NHS Fife
Queen Margaret Hospital Development Project Board
Friday 1st February at 10:00am in Room HH2, Hayfield House, VHK

Present:
George Cunningham, Acting Director of Acute Services (GC) – Chair
Margaret Henderson, Divisional General Manager, Ambulatory Care (MH)
Jim Leiper, Director of Estates, Facilities & Capital Services (JL)
Jim Stewart, Commercial Manager (JS)
Alan Briggs, Assistant Director of Finance (Capital and Planning) (ABr)
Ann Hatton, Head of Clinical Governance (AHa) – on behalf of Susan Manion
Moira Adams, Non Executive Director of NHS Fife Board & Chairperson of DWF CHP Committee (MA)

Apologies received from:
Susan Manion, General Manager, D&WF CHP (SM)
Wilma Brown, Employee Director (WB)
Chris Bowring, Director of Finance (CB)
Brian Montgomery, Medical Director, NHS Fife (BM)
Annie Buchanan – Nurse Director, NHS Fife (AB)
Ann McCarlie – PMO Lead (AMcC)

In Attendance:
Stephanie Green, GH&MS Secretarial Support Assistant (SG)
John Winton, Board Member (JW)

Meeting Minutes

1.0 Minutes of the last meeting – 3rd December 2012

All parties agreed the previous minutes as an accurate record.

2.0 Matters Arising

2.1 Agreed Role & Remit of the Project Board
All present agreed the role and remit of the Project Board, it was decided that Role and Remit can now be circulated to the Project Team.
2.2 Membership of the Project Board
GC asked for further comments regarding membership of the Project Board. AHa commented that Dr Alan McGovern had expressed an interest in sitting on the Project Board. MH explained that she had met with Dr McGovern and emphasised the importance of his position on the Project Team. MH advised that Dr McGovern indicated that at times he may attend the Project Board on behalf of Susan Manion should this be deemed appropriate.

This comment aside the membership of the Project Board was accepted.

2.2.1 Public Representatives
MH tabled the Public Representative paper. MH explained that four public representatives had been shortlisted and asked the Board to agree a suitable method of determining the successful applicants.

AHa commented that of the seven possible nominees, four were members of Fife Independent Disability Network (FIDN), including the Chair. AHa continued by stating that on balance it was recommended that only one member of the organisation should be short listed and that it would seem appropriate that this should be the Chair. GC acknowledged the strong interest shown from the FIDN to be on the Project Board but questioned if selecting the Chair was a balanced recruitment process. AHa stated that she had met with Ann McCarlie to establish the short list and that the rationale behind the Chair being most appropriate candidate was based on the communication network available to him and therefore the ability to voice questions and concerns received from other members of FIDN.

JL asked whether the Chair of FIDN would be better placed on the Project Team rather than the Project Board so as to better influence the design of the redevelopment in terms of disabled access and facilities. MH explained that the Project Team had already appointed two public representatives who have previously had extensive dealings in QMH and therefore possess invaluable knowledge of the site.

JW queried the selection of public representation at the forthcoming end user group meetings being held by the GH&MS team, JW felt that the Chair of FIDN might be placed more appropriately at these sessions.

GC steered discussion back to the Public Representative Paper and stated that he had not envisaged such a high interest and on this basis had not yet considered a process for short listing beyond four nominees. GC asked the Board for comment.
AHA outlined the usual protocol for the appointment of Public Representatives as being for the Chair or nominated personnel to engage in a discussion with the short listed individuals, to establish the extent to which they can contribute to the Project Board. The Board collectively decided that this process should be adhered to and appointed MH to meet with the shortlisted candidates in the near future. MH advised it would be useful to have someone else to assist. AHA agreed to assist.

JS suggested that the unsuccessful applicants could be offered positions at the end user groups as a way of engaging them in discussions.

**2.3 Draft Statement of Purpose**

MH tabled the Draft Statement of Purpose (inclusive of suggested changes) to the Project Board with the view to getting agreement on a finalised version. The Board proceeded to discuss the suggested changes.

**Susan Manion’s suggested text (written in blue – page 1)**

GC suggested that there was some repetition regarding the NHS Fife 2002 vision in the text, stating that this was already mentioned later in the document. MH explained that Susan had written this as she had felt the 2002 vision had not been emphasised strongly enough throughout.

In summary, the Project Board agreed the first paragraph and concluded that the second paragraph should read; ‘The Queen Margaret Hospital will have a state of the art Diagnostic and Treatment Facility. It will be designed to be responsive to the needs of the population by providing improved access to a range of primary care, community services and diagnostic facilities in the same place.’

**Point Number 4 – page 1**

JL suggested that point number 4 on page 1 that begins, ‘To scrutinise and review the appropriateness’ could be amalgamated with Brian Montgommery’s suggested paragraph which currently appears at the end of the document. The Project Board agreed this, point number 4 on page 1 of the Statement of Purpose now reads;

‘To scrutinise and review the appropriateness of previous decisions in the light of developments and emerging opportunities which take into account changes in clinical practice, workforce and demographics that have taken place since ‘Right for Fife’ was first conceived.'
Jim Leiper’s suggested text (written in green – page 2)
The Board agreed JL’s suggested paragraph and noted that it captures a relevant point. AB confirmed that Chris Bowring was happy with this text.

Brian Montgomery’s suggested text (written in red – page 2)
JL suggested that this text is moved to form a final bullet point on page two under the ‘This will be achieved by’ heading as it was felt that it would fit more appropriately there. This was agreed by the Project Board.

Brian Montgomery’s suggested text (written in red – page 3)
AB explained that Chris Bowring wanted the text to include a sentence regarding prevention of project creep. GC felt that this was articulated on page 1.

JL suggested that this paragraph should be amalgamated with point four on page 1 (as previously described). This was agreed by the Board.

Further Comments regarding Regional Services
GC and MH spoke about the possibility of Regional Services being located in the new development at QMH. Both articulated that although there is a desire to provide Regional Services on the QMH site, these would not be provided in place of services already promised in the 2002 vision.

JL queried whether the provision for 6 theatres instead of 4 in the redevelopment was in relation to Regional Services. MH informed the Board that this was not the case and instead the extra theatres are planned to address the increase in activity that is anticipated. JL outlined that the extra theatres will have an impact on patient flows, as well as financial implications.

Acceptance of Statement of Purpose
It was agreed that SG will amend the Statement of Purpose to reflect the above comments; the agreed Statement of Purpose can then be circulated.

2.4 Draft Project Organisational Structure
MH tabled the draft Project Organisational Structure for comment. AB noted that Andrew McCready, Financial Lead, needed to be added to the Project Team section of the chart. MA also noted that ‘Public Representatives’ needed to be added to the Project Board section of the chart. SG is to update. No further comments were made.
MH also tabled a document detailing workstream membership. AHa informed SG of the Primary Care Resource Centre workstream members. SG is to update the document accordingly.  

3.0 Project Team Update Report

MH tabled the QMH Development Project Team Update Report and asked for comments and suggestions regarding the format. MH explained that the Project Team would be asked to update the report on a monthly basis to circulate to the Project Board prior to meetings to convey progress.

The Project Board approved the format of the update report.

4.0 Update from the Project Team Workshop held on 22/01/2013

4.1 Background

MH informed the Board that the Project Team held a workshop on 22nd January to identify aspirations for the Queen Margaret Hospital redevelopment.

JS felt that the workshop was well received and a useful tool in providing an insight into project aspirations and potential risks. JW attended the workshop and commented that he found it a useful exercise.

JS explained that notes taken at the workshop would be circulated for information, along with powerpoint presentations that workstream leads gave on the day detailing service requirements.

Presentations:

1. QMH Options Appraisal Workshop Introductory Slide.ppt
2. QMH Options Appraisal Workshop Programme.ppt
3. QMH site plan.ppt
4. Ann Hunter - Queen Margaret Development.ppt
5. Arlene Saunderson - QMH Options Appraisal Workshop Slideshow.ppt
6. Arlene Saunderson - QMH Wish List Slide.ppt
7. Ann Hatton - QMH Options Appraisal Presentation.ppt
8. VH - QMH Options Appraisal - C&YP unit.ppt
9. Bob McLean - Mental Health - QMH Options Appraisal Workshop.ppt
10. Cath Cummings - Maternity - QMH Options Appraisal Workshop Slideshow.ppt
11. SFB - Non Clinical User Group.ppt

4.2 Potential Opportunities and Risks Identified

JS outlined potential opportunities and risks identified at the workshop.
4.2.1 Medical Records
JS explained that issues around the amalgamation of patient records within the proposed Primary Care Resource Centre were identified as a potential threat to the project.
GC felt that the QMH site should not be used to house archived records; this was also the general Board consensus. GC also queried whether current patient records could be held electronically rather than in paper format to save storage space.
MA asked if provision was in place should electronic systems fail; MH explained that contingency plans have been in place since 2000 and that that systems are updated frequently to cope with such an event.

JS is to meet with JL to discuss Medical Records storage issues.  

4.2.2 ICT & Data Upgrade
JS outlined a potential issue regarding the timing of available funding for the ICT and Data upgrades at the QMH site. JS explained that funding for this is planned for later than the construction programme envisaged and that it would be ideal if these upgrade works could be concurrent with the redevelopment.
AB was not sure whether it would be possible to pull funding forward to accommodate this aspiration.

4.2.3 Wards 5 & 6
JS explained that a survey to assess the damp issue in Wards 5 & 6 at QMH was in hand, and that feedback from the Consultant has indicated the likely cause of the problem. GC commented that fundamental damp issues with Wards 5 & 6 should not be financed from the GH&MS budget but instead should be paid for from the Backlog Maintenance budget.

JS queried the Boards position on an upgrade of Wards 5 & 6, should a decant be necessary to resolve the damp issues. JS felt this would be the optimum time to undertake any works to upgrade the area and explained that an upgrade could help to reduce the spending deficit that is envisaged.

MH commented that a decision regarding financial allocation in respect of an upgrade of Older Peoples Services in Wards 5 & 6 would have to be considered by the Project Board. GC agreed and added that Older Peoples Services should be prioritised along with the other services to be incorporated into QMH. GC continued by stating that the Board would need to fully understand options presented to them to decide on any financial allocations.
AHa stated that Older Peoples Services must be considered with the other services on the basis that these were outlined in Right For Fife.
AB commented it was not solely for NHS Fife to determine the financial allocation but that there was an obligation to the Scottish Government to adhere to the plans that they were presented with, in order to gain the finance in the first place.

GC summarised by stating that the QMH redevelopment encompassed a range of commitments for which finance is allocated, however noted that at the same time the Board are redesigning on the cusp of services that are emerging. GC emphasised that opportunities cannot be missed for the people of Fife.

JL explained that JS was trying to gauge a clear understanding of the remit of the project that is to be delivered. JL assured the Board that the damp issue in Wards 5 & 6 would be addressed and explained that if there was a requirement for Backlog Maintenance funding to undertake these works then this would be reviewed, to ultimately allow for a dry clinical space for use now and in the future.

JL concluded from the discussion that the Boards current view is for Older Peoples Services to move back into Wards 5 & 6 after remedial damp works are complete but noted that if there are opportunities within the scope of works that is being undertaken to future proof the wards in an affordable manner then this would be acceptable.

JL continued by stating that upgrading the wards to 100% single rooms as per current legislation does not fall within the remit of the redevelopment project and would require a standalone business case.

GC summarised by stating that if Wards 5 & 6 met design requirements when Older Peoples Services moved in then it was not necessary to update the wards now just because the damp is being eradicated. MH concluded by informing the Board that there was never a view to totally refurbish Wards 5 & 6 and that this area had only ever been presented in terms of dealing with damp issues.

4.2.4 Carnegie Clinic
JS suggested that part of the proposed scheme would include the relocation of services from Carnegie Clinic to the QMH site. GC explained that the Carnegie Clinic footprint could not impact on the services that the Board are already committed to delivering at QMH.

GC stressed that the purpose of the Board is to facilitate the delivery of the needs of NHS Fife and explained that at times staff wants will be beyond the realms of possibility.
5.0 A.O.C.B

5.1 Budget Under Spend
AB questioned the severity of the estimated budget under spend in the 2013/2014 financial year and explained that if the projected under spend was considerable then this needed flagging up as a matter of urgency. AB continued by explaining that this would allow time to ask the Scottish Government for some of the funding to be slipped to the next financial year.

JL indicated that spending the 6.7 million budget in 2013/2014 was not to be expected given the fact that a brief is not even finalised as yet. JL emphasised the lengthy process that is involved from the design of a service, through to appointment of contractors to carry out the works and asked that deadlines are imposed to close down the debate regarding financial allocations in order to begin proceedings.

AB informed the Board that he would be meeting Mike Baxter from the Scottish Government with Chris Bowring on Thursday 7th February and asked that JS provide an estimate of the under spend before this date, so that it can be reported. JL asked JS to keep him informed regarding the budgetary implications and forthcoming discussions.

5.2 Regional Endoscopy
GC informed the Board that at present nothing definitive had been decided on in terms of delivering Regional Endoscopy Services at QMH.

MH continued by explaining that if this was to go ahead the Endoscopy Regional Surveillance Programme would be for a 1 year period in the first instance and was not expected to be a permanent arrangement.

6.0 Date of Next Meeting

Friday 8th March - 14:30-16:30, HH2 Meeting Room, Hayfield House, Victoria Hospital