

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		Cllr M Kerr (From Minute 102 to 113)
Ms M Brown		Cllr A Lafferty
Dr H Cameron (From Minute 93)		Ms R Micklem
Mr P Daniels OBE (From Minute 97 to 113)		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 97)	Mr R Finnie
Mr R Calderwood	Mr P James
Ms R Crocket	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 Convener 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

- 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

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 NHS GGC. 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 NHS GGC 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 (NHS GGC) in the period ending June 2012. NHS GGC'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.

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

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

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

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

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.
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 – £322,000; 2015/16 - £139,000. 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.
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**

**Director of
Glasgow CHP**

**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

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

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.

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

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

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 solely 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 £432,000 in 2015/16 and £553,000 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

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 £20.826m 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 – £10.72m. 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 £2.1m 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