

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**

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**P R E S E N T**

Mr I Lee (Convener)

Ms M Brown (to Minute 11)	Cllr. R McColl
Ms R Dhir MBE	Mr D Sime
Mr I Fraser (to Minute 15)	Mr K Winter
Cllr. D Yates	

**OTHER BOARD MEMBERS IN ATTENDANCE**

Mr R Calderwood (to Minute 12)	Dr B Cowan (to Minute 10)
Ms R Crocket	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:

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 Arisinga) 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**

NOTEDb) 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**

NOTEDc) 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 Arisinga) 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 Arisinga) 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**

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  
Admin-  
istration**

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

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 NHS GG&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**

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 5<sup>th</sup> 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.

- 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.

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**



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 NHS GG&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. NHS GG&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 NHS GG&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.

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.
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.

**Operating  
Officer –  
Acute  
Services  
Division**

“ “

## 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.

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**

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.

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.

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  
Admin-  
istration**

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  
Admin-  
istration**

NOTED

**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.