choices. The policy sought outlets and shops providing 70% compliance with sugar free drinks or a limited range of sugar based drinks and this was not set at 100% for medical and nutritional reasons, particularly around nutritionally vulnerable or mental health patients accessing sugar based drinks. In relation to

nutritional composition and content, concern was raised that the levels of fats and oils must be kept to a minimum and that this was not specific enough. Ms Baxendale advised that specific requirements were set as part of the national criteria and the detail was contained within the National standard documents referenced in the policy.

DECIDED

- That, the Food Retail Policy be approved and the NHS Board be recommended to adopt the policy at its next meeting. **Director of Public Health**

69. NATIONAL PERSON-CENTRED HEALTH AND CARE COLLABORATIVE: STRATEGIC WORK PLAN AND REPORT

There was submitted a paper [Paper No: 14/58] by the Nurse Director setting out the current position on the NHS Board's progress in implementing the National Collaborative for Person-Centred Health and Social Care.

The paper provided information on the second Person-Centred Health and Care local learning session held on 25 March 2014; the fourth national learning session for the Person-Centred Health and Care Collaborative on 27 and 28 May 2014 at the SECC, Glasgow and also a brief summary of the informal visit by Ms Ros Micklem, Non-Executive Member of the Board.

The local learning session on 25 March had received encouraging feedback and it was hoped to hold a third learning session in late August/early September 2014 which would concentrate on staff wellbeing, resilience and their relationship to effective care. The national learning session on 27 and 28 May would include the Minister for Public Health and the Divisional Clinical Lead, Quality Unit, SGHD. In addition, a number of staff from NHSGGC would be presenting at this event.

Members welcomed the report and its comprehensive nature and helpful case studies, and Ms Brown asked that Section 3 be written in such a way that it was more relevant and accessible to patients. **Nurse Director**

NOTED

70. PROPOSAL FOR ELDERLY MENTAL HEALTH CONTINUING CARE BEDS

There was submitted a paper [Paper No: 14/59] from the Director, Renfrewshire CHP providing information to the Committee on the proposals for the relocation of the Renfrewshire Elderly Mental Health Continuing Care patients and the location of the Adult Physically Disabled Beds, currently located at the Southern General Hospital site.

Mr Leese explained that, in 2012, due to issues related to asbestos and fire compartmentation, the two Elderly Mentally Ill Continuing Care wards had been temporarily relocated from Dykebar Hospital to the Mansionhouse Unit in South East Glasgow. Having established that these wards could not return to Dykebar Hospital, work had been taken forward to consider options for the future location of these 48 beds. Alongside this, the Renfrewshire Ten Year Joint Strategic Commissioning Plan for Older People had been in development and was now at an advanced stage and outlined a clear vision where services and stakeholders would

work in partnership with older people, carers, families and communities to support living at home or in a more homely setting for as long as possible.

As part of this wider work, Renfrewshire Council had identified that the current model of residential care provision it offered was not sustainable and the Council's Social Work, Health and Wellbeing Policy Board on 6 May 2014 agreed that the Director of Social Work should proceed to develop an option to reduce the number of Council residential homes from three to two. This could possibly lead to the transfer of Hunterhill Care Nursing Home to the NHS Board through a lease of the building. The facility had capacity for 60 beds and offered single room, en-suite accommodation and had excellent internal and external space for the benefit of patient care.

In relation to the Adult Physical Disability NHS Continuing Care Service, this was currently provided within ward 53 in the Langlands Building, located in the Southern General Hospital. This ward provided a mix of multiple bed base and single room layouts. The single room layout was the preferred layout for NHS Continuing Care.

Councillor MacMillan recognised the ongoing partnership work to date and indicated that he was ensuring that proper and meaningful consultation would be taken forward on the issue of residential home provision. He had spoken with the relatives and was aware that there was a genuine concern and a lack of trust and that trust required to be rebuilt. The original plan had been that a submission would be made to the Council's Social Work, Health and Wellbeing Policy Board in August but this would now be put back to October 2014 and the consultation process would be extended and more intense than first mooted by the Social Work Department. No final decision had been taken by Renfrewshire Council and the Council would listen to advice from the NHS, other professionals and the relatives and other representatives of the patients. He felt that it was particularly important to build trust for what should be seen as a service improvement for patients.

Mr Robertson thanked Councillor MacMillan for his comments and was encouraged by the continuation of the joint working between the NHS Board and the Council in this area. He was aware that a number of NHS Board members had received email messages from concerned relatives and Mr Leese indicated that, as a result of today's meeting, he would be responding to these messages. Mr Fraser said that he had also been contacted by relatives and had read the local media reports and felt it was a credit to Councillor MacMillan that he had met the relatives individually in order to understand their concerns.

Director, Renfrewshire CHP

Mr Calderwood indicated that if Renfrewshire Council proceeded with its plans to move from three to two residential care homes and the publicly funded Hunterhill Care Home became available for lease, the NHS Board would be interested. The NHS Board would await the outcome of the process being undertaken by Renfrewshire Council and once a decision had been taken one way or the other, the Board would then consider its position. If Hunterhill Care Home did not become available there would be a need to submit a separate paper to the NHS Board with the options available at that time.

Ms Brown stressed her concern that it was important not to compromise the appropriate care of the young physically disabled patients. Her concerns related to whether the possible move was based on a strategic decision based on a strategy for young physically disabled patients or if it was a convenient arrangement. She was concerned that such a move may not take account of that patient group's views, the views of agencies in that area or any independent views of what was best for the

patients. Mr Calderwood indicated that the young physically disabled patients within the Langlands Unit at the Southern General were not all located within single rooms and the NHS Board had been committed to providing alternative suitable accommodation for them by the summer of 2015. Ms Renfrew indicated that a commitment had been given to improve the services for these patients but as it was a small group of patients, it was not a decision based on a current strategy but a need to ensure suitable accommodation for this important patient group and to ensure that they were not cohabitating with other patient groups.

Mr Williamson described the helpful discussion within Renfrewshire CHP and while recognising that this would be a service improvement and a more convenient location for patients temporarily located within the Mansionhouse Unit, there was a lot of work to assist the relatives in understanding the advantages in the moves proposed for their loved ones. It was highlighted that the three residential care homes within Renfrewshire were operating at a 60% occupancy level. Mr Daniels sought confirmation that the NHS Board's Capital Plan had set aside [redacted] for this issue within Renfrewshire and Mr Calderwood agreed that this was indeed the case. He went on to say that there did require to be a Board level debate about the young physically disabled patients to ensure the appropriate specialist nursing care and clinical staff were available for this patient group within an appropriate setting.

NOTED

71. TACKLING INEQUALITY

(a) MEETING THE REQUIREMENTS OF EQUALITY LEGISLATION – A FAIRER NHSGGC: MONITORING REPORT 2013-14

There was submitted a paper [Paper No: 14/60] by the Director of Corporate Planning and Policy describing how the NHS Board currently met and would continue to meet the requirements of the public sector equality duty. All public sector organisations are required to comply with the Equality Act 2010 and this Act established the public sector general equality duty which required organisations in the course of their day-to-day business to eliminate discrimination, harassment, victimisation, advanced equality of opportunity between persons who share a relevant characteristic and persons who do not, and foster good relations between people who shared protected characteristics and those who do not.

The characteristics referred to in the Equality Act 2010 have been identified as age, disability, sex, gender reassignment, pregnancy and maternity, race and ethnicity, religion and belief, sexual orientation and marriage and civil partnership.

There was a requirement to provide a monitoring report every two years on the activities in relation to the equality strategy, however NHSGGC had been doing this annually since the inception of the Act.

Dr Benton highlighted that one of the key findings was a noticeably larger percentage of respondents who reported having some form of disability than had been identified through routine staff collection (21.6% of 861 respondents as opposed to 0.5% of staff equality monitoring data). Ms Erdman acknowledged this and indicated that the "Release Potential" campaign was being targeted at staff and it was hoped it would also lead to additional confidence in staff reporting on disability. Meetings would be

held with staff under this campaign to get their views on these important issues. Ms Brown thanked Ms Erdman and her staff for this helpful report and encouraged continued vigilance in this area.

DECIDED

- To publish the report to staff and the public. **Director of Corporate Planning and Policy**

(b) DEVELOPING A SYSTEMATIC APPROACH TO TACKLING INEQUALITY: ACTION TO CLOSE THE GAP IN HEALTH OUTCOMES

There was submitted a paper [Paper No: 14/61] by the Director of Corporate Planning and Policy and the Director of Public Health seeking approval to the approach outlined in the paper to identify and close the gap in health outcomes caused by poverty and other vulnerability. At the March Quality and Performance Committee meeting, a paper was considered on the progress in reducing inequalities and the gap in health caused by poverty as part of the NHS Board's aspiration to develop a systematic approach to tackling health inequality. This paper developed that work into more detailed proposals and future reporting to the Committee would consider specific areas where there was a gap in health outcomes as a consequence of poverty and interventions being undertaken to address this. These areas would include antenatal care, prisoners, homelessness, looked after and accommodated children and welfare reform. In addition, steps would continue to be taken to improve the collection of disaggregated data by SMID and protected characteristics and set explicit targets to measure progress.

Dr Armstrong asked about the possible links to health information/safe havens and Dr de Caestecker indicated that this would be helpful. Ms Brown asked whether this could include an action around how we developed strategies and this was acknowledged and agreed. Dr Benton welcomed the fact that work was beginning with 45 GP practices across the Board's area to address the health inequalities gap in bowel screening uptake by people with learning disability and requested an update on this work at a future meeting. **Director of Public Health**

DECIDED

- That, the approach outlined in the paper to identify and close the gap in health outcomes caused by poverty and other vulnerabilities, be approved. **Director of Public Health**

- That, an update on bowel screening for people with a learning disability come back to a future meeting. **Director of Public Health**

72. GP OUT OF HOURS PAYMENTS

There was submitted a paper [Paper No: 14/62] by the Interim Lead Director, Acute Services seeking approval to a rise in the rate of pay for out of hours sessional GP payments over the summer period 2014 and a 1% uplift.

In 2004, NHS Boards assumed the responsibility for GP out of hours with the new

contract and there was a mixture of different models across the country with no nationally agreed contract or rate that applied to either salaried GPs or sessional GPs. Filling out of hours shifts had become increasingly problematic over the last 18 months with holiday periods becoming a particular issue. The sessional rate for GPs had not risen since 2004/5 and the Committee had been made aware of the difficulties in attracting the required number of GPs to provide out of hours services in holiday periods when neighbouring health boards were offering increased rates of pay.

The Director of Human Resources had established a short life working group to try and agree a longer term solution to the issue of recruitment retention and terms and conditions of this group of staff and others in a similar position across the NHS Board. It was acknowledged that a fundamental review of the service on a national basis would be required.

DECIDED

- That, the increased rate of pay for out of hours sessional GPs over the forthcoming summer leave period and a 1% pay uplift in line with other NHS staff be approved. **Interim Lead Director, Acute Services**

73. MEDIA COVERAGE OF NHSGGC MAR/APR 2014

There was submitted a paper [Paper No: 14/63] by the Director of Corporate Communications highlighting outcomes of media activity for the period March – April 2014. The reported supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

NOTED

74. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (YEAR-END REVIEW 2013/2014)

There was submitted a paper [Paper No: 14/64] by the Head of Board Administration providing an overview of the handling and settlement of legal claims within NHSGGC as at 31 March 2013 and 31 March 2014. The paper also provided background information in relation to the role of the Central Legal Office, the Clinical Negligence and Other Risks Scheme (CNORIS) and how significant claims were handled. Mr Winter asked if future reports could highlight the costs paid via the CNORIS scheme in order to give a full understanding of the settlement of legal claim costs within NHSGGC. This was agreed and it was explained that the financial value of the settlement of legal claims has risen and this was reflected in the NHS Board's contribution the following year to the CNORIS scheme. **Head of Board Administration**

NOTED

75. 2013-14 ANNUAL REVIEW PROPOSALS

There was submitted a paper [Paper No: 14/65] by the Director of Corporate Planning and Policy advising members that the Scottish Government's proposals were that the NHS Board would have a Non-Ministerial 2013/14 Annual Review to be held on Tuesday 19 August 2014. For Non-Ministerial Reviews, the Chair of

the Board conducts a public meeting where the NHS Board is expected to outline progress against performance targets and identify challenges for the following year. Staff groups and patient groups should continue to have an opportunity to feed into the Annual Review process and NHS Boards were still required to produce a self assessment of the performance material to inform the review process.

Ms Renfrew indicated that the intention would be to seek a suitable hospital venue and this may require the moving of the NHS Board meeting which would be held that morning followed by the Annual Review.

Director of Corporate Planning & Policy

NOTED

76. 2014-15 LOCAL DELIVERY PLAN – SIGN-OFF LETTER

There was submitted a paper [Paper No: 14/66] by the Director of Corporate Planning and Policy enclosing the contents of the Local Delivery Plan Sign-Off letter received from the Scottish Government.

NOTED

77. QUALITY POLICY DEVELOPMENT GROUP MINUTES OF MEETING HELD ON 24 FEBRUARY 2014

There was submitted a paper [Paper No: 14/67] enclosing the minutes of the Quality Policy Development Group meeting of 24 February 2014.

NOTED

78. MANAGEMENT OF OVERDUE INCIDENTS IN DATIX

There was submitted a paper [Paper No: 14/68] by the Interim Lead Director, Acute Services setting out the current level of overdue incidents and the risks associated with overdue incidents.

If an incident has not been given final approval within 20 days after creation, Datix reported the incident as overdue. In December 2013, 76% of all open incidents were reported as overdue regardless of status and it was clear that incident managers were not maintaining incident status correctly. The high level of reported overdue incidents did not mean that incidents were not being managed, but it did mean that an important exception reporting mechanism was not working. The contributing factors to these high levels of overdue incidents related to management workload, Datix response times and misuse/misunderstanding of incident status.

The Short Life Working Group on the use of Datix had identified a number of recommendations relating to the upgrading of the Datix IT environment in order to improve response times. Firstly, the establishment of a permanent Steering Group to govern the organisation and use of Datix and define service levels to monitor Datix use; monthly reporting to track overdue incident levels within each area of the organisation distributed to management teams combined with the message on addressing the large backlog of overdue incidents and Datix module training to track corrective actions after an incident had been approved.

NOTED

79. SHADOW ARRANGEMENTS – GLASGOW JOINT INTEGRATED PARTNERSHIP

There was submitted a paper [Paper No: 14/69] by the Chief Executive and Interim Director, Glasgow City CHP, seeking approval to establish a Shadow Integration Joint Board (IJB) with Glasgow City Council on the basis of retaining the current Council and NHS CHP governance arrangements during the shadow period (unless changes are proposed by the Shadow IJB and agreed by the Board and Council) and the Shadow IJB reporting to the Council and the NHS Board for the programme of work outlined in the Partnership Agreement.

The Public Bodies (Joint Working) (Scotland Act) 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent on 1 April 2014. The Act enabled the establishment of Integrated Health and Social Care Partnerships with Integrated Joint Boards and Chief Officers from April 2015.

The City Council and the NHS Board had agreed that the arrangements for Glasgow City should be developed on the basis of a body corporate model including all community health and social care services and a process was underway to recruit a Shadow Chief Officer for the new partnership. Mr Mackenzie explained that the City Council had identified eight Councillor members and the NHS Board, through the Chair, would now identify eight NHSGGC members. **Chair, NHS Board**

DECIDED **Interim Director, Glasgow City CHP**

- That, the proposals to establish a Shadow Integration Joint Board with Glasgow City Council set out in the paper, be approved.

80. NEW SOUTH GLASGOW HOSPITALS PROGRESS UPDATE – STAGES 2 & 3

There was submitted a paper [Paper No: 14/70] by the Project Director – New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals).

As at 12 May 2014, 163 weeks of the 201 week contract had been completed and the project remained within timescale and budget. Contract completion was 26 January 2015 and this would include the handover of the Adult and Children's hospitals and Car Park 1.

In relation to design, the project team was focused on reviewing the wayfinding and signage proposals and no further design changes had been requested.

Mr Loudon updated members on the Group 5 equipment, transfer of equipment, progress on Car Park 1, Energy Centre and Teaching and Learning Centre. The Clinical Research Facility had been handed over on 2 May 2014 and end users had now completed the migration process with the facility anticipated to be operational on 2 June 2014. The new Staff Accommodation Office Building had commenced with a planned completion date of April 2015.

Mr Loudon let members know about the difficulties experienced with fixings

associated with the main roof following two which had failed and the contractor had redesigned and replaced all the fixings at no cost to the NHS Board. Mr Williamson asked about the imaging equipment and the fact that some of it would be 14 months old and Mr Loudon intimated that the contractor had complied with the programme of the project and the Diagnostics Directorate had been sighted on that issue and had put in place maintenance programmes for this equipment.

Mr Ross drew attention to the new compensation events and movements since the last meeting and explained that the MTHW system – site ring extension was related to the ability to connect this with the Maternity Building at a later date.

Mr Loudon then updated members on the progress on the design of the proposed new entrance to the Neurosurgical Building and Link Bridge. In relation to the Link Bridge, the contractor would design and bring about improvements to the Link Bridge at no cost to the Board. In relation to the new main entrance of the Neurosurgical Building, it was estimated that the capital cost was [redacted] and the funding sources were set out in the paper. If approved, a compensation event would enable the Board to contractually accept the proposal for the new entrance and would be subject to the contractor being able to demonstrate to the Board that the detailed design and cost-related plan delivered value for money and the contractor would be required to procure supply chain costs on an open book basis with capped overheads and profits.

DECIDED

- That, the progress report in relation to the New South Glasgow Hospital Project be noted.

- That, the new entrance to the Neurosurgical Building be approved at a cost of [redacted] subject to the conditions set out in the paper.

Project Director, New South Glasgow Hospitals

81. SALE OF LANDS AT THE FORMER LENNOX CASTLE HOSPITAL

There was submitted a paper [Paper No: 14/71] by the Chief Executive providing information on the disposal of lands at the former Lennox Castle Hospital following the Secretary of State's approval of the closure of the hospital in 1998. At that time the Lennox Castle Task Force was established to assist and reduce the impact of the hospital closure in the local community of Lennoxtown.

The Task Force completed its work in 2002 following the closure of Lennox Castle Hospital however it was clear to the partnership agencies, East Dunbartonshire Council, Scottish Enterprise and the then Primary Care NHS Trust that the regeneration of Lennoxtown would be a long-term process and this led to the formation of the Lennoxtown Initiative which was set up to lead the regeneration process with a commitment that the net proceeds from the disposal of the former hospital site would be made available to the Lennoxtown Initiative for the delivery of the regeneration package.

The then Primary Care NHS Trust explored the potential development opportunities for the site with limited success on the basis of the planning constraints. However an approach by McTaggart & Mickel, the developer who owned the adjacent site at Hole Farm, presented the NHS Trust with a unique opportunity to unlock the potential for the hospital site to be developed for residential use by combining the substantial land holdings and viewing them as a single entity. Discussions between the Council and Lennoxtown Initiative resulted

in agreement that the lower site could be developed for residential use, however the upper site could only be developed for greenbelt-compatible leisure use.

The paper set out the plans and proposals however as a result of the change in market conditions within the housing market, only Plot 1a had been developed by McTaggart & Mickel and Phase 1b had been marketed with offers received but no acceptable deal was able to be struck. McTaggart & Mickel had carried out all the necessary infrastructure work for all five sites at a total cost of [redacted] with NHSGGC being responsible for 50% of that cost. Initially, the recovery of this outstanding cost was provided for by the sale of the five tranches of land however, as these did not proceed, that cost remained outstanding.

McTaggart & Mickel recently appointed a company to produce a marketing strategy report for the site and although the market for developing land was improving, the improvement in secondary market areas such as Lennoxtown, was still lagging behind therefore their recommended marketing plan for the four remaining phases would be:-

- Phase 1b - March 2015
- Phase 2 – March 2017
- Phase 3 – May 2018
- Phase 4 – May 2020

The marketing strategy advice was that Lennoxtown would not be able to sustain two housebuilders at the same time so further sites would be marketed in line with sales coming to an end on the previous phase thus only one builder developing at any one time. The NHS Board and their advisors had met with McTaggart & Mickel to discuss different options and to try and finalise the terms and conditions of the marketing strategy. The terms of the Joint Venture Agreement offered a right of pre-emption to the purchase of the sites to McTaggart & Mickel only after they had been tested on the open market and they then matched the highest offer obtained. McTaggart & Mickel however, do not have the development at the former Lennox Castle Hospital site in their three year housebuilding programme although they have expressed an interest in possibly reconfiguring that programme to include potential development in the financial year 2016/17.

In relation to the upper site which was to be greenbelt-compatible, this site had a minimal forecasted capital receipt with any receipts generated accruing to the Lennoxtown Initiative.

Celtic PLC, in November 2004, sought to purchase the upper site for use as a sports academy i.e. a sports and training facility and this was regarded as greenbelt-compatible use and seen as a positive step towards the objective of achieving a fully developed former hospital site. The sale was completed with Celtic PLC at the sum of [redacted] which was in excess of the independent valuation of [redacted]. The land was not sold on the open market however was sold off-market in accordance of Part B, Clause 1.15 of the NHS Scotland Property Transactions Handbook, achieving the best possible receipt. If Celtic PLC choose to submit planning consent for use outwith the permitted use as a sports academy, Scottish Ministers were protected by a significant claw back agreement over a 25 year period. Mr Calderwood advised members that this particular transaction had been subjected to a number of Freedom of Information requests and the NHS Board had made available all relevant paperwork on its website.

DECIDED

- That, the position regarding the outstanding infrastructure debt be noted.
- That, the proposal to remarket the sites to realise capital receipts in a rising property market be noted.
- That, the historical position on the land sale of the upper site to Celtic PLC be noted.

82. CAPITAL PLANNING AND PROPERTY COMMITTEE GROUP MINUTES – MEETINGS HELD ON 26 MARCH AND 9 MAY 2014

There was submitted a paper [Paper No: 14/72] enclosing the minutes of the Capital Planning and Property Group meetings of 26 March and 9 May 2014.

Mr Calderwood intimated that the intention would be to bring a Property Disposal Strategy to the Quality and Performance Committee in July or September 2014. **Chief Executive**

NOTED

83. ANY OTHER COMPETENT BUSINESS

(i) Mr Calderwood reported that Mr Paul James, Director of Finance, had secured a new post at the Cambridge University Hospitals NHS Foundation Trust and would commence his new duties in mid to late August 2014. He and the members thanked Mr James for his contribution to the work of the NHS Board over the last three years and wished him well with his new responsibilities.

(ii) Mr Lee intimated that this would be Mr Barry Williamson's last meeting of the Committee as his second term of office as a Non-Executive member of the Board ended on 30 June 2014. Mr Lee, on behalf of the Committee, thanked Mr Williamson for his contribution to the working of the Committee, particularly in and around the areas of clinical governance, scrutiny and monitoring. Mr Williamson thanked Mr Lee and members for their kind comments.

84. DATE OF NEXT MEETING

9.00am on Tuesday 1 July 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12:55pm

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 1 July 2014 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting: 20 May 2014**	QPC(M) 14/03
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 14/73
5	**Integrated Quality and Performance Report** Report of the Acting Head of Performance and Corporate Reporting	Paper No 14/74

SAFETY

6	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents and FAIs** Report of the Medical Director	Paper No 14/75
7	**Board Clinical Governance Forum Minutes and Summary of Meeting held on 9 June 2014**	Paper No 14/76

PERSON CENTREDNESS

8	**Unscheduled Care** Report of the Interim Lead Director, Acute Services	Paper No 14/77
9	**Delayed Discharges** Report of the Director of Corporate Planning & Policy and the Interim Director, Glasgow City CHP	Presentation

10	**Cancer Waiting Times** Report of the Interim Lead Director, Acute Services	Paper No 14/78 To Follow
11	**Ophthalmology Outpatient Service** Report of the Interim Lead Director, Acute Services	Paper No 14/79
12	**National Person-Centred Health and Care Collaborative – Strategic Report and Work Plan** Report of the Nurse Director	Paper No 14/80
13	**Prison Healthcare – Update** Report of the Interim Director, Glasgow City CHP	Paper No 14/81 To Follow

MONITORING AND GOVERNANCE

14	**Financial Monitoring Report for the 2 Month Period to 30 May 2014** Report of the Director of Finance	Verbal Update
15	**Media Coverage of NHSGGC May-June 2014** Report of the Director of Corporate Communications	Paper No 14/82
16	**2013-14 Annual Review Timetable** Report of the Director of Corporate Planning and Policy	Paper No 14/83
17	**Quality Policy Development Group Minutes of Meeting held on 29 April 2014**	Paper No 14/84
18	**Staff Governance Committee Minutes of Meeting held on 20 May 2014**	SGC(M)14/02

CAPITAL

19	**New South Glasgow Hospitals: Progress Update – Stages 2 & 3** Report of the Project Director – New South Glasgow Hospitals Project	Paper No 14/85
20	**Full Business Case for the West of Scotland Satellite Radiotherapy Facility** Report of the Lead Director, Acute Services Division	Paper No 14/86
21	**Glasgow Dental Hospital and School – Phased Modernisation and Infrastructure Upgrade Programme – Level 3 Proposals** Report of the Director of East Dunbartonshire CHP	Paper No 14/87

22 Recommendations Report for the Secondment of Scottish Futures Trust Resources to Support the Planned Assets Disposal Plan Paper No 14/88

Report of the Chief Executive and Project Director – New South Glasgow Hospitals Project

23 Date of Next Meeting

9.00am on Tuesday 16 September 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

DRAFT

QPC(M)14/04
Minutes: 85 - 107

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Quality and Performance Committee at 9.00 am
on Tuesday, 1 July 2014 in the
Board Room, J B Russell House
Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE
Ms M Brown
Cllr M Cunning (to Minute 103)
Mr I Fraser
Cllr A Lafferty
Ms R Micklem
Cllr J McIlwee (to Minute 103)
Mr D Sime
Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Mr R Calderwood
Mr R Finnie
Mr P James
Mr A O Robertson OBE
Rev Dr N Shanks (From Minute 92)

I N A T T E N D A N C E

Mr G Archibald	..	Interim Lead Director, Acute Services
Mr A Crawford	..	Head of Clinical Governance (To Minute 92)
Mr J C Hamilton	..	Head of Board Administration
Mr D Loudon	..	Project Director - South Glasgow Hospitals Development (From Minute 103)
Mr A MacKenzie	..	Interim Director, Glasgow City CHP (To Minute 97)
Mr A McLaws	..	Director of Corporate Communications
Ms J Miller	..	Service Manager for Prison Healthcare (For Minute 97)
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting
Mrs K Murray	..	Director, East Dunbartonshire CHP
Mr I Reid	..	Director of Human Resources (To Minute 103)
Ms C Renfrew	..	Director of Corporate Planning and Policy (To Minute 103)
Mr D Ross	..	Director, Currie & Brown UK Limited (For Minute 103)

85. APOLOGIES

Apologies for absence were intimated on behalf of Mr P Daniels OBE and Dr H Cameron.

86. DECLARATIONS OF INTEREST

There were no declarations of interest raised.

87. MINUTES OF PREVIOUS MEETING

On the motion of Councillor McIlwee and seconded by Mr K Winter, the Minutes of the Quality and Performance Committee Meeting held on 20 May 2014 [QPC(M)14/03] were approved as a correct record.

88. MATTERS ARISING

(a) Rolling Action List

Minute 38 – Inequalities – Update on Progress

Ms Micklem enquired about the review of the template for Board and Committee papers to ensure they reflected inequalities and equalities dimensions. Ms Renfrew noted that although the current summary was considered to be adequate, it could be improved. Staff/managers required guidance to assist them in completing the template and Ms Renfrew agreed that this guidance would be drafted and shared with Members prior to implementation.

Director of Corporate Planning & Policy

NOTED

89. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No: 14/74] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC's performance.

Of the 47 measure which had been assigned a performance status based on their variance from trajectories and/or targets, 29 were assessed as green; 9 as amber (performance with 5% of trajectory) and 9 as red (performance 5% outwith meeting trajectory).

The key performance status changes since the last report to the Committee included:-

- MRSA/MSSA bacterium cases per 1,000 average occupied bed days had moved from red to amber;
- Percentage of new outpatient appointments – did not attends – had moved from red to amber;
- All cancer treatments (31 days) had moved from green to amber;
- Rate of attendance at A&E had moved from green to amber;
- Overtime usage had moved from green to amber.

Exception reports had been provided to Members on the nine measures which had been assessed as red.

Mr Finnie raised aspects of the Exception Report in relation to the target to reduce energy consumption and carbon emissions. He noted that the in-year performance

to date was not achieving the required HEAT target however the paper highlighted ongoing discussions with Health Facilities Scotland and the Scottish Government around the accuracy of aspects of the original HEAT targets. Mr Calderwood agreed that the most useful way for Members to discuss the detail of this target and the NHS Board's performance to date was that a full paper be brought to a future meeting of the Committee. The paper would cover the steps being taken to achieve the HEAT target and the ongoing discussions around the setting of the original HEAT target and possible introduction of a new HEAT target.

DECIDED

- That the Integrated Quality & Performance Report be noted and that a paper be prepared for the Committee on reducing energy consumption and carbon emissions. **Interim Lead Director, Acute Services**

90. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS AND FAIs

There was submitted a paper [Paper No: 14/75] by the by the Medical Director on the handling of adverse clinical incidents together with an update on the current fatal accident enquiries.

In the absence of the Medical Director, Mr Andy Crawford, Head of Clinical Governance presented the report to the Committee and highlighted in particular the charts showing the time sequence of significant clinical incidents reported within the Acute Services Division and the Partnerships per month since April 2008.

In addition, the Avoiding Serious Events Monitoring Summary Report within Acute Services had proven useful in augmenting the existing review arrangements for patients' safety by adding an approach that created a more visible focus on indicators and assurance of improvement. Mr Crawford highlighted the implementation of the new revised Significant Clinical Incident Policy and that staff were now completing the review of their own local procedures to align them to the new policy requirements. The policy required evidence of a formal review for every severity event classified as 4 or 5. The paper set out the progress within each Directorate in Acute Services and some variations in practice had been noted and steps were being taken to ensure a more consistent approach was being followed within the Directorates when escalating incidents to be considered under the Significant Clinical Incident Policy.

In relation to questions from Members Mr Crawford agreed to review the presentation of Figure 1a in relation to the timeline shown and also a number of medication errors recorded in January and February 2014. He was hopeful that the new reporting and templates which had been established, including the summary page, ensured that the process and outcome was more visible and highlighted the outcome for patients and their relatives in a clearer way. In relation to the grade of the doctors involved in the incidents, Mr Crawford assured Members that where doctors were in a training role their local supervisor was notified to ensure a proper review was undertaken within a learning environment. **Head of Clinical Governance**

Ms Brown raised the increase in the number of Significant Clinical Incident investigations within the Women and Children's Directorate. She felt that the actions being taken with this Directorate required greater clarity of what was being addressed and how it was being addressed. Mr Crawford agreed to include this within the next report to the Committee. **Head of Clinical Governance**

Mr Fraser enquired as to whether the delay in a patient receiving Glucagon for an infusion was a common occurrence and Mr Crawford indicated that while this particular case was still being investigated, this had been a very unusual occurrence and any significant matters would be reported to the next Committee.

Ms Micklem indicated that with the improved safety culture it was clear that the number of cases had risen, however she wondered whether Mr Crawford would be able to give some indication as to when the numbers may settle again. He advised that he expected this to happen within Surgery and Anaesthetics shortly, however there was still a fair degree of variability with paediatrics and it may be a bit longer before a more settled pattern was established.

In relation to the update on the Fatal Accident Inquiries, Mr Calderwood advised that the Sheriff's Determination into the case relating to the 13 year old who had attended the Victoria Infirmary Accident and Emergency with her parent would be issued shortly.

NOTED

91. BOARD CLINICAL GOVERNANCE FORUM MINUTES (DRAFT) AND SUMMARY OF MEETING HELD ON 9 JUNE 2014

There was submitted a paper [Paper No: 14/76] enclosing the minutes of the Board Clinical Governance Forum meeting held on 9 June 2014.

Dr Benton asked about the Audit of Care Pathways for hip fracture patients in Scotland in relation to key interventions in the patient pathway from attendance at A&E to final discharge. There appeared to be significant variations. Mr Crawford agreed to review the information and share the outcome direct with Dr Benton. **Head of Clinical Governance**

NOTED

92. NATIONAL PERSON-CENTRED HEALTH AND CARE COLLABORATIVE: STRATEGIC WORK PLAN AND REPORT

There was submitted a paper [Paper No: 14/80] by the Nurse Director setting out the current position on the NHS Board's progress in implementing the National Collaborative for Person-Centred Health and Social Care.

This was the sixth report highlighting the work being undertaken within NHSGGC under the National Person-Centred Health and Care Collaborative and described the progress being made locally with the Pilot Improvement Teams in Clinical Services within the NHS Board's area. The report highlighted the fourth National Learning Session for the Person-Centred Health and Care Collaborative which had been held on 27 and 28 May 2014 at the Scottish Exhibition and Conference Centre, Glasgow. Over 100 staff from NHSGCC had attended and the NHS Board had won the "Story Board" prize. Plans were also underway for a third Person-Centred Health and Care Local Learning Session which was to be held on 26 August 2014.

The paper set out the feedback received from the "Themed Conversations" held with patients up until the end of April 2014. The data from the individual questions had been aggregated from all 21 Clinical Improvement Teams into nine themed sub sections and these included – Admission Experience; Respect and Dignity;

Communication and Involvement; Safety; Meal Time Experience and Environment and Facilities. There had been some concern with what was being fed back in relation to Meal Time Experience with patients regularly reporting not being offered suitable food and drinks at times acceptable to them. A revised questionnaire had been implemented from January 2014 and recent returns had shown an average 80% of patients being satisfied.

Members welcomed the report, its key messages and helpful case studies. Ms Micklem advised that she had spent a very helpful and useful day with the Clinical Governance Team. She had observed a Themed Patient Conversation and was impressed with the listening skills, patience and ability to obtain from the patient the critical information that allowed Managers to bring about improvements to services for patients. She also highlighted the Staff Feedback on pages 25 and 26 of the report and the acknowledgment that staff had been reassured that the findings from the patients would actually be used to drive improvements.

NOTED

93. UNSCHEDULED CARE

There was submitted a paper [Paper No: 14/77] by the Interim Lead Director, Acute Services, setting out the actions within NHSGGC following the Scottish Government's Announcement in 2013 of the 3 Year National Unscheduled Care Programme which was designed to ensure that patients were admitted or discharged from emergency departments as soon as possible with a view to ensuring that 95% of patients were treated in accordance with the standard by September 2014 and 98% by April 2015.

The NHS Board had prepared a local Unscheduled Care Action Plan and received additional funding from the Scottish Government of [redacted] and also [redacted] for the appointment of three additional emergency medical consultants. This allowed emergency department consultant staffing to be extended to midnight in all Acute sites except the Inverclyde Royal Hospital. A further plan was required to be submitted by 30 June to the Government for 2014/15 and it was to reflect that the National Funding for the emergency consultants would drop 30% this year. The draft plan had been prepared in conjunction with Acute Services and the Partnerships and approved by the Board's Strategic Unscheduled Care Group and also the Board's Medical and Nursing Directors, as was required by the Scottish Government.

Mr Archibald then highlighted the current performance which had been at 90% in recent months with only the Royal Hospital for Sick Children, the Vale of Leven Hospital and the Minor Injuries Unit meeting the 95% target. It was also acknowledged that in early June 2014 a significant number of patients waited over 12 hours in emergency departments. This in particular reflected a level of activity of 40% above the average emergency department attendances expected at the Victoria Infirmary. In addition, the total admission requirement was 33% above the average daily admissions to the Victoria Infirmary. Mr Archibald also highlighted the difficulties which had been experienced at the Western Infirmary, which continued to be the poorest performing emergency department within the NHS Board's area.

The paper set out a range of actions which were being taken across all areas of the Board as well as those actions being taken with key partners such as the Scottish Ambulance Services and Local Authorities. They were focused on developing ways

of supporting patients in their own home, supporting early discharge and improving the flow of patients in Acute hospital settings. One of the actions being considered was to move the Urology Services from the Western Infirmary to Glasgow Royal Infirmary 6-9 months ahead of schedule in order to create some additional space at the Western Infirmary which would allow an additional medical ward to be created. Also, an additional ward would be opened at the Southern General Hospital to create capacity for the south of the city and a dedicated Surgical Assessment Area and Discharge Lounge to be created at the Royal Alexandra Hospital.

Councillors Lafferty and Cunning enquired about the exceptional peaks on 1 and 2 June 2014 in terms of activity levels. Mr Archibald advised that the reviews undertaken to date had identified no specific factor associated with this increased activity and that the Director of Public Health and her staff were assisting in carrying out a further level of detailed investigation into the increased activity. The results of this investigation would be reported in due course. Exceptional peaks did, on occasion, occur and these were usually associated with particularly inclement weather, however this had not been a factor on this occasion.

Interim Lead Director, Acute Services

Ms Brown asked about the impact of boarding out of patients during this time. It was acknowledged that a significant level of boarding out did take place in order to cope with the number of patients who required admission following clinical review. The make up of beds had been re-balanced on occasion at the Victoria Infirmary and whilst very little elective surgery now took place there, it remained a hospital with a high A&E attendance. Difficulties such as boarding out were likely to continue until the Victoria Infirmary and Western Infirmary closed and the services moved to the New Southside Hospital in the May/June of 2015. In addition, it was reported that the Ambulatory Care Hospitals were now performing Day Case Surgery with rates which were above the Scottish average.

In discussing the proposed actions in order to meet the Scottish Government Health Directorate's requirement of 95% of patients being treated in accordance with the required standard by September 2014, Mr Archibald, in responding to Mr Lee's question, indicated that the additional non recurring and recurring finance set out in Appendix 1 was currently being discussed with the Scottish Government Health Directorate. These figures had not currently been taken account of within the NHS Board's approved Financial Plan. Dr Benton highlighted that delays in discharge from hospital could relate to factors wider than just difficulties accessing an ambulance to take a patient home. Mr Archibald acknowledged this and indicated that this was one of the areas where steps were being taken to try and ensure that a more consistent set of arrangements for discharges was in place. Ms Renfrew acknowledged the need for a whole series of improvements and this also related to better clinical processes and not just more beds. It remained a significant challenge to ensure better supported and organised services were available for patients within the community.

Mr Finnie found it difficult to clearly identify which parts of the service were working well and which were not. He highlighted the phrase within the current Action Plan which indicated that much of the expenditure on unscheduled care was embedded in the base budgets across Partnerships and the Acute Division and this expenditure had not been included with the Financial Planning table shown within the Action Plan. Mr Calderwood indicated that the costs to support unscheduled care formed part of the infrastructure. Ms Renfrew advised that there would in time be a need to reshape those embedded costs/services. The approved Acute Services strategy had envisaged a marginally smaller number of Acute Services beds which were better supported with less admissions and earlier discharges. The Change Funds were to assist in developing better supported home care and reductions in

delayed discharges where a patient had been clinically assessed for discharge however there continued to be delays in patients moving on to a more appropriate setting for their clinical needs.

There had been increases in the number of patients attending A&E Departments in recent years; however, those patients who were assessed as requiring to be admitted had increased significantly. The Board would receive papers in the near future describing possible redesign of the Community Services across Primary Care and the steps that they may be taking to ensure a more consistent achievement of the target set by the Government. This would include steps to meet the 95% target by September.

Interim Lead Director, Acute Services

DECIDED

1. That the Local Unscheduled Care Action Plan be approved for submission to Scottish Government.

Interim Lead Director, Acute Services

2. That the requirements for additional recurring and non-recurring resources to support the provision of unscheduled care in 2014/15 be noted

3. That the intention to bring back an updated plan in association with the Winter Plan (2014/15) in November 2014 be noted.

Interim Lead Director, Acute Services

94. DELAYED DISCHARGES

Members received a presentation from Ms Catriona Renfrew, Director of Corporate Planning & Policy and Mr Alex MacKenzie, Interim Director, Glasgow City CHP in relation to delayed discharges. Ms Renfrew highlighted the four targets which were required to be met and that the introduction of the [redacted] from the Change Fund had been provided with the primary purpose to assist in meeting these targets. Mr MacKenzie then provided the detail across NHSGGC in relation to delayed discharges and the actions and steps being taken in conjunction with the relevant Local Authorities to try and bring about improvements in meeting these targets.

In relation to a range of questions from Members, Ms Renfrew and Mr MacKenzie provided the following comments: The reason why Renfrewshire Council had such a good performance in this area was that the Council responded to demand for Care Homes and had not reduced their Care Home funding budget. In addition, they had allocated a social worker to patients still in hospital; this had also been replicated by East Renfrewshire Council.

Budget pressures were real and this had led, particularly within Glasgow, to a reduction in money allocated to Care Home funding. It was acknowledged that some early discharge of patients could lead to early readmission and this was a real issue which was being picked up and assessed as part of the review of this area. The relationship between the Board, Council and Cordia was acknowledged and any issues would have an impact on the new arrangements as they were part of the step-down model.

It was agreed to return to this issue for an update on the actions taken at the September NHS Board Seminar.

Director of Corporate Planning & Policy

NOTED

95. CANCER WAITING TIMES

There was submitted a paper [Paper No: 14/78] by the Interim Lead Director, Acute Services providing Members a report on which steps had been taken to improve Cancer Wait Times.

The NHS Board had failed to meet the 62 day and 31 day targets for Cancer Waiting Times in the first quarter of 2014/15. As a result, a detailed action plan had been put in place which had been shared with the SGHD Cancer Performance Support Team. Following submission a support visit took place on 24 April 2014 and the Cancer Performance Support Team reported that they were reassured that the NHS Board were well informed on the detail and underlying causes for the recent below standard performance and were taking ownership and providing leadership and seeking solutions. Early indications were that performance had improved in relation to 31 day target such that the 95% target would be achieved (subject to data validation) in May 2014. There had been a small increase in the compliance rate in relation to the 62 day target. The paper set out the improvement measures being undertaken together with the specific measures in place for those patient pathways where the performance rate was below 90%; these being upper GI, urology, head & neck, breast and colorectal (screened) pathways.

Members welcomed this paper and the assurance it contained. Mr Winter asked in relation to the age profile of the medical staff whether an increased number of retirals would affect the service. Mr Archibald acknowledged that this had been identified as an issue and was being actively managed to ensure recruitment processes were smooth and commenced at the earliest possible time to reduce the possibility of any significant gaps between staff retiring and new staff starting.

NOTED

96. OPHTHALMOLOGY OUTPATIENT SERVICE

There was submitted a paper [Paper No: 14/79] by the Interim Lead Director, Acute Services asking Members to note measures which were being taken to address the Ophthalmology Outpatient Services pressures, specifically around the glaucoma service.

Ophthalmology referrals had increased at the rate of over 7% per annum and the most significant pressure was on the sub-specialty – glaucoma, due to increasing prevalence of this long-term, largely age-related condition. Once diagnosed, patients required a life time of follow up and this had led to increasing pressures on hospital capacity. It was acknowledged therefore that the Ophthalmology Service had found it increasingly difficult to maintain both the Waiting Time Guarantee and appropriate treatment intervals within available capacity. At the end of May 2014, 32 new glaucoma referrals had been waiting for more than 12 weeks for an outpatient appointment. In addition, the Glaucoma Service had no available return appointment slots in scheduled clinics within the next three months.

Mr Archibald highlighted the actions underway to bring about an improvement in the service. This included the Glaucoma Service being at the forefront of developing extended roles for hospital Optometrists and Orthoptists; the booking of clinic slots was subject to intensive oversight; increased optometry input from August 2014 would provide additional new patient slots; additional clinics were being arranged subject to the availability of staff; attempts would be made to secure locum support for the service and lastly, the Directorate was developing a revised

capacity plan to address the pressure on a recurring basis. There was recognition that with the summer holiday period, a reduction in clinic capacity would likely lead to a short term deterioration in waiting time positions within glaucoma however there was also an improvement in the medical staffing position, such that from August 2014 this would see the return of two consultants from maternity leave together with a full complement of junior doctors. It was recognised that it would be a number of months before this service returned to the National Waiting Time targets.

Mr Fraser asked if the development of the SIGN Guideline for shared care between hospital and community services would assist as this would possibly bring a better balance between hospital and community services. Mr Archibald acknowledged this would indeed be the case and Ms Brown saw benefits in an early redesign of the service to ensure greater community based services could be developed and supported.

NOTED

97. PRISON HEALTHCARE - UPDATE

There was submitted a paper [Paper No: 14/81] from the Interim Director, Glasgow City CHP providing Members with an update into the Prison Health Care Service which became the responsibility of the NHS in November 2011.

Health Care delivery at HMP Barlinnie and HMP Greenock became the responsibility of the NHS Board as did the services at the new build prison at HMP Low Moss when it opened in March 2012. There were health centres operating in each prison, delivering a range of Primary Care orientated health services for a total prison population of over 2,000 prisoners. The broad range of services delivered within each prison included GP, Dental, Addictions, Mental Health, Chronic Disease Management, Sexual Health, Podiatry, Pharmacy and Optometry. Each prisoner had their immediate health care needs assessed at the point of admission into prison and this included assessment of their risk to themselves and others. Those prisoners who served sentences of over six months were registered with the prison based GP service.

The paper highlighted that NHSGGC had been able to secure some salaried GPs, however there were still some vacancies and a large proportion of the shifts were covered by Bank locums. A recruitment drive for additional GP capacity was in progress with vacancies currently advertised. An Information Evening was planned for GPs to discuss Prison Health Care and encourage GPs to consider working within this environment.

Ms Jayne Miller, Service Manager for Prison Health Care also advised that the introduction of a complaints form had led to a significant increase in the number of complaints issued by prisoners, with the vast majority related to prescribing matters.

It was her intention to work with the Head of Corporate Performance and Reporting to develop a more comprehensive reporting regime on the work undertaken within the Prison Health Care Service.

Ms Micklem asked whether the services provided for prisoners were equivalent to those provided to the rest of the population. Ms Miller indicated that the service was very close to that standard and in some areas it had improved access for

prisoners to GPs and GDPs. Mr Finnie asked about the relationships with the HM Inspectors and comments within their reports which would have a bearing on the Health Care Services. Ms Miller advised that there were very close working relationships with the Inspectors and their comments and suggestions had led to useful improvements to the services provided.

Ms Brown asked about the knock on effect from the issue affecting Grampian. Ms Miller advised that prisoners had indeed been transferred to Glasgow as service movement was undertaken within Grampian and that unfortunately had continued. Discussions were ongoing on the resulting cost pressures which had resulted from these temporary arrangements.

Dr Benton enquired about learning disability screening on admission and the outcome of that screening. Ms Miller advised that this was used to pick up the most serious learning disability concerns and of the 2,500 prisoners screened, nine had been identified for treatment and a pathway had been developed with access to other services. In relation to possible suicides, once an assessment had been made referrals would be made onwards to the GP services.

Members welcomed this helpful and comprehensive report and thanked Ms Miller.

NOTED

98. FINANCIAL MONITORING REPORT FOR THE 2 MONTH PERIOD TO 30 MAY 2014

There was a verbal update by the Director of Finance.

Mr James reported that, as at Month 2, the NHS Board was in [redacted] overspend. This was broken down to [redacted] overspend within the Acute Services Division and [redacted] overspend within Partnerships. This was to be expected at this time in the financial year and full written reports would be considered by the NHS Board from Month 3 going forward.

NOTED

99. MEDIA COVERAGE OF NHSGGC MAY-JUNE 2014

There was submitted a paper [Paper No: 14/82] by the Director of Corporate Communications highlighting outcomes of media activity for the period May - June 2014. The reported supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

Mr McLaws highlighted the new Master Chef Style Competition launched by the Scottish Government to recognise the best hospital catering in NHS Scotland. This announcement was linked to previous criticisms of NHSGGC catering and the overall tone of coverage for the NHS Board was therefore negative. Secondly, the publication of the new guidance on junior doctors' hours by the Scottish Government was widely reported and linked to the [redacted] and again the overall tone of the reporting for NHSGGC had been negative.

NOTED

100. 2013-14 ANNUAL REVIEW TIMETABLE

There was submitted a paper [Paper No: 14/83] by the Director of Corporate Planning and Policy setting out the timetable for the 2013/14 Non Ministerial Annual Review which was scheduled to take place on the afternoon of Tuesday 19 August 2014.

The NHS Board Meeting would be held at 9:30 am on the morning of 19 August and the Annual Review would follow in the afternoon with the public session being held at the Marriott Hotel.

NOTED

101. QUALITY POLICY DEVELOPMENT GROUP MINUTES OF MEETING HELD ON 29 APRIL 2014

There was submitted a paper [Paper No: 14/84] enclosing the minutes of the Quality Policy Development Group meeting of 29 April 2014.

NOTED

102. STAFF GOVERNANCE COMMITTEE MINUTES OF MEETING HELD ON 20 MAY 2014

The minutes of the Staff Governance Committee held on 20 May 2014 [SGC (M)14/02] were submitted to the Committee.

NOTED

103. NEW SOUTH GLASGOW HOSPITALS PROGRESS UPDATE – STAGES 2 & 3

There was submitted a paper [Paper No: 14/85] by the Project Director – New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals).

As at 16 June 2014, 169 weeks of the 201 week contract had been completed and the project remained within timescale and budget. The contract completion date remained as 26 January 2015 and this would include the handover of the Adult and Children's Hospitals and Car Park 1. Good progress continued to be made in terms of both the Adult and Children's Hospitals and the Quality Control Inspection process being undertaken by Capitta Simmons was ongoing and to date they had jointly inspected 88 areas with the contractors; overall this accounted for over 3,100 rooms. The NHS Project Teams' zone checking was ongoing as areas became available for final inspection; the latest areas were the Outpatient and Renal areas within the Adult Hospital and the Acute Receiving Unit within the Children's Hospital.

The paper updated Members on the progress with imaging equipment and the transfer of equipment together with the progress in construction with the Teaching

and Learning Centre (due for completion by the end of May 2015) and the new staff office accommodation (due for completion by April 2015).

Mr Ross took Members through the change control process in relation to compensation events and whilst no compensation events had occurred since the last report, the potential compensation events in relation to adverse weather, the works associated with the Institute of Neurological Sciences and some changes associated with the possible operation of the fast link/bus stops would not lead to any additional costs for the NHS Board.

Ms Brown enquired about the issue she had raised at the Board's Away Day earlier in the year in relation to the location of the Children's Mental Health Ward. Mr Calderwood indicated that this issue would be picked up in a future paper to the Committee in terms of its location and any alternative options.

Project Director – NSGH Project

Good progress continued to be made as the contract entered its final 30 weeks and the Committee would continue to receive regular reports in order to monitor the progress as the contract neared completion.

The paper highlighted that the Committee had approved the NHS Greater Glasgow and Clyde Food Retail Policy at its last meeting and this policy had subsequently been approved by the NHS Board at its June meeting. The retail strategy for the New South Glasgow Hospital's development would incorporate the policy guidelines and recommendations, and steps were now being taken to set out recommendations for engaging with non food vendors for the new hospital.

There would be circa 10,000 NHS staff expected to be on the site with circa 300,000 patient attendances per annum together with visitors and contractors. This drove the requirement for retail and other services to serve a range of needs and differing expectations in terms of product and price. The commissioned retail consultant advised that owing to the physical dimensions of the available floor areas, that mainstream food retailers may not be attracted to operate from the site. The intention therefore was that NHS Aroma operated the 450 seat restaurant/cafe on the first floor within the atrium (which was accessed via elevators from the main concourse) and it would also manage the beverage outlets on the ground floor. In addition it was proposed that cash machines be located in both hospitals and that two areas be actively marketed to attract a grocer/convenience store and a newsagent's retail outlet that would hopefully incorporate a post service and a trolley service. In addition the Board had received notification of interest from the third sector and staff representatives' organisations to occupy space within the Adult Hospital.

In relation to the Children's hospital it was suggested that Aroma manage the beverage outlet and Yorkhill Children's Charity had previously intimated their interest in occupying a space to use as a gift shop.

It was intended that a procurement process test market demand for a grocer and newsagent services and that an advertisement be placed in the commercial property pages to draw attention to this opportunity and interested retailers would be invited to apply via a tendering package. In relation to the third sector and staff side organisations, including Yorkhill Children's Charity, the NHS Board would notify them of the available opportunities within the new hospitals and seek expressions of interest where commercial terms were deemed appropriate.

Councillor Cunning was keen to ensure that any specification for such services included the need for affordable and value for money items in order to avoid an

unfair pricing strategy that may reflect a captive audience and a lack of competition within the site. Ms Micklem was keen to ensure that the selection criteria for the third sector was fair and it was acknowledged that those developing the selection criteria would need to be sensitive to the different organisations and charities who may wish to be represented and provide services from the new hospitals.

Mr Calderwood acknowledged that the measures proposed were not seeking income generating opportunities but the right balance and mix of services for patients and visitors and a report would be submitted back to the NHS Board Members with the outcome. He recognised that the service to be offered by Aroma was large scale but that this was the NHS Scotland brand and it had turned around a year on year deficit into an annual budget surplus. Mr James was concerned at the move to forego revenue opportunities on the new hospital development, however Members recognised the community based approach and the intention to get the best suppliers possible for patients, visitors and staff. The Committee therefore were content to proceed with the recommendations contained within the paper.

In relation to the proposed over cladding works to the Neurosurgical building within the Institute of Neurosciences a Capital Planning Business Case was submitted for consideration.

The site master plan had identified a range of works that required to be undertaken to the Institute of Neuroscience to enhance delivery of NHS clinical services, enable investment by the University of Glasgow to the Clinical Research Facility Phase 2 and extend the operation of the building. One area of works identified for the Institute was a potential over cladding works to enhance the appearance of the building and prolong the life of the building. The estimated Capital cost for the project was [redacted] excluding VAT. Expenditure for the project was approved as part of the NHS Board's 2014/15 Capital Plan. The paper indicated that there were various options to procure the works and the recommendation was that in order to avoid potential for split warranties and future risks of disputes, the NHS Board should consider a negotiated procurement route with Brookfield Multiplex, the works being a compensation event to the main hospital works. To go down this route the paper identified those steps which would create the correct framework and commercial tension to develop a value for money target price.

Mr Loudon advised that this would lead to the replacement of windows and general improvements. Members were supportive of the recommendation.

DECIDED

1. That the progress report on the development and construction of the New Adult and Children's Hospitals at the South Side be noted.

2. That the NHS Board proceed with the recommended procurement processes for a grocer and newsagent services as noted in the paper.

3. That the Board proceed to enter into a dialogue with third sector, staff organisations and Yorkhill Children's Charity regarding their proposals to occupy outlets. **Project Director – NSGH Project**

4. That the Retail Consultant be retained to prepare the proposed advert, tender documentation and lease documentation (with support from the Central Legal Office) were required. **Project Director – NSGH Project**

5. That the Board implement a negotiated procurement route with Brookfield **Project Director – NSGH Project**

Multiplex, with the key steps noted in terms of demonstrating value for money, in relation to giving approval to the Capital cost of [redacted] excluding VAT for the provision of the over cladding works to the Neurosurgical Building, New South Side Hospital.

104. FULL BUSINESS CASE FOR THE WEST OF SCOTLAND SATELLITE RADIOTHERAPY FACILITY

There was submitted a paper [Paper No: 14/86] by the Interim Lead Director, Acute Services providing an update in relation to the West of Scotland Satellite Radiotherapy Facility at Monklands Hospital, Airdrie. The Full Business Case was formally approved by the SGHD Capital Investment Group on 22 April 2014 and construction on site started on 27 May 2014 with the Breaking Ground Ceremony taking place on 16 June by the Cabinet Secretary for Health and Wellbeing. It was anticipated that the construction completion date would be the end of August 2015 with clinical services commencing by the end of November 2015. The agreed cost of construction was [redacted] (excluding VAT) and this included over [redacted] for equipment, mainly the two Linear Accelerators for radiotherapy service provision. NHS Lanarkshire was responsible for the governance and approvals in relation to this West of Scotland Development and the West of Scotland Project Management Group had now become the Lanarkshire Beatson's Development Project Board and it would meet two monthly in order to oversee the project up to the scheduled completion date in November 2015.

Mr Winter asked about the approval process for the Final Business Case. Mr Calderwood intimated that NHS Lanarkshire took this responsibility forward for all West of Scotland Health Boards associated with this scheme. NHSGGC would recruit the clinical staff, would be responsible for the IRMER regulations and would hold the medical records as part of the Beatson Oncology Centre Service located at Gartnavel General Hospital. In relation to the provision of equipment Mr Calderwood advised that the Linear Accelerators were purchased on a national basis by NHS National Services Scotland. The new arrangements would lead to an additional Linear Accelerator together with a replacement for one of the twelve machines located within NHSGGC. Mr Lee was concerned that the physical asset of the equipment would be on the books of NHSGGC and there was an ongoing revenue commitment. In addition Mr Winter was concerned that the Capital Expenditure of the project had not been approved by NHSGGC and therefore what would the implications be for the contract being overspent. Mr Calderwood advised that the contract would be monitored by NHS Lanarkshire and if the contract did overrun or exceed budget these were discussions which NHS Lanarkshire would have with SGHD.

Mr Lee indicated that the approved Business Case made it clear that NHSGGC would receive the funding and therefore be responsible and accountable for the equipment and asked that this be looked at in relation to the NHS Board's responsibilities also the adequacy of the Standing Financial Instructions. It was agreed that both issues would be reviewed to see if any changes were required. **Director of Finance**

NOTED

105. GLASGOW DENTAL HOSPITAL AND SCHOOL – PHASED MODERNISATION AND INFRASTRUCTURE PROGRAMME – LEVEL 3 PROPOSALS

There was submitted a paper [Paper No: 14/87] by the Director of East Dunbartonshire CHP seeking approval to an allocation of Capital Funds from the NHS Board's approved Capital Plan for a phased modernisation and infrastructure upgrade programme – level 3 proposals for Glasgow Dental Hospital and School.

Glasgow Dental Hospital was the Hub for specialist and secondary care dentistry within the NHS Board's area and for specialist dental treatment for patients from other West of Scotland Health Boards. There had been previous significant investment in the refurbishment of the Dental Hospital with [redacted] spent since 2008/9. However further work was required to maintain the building in a fit for purpose state and the NHS Board's current Capital Plan recognised the need to continue to invest with [redacted] being allocated across 2014/15 and 2015/16. The next step in this ongoing refurbishment work was the development of level 3 as set out within the paper.

DECIDED

1. That the allocation of [redacted] as part of the Board's 2014/15 Capital Plan and proposed allocation of [redacted] for 2015/16 be approved. **Director, East Dunbartonshire CHP**

2. That the Oral Health Directorate's proposal for the redevelopment of level 3 of Glasgow Dental Hospital subject to tenders being received within the allocation available, be approved. **Director, East Dunbartonshire CHP**

3. That the scheme over the current and next financial year was the priority option for the ongoing modernisation programme for the Glasgow Dental Hospital and that further modernisation and plan for infrastructure investment be recognised as required to levels 4, 5 and 6 as capital became available in future years. **Director, East Dunbartonshire CHP**

106. RECOMMENDATIONS REPORT FOR THE SECONDMENT OF SCOTTISH FUTURES TRUST RESOURCES TO SUPPORT THE PLANNED ASSETS DISPOSAL PLAN

There was submitted a paper [Paper No: 14/88] by the Chief Executive and the Project Director, New South Glasgow Hospitals Development indicating that Officers had identified a range of assets which were considered to be surplus to future requirements and therefore as a consequence would move to dispose the assets with the objective to generate capital receipts.

Following discussions with the Scottish Government and the Scottish Futures Trust (SFT) the Board had acknowledged that it did not possess the requisite professional skills in-house to professionally manage the complex transitions required to deliver the disposals programme. SFT was currently providing support to the Board and it was recognised that additional resources would be required to meet or improve upon the current programme. SFT had confirmed that the cost of the additional resources would be met by the Scottish Government Enabling Fund and therefore there would be no cost liability to the NHS Board. The paper set out the disposal programmes for a range of sites across the NHS Board's area.

There was an obligation on the NHS Board to ensure the required governance was in place to provide decision making processes for the disposal programme team and this was likely to follow a regular Disposals Programme Meeting with the Capital Planning and Property Department; the Monthly Capital Planning and Property Board and the bi-monthly Quality & Performance Committee.

Lastly, additional support, governance and fact finding would be required from existing in-house NHSGGC Capital Planning and Asset Management Staff.

DECIDED

- That the NHS Board's engagement with Scottish Futures Trust, and the proposal to access additional resources recruited and funded by SFT to support the proposed disposals plan, be approved. **Project Director – NSGH Project**

107. DATE OF NEXT MEETING

9.00am on Tuesday 16 September 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12.50pm

NHS Greater Glasgow & Clyde

Quality & Performance Committee **1 July 2014**

David W Loudon, Project Director,
New South Glasgow Hospitals Development

Paper No: 14/85

New South Glasgow Hospitals: Progress Update – Stages 2 & 3

Recommendation:

1. The Quality and Performance Committee is requested to note progress at the New South Glasgow Hospitals Development;

2. The Quality & Performance Committee is requested to approve the recommendations in relation to the proposed retail strategy (Appendix A); and

3. The Quality & Performance Committee is requested to approve the recommendations in relation to the procurement of the over-cladding project at the Neurological Sciences building (Appendix B). The Quality & Performance Committee is also request to approve the Business Case for the project.

Purpose of Paper:

1. To inform Quality & Performance Committee of progress at the New South Glasgow Hospitals Development and to note that the project currently remains on programme for delivery at the end of January 2015;

2. To present a proposal to Quality & Performance Committee to progress a retail strategy at the New South Glasgow Hospitals Development in time for the commencement of operations in Spring 2015; and

3. To present a proposal to enable the Board to enter in to a contractual relationship with Brookfield Multiplex to deliver a project to over clad the Neurosurgical building and to preserve the commercial interest of the Board. To note that the capital funding of the project will be sourced from the Board's capital plan. A Business Case for the project is also presented to the Quality and Performance Committee for approval.

Key Issues to be Considered:

To note that the construction of the adult's and children's hospitals remains on programme for target completion date of 26th January 2015.

Any Patient Safety /Patient Experience Issues: None

Any Financial Implications from this Paper:

By approving the recommendation to proceed with the over cladding of the Neurosurgical building, the project will be funded from the Board's capital plan.

Any Staffing Implications from this Paper: None

Any Equality Implications from this Paper: None

Any Health Inequalities Implications from this Paper: None

1. Introduction:

The content of this paper sets out the progress of each of the stages of the New South Glasgow Hospitals Development. The paper also includes a progress update on the proposed Teaching & Learning Centre and New Accommodation (Office) Building.

2. New Adult & Children's Hospitals

a) Summary status of the works (as at 16th June 2014).

Stage 3 Start Date	28 March 2011
Stage 3 Target Completion Date	26th January 2015
Stage 3 Contract Duration (Revised Target)	201 weeks
Elapsed contract period at 16th June 2014	169 weeks
Period Remaining	32 weeks

b) General progress on site against programme

Phase	+/- In period	Comments
Stage 3 Adults & Children's Hospital Construction	0	Target handover date agreed as 26th January 2015. Maintaining progress this period.
Stage 3 Energy Centre Construction	0	Maintaining progress this period
Car Park 1	0	Maintaining progress this period against the target completion date of 26th January 2015.

c) Design

- The Project Team continue to focus on reviewing the wayfinding and signage proposals and the design strategy for dignified spaces.
- No further design changes have been requested at this time.

d) Construction Progress (Highlights)

i. New Adult Acute Hospital

The finishes to the north elevation of the podium continue to be progressed with the installation of the cladding to the podium ongoing.

Internal fit out to the atrium link bridge continues in line with the programme (architraves and doors).

Sanctuary steel cladding is progressing.

Cafe balustrade installation works have commenced.

The cladding panel installation to the adult tower stack for those areas where panels had been left off to enable materials to be fed into the building has largely been completed The blinds to the unitised cladding are being installed and are programmed to be completed by mid June 2014.

The M&E installation continues to be progressed on all levels of the Adult tower stack and range from first fix module installation to completed and tested areas.

ii. New Children's Hospital

The finishes to the west elevation continue to be progressed with the installation of the coloured cladding to the consulting rooms and the installation of the high level coloured fins.

The scaffolding within the middle section of the Children's atrium continues to be removed which is allowing the underfloor heating works to be commenced mid June 2014.

The planting of the roof gardens continues to be progressed as programmed.

A theodolite survey has been undertaken in the Labs and Adult and Children's Hospitals basement areas as a cross check that the minimum door clearance requirements for the AGV are appropriate. The floor of the basement routes have subsequently been resin coated.

The structural steelwork for the link bridge between the children's hospital and the maternity building is currently being erected.

In general, the main fit out continues to progress as programmed for target completion on 26th January 2015.

e) Internal Fit Out – Inspection Process

The quality control inspection process being undertaken by Capita Symonds (NEC3 Project Supervisors) is ongoing and to date, Capita have jointly inspected 88 areas with BMCL; overall this accounts for over 3100 rooms.

The NHS Project Team's zone checking is ongoing as areas become available for final inspection, the latest areas to which checking is underway are outpatients and renal areas within the Adult Hospital and the Acute Receiving Unit within the Children's Hospital.

f) Equipment

i. Group 5 Equipment (Imaging)

- The NHS Project Team continue to meet regularly with Imaging Directorate representatives in order to keep colleagues up to date on Group 5 Equipment progress and on other issues.
- The sequence in which the equipment is to be installed has been identified and dialogue is ongoing with the suppliers in order to organise site visits for the pre-install planning.
- A programme for the install of the equipment is being prepared in line with discussion with the suppliers and BMCL in order to ensure that the rooms are suitably complete for install.

ii. Transfer Equipment

Most departments have returned their outstanding queries to the Migration Team for the final iteration of the first version of the Migration Workbooks – there are a few areas that need to clarify some minor points. When these issues have been closed off version 1 workbooks will be uploaded to Sharepoint. Service Transfer Owners will then continue to develop the workbooks, through information which will be required for version 2 namely: working items, e.g. time constrained confidential records; and surplus equipment. Information on the new build will also be provided from the Project Team e.g. schedules of accommodation and plans.

IT, Procurement and Medical Physics representatives continue to meet with User Groups in order to identify the gap in the equipment needs for the new build and to identify equipment that requires specialist removal, eg needs to be networked. Meetings have taken place with all the main departments and the final round of meetings for smaller departments is on-going.

3. Car Park 1

- The Berry barrier installation works are complete.
- The glazing to the stairwell nearest Hardgate Road has been installed.
- The cladding works are well progressed on all elevations of the car park.
- The floor coating works are complete to the bottom three levels and have commenced on the upper levels.
- The lift installation is complete.

4. Energy Centre

- The installation of the CHP is in progress.

5. Teaching and Learning Centre

- The construction of the Teaching & Learning Centre remains on programme and on budget for completion by end May 2015.
- The erection of the structural steel frame is now complete.
- The concrete floors have all been formed.
- The blockwork to the lecture theatre has been commenced.
- The external cladding works has commenced.

6. New Staff Accommodation (Office) Building

- The construction of the New Administration (Office) Block remains on programme and on budget for completion by April 2015.
- The external drainage works have been completed.
- The erection of the structural frame has been completed.
- The installation of the pre-cast stairs and landings has been completed.
- The external blockwork has commenced.
- The concrete topping to the upper floor slabs is ongoing.

7. Recommendation:

Members are asked to note progress of Stage 2 (Design Development of the New Hospitals) and Stage 3 (construction of the Adult and Children's Hospitals), the New Teaching & Learning Centre and the New Staff Accommodation (Office) Building.

8. Change Control Process

The following tables provide an update of the changes that have been assessed and approved by the Acute Services Strategy Board through the projects change control process and an indication of pending changes that are being reviewed prior to formal approval.

8.1 Compensation Events which were previously issued

The table below summarises the previously issued Compensation Events

Table 1

Item	Stage 1 costs (inc O/H, Profit & VAT)	Stage 3 costs (inc O/H, Profit & VAT)	Total costs (inc O/H, Profit & VAT)	Variation
Compensation Events No's 01 - 048	[redacted]	[redacted]	[redacted]	-

The costs stated have been shown at the relevant rate of VAT.

8.2 New Compensation Events

The table below lists other changes which have been concluded since the previous report (March 2014).

Table 2

Item	CE No	Date completed	Status	Total costs (inc O/H, Profit & VAT)	Variation
NONE				Nil	-
			Total	**NIL**	

8.3 Movement since last ASSB report (March 2014)

The table below shows the cost movement since the previous ASSB report.

Table 3

	Total costs/savings (inc O/H, Profit & VAT)
Compensation Event value at May 2014	[redacted]
Compensation Event value at June 2014	[redacted]
Movement since May 2014	**£0.00**

8.4 Potential Compensation Events

The table below lists potential Compensation Events currently under review:-

	Total costs/savings (inc O/H, Profit & VAT)
1 in 10 year weather event - December 2013 & February 2014 – information currently under review	[redacted]
Progress design works for INS Entrance to allow agreement of construction cost target price compensation event	[redacted]
Changes to arrival square required following dialogue with Glasgow City Council on operation of fastlink / bus stops	TBC
Value of Potential Compensation Events	[redacted]

8.5 Compensation Event Classification

The table below provides an overview of the costs associated with those Compensation Events which are not related to the accepted contract scope of works.

Table 5

	Total costs/savings (inc O/H, Profit & VAT)
Compensation Events related to accepted contract scope of works	[redacted]
Compensation Events related to NHS GG&C Clinical Brief changes	[redacted]
Compensation Events related to events outwith NHS Control - Inflation	[redacted]
Compensation Events related to events for insurances – Group 5 equipment	[redacted]
Total	[redacted]

8.6 Compensation Events being charged to other funding

The table below provides a list of Compensation Events and their associated costs which are being charged to other funding.

Table 6

Compensation Event	Funding being charged to	Amount
Carpark 0 – Interface Works	NHSGGC Core Capital Plan	[redacted]
Pneumatic tube installation	NHSGGC Core Capital Plan	[redacted]
Installation of sky ceilings to specific rooms within the NCH.	Yorkhill Children's Charity	[redacted]
Changes to data, power, lighting and structural supports within the main atrium outpatient areas to enable the fitment of distraction therapy equipment	Yorkhill Children's Charity	[redacted]
Additional Power and Data as requested by Science Centre, Glasgow (designers for YCF).	Yorkhill Children's Charity	[redacted]
MTHW System – Site ring	NHSGGC Core Capital Plan	[redacted]

8.7 Defined Cost Update

99% of Contract Works tendered and contracts awarded
1% of Contract works currently at tender stage or in negotiation as variation to existing sub-contracts

Based on BMCL current cost projections and risk estimates for the Hospitals, the estimated outturn final cost to the Board is estimated to be in the range of [redacted] This is within the revised Target Price incorporating all Compensation Events of approximately [redacted].

Car Park 1 estimated outturn is around target price level of [redacted]

9. Overall Budget Update

The core Project Budget remains unchanged at [redacted], supplemented by [redacted] in respect of the car-park landscaping [redacted], pneumatic tube installation (£80k) and newly added Medium Temperature Hot Water (MTHW) system extension [redacted] funded from core capital. These are presented in Lines 4.1 to 4.3 in table 1 below. Additionally, funding has been secured from the Yorkhill Children's Foundation in respect of work in connection with the installation of sky ceilings to specific rooms within the New Children's Hospital [redacted] and changes to data, power, lighting and structural supports within the main atrium outpatient areas, also within the New Children's Hospital [redacted]. These are presented within the table below on lines 5.1 and 5.2.

Full details of the movement in the overall core and non-core Project Budget (at Target Price), since Contract Award/ FBC Approval, are reflected in Table 1 below:

[redacted]

Movements since the last ASSB meeting in March 2014.

The movements since the last ASSB meeting in March 2014 are as follows:

- Neurosurgical Building Entrance Feasibility (with link bridge) – design and cost study [redacted]
- Campus Masterplan drawing update - [redacted]
- Potential CE with regard to weather (1 in 10 weather event). Information currently under review - [redacted]

As a result of recognising the above adjustments in the period, the risk provision for the main construction now stands at [redacted] and is noted in line 2.7. The combined risk allowance for the T&L and Office Accommodation is [redacted] and is noted in line 2.8, resulting in a total available risk allowance of [redacted]

In addition, as previously noted at the start of this paper, there has been a Compensation Event for Medium Temperature Hot Water system- extension of site ring star pipe, at a value of [redacted]. As this is funded from the Board's core capital, it has no impact on the remaining risk provision.

Cumulative actual expenditure incurred since the project commenced up to and including March 2014 is [redacted], and the associated spend profiles in respect of construction costs and all other areas, chiefly equipment, will be kept under review in conjunction with the latest handover and commissioning programmes.

APPENDIX 1

Notes on Forecast Budget Analysis (Table 1)

APPENDIX 2

New South Glasgow Hospitals and Laboratory Project

Risk Movement Summary

Introduction

The opening risk provision at contract award was [redacted] at target price.
The risk provision now stands at [redacted] as a result the following key drivers presented in the table below.

	£m
Opening risk provision	[redacted]
Key drivers utilising risk	
Vat rate increase 17.5% to 20%	[redacted]
Incorporation of Enabling Schemes	[redacted]
Scottish Ambulance & land purchase	[redacted]
Supervisor Fees	[redacted]
Risk provision at FBC	[redacted]
Scottish Ambulance & land purchase Adj	[redacted]

Incorporation of Items which avoid the requirements for funding to be set aside from the National Capital Plan	£m
Introduction of carparks 1,2&3	[redacted]
Removal of carpark 2 (net cost reduction)	[redacted]
	[redacted]
Teaching & Learning Facility	[redacted]
New Administration (Office) Block	[redacted]
	[redacted]
Compensation Events	[redacted] *
Balance per risk provision	[redacted]

Analysis of Other Including Compensation Events *

		£m
Compensation Events (CE)	Others	[redacted]
Compensation Events (CE)	Inflation	[redacted]
VAT on above CE Events		[redacted]

APPENDIX 3

New South Glasgow Hospitals
Key Risk Update – June 2014

Risk Item	Risk Provision March 2014	Risk Provision May 2014	Risk Provision June 2014	Reason for Movement	Date Majority of Risk Passed
Ground risk - general	[redacted]	[redacted]	[redacted]	No significant issues identified to date at former helipad site and adjacent former biochemistry block, residual risk until excavations completed in Stage3A area undertaken.	July 2015
Ground risk – below existing buildings	[redacted]	[redacted]	[redacted]	SI in area of Biochemistry identified no significant issues in surrounding area, risk remains until SI complete at Surgical block following demolition	July 2016
Planning Risk	[redacted]	[redacted]	[redacted]		
Client Changes	[redacted]	[redacted]	[redacted]	No changes identified	July 2014
Client Approval Delays	[redacted]	[redacted]	[redacted]	No issues to date, NHS responding to items issued in requested timelines	Sept 2014
Equipment Requirements	[redacted]	[redacted]	[redacted]	Overall equipment list estimate reduced from [redacted] to [redacted] before consideration of transfers. Current [redacted] allocation within [redacted] project budget. Additional [redacted] secured from Endowments for extra funding towards equipment	
Residual risk available for other projects	[redacted]	[redacted]	[redacted]	Reduced by [redacted] for potential CE in connection with production of developed INS entrance designs to enable construction value agreement	
Total	[redacted]	[redacted]	[redacted]		

The value of risk included with the approved Teaching & Learning Facility and Office Building approved budget allocation is as follows:-

Teaching & Learning Facility, Office Building			[redacted]	Individual identified risks being managed by TLF Project Team

10. Recommendation:

Members are asked to note progress of Stage 2 (Design Development of the New Hospitals) and Stage 3 (construction of the Adult and Children's Hospitals), the New Teaching & Learning Centre and the New Staff Accommodation (Office) Building.

Author; David W Loudon, Project Director, New South Glasgow Hospitals Development
Tel No: [redacted]
Date : 23rd June 2014

Appendix A

NHS Greater Glasgow & Clyde

Retail Strategy

New South Glasgow Hospitals Development

David W Loudon – Project Director

Contents

1. Introduction

The Quality and Performance Committee approved the pan Glasgow & Clyde Food Retail Policy presented by the Director of Public Health at the May 2014 meeting.

The retail strategy for the new South Glasgow Hospitals development will incorporate the policy guidelines and recommendations of the approved food retail policy and this paper also includes recommendations for engaging non food vendors.

When opened in 2015, the new South Glasgow Hospitals Campus will deliver high standards of health care on the Govan site with maternity, children's, adult acute hospitals and state of the art laboratory services all co-located on the campus. It will also have the biggest critical care complex and one of the biggest emergency departments in Scotland. With circa 10,000 NHS staff expected to be based on site, patients (c. 300,000 attendances per annum) visitors and contractors, there is a requirement for retail and other services to serve a range of stakeholders' with potentially differing expectations (in terms of product and price).

The Board commissioned a retail consultant for advice pertaining to the attractiveness of the retail spaces for a range of potential services. It is considered that owing to the physical dimensions of available floor areas, mainstream food retailers may not be attracted to the site.

The retail offer will be underpinned by the NHS Aroma brand, which will operate a 450 seat restaurant/café at first floor level within the atrium accessed via escalators from the main concourse. Aroma will also manage the beverage outlets on the ground floor.

It is also proposed that ATMs (Cash Machines) will be located in the hospitals and current advice suggests that two in the adult's hospital and one in the children's hospital should be possible.

2. Retail Mix Options

The retail offer must:

- Meet NHSGG&C requirements.
- Service key requirements.
- Meet NHS Stakeholder requirements.
- Meet NHS and Scottish Government Health Guidelines/Objectives.
- Be affordable/appealing to a broad range of customers.
- Provide a high quality retail environment.
- Be sustainable.

3. Recommended Services

3.1 Adult Hospital

Recommended Services

It is recommended that two spaces be actively marketed to attract a grocer\convenience store and a newsagent retail outlet that would also incorporate a post box and potentially a trolley service.

The Board has also received notifications of interest from third sector and staff representative organisations to occupy space and therefore it is recommended that a dialogue is commenced to finalise the appropriateness of their proposed offering and related commercial terms.

It is recommended that Aroma is allocated a space in the ground floor to provide a beverage service.

3.2 Children's Hospital:

Recommended Services

The Yorkhill Children's Charity has previously intimated their interest to occupy a space to use as a gift shop and therefore, it is recommended that an outlet is allocated to them for this purpose.

It is recommended that the second retail space in the children's hospital be allocated to Aroma to manage as a beverage outlet.

4. Procurement Process

Implementation and governance of the procurement process will be compliant with the Board's procurement policies. It is intended that the procurement process will be used as an opportunity to test market demand for the provision of grocer and newsagent services at the new South Glasgow Hospitals development as noted above.

An advertisement will be placed in the Herald commercial property pages to draw attention to the opportunity and test demand from the retail sector. Interested retailers will be invited to apply for a tendering package.

Through a competitive process, the Board will select the proposed retailers and then proceed to conclude legal agreements (leases) setting out the framework for the retailers relationship with NHS Greater Glasgow & Clyde.

For the Third Sector and staff side organisations and the Yorkhill Children's Charity, the Board will notify them of the available opportunities within the New South Glasgow Hospitals development and seek expressions of interest and commercial terms where deemed appropriate.

5 Recommendations:

Members of Q&PC are requested to approve the following recommendations:

1. The Board proceeds with the recommended procurement processes for grocer and newsagent services as noted in the paper;

2. The Board proceeds to enter into a dialogue with third sector, staff side organisations and Yorkhill Children's Charity regarding their proposal to occupy outlets; and

3. The retail consultant is retained to prepare the proposed advert, tender documentation and lease documents (with support from the Central Legal Office) where relevant.

Appendix B

New South Glasgow Hospitals Development

Institute of Neurosciences - Proposed Overcladding Works to the Neurosurgical Building

Overview

As part of the ongoing site masterplan development, a range of works have been identified that require to be undertaken to the Institute of Neurosciences both to enhance delivery of NHS clinical services, enable investment by the University of Glasgow for the Clinical Research Facility Phase 2, and extend the operation life of the building.
One area of works identified as part of a masterplan feasibility study for the INS was the potential over cladding works to enhance the appearance of the building (in line with campus masterplan concept set by the new hospitals building) and to prolong the life of the INS building. The estimated capital cost of the over cladding project is £3.20M excluding VAT.

The INS masterplan feasibility study published 31st January 2014 identified an indicative programme for the Neurosciences over cladding works, with works required to commence on site Q4 2014. Expenditure on the project was approved as part of the Board 2014/15 Capital Plan.

The procurement options for the works require not only addressing timescales identified, but also ensuring the Board comply fully with the relevant procurement regulations and are fully protected with regards to design and construction warranties.

Procurement Strategy

There are various options to procure the works if it was considered as a standalone item of work, however the critical factor for consideration in the decision making process is the interface with the approved works to take place within the building (Ward 62 and 66) and the new entrance proposals being developed by Brookfield Multiplex. The interfaces with regards to management of disruption to building users and securing appropriate design and construction warranties are constraints that influence consideration of optimal procurement strategy

The link bridge connection works and new entrance works both will interface with the planned over cladding works and have the potential, if not carefully managed to, disrupt contractors operations, and create split design and construction warranties, if a separate contractor was appointed for the over cladding works This could have major ramifications if any form of defect arose in the structure, fabric and services at the point of interface of the link bridge, over cladding and entrance works .

As the timescale for completion of the over cladding works has now been identified as running concurrently with the new entrance works, it is recommended that in order to avoid the potential for split warranties and future risk of disputes the Board should consider a negotiated procurement route with Brookfield Multiplex. The works being a compensation event to the main hospital works. The value of the Compensation Event equates to less than 1% of the overall hospital contract value.

Value for Money

With the negotiated procurement route option they key driver will be to ensure achievement of value of money. It is recommended that the following steps be implemented which will create the correct framework and commercial tension to develop a value for money target price compensation event to the Brookfield Multiplex contract.

1. A Project Managers Instruction is issued to Brookfield Multiplex to submit a fully resourced price activity schedule for the development of the design up to an agreed Stage (e.g. RIBA Stage 3) and preparation of a proposed target price compensation event value. This development fee would be benchmarked to ensure it represents value for money.

2. Once the fee is deemed acceptable a Compensation Event would be issued instructing the design works to commence. The Board Technical Advisor for the hospitals project would be an integral part of the design development process working jointly with Brookfield Multiplex to develop a robust target price adjustment within the Capital Plan expenditure limits. It is recommended that the target price adjustment process follows a similar methodology to HFS Frameworks, with an objective to achieve three sub-contractor quotations for each trade with 80% of the project value subject to market testing.
3. Once an acceptable target price adjustment has been agreed, and the relevant Board internal approvals are achieved, a Compensation Event would be issued instructing the works to be undertaken.

Recommendations

It is recommended that the Board consider and implement a negotiated procurement route with Brookfield Multiplex and follow the key steps noted above to demonstrate value for money.

This recommendation is based on:-

1. requirement to commence works during Financial Year 2014/15
2. transfer management of interface risks to Brookfield Multiplex, thereby minimising Board risk to potential disputes
3. secure commercial benefits of works being procured as part of wider package of works to the INS building
4. preserving a single warranty for all works associated with over cladding works, the link bridge interfaces and the new Neurosciences entrance extension

Currie & Brown UK Ltd
17th June 2014

NHS Greater Glasgow and Clyde

CAPITAL PLANNING

Capital Planning Business Case

For

Over-cladding of Neurosurgical Sciences Building

Regional Services

1 July 2014

Attachments:

N/A

Business Case Revisions Tracker:

Revision No	*V1*
Revision Date	*Enter date*
Revised By:	*Enter name*
Summary of changes:	
Enter description of changes	

PART 1:
This part to be completed by the service

PROPOSED PROJECT PARTICULARS

Project Description *Enter a brief project description including site location.*
Over cladding of the Neurosurgical Building at the Southern General Hospital
Financial Summary *Summarise both the total capital costs and revenue consequences for the Project.*
Total capital cost including equipment risk and VAT [redacted] Total net recurring revenue cost estimate is [redacted] pa. This consists of depreciation at [redacted] pa and window cleaning at [redacted] pa. Total Non recurring cost £0.00. Full details of the financial figures can be found in Part 2 and 3 of the Business Case.
Directorate or Partnership Sector *Enter Acute Directorate or Partnership*
Regional Services
Project Sponsor *Enter name, role and contact details of responsible person who is making request and who will be the lead service contact for the project.*
Jonathan Best, Regional Services Director
Project Owner *Enter name, role and contact details of line manager who supports the request and will present the project for decisions at governance boards. This should be a General Manager or equal.*
Susan Walker, General Manager
Project Objectives
Implementation of the project will provide an aesthetically acceptable solution to the current problems of air leakage and water penetration through the external windows. The completed project will also improve the thermal properties of the building and improve the energy performance
Service Outcome (strategic fit & benefits) *Enter supporting narrative of strategic benefits.*
• Improvements to energy management • A improved clinical operating environment • Increased lifecycle of the external envelope of the building by 20 – 25 years.

Related Strategies and Policies *How the proposed business case fits in with both the Board's and Scottish Government's strategies.*
The proposal compliments the Scottish Government and NHS GGC policies to improve the energy performance of the built environment.
Stakeholders *Enter known stakeholders to be consulted during the project process.*
• General Manager • INS Staff • Glasgow City Council (Planning Department)
Project Risks *Enter narrative of any identified project risks including where assumptions have been made that are not yet confirmed.*
• Disruption to normal clinical service provision caused by construction activities and resultant delays to the construction • Delay in obtaining planning consent • Other projects being implemented at the same time as the over cladding
Identified Project Constraints and Exclusions *i.e. the service delivery target date by which project work requires to be complete, constraints on access to start, specific works not to be included or requirements to maintain service. Include if decant required or any other known knock-on effects*

PART 2
This part will be completed by Capital Planning or Estates.

Key Assumptions Used **Please Complete where blank**

Form of Contract used – default should be Framework	NEC 3
If not Framework – please provide detail of form of Contract used and why Framework was rejected.	
VAT Recoverable on Direct Fees only.	For Noting
Percentage of Equipment assumed transferring (%)	0
Depreciation on Construction Costs (If refurbishment, use existing life of building) Please state rate used in years.	40 years
Depreciation on Equipment.	10 years
Depreciation on IT Equipment.	5 years

Project Time Frame

Design & Procurement.	Date: June to August 2014
Construction Commencement.	Date: October 2014
Construction Completion.	Date: September 2015
Handover.	Date: September 2015

Capital Cost

Description	Value £M
Land Cost	0.00
Total Construction Cost Including VAT	[redacted]
Direct Fees Excluding VAT	
Equipment Including VAT	0.00
IT Equipment Including VAT (IT input should be sought)	0.00
NHSGGC Retained Risk Provision (per detail below) Including VAT	Included in Capex
Total Capital Cost	[redacted]

NHSGGC Retained Risk Provision –Detail

Description	Value £M
Included in capex	
Total Internal Risk Provision Including VAT	

Capital Spend Profile: To be confirmed

	2014/15 £'000	2015/16 £'000	2016/17 £'000
Land Cost	0	0	0
Total Construction Cost Including VAT	[redacted]	[redacted]	
Fees Excluding VAT			
Equipment Including VAT	0	0	0
IT Equipment Including VAT	0	0	0
Internal Risk Provision Including VAT	0	0	0
Total Capital Cost	[redacted]	[redacted]	

PART 3

REVENUE COSTS
This part to be completed by the service

The revenue costs associated with the above capital investment is presented in the table below:

	2014/15 £'000	2015/16 £'000	2016/17 £'000
Recurring Revenue Costs			
Capital Charges –Building (40 Years)		[redacted]	[redacted]
Capital Charges - Equipment			
Capital Charges IT Equipment			
Others: Window Cleaning			[redacted]
Less Recurring Revenue Savings (if any please specify)			
Total net recurring revenue Cost		[redacted]	[redacted]
Non Recurring (One Off costs)			
Eg Decant, Estates etc	0	0	0
Total Non Recurring Cost	0	0	0

The total net recurring revenue cost associated with this project is [redacted] pa

Disposals – Please complete this section if there are any disposals in connection with the project. (This part to be completed by the service)

Disposals

Description of asset being disposed of e.g. equipment, land, buildings.	Current Net Book Value of asset £'000	Likely proceeds/Receipts £,000
Not Applicable		

PART 4

Approvals

Summary of Approvals		**Date**
Capital Planning Group	Corporate Capital Planning and Property Group	
	Acute Capital Forum	
	CH(C)P Consolidated Capital Planning Group	
	Mental Health (Inpatient) Capital Planning Group	
	Glasgow City CHP Capital / Accommodation Planning Group (inc. South Lanarkshire pending completion of boundary changes)	
	East Dunbartonshire	
	West Dunbartonshire	
	Inverclyde	
	East Renfrewshire	
	Renfrewshire	

Business Case Approved	YES	
	NO	
Comments (relative to approval / non-approval) *Insert comments relative to approval / non-approval, date of meeting and attach copy of minutes.*		

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 16 September 2014 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1 Apologies

2 Declarations(s) of Interest(s)

To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.

3 Minutes of Previous Meeting: 1 July 2014 QPC(M) 14/04

4 Matters Arising

(a) Rolling Action List Paper No 14/89

(b) Assessing the Impact of Proposals to Q&P Committee: Proposed Guidance Template Paper No 14/90

Report of the Director of Corporate Planning & Policy

5 Integrated Quality and Performance Report Paper No 14/91

Report of the Acting Head of Performance and Corporate Reporting

SAFETY

6 Scottish Patient Safety Programme Report Paper No 14/92

Report of the Medical Director

7 Healthcare Associated Infection: Exception Report Paper No 14/93

Report of the Medical Director

8 Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents and FAIs (including how increased number of SCIs in W&C Directorate is being addressed) Paper No 14/94

Report of the Medical Director

9	**Board Clinical Governance Forum Minutes and Summary of Meeting held on 11 August 2014**	Paper No 14/95
10	**Paging System Update (including information about initial incident)** Report of the Interim Lead Director, Acute Services	Paper No 14/96

PERSON CENTREDNESS

11	**Adult Weight Management Services** Report of the Director of Public Health	Paper No 14/97
12	**Bowel Screening and Learning Disabilities** Report of the Director of Public Health	Paper No 14/98
13	**NHS Greater Glasgow and Clyde Policy on Commercial Advertising** Report of the Director of Public Health	Paper No 14/99
14	**National Person-Centred Health and Care Collaborative - Update** Report of the Nurse Director	Paper No 14/100
15	**A Patient's Story – Ian and Rosemary** Report of the Nurse Director	Paper No 14/101
16	**Francis into Mainstream** Report of the Director of Corporate Planning and Policy, Medical Director and Nurse Director	Paper No 14/102

MONITORING AND GOVERNANCE

17	**Update on the 2013/14 End of Year Organisational Performance Reviews** Report of the Director of Corporate Planning & Policy	Paper No 14/103
18	**Annual Review 2013-14: Initial Feedback** Report of the Chief Executive	Verbal Update
19	**Integrated Joint Board Development** Report of the Director of Corporate Planning & Policy	Paper No 14/104

20	**District Nursing Review** Report of the Interim Director of Glasgow City CHP	Paper No 14/105
21	**Financial Monitoring Report for the 4 Month Period to 31 July 2014** Report of the Interim Director of Finance	Paper No 14/106 To Follow
22	**Media Coverage of NHSGGC June-Aug 2014** Report of the Director of Corporate Communications	Paper No 14/107
23	**Quality Policy Development Group Minutes of Meeting held on 23 June 2014**	Paper No 14/108
24	**Staff Governance Committee Minutes of Meeting held on 5 August 2014**	SGC(M)14/03

CAPITAL

25	**Updated Capital Plan – 2013/14** Report of the Chief Executive	Paper No 14/109 To Follow
26	**New South Glasgow Hospitals: Progress Update – Stages 2 & 3 (including report on Child Psychiatry Inpatient Unit)** Report of the Project Director – New South Glasgow Hospitals Project	Paper No 14/110
27	**Update on Disposal Strategy** Report of the Head of Capital Planning and Procurement	Paper No 14/111 To Follow
28	**Inverclyde Adult & Older People's Mental Health Continuing Care Facility: Full Business Case** Report of the Interim Director, Glasgow City CHP	Paper No 14/112 To Follow
29	**Reducing Carbon Emissions and Energy Consumption** Report of the Interim Lead Director, Acute Services	Paper No 14/113
30	**Expansion of Ambulatory Care Services at Gartnavel General Hospital** Report of the Director, Regional Services	Paper No 14/114
31	**Date of Next Meeting** 9.00am on Tuesday 18 November 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH	

DRAFT

QPC(M)14/05
Minutes: 108 - 138

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 16 September 2014 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE	Dr D Lyons
Ms M Brown	Ms R Micklem
Dr H Cameron	Cllr J McIlwee
Mr I Fraser (To Minute 126)	Mr D Sime

Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong	Dr L de Caestecker (To Minute 127)
Mr R Calderwood	Mr R Finnie (To Minute 123)
Professor R Crocket MBE	Mr A O Robertson OBE (To Minute 134)

Rev Dr N Shanks (To Minute 132)

I N A T T E N D A N C E

Mr G Archibald	..	Interim Lead Director, Acute Services
Ms A Baxendale	..	Head of Health Improvement (From Minute 115 to 133)
Mr J Best	..	Director, Regional Services (For Minute 134)
Mr A Curran	..	Head of Capital Planning and Procurement (From Minute 135)
Mr P Devine	..	Associate Director, Scottish Futures Trust (For Minute 135)
Mr A Gallacher	..	Technical Manager (For Minute 137)
Mr R Garscadden	..	Director of Corporate Affairs
Mr J C Hamilton	..	Head of Board Administration
Mr K Hill	..	Director of Women and Children's Services (For Minute 133)
Mr J Hobson	..	Interim Director of Finance
Ms M A Kane	..	Interim Director, Facilities
Mr M Kingston	..	Audit Scotland
Mr D Leese	..	Director of Renfrewshire CHP (To Minute 133)
Mr D Loudon	..	Project Director - South Glasgow Hospitals Development (From Minute 133)
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr D Ross	..	Director, Currie & Brown UK Limited (For Minute 133)
Mr D Walker	..	Director, Glasgow City CHP (South Sector) (For Minute 127)

108. WELCOME AND APOLOGIES

Mr I Lee, Convener, welcomed Dr D Lyons to his first meeting of the Committee, replacing Mr B Williamson. Apologies for absence were intimated on behalf of Councillor M Cunning, Mr P Daniels and Councillor A Lafferty.

109. DECLARATIONS OF INTEREST

There were no declarations of interest raised.

110. MINUTES OF PREVIOUS MEETING

On the motion of Ms R Micklem and seconded by Councillor J McIlwee, the Minutes of the Quality and Performance Committee Meeting held on 1 July 2014 [QPC(M)14/04] were approved as a correct record.

111. MATTERS ARISING

(a) Rolling Action List

NOTED

(b) Assessing the Impact of Proposals to Q&P Committee: Proposed Guidance Template

There was submitted a paper [Paper No 14/90] by the Director of Corporate Planning and Policy which provided guidance on the areas to be covered in the summary paper for patient safety/patient experience, financial implications, staffing implications, equality implications and health inequalities implications. The completion of this summary paper was designed to increase informed decision making and Members' comments were sought prior to its introduction.

Members welcomed the additional guidance and recognised that its success would be judged on the future presentation of papers with an appropriately completed assessment of the impact of the proposals. Ms Micklem asked that the paper also incorporated cross references to the five statements within the Corporate Plan. This was agreed and the new guidance would be amended and issued for implementation with effect from the November meeting of the Quality and Performance Committee. It would however remain a separate paper to the executive summary, which is required to be produced for all Committee papers, noting the key issues covered by the paper.

DECIDED

- That, the proposed guidance, subject to the change notified above, be approved and implemented from the November meeting of the Quality and Performance Committee.

112. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No: 14/91] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC's performance.

Of the 43 measures which had been assigned a performance status based on their variance from trajectories and/or targets, 25 were assessed as green; 7 as amber (performance within 5% of trajectory) and 11 as red (performance 5% outwith meeting trajectory).

The following HEAT targets/performance indicators had been removed as they had reached their target delivery date:-

- Smoking cessation – one month post-quit;
- Child healthy weight interventions;
- Inequalities cardiovascular health check measure.

Other changes within the report included an update on the 48 hour access to an appropriate GP Practice Team member. This utilised the results of the 2013/14 GP Patient Experience Survey and the results of the 2014 National Better Together Patient Experience Survey.

The key performance status changes since the last report to the Committee included:-

- MRSA/MSSA Bacteraemia cases per 100,000 average occupied bed days, had moved from amber to green;
- Cancer treatment waits – 31 days, had moved from amber to green;
- Admissions to Stroke Unit had moved from amber to green;
- A&E 4 hour maximum wait had moved from red to amber;
- Overtime usage had moved from amber to green;
- Early diagnosis of cancer had moved from green to red;
- Child and Adolescents Mental Health Services waits had moved from green to red;
- Antenatal Care (SIMD) had moved from green to amber;
- Percentage of new outpatient appointment "did not attends" had moved from amber to red;
- Primary Care Nursing Standard – Hand Hygiene Compliance had moved from green to amber.

Exception reports had been provided to Members on the eleven measures which had been assessed as red, and this had included two new measures. The Early Diagnosis of Cancer and Child and Adolescents Mental Health Services waits.

Ms Brown was disappointed at the downturn in performance of Early Diagnosis and Treatment in the First Stage of Cancer and requested that as part of the Annual Screening Programme report to be submitted to the NHS Board in February 2015, the performance against the full stages of cancer care be included in that report. Mr Archibald acknowledged that this had been a disappointing outcome with the NHS Board diagnosing 21.9% of cancers at Stage 1, with the local trajectory being 24.6% in order to achieve the HEAT target of at least 29% by 31 March 2015. Breast cancer had decreased in the number of patients diagnosed at Stage 1 by 5.7% and he referred to the Exceptions Report which set out the performance issues across the range of cancers together with the intended actions to improve performance in these areas. Discussions had been held with clinicians and the staff were engaging with Public Health to see how best to engage with those patients less likely to present with possible symptoms.

Ms Brown and other Members expressed disappointment at the downturn in performance of the Child and Adolescents Mental Health waits after the recent assurances given to the Committee. This was acknowledged, although it did relate to two patients waiting over eight weeks within Inverclyde CHCP and both patients had received their appointments and were no longer on the waiting list.

Ms Brown raised the issue of patients receiving outpatient appointments which were subsequently postponed and a new date given, and this happening 2-3 times, particularly within ophthalmology and rheumatology. Mr Archibald was not aware of the specifics and would speak to Ms Brown separately in order to obtain the details of particular cases. Some clinics did indeed require multiple appointments for patients (glaucoma patients) and cancellations did occur and auditing was taking place to see what the main reasons were for this.

Interim Lead Director, Acute Services

Ms Micklem welcomed the good news contained in the Patient Survey and asked if the EQIAs of cost savings programmes – A Fair Financial Decisions Report from Acute and Partnerships, which would identify where full EQIAs were required, would be submitted to the Quality and Performance Committee in November. This was confirmed as being the case.

Director of Corporate Planning & Policy

Mr Winter was concerned at the increase in the number violent and aggressive incidents towards staff and asked what steps were being taken to protect staff when carrying out their duties. Mr Reid indicated that this had been discussed at the Area Partnership Forum and the Staff Governance Committee and additional training was being put in place for staff. He agreed that he would submit a full paper to the Quality and Performance Committee to highlight the areas where such incidents were being reported, and what actions management were taking to mitigate the risks to staff.

Director of Human Resources

NOTED

113. SCOTTISH PATIENT SAFETY PROGRAMME REPORT

There was submitted a paper [Paper No: 14/92] by the Medical Director on the Scottish Patient Safety Programme and in particular, an update on the Hospital Standardised Mortality Ratio (HSMR) and in particular, the position at the Royal Alexandra Hospital/Vale of Leven Hospital.

Scottish HSMR utilised the routine linkage of data obtained from hospital discharge summaries to death registrations from the National Records of Scotland.

It was calculated for all acute inpatient and day case patients admitted to all specialties and took account of patients who died within 30 days from hospital discharge, including deaths which occurred in the community. It was observed deaths against predicted deaths and enabled acute hospitals to monitor their progress in reducing hospital mortality over time. A higher or higher than expected HSMR should be a trigger for further investigation, as in isolation it cannot be taken to imply a poorly performing hospital or poor quality of care.

The rate for NHSGGC hospitals for the period January – March 2014 was 0.83 however the Royal Alexandra Hospital/Vale of Leven Hospital was recorded at 0.99. The NHS Board received an advisory letter from Health Improvement Scotland indicating that the Royal Alexandra Hospital/Vale of Leven Hospital was an outlier when compared with the national mean, and while HSMR should not be viewed as a marker of the quality of the care in any hospital, it was recognised that an unexpected rate/pattern of HSMR should be used as a prompt for exploration of the care provided. A review was now underway involving further data analysis and engagement with the clinical staff and management teams. Dr Armstrong had met with the clinicians to discuss this trend and, in responding to Mr Sime's comment about a previous review undertaken by the former Medical Director, she advised that this had not highlighted anything significant in terms of a trend or any systematic deficiencies in the care provided though had set out where some individual cases could have been managed more effectively but agreed it would be useful to review this previous report as part of this new process.

Dr Armstrong would report further to the Quality and Performance Committee on the progress made in reviewing the position at the Royal Alexandra Hospital/Vale of Leven Hospital together with identifying the steps being taken to try and bring about an improvement in this area. **Medical Director**

NOTED

114. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No: 14/93] by the Medical Director providing information on the performance against the national targets for key infection control measures.

For Staphylococcus Aureus Bacteraemia (SAB), the most recent validated results for January – March 2014 demonstrated a SAB rate of 26.3 cases per 100,000 acute occupied bed days, which was below the national average of 28.4 cases. Dr Armstrong provided unvalidated figures which indicated that the monthly SAB rate was still showing a fluctuating trend as yet, particularly within renal.

With regard to the C-Difficile rate for January – March 2014, the NHS Board had a rate of 24.1 cases per 100,000 acute occupied bed days which, again was below the national average of 28.7 cases.

Mr Robertson asked if the ward progress charts for SABs, C-Difficile and hand hygiene compliance rates were still visible within each ward setting. Dr Armstrong indicated that this was indeed the case but she would be pleased to hear from any Non-Executive Member undertaking the SPSP Leadership Walkabouts if they identified any wards where this was not the case.

Dr Benton commended the nursing staff on their consistently high compliance rates

in terms of the hand hygiene rates.

NOTED

115. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS AND FAIs

There was submitted a paper [Paper No: 14/94] by the Medical Director on the handling of adverse clinical incidents together with an update on the current Fatal Accident Inquiries. Dr Armstrong highlighted, in particular, the time sequence of significant clinical incidents reported within the Acute Services Division and the Partnerships per month since April 2008. In addition, Dr Armstrong highlighted the ongoing implementation of the Significant Clinical Incident Policy and, as requested by Members at the previous meeting, a further review of incident reporting levels within the Women's and Children's Directorate.

Dr Armstrong advised that she would report further to the November meeting of the Committee on the [redacted]. These [redacted] all had very different circumstances. She was meeting with the Women's and Children's Directorate in October to discuss each case and would provide a report to the November Q&P Committee meeting. **Medical Director**

Ms Brown welcomed the detailed analysis of the rise in significant clinical incidents and investigations within the Women's and Children's Directorate over the last four years. Whilst recognising the high risk nature of obstetric care, she was concerned that the number of investigations had almost doubled over the past four years, year-on-year. Dr Armstrong hoped that the analysis had been helpful together with the focus which the management team within the Women's and Children's Directorate had brought to the issue with their clinical staff. There was a recognition that this was a targeted area of work with a developing safety climate within the Directorate, however, she would pick this up and the reported near-misses in her report to the Quality and Performance Committee in November. **Medical Director**

Ms Micklem was concerned at the steady flow of errors made by clinicians i.e. local anaesthetic performed on wrong body part, despite the "stop before you block" process being undertaken and site markings being checked. Dr Armstrong felt that some staff were now too used to the process and did not always use the rigour that the process was designed to ensure. Nursing staff had been further encouraged to challenge clinicians when it seemed they were not following the process as designed. This would be highlighted to the Surgery and Anaesthetics Clinical Governance Group.

In relation to the overall lessons learned from incidents Dr Benton asked whether trainee doctors were given feedback on any errors they had made. Dr Armstrong highlighted the General Medical Council report on their website of collated results and the fact that most significant clinical incidents were the result of a system failure rather than individual failings. The Deanery had commended NHSGGC for its good practice in actioning any concerns/incidents. In addition, as part of the training process, trainees would be given feedback at the time by senior clinicians.

Dr Armstrong highlighted the section of the report on the Fatal Accident Inquiries and made particular reference to the issuing of two recent Determinations. Mr Sime asked in relation to the DH case, as to whether there would be a further report to the Quality and Performance Committee on any corrective action taken in relation to any system defects highlighted by the Determination. Mr Leese advised

that the Determination had been issued on 5 September and had included four additional recommendations to those covered in the initial Investigative Report undertaken by the Child Protection Committee in conjunction with Renfrewshire Council and NHSGGC. He had had a meeting with the Chair of the Child Protection Committee and Chief Executive of Renfrewshire Council in order to discuss the further actions to be taken forward by the Child Protection Committee, in particular the recommendation that mandatory training be given to GPs in the area of child protection. It had been recognised in discussions with the Local Medical Committee and the GP Sub Committee that wider training on protection may be more beneficial. Dr Armstrong would follow up the discussion with Mr Leese in relation to guidance to GPs following a case down south which included additional requirements via the professional route. A further progress report would be submitted to the Quality and Performance Committee.

Director, Renfrewshire CHP

NOTED

116. BOARD CLINICAL GOVERNANCE FORUM MINUTES (DRAFT) AND SUMMARY OF MEETING HELD ON 11AUGUST 2014

There was submitted a paper [Paper No: 14/95] enclosing the minutes of the Board Clinical Governance Forum meeting held on 11 August 2014.

Mr Lee enquired if the report on the findings and recommendations of the Datix Short Life Working Group, which were due to be submitted to the Quality and Performance Committee in September, would come at a later date. Dr Armstrong advised that once steps had been taken to strengthen the governance structure, a report would indeed be submitted to the Committee in November or January.

Medical Director

NOTED

117. PAGING SYSTEM UPDATE (INCLUDING INFORMATION ABOUT INITIAL INCIDENT)

There was submitted a paper [Paper No: 14/96] by the Interim Lead Director, Acute Services which provided information on the specific incident which had led to the review of the paging system across NHSGGC as well as an explanation as to the rationale on the number of pagers across different hospital sites.

Ms Mary Anne Kane, Interim Director of Facilities, indicated that the incident at Dykebar Hospital in October 2012 had led to a Significant Incident Review being undertaken and no actual delay had occurred in the member of clinical staff being notified of an incident and acting upon that request. The clinician had been in a staff area which was a known blackspot and local processes were in place to augment any difficulties with the paging system should such a problem occur. Since then, the contract had been changed to another supplier in May 2013 and better and wider coverage was now in place.

In relation to the issuing of pager units across different sites, this was driven by demand from operational teams and varied according to the number of emergency teams, service needs and clinical requirements. The volume of pagers now being purchased was reducing as new technologies took their place.

NOTED

118. ADULT WEIGHT MANAGEMENT SERVICES

There was submitted a paper [Paper No: 14/97] by the Director of Public Health which described a new model of weight management services within NHSGGC.

Overweight and obesity was an increasing global public health problem and a significant and increasing challenge within NHSGGC. The associated morbidity had serious health, social and economic consequences for those affected. Unhealthy eating patterns, overweight and obesity contributed to an estimated 12% of NHSGGC's total disease burden with an estimated 268,390 NHSGGC residents (28%) being classified as obese with a body mass index (BMI) of above 30kg/m.

In 2012, the Scottish Government published a four tiered model of service delivery for weight management, essentially making a distinction between the community overweight issues and specialist obesity management. Local arrangements presented a mixed economy of service delivery across the tiers and current levels of service uptake reflected around 0.1% of the current obese population within NHSGGC.

The Director of Public Health led a Short Life Obesity Planning Group to consider the strategic implications and the Corporate Management Team agreed the adoption of a Board-wide weight management framework based on the national tiered model with discrete service strands defined by clinical need, potential for health benefit, readiness to change behaviour as well as BMI. The four tiers were:-

- Tier 1 – Weight management programmes;
- Tier 2 – Community weight management services;
- Tier 3 – Specialist service;
- Tier 4 – Bariatric surgery.

Tier 2 included a tendering process which confirmed Weight Watchers as the successful bidder with a contract to support a minimum of 4000 12 week programmes during 2014-16 for patients whose BMI was >25 with defined levels of clinical need.

Ms Micklem noted that the Corporate Management Team had already approved the adoption of the new model of Weight Management Services and therefore the Quality and Performance Committee were not being asked to approve the introduction of this service. Dr de Caestecker recognised this, and Mr Lee's point, that the paper covered a number of operational issues and was not for decision making. She did highlight however, the issue of priorities for future funding in relation to bariatric surgery.

Rev Dr Shanks enquired as to how people would access this service and Dr Benton asked if the service would be targeted towards deprived areas and our own staff. Dr de Caestecker indicated that referrals to Weight Watchers would be via the patient's own GP or secondary care consultant following an algorithm in order to refer patients to the most appropriate service. In relation to Ms Micklem's comment about whether the service would be accessed equally by females and males, she did acknowledge that targeting men with taking action to reduce obesity remained a real challenge. In relation to targeting the most deprived areas, this had proved difficult and this message would be fed through to GPs. Staff would be able

to access services via their GPs.

Dr Armstrong spoke about the evidence-based effectiveness of bariatric surgery and the fact that it reversed diabetes. NHSGGC, in following national guidelines, would be required to see a rise in cases referred for bariatric surgery from 40 to 108 as a minimum for 2015/16. There would be a timing issue in terms of identifying the additional costs, theatre time and required specialists, and the NHS Board continued to provide gastric banding or sleeve resection in line with the obesity treatment best practice guidance/SIGN guidelines.

NOTED

119. BOWEL SCREENING AND LEARNING DISABILITIES

There was submitted a paper [Paper No: 14/98] by the Director of Public Health at Members' request, providing information on the interventions targeted at supporting participation in bowel screening amongst the NHSGGC population including people with learning disabilities. For the period April 2011 to March 2013, the bowel screening uptake with people with learning disabilities was 27.6% compared to 49.6% overall within NHSGGC.

The paper set out a range of projects which were aimed at closing the equality gap and these were dependent on the active engagement of GPs in the identification of people who required additional support to enable their informed participation in the bowel screening programme.

Dr Benton welcomed this report and enquired about patients with Down's Syndrome. She felt that 50 years of age was too late for screening for this group of patients and it should be set at a lower age. Dr de Caestecker indicated that she would check out the national position in relation to the evidence-based position and advise Dr Benton.

Director of Public Health

Dr Lyons also welcomed the paper and the positive action on the way and enquired about the involvement of the third sector. Dr de Caestecker indicated that the third sector was very much involved and supportive, and there were occasions where they took the lead in specific cases.

NOTED

120. NHS GREATER GLASGOW & CLYDE POLICY ON COMMERCIAL ADVERSTISING

There was submitted a paper [Paper No: 14/99] by the Director of Public Health highlighting the role of the NHS Board as a public health organisation in relation to its approved Food Retail Policy. This required all food retailers to avoid commercial advertising associated with high sugar and/or high fat products. The intention was to extend this to create an exemplary environment in which the NHS Board was not associated with products or services which contributed to poor health outcomes for residents. This would be applied to all advertising opportunities within the new South Glasgow University Hospital and Royal Hospital for Sick Children and the paper highlighted unacceptable products associated with poor health and those which would be actively encouraged.

Members welcomed the initiative. Mr Fraser asked why slimming products/protein

body building products were unacceptable and Dr de Caestecker intimated that this was in relation to misleading offers which could lead to debt, rather than the actual products themselves. She would reconsider how this was covered within the policy. **Director of Public Health**

In relation to Mr Finnie's question, Dr de Caestecker advised that the section on gambling did not exclude organisations which received lottery funding. She would however, consider further, with the Director of Human Resources, the issue of the NHS Board's own staff lottery. Dr Lyons highlighted that he believed that the issue was more about what damaged people's health rather than what the money was used for. **Director of Public Health**

DECIDED

- That, with the amendments suggested, the Policy on Commercial Advertising be approved. **Director of Public Health**

121. NATIONAL PERSON-CENTRED HEALTH AND CARE COLLABORATIVE: STRATEGIC WORK PLAN AND REPORT

There was submitted a paper [Paper No: 14/100] by the Nurse Director setting out the current position on the NHS Board's progress in implementing the National Collaborative for Person-Centred Health and Social Care. This was the seventh report highlighting the work undertaken within NHSGGC under the National Person-Centred Health and Care Collaborative and described the progress made locally with the Pilot Improvement Teams in clinical services within the NHS Board's area. The format had been altered in response to the national reporting requirements specified by the Healthcare Improvement Scotland – Person Centred Health and Care Team. A template of requirements had been supplied and this had been built into the main body of the report.

Professor Crocket intimated that there were over 200 patients providing feedback each month and the vast majority had been very positive about the staff and the services they had received. She was aware however, that the report was lengthy and she would welcome Members' comments on any alternative presentation of the report without losing the key messages from individual patients and members of staff.

Ms Micklem welcomed the report although she recognised the need to consider the presentation to Members in future. She particularly liked the Team Staff Experience Reflective Case Study and the steps being attempted to try and improve complaints handling and the recognition of staff intimating that they had not previously discussed complaints widely and now they were having an opportunity to discuss the learning from complaints and how services for patients could be improved in future.

Rev Dr Shanks asked about the section on spiritual and emotional needs and whether Blair Robertson, Head of Spiritual Care, was involved and aware of this process. Professor Crocket advised that she would check what role he has had to date with this element of the report. **Nurse Director**

Dr Cameron was delighted to read the very positive comment made about staff and in particular the comment by one patient who stated "They must do some special training, it is like they have all been hand-picked.....They should all get a medal".

Mr Finnie considered it difficult to see what elements of the report could be omitted however, he was keen to see whether future reports could define better the key outcomes and lessons in order that there could be sustainable service improvements for patients. In addition, he would also be keen to see how these improvements would then impact on other programmes/initiatives. Professor Crocket wondered if some of this was already feeding through via the other papers being discussed by the Committee today, in particular the Francis Review and Patient Stories. She would however, consider the point made and what improvements could be made presentationally to future reports particularly in relation to drawing out key points and keeping the depth of the current reporting to members. **Nurse Director**

NOTED

122. A PATIENT'S STORY – IAN AND ROSEMARY

There was submitted a paper [Paper No: 14/101] by the Nurse Director providing a reflection on a patient/carer experience and how services could consider involving the patient and carers in decision-making and placing them at the centre of the care pathway.

Professor Crocket took Members through the detail of the Patient Story and asked them to consider how they would wish to use Patient Stories in future at Committee Meetings, Seminars or alternative settings.

In relation to the story, Mr Winter asked if the nurse within the ward phoning the relatives in a proactive way and providing an update on their relatives' condition was to be encouraged. Professor Crocket saw this as good communication in terms of the individual circumstances of this case where the main carer was particularly concerned and anxious about the condition of her husband and had been highly involved in his care. It would be important that each case was considered on its individual merits and that staff knew exactly who they were communicating with in this type of situation.

Members discussed how best to take forward Patient Stories in relation to some NHS Boards doing this at Board Meetings. Some Members preferred the scrutiny role of the Quality and Performance Committee and the opportunity to minute the discussion and this would not be available if presented to an NHS Board Seminar or other type of setting. Members were keen to set the context of their discussions at meetings and felt that a patient-focused way of starting with a Patient Story would be helpful in achieving this. A video of a patient telling their own story was a possibility and Professor Crocket would consider Members' comments with the Corporate Directors and determine how best to take this forward in the future. **Nurse Director**

NOTED

123. BRINGING TOGETHER WORK ON QUALITY, CULTURE AND THE FRANCIS REVIEW

(a) FRANCIS REPORT UPDATE

There was submitted a report [Paper No: 14/102] by the Medical Director/Nurse Director which set out the progress to date in implementing the relevant recommendations from the Francis Report into the Mid-Staffordshire NHS Foundation Trust. NHSGGC had set up a Working

Group to review the recommendations and concluded that 92 were relevant to the NHS Board and had considered these under six themes and had identified a series of potential issues and actions for each theme.

The paper and accompanying action plan showed the progress against each action under the six themes. Members were encouraged by the work undertaken in this important area which had afforded the NHS Board the opportunity to systematically review its processes and actions against the findings of the Francis Report.

Generally, the NHS Board had robust arrangements in place with further improvements planned in the most important areas. The challenge remained to ensure that the arrangements were universal and visible at all levels and ensuring that the underlying culture, leadership and clinical engagement promoted provision of the highest quality, safe and patient-centred services. Some of the changes had also been considered under the Chief Executive's Organisational Review.

Dr Cameron believed that the services provided by Allied Health Professionals and Healthcare Scientists had not been adequately covered and the Area Clinical Forum would be interested in discussing this further. Professor Crocket agreed to discuss this further with Dr Cameron at a future Area Clinical Forum. **Nurse Director/ Chair of AAHP&HCS**

Ms Brown felt that it was difficult to get into detailed discussion across the many issues covered within the updated progress report and action plan particularly as she was keen to see where the NHS Board started from and what improvement had been made as a result of taking forward the actions relevant to NHSGGC from the Francis Report. It was also important to ensure that the improvements were sustained throughout the organisation. It was agreed that this would be subject to a future NHS Board Seminar. **Medical Director/ Nurse Director**

(b) FRANCIS INTO MAINSTREAM

There was submitted a report [Paper No: 14/102] by the Director of Corporate Planning & Policy, Medical Director and Nurse Director setting out how the learning from the Francis Report could be mainstreamed into the Board's existing processes for quality improvement, patient engagement and performance management. The paper briefly outlined the approach in ensuring that the programmes of improvement triggered by the Francis recommendations were progressed in a way which integrated into the NHS Board's wider work. The paper also outlined how changes which are being made as part of the Organisational Review would further strengthen the current arrangements in these identified areas of work.

Members welcomed this overview paper and were keen to discuss how to build on these improvements and how to receive further information on the issues identified as part of the Organisational Review. These would be discussed at the next NHS Board Seminar. **Chief Executive**

124. UPDATE ON THE 2013/14 END OF YEAR ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No: 14/103] by the Director of Corporate Planning and Policy providing Members with an overview of the cross-system and local key achievements and challenges which emerged from the 2013/14 End of Year Organisational Performance Reviews. Organisational Performance Reviews were carried out twice a year for each part of the system and arranged to ensure a focus on how effectively each part of the organisation was delivering its agreed contribution to the achievement of the corporate priorities set out in the Corporate Plan and in each of the Planning and Policy Frameworks. In addition, they focused on HEAT targets, local key performance indicators and areas of planned activity outlined in Local Development Plans.

The Acute Services Division Senior Management Team and the Partnership Committees received their relevant Organisational Review outcomes for scrutiny and monitoring purposes.

NOTED

125. ANNUAL REVIEW 2013-14: INITIAL FEEDBACK

There was a verbal update by the Board Chair in relation to the Annual Review held on 19 August 2014 in the Marriott Hotel, Glasgow. This was a Non-Ministerial review, however, officials from the Scottish Government Health Directorate were present and would submit to the NHS Board an SGHD outcome letter and action plan for the next 12 months.

The Chair described the meetings held with the Patient Forums, Area Partnership Forum and Area Clinical Forum together with the presentations and the open session at the end when the NHS Board's Senior Management Team answered questions from members of the public. Feedback had suggested that the Annual Review was well received and the idea of having a facilitator to objectively handle questions from members of the public had proven successful. Consideration would be given to the length of presentations and whether it was possible to conduct the public's questions any more inclusively in future.

NOTED

126. INTEGRATED JOINT BOARD DEVELOPMENT

There was submitted a paper [Paper No: 14/104] by the Director of Corporate Planning and Policy asking the Committee to consider an approach to the formation and membership of Integrated Joint Boards (IJBs). Work was underway with the six Local Authorities within NHSGGC's area in order to establish Shadow Integrated Joint Boards and to develop the detailed integration agreements. These would be required to be approved by the respective Councils and the NHS Board by the end of the calendar year, for onward submission to SGHD for consideration and approval. The aim was to establish the formal Joint Integrated Boards from April 2015.

Councillor McIlwee advised that he wished to declare an interest as the current Chair of Inverclyde CHCP and Deputy Leader from the Council, and withdrew

from any further discussions on this matter.

Proposals would need to be finalised on the basis of the final regulations although there was no expectation of any significant change to the current position within the draft regulations. The paper described the current regulations in relation to membership and the position of Chair and Vice Chair of the Integrated Joint Boards. The intention was to ensure a balanced approach across the six Integrated Joint Boards which built confidence for the NHS Board and staff and there was genuine shared leadership across the new partnerships. Members' views were being sought on a possible additional Non-Executive Member for each IJB and the proposal that where the Chief Officer was from a Local Authority background, the Chair would then be drawn from NHSGGC and vice versa.

Ms Renfrew provided specific examples to assist with the clarity of the proposals and members welcomed the approach both in relation to the possible additional membership of the IJBs and the position of the Chair and Vice Chair. It was hoped that this would be helpful in negotiations in bringing together the Integrated Joint Boards across each of the six Local Authority areas. It was also suggested that the Chair rotate between the Local Authority and NHSGGC on a two year basis.

The Board Chair had written to Members at the end of last week setting out for discussion proposals for memberships of standing committees of the Board and the Integrated Joint Boards with effect from 1 April 2015 and these proposals would be further discussed with Members at a suitable forum in the near future.

DECIDED

- That, the proposals set out in the paper be endorsed as the NHS Board's approach to the formation of Integrated Joint Boards.

Director of Corporate Planning & Policy

127. DISTRICT NURSING REVIEW

There was submitted a paper [Paper No: 14/105] by the Interim Director of Glasgow City CHP seeking the Committee's agreement to note the progress on the review of District Nursing Services.

Mr D Walker, Director, Glasgow City CHP (South Sector), introduced the paper and took Members through the review of the business case, service specification and responses to comments from consultation. Local and national priorities had provided the basis for a re-examination of the district nursing service and a Programme Board had been formed which oversaw this work and included a range of stakeholders including front line staff, partners from general practice, acute and staff partnership representatives. In taking Members through the paper, Mr Walker highlighted in particular the sections on rebalancing the workforce, the benefits of agile technology, case load and teams, and in particular, in relation to the proposed re-profiling of the workforce, redefining the patient's day, enhancing links with other parts of the health and social care system and the preparation of a learning development plan in relation to the potential future skills shortage.

Mr Walker highlighted that different Partnerships were at different starting points in this process, and following what had been a full and inclusive consultation process, those most affected had been well sighted on the proposals and the main concern related to the planned reductions in the number of Band 6 nurses (offset by an increase in the number of Band 5s).

Ms Micklem felt that more information could have been covered within the Patient Safety/Patient Experience, Equality and Health Inequalities sections of the covering template of the paper. Mr Walker acknowledged this and explained that in relation to patient experience, the proposals were seeking more time with patients against the backdrop of Releasing Time to Care and positive comments that have come out of the Patient Survey. In relation to health inequalities, the proposals followed the resource allocation model to partnerships based on need and this should have been more fully covered within the covering template.

Dr Armstrong indicated that this review was in relation to 550 WTE district nursing staff and one of the major challenges facing the NHS Board in relation to the Clinical Services Review was the need to bring change to better engagement and interface between those nurses in the community and the 17,000 nurses employed within the hospitals. It was important to make the best use of current resources and Ms Renfrew emphasised the need to shift this balance, whilst some of the ongoing problems in the system would continue.

NOTED

128. FINANCIAL MONITORING REPORT FOR THE 4 MONTH PERIOD TO 31 JULY 2014

There was submitted a paper [Paper No: 14/106] by the Interim Director of Finance that set out the NHS Board's financial performance for the four month period to 31 July 2014.

The NHS Board reported an overspend of [redacted], broken down to [redacted] over budget within Acute Services and [redacted] overspend in Partnerships. It was forecast that a year-end break even outturn would be achieved. In relation to the anticipated figures at the end of August 2014, the overspend was predicted to be [redacted]

NOTED

129. MEDIA COVERAGE OF NHSGGC JUNE – AUG 2014

There was submitted a paper [Paper No: 14/107] by the Director of Corporate Communications highlighting outcomes of media activity for the period June - Aug 2014. The reported supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

The paper highlighted the media issues associated with the Commonwealth Games, particularly in relation to the Queen's Baton Relay, the Norovirus outbreak and during this period there was also significant media attention on a perceived threat of ebola being brought into the UK by the Games family members from affected countries.

NOTED

130. QUALITY POLICY DEVELOPMENT GROUP MINUTES OF MEETING HELD ON 23 JUNE 2014

There was submitted a paper [Paper No: 14/108] enclosing the minutes of the

Quality Policy Development Group meeting of 23 June 2014.

NOTED

131. STAFF GOVERNANCE COMMITTEE MINUTES OF MEETING HELD ON 5 AUGUST 2014

The minutes of the Staff Governance Committee held on 5 August 2014 [SGC (M)14/03] were submitted to the Committee.

NOTED

132. UPDATED CAPITAL PLAN - 2013/14

There was submitted a paper [Paper No: 14/109] by the Chief Executive highlighting the latest forecast outturn of the Board's Capital Plan following the recent programme reviews which were undertaken as the mid-year point approached. Capital resources for 2014/15 had stood at [redacted] however, since approval of the plan adjustments had been agreed which resulted in a revised capital figure of [redacted]. The increase in available resources related mainly to the incorporation of estimated VAT recovery for Capital Schemes in 2014/15.

Mr Calderwood took members through the detail of the forecast slippage and acceleration together with the intended new allocations of Capital Funds. A further report would be submitted to the Quality and Performance Committee setting out the progress against the planned capital projects.

Chief Executive

NOTED

133. NEW SOUTH GLASGOW HOSPITALS PROGRESS UPDATE – STAGES 2 & 3

(a) NEW ADULT AND CHILDREN'S HOSPITALS

There was submitted a paper [Paper No: 14/110] by the Project Director – New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals). The paper covered three additional items, namely: the background note on the location of the Child Psychiatry Inpatient Unit within the Children's Hospital; a request to approve the recommendations in relation to the site-wide demolitions and Car Park 3 procurement and lastly, a note on the progress and recommendations relating to the Retail Strategy.

As at 15 September 2014, 182 weeks of the 201 week contract had been completed and the project remained within timescale and budget. The contract completion date was now 19 weeks away and remained as 26 January 2015. This would include the handover of the Adult and Children's Hospitals and Car Park 1. Mr Loudon took members through the progress in relation to the construction of both hospitals together with the internal fit out process and the purchase and transfer of equipment. He also highlighted the progress being made in relation to the Teaching and Learning Centre which remained on budget and on time for a completion

date at the end of May 2015. In relation to the new Staff Accommodation, this also remained on budget and on time for completion by April 2015.

Mr Ross took members through the new compensation events which were the upgrade to the main entrance of the Neurological Building; the change to play equipment within the Children's Park; construction of a layby on Govan Road and changes in relation to the operation of the Fastlink/bus stops. All four had no impact on the overall budget. In addition Mr Ross highlighted two potential compensation events; one in relation to a 1 in 10 year weather event in December 2013 and February 2014 and works to the existing entrance upgrade. He explained that a 1 in 10 weather event related to inclement weather patterns which would not normally be seen within a ten year period and this related to particularly wet periods last December and February. Lastly, he identified the compensation events which were being charged to other funding which included the NHS Board's Capital Plan, donations from Yorkhill Children's Charity (specifically in relation to the installation of sky ceilings to specific rooms, changes to data, power, lighting within the main atrium to enable the fitment of distraction therapy equipment, additional power and data as requested by the Science Centre and a change to play equipment within the Children's Park) and funding contained within the budget for Section 75 works.

(b) CHILD PSYCHIATRY INPATIENT UNIT

Mr K Hill, Director of Women and Children's Services, introduced his briefing paper in relation to the location of the Child Psychiatry Inpatient Unit which was a national seven day service for inpatients and day patients up to and around the age of 12 years of age with severe and/or complex mental disorders, emotional and behavioural disorders. Concern had been raised in relation to the Unit being sited on the fourth (top) floor and discussions had been undertaken with clinical staff in relation to integrating the service within the New Children's Hospital. Careful consideration had been given to the security requirements for this patient group and it was also felt to be a quieter area which was beneficial for some patients who were disturbed by an over-stimulating environment. It also enabled the provision of an integrated outdoor space for the children via the roof play area.

Ms Brown remained particularly concerned about the location of this Unit and highlighted the following:-

- Had a full risk assessment been undertaken by clinical and facilities staff?
- Had any expert evidence been taken about its location?
- Had experience of other UK and overseas units been considered?
- Was there any consultation with patients/parents/staff?
- Had the National Services Division been afforded the opportunity to provide comment?

Mr Calderwood explained the process at the detailed design stage of the

plans and the full involvement of clinical staff. If no concerns had been expressed by the clinical staff, it was unlikely that any wider consultation would have been undertaken, however safety would have been a key consideration. Mr Hill would report back to the Quality and Performance Committee with a paper picking up on these points and would arrange for an NHS Board Members Visit to the site, together with relevant clinical staff, to show Members the location of this unit.

Director of Women & Children's Services

(c) SITE-WIDE DEMOLITIONS AND CAR PARK 3

As part of the ongoing campus masterplan development, a range of demolitions had been identified which would be required to be undertaken to clear the site of redundant buildings following migration of existing Southern General services into the new hospital facility. This had followed a change in strategy from the use of retained estate as refurbished office space to construction of a new office building. The demolition works had been identified as falling into two distinct areas; the west side of Langlands Drive and to the east side of Langlands Drive.

NSGH Project Director

In addition, the final multi-storey car park also required to be constructed and the paper set out the options available for the procurement of the works associated with the demolitions and presented the different options of pursuing procurement via national frameworks; standalone procurement competition or negotiation and extension of Brookfield Multiplex Construction contract. It was recommended that in relation to the west side of Langlands Drive, the NHS Board enter into dialogue with Brookfield Multiplex Construction to explore the required works, and when appropriate, prepare a paper for endorsement as a compensation event to develop, design and undertake the necessary works.

In relation to the works required to be undertaken on the east side of Langlands Drive (car park and sundry demolitions), plans would be taken forward to develop and implement a standalone procurement competition for the selection of contractors.

Mr Winter intimated that he supported the recommendations contained within the paper.

(d) RETAIL STRATEGY UPDATE

There was provided a paper setting out the selection criteria and details of the scoring under each of the six criteria in relation to the Retail Strategy for the new South Side Hospitals. In addition, following the issuing of a notification of interest to existing occupiers within NHSGGC, expressions of interest to be involved have been submitted.

The intention was now to issue an information pack to those organisations including copies of the NHS Board's Food Retail Policy, selection criteria and offering each the opportunity to formally tender for the provision of their given service at the new South Side Hospitals.

DECIDED

1) That, the progress and development of construction of the Adult and Children's Hospitals on the South Side be noted.

2) That, the Director of Women and Children's Services submit a further paper to the Quality and Performance Committee – describing the planning process for the Child Psychiatry Inpatient Unit and an NHS Board Members' Visit be arranged to see the facility. **Director of Women & Children's Services**

3) That, the NHS Board enter into dialogue with Brookfield Multiplex Construction to explore the required works to complete the west side of Langlands Drive and, when appropriate, submit a compensation event to the Acute Services Strategy Board and Quality and Performance Committee to develop, design and undertake the necessary works. **NSGH Project Director**

4) That, the NHS Board develop and implement a standalone procurement competition from a selection of contractors to undertake works on the east side of Langlands Drive to create the car park and undertake sundry demolitions. **NSGH Project Director**

5) That, the update on the Retail Strategy be endorsed. **NSGH Project Director**

134. EXPANSION OF AMBULATORY CARE SERVICES AT GARTNAVEL GENERAL HOSPITAL

There was submitted a paper [Paper No: 14/114] by the Director, Regional Services on the progress with the planning of the moves of ambulatory care services from the Western Infirmary to Gartnavel General Hospital and seeking approval to submit the Initial Agreement to the Capital Investment Group meeting on 7 October 2014.

The NHS Board was committed to vacating the Western Infirmary site by December 2016 and a Project Board has been established through the "On the Move" programme to oversee both the expansion of Gartnavel General Hospital and the interim arrangements to ensure the provision of ambulatory care services for the population of west Glasgow. The reprovision of existing ambulatory care services from the Western Infirmary to the Gartnavel General campus should significantly improve patient experience and safety as the existing accommodation had been classified as in need of extensive upgrading and redesign to meet minimum standards for a modern healthcare facility, especially around access and suitability of treatment facilities. The scoping and design fees had been approved as part of the Board's Capital Plan for 2014/15. Gartnavel General Hospital was part of phase III of the Acute Services Review, which was consulted on widely with the public in 2000 and 2002 and approved by Scottish Ministers and the Scottish Parliament in 2002.

Mr Best, Director, Regional Services, took Members through the detail of the Initial Agreement and advised that if the Committee agreed to its submission to the Capital Investment Group, the plan would be to submit an Outline Business Case to Members in February 2015, followed by a Final Business Case in June 2015. This would lead to a start on site in the summer of 2015 with the intention to complete the project by the end of the year. The Initial Agreement contained additional sections introduced by SGHD hence the different format of this document. Mr

Calderwood explained the four phases of the Acute Services Review and the opportunity to move the ambulatory care services from the Western Infirmary to more suitable accommodation. The associated capital funds would be considered along with other schemes and their priority within the NHS Board's 2015/16 Capital Plan.

DECIDED

- That, the progress with planning the move of ambulatory care services from the Western Infirmary to Gartnavel General Hospital be noted together with the timescale for developing the Outline Business Case and Full Business Case and the position in relation to capital in 2014/15 and 2015/16.

- That, the Initial Agreement be approved for submission to the Scottish Government Capital Investment Group meeting to be held on 7 October 2014. **Director, Regional Services**

135. UPDATE ON DISPOSAL STRATEGY

There was submitted a paper [Paper No: 14/111] by the Head of Capital Planning and Procurement setting out the updated projection for the timescale of releasing capital receipts from the disposal of surplus NHS sites.

The NHS Board had 14 former hospital sites which were currently or would shortly be surplus to requirements following the opening of the new South Glasgow University Hospital campus. It was intended to dispose of these sites over the next 3-5 years with the intention of realising significant capital receipts to be invested in healthcare.

It was intended that the sites would be taken to the marketplace in a more informed manner to increase the likelihood of a successful transaction, to reduce the overall timescales and to give greater certainty over net site values and reduce areas of potential conflict with prospective purchasers. This therefore, would include a number of preliminary site investigations, drainage impact assessments, traffic impact assessments and early discussions with Local Authority planning departments about possible changes of use and the possible number of housing units that sites could accommodate.

The disposals programme would be managed by the Capital Planning and Procurement department and the Scottish Futures Trust had agreed to provide support to the NHS Board in their disposal programme and had secured resources of additional staff that would be seconded to the Capital Planning department for the duration of the programme. In attendance at the meeting was Mr Paul Devine from the Scottish Futures Trust.

Mr Curran described the governance structure which would see the Disposal Strategy Group reporting directly to the Property Committee which would, in turn, report to the Quality and Performance Committee.

NOTED

136. INVERCLYDE ADULT & OLDER PEOPLE'S MENTAL HEALTH CONTINUING CARE FACILITY: FULL BUSINESS CASE

There was submitted a paper [Paper No: 14/112] by the Interim Director, Glasgow City CHP providing an update with a refresh of the content of the scheme and an outline of the arrangements required to seek final approval by the SGHD Capital Investment Group.

The Quality and Performance Committee had approved the Outline Business Case at its meeting in January 2014 and this was subsequently approved by the Capital Investment Group at its meeting on 11 March 2014. The development programme sought the Final Business Case (FBC) to be considered by the Capital Investment Group at its meeting on 28 October 2014 and to meet the necessary scrutiny process within SGHD, the FBC required to be submitted by 30 September 2014. The FBC included a more detailed financial analysis of the proposed facilities, which was informed by a Stage 2 submission from Hubco. In order to meet this timescale it would be necessary to seek the Quality and Performance Committee's agreement to a delegated approval arrangement in order to approve the Final Business Case for formal submission to the Capital Investment Group by the end of this month.

Mr Lee asked if it was possible that the current draft of the FBC, recognising the final financial arrangement required to be added at a later date, could be submitted to NHS Board Members at this stage so that they could raise any questions now rather than being asked in a very tight timescale to review, consider and approve the full FBC. Mr Curran agreed that this was entirely feasible and would arrange for the FBC to be submitted to Members shortly.

Thereafter, once the financial profile had been concluded, the finalised FBC would be submitted to Members for consideration. If they were satisfied, the decision to approve the FBC before submission to the Capital Investment Group would be delegated to the Convener.

Members were content with this arrangement.

DECIDED

- That, the progress report on the Inverclyde Adult and Older People's Mental Health Continuing Care Facility be noted.

- That, the draft Final Business Case be submitted to Members for consideration forthwith and the Final Business Case, together with the completed financial profile be submitted to Members for review and consideration. If content, that the Convener be delegated the authority to approve the FBC for submission to the Scottish Government Capital Investment Group for consideration at its meeting on 28 October 2014. **Head of Capital Planning**

137. REDUCING CARBON EMISSIONS AND ENERGY CONSUMPTION

There was submitted a paper [Paper No: 14/113] by the Interim Lead Director, Acute Services updating Members on the NHS Board's position from the paper submitted to the Quality and Performance Committee in November 2013 in relation to reducing carbon emissions and energy consumption.

A Carbon Management Plan had been in place since 2009 and this was refreshed and updated in 2012 and 2013 with support from the Carbon Trust and in line with the work being undertaken nationally across NHS Scotland.

Ms Mary Anne Kane, Interim Director of Facilities, advised that, at the end of March 2014, the NHS Board had failed to achieve both the energy and carbon targets associated with the HEAT targets (fossil fuel) with the single biggest impact being the reliance on fossil fuel (oil and gas) and the retained estate still being operational while new estate was functional. The closure of the Victoria Infirmary, Western Infirmary, Royal Hospital for Sick Children and Mansionhouse Unit during the course of 2015 and the migration of these services to the new South Glasgow University Hospital campus will exacerbate the position further although when matched against forecast activity, it has indicated a greater reduction in overall carbon and energy consumption than had been originally estimated.

Ms Kane highlighted the action taken to date in terms of the carbon reduction project, the installation of biomass boilers at four sites, and the move towards developing an Outline Business Case for a Strategic Energy Efficiency Programme (STEEP) for NHS Scotland. Lastly, the NHS Board would also investigate energy supply contracts (ESCo) which are third-party run energy centres in which the NHS Board purchased energy at an agreed cost. Specialised contractors take on the risk and investment profile associated with the delivery. A national framework was in existence and this would be considered going forward.

In relation to STEEP audits, to bring the NHS Board in line with the 2015/16 HEAT and carbon management targets, an indicative investment of circa [redacted] would be required with a payback of around eleven years. NHS Boards had been encouraged to prioritise their STEEP targets in coming years.

Ms Kane advised that national HEAT targets were currently being reviewed by SGHD and there would be moves towards NHS Boards setting their own local targets to meet their own circumstances. It was her intention to submit another paper to the November meeting of the Quality and Performance Committee setting out the impact of the moves to the new South Glasgow University Hospital campus, the STEEP audits and the possibility of moving to energy supply contracts.

Interim Director, Facilities

The issue of better partnership working with Local Authorities in creating a joint health and care centre had caused challenges for the NHS Board as the joint ventures to date had seen the NHS Board own the site and therefore, be wholly responsible for the carbon footprint of buildings jointly run with Local Authorities. While developing local targets may assist with this, such targets would need to meet SGHD expectations.

Ms Micklem highlighted the need to ensure that the NHS Board did as much as was possible in an important area of work associated with sustainability and reduction in carbon emissions. It was an important responsibility of the NHS Board and every effort should be made to use renewable technology as much as was possible. Ms Kane agreed and would submit a further progress to the next meeting of the Committee.

Interim Director, Facilities

NOTED

138. DATE OF NEXT MEETING

9.00am on Tuesday 18 November 2014 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 1:10pm

NHS Greater Glasgow & Clyde

Quality & Performance Committee: **16 September 2014**

Paper No: 14/110

David W Loudon, Project Director,
New South Glasgow Hospitals Development

New South Glasgow Hospitals: Progress Update – Stages 2 & 3

Recommendation:

1. The Quality and Performance Committee is requested to note progress at the New South Glasgow Hospitals Development;

2. The Quality & Performance Committee is requested to note the background to the location of the Child Psychiatry Inpatient unit, (Appendix A);

3. The Quality & Performance Committee is requested to approve the recommendations in relation to the Site Wide Demolitions and Car Park 3 procurement, (Appendix B);

4. The Quality & Performance Committee is requested to note the progress and recommendations of the retail strategy, (Appendix C).

Purpose of Paper:

1. To inform Quality & Performance Committee of progress at the New South Glasgow Hospitals Development and to note that the project currently remains on target programme for delivery at the end of January 2015;

2. To inform the Quality & Performance Committee of the background to the location of the Child Psychiatry Inpatient unit;

3. To request the Quality & Performance Committee to approve the recommendations in relation to the Site Wide Demolitions and Car Park 3 procurement;

4. To update the Quality & Performance Committee on the progress and recommendations of the retail strategy.

Key Issues to be Considered:

To note that the construction of the adult's and children's hospitals remains on programme for target completion date of 26th January 2015.

Any Patient Safety /Patient Experience Issues: None

Any Financial Implications from this Paper: None

Any Staffing Implications from this Paper: None

Any Equality Implications from this Paper: None

Any Health Inequalities Implications from this Paper: None

1. Introduction:

The content of this paper sets out the progress of each of the stages of the New South Glasgow Hospitals Development. The paper also includes a progress update on the Teaching & Learning Centre and New Accommodation (Office) Building.

2. New Adult & Children's Hospitals

a) Summary status of the works (as at 8th September 2014).

Stage 3 Start Date	28 March 2011
Stage 3 Target Completion Date	26th January 2015
Stage 3 Contract Duration (Revised Target)	201 weeks
Elapsed contract period at 8th September 2014	181 weeks
Period Remaining	20 weeks

b) General progress on site against programme

Phase	+/- In period	Comments
Stage 3 Adults & Children's Hospital Construction	0	Target handover date agreed as 26th January 2015. Maintaining progress this period.
Stage 3 Energy Centre Construction	0	Maintaining progress this period
Car Park 1	0	Maintaining progress this period against the target completion date of 26th January 2015.

c) Design

- The Project Team continue to focus on reviewing the wayfinding and signage proposals and the design strategy for dignified spaces.
- No further design changes have been requested at this time.

d) Construction Progress (Highlights)

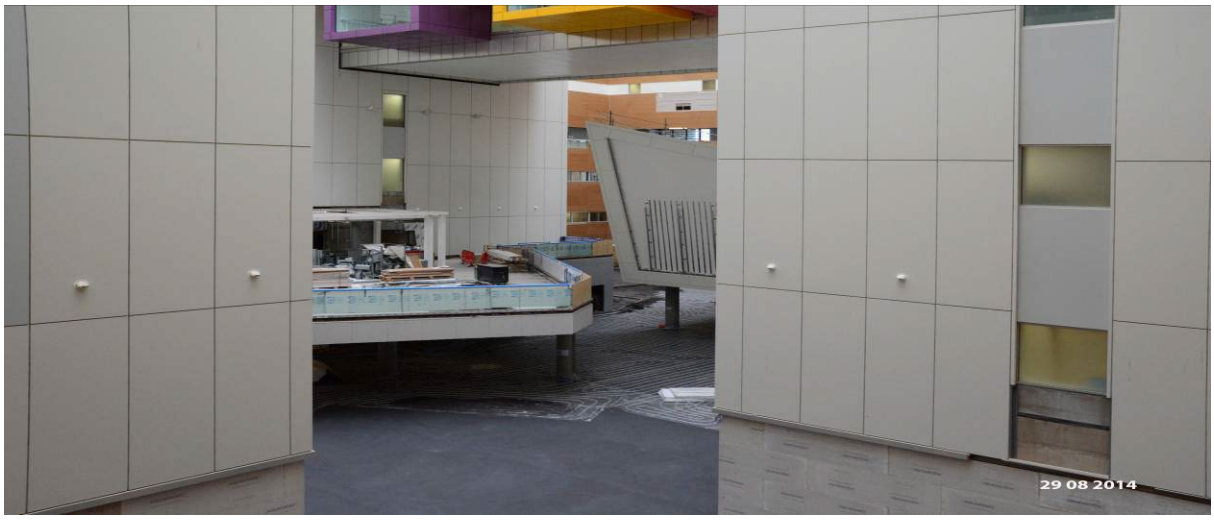
i. New Adult Acute Hospital

The M&E installation continues to be progressed on all levels of the Adult tower stack and range from first fix module installation to completed and tested areas.

The under-floor heating to the adult atrium is nearing completion and the screeding works are following on to areas as the under-floor heating installation is completed. The tiling works to the adult main atrium was commenced at the beginning of September 2014.

Internal fit out to the atrium link bridge is progressing in line with the programme.

Installation of glazing, cladding and final decoration is progressing to the internal and external face of the atrium walls. The removal of the mast climbers is ongoing and to date 12 out of 16 have been removed.



ii. New Children's Hospital

The under-floor heating and screeding works to the atrium areas has been completed and the ceramic tiling is well underway and has now commenced in the main entrance area.

The reception desks are currently being fitted throughout the middle area of the atrium and tiling tie in works with the surrounding departments is being carried out. Overall, the tiling works are circa 90% complete.

The installation of the canopy at the main entrance is being planned to take place at the end of September 2014.

In general, the main fit out continues to progress as programmed for target completion on 26th January 2015. External landscaping works are ongoing to the area at the Emergency Department elevation and alongside the Children's Hospital elevation. The commissioning of the mechanical and electrical systems continues in line with the programme.

e) Internal Fit Out – Inspection Process

The quality control inspection process being undertaken by Capita Symonds (NEC3 Project Supervisors) is ongoing and to date, Capita have jointly inspected 116 areas with BMCL; overall this accounts for over 4600 rooms.

The NHS Project Team's zone checking is ongoing as areas become available for final inspection, the latest areas to which checking has been carried includes the discharge lounge, seminar rooms, female change and parent beverage/sitting area on the 3rd floor of the Children's Hospital and specific areas within a generic ward on level 7of the Adult Hospital.

f) Equipment

i. Group 5 Equipment (Imaging)

- The NHS Project Team continue to meet regularly with Imaging Directorate representatives in order to keep colleagues up to date on Group 5 Equipment progress and on other issues.
- A programme for the installation of the equipment has been agreed with the equipment suppliers and BMCL. Installation work will commence at the end of September 2014 and will continue until spring next year.

ii. Transfer Equipment

- 91% of version 1 of the Migration workbooks (MWBs) have now been returned by the Service Transfer Owners (STOs) and 59% of the version 2 of the workbooks issued to these STOs have also been completed and returned. The outstanding version 1 MWBs are being pursued through the Directorate Management Teams. A follow-up workshop with the Service Transfer Owners has been scheduled to take place on 23rd September 2014.

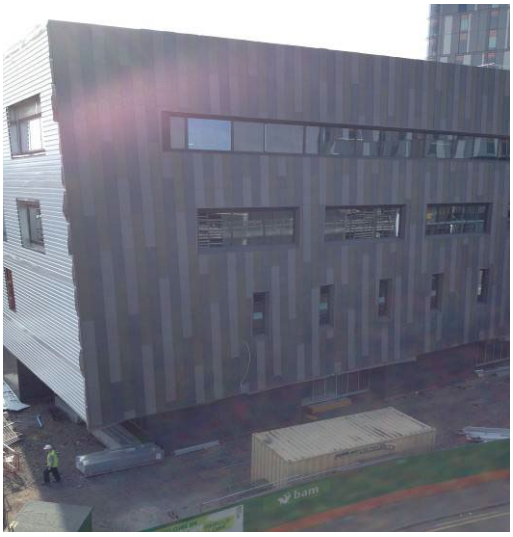
- The meetings between Procurement, IT and Medical Physics to identify the final transfer rate of equipment are on-going and work to input the information to the equipment database has commenced working well and should, when complete, inform the tender processes for equipment required. To date 85% (61, 545 lines of 72,406) of information by line has been uploaded.

3. Car Park 1

- The works to Car Park 1 are substantially complete with Mechanical & Electrical commissioning underway and snagging works being undertaken. BMCL has transferred the site construction parking into the car park and condition photographs of the car park were taken in advance

4. Teaching and Learning Centre

- The construction of the Teaching & Learning Centre remains on programme and on budget for completion by end May 2015.
- The external cladding installation is ongoing to all elevations. The zinc cladding is progressing to the north elevation.
- The external and internal block work is now complete.
- The mechanical & electrical 1st fix is ongoing.
- Roof plant on site.
- The construction of the internal partition walls is ongoing on all floors.
- The curtain walling and window installation is now completion with the exception of the loading bay areas.
- Roof Works is complete with exception to parapet details and walkways.



5. New Staff Accommodation (Office) Building

- The construction of the New Administration (Office) Block remains on programme and on budget for completion by April 2015.
- The installation of Windows and Wall Cladding are nearing completion with loading bays being the only significant area to complete.
- The external and internal block work is now complete.
- Internal partitions and wall linings continue to be progressed
- The mechanical & electrical 1st fix is ongoing.
- The raised Access flooring installation has commenced and is progressing well.
- The Lift installation has commenced.
- Roof Works is complete with exception to parapet details and walkways.

6. Energy Centre

- The commissioning of the mechanical and electrical systems is progressing in line with the SEPA Permit.

7. Change Control Process

The following tables provide an update of the changes that have been assessed and approved by the Acute Services Strategy Board through the projects change control process and an indication of pending changes that are being reviewed prior to formal approval.

7.1 Compensation Events which were previously issued

The table below summarises the previously issued Compensation Events:

Table 1

Item	Stage 1 costs (inc O/H, Profit & VAT)	Stage 3 costs (inc O/H, Profit & VAT)	Total costs (inc O/H, Profit & VAT)	Variation
Compensation Events No's 01 - 048	[redacted]	[redacted]	[redacted]	-

The costs stated have been shown at the relevant rate of VAT.

8.2 New Compensation Events

The table below lists other changes which have been concluded since the previous report (July 2014).

Table 2

Item	CE No	Date completed	Status	Total costs (inc O/H, Profit & VAT)	Variation
Neurosurgical Building – upgrade to main entrance – design development	049	21/07/2014	Concluded	[redacted]	[redacted] (REDUCTION FROM PREVIOUS ESTIMATE)
NCH Children's Park – Change to play equipment	050	21/07/2014	Concluded	[redacted]	NEW (FUNDED BY YCF)
Works in relation to Section 56/1 (construction of lay-by on Govan Road)	051	21/07/2014	Concluded	[redacted]	NEW (FUNDED BY SECTION 75)
Changes to arrival square required following dialogue with Glasgow City Council on operation of fastlink / bus stops	052	21/07/2014	Concluded	[redacted]	(FUNDED BY SECTION 75)
			Total	[redacted]	

8.3 Movement since last ASSB report (July 2014)

The table below shows the cost movement since the previous ASSB report.

Table 3

	Total costs/savings (inc O/H, Profit & VAT)
Compensation Event value at July 2014	[redacted]
Compensation Event value at September 2014	[redacted]
Movement since July 2014	[redacted]

8.4 Potential Compensation Events

The table below lists potential Compensation Events currently under review:-

Table 4

	Total costs/savings (inc O/H, Profit & VAT)
1 in 10 year weather event - December 2013 & February 2014 – information currently under review	[redacted]
Works to section 56/2 and existing entrance upgrade (Funded from Section 75)	[redacted]
Value of Potential Compensation Events	[redacted]

8.5 Compensation Event Classification

The table below provides an overview of the costs associated with those Compensation Events which are not related to the accepted contract scope of works.

Table 5

	Total costs/savings (inc O/H, Profit & VAT)
Compensation Events related to accepted contract scope of works	[redacted]
Compensation Events related to NHS GG&C Clinical Brief changes	[redacted]
Compensation Events related to events outwith NHS Control - Inflation	[redacted]
Compensation Events related to events for insurances – Group 5 equipment	[redacted]
Compensation events related to works outwith the main contract	[redacted]
Total	[redacted]

8.6 Compensation Events being charged to other funding

The table below provides a list of Compensation Events and their associated costs which are being charged to other funding.

Table 6

Compensation Event	Funding being charged to	Amount
Carpark 0 – Interface Works	NHSGGC Core Capital Plan	[redacted]
Pneumatic tube installation	NHSGGC Core Capital Plan	[redacted]
Installation of sky ceilings to specific rooms within the NCH.	Yorkhill Children's Charity	[redacted]
Changes to data, power, lighting and structural supports within the main atrium outpatient areas to enable the fitment of distraction therapy equipment	Yorkhill Children's Charity	[redacted]
Additional Power and Data as requested by Science Centre,	Yorkhill Children's Charity	[redacted]

Glasgow (designers for YCF).		
MTHW System – Site ring	NHSGGC Core Capital Plan	[redacted]
NCH Children's Park – Change to play equipment	Yorkhill Children's Charity	[redacted]
Works in relation to Section 56/1 (construction of lay-by on Govan Road)	Section 75 agreement funding	[redacted]
Changes to arrival square required following dialogue with Glasgow City Council on operation of fastlink / bus stops	Section 75 agreement funding	[redacted]

8.7 Defined Cost Update

99% of Contract Works tendered and contracts awarded
1% of Contract works currently at tender stage or in negotiation as variation to existing sub-contracts

Based on BMCL current cost projections and risk estimates for the Hospitals, the estimated outturn final cost to the Board is estimated to be in the range of [redacted] This is within the revised Target Price incorporating all Compensation Events of approximately [redacted].

Car Park 1 estimated outturn is around target price level of [redacted].

9. Overall Budget Update (As at July 2014)

The core Project Budget remains unchanged at [redacted], supplemented by [redacted] in respect of the car-park landscaping ([redacted]), pneumatic tube installation [redacted] and newly added Medium Temperature Hot Water (MTHW) system extension ([redacted] funded from core capital. These are presented in Lines 4.1 to 4.3 in table 1 below. Additionally, funding has been secured from the Yorkhill Children's Foundation in respect of work in connection with the installation of sky ceilings to specific rooms within the New Children's Hospital ([redacted] and changes to data, power, lighting and structural supports within the main atrium outpatient areas, also within the New Children's Hospital[redacted] These are presented within the table below on lines 5.1 and 5.2.

Full details of the movement in the overall core and non-core Project Budget (at Target Price), since Contract Award/ FBC Approval, are reflected in Table 1 below:

Table 1

Movements since the last ASSB meeting in May 2014.

Incorporation of the Redesign of Neurosurgical Building Main Entrance.

At the meeting held on 19th May 2014, the ASSB agreed to the following funding sources with regard to the estimated redesign of the Neurosurgical Main Entrance. This was following ASSB approval of the procurement strategy presented by the Project Director and the Board's Commercial Advisors at the 10th March 2014 meeting.

Funding Source	Value £m	Comments
Allocation of NSGH unallocated Risk Provision		
Reallocation of Teaching and Learning Risk Provision		Project had not experienced any risk with regard to ground works.
Re-provisioning of NSGH FF&E Allowance		Any identified shortfalls in the FF&E budget will be funded from Endowment allocations.
Total		

The following lines on table1 have been amended to reflect the above adjustments:

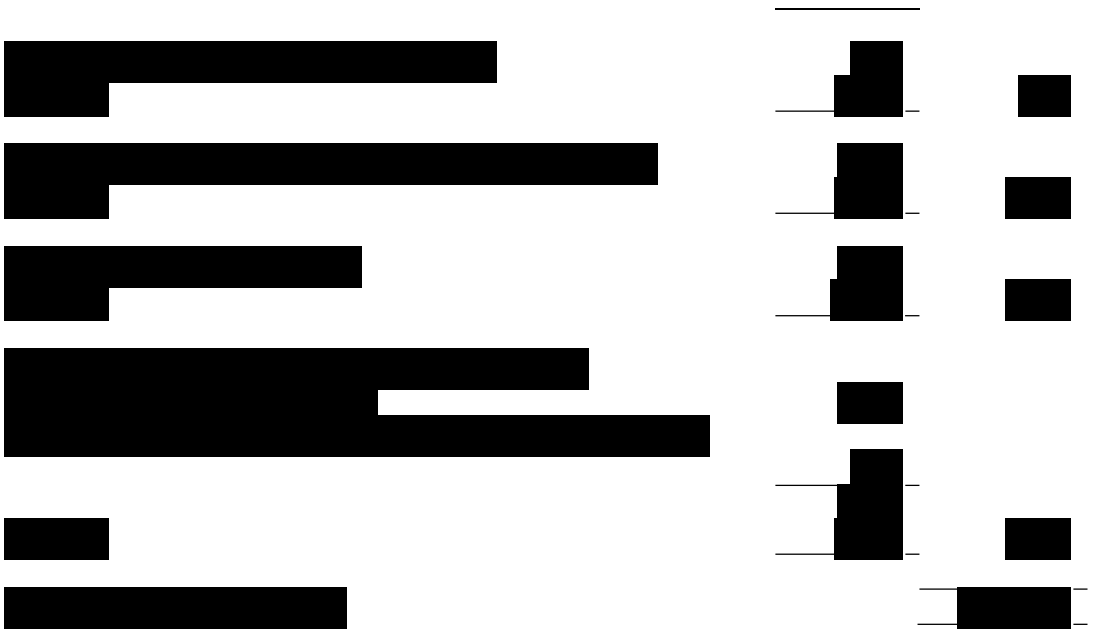
- Line 2.5, incorporating the estimated capital cost, excluding VAT, for the redesign of the Neurosurgical Entrance.
- Line 2.6 Irrecoverable VAT on Neurosurgical Entrance
- Line 2.7 Gross Equipment Allowance reduced by to part fund the Neurosurgical Entrance.
- Line 2.8 NSGH Main Risk provision reduced by to part fund Neurosurgical Entrance.

- Line 2.9 T&L Risk provision reduced by [redacted] to part fund Neurosurgical Entrance.

As a result of the above adjustments, the risk provision for the main construction now stands at [redacted] and is noted in line 2.8. The combined risk provision for the T&L and Office Accommodation is now [redacted] and is noted in line 2.9, resulting in a total available risk allowance of [redacted]

Cumulative actual expenditure incurred since the project commenced up to and including May 2014 is [redacted] and the associated spend profiles in respect of construction costs and all other areas, chiefly equipment, will be kept under review in conjunction with the latest handover and commissioning programmes.

Appendix i



Brookfield have been asked to prepare a detailed design and cost plan for the proposed new entrance at the Neurosurgical Building, and subject to demonstrating value for money, a Compensation Event (CE) will be issued.

The above table will then be updated to reflect both the CE and the revised Target Price.

Appendix ii

New South Glasgow Hospitals and Laboratory Project

Risk Movement Summary

Introduction

The opening risk provision at contract award was [redacted] at target price.
The risk provision now stands at [redacted] as a result the following key drivers presented in the table below.

	£m
Opening risk provision	[redacted]
Key drivers utilising risk	
Vat rate increase 17.5% to 20%	[redacted]
Incorporation of Enabling Schemes	[redacted]
Scottish Ambulance & land purchase	[redacted]
Supervisor Fees	[redacted]
Risk provision at FBC	[redacted]
Scottish Ambulance & land purchase Adj	[redacted]

Incorporation of Items which avoid the requirements for funding to be set aside from the National Capital Plan	£m
Introduction of carparks 1,2&3	[redacted]
Removal of carpark 2 (net cost reduction)	[redacted]
	[redacted]
Teaching & Learning Facility	[redacted]
New Administration (Office) Block	[redacted]
New Entrance at Neurosurgical Building	[redacted]
	[redacted]
Compensation Events	[redacted]
Balance per risk provision	[redacted]

Analysis of Other Including Compensation Events *

		£m
Compensation Events (CE)	Others	[redacted]
Compensation Events (CE)	Inflation	[redacted]
VAT on above CE Events		[redacted]
		[redacted]

10. Key Risk Update – September 2014

Risk Item	Risk Provision May 2014	Risk Provision July 2014	Risk Provision Sept 2014	Reason for Movement	Date Majority of Risk Passed
Ground risk - general	[redacted]	[redacted]	[redacted]	No significant issues identified to date at former helipad site and adjacent former biochemistry block, residual risk until excavations completed in Stage3A area undertaken.	July 2015
Ground risk – below existing buildings	[redacted]	[redacted]	[redacted]	SI in area of Biochemistry identified no significant issues in surrounding area, risk remains until SI complete at Surgical block following demolition	July 2016
Planning Risk	[redacted]	[redacted]	[redacted]		
Client Changes	[redacted]	[redacted]	[redacted]	No changes identified	Oct 2014
Client Approval Delays	[redacted]	[redacted]	[redacted]	No issues to date, NHS responding to items issued in requested timelines	Sept 2014
Equipment Requirements	[redacted]	[redacted]	[redacted]	Overall equipment list estimate reduced from [redacted] before consideration of transfers. Current [redacted] allocation within [redacted] project budget. Additional [redacted] secured from Endowments for extra funding towards equipment	
Residual risk available for other projects	[redacted]	[redacted]	[redacted]		
Total	[redacted]	[redacted]	[redacted]		

The value of risk included with the approved Teaching & Learning Facility and Office Building approved budget allocation is as follows:-

Teaching & Learning Facility, Office Building		[redacted]	[redacted]	Individual identified risks being managed by TLF Project Team. [redacted] reduction since last Report.

11. Recommendation:

Members are asked to note progress of Stage 2 (Design Development of the New Hospitals) and Stage 3 (construction of the Adult and Children's Hospitals), the New Teaching & Learning Centre and the New Staff Accommodation (Office) Building.

Author; David W Loudon, Project Director, New South Glasgow Hospitals Development
Tel No: [redacted]
Date : 8th September 2014

APPENDIX A

NHS GGC WOMEN AND CHILDREN'S DIRECTORATE
NEW CHILDREN'S HOSPITAL

CHILD PSYCHIATRY INPATIENT UNIT - BACKGROUND

The Child Psychiatry In-Patient Unit (CIPU) is a national 7 day service that provides for inpatients and day patients aged up to and around the age of 12 years with severe and/or complex mental disorder, emotional and behavioural disorders. The unit also provides an outpatient consultation function, often leading to admission as in patient or day patient. The CIPU was nationally commissioned in 2005, emerging from a regional service commissioned by West of Scotland boards. The inpatient service is currently under review by the National Services Division (NSD).

The current Children's Psychiatry ward is located in a separate building to the rear of the RHSC. To overcome this separation, it was agreed during the early planning of the hospital that this ward should be integrated within the New Children's Hospital (NCH). This was for two reasons: firstly a number of these children have other underlying health issues, therefore a location within the hospital would enable more easy access to other specialties; secondly, integration within the NCH would allow mental health to be seen as another child health condition rather than something which is separate and different.

During the planning for the NCH, a clinical adjacency matrix was developed to design the hospital and to ensure efficient patient journeys e.g. Emergency Department beside X-ray/Imaging; Theatres beside Paediatric Critical Care. There were no essential adjacencies for the Psychiatric ward and therefore it was agreed that this ward could be located on the fourth floor. No concerns were raised by the staff about this location.

The ward has been designed in close liaison with Psychiatry staff. Clinical staff were involved in the layout of the ward and deciding which fittings required to be anti-ligature (e.g. sinks) and there has been careful consideration given to the security requirements for this group of patients. The decision to site the unit on the 4th floor also meant that it was more likely to be a quieter area which is beneficial for some of the patients who are disturbed by an over stimulating environment. This location also enabled the provision of an integrated outdoor space for the children.

Kevin Hill
Director

7 August 2014

APPENDIX B

Site Wide Demolitions & Car Park 3

Overview

As part of the ongoing campus masterplan development a range of demolition works have been identified that require to be undertaken to clear the site of redundant buildings following migration of existing Southern General services into the new hospital facility. The site wide clearance has arising following the change in strategy from use of retained estate as refurbished office space to construction of a new office building, leaving elements of the end of life expectancy retained estate without a required use, The demolition works have been identified as falling into two distinct areas:-

1. West Side of Langlands Drive
2. East Side of Langlands Drive

The final multi storey car park also requires to be constructed.

This paper sets out the options available for procurement of these works associated with the wider Southern General campus master plan.

The procurement options for the works require not only addressing timescales identified, but also ensuring the Board comply fully with the relevant procurement regulations.

The works and required timescales are as follows:-

Works	Design Start	Target Start Date	Target Completion Date
Car Park 3	Mid 2014	Summer 2015	Summer 2016
East Side Langlands Drive Demolitions. (Management Building)	Mid 2014	Summer 2015	December 2015
West Side Langlands Drive Demolitions and Commencement of Central Park	Mid 2014 / early 2015	May 2015	December 2015.

Procurement Strategy

It is considered that in order to explore and deliver value for money the works fall into two distinct delivery groupings, namely:-

1. West Side of Langlands Drive
2. East Side of Langlands Drive and Car park Nr 3

West Side of Langlands Drive

As these works include the demolition of the accident & emergency department and outpatients cluster, it realises the opportunity to extend the “central park” concept of the main hospital down the line of the new entrance boulevard towards Govan Road. The “central park” works will be constructed by Brookfield Multiplex Construction following demolition of the redundant Surgical Block after migration to the new hospital in 2015. As the A&E/Outpatients cluster becomes available for demolition at the same time, it is considered that in

order to maximise procurement / logistics benefits the option exists to extend Brookfield Multiplex Construction contract to:

- Procure and manage additional demolition works
- Design and construct the extension to “central park” following demolition works

The advantages of this route are:-

- Fully explore and maximise logistics / commercial benefits
- Reduced management / preliminaries costs - utilise existing team and existing site accommodation
- Single warranty across all West Side Langlands Drive / “central park” works
- Continuity of staff - Retain existing site staff with knowledge of site and issues
- Logistics interfaces remain with single point of responsibility
- Benchmark costs in order to demonstrate "value for money"
- Knowledge of, and good working relationship with NHS Project Team
- Simplified contract management - awarded as compensation event with no need for new contract documents (reduced procurement costs)
- Experienced supply chain
- Commence works to programme

East Side of Langlands Drive and Car park Nr 3

There are considered to be three options to procure the works, namely:-

- National Frameworks
- Standalone Procurement Competition
- Negotiate and extend Brookfield Multiplex Construction Contract

National Frameworks: utilise the Health Facilities Scotland Framework to appoint a contractor from pre agreed master list

Standalone Procurement Competition: advertise project as OJEU notice, pre qualify contractors and run restricted competition. *Negotiation:* consider the technical and commercial benefits of negotiation with Brookfield Construction (successful design and construction of Car Park 1).

The ultimate aim of any procurement strategy is to consider both technical and commercial merits to arrive at the best value for money solution. The undernoted table provides an overview of the advantages / disadvantageous of each option.

National Frameworks	Standalone Procurement	Negotiate with Brookfield
Advantageous	**Advantageous**	**Advantageous**
• Selection of Advisors (PM, CM, CDMC) from pre agreed framework - "value for money" • Selection of Contractors from pre agreed framework • Can appoint in Stages - design, construction • Benchmark costs in order to demonstrate "value for money" • Flexibility to change procurement route • Single contract for design and construction services, Commence works to programme	• Maximise competition • Competition demonstrates "value for money" • NHS GG&C remain in full control • Select Advisors from wider market • Brookfield Construction can apply to enter competition and demonstrate commercial benefits • Ability to commission design separately, minimise commitment • The HFS Lead Advisor Framework could be utilised for engagement of full professional team • Commence works to programme • Design and construction requirements already development and proved robust as part of CP 1 and 2 Procurement	• Fully explore and maximise logistics / commercial benefits • Reduced management / preliminaries costs - supplement existing team, utilise existing site accommodation • Continuity of staff - Retain existing site staff with knowledge of site and issues • Logistics interfaces remain with single point of responsibility • Benchmark costs in order to demonstrate "value for money" • Knowledge of the site • Knowledge of, and good working relationship with NHS Project Team • Simplified contract - awarded as compensation event with no need for new contract documents (reduced procurement costs) • Experienced supply chain (particularly concrete contractors) • Commence works to programme

Dis-advantageous	Dis-advantageous	Dis-advantageous
• Time and internal resource input to procure new team • Restricted contractor competition if fully embrace Frameworks – selection based on proposal & interview, no competitive pricing during selection process • Right contractor for the project? - Selection limited to main contractors, without any visibility of specialist sub-contractors • Do the majority of Framework contractors have car park experience – maximise choice • Brookfield Construction not on framework, ability to retain expertise, explore logistics / commercial benefits lost • Cost premium to deliver a solution that is already well developed (design and specification validated as robust during CP 1 and 2 construction)	• Time and internal resource input to procure Advisors (OJEU timescales if HFS Lead Advisor Framework not utilised) • Time to procure Contractor (OJEU timescales) Once contract awarded the programme will be fixed, limited flexibility to suit funding availability	• Challenge over lack of competition • Political issues • Single track approach - require fall back position if value for money contract cannot be negotiated / agreed

Based on analysis of the advantageous and dis-advantageous set out in the tables, and considering some key issues, the best available procurement route is considered to be to run a standalone procurement competition. The key issues driving this recommendation are:-

- National Frameworks was designed to facilitate early contractor involvement in a projects lifecycle to support development of the project brief and construction requirements / solution; as the Board have previously developed the brief for two car parks, already have in place a comprehensive value for money specification, and successfully managed construction issues on two completed car parks, then

there is no real benefit of early engagement of a contractor and incurring potential oncost to manage project development

- Limited selection of contactors on HFS Framework with directly relevant multi storey car park expertise
- Maximise competition
- Competition demonstrates "value for money"
- Avoids potential challenge of negotiated procurement route
- Affords Brookfield Multiplex Construction the opportunity to present technical and commercial benefits as part of prequalification criteria, and if selected tender to include logistics benefits of still having a presence on site to undertake West Side of Langlands Drive works.
- Time available to design and procure works – follow full OJEU process

Recommendations

It is recommended that the Board consider and approve the following procurement options in order to further progress works to the campus masterplan, achieve the programme dates identified, and secure internal governance approvals for the recommended procurement strategy:-

1. Enter into dialogue with Brookfield Construction to explore the required works to complete the West Side of Langlands Drive, and at relevant stage prepare paper for submission to the ASSB and Q&PG to endorse issue of a Compensation Event to develop design and undertake works;

2. Develop and implement standalone procurement competitions for the selection of contractors to undertake works on East Side of Langlands Drive (Car Park and sundry demolitions)

Currie & Brown UK Ltd
25 August 2014

NSGH Retail Strategy Update

Executive Summary

1. Introduction

In the previous paper provided to the Quality & Performance Committee (Q&PC) on 1st July 2014, it was recognised that the NSGH Retail Strategy brings the opportunity to develop a planned approach to the provision of retail services that reflect a mixed economy with the benefits of both commercial and social benefit rental models considered.

Whilst the focus of this paper relates to NSGHs, it is recognised that the intent of the approach should also be applied pan Glasgow and Clyde where applicable.

Leaseholders will be compiled from new suppliers as well as existing occupiers who have expressed interest in providing retail services.

2. Selection Criteria

The occupiers of retail space within the new hospitals will be required to support the broader responsibilities of NHSGGC as described in a range of Board policy documents.

Six principle criteria will be considered within the retailer selection process and these are:

1. Compliance with the terms of the Standard Operating Agreement/Service Level Agreement;
2. Compliance with Health and Safety/ Healthy Employment;
3. Demonstration of Community Benefit;
4. Sustainability Compliance;
5. Adoption of an Affordable Pricing Policy for products linked competitively with high street or other NHS premises commodities:
6. Principle type of Service / Product range of goods and services that complement other providers and meet our preferred service types.

Note: All retailers will be required to comply with NHSGGC Food Retail Policy where applicable.

Details of the scoring criteria (draft) are available in Appendix 1.

3. Commercial Advertising

The role of NHSGGC as a public health organisation is highlighted in the approved NHSGGC Food Retail Policy and requires all food retailers to avoid commercial advertising associated with high sugar and/or high fat products.

It is proposed that this principle is extended in that NHSGGC would wish to create an exemplary environment in which the Health Board is not associated with products or services that contribute to poor health outcomes for residents. This principle would extend to all advertising opportunities within the NSGHs such as bus shelter advertising; online or patient info screens etc.
Acceptable advertising should be on the basis that the types of products or services do no harm and/or do not compromise health outcomes. An initial breakdown is detailed at Appendix 2.

4. Notification of Interest

NHSGGC issued all existing occupiers within the existing NHSGGC with an invitation for expressions of interest in occupying space within the new South Glasgow University Hospital campus. The current occupiers contacted were as follows:

- WH Smith;
- Deco Coffee;
- RVS;
- League of Friends;
- Yorkhill Foundation; and
- Aroma Coffee.

NHSGGC'S external retail advisors have circulated to all retail property agents in Scotland requests for notifications of interest and an advert was placed in the Herald, Commercial Property Pages on the 7th August, marketing the availability of the units. As a result of this process, we consider that the market is fully aware of the opportunities available at the SGH. Strong formal expressions of interest have been received from the following potential occupiers:

- WH Smith and Marks & Spencer potentially including their Zoodle Children's concept with arts and crafts, books, mags. etc specifically aimed at children.

A summary of the expressions of interest is detailed in Appendix 3

5. Proposal for Lease / SLA Structures Based on a Mixed Economy Model

It is anticipated that the successful retailers will enter into in a legally binding lease with NHSGGC/Scottish Ministers. Prospective occupiers will be provided with an information pack outlining the terms on which the lease is to be formed.

The rental terms agreed with each occupier may vary depending on the service being provided but will broadly fall into one of 3 models:

- Commercial rent only;
- Base commercial rent with profit share provision (potentially also covers occupiers "gifting" funds to the Board, (mechanism to be agreed on a site by site basis)
- No rental, but profit share provision. (mechanism to be agreed on a site by site basis)

In conjunction with our external retail advisor, we will seek to agree terms with the successful occupiers, which will offer the Board the best value / return, both financially and in line with the Board Policies and based on service provision. It is intended that these terms will reflect the Retail opportunities, presented by each site.

In addition as part of the tendering process, applicants will be required to provide details of their intended retail offering so that compliance with the food policy can be confirmed / monitored.

6. Recommendations

Members of the Q&PC are requested to note progress on the selection criteria for retailers and also the received expressions of interest.

To progress the process to the next stage, it is intended to issue an information pack to those organisations including copies of the, Board's Food policy and Selection Criteria Scoring Sheet Appendix 1. At this time they will be given an opportunity to formally tender for the provision of their given service from the New SGH Site.

The Group are asked to endorse the proposed course of action and approve the commencement of the formal process.

Appendix 1

Selection Criteria Draft Scoring Sheet

Selection Criteria		Comments	Score
1.	**Standard operating agreement** Demonstrated ability to meet lease operating requirements • Hours of operation / Public Holidays etc. • Compliance with all appropriate operating procedures on the premises • If Soft FM not being provided by GCC specification to be agreed.NHS GGC reserve the right to access premises to monitor compliance with Processes and Procedures • NHS GGC reserve the right to review the above as is deemed necessary	All elements required	**10**
2.	**Health and Safety/ Healthy Employment** practices including: • Health and Safety Act • Equal Opportunities Employer • Tobacco, Alcohol and Substance Misuse Policies • Active travel Policies • Participation in Healthy Working Lives Award	All elements required	**10**
3.	**Community Benefit**		**20**
	• Provision of volunteering or employability opportunities within service e.g. modern apprenticeships		(7)
	• Investment in local communities/ supporting community projects or patient care		(10)
	• Additional services provided to hospital users in addition to 'retail' activity		(3)
4.	**Sustainability policy compliance**		**25**
	• Inclusion of locally sourced products / suppliers		(5)
	• Green transport strategies and sustainable supply chains		(5)
	• waste minimisation techniques / waste management		(5)
	• Active promotion of recycling		(5)
	• Ethical procurement practices		(5)
5.	**Pricing Strategy** • Comparable to high street commodities		**10**
6.	**Principle type of Service / product range provided as part of proposal**		**25**
	Meets preferred service types (listed) • Café, dining room or sandwich bar facilities • Grocery items • Trolley services • Personal care items (under wear/ nightwear/ baby wear) • Chemist items- non pharmacy (toiletries) • Post Office Services • Banking Services • Newsagent Services • Gift Items/ Toys		(10)
	Unique service provider		(10)
	Complimentary to other providers (no oversupply)		(5)
	Food Retail Policy Compliance required		Compliant y/n
	Total Marks available		**100**

Appendix 2

Examples of acceptable advertising on the basis that the products or services do no harm and / or do not compromise health outcomes.

Unacceptable products associated with poor health	*Actively encourage products associated with healthy living*
• alcohol - zero tolerance - this would include loss leader promotions including alcohol e.g. supermarkets with alcohol promotions (Other forms of supermarket advertising would be fine) • e - cigarettes - zero tolerance • Food or drink items high in sugar and/ or fat • Food chains associated with high in sugar and/ or fat foods- commonly referred to as 'fast food' • Payday lenders/ Financial services with high rates of interest • gambling including lottery promotions • slimming products/ or protein body building products • baby 'follow on' milks	• Fruit and vegetables and general healthy eating (including supermarket promotions on these types of items) • Physical activity- leisure providers / gyms etc. • Mental health & wellbeing services e.g. Samaritans / GAMH • Voluntary sector organisations with links to health e.g. BHF / Diabetes UK etc. • Active travel organisations such as SPT etc.

Appendix 3

EXPRESSIONS OF INTEREST RECIEVED BY THE BOARD FROM EXISTING TENANTS

Occupier	**Proposed Service**	**Willingness to enter Lease**	**Willingness to enter SLA**	**Comments**
Yorkhill Foundation	Catering Service & Retail unit	Yes	Yes	
Murraydale Ltd Deco Coffee	Catering Service	Yes	Yes	
Royal Voluntary Service (RVS)	Catering Service	Yes	Yes	
Aroma Coffee	Catering Service	Yes	Yes	

EXPRESSIONS OF INTEREST RECEIVED BY THE BOARD FROM NEW TENANTS.

This detail to be provided by Montagu Evans and will include the information regarding the main Retail Offering.

Occupier	**Proposed Service**	**Willingness to enter Lease**	**Willingness to enter SLA**	**Comments**
WH Smith	News Agents	Yes	Yes	
Marks & Spencer	Retail	Yes	Yes	

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 18 November 2014 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1 Apologies

2 Declarations(s) of Interest(s)

To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.

3 Minutes of Previous Meeting: 16 September 2014 QPC(M) 14/05

4 Matters Arising

(a) Rolling Action List Paper No 14/115

(b) Action Taken to Combat Violence Against NHS Staff Paper No 14/116

Report of the Head of Health and Safety

(c) Reducing Carbon Emissions and Energy Consumption Paper No 14/117

Report of the Interim Director of Facilities

5 Integrated Quality and Performance Report Paper No 14/118

Report of the Acting Head of Performance and Corporate Reporting

SAFETY

6 Scottish Patient Safety Programme: Update Paper No 14/119

Report of the Medical Director and Head of Clinical Governance

7 Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents and FAIs Paper No 14/120

Report of the Medical Director

8 Healthcare Associated Infection: Exception Report Paper No 14/121

Report of the Medical Director

PERSON CENTREDNESS

9	**Older People In Acute Hospitals (OPAH) – HEI Inspection Summary Report** Report of the Nurse Director	Paper No 14/122
10	**Winter Planning** Report of the Chief Officer, Acute Services Division	Paper No 14/123 To Follow
11	**National Person-Centred Health and Care Collaborative – Strategic Report and Work Plan** Report of the Nurse Director	Paper No 14/124
12	**Food, Fluid and Nutritional Care Update** Report of the Nurse Director	Paper No 14/125
13	**Inequalities - Fair Financial Decisions** Report of the Director of Corporate Planning and Policy	Paper No 14/126

MONITORING AND GOVERNANCE

14	**Public Bodies Joint Working Act: Update on Implementation** Report of the Director of Corporate Planning and Policy	Paper No 14/127
15	**Dignity & Respect: Dementia and Continuing Care Visits** Report of the Interim Director, Glasgow City CHP	Paper No 14/128 To Follow
16	**Financial Monitoring Report for the 6 Month Period to 30 September 2014** Report of the Interim Director of Finance	Paper No 14/129

CAPITAL

17	**New South Glasgow Hospitals Development: Progress Update** Report of the Project Director – New South Glasgow Hospitals Project	Paper No 14/130 To Follow
18	**HUB Programme Update** Report of the Head of Capital Planning	Paper No 14/131 To Follow

19 **Acute Hospital Broadcasting** Paper No 14/132

Report of the Nurse Director

FOR NOTING/INFORMATION ONLY

20 **Quarterly Reports on Cases Considered by the Scottish Public Services Ombudsman:-**

(a) 1 April – 30 June 2014 Paper No 14/133a

(b) 1 July – 30 September 2014 Paper No 14/133b

Reports of the Nurse Director

21 **Analysis of Legal Claims – Monitoring Report (Mid Year Review 2013/2014)** Paper No 14/134

Report of the Head of Board Administration

22 **Media Coverage of NHSGGC Sept/Oct 2014** Paper No 14/135 To Follow

Report of the Director of Corporate Communications

23 **Board Clinical Governance Forum Minutes and Summary of Meeting held on 27 October 2014** Paper No 14/136

24 **Update on Capital Plan 2014-15 to 2016-17** Paper No 14/137

Report of the Chief Executive

25 **2013-14 Annual Review: Scottish Government Feedback Letter and Action Note** Paper No 14/138

Report of the Chief Executive

26 **Date of Next Meeting**

9.00am on Tuesday 20 January 2015 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

DRAFT

QPC(M)14/06
Minutes: 139 - 164

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 18 November 2014 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE	Cllr A Lafferty
Cllr M Cunning (To Minute 156)	Ms R Micklem
Mr P Daniels OBE	Cllr J McIlwee
Mr I Fraser	Mr D Sime

Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong (To Minute 144)	Mr R Finnie
Mr R Calderwood	Mr A O Robertson OBE
Cllr M Devlin	Rev Dr N Shanks

I N A T T E N D A N C E

Mr G Archibald	..	Chief Officer, Acute Services
Ms A Baxendale	..	Head of Health Improvement (For Minute 153)
Ms J Carson	..	Adult Services Manager (For Minute 154)
Mr A Curran	..	Head of Capital Planning and Procurement (For Minute 157)
Mr M Feinmann	..	Director, North East Sector (Glasgow City CHP) (To Minute 157)
Mr K Fleming	..	Head of Health and Safety (To Minute 150b)
Mr A Gallacher	..	Technical Manager (To Minute 150c)
Mr R Garscadden	..	Interim Director of Corporate Affairs (To Minute 148)
Mr J C Hamilton	..	Head of Board Administration
Mr J Hobson	..	Interim Director of Finance
Mr D Loudon	..	Project Director - South Glasgow Hospitals Development (From Minute 150)
Mr N McGrogan	..	Head of Community Engagement (For Minute 156)
Mr A MacKenzie	..	Interim Director, Glasgow City CHP (For Minute 145)
Ms M Macleod	..	Project Manager (For Minute 156)
Mr S McLeod	..	Head of Specialist Children's Services (For Minute 157)
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting
Ms C Renfrew	..	Director of Corporate Planning and Policy (To Minute 147)
Mr D Ross	..	Director, Currie & Brown UK Limited (For Minute 156)
Mr D Walker	..	Director, South Sector (Glasgow City CHP)
Mr R Wright	..	Director of Health Information Management (To Minute 153)

139. APOLOGIES AND INTRODUCTION

Apologies for absence were intimated on behalf of Ms M Brown, Dr H Cameron and Dr D Lyons.

The Convener asked the Committee for its agreement to re-order the agenda and permit particular Directors to present their papers earlier than planned to allow them to attend their respective meetings. This was agreed.

Mr Fraser asked that consideration again be given at the NHS Board's Away Sessions to the remit and responsibilities of the Quality and Performance Committee as yet again it was an agenda with over 25 items and 435 pages. This was agreed. **Chief Executive**

The Convener, on behalf of the Committee, congratulated Mr Grant Archibald on his recent appointment as Chief Officer, Acute Services Division.

140. DECLARATIONS OF INTEREST

Councillor McIlwee declared an interest in the following two agenda items:-

(i) Public Bodies Joint Working Act: Update on Implementation

(ii) HUB Programme Update

141. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No: 14/118] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC's performance.

Of the 44 measures which had been assigned a performance status based on their variance from trajectory and/or target, 22 were assessed as green; 8 as amber (performance within 5% of trajectory) and 14 as red (performance 5% outwith meeting trajectory). The performance in relation to Child and Adolescents accessing Mental Health Services, while shown as red, was in relation to NHSGGC's own target and with 99.4% of these patients referred to treatment in under 18 weeks, this was amber when measured against the national target.

The key performance status changes since the last report to the Committee were:-

- Antenatal care (SIMD) had moved from amber to green;
- Percentage of new outpatient appointment DNAs had moved from red to amber;
- MRSA/MSSA bacteria cases per 100,000 AOBDs had moved from green to red;
- Cancer treatment waits 31 days had moved from green to amber;
- Alcohol brief interventions had moved from green to red;
- Freedom of Information requests had moved from green to red.

Exception reports had been provided to members on the measures which had been assessed as red.

Ms Micklem thanked Officers for the use of the proforma following the approval and implementation of the supporting guidance. It was clear there was a great improvement in this area and she wondered whether officers bringing reports to the Quality and Performance Committee might follow this example. She went on to say that it seemed likely that as resources became tighter it was possible that performance in some areas may not be sustained and more HEAT targets/performance indicators may not be met. It would be better that the Committee focused on the key priorities of NHSGGC and ensure significant effort around meeting these targets while accepting that some targets may remain difficult to achieve.

Director of Corporate Planning & Policy

There was agreement to this approach and this would form part of the discussions in bringing together the Financial Plan and Strategic Plan for 2015/16.

Mr Fraser welcomed the weekly update provided by the Communications Directorate on media issues. In relation to Freedom of Information requests received from the media, he wondered if enough was being done to try and deal with some of these as "business as usual" requests. It was reported that such efforts were made with sections of the media however, despite this there had been a nearly 60% increase in media-generated Freedom of Information requests in the last quarter, many from independent journalists. This level of increase had been sustained into the third quarter of the year.

Dr Armstrong agreed to pick up in her report on Healthcare Associated Infection on Mr Finnie's concern that the work going on to reduce MRSA was not reflected within the exceptions proforma of the Integrated Performance Report and more consistency was needed with what was reported in the Healthcare Associated Infection: Exception Report.

NOTED

142. SCOTTISH PATIENT SAFETY PROGRAMME REPORT

There was submitted a paper [Paper No: 14/119] by the Medical Director on the Scottish Patient Safety Programme and in particular, an update on the Hospital Standardised Mortality Ratio (HSMR) in relation to the position at the Royal Alexandra Hospital/Vale of Leven Hospital.

Plans had been put in place to review a number of factors in order to establish an improvement following Healthcare Improvement Scotland (HIS) contacting the NHS Board about the HSMR rate at the Royal Alexandra Hospital/Vale of Leven Hospital being more than two standard deviations from the mean for the quarter January-March 2014. Engagement had been held with clinical staff to seek a longer-term improvement and whilst the HSMR had reduced from 0.99 to 0.94, when compared with other Scottish hospitals, the level of improvement was not as great as that achieved in other Scottish hospitals. Dr Armstrong described the work being undertaken in seeking a longer-term improvement plan and additional analysis being undertaken to understand the factors which could explain why the HSMR rate was higher at the RAH/VOL in comparison with other hospitals. When finalised, the full report would be shared with local services and would be considered through the Strategic Review by the Acute Services Division Clinical

Medical Director

Governance Forum.

Some discrepancies between a primary diagnosis for the patient's final admission to hospital and cause of death had been noted and this may suggest some coding problems or a further possible limitation in using HSMR as marker of quality of care in hospitals. The clinicians were currently reviewing all case notes. Following a visit and discussion with the Medical Director, it was clear that there was a strong cross-disciplinary interest in creating a longer-term improvement plan for the hospital; identifying and supporting clinical leadership for improvement; improving care for deteriorating patients; carrying out routine mortality reviews and integrating with other improvement and management actions were all underway.

Dr Armstrong would ensure that Members were kept up to date with the progress in this important area. **Medical Director**

NOTED

143. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS AND FAIs

There was submitted a paper [Paper No: 14/120] by the Medical Director on the handling of adverse clinical incidents together with an update on the current Fatal Accident Inquiries. A new format of reporting had been devised to increase the transparency of safety-related incidents occurring within NHS Board services and the provision of data on significant clinical incidents (SCIs), a broader insight into other types of adverse events and the monitoring undertaken on the Significant Clinical Incident Policy.

In response to the Committee's request for additional information in order to fully understand the pattern of reporting levels within the Women and Children's Directorate, especially in relation to the doubling of the number of investigations over the past four years, Dr Armstrong drew attention to the first table in the report. This provided an overall distribution of SCIs in each of the three service domains (obstetrics and gynaecology, paediatrics and neonatal). It highlighted that an increase in overall levels was being driven by greater reporting in both paediatrics and obstetrics and gynaecology. The reporting levels were known to be associated with the prevailing safety climate and the threshold of concern for reporting by clinical staff. In relation to the coding, codes 3 and 4 (minor system of care issues and major system of care issues) indicated where an investigation suggested deficiencies in the care provided. The data presented indicated that one third of SCIs related to investigations within codes 3 or 4. The Division ran at two thirds of SCIs relating to codes 3 and 4. This, again, confirmed the higher level of reporting was due to the improved safety climate and greater use of the new SCI Policy. The Princess Royal Maternity Hospital had a higher level of SCI investigations however, those assessed as codes 3 and 4 remained comparable with the other maternity units.

The Women and Children's Directorate and Acute Services Division repeatedly reviewed SCIs and specific improvement plans were created for each event and shared across services in order to maximise learning. Members welcomed this additional level of reporting and the assurances contained within the paper. Members felt encouraged that staff were being supported to raise any relevant concerns under the SCI Policy. Members also welcomed the summary provided of the key issues and the ability to delve into specific areas of detail where necessary.

The Convener indicated that in addition to submitting his apologies, Dr Lyons had set out some key questions he would like the Committee to consider. In response to a request for an update on a recent suicide, Dr Armstrong indicated that she was meeting Dr Lyons soon and would cover this matter with him then. **Medical Director**

NOTED

144. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No: 14/121] by the Medical Director providing information on the performance against the national targets for key infection control measures.

For Staphylococcus aureus Bacteraemia (SABs), the most recent validated results for April – June 2014 demonstrated an SAB rate of 26.4 per 100,000 acute occupied bed days (AOBDs), which was below the national average of 33.4 cases. Dr Armstrong reminded Members of the increase across Scotland including NHSGGC, and following the implementation of the new policy in relation to PVCs, initially piloted at the Royal Alexandra Hospital, and then the current moves to implement it across the Board's 400 wards, it was clear that the impact had been significant, with a circa 18% reduction in one quarter. The data was still to be validated and the implementation was ongoing but it had been an encouraging turnaround and other NHS Boards had contacted NHSGGC about how the improvements were being achieved. Mr Finnie welcomed this response in relation to his questions about the rate of infection, and asked if, in future, such information could be tied back to the Integrated Quality and Performance Report to ensure consistency between both papers. This was agreed. **Medical Director**

With regard to the C-Difficile rate for April to June 2014, the NHS Board had a rate of 26.4 cases per 100,000 AOBDs which, again, was below the national average of 33.4 cases.

NOTED

145. WINTER PLANNING – 2014/15

There was submitted a paper [Paper No: 14/123] by the Chief Officer, Acute Services Division, setting out the additional arrangements which had been put in place for this winter and which updated the NHS Board on the issues around delayed discharges.

Mr Archibald took Members through each element of the additional arrangements put in place in planning for winter 2014/15. He advised that he was meeting with the Chief Executive later that day to ensure a robust set of plans were in place and he reminded Members that the NHS Board's Unscheduled Care Plan had been submitted to the Scottish Government at the end of September 2014.

In relation to the continuing concerns about the level of delayed discharges, Mr MacKenzie advised that the most up-to-date figures showed, for the first time, a reduction (from 201 to 193) of patients awaiting discharge within the Glasgow City Council area. He also advised that the paper on which Members had received a copy from Mr D Walker, Director of South West Glasgow CHP had now been approved by the Council and funding secured for the proposals relating to step

down arrangements from the end of September, the commissioning of additional nursing home places (28 from December 2014) and other key areas targeted at reducing the number of delayed discharges within Glasgow. The Scottish Government had allocated an additional [redacted] of non-recurring funds to assist with these plans and it was hoped to see a reduction of around 50 cases within the next few weeks.

Mr Fraser enquired as to the progress with the staff immunisation for influenza and it was agreed that the latest figures would be sent to Members as soon as possible. **Director of Public Health**

NOTED

146. INEQUALITIES – FAIR FINANCIAL DECISIONS

There was submitted a paper [Paper No: 14/126] by the Director of Corporate Planning and Policy advising that it was a requirement of the Equality Act 2010 that the NHS Board assess any risks in relation to the equality impact of cost savings and the report provided details of the process for 2014/15 and identification of where full Equality Impact Assessments were required.

The rapid impact assessment approach now formed an integral part of the process in the Acute Services Division and Partnerships on service redesign where cost savings were expected to be released. This approach had identified those service redesigns which would require a full Equality Impact Assessment to ensure that risks with regard to protected characteristics were fully considered and the table attached to the report identified those Equality Impact Assessments which required to be completed by March 2015.

Ms Micklem welcomed this process and believed it provided a clear rationale for financial decisions and guarded against opportunistic savings. She did however, wonder about the tone in terms of being very risk-based when the equalities legislation also sought positive opportunities for improvement. Ms Renfrew acknowledged this and said that steps would be taken to present this information to managers in that light. **Director of Corporate Planning & Policy**

NOTED

147. PUBLIC BODIES JOINT WORKING ACT: UPDATE ON IMPLEMENTATION

There was submitted a paper [Paper No: 14/127] by the Director of Corporate Planning and Policy which provided an update to the Committee on progress on working towards delivering the requirements of the Public Bodies Joint Working Act. Ms Renfrew took members through different sections of her paper as follows:-

(a) Regulations – The paper provided an extract from the information laid before Parliament and drew out the key elements which would be required to inform the development of Integration Schemes, organisational change and further development of Schemes of Delegation. The Act required each NHS Board and Local Authority to delegate functions to the Joint Integrated Partnership Boards and the intention was to create a single system for local joint strategic commissioning of health and social care services which was built around the needs of patients and service users.

The Act set out which adult health and social care functions were to be delegated and whilst the legislation did not include children's health and social care services, it would be a matter for local systems to decide whether to integrate children's services as well as adult services. One significant issue was the inclusion of planning for emergency care as a responsibility for each Integrated Joint Board. Establishing an approach to planning and costing which maintained service cohesion would be challenging.

(b) Integration Scheme – Integration Schemes were being developed in each Integrated Joint Board using the Model Scheme which was attached to the paper. The intention was that the final versions of the Integrated Schemes would be presented to Members for approval in January 2015. **Director of Corporate Planning and Policy**

(c) Strategic Planning – The NHS Board Seminar had discussed the approach to developing a strategic direction based on the final year of the 2013/16 Corporate Plan. Joint Integrated Partnership Boards were developing an approach to strategic planning based on Scottish Government Health Directorate guidance and the responsibilities of Integrated Joint Partnership Boards for planning emergency care would come into effect from 2016/17.

(d) Chairing and Membership – The last meeting of the Committee approved the proposal for discussion with the different Local Authorities covering arrangements for the first Chair of the Integrated Joint Boards and the number of voting members on each Board. The paper presented the responses from each Local Authority; it was clear that nearly all Local Authorities wished to have the first Chair of the Joint Integrated Board. Members debated this point and concluded that on the basis of the responses, an approach should be made to see whether a joint chairing arrangement was possible. Ms Renfrew would make contact with the Local Authorities to see if they would be amenable to this model before opening up discussions with the Scottish Government Health Directorate. **Director of Corporate Planning and Policy**

The need to pull together finalised Integrated Plans for consideration in January 2015 was recognised as key and these plans would incorporate local alignment where acceptable for children's services and also cover the agreed hosting arrangements, particularly for services where cross-system working was critical for successful delivery. Chief Officers would be required for these services to ensure a collective arrangement to oversee planning, resources and staffing.

There would be an opportunity at the NHS Board's Away Sessions on 8 and 9 December to further discuss the arrangements in setting up the Joint Integrated Partnership Boards as well as the intentions around strategic planning and the chairing arrangements for Joint Integrated Boards.

148. ACUTE HOSPITAL BROADCASTING

There was submitted a paper [Paper No: 14/132] by the Nurse Director setting out proposals on the future of radio broadcasting delivered by voluntary organisations to Acute Hospital sites within NHSGGC. The proposal was to discontinue hospital radio as delivered by voluntary organisations on those sites impacted by the moves to the new South Glasgow University Hospital. In addition, there was continued support for individual patient-based entertainment systems as the primary entertainment system for patients within these hospitals.

In the absence of Ms Rosslyn Crocket, Nurse Director, Mr Roy Garscadden presented the paper on her behalf. Radio broadcasting to Acute Hospitals was currently delivered by three charitable organisations run by volunteers: Southern Sound Hospital Broadcasting, located at the Southern General Hospital, Victoria Infirmary Radio located at the Victoria Infirmary and the Hospital Broadcasting Service located in private accommodation in Glasgow. Each was registered as a charity and delivered services to different sites across the area. Dialogue was entered into with the volunteers on the future of radio broadcasting to adult hospitals, particularly in light of the moves to the new South Glasgow University Hospital.

Victoria Infirmary Radio recently acknowledged that on the closure of the Victoria Infirmary in 2015, the services from that site would discontinue and they would merge with the Hospital Broadcasting Service. Southern Sound currently occupied accommodation which was to be demolished on the Southern General site and they would favour a relocation to a site in Govan with the request that the NHS Board pay the relocation costs.

Current radio broadcasting was based on traditional analogue methods with a dedicated radio point at the bedside however, the infrastructure was old and required regular maintenance and less than 50% of patients in hospitals were able to access the system. The new South Glasgow University Hospital would have an individual patient-based entertainment system at each bed with dedicated Freeview TV and radio channels with the signal presented through the network. In addition, patients were increasingly bringing their own personal means of listening to music into hospital and would also have access to digital TVs in the individual patient bedrooms which also accessed numerous radio channels. The Board's strategic direction was based on the individual patient-based entertainment system and this, through time, would be extended across all acute hospital sites. This would mean that the existing broadcasting systems to acute hospitals would be phased out and therefore it would be necessary to give notice to quit to Southern Sound prior to the opening of the new South Glasgow University Hospital, to take effect at the end of the financial year 2014/15.

Radio Lollipop, at the Royal Hospital for Sick Children, would continue due to the nature of the hospital, the length of inpatient stay and the interaction with patients, carers and children. In addition, the individual patient system at the Beatson Oncology Centre would continue.

Members accepted the position described in the paper but realised this was a sensitive area where many volunteers had given up their time over many years and they endorsed the plan to hold a reception to thank and recognise those who had made a contribution to the radio broadcasting service to hospitals within NHSGGC over these years.

The Convenor asked about patients accessing the wider internet within hospital, and Mr Wright advised that he would look into this across all hospital sites and report back to the Members on the availability of internet access. **Director of Health Information & Technology**

DECIDED

1) That, a notice to quit to Southern Sound from accommodation at the Southern General Hospital be approved. **Nurse Director**

2) That, a reception for Southern Sound and Victoria Infirmary Radio for **Nurse Director**

radio services delivered to patients in the South Glasgow area over many years, be approved.

3) That, dialogue continue with the Hospital Broadcasting Service to discuss the pace of implementation of the individual patient entertainment system to acute hospitals within NHSGGC. **Nurse Director**

149. MINUTES OF PREVIOUS MEETING

On the motion of Mr K Winter and seconded by Councillor J McIlwee, the Minutes of the Quality and Performance Committee Meeting held on 16 September 2014 [QPC(M)14/05] were approved as a correct record.

150. MATTERS ARISING

(a) Rolling Action List

NOTED

(b) Action Taken to Combat Violence Against NHS Staff

There was submitted a paper [Paper No 14/116] by the Head of Health and Safety informing Members of the range of control measures, systems and procedures which were currently in place across NHSGGC in order to reduce the risk of violence and aggression towards staff.

Mr Kenneth Fleming, Head of Health and Safety, presented his report and highlighted the following:-

- Over the last five years, the recorded violence and aggression data (that is, physical assaults, threats and verbal abuse) had fallen from 9,811 in 2009/10 to 8,526 in 2013/14.

- In 2013/14, 69 incidents were reported under statute to the Health & Safety Executive due to violence or aggression; this was an increase from the 50 cases reported last year.

- Stalking policy was reviewed and reissued in October 2013; a restraint policy had been developed and would be submitted to the Board Clinical Governance Forum for approval by the end of the calendar year, and the three-year violence reduction strategy implementation was overseen by the Violence Reduction Group, which also reviewed the total number of recorded incidents and trends.

- Four cases in each of the last two years have gone to court following a report to the Procurator Fiscal's Service; this was down from 14 in 2011/12 and 38 in 2010/11.

- Recording on Datix now provided details of incidents where patients' medical conditions had been recorded as a factor when related to violence and aggression. The most common medical condition was dementia followed by psychiatric disorder.

Mr Fleming described the training in place, support for staff and security arrangements and the promotion of awareness of violence and aggression, stress in the workplace and incident reporting. He acknowledged the possibility of likely under-reporting of verbal aggression incidents and also anecdotally, some actual physical violence incidents had not always been reported in a timeous manner.

Members welcomed this helpful report and Mr Sime advised that the Staff Governance Committee received an Annual Report from the Head of Health and Safety in order to oversee and monitor the trends and themes within this area.

Members noted that incidents related to alcohol-related conditions amounted to 9% of recorded incidents, although this still related to 458 incidents. In response to a question from Dr Benton, Mr Fleming advised that clinical and other staff did involve patient carers, relatives and peers when dealing with incidents relating to patients with learning difficulties. He advised that recording of violence and aggression incidents did incorporate hate crime incidents. Lastly, he gave an explanation on the use of safe restraint when the restraining of patients was necessary, and explained that training in this area was regularly held within Mental Health Services, and refresher training offered to staff. All incidents of restraining a patient were recorded.

(c) Reducing Carbon Emissions and Energy Consumption

There was submitted a paper [Paper No 14/117] by the Interim Director of Facilities which updated the Committee from the position described in the September 2014 paper and provided additional detail on the difficulties in meeting the current HEAT target which, for energy, was the reduction of 3.5%, however, the position within NHSGGC was that 3.14% more energy had been consumed. In addition, the carbon target was to achieve a reduction of 10.2%, however, the actual position showed an increase of 14.46%. The projections for the next two financial years would see the NHS Board also fail to meet these targets.

The current HEAT target (fossil fuel) campaign ended this year and the 2014/15 year would be used as the revised baseline for the next five years. There were no current plans with the appropriate investment profile which would deliver the levels of reduction in the NHS Board's carbon footprint during this financial year and when the new South Glasgow University Hospitals campus was to be handed over to the NHS Board next year, the NHS Board's footprint would increase by circa 2,500 tonnes.

Steps had been taken to introduce carbon reduction projects in relation to a biomass boilerhouse at the Royal Alexandra Hospital; Gartnavel oil to gas project and a CHCP biomass scheme. This would reduce the carbon footprint by around 71 tonnes. In addition, when the Western Infirmary, Royal Hospital for Sick Children, Victoria Infirmary and Mansionhouse Unit closed and the demolitions currently being undertaken at the Southern General Hospital occurred, this would contribute a further 119 tonne reduction.

Mr Calderwood enquired about the investments made in the NHS Board's estates since 2009 and, in particular, meeting the BREEM standards, but

this was not shown in the figures presented. Mr Gallacher, representing the Interim Director of Facilities, advised that the energy efficiency measures were a small part of the BREEM standards and whilst agreeing that the investments in new buildings had led to more energy efficient buildings, they were, unfortunately, more energy intensive by being bigger and offering additional services. Mr Calderwood acknowledged this, particularly around the significant increase in linear accelerators, however, it would be important to show the impact of that investment in future papers and also to undertake these discussions with SGHD when targets were being set. Mr Gallacher did intimate that discussions were being held with SGHD in order to try and make future targets in this area more realistic.

Interim Director of Facilities

Members, while being disappointed that these important targets were being missed, acknowledged that the level of investment necessary would be difficult to achieve and believed that it was important to influence SGHD in setting future targets which were achievable and acknowledged investments in new energy efficient buildings which offered additional and better service. It was noted, however, that while infrastructure was important, there were other, key messages for staff in and around behaviours within the workplace and these should be encouraged and additional awareness sessions and publicity issued to encourage staff to save energy wherever possible.

Interim Director of Facilities

NOTED

151. SHIFTING THE BALANCE OF CARE FOR OLDER PEOPLE

There was submitted a paper [Paper No: 14/122] by the Nurse Director updating members on the Older People in Acute Hospitals inspection activity and setting out the findings of the recent inspection of Inverclyde Royal Hospital in August 2014.

Three unannounced inspections had been held; one in Gartnavel General Hospital (October 2013); one in the Victoria Infirmary (April 2014) and the last one in Inverclyde Royal Hospital (August 2014). There had been a total of nine inspections in NHSGGC including two pilot inspections and Table 1 of the report set out the detail of these inspections.

The report concentrated on the inspection of Inverclyde Royal Hospital, setting out against each of the key headings the areas of strength and areas for improvement.

Mr Archibald presented the paper in the absence of the Nurse Director and, in responding to the Convener's question, advised that the feedback was given immediately after the inspection to senior managers who had an opportunity to ask questions during that session and then feed back themselves to the clinical staff. The feedback given at that time had been positive and the message was that staff had been very caring.

Members agreed that many strengths were identified by the inspectors, however, a consistent theme was the need to accurately, legibly and consistently record many aspects of the patient's care and whilst the NHS Board's auditing had suggested that this was an area of improvement, external scrutiny such as this inspection, did not support this view. Mr Archibald acknowledged the difference between the internal and external scrutiny processes and would look further at improving the current internal auditing process as this had been a disappointing aspect of the

Chief Officer, Acute Services

Older People's inspection.

NOTED

152. NATIONAL PERSON-CENTRED HEALTH AND CARE COLLABORATIVE – STRATEGIC REPORT AND WORK PLAN

There was submitted a paper [Paper No: 14/124] by the Nurse Director setting out the current position on the NHS Board's progress in implementing the National Collaborative for Person-Centred Health and Social Care. This was the eighth report highlighting the work undertaken within NHSGGC under the National Person-Centred Health and Care Collaborative. It described the progress made locally with the pilot improvement teams in clinical services within NHSGGC. Following discussions at the last meeting, the format of presentation had been altered to take into account Members' comments and the revised presentation of the information was welcomed.

Mr Finnie intimated that he was pleased by the positive feedback provided from patients' experiences and Ms Micklem welcomed the benefits staff were finding in reporting matters that then brought about changes and improvements in the care of patients.

NOTED

153. FOOD, FLUID AND NUTRITIONAL CARE UPDATE

There was submitted a paper [Paper No: 14/125] by the Nurse Director providing an annual update in relation to the implementation of Food, Fluid and Nutritional Care across NHSGGC. Ms Anna Baxendale, Head of Health Improvement, attended to present the paper in the absence of the Nurse Director and advised that significant progress had been made in relation to compliance with the National Food in Hospital catering standards and best practice identified within the revised Healthcare Improvement Scotland Food, Fluid and Nutritional Standards. She did, however, acknowledge that the consistent delivery and documentation at ward level continued to be challenging. She also drew Members attention to the fact that the Cabinet Secretary announced yesterday that the standards were intended to become statutory following the current public consultation process.

Over recent years, the NHS Board had invested significantly in the catering review and the two catering production units with a process of centralised production and localised meal regeneration. During this period, the NHS Board had consistently achieved 99.6% compliance with Food in Hospitals standards. Monitoring and patient feedback had also improved, however, recent media attention and the difficulty in meeting patients' expectations in catering had led to the proposal to develop a catering strategy for the NHS Board. This would include a focus on three outcomes of catering process which required to be optimal to ensure the highest quality food provision to patients.

Ms Micklem welcomed the report and was pleased that there was a proposal to develop a catering strategy. She was interested in whether a waste audit was undertaken and the results of such an audit would be considered within the strategy. Ms Micklem also requested that environmental aspects of catering were considered within the strategy. In response to Dr Benton's enquiry, Ms Baxendale indicated that it was indeed the case that it was important to manage the risk of achieving the

exact texture of the food presented for particular patients and having the confidence in the quality when delivered to the patients at ward level and work to explore potential in house production was underway. She acknowledged Mr Winter's point that the experience of Board Members had been that the food regenerated within the catering production units was fine but ensuring it reached patients within wards at the same remained challenging.

A full range of nutritional diets and a wider range of items on the menu was desirable together with an additional range of options in key clinical specialties and for patients in longer stay wards. Members acknowledged their visits to the catering department and were pleased with the food presented however, fully understood the challenges ahead in consistently maintaining a good and improved catering standard for all patients across NHSGGC.

NOTED

154. DIGNITY AND RESPECT: DEMENTIA AND CONTINUING CARE VISITS

There was submitted a paper [Paper No: 14/128] by the Interim Director, Glasgow City CHP which provided a report on the NHS Board's capacity to respond to the recommendations contained within "Dignity and Respect", the report of the Mental Welfare Commission visits into dementia continuing care wards across Scotland. Ms Jill Carson, Adult Services Manager, attended to present the report and answer Members' questions.

The Mental Welfare Commission for Scotland visited a number of dementia continuing care facilities across Scotland in 2013 including six older people's mental health sites within NHSGGC; namely:-

- Rutherglen Nursing Home (Roger Park Unit) – South Sector
- Darnley Court Nursing Home (Fleming and Carmichael Units) – South Sector
- Gartnavel Royal Hospital (Tate and Iona Wards) – North West Sector
- Birdston Nursing Home – North East Sector
- Mansionhouse Unit (North and South 1 Wards) – Renfrewshire CHP
- Dumbarton Joint Hospital (Glenarn Ward) – West Dunbartonshire CHCP

In 2014, the Mental Welfare Commission published its report entitled "Dignity and Respect" which summarised the findings of the visits to the dementia continuing care facilities and a number of general recommendations were made, with NHS Boards being asked to report on performance on relation to implementing these recommendations. Ms Carson highlighted each of the recommendations and the position within NHSGGC. She advised that this paper would also be reviewed by the Older People's Mental Health Clinical Governance Group at its next meeting in December, and the sectors identified within the recommendations would be asked to provide an update on progress towards implementing the recommendations. In addition, the Older People's Mental Health Clinical Governance Group planned to hold a themed audit event early next year to review the audit activity and look at the results/action planning.

Ms Carson highlighted that the recommendation relating to the Mansionhouse accommodation could not immediately be met as the facility was transferring to the new South Glasgow University Hospital in the spring/early summer of 2015. In addition, the development of the clinical services strategy would be an important part of which accommodation was to be retained or moved/improved.

NOTED

155. FINANCIAL MONITORING REPORT FOR THE 6 MONTH PERIOD TO 30 SEPTEMBER 2014

There was submitted a report [Paper No: 14/129] by Interim Director of Finance that set out the NHS Board's financial performance for the four month period to 30 September 2014.

The NHS Board reported an overspend of [redacted] broken down into [redacted] over budget within Acute Services and [redacted] overspend within Partnerships. It was forecast that a year-end break even outturn would be achieved. In relation to the anticipated figures at the end of October 2014, the overspend was predicted to be [redacted]

NOTED

156. NEW SOUTH GLASGOW HOSPITALS DEVELOPMENT: PROGRESS UPDATE

There was submitted a report [Paper No: 14/130] by the Project Director – New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals).

In addition the paper covered the key risk summary, compensation events summary, the car park completion strategy, the transport to the South Glasgow University Hospitals campus.

The Convener indicated that as part of this report there should also be a discussion on the Members' visit to the Clinical Psychiatry Inpatient Unit at the new Royal Hospital for Sick Children.

As at 10 November 2014, 190 weeks of the 201 week contract had been completed and the project remained within timescale and budget and the handover date was 26 January 2015. In addition the Energy Centre construction, progress had been maintained and Car Park 1 which would also be due for handover to the NHS Board on 26 January 2015. In order to test patient services and allow staff to familiarise themselves with the new ward layouts, a mock ward had been set up on level 5 of the adult hospital to provide such an experience. It consisted of 14 bedrooms, a ward office, senior charge nurse office, pantry, domestic services room and all these areas had been pre-equipped and scenarios within this mock ward had commenced in early November 2014.

The Teaching and Learning Centre remained on programme and on budget for completion by the end of May 2015. The new staff office accommodation also remained on programme and on budget for completion by April 2015.

Mr Loudon intimated that the contractors still had over 800 workers on site as the contract moved into its final stages. Third party testing, installation and commissioning of water systems were all underway and all aspects of the programme remained on timescale as work was now being planned to commission the new hospital's facilities from 26 January for a twelve week period.

Mr Ross advised that the project remained on budget and highlighted the risk movement summary (appendix 2) and spoke about the new compensation events which had been concluded since the previous report to Committee in September 2014.

Car Park Completion Strategy

As a result of the continual development of the site masterplan, the opportunity to construct an extension to the existing multi-storey car park had been explored, which would increase the number of spaces from 700 to circa 980. In addition, as a consequence of construction of the new office building, a new opportunity to undertake additional demolitions, it has been established that it would be possible to construct approximately 330 surface level car parking spaces and Mr Loudon spoke to his paper which summarised the likely cost of the planned works, the funding mechanism, the planning process and the procurement strategy.

It had been previously approved that the multi-storey car park extension would be a standalone competitive procurement process and negotiations would be undertaken with Brookfield Multiplex over the surface level car parking spaces. Mr Calderwood and Mr Loudon explained the funding proposals associated with the additional car parking and Mr Calderwood reminded members that an Outline Business Case would be submitted to the Committee identifying the detailed funding sources and would seek the Committee's formal approval to proceed with the Outline Business Case.

In summary, the funding mechanism would include the release of funds from the Residual Risk Allowance, small sums from the Teaching and Learning Centre and new office accommodation projects, the availability of additional sums from the contract and a small remaining balance may be required to be funded from the Board's General Capital Funds as a priority strategic investment in 2015/16.

Members were supportive of the approach being taken in relation to the provision of additional car parking spaces and would review the Outline Business Case once submitted to Committee in the new year. **Project Director**

Transport to South Glasgow University Hospitals Campus

Mr Niall McGrogan, Head of Community Engagement and Transport, attended to present to members the transport plans as part of the new hospital's On the Move communication exercise. A section had been created on Staffnet and set out five travel options for staff, including cycling and walking, public transport, park and ride, car share and car parking.

Mr McGrogan took members through each in detail and in particular, highlighted the dedicated public transport road on the hospital site leading to a public transport superstop at the front door of the new adult hospital and adjacent to the front door of the new children's hospital. This area was to be known as Arrival Square. The

area would have four bus shelters with real time information, seating and lighting, and accessible kerbing to ease boarding/alighting vehicles. In addition, as part of the planning agreement with Glasgow City Council, the NHS Board was making available [redacted] to secure some improvements to public transport serving the site. Strathclyde Passenger Transport kindly agreed to undertake the tendering and procurement process on behalf of the NHS Board. It was anticipated the new services would be commissioned to commence from early May 2015.

The NHS Board continued to work with Glasgow City Council, Renfrewshire Council and Strathclyde Passenger Transport to progress all elements of the Fastlink Project. This was a bus rapid transit scheme whereby road space is either allocated or prioritised for use by high quality buses. It was anticipated that the service would run on improved roads from the City Centre's three public transport interchanges out to the new hospital and on to Braehead. Not all aspects of the work had progressed, in particular the City Centre infrastructure works, the remodelling of Govan Subway and Bus Station and the route out to Braehead in time for the opening of the new hospitals. However, good progress was being made in other areas which should allow the service to commence in 2015, particularly the work in the west which was likely to be important in attracting bus operators to run services to Arrival Square and through the site.

Members welcomed the update on the proposed transport plans to serve the new South Glasgow University Hospital campus.

Visit to the National Children's Psychiatry In Patient Unit – New Children's Hospital

A number of Members had undertaken a visit to see the Child Psychiatry Inpatient Unit on the fourth (top) floor of the new Children's Hospital following concerns that had been raised at previous Quality and Performance Committee meetings about safety aspects of the location of this Unit.

Full risk assessments with the clinical staff were still to be undertaken and these would be key in planning and managing the use of the space with the children being cared for in this Unit.

Mr Fraser accepted that the risk assessments were still to be undertaken. He had enjoyed the visit and noted the separate entrance for the children accessing the Unit.

Dr Lyons had submitted written comments and had indicated that he felt that children and their parents should be involved in suggesting how to utilise the space between the glass partitions and the central banister. He had concerns about the roof garden and that staff would need to observe children, for safety reasons, which may then limit availability of access to the roof garden. He was concerned about the idea of a separate entrance and felt this worked against the integration of functions and overall he was not convinced that the siting of the Unit was appropriate.

Rev Dr Shanks commented that he had also visited the site and felt that due process had been carried out and that the Chief Executive had given explanations around that due process which included the involvement of clinical staff in determining the location of the site.

Mr Calderwood had advised that workshops had been held and the outcome had

been that incorporating the Unit into the new Children's Hospital had been agreed with the clinical team, the important part now was that the current clinical users were required to undertake a full risk assessment of the unit and put in place plans and protocols in its use, recognising the concerns that had been identified and those which they highlighted as part of the risk assessment process. Mr Stephen McLeod, Head of Specialist Children's Services, highlighted that the Unit was for 12 year olds and under and the Unit would have a high staff to patient ratio. The care in the Unit would be in conjunction with stays at home and attending school, and quite often the length of stay of a patient within this Unit was short.

The overall concerns remained for some members, however it was accepted that the clinical staff would work through their risk assessment work following the visit they had planned to the site in December and there would be a report back to the Quality and Performance Committee on the outcome of the risk assessments undertaken. **Project Director**

DECIDED

1) That the progress of Stage 3 (construction of the Adult and Children's Hospitals), the Teaching and Learning Centre and the new staff accommodation (office) building be noted.

2) That the car park completion strategy recommendations be approved. **Project Director**

3) That the developing transport plans to support access to the South Glasgow University Hospital campus be noted.

4) That the risk assessment to be carried out by clinical staff in the Child Psychiatry Inpatient Unit be undertaken and submitted to the Committee for information. **Project Director**

157. HUB PROGRAMME UPDATE

There was submitted a report [Paper No: 14/131] by the Head of Capital Planning which provided an update on the feasibility study process for health and care centres with a view to prioritisation in anticipation of funding from the Scottish Government Health Directorate (SGHD).

In April 2014, the feasibility study process for the prioritisation of potential partnership projects for revenue funding from the SGHD through the Hub model was undertaken. The programme provided professional resource to CH(C)Ps to investigate and explore proposals for investment in detail and to examine service delivery opportunities, project deliverability and financial viability. Initially, ten projects were assessed and scored by considering the weighted aspects of assessment of the estate (10%); patient experience (10%); local strategic fit (10%); deliverability (30%) and financial assessment (40%).

From this process, three projects emerged – health and care centres at Clydebank, Greenock and Parkhead. In September 2014, SGHD notified the NHS Board that up to [redacted] of capital equivalent would be provided for a further health centre. As a result, the process to date had to be revisited and updated in order to identify a clear priority for funding.

A healthcare planner was engaged to examine in further detail the service model for each proposal and to drive operational efficiencies through investigation and

challenge of baseline data. There was a high level of engagement with staff from the CH(C)Ps, GPs and practice staff, and all service leads involved in planning of the prospective new facilities. In determining the service profile for each new build, the activity data was interrogated in some detail using UK best practice benchmarking. This enabled the CH(C)Ps to test out with service users the planned activity, efficiencies and room utilisation in each facility. Each potential project was then reassessed using the original scoring and weighting system and at that stage, Parkhead Health and Care Centre was eliminated from the process as the timescale for delivery of the project was outside the parameters for this cycle of the programme.

This led to a revised scoring for Clydebank and Greenock which ranked Greenock Health and Care Centre in the final consensus scores ahead of Clydebank.

The NHS Board's electronic asset management system advised that to bring the existing Clydebank and Greenock Health Centres to an acceptable level over the next ten year period would require [redacted] for Clydebank and [redacted] for Greenock.

The total capital required to deliver each project which covered the site costs, furniture and equipment and sub-debt investment was estimated as:- Clydebank - [redacted] and Greenock - [redacted]

In relation to the annual revenue implication for each project, this was estimated as follows:- Clydebank [redacted] per annum additional costs and Greenock [redacted] per annum reduction in costs.

Mr Curran presented the summary update on the feasibility studies for Clydebank and Greenock and took members through the detail of each scheme.

The Convener advised that Members had received a copy of Councillor Martin Rooney's letter dated 17 November 2014 to the Chief Executive in which he raised a number of points in relation to aspects of the feasibility study and scoring and advised that Councillor Rooney believed the Committee should scrutinise the report and then refer the matter to the NHS Board for decision. Councillor Rooney would also be submitting a motion calling for the Scottish Government to commit to providing funding support to allow both Clydebank and Greenock Health Centres to progress.

Dr Benton, who reminded members that she was the Deputy Chair of West Dunbartonshire CH(C)P, queried the health and safety assessment and also the stated fact that there were no public objections to the location of the new Clydebank Health and Care Centre, and therefore, questioned if this would make a difference to the scorings. Mr Curran advised that there were health and safety/asbestos concerns with both current health centres. He agreed that no formal stakeholder engagement had been undertaken thus far, and it would be during that process that any issues would be highlighted one way or another in relation to the proposals. The Outline Business Case would cover these issues.

Mr Daniels commented that he did not believe this report was for noting and that due consideration should be given to the points raised by Councillor Rooney in his letter dated 17 November 2014 to the Chief Executive.

Ms Micklem enquired about the scoring/weighting which had identified the financial aspects at 40% but the local strategic fit at 10%, and wondered if this was following a national model. Mr Curran advised that the weightings had been

determined between January and April 2014 with the CH(C)Ps locally and had not been influenced by any national system/model.

Members went through, in detail, Councillor Rooney's comments in relation to health and safety/asbestos; the high score against the risk of public opposition to the site for Clydebank, however, to date there had been no opposition voiced; there was widespread support for the new Clydebank Health Centre ranging from the public, local councillors, MPs and MSPs; the risk of additional abnormal costs arising in respect of the Greenock scheme and, that the score for Clydebank should be influenced by the fact that the site was flat and remediated and that the Council had committed £15m towards the regeneration of the Queen's Quay; the regeneration work at Queen's Quay and the adjacencies which would be developed as Queen's Quay site became the civic heart of Clydebank; the commitment by West Dunbartonshire Council to identify an area within Queen's Quay equivalent to [redacted], available at no cost to the Board, to build the proposed Clydebank Health Centre replacement; the likely connections that would be made with much-needed capacity to facilitate the delivery of the Board's Clinical Services Review objectives within the Clydebank area; the heavy weighting of finance which appeared to show that the Clydebank scheme might appear less financially attractive however, as the figures were estimates, both the capital and revenue figures were well within the margins of error; and lastly, the need to utilise this opportunity now to see the development of the new Clydebank Health Centre as it could be some years before the NHS Board had access to appropriate capital/revenue funding to commit to such a scheme in the future.

Councillor McIlwee intimated that he valued officers' commitment to the process which had been undertaken since April 2014 and he would not wish to undermine any other projects under consideration and the process agreed should be allowed to run its course.

Mr Sime supported this view and reminded Members that they had been asked to note the process to date, not to make any decisions and the NHS Board had clear arrangements for delegating the approval of Outline Business Cases to the Quality and Performance Committee. Mr Winter supported this view.

Mr Calderwood appreciated that this was a difficult situation where the funding was not available for both, very worthy and very much desired projects. He had chaired the meeting with Mr Curran and the two CH(C)P Directors in agreeing the criteria and he hoped that the paperwork submitted to the Committee showed the rigour in the process to date and the key part was now the development of the Outline Business Cases. He also acknowledged that the needs of Parkhead needed to be considered again in future to ensure that the appropriate range of services was available to that community.

Rev Dr Shanks felt that the discussion around Councillor Rooney's points had been fulsome and helpful, however, the process and transparency of that process had been fair and it was important that the Committee noted the position to date and awaited the development of an Outline Business Case.

The Convener summarised the outcome of the discussion that, overall, despite some Members considering that there should be a decision on which centre should be chosen for an OBC to be prepared, the Committee agreed to note the feasibility study process and would receive the submission of an OBC in due course for the Committee's approval based on the process.

Woodside Health Centre – Stage 1

Mr Curran provided an update on the development of Woodside Health Centre and following liaison with Glasgow City Council, the preferred site was Hinshaw Street, which was centrally located for the local population who would utilise the service and also had excellent public transport links.

However, a stage 1 report had been submitted by Hub West of Scotland on 8 October 2014, and this had highlighted a substantial increase in the cost from that originally agreed at the new project stage in May 2014. This increase was almost wholly attributable to costs for site abnormals and inflationary movement. SGHD advised that the funding gap would need to be filled by a capital contribution from the NHS Board. The options were to build in a capital contribution of [redacted] to the Capital Plan in 2016/17 or reduce the accommodation requirements to fit the current budget. The additional costs had been examined and deemed reasonable by the NHS Board's technical advisors, and in discussions, the Committee supported the option of building in the capital contribution of [redacted] to the Capital Plan in 2016/17.

Head of Capital Planning

Inverclyde Adult and Older People's Mental Health

Mr Curran's update paper reminded Members of the intention of seeking delegated authority from the Quality and Performance Committee to approving the Final Business Case to allow it to be considered by the Capital Investment Group on 20 October 2014. Unfortunately the procedure for how this project was to be contractually delivered had been changed and the Full Business Case was not required to be submitted to the Capital Investment Group in October 2014. Subsequent to the last meeting of the last Quality and Performance Committee, a directive from the Scottish Futures Trust outlined a different approach as to how this project should be bundled with the Eastwood and Maryhill contracts. This now required the use of a high value change mechanism and necessitated the alteration of some 50% of the original documentation and required the approval of the funder, Aviva. Hub West of Scotland and their advisors were now examining the implications of this change in the programme to financial close, the content of the Final Business Case and costs, and an update would be provided to Members at the next meeting.

DECIDED

1) That the content of the paper, together with the revised feasibility scoring for both Clydebank and Greenock Health and Care Centres, be noted. **Head of Capital Planning**

2) That the progress report on the Woodside Health Centre project be noted and it was agreed to build a capital contribution of [redacted] into the Capital Plan in 2016/17 to support this project. **Head of Capital Planning**

3) That the update on the Inverclyde Adult and Older People's Mental Health project be noted. **Head of Capital Planning**

158. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN:-

(a) 1 APRIL – 30 JUNE 2014

(b) 1 JULY – 30 SEPTEMBER 2014

There was submitted two papers [Paper Nos: 14/133a and 14/133b] from the Nurse Director setting out the actions taken by the responsible operational areas in response to recommendations made by the Scottish Public Services Ombudsman in investigative reports and decision letters.

NOTED

159. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (MID-YEAR REVIEW 2013/14)

There was submitted a paper [Paper No: 14/134] by the Head of Board Administration providing an overview of the handling and settlement of legal claims within NHSGGC in the 12 months from 1 October 2013 to 30 September 2014. The paper also provided background information in relation to the role of the Central Legal Office, the Clinical Negligence and Other Risks Scheme (CNORIS) and how significant claims were handled.

NOTED

160. MEDIA COVERAGE OF NHSGGC SEPT-OCT 2014

There was submitted a paper [Paper No: 14/135] by the Director of Corporate Communications highlighting outcomes of media activity for the period September – October 2014. The reported supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

NOTED

161. BOARD CLINICAL GOVERNANCE FORUM MINUTES AND SUMMARY OF MEETING HELD ON 27 OCTOBER 2014

There was submitted a paper [Paper No: 14/136] enclosing the minutes of the Board Clinical Governance Forum meeting held on 27 October 2014.

NOTED

162. UPDATE ON CAPITAL PLAN 2014-15 TO 2016-17

There was submitted a paper [Paper No: 14/137] by the Chief Executive setting out the progress against the planned capital projects.

NOTED

163. 2013-14 ANNUAL REVIEW: SCOTTISH GOVERNMENT FEEDBACK LETTER AND ACTION NOTE

There was submitted a paper [Paper No: 14/138] by the Chief Executive providing the Committee with the SGHD letter setting out the outcome of the NHS Board's 2013-14 Annual Review. The letter summarised the main points discussed and the actions arising from the review.

NOTED

164. DATE OF NEXT MEETING

9.00am on Tuesday 20 January 2015 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 1:30pm

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 20 January 2015 at circa 10.00am (to follow the Board Meeting)
in the Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting: 18 November 2014**	QPC(M)14/06
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 15/01
5	**Integrated Quality and Performance Report** Report of the Acting Head of Performance and Corporate Reporting	Paper No 15/02

SAFETY

6	**Healthcare Associated Infection: Exception Report** Report of the Medical Director	Paper No 15/03
7	**Information Management of Adverse Events: Update on Datix System** Report of the Medical Director	Paper No 15/04

PERSON CENTREDNESS

8	**Person-Centred Health and Care Programme - Update** Report of the Nurse Director	Paper No 15/05
9	**Response to the Vale of Leven Hospital Inquiry Report: Implementation of Recommendations** Report of the Chief Executive	Paper No 15/06 To Follow

MONITORING AND GOVERNANCE

10	**Financial Monitoring Report for the 8 Month Period to 30 November 2014** Report of the Interim Director of Finance	Paper No 15/07
11	**Future Arrangements for the Board and Related Committees: Proposals for Discussion** Report of the Director of Corporate Planning & Policy	Paper No 15/08

CAPITAL

12	**New South Glasgow Hospitals Development: Progress Update** Report of the Project Director – New South Glasgow Hospitals Project	Paper No 15/09
13	**Inverclyde Adult & Older People's Mental Health Continuing Care Facility: Full Business Case** Report of the Head of Capital Planning & Procurement	Paper No 15/10 To Follow
14	**Gorbals and Woodside Health and Care Centres – Update** Report of the Head of Capital Planning & Procurement	Paper No 15/11 To Follow
15	**HUB Programme Update** Report of the Head of Capital Planning & Procurement	Paper No 15/12 To Follow
16	**Mental Health Services and Estates Strategy** Report of the Interim Director of Glasgow City CHP and the Head of Capital Planning & Procurement	Paper No 15/13

FOR NOTING/INFORMATION ONLY

17	**Media Coverage of NHSGGC Nov/Dec 2014** Report of the Director of Corporate Communications	Paper No 15/14 To Follow
18	**Board Clinical Governance Forum Minutes - Meeting held on 8 December 2014**	Paper No 15/15

19	**Staff Governance Committee Minutes of Meeting held on 18 November 2014**	SGC(M)14/04
20	**Property Committee Minutes of Meeting held on 26 November 2014**	Paper No 15/16

21 Date of Next Meeting

9.00am on Tuesday 17 March 2015 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

QPC(M)15/01
Minutes: 01 - 21

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 11.00 am on Tuesday, 20 January 2015 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE (To Minute 14)
Ms M Brown (To Minute 11)
Dr H Cameron
Cllr M Cunning
Mr P Daniels OBE
Mr I Fraser (To Minute 15)
Cllr A Lafferty
Dr D Lyons
Ms R Micklem
Cllr J McIlwee
Mr D Sime (To Minute 11)
Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong (To Minute 14)
Mr R Calderwood
Ms R Crocket (To Minute 14)
Cllr M Devlin
Mr R Finnie (To Minute 12)
Mrs T McAuley OBE
Dr Robin Reid
Mr A O Robertson OBE
Rev Dr N Shanks (To Minute 12)

I N A T T E N D A N C E

Mr D Adams	..	Head of Planning, Performance, Mental Health Services
Mr A Curran	..	Head of Capital Planning and Procurement (For Minutes 13 to 16)
Mr R Garscadden	..	Interim Director of Corporate Affairs (To Minute 15)
Ms D Gillespie	..	Service Manager Mental Health & Wellbeing, Inverclyde CHP (For Minute 13)
Mr J C Hamilton	..	Head of Board Administration
Ms A Harkness	..	Director, Emergency Care & Medical Services
Mr J Hobson	..	Interim Director of Finance
Mr D Loudon	..	Project Director - South Glasgow Hospitals Development
Mr G Love	..	Property Manager, Acute Services Division (For Minute 12)
Ms M Macleod	..	Project Manager (For Minute 12)
Mr J Mitchell	..	Inpatient Service Manager Lead Nurse, Inverclyde CHP (For Minute 13)
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting
Mr I Reid	..	Director of Human Resources (To Minute 11)
Ms C Renfrew	..	Director of Corporate Planning and Policy (To Minute 11)
Ms H Russell	..	Audit Scotland

01. APOLOGIES

There were no apologies.

02. DECLARATIONS OF INTEREST

Councillor J McIlwee declared an interest as a Councillor on Inverclyde Council in the following items:-

Agenda Item 13 – Inverclyde Adult & Older People's Mental Health Continuing Care Facility: Full Business Case

Agenda Item 15 – Hub Programme Update

NOTED

03. MINUTES OF PREVIOUS MEETING

On the motion of Mr I Fraser and seconded by Ms R Micklem, the Minutes of the Quality and Performance Committee Meeting held on 18 November 2014 [QPC(M)14/06] were approved as a correct record subject to the following change to Minute 141 (4th paragraph, 2nd and 3rd lines):-

Delete:- "this could be considered further for other committees or areas of the NHS Board's work":

Insert:- "officers bringing reports to the Quality and Performance Committee should follow this example".

04. MATTERS ARISING

(a) Rolling Action List

NOTED

05. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No 15/02] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC's performance.

Of the 44 measures which had been assigned a performance status based on their variance from trajectory and/or target, 23 were assessed as green, nine as amber (performance within 5% of trajectory) and 12 as red (performance 5% outwith meeting trajectory).

The key performance status changes since the last report to the Committee were:-

- Cancer treatment waits 31 days – had moved from amber to green;
- Child and Adolescent Mental Health Services – had moved from red to green;
- Energy efficiency had moved from red to green;
- CO^2 emissions had moved to red to amber;

- Admissions to the Stroke Unit had moved from green to amber;
- Accident & Emergency maximum four hour waits had moved from amber to red;
- Antenatal care had moved from green to amber.

Exception reports had been provided to Members on measures which had been assessed as red.

In relation to antenatal care (SIMD) which moved from green to amber, Ms Micklem highlighted that the focus of the fluoride varnishing applications programme were being met in the most at-risk populations and therefore helping to address oral health inequalities and this narrowing of the gap over the last two years had been very impressive. In relation to the communication needs of deaf patients, new legislation was forthcoming and Ms Renfrew agreed to circulate to Members the current and developing arrangements in place for the provision of services to deaf people.

Director of Corporate Planning & Policy

Ms Brown asked about the issues with ensuring patients were discharged promptly from hospital. Ms Harkness advised that for non-complex discharges, monitoring was underway of the percentage of patients discharged by midday and particular focus had been paid to reducing waits for transport or to discharge prescriptions. There was a pilot underway in redesigning the work of the pharmacies across the Division, and the Scottish Government Health Department would be providing additional external support and advice from their experience in other areas. A particular area of focus was to bring about improvements at the Royal Alexandra Hospital, as it continued to struggle in meeting the national waiting time targets.

In relation to Ms Brown's enquiry about 12 weeks maximum wait for referral from new outpatient appointments in relation to General Medicine, there were patients waiting longer than 12 weeks across Orthopaedics, Neurology and Dermatology however, despite its reference within the exceptions report, there were no medical patients waiting over 12 weeks.

Members recognised the need to monitor and work towards the national and local targets however, as discussed at the last meeting, the Committee was keen to focus on the key priorities of the NHS Board to ensure significant effort was made in trying to meet these targets.

NOTED

06. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No 15/03] by the Medical Director providing information on the performance against the national targets for key infection control measures.

For Staphylococcus Aureus Bacteraemia (SABs), the most recent validated results for July to September 2014 demonstrated an SAB rate of 24.1 cases per 100,000 acute occupied bed days (AOBDs), which was below the national average of 32.3 cases per 100,000 AOBDs.

With regard to the Clostridium Difficile (C.Diff) rate for July to September 2014,

the NHS Board had a rate of 33.8 cases per 100,000 AOBDs which, again, was below the national average of 39.9 cases.

NOTED

07. INFORMATION MANAGEMENT OF ADVERSE EVENTS: UPDATE ON DATIX SYSTEM

There was submitted a paper [Paper No 15/04] by the Medical Director seeking approval of the new governance and management arrangements in relation to ensuring greater operational effectiveness in the deployment of the DATIX software modules in relation to incident reporting, complaints, legal claims, Freedom of Information requests and organisational risk.

In 2007/08, the NHS Board procured and implemented the DATIX software suite to provide electronic monitoring and recording systems for the applications mentioned above. Since the initial implementation the system has been slowly degrading, accumulating in a large number of complaints from service users. A Short Life Working Group (SLWG) was established to review the development needs so that the overall management of DATIX improved and was effective and sustainable. The report set out the key findings of the SLWG and following their implementation, the plan was that the Medical Director would become the Co-ordinating Executive, working in tripartite agreement with the Director of Human Resources and Director of Information and Technology to ensure corporate oversight of the DATIX system and its effectiveness. It was also intended to recruit a DATIX system manager in line with other comparable NHS Boards, and this post would be met from existing resources.

Ms Crocket advised that the improvements made to DATIX would assist nursing staff move towards a single recording system as currently other systems were required to be used i.e. the recording of tissue viability issues.

Ms Brown expressed concern at the over-use of the "other" category, particularly within East Renfrewshire, when recording incidents. This was not helpful in categorising incidents and highlighting themes or trends which required management attention/action. Dr Armstrong agreed that this needed to be reviewed as the functionality of DATIX was such that there should not require to be heavy reliance on such a category of incident. **Medical Director**

DECIDED

1) That, the new governance and management arrangements to ensure greater operational effectiveness and deployment of the DATIX software modules be approved. **Medical Director**

2) That, the costs of the new post be accommodated within the new organisational structure process be noted. **Medical Director**

08. NATIONAL PERSON-CENTRED HEALTH AND CARE COLLABORATIVE – STRATEGIC REPORT AND WORK PLAN

There was submitted a paper [Paper No 15/05] by the Nurse Director setting out the current position on the NHS Board's progress in implementing the National Collaborative for Person-Centred Health and Social Care. This was the ninth report highlighting the work undertaken within NHSGGC under the National Person-Centred Health and Care Collaborative. It described the progress made locally with the pilot improvement teams in clinical services within NHSGGC. This report covered the period of September to October 2014 and as had been requested, had been kept brief this month, with the fuller report available on request.

Two new improvement teams had been added since the last reporting period, namely Ward 6 at the Royal Alexandra Hospital and the Pain Service at Stobhill Hospital. This meant that there were 32 clinical teams involved in the collaborative. Over the reporting period there had been over 6000 responses from patients to questions within the "themed conversations" and 96% of the feedback indicated an overall positive care experience.

Dr Lyons very much welcomed the proactive approach by nursing staff in specialist dementia care wards of inviting relatives and carers to remain in the ward during meal times. This had proven to have positive benefits for patients, families and ward staff.

Ms Micklem found the summary document very clear, but, in recognising the importance of this work and the issues it raised, would welcome a return to a slightly fuller report at future Committee meetings and emphasised that so often, learning was driven by situations where things had not gone well.

Mr Finnie welcome the proactive learning from this type of engagement however, had wondered whether the issues of concern raised were replicated within the receipt of complaints and also whether there was any evidence of any downturn in the number of complaints within the areas of responsibility of the 32 teams who were now actively involved in the collaborative. Ms Crocket indicated that the feedback did mirror aspects of complaints and she would see what information was available for a future report in relation to any downturn in complaint numbers from these areas. **Nurse Director**

NOTED

09. VALE OF LEVEN HOSPITAL INQUIRY: IMPLEMENTATION OF RECOMMENDATIONS

There was submitted a paper [Paper No 15/06] by the Chief Executive seeking endorsement of the submission sent to the Scottish Government Health Directorate (SGHD) on 19 January 2015 in relation to NHSGGC's position in terms of implementing the 65 Scottish NHS Board recommendations from the Vale of Leven Hospital Inquiry report.

As Members were aware, the Vale of Leven Hospital Inquiry was set up by Scottish Ministers to investigate the occurrence of C.Difficile infection at the Vale of Leven Hospital and the Inquiry was tasked with investigating the deaths associated with C.Difficile which occurred between 1 December 2007 and 1 June 2008. The Vale of Leven Hospital Inquiry report was published on 24 November

2014 and made 75 recommendations; nine for the Scottish Government, one for the Crown Office and 65 for NHS Boards in Scotland. The report stated that the adoption of the recommendations should result in a significantly improved focus on patient care and, in particular, on the care of patients who contract an infection such as C.Difficile.

SGHD set up a process to monitor each NHS Board's assessment and implementation against the 65 recommendations and a guidance note and national template were provided and NHS Boards were required to describe the current position/progress towards implementing each recommendation and, where relevant, provide supporting evidence and examples of good practice.

As had been agreed at the December 2014 NHS Board meeting, the draft template was sent to NHS Board Members via email on 13 January 2015 for comment and following detailed and helpful comments, the document was amended and signed off by the Chief Executive and submitted to SGHD on 19 January 2015 as required.

Mr Calderwood intimated that in submitting the completed template to SGHD, the NHS Board had highlighted a number of issues on which it sought further clarity or further discussion with SGHD in terms of progressing specific recommendations to full implementation. SGHD had acknowledged receipt of the template and indicated that they would consider the points raised.

Mr Fraser welcomed the full response and the very clear setting-out of what further action was required to be carried out to fully meet the specific recommendations.

Dr Cameron referred to recommendations 7 and 8, in relation to the current restructuring, and asked if the Chief Executive could update Members on the progress made to date. Mr Calderwood acknowledged that not all substantive senior managers would be in the new posts by April 2015. Appointments had been made to the Chief Officer positions within Integrated Joint Boards; within Acute Services, Directors had been appointed for South and North, Diagnostics, Women's & Children's and Facilities. This left two vacancies; Directors for Clyde and Regional. The Director of Finance interviews were to be held on 23 January and recruitment had commenced for the Director of Human Resources and Organisational Development post. The general manager structure would not be completed by the Spring and there were a number of acting arrangements in place and he would report back to the Board in April 2015 on the updated position. Ms Harkness advised of the transition plans and processes being developed to ensure all areas were covered and that handover arrangements between senior staff were comprehensive and there was clarity as to who was responsible for what areas within Acute Services during this time of change. Ms Brown emphasised that a major challenge during a time of significant organisational change was ensuring that existing services continued to be managed appropriately and effectively.

Chief Executive

The requirement to ensure that there was 24 hour cover for infection prevention and control seven days a week and that contingency plans were in place for leave and sickness absence was reliant on out-of-hours service being provided by the on-call consultant microbiologist. This recommendation would be further discussed with the SGHD in relation to responses from other NHS Boards.

Dr Reid enquired about the need for more consultant involvement in death certification and Dr Armstrong advised that a group had been set up to review online death certification processes and this was being taken forward by Ms J Murray, Director of East Renfrewshire CH(C)P and Dr A Mitchell, Clinical Director.

Further discussion would also be held with SGHD in relation to the impact of the twice-annual junior doctor recruitment process to ensure clinical models of care were consistent with staffing and the need to maintain expertise and excellent training.

DECIDED

- That, the submission sent to SGHD on 19 January 2015 on NHSGGC's position in relation to implementing the 65 Scottish NHS Board recommendations from the Vale of Leven Hospital Inquiry report be endorsed.

10. FINANCIAL MONITORING REPORT FOR THE 8 MONTH PERIOD TO 30 NOVEMBER 2014

There was submitted a report [Paper No 15/07] by Interim Director of Finance that set out the NHS Board's financial performance for the eight month period to 30 November 2014.

Mr Daniels acknowledged the Scottish Government's announcement of [redacted] being set aside over the next three years for delayed discharges, and Mr Calderwood advised that in 2015/16, [redacted] would flow to Scotland as health-related expenditure as part of the Barnett consequences and this would be ring-fenced and provided as an additional allocation to Integrated Joint Boards.

Mrs McAuley enquired about the staffing cost savings and Mr Hobson advised that Acute Services and the Partnerships submitted consolidated monthly reports for review and validation prior to submission to the SGHD and this area was monitored very closely. Mr Finnie enquired about the recovery due from NHS Highland, and Mr Calderwood advised that it had been intimated to him that the NHS Board would receive the [redacted] due in 2015/16 with the outstanding sum due over the next two financial years thereafter.

In relation to anticipated figures at the end of December 2014, the overspend was predicted to be [redacted]

NOTED

11. FUTURE ARRANGEMENTS FOR THE BOARD AND RELATED COMMITTEES: PROPOSALS FOR DISCUSSION

There was submitted a report [Paper No 15/08] by the Director of Corporate Planning and Policy seeking comments on a proposed approach to future arrangements for the NHS Board and related Committees. Integrated Joint Boards were in the process of being established and there had been a number of discussions with NHS Board Members about the future arrangements for the NHS Board and its related Committees. The intention was in seeking Non-Executive Members comments, that a final report be submitted to the NHS Board for approval.

The report set out the key responsibilities of the NHS Board and the support arrangements from the sub-committees to assist in discharging the responsibilities in relation to staff governance and audit. The NHS Board Members would continue to meet in informal development mode to discuss issues such as strategic planning,

equalities, public health and financial strategy issues.

The responsibilities of the Integrated Joint Boards had also been set out together with the intention to move to an Acute Quality and Performance Committee, which would have responsibilities similar to the current Quality and Performance Committee but covering Acute Services and those responsibilities discharged on behalf of the whole NHS Board. In addition, Members had been contacted about keeping the monthly meetings of the NHS Board and Acute Quality and Performance Committee meeting until the mid-point of 2015/16, after which a review would be undertaken in terms of the need for any further changes to the frequency of meetings and responsibilities of the Acute Quality and Performance Committee.

It was not thought that the Integrated Joint Boards (IJBs) would submit their minutes to the NHS Board; they were not sub-Committees of the NHS Board. However, there needed to be consideration of how best key and relevant issues from IJBs were reported to the Board. The IJBs would have a role in planning specific acute services and performance monitoring, they would have responsibilities for how their own population used the acute services and therefore different levels of reporting would be required for local scrutiny by IJBs.

Mr Finnie highlighted the dual role of Non-Executive Members sitting as NHS Board Members and also as members of IJBs. Connectivity to the NHS Board via IJBs needed to be considered as did the question of how a Board Member sought assurance from the sub-Committees of the Board if they were not just relying on receiving the minutes of the sub-Committee. The summaries of the minutes produced by the Staff Governance Committee and the Clinical Governance Forum were viewed as good practice and should be considered for future reporting on the work of sub-Committees to the NHS Board. Dr Reid enquired about a situation where an Integrated Joint Board was in an underspend position and Mr Calderwood advised that they would retain the underspend for use in the following year.

Dr Armstrong stressed the importance of clinical governance in relation to the IJB, and the important role played by the Clinical Governance Forum, Clinical Directors and the clinical governance structures within Acute Services and the six Integrated Joint Boards. Keeping these structures in place was essential to provide the necessary assurance in relation to key clinical governance priorities and challenges.

DECIDED

- That, the future arrangements for the NHS Board and its related committees be worked up further and submitted to the NHS Board at a later date for approval.

Director of Corporate Planning & Policy

12. NEW SOUTH GLASGOW HOSPITALS DEVELOPMENT: PROGRESS UPDATE

There was submitted a report [Paper No 15/09] by the Project Director – New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals). In addition, the paper covered the progress made on the NHS Board's retail strategy and also consideration of the outcome of the risk assessment of the Children's Psychiatry Ward within the new Royal Hospital for Sick Children.

As of 12 January 2015, 199 weeks of the 201 week contract had been completed and the project remained within timescale and budget and the handover date remained as 26 January 2015. The builder's work within both hospitals was nearing completion and the focus was on the rectification of items which had been identified as snags, and the cleaning of the hospital in preparation for the handover. In relation to the handover, Mr Loudon stressed that this had been planned for 12 noon on Monday 26 January, however, this was wholly dependent on the temporary completion certificate being signed off by Glasgow City Council.

In preparation for the handover, discussions were being held with the contractor in relation to access control, security, fire and the project team was ensuring that the contractor had completed the Building User Guide which would sit alongside the NHS handbook for the site. The last staff tours of the hospital had taken place prior to the festive season, and no further tours were being arranged so that the contractor had the opportunity to close down all areas once they had been cleaned. Induction arrangements for staff who would be transferring to the new hospital had been finalised and the Medical Illustration Department had prepared an induction DVD to be shown at these sessions. The orientation of staff into the buildings was being carried out on a train-the-trainer approach and the project team would orientate the service transfer users who would in turn be responsible for orientating their staff in their area of service in the building. A detailed project plan which captured all the activities required to take place within the 12 week commissioning period had been prepared.

The Teaching and Learning Centre remained on programme and on budget for completion by the end of May 2015 and the construction of the new Administration Block remained on programme and on budget for completion in April 2015.

The Convener and Members of the Quality and Performance Committee congratulated Mr Loudon and the project team on an outstanding achievement in managing this huge publicly-funded hospital development project within budget and within the projected handover date, some five weeks earlier than the original plan. It was acknowledged that the congratulations were due to the previous Project Director and all team members who had contributed, over the last five years, to the successful delivery of this contract, and Mr Winter, in emphasising this, viewed this as a great team success with excellent working relationships with the main contractor, Brookfield Multiplex.

Retail Strategy - Update

The report included an update on the results of the Retail Strategy tender process which followed on from the previous papers presented to the Committee in July and September 2014.

An Evaluation and Selection Group was convened to assess and score the submitted proposals and the preferred occupiers were noted as follows:-

Unit 1 – M&S (operated by WH Smith)

Unit 2 – WH Smith

Unit 3 – Camden Food Co (operated by SSP)

Unit 4 – To be confirmed

Unit 5 – Souped Up and Juiced

Unit 6 – Aroma Cafe

Unit 7 – Yorkhill Children's Charity

Mr Loudon went through the process from notification of interest, the NHS Board's intentions for the services to be provided from each unit, the tender process, evaluation process and outcome.

The preferred retailers had been notified on 28 November 2014 and 11 December 2014, and Unit 4, which had been set aside for negotiations with trade unions, saw discussions being continued with Unison in relation to its intentions for the use of this space.

Ms Micklem enquired about how the retailers would be monitored in terms of complying with the NHS Board's specification and healthy eating requirements. Mr Loudon advised that a Monitoring Group would be formed to assess compliance with the tender specification and national and local standards.

Risk Assessment of Children's Psychiatry Ward in the Royal Hospital for Sick Children

The report advised Members of the findings of the clinical team following their visit to the Child Psychiatry Ward in the new Hospital for Sick Children on 10 December 2014. The clinical team members on the visit included the service manager, consultant psychiatrist, senior nursing staff, psychologist and staff from health and safety. The key issues to be considered were patients at risk from self-harm/suicide; patient safe entry/exit from ward; the outdoor garden; and managing violent and aggressive patients.

The clinical team highlighted a number of risks during their visit which the contactor had been requested be removed or improved.

Dr Lyons asked that the separate entry to this ward be used only in exceptional circumstances and hoped that staff would encourage the use of the shared entry to avoid any stigmatisation.

Ms Micklem expressed concern that the removal of hand rails and back rests from the patient en-suite shower rooms could disadvantage the independence of disabled patients and highlighting that this was a rare event was not relevant. Ms Macleod advised that a bathroom was still available with the hand rails and back rest and that they had only been removed from en-suite facilities.

NOTED

13. INVERCLYDE ADULT & OLDER PEOPLE'S MENTAL HEALTH CONTINUING CARE FACILITY: FULL BUSINESS CASE

There was submitted a paper [Paper No 15/10] by the Head of Capital Planning and Procurement providing Members with a copy of the Full Business Case for the Inverclyde NHS Adult and Older People's Continuing Care Beds for Mental Health. This project was to be delivered by Hub West of Scotland as part of the Scottish Government's approach to the delivery of a new community infrastructure.

The Quality and Performance Committee had approved the Outline Business Case in January 2014 and this had subsequently been approved by the SGHD Capital Investment Group in March 2014.

At the last meeting of the Quality and Performance Committee, a paper had been submitted which reported that a directive from the Scottish Futures Trust outlined a different approach as to how this project could be bundled with the Eastwood and Maryhill contract. This was reviewed in terms of costs and other considerations and ultimately it was considered that the best option was to pursue the Inverclyde project as a standalone project.

The scope of the project was to provide a new Inverclyde facility which included:-

- Elderly Mentally Ill – 30 beds including 24 NHS continuing care beds for patients with dementia and 6 NHS continuing care beds for patients with dementia and co-morbid conditions;
- Adult – 12 NHS continuing care beds;
- Social enterprise space including cafe/servery and hairdresser;
- Treatment rooms;
- Multipurpose social spaces for male and female patients.

The existing provision of continuing mental health care beds were provided on the lower part of Ravenscraig Hospital, Greenock. The two wards where services were delivered were beyond their life expectancy and no longer fit for purpose. The principal driver of the project was the withdrawal by the NHS Board from Ravenscraig Hospital site in 2016.

Mr Curran highlighted the changes since the Outline Business Case and the benefits criteria.

Members welcomed this proposal and Councillor McIlwee recognised that this had been a lengthy and difficult proposal to pull together however, he was delighted to see the likelihood of the start of the project in April 2015 leading to the closure of the unsatisfactory wards at Ravenscraig Hospital in 2016.

DECIDED

- That, the Full Business Case and associated documentation be submitted to the Scottish Government Capital Investment Group for decision be approved. **Head of Capital Planning & Procurement**

14. GORBALS AND WOODSIDE HEALTH AND CARE CENTRES – OUTLINE BUSINESS CASES

There was submitted a paper [Paper No 15/11] by the Head of Capital Planning and Procurement setting out the progress on the procurement of Stage 1 of Woodside and Gorbals Health and Care Centres and proposals for delegated authority for the Outline Business Case (OBC) outwith meetings of the Quality and Performance Committee to ensure that the OBC was submitted to the SGHD Capital Investment Group meeting on 24 February 2015.

The projects were to be delivered by Hub West of Scotland as part of the Scottish Government's approach to delivery of new community infrastructure.

DECIDED

1) That, the progress on the procurement of Stage 1 for Woodside and Gorbals Health and Care Centres be noted.

2) That, the submission of the OBCs for Woodside and Gorbals Health and Care Centres to Members on 23 January 2015 and, if accepted, it be submitted to the Convener of the Committee on 30 January 2015 for approval, prior to submission to the SGHD Capital Investment Group by 3 February 2015, be approved. **Head of Corporate Planning and Procurement**

15. HUB PROGRAMME UDPDATE

There was submitted a paper [Paper No 15/12] by the Head of Capital Planning and Procurement asking Members to note the content of the paper, the revised feasibility scoring for both Clydebank and Greenock Health and Care Centres, and that Greenock Health and Care Centre was the project recommended for funding through the Hub Development Programme.

Following the Quality and Performance Committee meeting in November 2014, at which the letter of 17 November 2014 from the Council Leader of West Dunbartonshire Council had been considered, there was a further analysis by the Hub Feasibility Scoring Group, taking on board the points raised. The Scoring Group met in December and in January to revisit the proposals in relation to:-

- Patient experience;
- Local strategic fit;
- The asbestos-related issues in each existing facility;
- Deliverability.

The assessment of the estate and the assessment of the financial costs had been verified and remained unchanged.

Mr Curran took Members through each of the four areas and at the end of the reassessment, Greenock Health and Care Centre remained the recommended project for funding through the Hub Development Programme.

In response to Members' questions, Mr Calderwood advised that this had been a new process for the NHS Board and some thought would need to be given in future as to how to handle such projects. Normally, capital projects were brought forward by officers in relation to health and safety, fire, disability discrimination and other key factors, and the Capital Planning Group would review and make recommendations to the NHS Board.

It was also noted that West Dunbartonshire Council had written direct to the Scottish Government enquiring as to the possibility of additional funding to secure the provision of a new Clydebank Health and Care Centre.

NOTED

16. MENTAL HEALTH SERVICES AND ESTATES STRATEGY

There was submitted a paper [Paper No 15/13] by the Interim Director of Glasgow City CHP and the Head of Capital Planning and Procurement, seeking Members' approval for a Mental Health Services Strategy which delivered a number of strategic priorities including the Mental Health Clinical Services Review, addressed a number of suboptimal and temporary accommodation issues and made a significant financial efficiency contribution to Partnership medium-term financial plans.

Mr Doug Adams, Head of Planning and Performance, Mental Health, took Members through the paper from the 2001 Modernising Mental Health Strategy; the 2002 SGHD-approved consolidation of beds from North East Glasgow through the reprovision of the Parkhead Hospital beds on the Stobhill site, to the Clyde Modernising Mental Health Strategy and subsequent Vale of Leven consultation proposals.

The Mental Health Services and Estates Strategy sought the realignment of the inpatient estate to the Clinical and Service strategy as follows:-

- Finalise the North East Glasgow consolidation of beds at Stobhill Hospital and release the Parkhead Hospital site for disposal or alternative uses;

- Improved access for the Maryhill catchment area by transferring that activity from Stobhill to Gartnavel and mitigating the requirement for further additional new-build capacity at Stobhill;

- Reinstate Renfrewshire Older People's Mental Health Continuing Care Beds, temporarily located at the Mansionhouse Unit, back to Renfrewshire and release the Mansionhouse site for disposal or alternative uses;

- Consolidate Adult Mental Health Acute Beds for Renfrewshire and South Glasgow on the Leverndale Hospital site;

- Implement the bed model for Older People's Mental Health functional frailty to ensure compliance with age discrimination legislation;

- Implement a single site model for Addictions Beds to ensure the ongoing sustainability of inpatient provision for addictions;

- Enhance the suitability of medical cover out-of-hours through reducing the number of acute admission sites where this can be achieved with more modest implications for accessibility.

The total capital costs of the proposals for delivering the full package was [redacted] and transitional capital costs of [redacted] were required in 2015/16 to deliver the early transitional ward moves; this sum had already been allocated within the NHS Board's Capital Plan.

The revenue savings prior to capital charge costs were set out in the paper.

It was recognised that these proposals were linked to the Board's Clinical Services Strategy and there was a drive to ensure that the right beds were located in the right place; and that the clinicians support for the transitional moves was likely to be contingent on upfront Board commitment to the capital commitments to deliver the

full programme beyond the transitional moves.

DECIDED

1) That, the Mental Health Services and Estates Strategy and associated realignment of the inpatient estate set out in the report, be approved.	**Interim Director, Glasgow City CHP**
2) That, officers confirm with the Scottish Government Capital Investment Group that the [redacted] allocated within the Capital Plan can be applied to facilitate the interim moves outlined in this paper.	‘’ ‘’
3) That, the provision of a further [redacted] in the Capital Plan as an indicative requirement to deliver the full programme and that the Business Case Development Programme would confirm both the final investment requirement and phasing and that the [redacted] be included in the 5-year Capital Plan to deliver the programme, be approved.	‘’ ‘’
4) That, a further exploration of alternative funding options including Hub to deliver the full programme, be considered.	‘’ ‘’
5) That a further update be provided to the Quality and Performance Committee when finalised numbers and funding routes were confirmed.	‘’ ‘’

17. MEDIA COVERAGE OF NHSGGC NOV-DEC 2014

There was submitted a paper [Paper No 15/14] by the Director of Corporate Communications highlighting outcomes of media activity for the period November – December 2014. The reported supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

NOTED

18. BOARD CLINICAL GOVERNANCE FORUM MINUTES AND SUMMARY OF MEETING HELD ON 8 DECEMBER 2014

There was submitted a paper [Paper No 15/15] enclosing the minutes of the Board Clinical Governance Forum meeting held on 8 December 2014.

NOTED

19. STAFF GOVERNANCE COMMITTEE MINUTES OF MEETING HELD ON 18 NOVEMBER 2014

There was submitted a paper [Paper No SGC(M)14/04] enclosing the minutes of the Staff Governance Committee meeting held on 18 November 2014.

NOTED

20. PROPERTY COMMITTEE MINUTES OF MEETING HELD ON 26 NOVEMBER 2014

There was submitted a paper [Paper No 15/16] enclosing the minutes of the Property Committee meeting held on 26 November 2014.

NOTED

21. DATE OF NEXT MEETING

9.00am on Tuesday 17 March 2015 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 1.05pm

NHS Greater Glasgow & Clyde

Quality & Performance Committee **20 January 2015**

Paper No: 15/09

Report of the Project Director – New South Glasgow Hospitals Project

New South Glasgow Hospitals Development: Progress Update

Recommendation:

QPC Members are requested to note the progress on the New South Glasgow Hospitals Project, Teaching and Learning Facility and New Office Accommodation building.

QPC Members are also requested to note the progress on the Board's Retail Plan.

QPC Members are requested to note the outcome of the risk assessment of the DCFP area within the new Children's Hospital and the responses noted to date.

Purpose of Paper

To inform the QPC Members of progress, provide update on the retail plan and to provide an update on the outcome of the risk assessment of the DCFP in the new RHSC.

Key Issues to be considered

QPC members should be aware that a number of risks are identified which could impact on the target completion date of 26th January 2015. For example;

- Temporary habitation certificate not issued by GCC;
- Commissioning of mechanical and electrical systems not completed or not certified;
- Adverse weather conditions impacting on labour conditions.

Any Patient Safety /Patient Experience Issues: None

Any Financial Implications from this Paper: None

Any Staffing Implications from this Paper: None

Any Equality Implications from this Paper: None

Any Health Inequalities Implications from this Paper: None

Highlight the Corporate Plan priorities to which your paper relates.

Author: David W Loudon
Tel No: [redacted]
Date: 12th January 2015
Quality & Performance Committee

Quality & Performance Committee – January 2015

Project Director – New South Glasgow Hospitals Development

NEW SOUTH GLASGOW HOSPITALS DEVELOPMENT

PROGRESS UPDATE

1. Introduction:

The content of this paper sets out the progress of each of the stages of the New South Glasgow Hospitals Development. The paper also includes a progress update on the Teaching & Learning Centre and New Accommodation (Office) Building.

2. New Adult & Children's Hospitals

a) Summary status of the works (as at 12th January 2015).

Stage 3 Start Date	28 March 2011
Stage 3 Target Completion Date	26th January 2015
Stage 3 Contract Duration (Revised Target)	201 weeks
Elapsed contract period at 12th January 2015	199 weeks
Period Remaining	2 weeks

b) General progress on site against programme

Phase	+/- In period	Comments
Stage 3 Adults & Children's Hospital Construction	0	Target handover date agreed as 26th January 2015. Maintaining progress this period.
Stage 3 Energy Centre Construction	0	Maintaining progress this period
Car Park 1	0	Maintaining progress this period against the target completion date of 26th January 2015.

c) Design

- No further design changes have been requested at this time.
- The Project Team have been reviewing and signing-off the Artwork on the walls.

d) Construction Progress

The builder's works within both hospitals is nearing completion and the focus is on the rectification of items which have been identified as snags and the cleaning of the hospitals in preparation for handover on 26th January 2015.

The main construction activities which are ongoing are in relation to the external soft and hard landscaping works. The block paving is now well progressed along the west elevation (NCH) and the areas to be planted out can be clearly identified. The arrival square area works have also progressed well in the period and the road layout at the arrival square can now be seen. The initial tarmacadam works to the roadway were carried out on the 9-11th January 2015 and final tarmacadam works are scheduled to take place on the 16th – 18th January 2015.

e) Internal Fit Out – Inspection Process

The quality control inspection process being undertaken by Capita (NEC3 Project Supervisors) is ongoing and to date, Capita have jointly inspected over 7289 rooms with circa 150 rooms remaining to be inspected and 163 risers to be inspected.

f) Completion Criteria

The NHS Project Team has been meeting regularly with BMCL in order that the NHS Project Team can monitor progress of the Completion Criteria. This is a list of the Inspections, Testing, Commissioning and Acceptances which BMCL need to obtain Practical Completion (PC) and thus enable the NHS Board to take possession of the hospitals.

g) Equipment

3. Group 5 Equipment (Imaging)

- Installation of new Diagnostic equipment is well underway: Fluoroscopy, Endoscopy and Interventional Labs are all completed, with CT Scanners and DEXA installations due for completion week beginning 12th January 2015.
- Installation of 13no. DR rooms is steadily progressing and scheduled to complete by 23rd February 2015
- Pre-installation works for Hybrid theatres commence week beginning 12th January 2015 with completion scheduled for 9th February 2015.
- Pre-installation works for all 4 MRI installations (3 new +1 transfer) are well underway with delivery of new MR equipment due on 19th January and completion of installations by 15th February 2015.
- Installation of SPECT-CT installations is scheduled to commence on 19th January 2015 for pre-installation works, delivery of equipment on 9th February 2015 and completion by 1st March 2015.
- The NHS Project Team continue to meet regularly with Imaging Directorate representatives in order to keep colleagues up to date on Group 5 Equipment progress and on other issues.

i. Transfer Equipment

- The Migration workbooks (MWBs) process is ongoing and the roll out of MWB version 4/5 is programmed to commence early February. The MWB version 4/5 will ask the STOs to have a final check over their equipment list and provides the STO with the detailed migration programme.

ii. Non Group 5 Equipment:

The Bill of Quantities (BoQ)has been updated following submission of formal Change Control Documents that have been used to update prices, quantities, additions and deletions to the BoQ over the last 6 weeks. A summary document of these changes has been developed for easy reference and will be discussed further with David Stewart and Grant Archibald at a meeting on 14/01/15.

The Directorates have all commented on a review of their top equipment expenditure and their comments have been taken on board by the procurement team and feedback provided to the Directors. A few additional requests for equipment have been referred to David Stewart and Grant Archibald for approval.

The team have been particularly focused on placing orders over the last three weeks and between October and December 2014 [redacted] of orders have been placed. A significant amount of the medical device orders will be placed during January as well as the remainder of non medical equipment.

As orders are placed the team are developing the deployment programme to ensure that the majority of equipment will be delivered into the hospital before the end of March to enable the Board to meet its financial obligations. Any equipment that cannot be delivered by end of March, but which is expected to be in place during April will be highlighted and tracked against the sum allocated for expenditure in 2015-16. Any equipment requirements identified late in the process will be dealt with on a case by case basis.

The Procurement team have been working closely throughout with the Project Team to ensure equipment requirements are identified and the procurement route identified.

4. Handover

The NHS Project Team is in discussion with Brookfield to agree the plan for the handover of the hospitals on 26th January 2015 and post handover i.e. arrangements for access control, security, fire, etc.

The NHS Project Team is continuing to liaise with Brookfield to ensure that the Building User Guide has been concluded prior to handover. The Building User Guide will sit alongside the NHS Handbook which is currently being finalised.

The last staff tours of the hospitals took place prior to the festive break. No further staff tours are being arranged so that Brookfield has the opportunity to fully close areas down once they have been cleaned.

The induction arrangements for staff who will be transferring to the new hospitals have been finalised. The induction sessions will be held in the Laboratory & Medicines Management Building and will take place in the following 3 tranches:

- The first tranche is specifically for those staff who will be relocating into the building immediately after handover i.e. Project Team, Procurement Team, etc. This induction session has been programmed to take place prior to the building handover.
- The second tranche is specifically for the Service Transfer Owners and sessions have been arranged to take place on 2nd, 3rd and 4th February 2015. Seven induction sessions have been arranged for the STOs and the online booking system for STOs to book onto a session is up and running. Special induction sessions have also been identified for STOs who require training on the hoists/baths.
- The third tranche is for all staff who will be transferring into the hospitals who have not already attended an induction session. These induction sessions will commence 4th February and conclude on 10th April. Sessions will be provided 7 days a week and there will generally be 2 sessions on any given day however some days will also offer a 3rd session in the evening so as to enable staff who work on shift patterns to attend.

Staff who attend the induction sessions will be provided with their access pass at the end of the session. Due to the volume of staff who are required to receive an induction into the new hospitals the Project Team and SGH Medical Illustration Department have prepared an Induction DVD to be shown at the sessions.

The orientation of staff into the buildings is being carried out on a "Train the Trainer" approach. The Project Team are responsible for orientating the STOs and the STOs will then be responsible for orientating the staff in their area of service into the buildings.

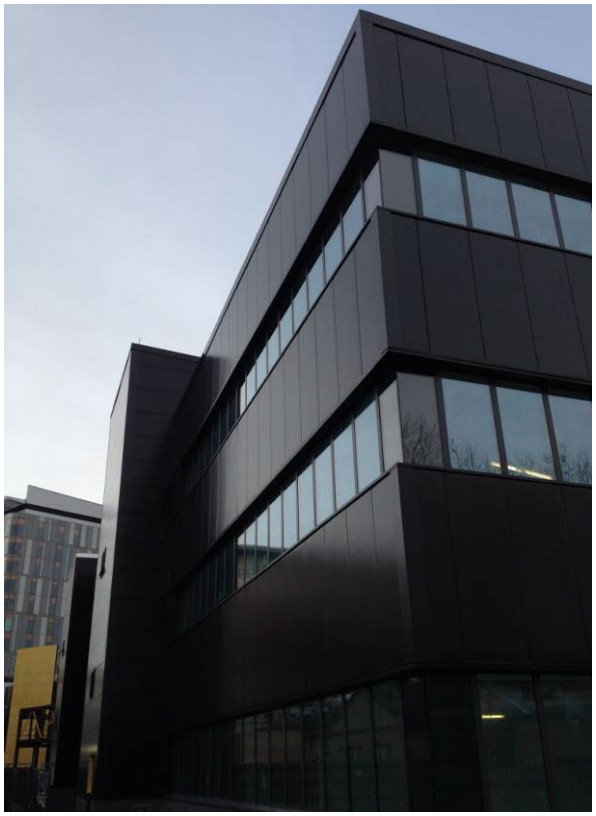
A detailed project plan which captures all the activities which need to take place within the 12 week commissioning period has been prepared.

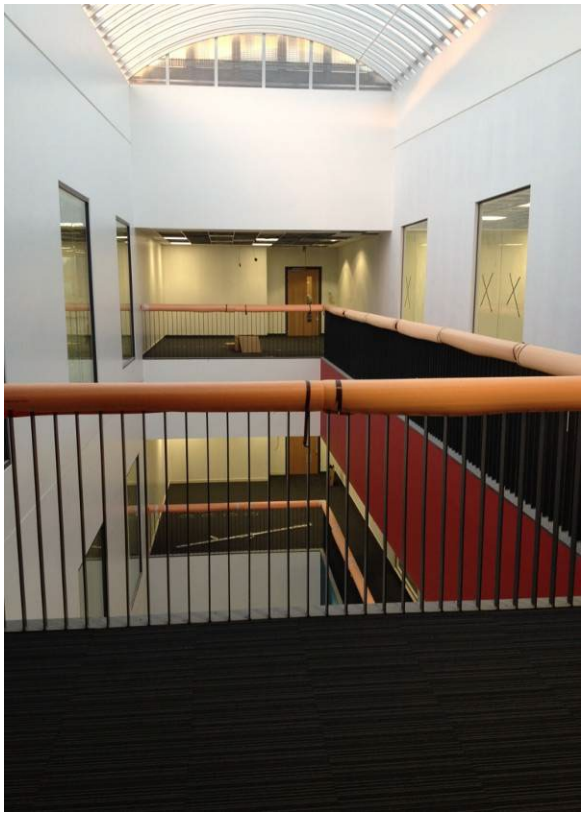
iii. Teaching and Learning Centre

- The construction of the Teaching & Learning Centre remains on programme and on budget for completion by end May 2015.
- The external cladding installation is ongoing to all elevations. The zinc cladding is nearing completion and anticipated to be completed by the end of January 2015.
- The "gold" mesh cladding to the lecture theatre drum is ongoing and nearing completion.
- The mechanical & electrical installation is ongoing and power is now on to the building.
- The internal fit out is progressing on all floors on all floors.

iv. New Staff Accommodation (Office) Building

- The construction of the New Administration (Office) Block remains on programme and on budget for completion by April 2015.
- The mechanical & electrical installation is ongoing and power is now on to the building.
- The internal fit out is progressing well on all floors.
- The raised Access flooring installation is now complete.
- The Lift installation is now complete and commissioning will take place as soon as the copper lines have been installed.
- Commissioning of the building has commenced





v. Neuro-surgical Entrance

The site preparation and enabling works for the Neuro-surgical entrance alterations commenced on 12th January 2015. The site hoarding works was also started on 12th January 2015. The Neuro-surgical entrance works currently has a 57 week programme.

vi. Energy Centre

- The commissioning of the mechanical and electrical systems continues to progress in line with the SEPA Permit.

5. Overall Budget Update, Key Risk Update and Compensation Events

The Overall Budget, Key Risk and Compensation Events updates have not been included in this report as, in accordance with the agreed governance arrangements, this information needs to be approved by the Acute Services Strategy Board (ASSB) before being presented to the Quality and Performance Committee. The next ASSB is scheduled to take place on 10th February 2015 therefore a full update will be provided to the March Quality and Performance Committee meeting.

6. Recommendation:

Members are asked to:

- note progress of Stage 2 (Design Development of the New Hospitals);
- note progress of Stage 3 (construction of the Adult and Children's Hospitals), the New Teaching & Learning Centre and the New Staff Accommodation (Office) Building;
- note the outcome of the retail strategy;
- note the outcome of the risk assessment of the child psychiatry ward.

Author; David W Loudon, Project Director, New South Glasgow Hospitals Development
Tel No: [redacted]
Date : 12th January 2015

APPENDIX A – Retail Strategy
Report of the Property Manager

South Glasgow University Hospital and Royal Hospital for Sick Children

Retail Strategy Update

Executive Summary

The purpose of this paper is to present the results of the SGUH and the RHSC Retail Strategy tender process to the Quality & Performance Committee, which follows on from the previous papers presented to this Committee on 1st July and 16th September 2014.

An Evaluation & Selection Committee was convened to assess and score the proposals, and the preferred occupiers are noted in the table below:

UNIT	OCCUPIER
Unit 1	M&S (Operated by WH Smith)
Unit 2	WH Smith
Unit 3	Camden Food Co. (Operated by SSP)
Unit 4	To be Confirmed
Unit 5	Souped Up & Juiced
Unit 6	Aroma Coffee
Unit 7	Yorkhill Children's Charity

The Quality & Performance Committee is asked to note the outcome of the tender process and endorse the preferred occupiers.

1. Introduction

The paper provided to the Quality & Performance Committee (Q&PC) on 1st July 2014, recognised that the NSGH Retail Strategy brings the opportunity to develop a planned approach to the provision of retail services that reflect a mixed economy with the benefits of both commercial and social benefit rental models considered. At the Q&PC on 16th September 2014, it was outlined the steps that would be taken to tender the retail services available at the South Glasgow University Hospital (SGUH) and the Royal Hospital for Sick Children (RHSC).

This paper outlines the tender process and subsequent evaluation of the bids as well as the outcome and subsequent recommendations.

2. Notification of Interest

NHSGGC issued all existing occupiers within the existing Board leases with an invitation for expressions of interest in occupying space within the SGUH and the RHSC. The current occupiers contacted were as follows:

- WH Smith;

- Deco Coffee;
- RVS;
- League of Friends;
- Yorkhill Children's Charity; and
- Aroma Coffee.

NHSGGC'S retail consultants have circulated to all retail property agents in Scotland requests for notifications of interest and an advert was placed in the Herald, Commercial Property Pages on the 7th August, marketing the availability of the units. Strong formal expressions of interest have been received from the following potential occupiers:

- WH Smith;
- Marks & Spencer.
- Deco Coffee;
- RVS;
- Yorkhill Children's Charity; and
- Aroma Coffee.

It should be noted that whilst formal notifications were expressed by the above occupiers, a number of other notifications were received from other interested parties, via the retail consultants, who expressed interest in the tender process. It was, therefore, decided that these parties would also be invited to tender for the available units. In addition, trade unions had also noted an interest and were also notified.

3. Availability of Units / Uses sought

There were seven units available for occupation, five in the SGUH and two in the RHSC. The Board's Evaluation & Selection Committee identified specific uses for the five units in the NSGUH, noted below:

TABLE A	Use Sought
Retail Unit 1	High quality grocer.
Retail Unit 2	High quality newsagent (inc. a post box) who would also potentially operate a trolley service to the wards.
Retail Unit 3	Complementary to grocer, newsagent and Aroma Café.
Retail Unit 4	Committed Use – Not available.
Retail Unit 5	Complementary to grocer, newsagent and Aroma Café

Unit 4 was not made available to tender, as it was it was decided to reserve this unit pending the outcome of the negotiations with three trade unions, RCN, BMG and Unison.

The two units in the RHSC hospital were being offered to Aroma Cafe and Yorkhill Children's Charity, respectively, as a result of detailed discussions between the Board and these occupiers.

4. Tender Process

The Board issued a tender pack to the interested parties on the 10 October 2014 and sought returns by 31 October 2014. The tender pack included details of the available units, the types of uses sought and copies of the Board's Retail Food Policy. The parties were asked to submit a proposal for a specific unit based on the use sought and to demonstrate their compliance with the Food Retail Policy.

On the 31st October, tender returns were received from a number of parties, which are summarised in the table below:

TABLE B	Proposed Occupier	Proposed Use
Unit 1	Sainsbury's Local	Grocery Convenience Store
Unit 1	M&S Simply Food (Operated by SSP Group)	Grocery Convenience Store
Unit 1	M&S Simply Food (Operated by WH Smith Ltd)	Grocery Convenience Store
Unit 2	WH Smith	Newsagent & Trolley Service
Unit 2	RVS	Newsagent & Trolley Service
Unit 3	RVS	"Grab & Go" refreshment bar
Unit 3	Fuel Juice Bar	Juice Bar
Unit 3	Souped up & Juiced	Soup and Juice Bar
Unit 3	The Stock Shop	Fashion and gift retail
Unit 3	Camden Food Co. (Operated by SSP Group)	On the go food
Unit 5	Whistlestop (Operated by SSP Group)	Convenience Store
Unit 5	Souped up & Juiced	Soup and Juice Bar
Unit 5	The Stock Shop	Fashion and gift retail
Unit 6	Aroma Coffee	Coffee Bar
Unit 7	Yorkhill Childrens Charity	Gift retail

It should be stated that SSP Group is an operator of branded food and beverage outlets and franchises in transport hubs and hospital locations throughout the UK. WH Smith, also operate franchises on behalf of M&S Simply Food. This resulted in both SSP and WH Smith submitting bids to deliver an M&S Simply Food outlet.

5. Evaluation Process

Further to the submission of the bids by the bidders, an Evaluation & Selection Committee was set up, which comprised of officials from the Health Improvement Team, Property & Asset Management and the Board's external Property Adviser. The panel was chaired by the Project Director - South Glasgow Hospitals Development. The panel convened on the 10th November to evaluate the bids. The bids were evaluated on a qualitative and quantitative basis, which included compliance with the Food Retail Policy. Further to this evaluation, the panel sought clarification from several of the bidders which were received on 19th November. A copy of the Evaluation Criteria, is attached for information.

Based on the Evaluation & Selection Committee's scoring, the following rankings are applicable:

TABLE C	Occupier	Ranking
Unit 1	M&S (Operated by WH Smith)	1
	M&S (Operated by SSP Group)	2
	Sainsbury's	3

Unit 2	WH Smith	1
	RVS	2
Unit 3	Camden Food Co. (Operated by SSP Group)	1
	Souped Up & Juiced	2
	RVS	3
	Stock Shop	4
	Fuel Juice Bar	5
Unit 5	Souped Up & Juiced	1
	Whistlestop (Operated by SSP Group)	2
	Stock Shop	3
Unit 6	Aroma Coffee	1
Unit 7	Yorkhill Children's Charity	1

Following further discussion within the Evaluation & Selection Committee of the clarification information received, the preferred retailers for units 1, 2, 5, 6 & 7 were notified on 28th November with the preferred retailer for unit 3 notified on the 11th December. This notification has allowed early engagement with the proposed occupiers in order that formal leases can be agreed and that the retailers can commence their fit-out works as soon as practical, with the expectation of them being operational for the opening of both hospitals

Unit 4 – At the time of preparation, a preferred bidder for Unit 4 has not been selected albeit, the Board continues to discuss UNISON's intentions for the space

6. Recommendations

1. Members of the Q&PC are requested to note the tender process carried out and the evaluation of the bids received.

2. Member of the Q&PC are asked to endorse the recommended first ranked occupiers, as set out in Table C above.

3. Members of Q&PC are asked to note that discussions with UNISON will continue regarding their intentions for an office and business related retail space.

EVALUATION CRITERIA – RETAIL TENDER – NEW SOUTH GLASGOW UNIVERSITYCAMPUS

						Score
PART A Givens						
	Standard operating agreement Demonstrated ability to meet lease operating requirements.					Compliant Y/N
	Board policy compliance Evidence of HR and Health and Safety compliance inc. • Equal opportunities employer • Tobacco and Alcohol policy compliance					Compliant Y/N
	Provision of suitable references.					Compliant Y/N
PART B Scoring Matrix						
1.	**Track record in Hospital Retailing**					**10**
2.	**Rental/Financial Proposal**					**25**
3.	**Tenant Financial Covenant**					**10**
4.	**Community benefit** • Provision of volunteering or employability opportunities within service e.g. modern apprenticeships					**15** (5)
	• Investment in local communities/ supporting community projects or patient care					(5)
	• Additional services provided to hospital users in addition to 'retail' activity					(5)
5.	**Sustainability policy compliance**					**10**
	• Inclusion of locally sourced product ranges					
	• Sustainable supply chain					
	• Recycling policy					
	• Waste management policy					
6.	**Pricing Strategy** • (Comparable to other hospital or high street pricing)					**10**
7.	**Principle type of Service / product range provided as part of proposal**	Meets preferred service types (listed)	Complimentary to other providers (no oversupply)	Provides added value (additional items to be	Unique Service Provider	**20**

		(8)	(8)	included) (2)	(2)	
	Cafés, Dining Room, Restaurant or Sandwich Bar facility					
	Food / Grocery items					
	Trolley Services					
	Personal Care items (pants, nighties & baby wear)					
	Chemist items(without pharmacy)					
	Post Office Services/Post Box					
	Newsagent Services					
	Gift items					
	Other					
	Total Marks available					**100**
PART C - for food retail providers only						
8.	**Food Retail Policy Compliance**	Cafés, Dining Rooms, Restaurants and Sandwich Bars	Food Retail Shops	Trolley Services		**Compliant Y/N**
	• Nutritional Specification (Initial evidence provided)					
	• Commercial advertising requirements (written commitment)					
	• Monitoring participation (written commitment)					

APPENDIX B - Risk Assessment of the Child Psychiatry Ward
Report of the Project Manager, New South Glasgow Hospitals Project

NHS Greater Glasgow & Clyde

Quality & Performance Committee **20 January 2015**

Report of the Project Manager
– Royal Hospital for Sick Children

RISK ASSESSMENT OF CHILDREN'S PSYCHIATRY WARD IN THE ROYAL HOSPITAL FOR SICK CHILDREN

Recommendation

a) To note the measures being taken to reduce the risks to patients in the Child Psychiatry Unit to harm themselves or others in the new hospital environment

b) To note that the Project Team will continue to work with the Clinical Team to ensure that a safe environment is implemented for patients and staff

Purpose of Paper

To advise members of the findings of the Clinical Team following their visit to the Child Psychiatry ward in the Royal Hospital for Sick Children on 10 December 2014. The Clinical Team members on the visit included the Service Manager, a Consultant Psychiatrist, Senior Nursing Staff, a Psychologist and staff from Health & Safety.

Key Issues to be considered

During the visit the Clinical Team carried out four Risk Assessments on the facilities in the ward area for:

1. Patients at risk of self harm/suicide
2. Patient absconsion from ward
3. The outdoor garden
4. Managing Violent and Aggressive Patients

Any Patient Safety /Patient Experience Issues

1. On the first risk – *patients at risk of self harm/suicide* - the team found a number of ligature points in the ward namely:

    - curtain tracks – Brookfield Multiplex has been instructed to install tracks that collapse when weight/pressure is applied
    - taps – Brookfield Multiplex has been instructed to install anti-ligature taps
    - blind levers – the agreed design (which was a knob rather than a lever) for the opening/closing the window blinds had not been installed. These have now been installed

- coat hooks – Brookfield Multiplex has been instructed to remove all coat hooks
- patient en suite shower rooms – the back rest at the back of the wc has a ligature point – Brookfield Multiplex has been instructed to remove these
- patient en suites – hand rails for disabled access have ligature points – Brookfield Multiplex have been instructed to remove these
- thermostatic control points again offer a ligature point – Brookfield Multiplex have been asked to look at an alternative design

2. With regard to the second risk - *Patients can abscond from the ward and harm themselves or others*- the main issues were:

    - the method to prevent patients absconding will be the door entry and exit systems however, at the time of the visit the systems were not fully operational. A further assessment will be carried out during the commissioning period when the systems are operational.
    - if the fire alarm can be activated by patients then this could potentially cause disruption to the rest of the hospital and also allow the patient to abscond. A further assessment to check that the system can deliver a level of safety for patients will be carried out during the Commissioning period

3. For the third risk – *the outdoor garden* – the following observations were made:

    - The trellises have to be removed – Brookfield Multiplex has been instructed to do this
    - There is the possibility of injury or falls from the raised garden and play equipment. These risks will be mitigated by the protocols to be put in place by the Clinical Team that no patient will be in the outdoor garden without a member of staff, and the door to garden will be locked when not in use

4. The last assessment- *Managing Violent and Aggressive Patients* –the clinical team made the following comments:

    - The team advised that the list of control measure currently used eg Violence and Aggression Policy, Staff Training, De-escalation techniques will mitigate these risks. It was agreed however, that a personal alarm system would be used by staff in this area

Any Financial Implications from this Paper

None – these are building design issues which Brookfield Multiplex will address

Any Staffing Implications from this Paper

Nil

Any Equality Implications from this Paper

The removal of handrails and back rest from the patient en suite shower rooms could disadvantage the independence of disabled patients using these facilities. The Clinical Team advises however, that patients within this group are very rare whilst the risks associated with patients who could self harm on these potential ligature points are very high.

Any Health Inequalities Implications from this Paper

Nil

Highlight the Corporate Plan priorities to which your paper relates

Improving quality, efficiency and effectiveness

Author: Mairi Macleod
Tel No: [redacted]
Date: 7 January 2015

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 17 March 2015 at 9.00am in the
Board Room, J B Russell House,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

AGENDA

1	**Apologies**	
2	**Declarations(s) of Interest(s)** To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.	
3	**Minutes of Previous Meeting: 20 January 2015**	QPC(M)15/01
4	**Matters Arising**	
	(a) Rolling Action List	Paper No 15/17
5	**Integrated Quality and Performance Report** Report of the Acting Head of Performance and Corporate Reporting	Paper No 15/18

SAFETY

6	**Scottish Patient Safety Programme: Update** Report of the Medical Director	Paper No 15/19
7	**Healthcare Associated Infection: Exception Report** Report of the Medical Director	Paper No 15/20
8	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents and FAIs** Report of the Medical Director	Paper No 15/21

PERSON CENTREDNESS

9 **National Person-Centred Health and Care Collaborative: Strategic Report and Work Plan** — Paper No 15/22

Report of the Nurse Director

10 **Tackling Inequality**

(a) Tackling Inequality - Additional Needs — Paper No 15/23

Report of the Director of Corporate Planning and Policy

(b) Tackling Inequality – Work with Deaf and Hearing Impaired People in NHSGGC — Paper No 15/24

Report of the Director of Corporate Planning and Policy

(c) Primary Care Deprivation Group Event Report — Paper No 15/25

Report of the Director of Corporate Planning and Policy

11 **Supporting NHSGG&C General Practitioners in Child Protection Work** — Paper No15/26

Report of the Director of Renfrewshire CHP

MONITORING AND GOVERNANCE

12 **Financial Monitoring Report for the 10 Month Period to 31 January 2015** — Paper No 15/27

Report of the Interim Director of Finance

13 **LDP - Strategic Direction Update** — Paper No 15/28 To Follow

Report of the Director of Corporate Planning and Policy

CAPITAL

14 **New South Glasgow Hospitals Development: Progress Update** — Paper No 15/29

Report of the Project Director – South Glasgow Hospitals Development

15 **Full Business Case – Multi Storey Car Park 3 – New South Glasgow Hospital Campus** — Paper No 15/30

Report of the Director of Facilities and Capital Planning

FOR NOTING/INFORMATION ONLY

16 **Quarterly Report on Cases Considered by the Scottish Public Services Ombudsman: 1 October to 31 December 2014** Paper No 15/31

Report of the Nurse Director

17 **Media Coverage of NHSGGC Jan/Feb 2015** Paper No 15/32

Report of the Director of Corporate Communications

18 **Annual Report on Engagement Activity 2014/15** Paper No 15/33

Report of the Nurse Director

19 **Annual Report on The Chaplaincy Service 2014** Paper No 15/34

Report of the Head of Healthcare Chaplaincy & Spiritual Care

20 **Falls Governance Report** Paper No 15/35

Report of the Nurse Director

21 **Property & Capital Planning**

(a) Update on Capital Plan 2014/15 Paper No 15/36

Report of the Chief Executive

(b) Property Committee Minutes of Meeting held on 12 January 2015, Remit of the Capital Planning Group and Property Committee Terms of Reference Paper No 15/37

Report of the Director of Facilities and Capital Planning

22 **Minutes**

(a) Board Clinical Governance Forum Minutes and Summary of Meeting held on 2 February 2015 Paper No 15/38

23 **Date of Next Meeting**

9.00am on Tuesday 19 May 2015 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

QPC(M)15/02
Minutes: 22 - 44

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 17 March 2015 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE	Mr I Fraser
Ms M Brown	Cllr A Lafferty
Dr H Cameron	Dr D Lyons
Cllr M Cunning	Cllr J McIlwee
Mr P Daniels OBE	Mr D Sime

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong	Cllr M Devlin
Mr R Calderwood	Professor A Dominiczak
Ms R Crocket	Mr R Finnie

Dr R Reid

I N A T T E N D A N C E

Mr J Best	..	Director, Regional Services
Mr L Bissett	..	Observing – NHS Fife
Ms J Erdman	..	Corporate Inequalities Manager (For Minute 31b)
Mr J C Hamilton	..	Head of Board Administration
Mr J Hobson	..	Interim Director of Finance
Ms R Laing	..	Observing – NHS Fife
Mr D Loudon	..	Project Director - South Glasgow Hospitals Development (From Minute 35)
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting
Ms C Renfrew	..	Director of Corporate Planning and Policy
Ms H Russell	..	Audit Scotland

22. APOLOGIES

Apologies were intimated on behalf of Ms R Micklem and Mr K Winter.

23. DECLARATIONS OF INTEREST

Dr D Lyons declared an interest in Agenda Item 10 – Tackling Inequalities, as he was a member of the Equality and Human Rights Commission – Scotland Committee.

24. MINUTES OF PREVIOUS MEETING

On the motion of Mr I Fraser and seconded by Dr D Lyons the Minutes of the Quality and Performance Committee Meeting held on 20 January 2015 [QPC(M)15/01] were approved as a correct record.

NOTED

25. MATTERS ARISING

(a) Rolling Action List

NOTED

26. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No 15/18] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC's performance.

Of the 44 measures which had been assigned a performance status based on their variance from trajectory and/or target, 22 were assessed as green, eight as amber (performance within 5% of trajectory) and 14 as red (performance 5% outwith meeting trajectory).

The key performance status changes since the last report to the Committee were:-

- Child and adolescent mental health services had moved from green to amber;
- Admissions to stroke unit had moved from amber to red;
- CO^2 emissions had moved from amber to red;
- New outpatients' "did not attends" had moved from amber to red;
- Freedom of Information requests had moved from red to amber.

Exception reports had been provided to Members on measures which had been assessed as red.

Mr Fraser asked about the physiotherapy waiting times which had been assessed as grey (indicating that no standard had yet been agreed) and pointed out that the waiting time was shown as 13 weeks which was up from nine weeks in the same period last year. It was explained that the performance for the period to 31 March 2015 was an NHS Board responsibility. However, from 1 April 2015, the Health and Social Care Partnerships (HSCPs) would be responsible for monitoring the service's performance on a local basis and where a service was hosted by the HSCP on behalf of the other Partnerships, issues which required management intervention or discussion should be reported to that HSCP. A hosted service was a single management arrangement for running a service across all six HSCPs. In future, if HSCPs had concerns about a hosted service, they should raise these matters, including resources, with the HSCP hosting the service.

Ms Renfrew agreed to provide NHS Board Members with a note explaining this arrangement in more detail together with the position with physiotherapy and any plans to improve the waiting times. **Director of Corporate Planning & Policy**

Councillor Lafferty asked for more information in relation to the alcohol brief interventions and the fact that it was currently below trajectory. Ms Mullen explained that the issues with the target set had been raised with the SGHD. Following the boundary changes which saw activity from the GP practices in the Cambuslang and Rutherglen area reporting direct to NHS Lanarkshire however, the overall NHSGGC target had remained unchanged. In addition, those GP practices which had opted into the 17c contracts were no longer required to report on this performance, therefore resulting in a decrease in performance reported. It was agreed to raise the targets set with SGHD again, in order that account is taken of the changes in the boundary from 1 April 2014. **Director of Corporate Planning & Policy**

Ms Brown raised the sustainability of the faster access to specialist services for patients referred to treatment to Child and Adolescent Mental Health Services as she recalled being advised that the NHS Board was likely to exceed the target and also make savings in this service. It was explained that the change in performance status to amber was in relation to a single patient in the Inverclyde area and this had been raised with the Chief Officer Designate in order that it be resolved. It was acknowledged however, that there had been a rising demand and more referrals for this service and that Ms Renfrew would arrange an update note to Members on the impact of this rise in demand for Child and Adolescent Mental Health Services. **Director of Corporate Planning & Policy**

Ms Brown also raised the detect cancer early – early diagnosis and treatment in 1st stage of cancer performance and what this target had been benchmarked against. Mr Best advised that the target was 29% by 31 March 2015 and the quarter July to September 2014 highlighted that NHSGGC was diagnosing 23.6% of cancers at Stage 1 (against a local trajectory of 25.9%). There had been a decrease of 0.5% in the percentage of patients diagnosed at Stage 1 for all cancers between quarter 2 and quarter 3; breast cancer had seen a decrease at Stage 1 by 0.6%; lung cancer rates had decreased by 0.2% and colorectal cancer by 0.6%. There had been late presentations of cancer via A&E and this missed the opportunity of early detection. Mr Calderwood intimated that NHS Boards had been asked to ensure a 25% improvement and if the NHS Board achieved diagnosing 29% of all cancers at Stage 1 by 31 March 2015, this would meet the improvement target for NHSGGC of 25%. Ms Brown asked that this information be integrated into the breast screening section of the screening annual report from the Director of Public Health. **Director of Public Health**

Mr Finnie raised the concern about missing the admission to a stroke unit on day 0 or day 1 following presentation at hospital; the target being 90% of patients admitted within this timeframe. The target was being met at the Southern General Hospital however, it was not being achieved at Inverclyde Royal, the Royal Alexandra Hospital, Glasgow Royal Infirmary or the Western Infirmary. The proforma had indicated the positions within each hospital and the steps to make improvements and had acknowledged that the recent pressure on inpatients had meant that the NHS Board's performance in this area had deteriorated rather than improved in January 2015. This had been predominantly affected by the poor performance at the Western Infirmary and whilst overall performance was expected to improve in 2015, it was expected that the Western Infirmary would remain below target. Dr Armstrong recognised that better and more consistent pathways needed to be introduced across the West of Scotland and wider in this important area.

Dr Benton asked about the suicide reductions per 100,000 population and the fact that the data appeared out of date. She was advised that this was data released nationally via the Information Services Division (ISD) and covered suicides outwith hospitals. In relation to her question about the 48 hour access to an appropriate GP practice team member, she was advised that this data was collected when the national survey was carried out. Lastly, in relation to the workforce profile, the information which made up this target was routinely reported to the Staff Governance Committee for monitoring.

Dr Reid asked, in relation to the exception report on early diagnosis and treatment in the 1st stage of cancer, what was meant by patients who did not have a histological diagnosis or who did not go for surgery. Dr Armstrong advised that some patients would not be assessed for a histological diagnosis due to age or other clinical factors.

In relation to a question from Mr Lee, Mr Calderwood advised that performance was improving in terms of meeting the A&E target of four hours or less. Mr Calderwood advised that patients were being triaged, assessed and treated and thereafter were awaiting access to a bed or other service. Performance at the Royal Alexandra Hospital over the previous weekend had reached 93% although it had dipped again on Monday. There were still difficulties at the Western Infirmary but these were long-standing and would only be resolved once the hospital transferred to the new South Glasgow University Hospitals in the next few months.

Once the final report incorporating NHSGGC's comments had been received from SGHD in relation to the support provided to the Royal Alexandra Hospital and Western Infirmary, this would be provided to Members. Mr Calderwood emphasised that the key matter for NHS Board Officers was the preparation to ensure that the new South Glasgow University Hospital, Glasgow Royal Infirmary and Royal Alexandra Hospitals were adequately prepared for the winter of 2015/16. **Chief Executive**

NOTED

27. SCOTTISH PATIENT SAFETY PROGRAMME: UPDATE

There was submitted a paper [Paper No 15/19] by the Medical Director setting out the progress against the Scottish Patient Safety Programme (SPSP), incorporating a general update on the Adult Acute Care Programme; and in-depth review of the medicines reconciliation workstream in the Acute Adult Care and update on the Hospital Standardised Mortality Ratios, specifically setting out the outcome of the review of the Royal Alexandra Hospital by Healthcare Improvement Scotland (HIS).

This report replicated the high-level overview report on the Acute Adult Safety Programme which was presented to the monthly meetings of the Acute Services Division Clinical Governance Forum for monitoring purposes and approval of data before it was released to Health Improvement Scotland (HIS). As part of the Organisational Review and developing clinical governance arrangements, there was a recognition of a need for quality improvement to become more data-driven and the report was intended to increase transparency of the programme implementation. Dr Armstrong took members through the general overview, the progress in building the measurement system and the data for the most recent period with an indication of the scope and scale of the workstreams followed by the individual data charts.

Dr Armstrong then highlighted the goals and measures of the SPSP medicines

reconciliation workstream which was the process of ensuring that patients were prescribed the correct medicines in the correct doses appropriate to their current clinical presentation and that avoidable harm from medicines was reduced.

Lastly, an update was given on the visit by HIS to the Royal Alexandra Hospital (RAH) in relation to the HSMR data which had highlighted the need for review of practices at the RAH. It had been a helpful meeting with HIS who were encouraged by the description of the NHS Board's analysis and intended future actions and the fact that there would be an acceleration in the roll out of the deteriorating patient workstream at the RAH with the aim that all wards would be actively working on the SPSP deteriorating patient workstream by the end of 2015.

Mr Lee welcomed this presentation of information and asked if a glossary of terms could be added and an action plan with dates for issues to be resolved together with any exception reporting necessary. In relation to early warning scores, Dr Armstrong emphasised the need for junior doctors to have better access to computers for reporting purposes and that the management restructuring focusing on geographical sites would increase the focus for leadership in particular areas.

Medical Director

NOTED

28. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No 15/20] by the Medical Director providing information on the performance against the national targets for key infection control measures.

For SABs, the information was as presented at the last meeting, however, local data suggested that quarter 4 would see a possible 7% increase equating to an estimated rate of 25.8 cases per 100,000 acute occupied bed days (AOBDs).

In relation to clostridium difficile (C.Diff), the validated figures remained the same as those last reported to the Committee however, again, local surveillance suggested an approximate rate of 35 cases per 100,000 AOBDs for quarter 4.

Dr Armstrong highlighted the information contained in relation to novovirus outbreaks and advised that novovirus activity had been reported in five hospitals within NHSGGC during January/February 2015 and this had resulted in six ward closures.

NOTED

29. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINCIAL INCIDENTS AND FAIS

There was submitted a paper [Paper No 15/21] by the Medical Director on the handling of adverse clinical incidents together with an update on the current fatal accident enquiries.

The new quarterly reporting had a strong focus on the management of adverse clinical incidents and the way in which the outcomes from their investigations were used to improve patient safety. The overall aim was one of increasing the transparency of safety-related incidents and that of improvements being introduced across the NHS Board. The first two sections of the report covered the clinical risk

reports for Acute Services and Partnerships; section three described the update on the DATIX implementation; section four provided an update on the current fatal accident enquiries and section five was intended to provide investigative reports into the three cases that were reviewed as significant clinical incidents from the maternal morbidity review arrangements. Unfortunately, these documents had not been made available to Members and therefore discussion on this would be deferred until the next meeting of the Committee. **Medical Director**

Ms Brown welcomed the new reporting style and asked about the Partnerships report, in particular the high number of clinical incidents reported which included challenging behaviour. Dr Armstrong explained that this was in relation to patients' challenging behaviour in terms of staff managing mental health services.

Ms Brown also raised the apparently disproportionally high number of incidents relating to Women and Children's Services and the fact that when specific issues were raised in such reports, she would like to see greater detail and a more analytical report on an exceptions basis. Dr Armstrong intimated that this had been reviewed previously and whilst there had been an increase in reported cases through more encouragement to clinical staff to submit such reports, there had been no increase in the category 3 and 4 incidents, which would cause most concern or harm to the patient. In future, the report would highlight this. In relation to investigations and complications within paediatric cardiac surgery, this was a highly scrutinised area and further work was being carried out in this area to review and bring about future improvements. **Medical Director**

Dr Lyons welcomed the intention that NHSGGC was seen as a learning organisation and that it was willing to encourage greater levels of reporting from incidents in order that learning could be achieved, disseminated and actioned for the benefit of all patients in the NHS Board's area. He added that he found that the template cover paper was unhelpful and did not summarise the key issues or signpost Members to the main points or key messages and Members agreed that they would like to see an improvement in this area in this and similar reports. **Medical Director**

Mr Finnie added that he welcomed the high level view of significant clinical incidents and the process within which they were managed and the drawing of Members' attention to very serious incidents or areas where further work or improvement was being undertaken. He was keen that Dr Armstrong continued with this high level style of reporting and it was agreed that where further detail may be required, that these be included within appendices within the report.

NOTED

30. NATIONAL PERSON-CENTRED HEALTH AND CARE COLLABORATIVE – STRATEGIC REPORT AND WORK PLAN

There was submitted a paper [Paper No 15/22] by the Nurse Director setting out the current position on the NHS Board's progress in implementing the National Collaborative for Person-Centred Health and Social Care. This was the tenth report highlighting the work undertaken within NHSGGC under the National Person-Centred Health and Care Collaborative. This report covered the period from November to December 2014 and as well as providing an update on the work associated with the collaborative, it also gave an assessment of whether the Person-Centred Improvement work had any observable impact on the number or nature of formal complaints received in the specific areas covered by the Collaborative.

It was reported that during November and December 2014, there had been approximately 10,000 responses from patients to questions within the themed conversations and 95% of feedback gathered indicated a positive care experience. The report then summarised the different themes including qualitative comments on the positive care experience examples as well as deficit care experience examples, and went on to highlight key areas of learning and improvement.

With regard to the identification of the number of complaints received from the teams involved with the Collaborative, information was provided on the number of complaints for the 12 month period prior to any of the teams being involved in the Collaborative, and the number received since these same clinical teams joined the Collaborative.

Whilst the number of complaints did not differ significantly, it was possible to identify that there were some teams in the Collaborative who received complaints more frequently than others. Interestingly, there were six clinical teams who did not receive any complaints before their involvement with the Collaborative or after, and it was important to carry out further in depth analysis to identify what features and qualities these teams had which other teams were not displaying. The data did demonstrate that improvement work was still required to address communication issues for a number of the teams, and highlighted some hot spots, particularly where unscheduled care took place. **Nurse Director**

Members welcomed the overall report and Ms Crocket advised that the lessons learned within these clinical teams were shared widely across the NHS Board to ensure that lessons learned in one area were reviewed and assessed within other areas. Mr Finnie welcomed the detailed reporting in connection with complaints handling and wondered whether this could be undertaken on a periodic basis.

NOTED

31. TACKLING INEQUALITIES

(a) TACKLING INEQUALITIES – ADDITIONAL NEEDS

There was submitted a paper [Paper No 15/23] by the Director of Corporate Planning and Policy, providing an update on additional needs work to improve arrangements for people in Acute Services who are deaf, deaf-blind, had a learning disability, visual impairment, required language interpreters or had other additional needs.

The paper identified the additional needs approach undertaken in 2013-14 and 2014-15. The summary of actions undertaken over the last two years was highlighted and should be seen alongside the wider innovative work taking place in NHSGGC to better meet the needs of people with sensory and visual impairment as part of the communication support and language plan. The Committee endorsed the development of an action plan to increase completion of additional needs information when national developments including ISD additional needs codes, national SCI Gateway changes and revised Primary Care registration forms required completion.

(b) TACKLING INEQUALITIES - WORK WITH DEAF AND HEARING IMPAIRED PEOPLE IN NHSGGC

There was submitted a paper [Paper No 15/24] by the Director of Corporate Planning and Policy setting out the work undertaken within NHSGGC to ensure deaf and hearing impaired people have had fair and equal access to our services and what more the NHS Board could do to assist these groups of patients to access our services. These groups were often marginalised and excluded from society and this had a consequence for their health and wellbeing and the NHS had a responsibility to raise awareness of these issues. There were approximately 163,100 deaf and hearing impaired people within the NHSGGC area, and of these, 4,000 were British Sign Language (BSL) users. Approximately 800-1,000 were dual sensory impaired people (deaf-blind).

The paper described the actions taken as part of the Equality outcomes for "A Fairer NHSGGC 2013-16" and the Corporate Inequalities Team had prepared evidence briefings to assist the NHS Board to access the most up-to-date information on the health needs and issues faced by these groups.

Members welcomed this helpful and interesting report. Dr Benton asked for further information on additional needs and how that was used, and Ms Erdman explained that being aware when deaf and hearing impaired patients attended services allowed arrangements to be made for appropriate interpreters and also additional time set aside for appointments when meeting such patients.

(c) PRIMARY CARE DEPRIVATION GROUP EVENT REPORT

There was submitted a paper [Paper No 15/25] by the Director of Corporate Planning and Policy summarising the sixth Primary Care Deprivation event which had been set up to discuss how limited resources were being best used to achieve long term goals to reduce inequalities. The report outlined the key points raised, suggestions for future events and what has happened since the event was held on 22 January 2015.

The NHSGGC Deprivation Group held its sixth meeting in collaboration with the Deep End Group (representing GP practices within the 100 most deprived areas in Scotland). A broad range of stakeholders including GPs, academics, mental health and addiction clinicians, managers, planners, public health workers and some NHS Board Non-Executive Members had attended the event and the report summarised the main points from the presentations and workshops.

Ms Brown found the write-up very helpful; she had attended the event and saw the need to challenge the allocation of resources in order to target poorer areas if necessary on a service to service basis. It was recognised that there may require to be a national shift in the balance of care to achieve the long term goals of reducing inequalities. The presentation by Dr Peter Causton on "A Collusion of Exclusion" highlighted the structural barriers to our services which can present to patients who "do not fit" and these were mostly people who were living with the most need. He highlighted the Deep End approach to multi-morbidity and the value of the community links model.

NOTED

32. SUPPORTING NHSGGC GENERAL PRACTITIONERS IN CHILD PROTECTION WORK

There was submitted a paper [Paper No 15/26] by the Director, [redacted] CHP providing an update to the Committee following the publication of the determination on the Fatal Accident Inquiry into the death of [redacted]. This report covered the specific recommendation in connection with child protection training for general practitioners.

The GP contract was negotiated nationally and issues of mandatory training would require to be included in these discussions and agreed by all parties as part of that process. However, work had progressed locally within the NHSGGC Child Protection Unit, the GP Local Medical Committee and with the Director, [redacted] CHP in order to bring forward proposals to support GPs in developing their knowledge, understanding and approach to child protection work. The paper set out a comprehensive approach to supporting GPs in developing how they would work in response to a child protection concern. This included child protection training; practice self-audit and assessment in child protection; practice child protection policy development; child protection case conference management and improvement in record-keeping, read coding and the use of child protection templates. The "Supporting GPs in Child Protection Work" report together with the cover paper would be provided to all GPs along with worked examples. Dr Armstrong emphasised that this would be a key area for Health and Social Care Partnerships to monitor and any comments on what the key performance targets would be in this area should go to the Director, [redacted] CHP.

In response to a question from Dr Benton, Ms Crocket advised that locum doctors would be the responsibility of the GP practice in terms of their training needs in relation to this area. Dr Lyons intimated that from the audit of general practice systems and procedures, the development of a practice child protection policy and allowing GP locums access to that policy would lead to heightened awareness of this important area.

NOTED

33. FINANCIAL MONITORING REPORT FOR THE 10 MONTH PERIOD TO 31 JANUARY 2015

There was submitted a report [Paper No 15/27] by Interim Director of Finance that set out the NHS Board's financial performance for the ten month period to 31 January 2015. The NHS Board was currently reporting an overspend of [redacted] and continued to forecast that a year-end break even outturn would be achieved.

NOTED

34. DRAFT STRATEGIC DIRECTION AND LOCAL DEVELOPMENT PLAN

There was submitted a report [Paper No 15/28] by the Director of Corporate Planning and Policy asking Members to note the work in progress to finalise the Strategic Direction and Local Development Plan. The Board was due to submit a final draft Local Development Plan to SGHD by 20 March 2015. The paper provided a further update on the work outstanding following the discussion on the plan at the February 2015 NHS Board Meeting.

Officers were still working on addressing the financial gap within the financial plan and the intention was to submit the final Local Delivery Plan to the NHS Board in April 2015.

Ms Renfrew highlighted the section on risks and issues from the update and the integration process to Health and Social Care Partnerships.

NOTED

35. NEW SOUTH GLASGOW HOSPITALS DEVELOPMENT: PROGRESS UPDATE

There was submitted a report [Paper No 15/29] by the Project Director – South Glasgow Hospitals Development setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospital). In addition, the paper covered the progress made with the Teaching and Learning Facility, new Office Accommodation building and the Neurosurgery Link Bridge, new entrance and overcladding projects.

As at 26 January 2015, the contract had been completed and handed over from Brookfield Multiplex to NHSGGC within budget. The project was delivered five weeks ahead of programme. The handover had taken place and this had included the handover of the Energy Centre. Ongoing work was in relation to external soft and hard landscaping works, planting and completion of the roadways, with all external works due to be completed by the end of March. The commissioning period was well underway and Members took the opportunity to congratulate the Project Director, Project Team and all those involved with the project on an excellent outcome on the single biggest hospital development programme undertaken within Scotland.

Mr Loudon took Members through the progress with the transfer of equipment, staff orientation and the progress in relation to the Teaching and Learning Centre (due for completion by the end of May 2015); new Office Accommodation building (due for completion at the end of April 2015); and the Neurosurgical Link Bridge (due for completion at the end of July 2015). Car Park 1 had been completed and the handover date would be in April 2015.

Mr Loudon highlighted that the County Air Ambulance Trust had expressed willingness to make available a capital contribution grant towards the new helipad at the South Glasgow University Hospital. A capital grant of [redacted] would be made available in two tranches on the basis that the NHS Board acknowledged the provision of the grant, provided monthly statistics regarding the number of flights to the helipad and invited the County Air Ambulance Trustees to an official opening of the helipad with a small plaque being installed to recognise the contribution made by the Trust. Members welcomed this arrangement.

NOTED

36. FULL BUSINESS CASE – MULTI STOREY CAR PARK 3 – NEW SOUTH GLASGOW HOSPITAL CAMPUS

There was submitted a report [Paper No 15/30] by the Director of Facilities and Capital Planning seeking the Committee's approval to the Full Business Case for the design and construction of an 925 space multi-storey car park on the new South

Glasgow University Hospital campus.

The Business Case detailed the investment justification to design and construct a multi-storey car park to meet the increased demand for parking due to the increased clinical activity at the new hospitals with the transfer of clinical services from the Victoria Infirmary, Western Infirmary and Royal Hospital for Sick Children. The Full Business Case was in compliance with the City Council's planning conditions and was one of the components of the NHS Board's travel plan in terms of the suitable provision of capacity and controlled management of car parking on the hospital site. The approximate construction period would be 45 weeks with a planned target completion date, if approved, of June 2016. The construction site would not become available until after the decommissioning and demolition of the current buildings on this site and this was likely to take place during July 2015.

The capital cost would be [redacted] and, in addition to the allowance within the core project budget for the new hospitals, the balance would be funded by the release of the residual risk from the main hospital construction; release of residual risk from both the Teaching and Learning Facility and new Administration Block; and release of residual equipment allowance within the new hospitals project; and the balance from the NHS Board's Capital Fund. If approved, the Full Business Case would then be submitted to the SGHD Capital Investment Group for approval.

DECIDED

- That, the Full Business Case for the design and construction of a 925 space multi-storey car park on the new South Glasgow University Hospitals campus at the cost of [redacted], be approved for submission to the SGHD Capital Investment Group meeting on 7 April 2015.

Director of Facilities & Capital Planning

37. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: 1 OCTOBER TO 31 DECEMBER 2014

There was submitted a report [Paper No 15/31] by the Nurse Director setting out the actions taken by the responsible operational areas in response to recommendations made by the Scottish Public Services Ombudsman in Investigative Reports and Decision Letters.

Mr Finnie raised his continued concern that the Ombudsman continued to uphold issues within complaints which had been fully investigated by Board staff and Directors, and fault had not been found. The Ombudsman had, thereafter, as part of their investigation, found the response inadequate in some way. Ms Crocket advised that as a result of raising these issues previously, a new system had been introduced as to where any non-clinical issues which the Ombudsman upheld would result in the Chief Executive writing to the relevant Director asking for an explanation as to why the Ombudsman had upheld an issue or issues where the process of local resolution had not found any deficiency in our actions. It had been hoped that introducing this last year would bring about some improvement to this area and this would become apparent in future reports to the Committee.

NOTED

38. MEDIA COVERAGE OF NHSGGC JAN/FEB 2015

There was submitted a paper [Paper No 15/32] by the Director of Corporate Communications highlighting outcomes of media activity for the period January - February 2015. The reported supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

NOTED

39. ANNUAL REPORT ON ENGAGEMENT ACTIVITY 2014/15

There was submitted a paper [Paper No 15/33] by the Nurse Director providing an account of the Community Engagement Team's activity in relation to the new South Glasgow University Hospitals and reporting on the progress of the implementation of the Patient Rights Act, specifically linked to patients' and carers' experience and feedback.

NOTED

40. ANNUAL REPORT ON THE CHAPLAINCY SERVICE 2014

There was submitted a paper [Paper No 15/34] by the Head of Healthcare Chaplaincy & Spiritual Care setting out the Annual Report on the Healthcare Chaplaincy Service within NHSGGC in 2014. It provided an overview of recent and ongoing developments which reflected the diversity of activity under the heading of "specialist spiritual care" and set out the priorities for 2015.

NOTED

41. FALLS GOVERNANCE REPORT

There was submitted a paper [Paper No 15/35] by the Nurse Director which provided Members with an update on the current position of falls recording and monitoring across the NHS Board; ongoing quality improvement work involving the Scottish Patient Safety Indicator for Falls and ongoing quality improvement work involving the Framework for Prevention of Falls in the Community. The paper updated the Committee on current recording, monitoring and outcomes of falls across the NHS Board area and described future planned developments.

NOTED

42. PROPERTY & CAPITAL PLANNING

(a) UPDATE ON CAPITAL PLAN 2014/15

There was submitted a paper [Paper No 15/36] by the Chief Executive setting out the progress against the planned capital projects.

The 2014/15 capital resource was [redacted] as at 31 January 2015 with the current capital expenditure amounting to [redacted]. The paper highlighted slippage

within the programme and acceleration including planned investment in Health Information and Technology Services across the NHS Board.

A forecast year-end shortfall had been discussed with SGHD and this had resulted in an agreement to broker funds from 2014/15 to 2015/16.

In relation to Dr Benton's question about the Hub projects, Mr Calderwood intimated that schemes not yet fully approved had been suspended during discussions around interpretation of the accounting rules in relation to the sums being included on the balance sheet or not. This had had a direct impact on the Inverclyde Adult & Older People's Mental Health Continuing Care Facility. In relation to the submission in connection with Greenock Health Centre and West Dunbartonshire's Council's letter to SGHD in relation to Clydebank Health Centre, this remained ongoing with an outcome awaited in relation to the application of accountancy rules to future Hub projects.

(b) PROPERTY COMMITTEE MINUTES OF MEETING HELD ON 12 JANUARY 2015, REMIT OF THE CAPITAL PLANNING GROUP AND PROPERTY COMMITTEE TERMS OF REFERENCE

There was submitted a paper [Paper No 15/37] by the Director of Facilities and Capital Planning setting out the Property Committee Minutes of the meeting held on 12 January 2015; the Remit of the Capital Planning Group and the Terms of Reference of the Property Committee. Mr Finnie asked about the diagram showing the reporting structure which had a Property Committee reporting to the Chief Executive who in turn, reported to the Quality and Performance Committee. Mr Calderwood intimated that this was the current position, subject to any further review.

NOTED

43. BOARD CLINICAL GOVERNANCE FORUM MINUTES AND SUMMARY OF MEETING HELD ON 2 FEBRUARY 2015

There was submitted a paper [Paper No 15/38] enclosing the minutes of the Board Clinical Governance Forum meeting held on 2 February 2015.

NOTED

44. DATE OF NEXT MEETING

9.00am on Tuesday 19 May 2015 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12 noon.

NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee
Tuesday, 19 May 2015 at 9.00am in the Board Room,
J B Russell House, Gartnavel Royal Hospital,
1055 Great Western Road,
Glasgow, G12 0XH

AGENDA

1 Apologies

2 Declarations(s) of Interest(s)

To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.

3 Minutes of Previous Meeting: 17 March 2015 QPC(M)15/02

4 Matters Arising

(a) Rolling Action List Paper No 15/39

5 Integrated Quality and Performance Report Paper No 15/40

Report of the Acting Head of Performance and Corporate Reporting

(a) Musculoskeletal (MSK) Physiotherapy Waiting Times Report Paper No 15/40a

Report of the Interim Chief Officer, West Dunbartonshire

(b) Update on CAMHS Redesign Programme Paper No 15/40b

Report of the Director, North East Sector

PERSON CENTREDNESS

6 National Person-Centred Health and Care Collaborative: Strategic Report and Work Plan Paper No 15/41

Report of the Nurse Director

MONITORING AND GOVERNANCE

7 Financial Out-turn Report for the 12 Month Period to 31 March 2015 Paper No 15/42

Report of the Director of Finance

8	**Future Performance Management Arrangements** Report of the Director of Corporate Planning & Policy	Paper No 15/43 To Follow
9	**Health Promoting Health Service (CEL 01 2012) Annual Report** Report of the Director of Public Health	Paper No 15/44

CAPITAL

10	**Car Parking at Glasgow Royal Infirmary** Report of the Chief Executive	Paper No 15/45
11	**HUB Update** Head of Capital Planning & Procurement	Paper No 15/46 To Follow
12	**Update on Property Disposal Strategy** Head of Capital Planning & Procurement	Paper No 15/47 To Follow

SAFETY

13	**Scottish Patient Safety Programme: Update** Report of the Nurse Director	Paper No 15/48 To Follow
14	**Clinical Risk Management Report: Surveillance of Adverse Clinical Incidents and FAIs** Report of the Medical Director	Paper No 15/49
15	**Healthcare Associated Infection: Exception Report** Report of the Medical Director	Paper No 15/50

FOR NOTING/INFORMATION ONLY

16	**Media Coverage of NHSGGC Mar/Apr 2015** Report of the Director of Corporate Communications	Paper No 15/51
17	**Quarterly Report on Cases Considered by the Scottish Public Services Ombudsman: 1 January to 31 March 2015** Report of the Nurse Director	Paper No 15/52

18	**Property Committee Minutes of a Meeting held on 12 March 2015**	Paper No 15/53
19	**Staff Governance Committee Minutes of Meeting held on 3 March 2015**	SGC(M)15/01
20	**Quality Policy Development Group Minutes of Meeting held on 14 April 2015**	Paper No 15/54
21	**Board Clinical Governance Forum Minutes and Summary of Meeting held on 20 April 2015**	Paper No 15/55

22 Date of Next Meeting

This is the final meeting of the Quality & Performance Committee and the next meeting to be held on Tuesday 30 June 2015 at 9:00am in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 OXH will be the **Acute Services Committee**. This will have an amended remit and membership.

DRAFT

QPC(M)15/03
Minutes: 45 - 66

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 19 May 2015 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Ms M Brown	Dr D Lyons
Dr H Cameron	Cllr J McIlwee (To Minute 57)
Cllr M Cunning (To Minute 57)	Mr A Macleod
Mr I Fraser (To Minute 55)	Ms R Micklem
Cllr A Lafferty	Mr K Winter

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong	Professor A Dominiczak OBE (To Minute 57)
Mrs S Brimelow OBE	Mr R Finnie
Mr J Brown CBE	Dr R Reid
Mr R Calderwood	Mrs T McAuley OBE
Ms R Crocket MBE	Rev Dr N Shanks (To Minute 58)
Cllr M Devlin	Mr M White (To Minute 58)

I N A T T E N D A N C E

Mr R Anderson	..	Head of Finance, Facilities (For Minute 54)
Mr G Archibald	..	Chief Officer, Acute Services
Ms V Cox	..	Management Trainee
Mr A Curran	..	Head of Capital Planning & Procurement (For Minutes 55 & 56)
Mrs C Curtis	..	Health Improvement Lead (For Minute 53)
Mr J C Hamilton	..	Head of Board Administration
Ms M A Kane	..	Head of Facilities (For Minute 54)
Mr D Loudon	..	Director of Facilities & Capital Planning
Mr A McLaws	..	Director of Corporate Communications
Mr S McLeod	..	Head of Specialist Children's Services (For Minute 49b)
Mrs J Miller	..	MSK Service Manager (For Minute 49a)
Ms T Mullen	..	Acting Head of Performance and Corporate Reporting
Mr K Redpath	..	Interim Chief Officer, West Dunbartonshire (For Minute 49a)
Ms C Renfrew	..	Director of Corporate Planning and Policy (To Minute 53)
Ms H Russell	..	Audit Scotland
Dr M Smith	..	Lead Associate Medical Director – Mental Health (For Minute 58)
Mr R Wright	..	Director of Health Information & Technology

45. APOLOGY

An apology was intimated on behalf of Mr D Sime.

46. DECLARATIONS OF INTEREST

Declarations of interest were raised by:-

a) Mrs T McAuley – Agenda Item 12 – Update on Property Disposal Strategy - as she was a Non-Executive Board Member of the Scottish Environment Protection Agency (SEPA).

b) Councillor J McIlwee – Agenda Item 11 – Hub Update – as he was a Councillor on Inverclyde Council.

47. MINUTES OF PREVIOUS MEETING

On the motion of Mr I Fraser and seconded by Councillor J McIlwee, the Minutes of the Quality and Performance Committee Meeting held on 17 March 2015 [QPC(M)15/02] were approved as a correct record.

NOTED

48. MATTERS ARISING

(a) Rolling Action List

Minute 122: Patient's Story – 16 September 2014 – Ms Crocket agreed to consider a patient's story for the first Acute Services Committee meeting and Non-Executive Members would consider this, as appropriate, for Integrated Joint Boards when established.

Nurse Director

Non-Executive IJB Members

NOTED

49. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was submitted a paper [Paper No 15/40] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC's performance.

Of the 44 measures which had been assigned a performance status based on their variation from trajectory and/or target, 25 were assessed as green, seven as amber (performance within 5% of trajectory) and 12 as red (performance 5% outwith meeting trajectory).

The key performance status changes since the last report to the Committee were:-

- Detect Cancer Early had moved from red to green;
- Alcohol Brief Interventions had moved from red to green;
- New Outpatient Appointment; maximum 12 weeks had moved from red to green;
- Percentage of new DNAs (did not attend) appointments had moved from red to amber;

- Antenatal care (SIMD) had moved from amber to red;

- Community Nursing – record keeping standard had moved from amber to red.

Exception reports had been provided to Members on measures which had been assessed as red.

Ms Micklem asked about the actions which were to be taken forward following the presentation on the Collusion of Exclusion and what was planned to bring about an improvement in this area. Ms Renfrew advised that the Primary Care Group were to discuss proposals and identify actions, and she would report the outcome to the Acute Services Committee.

Director of Corporate Planning & Policy

Ms Brimelow raised a concern that record keeping for Community Nursing standards compliance had resulted in a dip in performance. Ms Mullen highlighted the comments in the exception report about the actions being taken including discussing the core audit results with senior nurses, identifying where compliance had not been achieved and generating an action plan, and re-auditing that area the following month and in future, core record keeping results would be a standing item at every District Nursing team meeting. In relation to a concern about the overtime usage increasing, Ms Mullen indicated that the report covered the increased activity over the winter period and the preparation and commissioning of moves to the new South Glasgow University Hospital and Royal Hospital for Sick Children.

Mrs McAuley was concerned that the equality implications and health inequality implications from the paper were difficult to determine and it was not possible to tell whether any overall improvement was being made. Ms Mullen advised that work was ongoing on disaggregating the data for all population groups to determine whether it would be possible to present the information in such a way as to show whether the inequalities gap was narrowing.

Acting Head of Performance & Corporate Reporting

Dr Lyons was concerned at the lack of information on the actions being taken at the Royal Alexandra Hospital (RAH) to improve performance on the number of patients admitted to a Stroke Unit on the day of/day after presentation at hospital. Mr Archibald acknowledged this and would highlight the specific actions currently being taken within the RAH in the report to the Acute Services Committee. In relation to a question about GP practices and the 17c contract, Ms Mullen explained that the figures had changed as a result of the boundary changes when the areas of Cambuslang and Rutherglen and Chryston and Moodiesburn transferred to NHS Lanarkshire.

Chief Officer, Acute Services

Ms Renfrew highlighted the performance in relation to delayed discharges for patients waiting over 28 days and 14 days. There had been improvements of circa 100 less blocked acute beds than in January 2015, and improvements had been made within West Dunbartonshire, Inverclyde and Glasgow. She also acknowledged the significant work undertaken within East Renfrewshire and South Lanarkshire Councils in anticipation of the moves from the Mansionhouse Unit to the new South Glasgow University Hospitals, however, there were still more than 200 patients delayed longer than two weeks and this was an important issue that Non-Executive Members of Integrated Joint Boards (IJBs) needed to raise at IJB meetings on a regular basis to ensure an improved performance position was achieved, and thereafter, sustained. Ms Brown agreed and continued to be concerned that, despite additional resources and a number of well-developed plans

being put in place, patients were not receiving the correct type of care and treatment relative to their needs. In addition, some patients were undergoing multiple moves which was clearly not in their best interests.

The immediate pressure point remained at Accident & Emergency departments and acute beds were still being compromised and the number of patients whose discharge had been delayed to a more appropriate setting remained unacceptably high. Discussions continued with the Councils, particularly Glasgow City Council, in an attempt to further improve and sustain performance in this area. The creation of the new South Glasgow University Hospital and subsequent hospital closures would result in less flexibility for the NHS for patients whose discharge was delayed while in an Acute hospital setting.

NOTED

(a) MUSCULOSKELETAL (MSK) PHYSIOTHERAPY WAITING TIMES REPORT

There was submitted a paper [Paper No 15/40a] by the Interim Chief Officer, West Dunbartonshire which provided an overview of the MSK Physiotherapy waiting times, investments made since 2012 to address waiting times, issues faced by the service, and changes planned during 2015.

Mr Fraser reminded Members that he had requested information on MSK Physiotherapy waiting times and the steps being taken to work towards achieving the four week waiting target by the end of March 2016. He welcomed the report and noted the rise in referrals and the service issues but asked which actions were going to make a difference in improving waiting times for patients. Ms Janice Miller, MSK Physiotherapy Service Manager, advised that the introduction of the single IT system (Trakcare) across NHSGGC allowed the setting up of a central referral management centre, and this had already improved efficiency and productivity as well as waiting times. As an example, she indicated that within Clyde, the waiting times had fallen from 24 weeks to ten weeks through offering patients the next available appointment within NHSGGC.

Mr Lee wondered if treating patients earlier would lead to less physiotherapy treatment required subsequently, however, Ms Miller advised that this could be the case in some situations but not all. There was also a rise in more complex orthopaedic cases as well as the number of self-referrals. In addition, following an initial assessment, a number of patients were able to self-manage and they would, therefore, not appear in the waiting list thereafter.

A request was made for information on the range of waiting times for physiotherapy services rather than just the average waiting time. Ms Miller provided information on the NHS Inform website and NHS 24's pilot in relation to the national GP MSK resource which, once completed and evaluated, may impact on a reduced number of patients seeking physiotherapy.

Members thanked Mr Redpath and Ms Miller for the helpful information contained within the report.

NOTED

(b) UPDATE ON CAMHS REDESIGN PROGRAMME

There was submitted a paper [Paper No 15/40b] by the Director, North East Sector which summarised the progress in redesign and service developments within CAMHS, the workplan to deliver these changes, and the plans and structure for progressing the redesign of Skye House Adolescent Inpatient Unit care pathways. The paper had been prepared for the Committee following Members' questions and the fact that there had been a rising demand and more referrals for the CAMHS service.

With the significant increase in demand, Mr S McLeod, Head of Specialist Children's Services, explained this can have a significant impact on small teams and steps had been taken to have cross-system coverage for all teams with the flexibility of moving staff and resources when required. The 18 week target was being maintained with a median wait of seven weeks, and NHSGGC continued to perform above the national average on waiting times. In response to a question, Mr McLeod acknowledged that there were different types of referrals, and Tier 3 (severe mental disorders) were being maintained, however, more robust Tier 2 arrangements would lead to less pressure and possibly fewer inappropriate referrals. Local targets would be set within Integrated Joint Boards' Strategic Planning arrangements, recognising local priorities and the need to meet national targets.

Dr Lyons asked about the admission of young people to Adult Mental Health wards and whether that number was coming down yet. Ms Renfrew advised that following the opening of an inpatient unit in the north of Scotland, NHSGGC would now be able to concentrate on providing services for its own regional patients, acknowledging that local support and services within health boards outwith NHSGGC may not be as robust as those within NHSGGC. Mr McLeod emphasised that with the support of Psychology, steps were being taken to still consider alternatives rather than admitting young people to Mental Health Inpatient beds.

NOTED

50. NATIONAL PERSON-CENTRED HEALTH & CARE COLLABORATIVE: STRATEGIC REPORT AND WORK PLAN

There was submitted a paper [Paper No 15/41] by the Nurse Director setting out the current position on the NHS Board's progress in implementing the National Collaborative for Person-Centred Health and Social Care. This was the eleventh report highlighting work being undertaken within NHSGGC under the National Person-Centred Health and Care Collaborative. This report covered the period from January to March 2015.

It was reported that there had been 463 conversations with patients, relatives and carers, 17,500 responses to questions within the themed conversations and circa 96% of responses from patients were indicative of a positive care experience.

Mrs McAuley asked about the mealtime experience and Ms Crocket advised that within the mealtime bundles, support was given to patients in eating (where necessary). The challenge for Facilities was to get the correct meal to the correct patient at the right time and that the meals met the Food and Health Policy

standards. It was recognised that there could always be improvements and that this was a constant challenge and it was hoped that the moves to the single rooms within the new South Glasgow University Hospital would help and make it easier for patients to have protected mealtimes. Mr Archibald echoed Ms Crocket's comments and indicated that all steps were being taken to continue to build on progress including at Inverclyde Royal Infirmary and the Royal Alexandra Hospital.

Ms Micklem welcomed the report and commented that she had found the presentation of the information in the previous report to the Committee more helpful. Ms Crocket acknowledged this and indicated that the purpose of the different presentational styles was to seek Members' comments on what suited best.

Ms Brimelow provided comments about the length of the write-up of the Learning Session and highlighted the issues raised about Care at Night. In response to a further question, Ms Crocket advised that Healthcare Improvement Scotland (HIS) had shared NHSGGC's approach with other NHS Boards, however, at this time she understood that HIS no longer had a Collaborative team.

NOTED

51. FINANCIAL OUT-TURN REPORT FOR THE 12 MONTH PERIOD TO 31 MARCH 2015

There was submitted a paper [Paper No 15/42] by the Director of Finance that set out the NHS Board's financial performance for the year to 31 March 2015. The NHS Board reported an underspend of [redacted] subject to audit and had broken even against its 2014/15 capital allocation (again, subject to audit). Mr Finnie congratulated the NHS Board staff in achieving an excellent out turn for an organisation with a revenue expenditure of [redacted].

NOTED

52. FUTURE PERFORMANCE MANAGEMENT ARRANGEMENTS

There was submitted a paper [Paper No 15/43] by the Director of Corporate Planning and Policy, briefly outlining the current accountability and Performance Management arrangements and describing in detail the planned changes to reflect the new organisational structure and the establishment of Integrated Joint Boards (IJBs) as new statutory bodies. The intention was that these arrangements, when finalised, would come into effect as Integrated Joint Boards were formally established.

The paper set out the existing accountability and Performance Management arrangements across NHSGGC and went on to highlight the proposed changes to Committee performance reporting. The NHS Board continued to have responsibility for the allocation of resources, strategic direction (working with the IJBs) and a statutory governance role across a range of domains. Reporting needed to reflect the requirement for the Board to exercise oversight of these responsibilities.

Detailed Committee scrutiny would be through arrangements which replaced the current Quality and Performance Committee with a new Acute Services Committee, undertaking detailed scrutiny of the Acute Service Division's

performance. Each IJB would undertake detailed scrutiny of the new Partnerships' planning and operational responsibilities, which covered financial, staff, clinical and quality governance with further discussion needed to develop the detail of the clinical reporting routines. Lastly, the paper outlined that the Board's Chief Executive would exercise his line management responsibilities through one-to-one meetings with the Partnership Chief Officers and a system-wide group chaired by the Chief Executive and attended by all Chief Officers to consider and address any whole-system performance issues. One-to-one meetings would be held with the Chief Officer, Acute Services and the Chief Executive chairing a group which would scrutinise high level performance issues and support the role of the new Acute Services Committee. Lastly, for whole-system, these arrangements would replace the current organisational performance review process and the Board-wide Performance Team would manage the flow of information and reporting to support these arrangements.

With the need for the NHS Board to have a continued role in responsibility for the allocation of resources, strategic direction and statutory governance, the plans set out were acknowledged to have an inherent duplication of roles although the challenge was to avoid any unnecessary duplication and be clear as to who was responsible for which areas. It was acknowledged that this was an evolutionary process and Mr Calderwood emphasised that the Board meetings would undertake an overview of performance across NHSGGC and the challenge was tackling any areas of significant local variation or poor performance. This would be a challenge for Non-Executive Directors sitting on the NHS Board as well as being members of different IJBs.

Members welcomed the proposals as set out in the paper.

NOTED

53. HEALTH PROMOTING HEALTH SERVICE (CEL 2012) ANNUAL REPORT

There was submitted a paper [Paper No 15/44] by the Director of Public Health setting out the 2014/15 (year 3) submission which continued to support implementation of health improvement programmes in hospital settings.

Ms Claire Curtis, Health Improvement Lead, attended to present the paper and highlighted that the Health Promoting Health Service (HPHS) action in hospital settings and aimed to build on the concept that every healthcare contact was a health improvement opportunity, recognising the important contribution that hospitals could make to promoting health and enabling wellbeing in patients, families, visitors and staff. This was the third year of providing an Annual Report to the Scottish Government Health Directorate (SGHD) and although the initiative was due to finish in April 2015, SGHD had extended it for a further year and further national guidance would be issued in due course.

Ms Curtis advised that the Annual Report had been submitted to SGHD due to timescale issues, however, if Members had any comments or suggested amendments; these would be submitted to SGHD if required.

Rev Dr Shanks, as the Non-Executive Champion of the HPHS, welcomed this report and spoke of the massive exercise for all the staff involved and commended the very significant achievements which had been made over the last year. Mrs McAuley agreed and was delighted to read about the achievement of the gold

standard for Healthy Working Lives. In answer to a question, Ms Curtis explained that, within food and health, patient nutrition was not part of the programme.

In relation to Dr Reid's question about smoking within hospital grounds, it was clear that, at this stage, legislation would not be forthcoming in restricting smoking within hospital grounds. However, as it remained an NHSGGC Policy, the Chief Executive and Director of Public Health were giving consideration to providing temporary wardens for three months within the new South Glasgow University Hospital complex to try and discourage smoking from the initial opening.

Chief Executive & Director of Public Health

DECIDED

- That, the 2014/15 Annual Report to SGHD be ratified.

54. CAR PARKING AT GLASGOW ROYAL INFIRMARY

There was submitted a paper [Paper No 15/45] by the Chief Executive seeking agreement for the NHS Board to enter into discussions with the car park contractor at Glasgow Royal Infirmary with a view to establishing a price at which a sale could be concluded in order to take ownership of the car park into the NHS.

Ms Mary Anne Kane and Mr R Anderson presented the background and current arrangements with regard to the Private Finance Initiative development with Impregilo in relation to the building of a multi-storey car park at the Glasgow Royal Infirmary site and the introduction of the managed car park arrangements in 2002.

Mr Winter and other Members supported this proposal and asked a range of questions around the original contract, its terms and the options going forward.

DECIDED

- That, the NHS Board Officers enter into discussions with the car park contractor with a view to establishing a price at which a sale could be concluded for the car park at Glasgow Royal Infirmary and also enter discussions with SGHD about whether a source of capital funding could be made available for this purpose, if required.

Director of Facilities & Capital Planning

" "

55. HUB UPDATE

There was submitted a paper [Paper No 15/46] by the Head of Capital Planning & Procurement which provided a progress report on the NHSGGC projects being procured through Hub West Scotland as part of the SGHD's approach to the delivery of new community infrastructure.

Mr Curran highlighted the key points, and in particular, the continued discussions on the Inverclyde Adult and Older People's Continuing Care Beds which had been delayed due to national accounting issues. A revised Final Business Case, taking account of the updated pricing offers and the original Stage 2 submission, would be considered by the SGHD Capital Investment Group at its meeting on 9 June 2015. Councillor McIlwee indicated that he was pleased at this recent progress as Ravenscraig Hospital required replacement as soon as possible and he had met with

the patients and carers recently and they had remained positive about a final solution being found in the near future.

NOTED

56. UPDATE ON PROPERTY DISPOSAL STRATEGY

There was submitted a paper [Paper No 15/47] by the Head of Capital Planning & Procurement which provided the Committee with a progress update on the property disposal programme being undertaken by NHSGGC.

Members welcomed this very full update and Dr Reid enquired about the disposal of the land at the former Broomhill Hospital in relation to the sale of the endowment lands associated with the hospital. It was acknowledged that the endowment funds would get a capital gain from the sale relative to the sale value of the endowment lands when sold.

NOTED

57. SCOTTISH PATIENT SAFETY PROGRAMME: UPDATE

There was submitted a report [Paper No 15/48] by the Nurse Director setting out the progress against the Scottish Patient Safety Programme (SPSP) in relation to the Maternity and Children Quality Improvement Collaborative (MCQIC).

This collaborative encompassed the clinical improvement activity of the SPSP maternity, neonatal and paediatric strands, with the overall aim of improving outcomes and reducing inequalities in outcomes and providing a safe, high quality care experience for all women, babies and families in Scotland. It was launched in March 2013 and was a programme of quality improvement which would run until December 2015. The aim was to achieve a 30% reduction in adverse events which contributed to avoidable harm in neonatal and paediatric services by December 2015.

Ms Crocket took Members through the detail of the paper and current position within NHSGGC.

Ms Micklem, in acknowledging that the overall aim was to improve outcomes and reduce inequalities, advised that the paper did not specifically highlight any reduction in inequalities or how it was intended to tackle these inequalities. Ms Crocket acknowledged this, and, while she highlighted the breast feeding improvement rates within the more deprived population, she would look at improving the future presentation of information in relation to inequalities. **Nurse Director**

Ms Brimelow was not seeing a clear picture of improvements within maternity or how the overall aim would be achieved by the end of the calendar year. Ms Crocket advised that it had been difficult to identify tangible measures to present and she would look again at this with colleagues to try and identify specific areas where progress could be shown. **Nurse Director**

NOTED

58. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS AND FAIS

There was submitted a report [Paper No 15/49] by the Medical Director presenting a new format for the presentation of handling of adverse clinical incidents within Acute Services Division and Partnerships, together with the investigation reports for three significant clinical incidents in relation to maternal care services and, lastly, an update on the current Fatal Accident Inquiries.

Dr Armstrong took Members through the Clinical Risk Management report for Acute Services and for Partnerships, and identified key areas for Members' information, including the process and timescale for handling Significant Clinical Incident investigations. Appendix 1 had highlighted potential new significant clinical incidents and recent suicides. She invited Dr Michael Smith, Lead Associate Medical Director, Mental Health, to discuss this aspect of the report. He intimated that the suicide rate across Scotland was falling, and as well as the risk assessment, communications and better contacts with family members, it remained an important aspect of all cases, that this was a learning process in which the intention was to encourage open and honest feedback so that the learning from each incident was available in order to improve the handling of any future cases. He also highlighted the out-of-hours service, crisis teams and addictions role and reviews which were underway to bring about further improvements to these services.

Dr Lyons enquired about a Directorate's handling and investigations of significant clinical incidents and the degree of independence in carrying out such investigations, and lastly, asked if the suicides covered in the report were all those known to the service. Dr Smith emphasised that the process was designed to avoid any bias in the investigating process and the staff did not get to investigate themselves, they were included in those to be interviewed and there was an external investigator. Dr Smith advised that all suicides known to the service were indeed investigated.

Ms Brown found the report helpful, including the head injuries review. She continued to be concerned about the high level of "others" recorded within DATIX as well as the lessons highlighted from the [redacted].

Ms Brimelow praised the well-documented maternal SCIs and wished to be assured that anti-microbial policies were being adhered to in relation to the incidence of C.Difficile in one of the SCIs. Lastly, she raised the issue of pressure ulcer care. Dr Armstrong thanked her for her comment and advised that, in relation to C.Difficile, it was rarely seen in the cohort of post-partum women and therefore the learning was to ensure that all maternity units were aware of C.Difficile prevention measures. In relation to pressure ulcers, there was a variety of different reporting templates from different teams. This led to difficulties interpreting the data: for example, it was difficult to establish which pressure ulcers had developed in the community and which in hospital. The intention was that this would be improved when recording future SCIs with the new DATIX field.

Mr Finnie welcomed the independent and objective examination and investigation undertaken for SCIs and noted that he would have more confidence in the NHS Complaints Procedure if this was the model followed in investigating formal complaints by patients, relatives and carers. He remained concerned that those who were complained against still had a role in investigating that complaint and quite often, this led to an SPSO report highlighting a failure in NHSGGC's investigation

and outcome of a complaint. Dr Armstrong acknowledged that for SCIs, the philosophy was very much about learning for the organisation and not apportioning blame. This was something that needed to be considered further in the handling of formal complaints. **Nurse Director**

Lastly, Dr Armstrong intimated that the processes and procedures within General Practices included a significant event analysis reporting. The Clinical Governance Team had tested out a fuller SCI method with some practices.

NOTED

59. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a report [Paper No 15/50] by the Medical Director providing information on performance against national targets for key infection control measures.

For SABs the most recent validated figures for the last quarter of 2014 confirmed a total of 93 SAB cases for NHSGGC between October and December 2014 and this equated to an SAB rate of 25.1 cases per 100,000 Acute Occupied Bed Days (AOBDs).

In relation to Clostridium Difficile (C.Diff), the most recent validated results for quarter 4 of 2014 demonstrated a C.Diff infection rate of 33.3 per 100,000 total occupied bed days (OCBDs) which was below the national average of 35.4. NHSGGC achieved a rate of 29.3 per 100,000 OCBDs in 2014.

NOTED

60. MEDIA COVERAGE OF NHSGGC MAR/APR 2015

There was submitted a report [Paper No 15/51] by the Director of Corporate Communications highlighting outcomes of media activity for the period March - April 2015. The reported supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

NOTED

61. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: 1 JANUARY TO 31 MARCH 2015

There was submitted a report [Paper No 15/52] by the Nurse Director setting out the actions taken by the responsible operational areas in response to recommendations made by the Scottish Public Services Ombudsman in Investigative Reports and Decision Letters.

In response to a question from Mrs McAuley, Ms Crocket advised that East Dunbartonshire CHP hosted Oral Health Services including the General Dental Practitioners and therefore any SPSO cases in relation to General Dental Practitioners would fall to East Dunbartonshire CHP.

Members expressed continued concern that initial improvement in the number of

upheld cases from the Ombudsman's Report was not being sustained and the handling of some complaints within NHSGGC had been criticised in the Ombudsman's Investigative Reports and decision letters. There was recognition, as highlighted in an Investigative Report attached with the paper, that the Ombudsman obtained clinical advice from down South and some of these interpretations had been challenged on previous occasions.

Concerns were expressed that administrative/managerial failings were identified by the Ombudsman and this needed to be considered when reviewing how complaints should be handled in future. Mrs McAuley emphasised the Ombudsman's work on preparing the new standardised complaints policy and procedures for the NHS may improve the handling of future complaints.

Mr Calderwood and Ms Crocket explained the current processes for handling complaints at local level and that a second episode was required to be handled by a different Directorate under the Complaints Policy, to ensure some degree of independence to the review and outcome.

NOTED

62. PROPERTY COMMITTEE MINUTES OF MEETING HELD ON 12 MARCH 2015

There was submitted a paper [Paper No 15/53] enclosing the Property Committee Minutes of the meeting held on 12 March 2015.

NOTED

63. STAFF GOVERNANCE COMMITTEE MINUTES OF MEETING HELD ON 3 MARCH 2015

There was submitted a paper [Paper No SGC(M)15/01] enclosing the Staff Governance Committee Minutes of the meeting held on 3 March 2015.

NOTED

64. QUALITY POLICY DEVELOPMENT GROUP MINUTES OF MEETING HELD ON 14 APRIL 2015

There was submitted a paper [Paper No 15/54] enclosing the Quality Policy Development Group Minutes of the meeting held on 14 April 2015.

NOTED

65. BOARD CLINICAL GOVERNANCE FORUM MINUTES AND SUMMARY OF MEETING HELD ON 20 APRIL 2015

There was submitted a paper [Paper No 15/55] enclosing the minutes of the Board Clinical Governance Forum meeting held on 20 April 2015.

NOTED

66. DATE OF NEXT MEETING

This was the final meeting of the Quality & Performance Committee. The next meeting to be held on Tuesday 30 June 2015 at 9:30am would be the **Acute Services Committee,** which would have an amended remit and membership. It will be held in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12:50pm

Bundle of documents for Oral hearings commencing from 13 May 2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 34

Performance Review Group and Quality and Performance Committee Minutes and Relevant

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