

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:-

- 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

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.

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.

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.

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.