QPC(M)11/03
Minutes: 41 - 67

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 15 November 2011 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Mr P Daniels OBE	Mr D Sime
Ms R Dhir MBE	Mr B Williamson
Mr I Fraser	Mr K Winter
Councillor J McIlwee	Councillor D Yates

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

Mr R Calderwood	Ms R Crocket
Dr B Cowan	Mr P James

Mr A O Robertson OBE

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

Mr S Baker	..	Partnerships Project Manager (for Minute Nos. 63 and 64)
Mr A Crawford	..	Head of Clinical Governance
Dr J Dickson	..	Associate Medical Director
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mrs L Kelly	..	Head of Policy (for Minute Nos. 53 and 54)
Mr A Mathers	..	Clinical Director, Women and Children's (to Minute No. 44)
Mr A MacKenzie	..	Director, North West Sector Glasgow CHP (from Minute No. 64)
Mr A McLaws	..	Director of Corporate Communications
Ms P Mullen	..	Acting Head of Performance and Corporate Reporting (to Minute No. 59)
Ms K Murray	..	Director, East Dunbartonshire CHP (for Minute No. 51)
Mr K Redpath	..	Director, West Dunbartonshire CHCP (for Minute No. 63)
Mr D Ross	..	Director, Currie & Brown UK Limited (for Minute No. 61)
Ms H Russell	..	Audit Scotland
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute No. 61)
Mr S Sengupta	..	Head of Planning, West Dunbartonshire CHCP (for Minute No. 63)

ACTION BY

41. APOLOGIES

Apologies for absence were intimated on behalf of Dr C Benton MBE, Ms M Brown, Councillor R McColl and Mrs P Spencer.

ACTION BY

42. MINUTES OF PREVIOUS MEETING

On the motion of Ms R Dhir and seconded by Mr D Sime, the Minutes of the Quality and Performance Committee meeting held on 20 September 2011 [QPC(M)11/02] were approved as a correct record.

NOTED

43. MATTERS ARISING

(a) Rolling Action List

The Convener asked that Officers complete the "progress column" for the action list for all future meetings. **Head of Board Administration**

(b) Clinical Risk Management: Corporate Reporting

In relation to Minute 27 – Clinical Risk Management: Corporate Reporting – Mr Crawford agreed to submit the final draft of the dates of reporting to the Committee on the publication of key national reports and audits into services in the Acute Services Division to the next pre-agenda setting meeting. **Head of Clinical Governance**

NOTED

(c) Prison Health Service

In relation to Minute 30 – Clinical Governance Implementation Group Minutes – Mrs Hawkins advised that Prison Health Services transferred to the NHS on 1 November 2011. The transfer had gone smoothly and she paid tribute to all the staff involved, in particular Ms Alice Doherty, for contributing to the successful transfer of these responsibilities. The Chief Executive had written to all transferring staff welcoming them to NHS Greater Glasgow and Clyde and the Nurse Director had visited staff at Barlinnie Prison on 1 November 2011. Induction, training and a harmonisation of policies was now underway and the Memorandum of Understanding was to be completed shortly between both organisations.

A progress paper would be submitted to the March 2012 meeting of the Committee. **Director, Glasgow CHP**

NOTED

(d) Overview for Contracting for NHS Partnership Beds and Local Authority Residential Care Beds in Inverclyde

In relation to Minute 33 – Overview of the NHS Continuing Care Partnership Beds and Local Authority Residential Care beds in Inverclyde - there was a paper submitted [Paper No. 11/37] from the Director of Glasgow City CHP providing a progress report on the procurement process for the re-provision of adult and older people's continuing care requirements from Ravenscraig Hospital.

Tenders had been submitted from two of the four suppliers who had responded to the invitation to tender. Both bidders had submitted tenders only for the Inverclyde Royal Hospital site option and for each of the three contract terms. Both had indicated that the cost of the Kempock site was the key consideration in choosing the Inverclyde Royal Hospital option. The outcome of the evaluation process had resulted in Quarriers being identified as the preferred provider and as part of their submission had offered to enter into a twelve week "Engagement" phase to allow details of their offers to be refined and concluded. There would be no contractual commitment for either NHS Greater Glasgow and Clyde or Inverclyde Council at this stage.

Mrs Hawkins advised that this would be an important phase of the procurement process and would afford the officers the opportunity to try and address the affordability element recognising the need not to compromise the quality of care for patients.

Councillor McIlwee thanked the staff from NHS Greater Glasgow and Clyde and Inverclyde Council for the hard work in getting to this stage and he supported the principle of entering an engagement phase with Quarriers. The Policy and Resources Committee of Inverclyde Council were considering the same paper at its meeting that afternoon.

The challenges were noted and all attempts would be made to conclude agreement with the preferred bidder within the twelve week engagement phase.

DECIDED

1. That the progress to the next stage of the procurement process which was a period of twelve weeks engagement with Quarriers be approved.

2. That the outcome of the engagement process with Quarriers be considered alongside the other options of Prudential Borrowing (Inverclyde Council) or Hub (Scottish Futures Trust).

3. That a paper be submitted to the Committee and Inverclyde Council in Spring 2012 of the outcome and recommendations prior to awarding a contract. **Director, Glasgow CHP**

44. NATIONAL MATERNAL MORBIDITY REPORT

The Convener advised that as agreed at the last meeting each alternate meeting of the Committee would review the implications of national reports/audits within Acute Services on NHS Greater Glasgow and Clyde. This was the first such report from Healthcare Improvement Scotland entitled Scottish Confidential Audit of Service Maternal Morbidity – seventh Annual Report. Dr Alan Mathers, Clinical Director, Women and Children's had agreed to give a presentation to members on the outcome and recommendations of the report, the implications for NHS Greater Glasgow and Clyde and the actions being taken forward to improve services in this area.

Dr Mathers advised that the seventh Annual Report described severe maternal morbidity fulfilling defined criteria reported from all 18 Consultant led maternity units within Scotland in 2009. During this time 381 women had reported experiencing 441 morbidities; this being a rate of 6.7 per 1000 live births and had been a slight increase in recent years. Major obstetric haemorrhage was reported in 306 women a rate of 5.2 per 1000 live births. Dr Mathers drew attention to the recommendations of the report. His presentation would be made available on the Board Members extranet website.

Mr Williamson thanked Dr Mathers for his helpful and comprehensive presentation.

He enquired about the input from specialist vascular services in cases of severe obstetric haemorrhage. Dr Mathers emphasised that the clinical staff worked very closely together and during his time at the Princess Royal Maternity Hospital there had not been to the need to involve specialist vascular services. He emphasised the necessity for speed of treatment and the benefits of drugs for the vast majority of conditions. He explained the protocols in place to try to avoid emergency caesarean section. In relation to elective caesarean sections this was often driven by individual preferences; a number of countries had much higher rates of elective caesarean section than in the UK.

In relation to other comments from members, Dr Mathers advised of the robustness of the guidance issued by NICE in England and the useful statistical information collected by the Information Services Division that allows analysis across each individual hospital in order to address any specific problems or changes in performance.

The Convener enquired about the rise in rates of women experiencing severe maternal morbidity by individual maternity units from 2006 – 2008 to 2009 from 6.2 rate per 1000 live births to 10.9 at the Princess Royal Maternity Hospital. Dr Mathers indicated that the data was analysed on a monthly basis and full reports were produced in order to ensure the best results possible were achieved. The data used within NHS Greater Glasgow and Clyde were robust and comprehensive and gave the full picture of the outcomes being achieved.

The Convener thanked Dr Mathers for attending and presenting to members on the recently issued National Maternal Morbidity Report.

NOTED

45. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was a paper submitted [Paper No. 11/38] from the Acting Head of Performance and Corporate Reporting setting out the next iteration of bringing together high level performance information from separate reporting strands to create a more integrated view of the organisation's performance. The report aimed to provide an overall sense of where NHS Greater Glasgow and Clyde was in achieving the ambitions set out in the Quality Strategy and the sign posts to sources of greater detailed information if required.

The report was still work-in-progress and members feedback was welcomed to ensure it was refined to suit the needs of the Quality and Performance Committee.

Ms Mullen stated that some performance indicators, particularly in relation to the quality outcome measures, were being developed nationally and some definitions still had to be agreed. The indicators which had been included in the report without data would be populated in future as and when these definitions were agreed. Some measures now had data and were included for the first time; including drug and alcohol treatment; emergency bed days for patients aged 75 years and over; Better Together Survey measures and additional 2010 Staff Survey measures.

Members welcomed the progress in populating the integrated report and Mr Williamson asked if this level of reporting was available at Acute Directorate level. Mrs Grant advised that there was a Directorate based regime scrutinising the key performance target areas and it was agreed that such information could be provided to members as part of the Medical Director's presentations to the Committee when scrutinising national reports/audits.

Mr Daniels was disappointed at the continuing failure to meet the six week delayed discharge target although noted that improvements had been made from the same period last year. He had anticipated greater progress through the additional monies and activities offered by the Change Fund initiative. Mr Calderwood acknowledged this and advised that a report on the utilisation of the additional monies from the Change Fund would be reported to the Committee at its next meeting. **Chief Executive**

Mr Daniels was also disappointed with elements of the results of the Better Together Survey and Staff Survey. In relation to patients not being advised about how long they had to wait within an Accident and Emergency Department, Mr Calderwood acknowledged that patients may not have been proactively advised about the length of the wait however he had been advised, LED screens were updated regularly within the Accident and Emergency Departments to advise patients about wait times.

In relation to some of the results within the Staff Survey it was acknowledged that at a time of constant change and the greater need for more efficient and effective services it was always likely to be the case that staff did not always feel fully involved or felt they were contributing to the development of services within their area. Mr Calderwood hoped that the launch of the Facing the Future Together initiative would allow a far greater engagement with staff and encourage more staff to be involved in contributing to decision making in the areas they worked. Mrs Grant advised that within Acute Services local action plans had been put in place at Directorate level in order to try and achieve a more sustained improvement in staff engagement and for staff to feel more involved with the core functions of the organisation.

Mr Sime indicated that in speaking with staff they generally had good relationships with their local mangers however the corporate messages and any feeling of involvement were missing and more work was required in these areas.

Councillor Yates had highlighted the effort still required within smoking cessation and sickness absence although he did note the improvement with short term sickness absences and acknowledged long term sickness absences was a difficult area to tackle.

NOTED

46. SCOTTISH PATIENT SAFETY PROGRAMME: NOVEMBER 2011

There was a paper submitted [Paper No. 11/39] by the Medical Director setting out the progress for the implementation of the Scottish Patient Safety Programme (SPSP) reflecting the activity within NHS Greater Glasgow and Clyde over September and October 2011. The aim was to achieve full implementation of the core programme within the Acute Services Division by the end of December 2012. It was hoped to achieve implementation of the paediatric SPSP, meeting the national medium term goals by March 2012. Officers will also develop SPSP improvement programmes in Primary Care, Mental Health Services and Obstetrics in 2011/12.

The Patient Safety – Primary Care Steering Group was being chaired by Dr Paul Ryan, Clinical Director, North East Sector Glasgow City CHP. It had been established to provide leadership to the local programme design and implementation. Lay representation was currently being secured for the group. The five proposed areas of focus for the programme would be:-

- Disease Modifying Anti Rheumatic Drugs
- Left Ventricular Systolic Dysfunction
- Medication Reconciliation at Discharge
- Tissue Viability; Pressure Ulcers
- Insulin Management

To date 15 GP practices had expressed an interest in the programme and will support one of the above workstreams. It was the intention to ensure that all CH(C)Ps engaged in the programme and have a practice or service involved in at least one of the workstreams.

NOTED

47. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE SUMMARY – OCTOBER 2011

There was submitted a paper [Paper No. 11/41] by the Medical Director covering the Board wide infection prevention control activity.

As previously agreed the report was now on an exception reporting basis in order to cut down the duplication of the full report being submitted to the NHS Board meetings.

The NHS Board continued to work towards the revised 2013 HEAT target of 0.6 cases of Staphylococcus Aureus Bacteraemias (SABs) per 1000 occupied beds. The most recent results demonstrated a rate of 0.291.

The HEAT targets for 2010 and 2011 had both been achieved; however more SABs were being identified in patients who were admitted from home or nursing homes and actions to prevent these were limited and will make the revised target difficult to achieve. The report also highlighted hand hygiene compliance and the surgical site infection surveillance.

NOTED

48. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 11/42] by the Medical Director on adverse clinical incidents.

Following discussions at the last meeting of the Committee this was the first report provided in the new format and members were asked to give consideration to the reporting format and whether the information presented provided adequate assurance of clinical risk management arrangements.

Mr Crawford advised that he had shown two separate charts rather than a single integrated Board wide picture in relation to significant clinical incidents. The first chart covered the Acute Services Division, which highlighted a slight upward trend in the numbers reported each month. This information was reviewed at each meeting of the Acute Services Division Clinical Governance Forum. The second table showed the same information for the partnerships. The majority of significant incidents were reported in mental health care and whilst the trend showed a downward shift in reporting levels this may have been related to data quality issues which will be reviewed and remedied as soon as possible.

Members welcomed the presentation of the information and agreed the format of reporting was helpful.

Dr Dickson then provided members with a summary of each active Fatal Accident Inquiry within NHS Greater Glasgow and Clyde and provided updates where progress had been made since the report had been written.

NOTED

49. VALE OF LEVEN HOSPITAL PUBLIC INQUIRY - PROGRESS

There was submitted a paper [Paper No. 11/43] by the Head of Board Administration providing an update on the progress of the Vale of Leven Hospital Public Inquiry.

The Medical and Nurse Directors had highlighted the key emerging issues at the September 2011 NHS Board Seminar and this paper provided an update on the hearings to date and the planned hearings which currently were to run until 23 March 2012. It was the intention that the final Report be submitted to the Cabinet Secretary in September 2012. The Chief Executive provided a further update on key issues and advised that a further paper would be submitted to the Committee in January 2012 showing the improvements at the Vale of Leven Hospital since the occurrence of the c-diff incidents.

Chief Operating Officer

NOTED

50. FINANCIAL MONITORING REPORT TO SEPTEMBER 2011

There was submitted a paper [Paper No. 11/51] from the Director of Finance setting out the Financial Monitoring Report for the six month period to 30 September 2011.

As at 30 September 2011 the Board was reporting expenditure levels running £3.6m ahead of budget and this was mainly attributable to the timing of implementing savings plans and cost pressures pushing expenditure above budget. This represented an improvement on the NHS Board's position since last month and compared favourably to the results for the same period last year.

Mr Daniels asked for an explanation for the cost pressures within the nursing pay budgets which the report highlighted as an overspend of £1.8m. Mrs Grant advised that these were within Rehabilitation and Assessment Directorate; Women and Children's Directorate and Emergency Care and Medical Directorate and mainly related to sickness level and each Directorate was currently reviewing its position to identify how the costs could be brought back in line with the budget.

Mr Daniels asked about the Cabinet Secretary's recent announcement about the Hub Programme (this part of the Scottish Future Trust Initiative). The Schemes announced were approved capital schemes or schemes which were under consideration within the Capital Plan. The Board would give consideration at the appropriate time to the approval process and revenue implications of such schemes.

Ms Dhir asked if information could be provided on the prescribing budget; how it was managed, monitoring of GP prescribing and the role of the community pharmacists. Mr Calderwood advised that this would be covered at the Board's away session 8/9 December 2011. **Chief Executive**

NOTED

51. DENTAL SERVICES IN ALEXANDRIA (AND INVERCLYDE)

There was submitted a paper [Paper No. 11/45] from the Director, East Dunbartonshire CHP/Oral Health Directorate in which members were asked to consider the provision of dental centres within Paisley, Alexandria and Greenock as a result of a number of factors determining that it was no longer viable to proceed with the development of the three dental centres as originally proposed.

The Royal Alexandra Hospital Dental Centre had been completed in early 2011 and the proposals for a dental centre in Alexandria formed an integral part of the "vision for the Vale of Leven". Dental Services were included in the public consultation process and the business case for the new Health and Care Centre at Alexandria.

The original proposals were the development of three dental centres which would accommodate community dentistry, general dental service and dental student teaching and would facilitate the repatriation of some patients who would normally be referred to the Glasgow Dental Hospital and School.

Since the initial business case had been prepared it was no longer viable to proceed to the development of the three dental centres due to the combined impact of a number of factors. These included:-

- **General Dental Practice** – Several surgeries within each of the three dental centres were allocated for use by general dental practices which needed to relocate to meet compliance with the 'Glennie' decontamination guidelines. To date only one practice now required to relocate due to planned closure of the existing Alexandria Health Centre.

- **Outreach Teaching** - 20 dental surgeries were originally designated for Outreach teaching across NHS Greater Glasgow and Clyde by NHS Education for Scotland (NES). However NES had subsequently reduced their requirement to 12 surgeries; they had originally over-planned capacity but as there was now a higher number of dentists than planned and a reduction in demand for training new dentists, this had led to a reduced requirement for surgeries.

- **Revenue Funding** - Outreach teaching at Greenock required a higher staff to student ratio to provide satisfactory supervision levels because the facilities there were not designed specifically for this purpose. NES had supported this higher than optimal staffing level for a temporary period but have indicated that they will no longer support this higher-cost staffing model in future.

- **Geographic Spread** – The original proposals recommended the consolidation of a number of peripheral community dental sites to be co-located within these dental centres. In discussions with the Scottish Government's Chief Dental Officer, it had been agreed that the Board would retain community dental services within Dumbarton and Port Glasgow.

- **Vale of Leven Vision** –The dental centre in Alexandria formed an integral part the 'Vision for the Vale of Leven' and formed part of the business cases for the new Alexandria Health and Care Centre.

- **Quality of Accommodation** – The Royal Alexandra Hospital Dental Centre had been completed early in 2011. The community dental department at Greenock was modernised and expanded in 2008 and would continue to be the main dental centre for the Inverclyde area. However, there has been no recent investment in community dental accommodation in the West Dunbartonshire and Lomond areas and as a result the current facilities were no longer considered to be fit for purpose.

- **Inverclyde Service/Accommodation Pressures** - Community dental services were the only users now operating within the Elizabeth Martin Clinic in Greenock. There were significant health & safety and security risks in continuing to deliver these services in isolation. As a result it was preferable to relocate these services, after discussion and engagement with Inverclyde CHCP and the appropriate consultation with service users.

Mrs Murray set out the three options within the paper and explained the benefits and risks of each. The provision of 13 chairs within Alexandria Health and Care Centre, if the business case was approved, would provide capacity for the required outreach teaching including repatriated appointments from the Glasgow Dental Hospital and School. This together with the new facilities created at the Royal Alexandra Hospital led the Oral Health Directorate to conclude that the preferred option was option C.

This would mean that all outreach teaching activity would be provided from new purpose built facilities therefore removing the risk that funding would be withheld by NES. This would retain the status quo at the Royal Alexandra Hospital where the new facility was already attracting the appropriate case mix to support outreach teaching. In addition, it provided an opportunity to use the current outreach chairs in Greenock to provide greater access to community dental services and minimising the impact of any potential loss of access from the relocation of outreach facilities.

The Committee was therefore being asked to support developing a new reduced sized dental centre within the new Alexandria Health and Care Centre and the relocation of 4 dental outreach chairs from Greenock to the new Alexandria facility.

Councillor McIlwee fully understood the move to close the Elizabeth Martin Clinic due to the condition of the building however he had not been aware that the dental chairs at Inverclyde had been an interim solution. Mrs Murray advised that that had been the intention until a permanent solution had been approved. The change had been as a result of the fact it was no longer viable to proceed with the development of 3 dental centres as originally proposed and there was now no need to go beyond 12 chairs.

Councillor McIlwee asked about patients not registered with dental practices and Mrs Murray advised that they can utilise the local community dental services, or attend student outreach at either GDH or the RAH but all patients would continue to be encouraged to register with a general dental practice. Patients can only ever access one course of treatment from student teaching clinics, student teaching clinics do not provide long term dental treatment for patients.

Councillor McIlwee emphasised that a significant number of patients did use the student dental chairs at Inverclyde and he was disappointed that this service may require to be moved.

Mrs Murray in response to a question from the Convener indicated that formal engagement and consultation would be undertaken through agreement with the Scottish Health Council. It was recognised that this was a difficult matter brought about by the result of factors set out in the paper for the need to reduce dental chairs. Regrettably the facility within Greenock Health Centre was not compliant and NES had made it clear that it would no longer support the higher cost staffing model. Mrs Murray went on to advise that if the proposal was approved it would then be dependent on the approval of the Final Business Case for the Alexandria Health and Social Care Centre to be submitted for the Cabinet Secretary's approval. Any changes within the Inverclyde area were likely to fall to the 2013/14 period. Mrs Murray was meeting with Mr R Murphy, Director Inverclyde CHCP to discuss the proposals with him and Councillor McIlwee would hold similar discussions with Inverclyde CHCP staff.

DECIDED

1. That the development of a dental centre within the Alexandria Health and Care Centre be supported.

2. The reduction from the previously planned total of 20 dental Chairs to 13 dental Chairs within this dental centre on the grounds that this was no longer considered to be sustainable. **Director, East Dunbartonshire CHP**

3. The relocation of dental undergraduate teaching (student outreach) from the Community Dental Department at Greenock Health Centre into the Alexandria Dental Centre be approved. **Director, East Dunbartonshire CHP**

52. QUALITY AND POLICY DEVELOPMENT GROUP MINUTES - 26 OCTOBER 2011

There was submitted a paper [Paper No. 11/44] setting out the Quality and Policy Development Group Minutes of its meeting held on 26 October 2011.

NOTED

53. PRIMARY CARE REPORTING

There was submitted a paper [Paper No. 11/46] from the Head of Policy setting out the current roles, responsibilities and reporting arrangements in relation to Primary Care.

CH(C)Ps were responsible for the planning and management of Primary Care in their area and were supported in this by the Primary Care Support Team which led on the administration of the General Medical Services Contract. Planning activity for Primary Care was co-ordinated by the Primary Care Steering Group which had responsibility for the development of the Primary Care Planning Framework; this included a set of performance indicators and essential actions for each part of the organisation.

It was expected that CH(C)P Committees and management teams would include and identify a range of Primary Care key issues and indicators in the local performance oversight and progress would be reported at the six monthly organisational performance reviews. These arrangements together with the existing reporting to the Quality and Performance Committee on the integrated quality and performance report scorecard and the new work being undertaken by the Scottish Patient Safety Programme should provide adequate scrutiny of the progress being made on the Primary Care indicators and actions.

Members supported the current scrutiny and reporting arrangements as set out in the paper and in addition each CH(C)P would be subject to a 2 year scrutiny by the Committee covering the areas of key financial, service, clinical and staffing issues.

NOTED

54. PATIENT FOCUS PUBLIC INVOLVEMENT ARRANGEMENTS

There was submitted a paper [Paper No. 11/47] from the Nurse Director in relation to the Patient Focus Public Involvement (PFPI) governance arrangements following the dissolution of the Involving People Committee. The Quality Policy Development Group had taken on the responsibility for PFPI including setting the direction of travel through the Quality and Policy Framework and each part of the organisation, reporting six monthly on their local improvement plans against the Participation Standard.

Ms Crocket advised that she was the designated Lead Director for PFPI. The paper set out the arrangements for supporting PFPI activity within the Acute Services Division and the CH(C)Ps together with the role of the Community Engagement Team and Corporate Communications Team.

The SGHD circular – Informing Engaging and Consulting People in Developing Health and Community Care Services ensured the consistent approach to engaging and consulting in service changes and developments.

Ms Dhir was keen to ensure that the issues which were the most important ones to patients were captured within the processes described. Ms Crocket agreed and advised that within local service areas, when describing the corporate changes that were being undertaken, patients were being encouraged to identify the areas, which they would like to see improvements. It was important to identify the simple tangible issues that would bring about the type of change and improvement to services that patients wished see.

In response to a question from the Convener, Ms Crocket agreed that the Quality Policy Development Group would provide an Annual Report on its responsibilities to the Quality and Performance Committee. **Nurse Director**

DECIDED

1. That the current arrangements of the Patient Focus Public Involvement be noted.

2. That the Quality Policy Development Group submit an annual report to the Quality and Performance Committee. **Nurse Director**

55. HEALTHCARE ENVIRONMENT INSPECTORATE & IMPROVING CARE FOR OLDER PEOPLE IN ACUTE HOSPITALS

There was submitted a paper [Paper No. 11/48] from the Nurse Director which advised that the Cabinet Secretary for Health, Wellbeing and Cities Strategy announced that Healthcare Improvement Scotland would carry out a programme of inspections of the services provided for older people in acute hospitals. This was in order to drive improvement in the quality of care and provide public assurance that NHS Scotland treated older people with respect, compassion and dignity.

NHS Greater Glasgow and Clyde had was requested by the Health Improvement Inspectorate to take part in the pilot process surrounding the inspections. The inspections would take account of the clinical standards for older people in acute care which were a refreshed version of the Clinical Standards Board for Scotland, October 2002.

NHS Greater Glasgow and Clyde completed a self assessment form. This took account of the Dementia Strategy and Standards of Care for Dementia in Scotland; Reshaping Care for Older People; the Emerging Work on Care Governance; the Implementation of Leading Better Care; Delivery Framework for Adult Rehabilitation; Scottish Patient Safety Programme; Living and Dying Well; the Better Together Patient Experience Programme and the Long Term Conditions Improvement Programme and Work to Improve Emergency Access and Reduced delayed Discharge.

The pilot inspection was carried out on 26 October 2011 involving one ward at the Mansion House Unit at the Victoria Infirmary. This consisted of eight inspectors of whom three were observers. The pilot report would be produced in draft format on the afternoon of 16 November 2011 and the NHS Board had received notification that a formal inspection would take place at Gartnavel General Hospital on 21 and 22 November 2011. There would be no advance warning on which clinical area will be inspected. It was expected that the inspection would cover at least eight clinical areas over two days.

The intention was all acute hospitals within NHS Greater Glasgow and Clyde would be inspected at least twice every three years and therefore disseminating findings and actions from these reports would be crucial in preparing other sites for future inspections.

There were some lessons to be learned from the pilot exercise and some staff had commented that being observed whilst carrying out their daily routine sometimes had an impact on how they engaged with patients. Ms Dhir indicated that it was important that the reports concentrated on the positive ways in which improvements could be brought about for the care of patients. The morale of staff should be considered when providing feedback.

NOTED

56. REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: JANUARY – JUNE 2011

There was submitted a paper [Paper No. 11/49] from the Head of Clinical Governance which set out the actions taken as a result of each recommendation contained within the Ombudsman reports and decision letters. SGHD had requested that the Committee of the Board with responsibility for clinical governance assures itself that actions have been taken as a result of the recommendations from the Scottish Public Service Ombudsman.

Five final reports and thirteen decision letters had been received during the first six month period and the paper set out each recommendation and the action taken against each one.

NOTED

57. INDUSTRIAL ACTION

There was a paper submitted [Paper No. 11/50] from the Director of Human Resources setting out the preparations being put in place to deal with the consequences of the industrial action on 30 November 2011.

Mr Sime updated members on the outcome of a number of ballots held by trade unions and professional organisations. Mr Calderwood advised that local negotiations were continuing with partnership organisations in order to try and protect areas such as cancer services, renal dialysis and emergency services. There would be disruption for patients.

NOTED

58. STAFF GOVERNANCE COMMITTEE MEETING – 6 SEPTEMBER 2011

There was submitted the minutes of the meeting of the Staff Governance Committee held on 6 September 2011 [SGC(M)11/03].

NOTED

ACTION BY

59. ANNUAL REVIEW OUTCOME

There was submitted a paper [Paper No. 11/52] which attached the letter dated 27 October 2011 from the Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy to the NHS Board Chair setting out the outcome of the NHS Board 2011 Annual Review.

Members welcomed the letter and the positive comments they contained. Monitoring the progress of implementing the Action Plan would be reported on a quarterly basis to the NHS Board, starting in December 2011. **Chief Executive**

NOTED

60. ANALYSIS OF LEGAL CLAIMS – MONITORING REPORT (MID YEAR REVIEW 2010 / 2011)

There was submitted a paper [Paper No. 11/53] from the Head of Board Administration setting out the monitoring report and the handling and settlement of legal claims within NHS Greater Glasgow and Clyde. The monitoring report covered settled claims, outstanding claims and of the outstanding claims the live claims and newly notified claims.

Mr Williamson asked if future reports could highlight the lessons learned and improvements to services which had resulted from considering and settling legal claims. It was recognised that the settlement of legal claims could be some years after the incident which gave rise to the submission of a claim. However, processes were in place within clinical governance forums at a local level which reviewed activity and such indicators and reporting on this would be considered for the future monitoring report. In addition information on the settlement of expenses would also be considered for future reports. **Head of Board Administration**

NOTED

61. NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT: PROGRESS UPDATE – STAGES 1, 2 & 3

There was submitted a paper [Paper No. 11/54] from the Project Director, Glasgow Hospitals and Laboratory Projects setting out the progress against each stage of the development of the new laboratory, design development in the new hospitals and construction of the new adult and children's hospitals.

Mr Seabourne advised that the laboratory projects remained on programme to be completed on 10 March 2012. The Category 3 laboratory had seen a number of changes required due to changes in regulation requirements and this had pushed back completion of this area by one month. This and the delay of a month in the supply and installation of fume cabinets and safety cabinets would however not impact on the overall project being completed on time.

Mr Seabourne advised that the equipment to be purchased by the NHS Board had now been identified and was in the process of being procured. The Laboratory Controlled Area Strategy Table had been updated since the last meeting. The Convener advised that he had visited the site recently as part of the Board Members visits and had been very impressed with the new facility.

Stage two was progressing although the equipment list generated by contractors had required some further discussions with the NHS Board Project Team. This could have an impact on the costing exercise to be carried out by the NHS Board, however, it was not critical to the overall works programme.

Mr Seabourne gave a summary of the status of the works Status at Stage 3 and highlighted the areas completed or just about to be completed. The Community Benefits Programme continued to make good progress, currently exceeding the 10% target for new entrants and had recruited 130 new entrants including 29 apprentices. The internal auditors had undertaken a fourth internal review of the new hospital project and no findings were noted in relation to the areas reviewed and the audit conclusion was classified as low risk.

Mr Seabourne highlighted the additional security measures which were required at a cost of £45,000 and the disruption to piling operations for the neurosurgery link bridge due to the discovery of unforeseen existing concrete foundations. This had resulted in an additional cost of £30,000.

Mr Ross covered the Design Cost Update for members.

Mr Winter highlighted the range and extent of issues which could incur in a project this size and advised that he believed it was being well managed and he had been satisfied to date with the progress made.

In relation to a question about contingencies Mr Calderwood intimated that the project budget remained unchanged at £841.7m however in negotiations with SGHD he advised that the cost of car parks 1,2 and 3 would now be transferred from the Boards capital plan to be within the project budget. These costs would be covered from the risk fund within the project budget as risks are mitigated and funds redirected to car park works. There would be a need to bring to Board Members in the new year a business case for Car Park 1 which was required to be completed by 2014 to allow proper access to the new Children's Hospital for contractors and thereafter staff. **Chief Executive**

NOTED

62. PROPERTY COMMITTEE MEETING MINUTES – 12 SEPTEMBER 2011

There was submitted the minutes of the Property Committee meeting held on 12 September 2011. In noting the Minutes the Director of Finance agreed that in future the Minutes would provide more information on the matters discussed and decisions taken by the Property Committee. **Director of Finance**

NOTED

63. FULL BUSINESS CASE FOR THE MODERNISATION & RE-DESIGN OF PRIMARY, COMMUNITY HEALTH & SOCIAL CARE SERVICES & FACILITIES FOR ALEXANDRIA

There was submitted a paper [Paper No. 11/56] from the Director, West Dunbartonshire CHCP seeking support to the Final Business Case of the new Alexandria Health and Care Centre.

Mr Redpath reminded members that the "Vision" for the Vale of Leven – as approved by the Cabinet Secretary for Health and Wellbeing – specified the delivery of a substantially enhanced replacement for the existing Alexandria Medical Centre within the Vale of Leven Hospital site.

The Outline Business Case for the new Centre was approved in June 2010 and thereafter appointments were made of external project managers, cost advisors and private supply chain partners to progress the design and subsequent construction.

A Full Business Case (FBC) had been prepared in accordance with the Scottish Capital Investment Manual and whilst an Executive Summary of the FBC was attached for members a full version of the FBC was available at the meeting should members require to see a copy.

There had been a comprehensive and intense design development process which had resulted in a number of headline adjustments to the schedule of accommodation of the Centre. Namely two general practices had merged, the Sandyford Sexual Health Services and Audiology Services had decided not to establish a presence within the Centre and there had been a change in the number of dental chairs– as previously discussed earlier in the agenda by the Committee. The gross internal floor area for the Centre however had been confirmed at just over that which it had been estimated within the Outline Business Case.

Mr Winter asked how a reduction in services going into the Centre could lead to an increase in floor space required. Mr Baker advised that there had been a significant increase in the circulation space requirement reflecting an increased emphasis on optimising common facilities and shared space.

Mr Winter asked about the flood risk and associated costs and Mr Redpath advised that as part of the planning process it had been necessary to ensure very clear and robust measures to the satisfaction of SEPA and the Council in relation to flood risk. Planning permission had been granted to the scheme on 6 September 2011.

It was agreed that the project capital costs and the application of VAT would be reviewed and submitted to the Convener and Mr Winter. **Director, West Dunbartonshire CHP**

DECIDED

1. Support for the development of a new Health and Care Centre within Alexandria as per the Cabinet Secretary's approved NHS Greater Glasgow and Clyde Vision for the Vale of Leven be reaffirmed.

2. That the Full Business Case be approved

3. That the Full Business Case be submitted to the Scottish Health Directorate and Capital Investment Group with the recommendation that it be approved. **Director, West Dunbartonshire CHP**

64. FULL BUSINESS CASE FOR THE MODERNISATION & RE-DESIGN OF PRIMARY AND COMMUNITY HEALTH SERVICES FOR POSSILPARK

There was submitted a paper [Paper No. 11/57] from the Director, North West Sector Glasgow City CHP seeking approval to the Full Business Case (FBC) for the new Primary and Community Health Centre within Possilpark.

Mr MacKenzie reminded members that the Outline Business Case had been approved by the NHS Board and the Scottish Health Directorate Capital Investment Group in August 2011. The Scheme was the replacement of Possilpark Health Centre and it presented a unique opportunity to demonstrate the NHS Board's commitment to tackling health inequalities, improving health and contributing to social regeneration in an area of deprivation.

The Full Business Case had been prepared in accordance with the Scottish Capital Investment Manual and an Executive Summary of the FBC had been attached with the report with a copy of the full documentation available to members at the meeting.

The development of the Health Centre would form a significant part of a wider regeneration project lead by Glasgow Regeneration Agency entitled Saracen Exchange. Glasgow City Council had advised that the Glasgow and Clyde Valley Structure Plan identified Possilpark as a "town centre to be safeguarded" and a priority location for investment.

A detailed analysis of cost was covered within the FBC and in discussing the exact capital costs of the project it was requested that the future OBCs and FBCs be presented using the same template in order that the presentation of information had a consistency about them.

DECIDED

1. That support for the development of the new Primary and community Health Centre within Possilpark be reaffirmed.

2. That the Full Business Case be approved

3. That the FBC be submitted to the Scottish Government Health Directorate Capital Investment Group with a recommendation that it be approved. **Director, Glasgow CHP, North West Sector**

65. THE WEST OF SCOTLAND RESEARCH ETHICS SERVICE ANNUAL REPORT 2010/11

There was a paper submitted [Paper No. 11/58] by the Medical Director which set out the West of Scotland Research Ethics Service Annual Report for 2010/11.

NOTED

66. SPIRITUAL CARE

There was a paper submitted [Paper No. 11/59] from the Director of Rehabilitation and Assessment setting out the historic arrangements, SGHD requirements and funding issues relating to Spiritual Care and Health Care Chaplaincy Services within NHS Greater Glasgow and Clyde.

Members welcomed the paper and knowledge of the historic nature of the services.

NOTED

67. DATE OF NEXT MEETING

9.00 a.m. on Tuesday, 17 January 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0HX.

The meeting ended at 12:50 p.m.

QPC(M)12/01
Minutes: 1 - 18

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Quality and Performance Committee at 9.00 am on Tuesday, 17 January 2012 in the Board Room, J B Russell House Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

P R E S E N T

Mr I Lee (Convener)

Dr C Benton MBE (from Minute 3(c))
Ms M Brown (from Minute 3(c) to Minute No. 14)
Mr P Daniels OBE (to Minute No. 16)
Ms R Dhir MBE (from Minute No. 16)
Councillor J McIlwee (to Minute No. 15)
Councillor R McColl (to Minute No. 12)
Mr D Sime
Mrs P Spence
Mr B Williamson
Councillor D Yates

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

Mr R Calderwood
Dr B Cowan
Ms R Crocket
Mr P James
Dr R Reid (from Minute No. 4)
Mr A O Robertson OBE (from Minute No. 16)
Rev Dr N Shanks

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

Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Glasgow CHP
Mr D Leese	..	Director, Renfrewshire CHP (for Minute No. 15)
Mr A McLaws	..	Director of Corporate Communications
Ms P Mullen	..	Acting Head of Performance and Corporate Reporting
Ms C Renfrew	..	Director of Corporate Planning and Policy (to Minute No. 14)
Mr D Ross	..	Director, Currie & Brown UK Limited (for Minute No. 16)
Ms H Russell	..	Audit Scotland (to Minute No. 16)
Mr A Seabourne	..	Director, New South Glasgow Hospitals Project (for Minute No. 16)

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Mr I Fraser and Mr K Winter.

2. MINUTES OF PREVIOUS MEETING

On the motion of Mr B Williamson and seconded by Mr D Sime, the Minutes of the Quality and Performance Committee meeting held on 15 November 2011 [QPC(M)11/03] were approved as a correct record.

NOTED

3. MATTERS ARISING

(a) Rolling Action List

It was agreed to delay the Report on Monitoring the Change Fund until the March 2012 Committee meeting to allow the officers to hold a review session on 31 January 2012 on the use of the Change Fund. **Director of Corporate Planning and Policy**

The Report back to the Committee would incorporate the funding also committed by local authorities to this area.

(b) Healthcare Environment Inspectorate – Improving Care for Older People – Scottish Government Guidance

In relation to Minute No. 55 - Healthcare Environment Inspectorate & Improving Care for Older People in Acute Hospitals – Ms Crocket advised that the visit had taken place at Gartnavel General Hospital on 21 and 22 November 2011. This visit was being used as an extension to the pilot visits in order to develop further the methodology and reporting mechanisms. Visits would be focused on areas like falls and hydration and further guidance was awaited on the next steps for the inspections.

If issues had been found on the two day visit to Gartnavel General Hospital these would be raised with NHS Greater Glasgow and Clyde Management. Mrs Grant advised that currently internal self-evaluation assessments were being undertaken in the area of older people's services and Action Plan were prepared for areas requiring improvement.

NOTED

(c) Clinical Governance Strategy: Consultation

In relation to Minute No. 48 – Clinical Risk Management Report – the Convener was keen that the Committee had an opportunity to discuss in detail the Clinical Governance Strategy which was currently out to consultation and provide comments on its development. He suggested that a session on the strategy for Board members be held immediately after the Board Seminar on 1 May 2012 and this would include the attendance of the new Medical Director. This was supported. **Medical Director**

Mr Williamson added that in considering the strategy thought should be given to the leadership profile of Clinical Nurse Specialists, recognising the role all clinical staff play in the delivery of services to patients.

Mr Calderwood advised that the Corporate Management Team would also be reviewing the Clinical Governance Strategy in the near future — **Medical Director**

DECIDED

That Board members be advised of the session to be held after the NHS Board Seminar on Tuesday 1 May 2012 to discuss the Clinical Governance Strategy. — **Head of Board Administration**

(d) National Maternal Morbidity Report

In relation to Minute No. 44 – National Maternal Morbidity Report – the Convener advised that in reflection he did not think the question on the rise in rates of patients experiencing severe maternal morbidity from 2006 - 2008 and 2009 at the Princess Royal Maternity Hospital had adequately been explained. Dr Cowan agreed to contact the Clinical Director, Women and Children's Directorate seeking a fuller report to the Committee on this issue. — **Medical Director**

NOTED

4. INTEGRATED QUALITY AND PERFORMANCE REPORT

There was a paper submitted [Paper No. 12/02] from the Acting Head of Performance and Corporate Reporting setting out the next iteration of bringing together high level performance information from separate reporting strands to create a more integrated view of the organisation's performance. The report aimed to provide an overall sense of where NHS Greater Glasgow and Clyde was in achieving the ambitions set out in the Quality Strategy and sign posts to sources of greater detailed information if required.

The report was still work-in-progress and members feedback was welcomed to ensure it was refined to suit the needs of the Quality and Performance Committee.

Ms Mullen highlighted the overall summary of performance and drew members attention to the performance status of 7 measures assessed as red, 6 as amber (of which 3 had moved from green to amber) and 16 assessed as green. Thirteen measures were still assessed as grey however, the Directors would be discussing this matter shortly and the intention was that most of these 13 would be colour coded in future reports. — **Acting Head of Performance and Corporate Reporting**

Members welcomed the continued development of the report and asked a series of questions in relation to the data presented. Ms Brown asked about the data which supported the percentage of time in the last six months of life spent at home or in community settings. Mrs Hawkins advised that this was a measure she was now looking at; there would be an impact in using the Change Fund, reshaping care for patients and the District Nursing Review in terms of patients dying in hospices and not homes.

Mrs Grant highlighted the internal target of in-patient/day cases being admitted and treated within a maximum of 9 weeks. The figures shown, due to the rise in orthopaedic cases, had risen to 326 however the national referral to treatment target was 90% of patients to be treated within 18 weeks. In addition, Patient Rights Act had identified in-patient treatment/day cases as a maximum of 12 weeks. The NHS Board had, therefore, achieved an in-patient/day case target of 9 weeks when this had been a national target however had redirected resources to ensure the national referral to treatment target of 18 weeks was achieved.

Members noted the position with this internal target.

Councillor Yates highlighted the continuing difficulties with the "Did Not Attend" (DNA) rates particularly in relation to deprived communities. Ms Renfrew highlighted the multi-factorial measures in trying to meet this target and the challenging issue for the NHS Board was around some patients circumstances and lifestyles. Further communication measures were being considered including greater engagement with GPs, texting and contacting patients prior to appointments. A referral route document was being prepared for launch in February/March 2012.
Mrs Spencer asked if she could receive a copy. Mrs Spencer also highlighted the difficulties in telephoning clinics when trying to change an appointment and Mrs Grant advised that this had been brought to her attention and she was now monitoring key areas in order to bring about an improvement.

Mr Daniels highlighted areas in the report in relation to smoking cessation, delayed discharges and sickness absence. However his main concerns related to the quality of healthcare experience measures and the disappointing results they had shown for NHS Greater Glasgow and Clyde against the Scottish average. Mrs Grant advised that she was in the process of formulating detailed Action Plans to cover the areas highlighted within this measure and agreed to provide a note of the actions underway to the next meeting of the Committee. **Chief Operator Officer**

Dr Benton asked for information in relation to the steps being taken to reduce carbon emissions. Mr Calderwood advised that the NHS Board remained off target partly due to the double running of properties during the Acute Services Review development Programme and also the extreme weather conditions experienced since the 2009/10 baseline year. Focus remained on delivering progress towards this target and this would be highlighted in future reporting to the Committee.

It was agreed with members that future reports to the Committee should provide greater detail on the actions being taken against those measures with a performance status of red. This would be supplemented with a shorter commentary on the progress against the remaining targets. **Acting Head of Performance and Corporate Reporting**

NOTED

5. SCOTTISH PATIENT SAFETY PROGRAMME: REPORT JANUARY 2012

There was a paper submitted [Paper No. 12/03] by the Medical Director setting out the progress for the implementation of the Scottish Patient Safety Programme (SPSP) reflecting the activity within NHS Greater Glasgow and Clyde over November and December 2011. The aim was to achieve full implementation of the core programme within the Acute Services Division by the end of December 2012. It was reported that the implementation of the paediatric SPSP, meeting the national medium term goals by March 2012, would be achieved.

The paper provided focus on Hospital Standard Mortality Ratio (HSMR) which was one of the national outcome indicators of programme implementation and success. Good progress was being made, with encouraging improvements at the Royal Alexandra Hospital. It was hoped that future national reporting would combine Stobhill Hospital and Glasgow Royal Infirmary into one reporting line for acute as it was now operating as a single hospital.

NOTED

6. INFECTION CONTROL SERVICE – HAI REPORTING TEMPLATE SUMMARY – DECEMBER 2011

There was submitted a paper [Paper No. 12/04] by the Medical Director covering the Board wide infection prevention control activity. As previously agreed the report was now on an exception reporting basis in order to cut down the duplication of the full report being submitted to the NHS Board meetings.

The NHS Board continued to work towards the revised 2013 HEAT target of 0.26 cases of Staphylococcus Aureus Bacteraemias (SABs) per 1000 occupied beds. The most recent results demonstrated a rate of 0.29, which was below the trajectory.

The rate of Clostridium Difficile infection for the third quarter was 0.25 per 1000 occupied beds; this being the second lowest rate ever achieved within the NHS Board and well below the revised 2013 HEAT target of 0.39.

Dr Cowan highlighted the work underway in considering community acquired SABs. The NHS Board has retrospectively identified 50 cases of community acquired SABs and a route cause analysis tool has been developed and was currently being used to assess each case in order to identify which factors may have predisposed patients to this infection. The outcome would be reported to the NHS Board's Infection Control Committee. **Medical Director**

NOTED

7. CLINICAL RISK MANAGEMENT REPORT: SURVEILLANCE OF ADVERSE CLINICAL INCIDENTS

There was submitted a paper [Paper No. 12/05] by the Medical Director on adverse clinical incidents.

Members noted the information and Dr Cowan provided members with a detailed verbal summary on a forthcoming Scottish Public Sector Ombudsman Report and two Fatal Accident Inquiries.

NOTED

8 SERVICE IMPROVEMENTS AT THE VALE OF LEVEN HOSPITAL

There was submitted a paper [Paper No. 12/06] by the Chief Operating Officer (Acute Services Division), Medical Director and Nurse Director setting out the improvements put in place since the increased incidents of Clostridium Difficile at the Vale of Leven Hospital in 2007/08.

Mrs Grant took members through the detail of the paper highlighting the implementation of the Vale of Leven Vision and the subsequent changes to the model for acute and post acute in-patient care; the significant investment in improving the general environment of the hospital; the encouraging reductions and levels of healthcare associated infection; the new anti-microbial policies and the monitoring underway in relation to compliance with these polices which has shown the Vale of Leven Hospital being highest within the NHS Board's area ranging from 100 to 96% compliance in 2010 and 2011 respectively; the achievements flowing from the Scottish Patient Safety Programme;

the implementation of the TrackCare – the new patient administration system; the efforts being made to improve record keeping which has included the involvement of the internal auditors; significant improvements in nursing issues including the Senior Charge Nurse role, releasing time to care, ensuring safe and effective clinical practice – clinical quality indicators, food fluid and nutrition, tissue viability, falls and enhancing the patient experience – as part of the national Better Together Programme.

Members welcomed the report and assurance of the significant improvements which had been brought about. Mr Williamson asked if it was possible to give a report on the rates of deaths in future reports. Dr Cowan advised that whilst this was possible it would be difficult to draw significant conclusions from the data as seriously ill patients were taken direct to the Royal Alexandra Hospital and also transferred there from Vale of Leven when clinically required. In terms of healthcare acquired infection, the rates of infection were now so low that this was now an unlikely occurrence.

Mrs Spencer asked if the number of reported patient falls within the Acute Services Division could be benchmarked against other Scottish NHS Board and Ms Crocket agreed and would report to the future meeting on the outcome. **Nurse Director**

NOTED

9. MINUTES OF THE QUALITY AND POLICY DEVELOPMENT GROUP: 21 DECEMBER 2011

There was submitted a paper [Paper No. 12/07] setting out the Quality and Policy Development Group Minutes of its meeting held on 21 December 2011.

NOTED

10. MINUTES OF THE CLINICAL GOVERNANCE IMPLEMENTATION GROUP: 18 OCTOBER 2011

There was submitted a paper [Paper No. 12/08] setting out the Clinical Governance Implementation Group Minutes of its meeting held on 18 October 2011.

NOTED

11. MINUTES OF THE STAFF GOVERNANCE COMMITTEE: 1 NOVEMBER 2011

There was submitted the minutes of the meeting of the Staff Governance Committee held on 1 November 2011 [SGC(M)11/04].

NOTED

12. FINANCIAL MONITORING REPORT FOR THE 8 MONTH PERIOD TO 30 NOVEMBER 2011

There was submitted a paper [Paper No. 12/09] from the Director of Finance setting out the Financial Monitoring Report for the eight month period to 30 November 2011.

As at 30 November 2011 the Board was reporting expenditure levels running £1.6m ahead of budget and this was mainly attributable to the timing of implementing savings plans and cost pressures pushing expenditure above budget in some areas. This represented an improvement on the NHS Board's position since last month and compared favourably to the results for the same period last year.

Mr Daniels enquired about the Acute Services Divisions internal targets. Mr James advised that this had intentionally been set at a higher level that was required as its contribution to the NHS Board's overall cost savings target. He explained that this allowed the Acute Services Division some lee-way with tackling in year emerging pressures without recourse to the NHS Board. It was agreed that Mr James and Mrs Grant would look again at the presentation of this figure in future reports to the Board and Committee. Mr Daniels also enquired about the incremental pay progression pressures and Mr James advised that this was currently being discussed with the relevant Directors but was likely not to be as much of a risk as first thought. **Director of Finance and Chief Operating Officer**

NOTED

13. LOCAL DELIVERY PLAN 2012/13

There was submitted a paper [Paper No. 12/10] from the Acting Head of Performance and Corporate Reporting setting out the progress in preparing the Local Delivery Plan for 2012/13.

Within 2012/13 there will be a total of fifteen HEAT targets and eight HEAT standards for NHS Greater Glasgow and Clyde to delivery on. Ms Renfrew drew members attention to the six new targets highlighted within the paper and advised that leads have been identified for each target and work was underway to assess the NHS Board's capability to deliver and identify any risks. The future draft of the Local Delivery Plan would be circulated to the Quality and Performance Committee for information. **Director of Corporate Planning and Policy**

It was highlighted that one of the new targets from April 2013 was patients being assessed as being able to be discharged should wait no longer than 28 days to be discharged from hospital in to a more appropriate care setting. This would be followed by a 14 day maximum wait from April 2015. It was noted that this did not go as far as having a specific target for reducing the number of bed days for this group of patients.

NOTED

14. UPDATE FROM THE OCTOBER/NOVEMBER 2011 ORGANISATIONAL PERFORMANCE REVIEWS

There was submitted a paper [Paper No. 12/11] from the Acting Head of Performance and Corporate Reporting asking the Committee to note the completion of the October/November 2011 Organisational Performance Reviews. The paper set out an overview of some of the key themes and issues which had emerged from the recent round of Organisational performance Reviews and highlighted examples of good practice and emerging corporate themes. The Organisational Performance Reviews focused on input and outputs and the next round would commence in May 2012.

Rev Dr Shanks enquired about the reference within the summary of Glasgow CHP to the drugs and alcohol referral to treatment. It was acknowledged that further improvements within Glasgow were achievable and steps would be taken going forward to improve the effectiveness in this area. Councillors Yates and McIlwee spoke about the closer working with the Criminal Justice Agency in their areas and the visit the previous day to a prison with the Alcohol and Drugs Team meeting held there and chaired by Councillor McIlwee.

NOTED

15. RENFREWSHIRE CHP – PERFORMANCE REPORT

There was submitted a paper [Paper No. 12/12] by the Director, Renfrewshire Community Health Partnership (CHP) which provided background information on Renfrewshire CHP and setting out key financial, service, clinical and staff issues affecting each CHP. It also included a commentary on the organisational performance and an overview of challenges and risks within Renfrewshire CHP.

The Convener advised that this was the second scrutiny of a CH(C)P which had been undertaken by the Quality and Performance Committee and he continued to be keen to receive members feedback on the process followed in order to consider improvements for future reviews of performance of CH(C)Ps.

Mr Leese gave a full presentation to members on the background of the formation of the CHP, finance, governance, performance, staff and public partnership issues and the challenges and risks the CHP faced and then welcomed questions from members.

Members asked a range of questions from the presentation and operation of the CHP. Mr Leese responded as follows:-

- Sickness absence rate – this had been a challenging target for Renfrewshire CHP and despite the efforts made further initiatives and plans were being considered in order to bring about an improvement in this area;

- Senior Management Team - the direct line reports were the Clinical Director, Director of Primary Care and Community Care services; Head of Planning Performance; Head of Mental Health Services; Head of Administration and a shared arrangement for the Head of Finance and Head of Human Resources;

- Public Partnership Forum – the right structure and engagement had contributed towards an energetic and vibrant Public Partnership Forum, Chaired by the Chief Executive of a local voluntary sector organisation;

- Integration of Health and Social Care – the concept had been discussed a number of times with Renfrewshire Council and for a period the leader of the Council chaired the Renfrewshire CHP Committee as a hybrid model towards greater integration. It had been encouraging however that there was good joint planning processes between both organisations and a number of joint services had been successfully developed.

- Performance framework – community planning targets were NHS related and were captured by related targets within the performance framework;

- Development sessions – there were six per annum and the attendance by CHP Committee members had been encouraging and has allowed members to hear of forthcoming and emerging challenges but also gave them an opportunity to shape and influence the CHPs response to these.

- Home Care Vacancies – the vacancies highlighted were within social work and therefore within the domain of Renfrewshire Council.

Members welcomed this full and comprehensive scrutiny of Renfrewshire CHP and thanked Mr Leese for his helpful presentation and answer's to the range of questions asked. Mr Williamson Chair, Renfrewshire CHP indicated that he had been pleased with the progress made within the CHP, the culture and the strides made in joint working. He had been asked to join Renfrewshire Council Community and Family Care Policy Board and he had found this particularly useful in understanding the challenges faced by the Council and their impact on the CHP itself.

NOTED

16. NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT: PROGRESS UPDATE – STAGES 1, 2 & 3

There was submitted a paper [Paper No. 12/13] from the Project Director, Glasgow Hospitals and Laboratory Projects setting out the progress against each stage of the development of the new laboratory, design development in the new hospitals and construction of the new adult and children's hospitals.

Mr Seabourne advised that the laboratory projects remained on programme to be completed on 10 March 2012. Work on site continued to focus on finishing trades, commissioning, witnessing and testing of main building services, hand-over inspections by the Project Supervisor and the external works and roads packages. The NHS Board had decided that the Managed Service Contract equipment would be installed post completion of the building and a detailed plan had been developed and was currently being tested to ensure its robustness to support service continuity. Mr Seabourne highlighted the pre-handover works including the pathology ventilated storage cabinets; pathology dissection tables; fume and safety cabinets installation. He reported that the detailed review of the service requirements for the large track analysers on Level 1 was now completed and enabling works would be completed for 10 March 2012 to allow the contractor to proceed with the track installation soon after the NHS Board had taken possession of the building.

The Cabinet Secretary for Health, Wellbeing and Cities Strategy had been assisted by pupils from local schools when she interred a time capsule on the site on 12 December 2011. The time capsule celebrated the achievements of Healthcare Science staff from the past and their hopes and aspirations for the future and included a number of videos with Healthcare Science staff, images of local pupils learning about genetics and micro-biology, construction images of the new laboratory and a patient story.

Mr Seabourne reported that the Gateway 4 Review for the laboratory building was planned for 28th February to 1 March 2012. This review was about the "Readiness for Service" and would focus on whether the solution was robust before delivery, how ready the organisation was to implement the business changes that will occur before and after delivery and whether there was a basis for evaluating performance.

In relation to Stage 2 for the new Adult and Children's Hospitals, Mr Seabourne highlighted the progress which had been made in the design of layouts and systems in relation to the 1:50 room drawings, fire safety, mechanical and engineering systems and the City Councils Planning Department's agreement to the external finishes to the building. Mr Seabourne highlighted that he had a meeting later that week to ensure compliance with the new fire guidance which had been published in January 2012 by Health Facilities Scotland – NHS Scotland – Fire Code SHTM81 part 3 Atria and Healthcare premises.

Mr Seabourne gave a summary of the status of the works at Stage 3 and highlighted the areas completed or just about to be completed. Works were underway and while some delays had been experienced with the energy centre this was now progressing well and was not part of the critical path for the overall project.

Mr Ross advised that there had been no change to Table One – the Changes Approved and Impacting on the Contract Target Price, and that in Table Two – Potential Compensation events there were agreed changes to Group One and Two equipment lists showing a saving of circa £1.8m. Mr Ross also indicated that he had received a number of requests from Brookfield over the last six months regarding bad weather and although he felt individually that these were not significant events cumulatively they probably had an impact on the construction works, therefore he had made a provisional estimate to cover this. Table Three – Compensation Events – movement since last report highlighted the overall reduction of £1.3m and Mr Ross agreed to incorporate in to future reporting the previous figures in order that comparisons can be made with the previous report.

Project Director

In response to a question from the Convener regarding the piling which was out of alignment and hence being rectified Mr Seabourne advised that the piling costs were part of the defined costs therefore the responsibility of the contractor to achieve within the target cost.

In relation to the bore-holes, Dr Benton asked about the movement in the PH levels and Mr Seabourne advised that the encouraging news was that the last three results had shown they had dropped and he believed that previous results were as a result of the trauma to the site and now that the ground had stabilised the PH levels had come down. He advised that an assessment of the results would be made around May 2012 to determine any requirement for remedial action.

The Convener advised that Mr Winter had visited the site last Friday and reported that he had been impressed with the progress with construction of the laboratory block and the work undertaken in connection with the construction of the new Adult and Children's Hospitals.

NOTED

17. PROPOSED DISPOSAL OF SITE B, WESTERN INFIRMARY

Mr P Daniels declared an interest in this item and withdrew from the meeting.

There was submitted a paper [Paper No. 12/14] from the Chief Executive advising on the progress in relation to the potential disposal of site B at the Western Infirmary and seeking approval to a proposed way forward based on an analysis of best value.

Site A of the Western Infirmary was subject to a legal right of redemption in favour of the University of Glasgow and following negotiations last year was sold under an agreement to the University on 30 March 2011. The sale of Site A was subject to a short lease back with the intention that the NHS Board vacated and surrendered the lease in the spring/summer of 2015, in line with the relocation to the new Southside Glasgow Hospital Campus. Site B has no right of redemption in favour the University but was currently subject to an unfavourable planning designation. Site B extended to circa 3.70 acres, predominantly fronting Church Street with some frontage to Dumbarton Road.

It wrapped around a small but prominent site at the corner of Church Street/Dumbarton Road which was in the University ownership. It was densely populated with multi-storey Victorian hospital accommodation and three of the buildings on the site were Grade B listed with the potential for further listings should demolition be proposed.

As part of concluding the sale of Site A at the Western Infirmary to the University it had been agreed that the Board would not proceed to market Site B without first offering the site on an off-market basis to the University. The NHS Board's Property Advisors have commenced discussions with the University and their advisors in relation an appropriate price for an off market sale. The NHS Property Transaction Handbook stated that the NHS Board must ensure that it was clear beyond doubt that the price achieved was greater than would be achieved in open tender. There was difficulty in assessing a potential open market value in the current economic climate and without a planning consent it was difficult to determine the value of the Site B. However as a comparator, an indicative five phase residential student housing and commercial scheme for the site was prepared and had been evaluated. Mr Calderwood then highlighted for members the options and risks with regards to the disposal of Site B, Western Infirmary.

Mr Calderwood responded to a range of questions from members about the disposal options set out in the paper and in response to a particular question about protecting the NHS Board position if it was unable to move to the new Southside Hospital site in 2015, he advised that any conditions on this matter would replicate those agreed in relation to the disposal of Site A which allowed the NHS Board to remain on the site until January 2017.

Members were content that discussions should continue with the University of Glasgow on the possible sale of Site B, Western Infirmary.

DECIDED

That the Chief Executive continue negotiations with the University of Glasgow on the disposal of site B, Western Infirmary in order that a final proposal can be made by the end of March 2012 with the intention of completing the sale by 30 June 2012. **Chief Executive**

ACTION BY

18. DATE OF NEXT MEETING

9.00 a.m. on Tuesday, 20 March 2012 in the Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12:45 p.m.