

QPC(M)15/01  
Minutes: 01 - 21

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Quality and Performance Committee at 11.00 am  
on Tuesday, 20 January 2015 in the  
Board Room, J B Russell House  
Gartnavel Royal Hospital, 1055 Great Western Road,  
Glasgow, G12 0XH**

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**P R E S E N T**

Mr I Lee (Convener)

Dr C Benton MBE (To Minute 14)	Cllr A Lafferty
Ms M Brown (To Minute 11)	Dr D Lyons
Dr H Cameron	Ms R Micklem
Cllr M Cunning	Cllr J McIlwee
Mr P Daniels OBE	Mr D Sime (To Minute 11)
Mr I Fraser (To Minute 15)	Mr K Winter

**O T H E R B O A R D M E M B E R S I N A T T E N D A N C E**

Dr J Armstrong (To Minute 14)	Mr R Finnie (To Minute 12)
Mr R Calderwood	Mrs T McAuley OBE
Ms R Crocket (To Minute 14)	Dr Robin Reid
Cllr M Devlin	Mr A O Robertson OBE
Rev Dr N Shanks (To Minute 12)	

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

Mr D Adams	.. Head of Planning, Performance, Mental Health Services
Mr A Curran	.. Head of Capital Planning and Procurement (For Minutes 13 to 16)
Mr R Garscadden	.. Interim Director of Corporate Affairs (To Minute 15)
Ms D Gillespie	.. Service Manager Mental Health & Wellbeing, Inverclyde CHP (For Minute 13)
Mr J C Hamilton	.. Head of Board Administration
Ms A Harkness	.. Director, Emergency Care & Medical Services
Mr J Hobson	.. Interim Director of Finance
Mr D Loudon	.. Project Director - South Glasgow Hospitals Development
Mr G Love	.. Property Manager, Acute Services Division (For Minute 12)
Ms M Macleod	.. Project Manager (For Minute 12)
Mr J Mitchell	.. Inpatient Service Manager Lead Nurse, Inverclyde CHP (For Minute 13)
Ms T Mullen	.. Acting Head of Performance and Corporate Reporting
Mr I Reid	.. Director of Human Resources (To Minute 11)
Ms C Renfrew	.. Director of Corporate Planning and Policy (To Minute 11)
Ms H Russell	.. Audit Scotland

**01. APOLOGIES**

There were no apologies.

**02. DECLARATIONS OF INTEREST**

Councillor J McIlwee declared an interest as a Councillor on Inverclyde Council in the following items:-

Agenda Item 13 – Inverclyde Adult & Older People’s Mental Health Continuing Care Facility: Full Business Case

Agenda Item 15 – Hub Programme Update

NOTED

**03. MINUTES OF PREVIOUS MEETING**

On the motion of Mr I Fraser and seconded by Ms R Micklem, the Minutes of the Quality and Performance Committee Meeting held on 18 November 2014 [QPC(M)14/06] were approved as a correct record subject to the following change to Minute 141 (4th paragraph, 2<sup>nd</sup> and 3<sup>rd</sup> lines):-

Delete:- “this could be considered further for other committees or areas of the NHS Board’s work”:

Insert:- “officers bringing reports to the Quality and Performance Committee should follow this example”.

**04. MATTERS ARISING**

(a) Rolling Action List

NOTED

**05. INTEGRATED QUALITY AND PERFORMANCE REPORT**

There was submitted a paper [Paper No 15/02] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC’s performance.

Of the 44 measures which had been assigned a performance status based on their variance from trajectory and/or target, 23 were assessed as green, nine as amber (performance within 5% of trajectory) and 12 as red (performance 5% outwith meeting trajectory).

The key performance status changes since the last report to the Committee were:-

- Cancer treatment waits 31 days – had moved from amber to green;
- Child and Adolescent Mental Health Services – had moved from red to green;
- Energy efficiency had moved from red to green;
- CO<sup>2</sup> emissions had moved to red to amber;

- Admissions to the Stroke Unit had moved from green to amber;
- Accident & Emergency maximum four hour waits had moved from amber to red;
- Antenatal care had moved from green to amber.

Exception reports had been provided to Members on measures which had been assessed as red.

In relation to antenatal care (SIMD) which moved from green to amber, Ms Micklem highlighted that the focus of the fluoride varnishing applications programme were being met in the most at-risk populations and therefore helping to address oral health inequalities and this narrowing of the gap over the last two years had been very impressive. In relation to the communication needs of deaf patients, new legislation was forthcoming and Ms Renfrew agreed to circulate to Members the current and developing arrangements in place for the provision of services to deaf people.

**Director of  
Corporate  
Planning &  
Policy**

Ms Brown asked about the issues with ensuring patients were discharged promptly from hospital. Ms Harkness advised that for non-complex discharges, monitoring was underway of the percentage of patients discharged by midday and particular focus had been paid to reducing waits for transport or to discharge prescriptions. There was a pilot underway in redesigning the work of the pharmacies across the Division, and the Scottish Government Health Department would be providing additional external support and advice from their experience in other areas. A particular area of focus was to bring about improvements at the Royal Alexandra Hospital, as it continued to struggle in meeting the national waiting time targets.

In relation to Ms Brown's enquiry about 12 weeks maximum wait for referral from new outpatient appointments in relation to General Medicine, there were patients waiting longer than 12 weeks across Orthopaedics, Neurology and Dermatology however, despite its reference within the exceptions report, there were no medical patients waiting over 12 weeks.

Members recognised the need to monitor and work towards the national and local targets however, as discussed at the last meeting, the Committee was keen to focus on the key priorities of the NHS Board to ensure significant effort was made in trying to meet these targets.

NOTED

## **06. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT**

There was submitted a paper [Paper No 15/03] by the Medical Director providing information on the performance against the national targets for key infection control measures.

For Staphylococcus Aureus Bacteraemia (SABs), the most recent validated results for July to September 2014 demonstrated an SAB rate of 24.1 cases per 100,000 acute occupied bed days (AOBDs), which was below the national average of 32.3 cases per 100,000 AOBDs.

With regard to the Clostridium Difficile (C.Diff) rate for July to September 2014,

the NHS Board had a rate of 33.8 cases per 100,000 AOBs which, again, was below the national average of 39.9 cases.

NOTED

**07. INFORMATION MANAGEMENT OF ADVERSE EVENTS: UPDATE ON DATIX SYSTEM**

There was submitted a paper [Paper No 15/04] by the Medical Director seeking approval of the new governance and management arrangements in relation to ensuring greater operational effectiveness in the deployment of the DATIX software modules in relation to incident reporting, complaints, legal claims, Freedom of Information requests and organisational risk.

In 2007/08, the NHS Board procured and implemented the DATIX software suite to provide electronic monitoring and recording systems for the applications mentioned above. Since the initial implementation the system has been slowly degrading, accumulating in a large number of complaints from service users. A Short Life Working Group (SLWG) was established to review the development needs so that the overall management of DATIX improved and was effective and sustainable. The report set out the key findings of the SLWG and following their implementation, the plan was that the Medical Director would become the Co-ordinating Executive, working in tripartite agreement with the Director of Human Resources and Director of Information and Technology to ensure corporate oversight of the DATIX system and its effectiveness. It was also intended to recruit a DATIX system manager in line with other comparable NHS Boards, and this post would be met from existing resources.

Ms Crocket advised that the improvements made to DATIX would assist nursing staff move towards a single recording system as currently other systems were required to be used i.e. the recording of tissue viability issues.

Ms Brown expressed concern at the over-use of the “other” category, particularly within East Renfrewshire, when recording incidents. This was not helpful in categorising incidents and highlighting themes or trends which required management attention/action. Dr Armstrong agreed that this needed to be reviewed as the functionality of DATIX was such that there should not require to be heavy reliance on such a category of incident.

**Medical Director**

DECIDED

1) That, the new governance and management arrangements to ensure greater operational effectiveness and deployment of the DATIX software modules be approved.

**Medical Director**

2) That, the costs of the new post be accommodated within the new organisational structure process be noted.

**Medical Director**

**08. NATIONAL PERSON-CENTRED HEALTH AND CARE COLLABORATIVE – STRATEGIC REPORT AND WORK PLAN**

There was submitted a paper [Paper No 15/05] by the Nurse Director setting out the current position on the NHS Board's progress in implementing the National Collaborative for Person-Centred Health and Social Care. This was the ninth report highlighting the work undertaken within NHSGGC under the National Person-Centred Health and Care Collaborative. It described the progress made locally with the pilot improvement teams in clinical services within NHSGGC. This report covered the period of September to October 2014 and as had been requested, had been kept brief this month, with the fuller report available on request.

Two new improvement teams had been added since the last reporting period, namely Ward 6 at the Royal Alexandra Hospital and the Pain Service at Stobhill Hospital. This meant that there were 32 clinical teams involved in the collaborative. Over the reporting period there had been over 6000 responses from patients to questions within the "themed conversations" and 96% of the feedback indicated an overall positive care experience.

Dr Lyons very much welcomed the proactive approach by nursing staff in specialist dementia care wards of inviting relatives and carers to remain in the ward during meal times. This had proven to have positive benefits for patients, families and ward staff.

Ms Micklem found the summary document very clear, but, in recognising the importance of this work and the issues it raised, would welcome a return to a slightly fuller report at future Committee meetings and emphasised that so often, learning was driven by situations where things had not gone well.

Mr Finnie welcome the proactive learning from this type of engagement however, had wondered whether the issues of concern raised were replicated within the receipt of complaints and also whether there was any evidence of any downturn in the number of complaints within the areas of responsibility of the 32 teams who were now actively involved in the collaborative. Ms Crocket indicated that the feedback did mirror aspects of complaints and she would see what information was available for a future report in relation to any downturn in complaint numbers from these areas.

**Nurse Director**

NOTED

**09. VALE OF LEVEN HOSPITAL INQUIRY: IMPLEMENTATION OF RECOMMENDATIONS**

There was submitted a paper [Paper No 15/06] by the Chief Executive seeking endorsement of the submission sent to the Scottish Government Health Directorate (SGHD) on 19 January 2015 in relation to NHSGGC's position in terms of implementing the 65 Scottish NHS Board recommendations from the Vale of Leven Hospital Inquiry report.

As Members were aware, the Vale of Leven Hospital Inquiry was set up by Scottish Ministers to investigate the occurrence of C.Difficile infection at the Vale of Leven Hospital and the Inquiry was tasked with investigating the deaths associated with C.Difficile which occurred between 1 December 2007 and 1 June 2008. The Vale of Leven Hospital Inquiry report was published on 24 November

2014 and made 75 recommendations; nine for the Scottish Government, one for the Crown Office and 65 for NHS Boards in Scotland. The report stated that the adoption of the recommendations should result in a significantly improved focus on patient care and, in particular, on the care of patients who contract an infection such as C.Difficile.

SGHD set up a process to monitor each NHS Board's assessment and implementation against the 65 recommendations and a guidance note and national template were provided and NHS Boards were required to describe the current position/progress towards implementing each recommendation and, where relevant, provide supporting evidence and examples of good practice.

As had been agreed at the December 2014 NHS Board meeting, the draft template was sent to NHS Board Members via email on 13 January 2015 for comment and following detailed and helpful comments, the document was amended and signed off by the Chief Executive and submitted to SGHD on 19 January 2015 as required.

Mr Calderwood intimated that in submitting the completed template to SGHD, the NHS Board had highlighted a number of issues on which it sought further clarity or further discussion with SGHD in terms of progressing specific recommendations to full implementation. SGHD had acknowledged receipt of the template and indicated that they would consider the points raised.

Mr Fraser welcomed the full response and the very clear setting-out of what further action was required to be carried out to fully meet the specific recommendations.

Dr Cameron referred to recommendations 7 and 8, in relation to the current restructuring, and asked if the Chief Executive could update Members on the progress made to date. Mr Calderwood acknowledged that not all substantive senior managers would be in the new posts by April 2015. Appointments had been made to the Chief Officer positions within Integrated Joint Boards; within Acute Services, Directors had been appointed for South and North, Diagnostics, Women's & Children's and Facilities. This left two vacancies; Directors for Clyde and Regional. The Director of Finance interviews were to be held on 23 January and recruitment had commenced for the Director of Human Resources and Organisational Development post. The general manager structure would not be completed by the Spring and there were a number of acting arrangements in place and he would report back to the Board in April 2015 on the updated position. Ms Harkness advised of the transition plans and processes being developed to ensure all areas were covered and that handover arrangements between senior staff were comprehensive and there was clarity as to who was responsible for what areas within Acute Services during this time of change. Ms Brown emphasised that a major challenge during a time of significant organisational change was ensuring that existing services continued to be managed appropriately and effectively.

**Chief Executive**

The requirement to ensure that there was 24 hour cover for infection prevention and control seven days a week and that contingency plans were in place for leave and sickness absence was reliant on out-of-hours service being provided by the on-call consultant microbiologist. This recommendation would be further discussed with the SGHD in relation to responses from other NHS Boards.

Dr Reid enquired about the need for more consultant involvement in death certification and Dr Armstrong advised that a group had been set up to review online death certification processes and this was being taken forward by Ms J Murray, Director of East Renfrewshire CH(C)P and Dr A Mitchell, Clinical Director.

Further discussion would also be held with SGHD in relation to the impact of the twice-annual junior doctor recruitment process to ensure clinical models of care were consistent with staffing and the need to maintain expertise and excellent training.

DECIDED

- That, the submission sent to SGHD on 19 January 2015 on NHSGGC's position in relation to implementing the 65 Scottish NHS Board recommendations from the Vale of Leven Hospital Inquiry report be endorsed.

**10. FINANCIAL MONITORING REPORT FOR THE 8 MONTH PERIOD TO 30 NOVEMBER 2014**

There was submitted a report [Paper No 15/07] by Interim Director of Finance that set out the NHS Board's financial performance for the eight month period to 30 November 2014.

Mr Daniels acknowledged the Scottish Government's announcement of £100m being set aside over the next three years for delayed discharges, and Mr Calderwood advised that in 2015/16, £30m would flow to Scotland as health-related expenditure as part of the Barnett consequences and this would be ring-fenced and provided as an additional allocation to Integrated Joint Boards.

Mrs McAuley enquired about the staffing cost savings and Mr Hobson advised that Acute Services and the Partnerships submitted consolidated monthly reports for review and validation prior to submission to the SGHD and this area was monitored very closely. Mr Finnie enquired about the recovery due from NHS Highland, and Mr Calderwood advised that it had been intimated to him that the NHS Board would receive the £1.5m due in 2015/16 with the outstanding sum due over the next two financial years thereafter.

In relation to anticipated figures at the end of December 2014, the overspend was predicted to be £0.7m.

NOTED

**11. FUTURE ARRANGEMENTS FOR THE BOARD AND RELATED COMMITTEES: PROPOSALS FOR DISCUSSION**

There was submitted a report [Paper No 15/08] by the Director of Corporate Planning and Policy seeking comments on a proposed approach to future arrangements for the NHS Board and related Committees. Integrated Joint Boards were in the process of being established and there had been a number of discussions with NHS Board Members about the future arrangements for the NHS Board and its related Committees. The intention was in seeking Non-Executive Members comments, that a final report be submitted to the NHS Board for approval.

The report set out the key responsibilities of the NHS Board and the support arrangements from the sub-committees to assist in discharging the responsibilities in relation to staff governance and audit. The NHS Board Members would continue to meet in informal development mode to discuss issues such as strategic planning,

equalities, public health and financial strategy issues.

The responsibilities of the Integrated Joint Boards had also been set out together with the intention to move to an Acute Quality and Performance Committee, which would have responsibilities similar to the current Quality and Performance Committee but covering Acute Services and those responsibilities discharged on behalf of the whole NHS Board. In addition, Members had been contacted about keeping the monthly meetings of the NHS Board and Acute Quality and Performance Committee meeting until the mid-point of 2015/16, after which a review would be undertaken in terms of the need for any further changes to the frequency of meetings and responsibilities of the Acute Quality and Performance Committee.

It was not thought that the Integrated Joint Boards (IJBs) would submit their minutes to the NHS Board; they were not sub-Committees of the NHS Board. However, there needed to be consideration of how best key and relevant issues from IJBs were reported to the Board. The IJBs would have a role in planning specific acute services and performance monitoring, they would have responsibilities for how their own population used the acute services and therefore different levels of reporting would be required for local scrutiny by IJBs.

Mr Finnie highlighted the dual role of Non-Executive Members sitting as NHS Board Members and also as members of IJBs. Connectivity to the NHS Board via IJBs needed to be considered as did the question of how a Board Member sought assurance from the sub-Committees of the Board if they were not just relying on receiving the minutes of the sub-Committee. The summaries of the minutes produced by the Staff Governance Committee and the Clinical Governance Forum were viewed as good practice and should be considered for future reporting on the work of sub-Committees to the NHS Board. Dr Reid enquired about a situation where an Integrated Joint Board was in an underspend position and Mr Calderwood advised that they would retain the underspend for use in the following year.

Dr Armstrong stressed the importance of clinical governance in relation to the IJB, and the important role played by the Clinical Governance Forum, Clinical Directors and the clinical governance structures within Acute Services and the six Integrated Joint Boards. Keeping these structures in place was essential to provide the necessary assurance in relation to key clinical governance priorities and challenges.

DECIDED

- That, the future arrangements for the NHS Board and its related committees be worked up further and submitted to the NHS Board at a later date for approval.

**Director of  
Corporate  
Planning &  
Policy**

**12. NEW SOUTH GLASGOW HOSPITALS DEVELOPMENT: PROGRESS UPDATE**

There was submitted a report [Paper No 15/09] by the Project Director – New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children’s hospitals). In addition, the paper covered the progress made on the NHS Board’s retail strategy and also consideration of the outcome of the risk assessment of the Children’s Psychiatry Ward within the new Royal Hospital for Sick Children.

As of 12 January 2015, 199 weeks of the 201 week contract had been completed and the project remained within timescale and budget and the handover date remained as 26 January 2015. The builder's work within both hospitals was nearing completion and the focus was on the rectification of items which had been identified as snags, and the cleaning of the hospital in preparation for the handover. In relation to the handover, Mr Loudon stressed that this had been planned for 12 noon on Monday 26 January, however, this was wholly dependent on the temporary completion certificate being signed off by Glasgow City Council.

In preparation for the handover, discussions were being held with the contractor in relation to access control, security, fire and the project team was ensuring that the contractor had completed the Building User Guide which would sit alongside the NHS handbook for the site. The last staff tours of the hospital had taken place prior to the festive season, and no further tours were being arranged so that the contractor had the opportunity to close down all areas once they had been cleaned. Induction arrangements for staff who would be transferring to the new hospital had been finalised and the Medical Illustration Department had prepared an induction DVD to be shown at these sessions. The orientation of staff into the buildings was being carried out on a train-the-trainer approach and the project team would orientate the service transfer users who would in turn be responsible for orientating their staff in their area of service in the building. A detailed project plan which captured all the activities required to take place within the 12 week commissioning period had been prepared.

The Teaching and Learning Centre remained on programme and on budget for completion by the end of May 2015 and the construction of the new Administration Block remained on programme and on budget for completion in April 2015.

The Convener and Members of the Quality and Performance Committee congratulated Mr Loudon and the project team on an outstanding achievement in managing this huge publicly-funded hospital development project within budget and within the projected handover date, some five weeks earlier than the original plan. It was acknowledged that the congratulations were due to the previous Project Director and all team members who had contributed, over the last five years, to the successful delivery of this contract, and Mr Winter, in emphasising this, viewed this as a great team success with excellent working relationships with the main contractor, Brookfield Multiplex.

### **Retail Strategy - Update**

The report included an update on the results of the Retail Strategy tender process which followed on from the previous papers presented to the Committee in July and September 2014.

An Evaluation and Selection Group was convened to assess and score the submitted proposals and the preferred occupiers were noted as follows:-

Unit 1 – M&S (operated by WH Smith)

Unit 2 – WH Smith

Unit 3 – Camden Food Co (operated by SSP)

Unit 4 – To be confirmed

Unit 5 – Souped Up and Juiced

Unit 6 – Aroma Cafe

Unit 7 – Yorkhill Children’s Charity

Mr Loudon went through the process from notification of interest, the NHS Board’s intentions for the services to be provided from each unit, the tender process, evaluation process and outcome.

The preferred retailers had been notified on 28 November 2014 and 11 December 2014, and Unit 4, which had been set aside for negotiations with trade unions, saw discussions being continued with Unison in relation to its intentions for the use of this space.

Ms Micklem enquired about how the retailers would be monitored in terms of complying with the NHS Board’s specification and healthy eating requirements. Mr Loudon advised that a Monitoring Group would be formed to assess compliance with the tender specification and national and local standards.

**Risk Assessment of Children’s Psychiatry Ward in the Royal Hospital for Sick Children**

The report advised Members of the findings of the clinical team following their visit to the Child Psychiatry Ward in the new Hospital for Sick Children on 10 December 2014. The clinical team members on the visit included the service manager, consultant psychiatrist, senior nursing staff, psychologist and staff from health and safety. The key issues to be considered were patients at risk from self-harm/suicide; patient safe entry/exit from ward; the outdoor garden; and managing violent and aggressive patients.

The clinical team highlighted a number of risks during their visit which the contactor had been requested be removed or improved.

Dr Lyons asked that the separate entry to this ward be used only in exceptional circumstances and hoped that staff would encourage the use of the shared entry to avoid any stigmatisation.

Ms Micklem expressed concern that the removal of hand rails and back rests from the patient en-suite shower rooms could disadvantage the independence of disabled patients and highlighting that this was a rare event was not relevant. Ms Macleod advised that a bathroom was still available with the hand rails and back rest and that they had only been removed from en-suite facilities.

NOTED

**13. INVERCLYDE ADULT & OLDER PEOPLE’S MENTAL HEALTH CONTINUING CARE FACILITY: FULL BUSINESS CASE**

There was submitted a paper [Paper No 15/10] by the Head of Capital Planning and Procurement providing Members with a copy of the Full Business Case for the Inverclyde NHS Adult and Older People’s Continuing Care Beds for Mental Health. This project was to be delivered by Hub West of Scotland as part of the Scottish Government’s approach to the delivery of a new community infrastructure.

The Quality and Performance Committee had approved the Outline Business Case in January 2014 and this had subsequently been approved by the SGHD Capital Investment Group in March 2014.

At the last meeting of the Quality and Performance Committee, a paper had been submitted which reported that a directive from the Scottish Futures Trust outlined a different approach as to how this project could be bundled with the Eastwood and Maryhill contract. This was reviewed in terms of costs and other considerations and ultimately it was considered that the best option was to pursue the Inverclyde project as a standalone project.

The scope of the project was to provide a new Inverclyde facility which included:-

- Elderly Mentally Ill – 30 beds including 24 NHS continuing care beds for patients with dementia and 6 NHS continuing care beds for patients with dementia and co-morbid conditions;
- Adult – 12 NHS continuing care beds;
- Social enterprise space including cafe/servery and hairdresser;
- Treatment rooms;
- Multipurpose social spaces for male and female patients.

The existing provision of continuing mental health care beds were provided on the lower part of Ravenscraig Hospital, Greenock. The two wards where services were delivered were beyond their life expectancy and no longer fit for purpose. The principal driver of the project was the withdrawal by the NHS Board from Ravenscraig Hospital site in 2016.

Mr Curran highlighted the changes since the Outline Business Case and the benefits criteria.

Members welcomed this proposal and Councillor McIlwee recognised that this had been a lengthy and difficult proposal to pull together however, he was delighted to see the likelihood of the start of the project in April 2015 leading to the closure of the unsatisfactory wards at Ravenscraig Hospital in 2016.

#### DECIDED

- That, the Full Business Case and associated documentation be submitted to the Scottish Government Capital Investment Group for decision be approved.

**Head of Capital  
Planning &  
Procurement**

#### **14. GORBALS AND WOODSIDE HEALTH AND CARE CENTRES – OUTLINE BUSINESS CASES**

There was submitted a paper [Paper No 15/11] by the Head of Capital Planning and Procurement setting out the progress on the procurement of Stage 1 of Woodside and Gorbals Health and Care Centres and proposals for delegated authority for the Outline Business Case (OBC) outwith meetings of the Quality and Performance Committee to ensure that the OBC was submitted to the SGHD Capital Investment Group meeting on 24 February 2015.

The projects were to be delivered by Hub West of Scotland as part of the Scottish Government's approach to delivery of new community infrastructure.

DECIDED

- 1) That, the progress on the procurement of Stage 1 for Woodside and Gorbals Health and Care Centres be noted.
- 2) That, the submission of the OBCs for Woodside and Gorbals Health and Care Centres to Members on 23 January 2015 and, if accepted, it be submitted to the Convener of the Committee on 30 January 2015 for approval, prior to submission to the SGHD Capital Investment Group by 3 February 2015, be approved.

**Head of  
Corporate  
Planning and  
Procurement**

**15. HUB PROGRAMME UPDATE**

There was submitted a paper [Paper No 15/12] by the Head of Capital Planning and Procurement asking Members to note the content of the paper, the revised feasibility scoring for both Clydebank and Greenock Health and Care Centres, and that Greenock Health and Care Centre was the project recommended for funding through the Hub Development Programme.

Following the Quality and Performance Committee meeting in November 2014, at which the letter of 17 November 2014 from the Council Leader of West Dunbartonshire Council had been considered, there was a further analysis by the Hub Feasibility Scoring Group, taking on board the points raised. The Scoring Group met in December and in January to revisit the proposals in relation to:-

- Patient experience;
- Local strategic fit;
- The asbestos-related issues in each existing facility;
- Deliverability.

The assessment of the estate and the assessment of the financial costs had been verified and remained unchanged.

Mr Curran took Members through each of the four areas and at the end of the reassessment, Greenock Health and Care Centre remained the recommended project for funding through the Hub Development Programme.

In response to Members' questions, Mr Calderwood advised that this had been a new process for the NHS Board and some thought would need to be given in future as to how to handle such projects. Normally, capital projects were brought forward by officers in relation to health and safety, fire, disability discrimination and other key factors, and the Capital Planning Group would review and make recommendations to the NHS Board.

It was also noted that West Dunbartonshire Council had written direct to the Scottish Government enquiring as to the possibility of additional funding to secure the provision of a new Clydebank Health and Care Centre.

NOTED

## 16. MENTAL HEALTH SERVICES AND ESTATES STRATEGY

There was submitted a paper [Paper No 15/13] by the Interim Director of Glasgow City CHP and the Head of Capital Planning and Procurement, seeking Members' approval for a Mental Health Services Strategy which delivered a number of strategic priorities including the Mental Health Clinical Services Review, addressed a number of suboptimal and temporary accommodation issues and made a significant financial efficiency contribution to Partnership medium-term financial plans.

Mr Doug Adams, Head of Planning and Performance, Mental Health, took Members through the paper from the 2001 Modernising Mental Health Strategy; the 2002 SGHD-approved consolidation of beds from North East Glasgow through the reprovision of the Parkhead Hospital beds on the Stobhill site, to the Clyde Modernising Mental Health Strategy and subsequent Vale of Leven consultation proposals.

The Mental Health Services and Estates Strategy sought the realignment of the inpatient estate to the Clinical and Service strategy as follows:-

- Finalise the North East Glasgow consolidation of beds at Stobhill Hospital and release the Parkhead Hospital site for disposal or alternative uses;
- Improved access for the Maryhill catchment area by transferring that activity from Stobhill to Gartnavel and mitigating the requirement for further additional new-build capacity at Stobhill;
- Reinstate Renfrewshire Older People's Mental Health Continuing Care Beds, temporarily located at the Mansionhouse Unit, back to Renfrewshire and release the Mansionhouse site for disposal or alternative uses;
- Consolidate Adult Mental Health Acute Beds for Renfrewshire and South Glasgow on the Leverndale Hospital site;
- Implement the bed model for Older People's Mental Health functional frailty to ensure compliance with age discrimination legislation;
- Implement a single site model for Addictions Beds to ensure the ongoing sustainability of inpatient provision for addictions;
- Enhance the suitability of medical cover out-of-hours through reducing the number of acute admission sites where this can be achieved with more modest implications for accessibility.

The total capital costs of the proposals for delivering the full package was £30m and transitional capital costs of £5m were required in 2015/16 to deliver the early transitional ward moves; this sum had already been allocated within the NHS Board's Capital Plan.

The revenue savings prior to capital charge costs were set out in the paper.

It was recognised that these proposals were linked to the Board's Clinical Services Strategy and there was a drive to ensure that the right beds were located in the right place; and that the clinicians support for the transitional moves was likely to be contingent on upfront Board commitment to the capital commitments to deliver the

full programme beyond the transitional moves.

DECIDED

- 1) That, the Mental Health Services and Estates Strategy and associated realignment of the inpatient estate set out in the report, be approved.
- 2) That, officers confirm with the Scottish Government Capital Investment Group that the £5m allocated within the Capital Plan can be applied to facilitate the interim moves outlined in this paper.
- 3) That, the provision of a further £25m in the Capital Plan as an indicative requirement to deliver the full programme and that the Business Case Development Programme would confirm both the final investment requirement and phasing and that the £25m be included in the 5-year Capital Plan to deliver the programme, be approved.
- 4) That, a further exploration of alternative funding options including Hub to deliver the full programme, be considered.
- 5) That a further update be provided to the Quality and Performance Committee when finalised numbers and funding routes were confirmed.

**Interim Director,  
Glasgow City  
CHP**

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**17. MEDIA COVERAGE OF NHSGGC NOV-DEC 2014**

There was submitted a paper [Paper No 15/14] by the Director of Corporate Communications highlighting outcomes of media activity for the period November – December 2014. The reported supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

NOTED

**18. BOARD CLINICAL GOVERNANCE FORUM MINUTES AND SUMMARY OF MEETING HELD ON 8 DECEMBER 2014**

There was submitted a paper [Paper No 15/15] enclosing the minutes of the Board Clinical Governance Forum meeting held on 8 December 2014.

NOTED

**19. STAFF GOVERNANCE COMMITTEE MINUTES OF MEETING HELD ON 18 NOVEMBER 2014**

There was submitted a paper [Paper No SGC(M)14/04] enclosing the minutes of the Staff Governance Committee meeting held on 18 November 2014.

NOTED

**20. PROPERTY COMMITTEE MINUTES OF MEETING HELD ON 26 NOVEMBER 2014**

There was submitted a paper [Paper No 15/16] enclosing the minutes of the Property Committee meeting held on 26 November 2014.

NOTED

**21. DATE OF NEXT MEETING**

9.00am on Tuesday 17 March 2015 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 1.05pm