NHSGG&C(M)16/02
Minutes: 20 - 42

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Board Room, Corporate Headquarters, J B Russell House,
Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
on Tuesday, 19 April 2016 at 9:30a.m.**

PRESENT

Mr J Brown CBE (in the Chair)

Dr J Armstrong	Mr I Lee
Mrs S Brimelow OBE	Dr D Lyons
Ms M Brown	Mrs T McAuley OBE
Mr R Calderwood	Dr M McGuire
Dr H Cameron	Councillor J McIlwee
Mr S Carr	Mr A Macleod
Councillor M Devlin	Ms R Micklem
Professor A Dominiczak OBE	Councillor M O'Donnell
Mr R Finnie	Dr R Reid
Councillor A Lafferty	Rev Dr N Shanks

Mr M White

IN ATTENDANCE

Mr D Adams	Head of Adult Services (Partnerships)
Ms A Baxendale	Head of Health Improvement
Mr J Best	Director, North Sector, Acute Services Division
Dr E Crighton	Interim Director of Public Health
Ms J Erdman	Head of Inequalities
Ms S Gordon	Secretariat Manager
Mr J C Hamilton	Head of Board Administration
Mr D Loudon	Director of Facilities & Capital Planning
Mr B Moore	Chief Officer, Inverclyde Health & Social Care Partnership
Mr A McLaws	Director of Corporate Communications
Mrs A MacPherson	Director of Human Resources & Organisational Development
Ms P Mullen	Head of Performance
Ms C Renfrew	Director of Planning & Policy

ACTION BY

20. WELCOME AND APOLOGIES

Apologies for absence were intimated on behalf of Mr I Fraser, Councillor M Kerr, Councillor M Macmillan and Mr D Sime.

NOTED

21. DECLARATION(S) OF INTEREST(S)

The Chairman invited members to make any declaration(s) of interest(s) in relation to any of the agenda items to be discussed.

Mr Finnie asked that in relation to Item 10 – Adult Weight Management Services - his role as NHS Board Chairman of Food Standards Scotland be noted.

Dr Lyons asked that it be noted that he was a member of the Scottish Human Rights Commission in relation to Item 9 – Meeting the Requirement of Equality Legislation: A Fairer NHS Greater Glasgow & Clyde 2016-20.

NOTED

22. CHAIR'S REPORT

Mr J Brown summarised his one-to-one meetings with individuals and NHS Board Members, attendance at meetings and visits to meet frontline staff and services including the following:-

- Various one to one meetings with Executive Directors, Senior Staff, NHS Board Members, Scottish Government officials and other NHS Board Chairs.

- Various meetings with frontline staff including at Gartnavel Royal Hospital, Parkhead Hospital, Rowanbank Clinic, Leverndale Hospital, the Vale of Leven Hospital (Day Surgery Unit), the Emergency Department at the Queen Elizabeth University Hospital, Oakview Medical Practice and Shieldhall Health & Social Care Centre.

- Meetings with external partners including the Prince & Princess of Wales Hospice, the Scottish Association for Mental Health, Volunteer Glasgow, representatives of the Glasgow Chamber of Commerce, the Glasgow Children's Hospital Charity, and the Charities Forum.

- Meetings with senior clinical staff to discuss GP Out of Hours issues, Mental Health Services (including Forensic Mental Health) and Unscheduled Care.

- Attendance at various meetings including the Board's Professional Nurse Advisory Committee, the NHS Senior Leadership Forum, the NHS Health & Social Care Management Board, and a public sector summit in relation to Modern Apprenticeships, as well as attending the Addictions Graduation Ceremony at the launch of the Public Social Partnership.

Mr Brown also referred to the recruitment of eight Non-Executive NHS Board Members and to the extensive media campaign to encourage members of the public to apply (including 2 public meetings at the Maryhill Community Halls), which had resulted in over 190 applications. Mr Brown thanked Mrs M Brown for participating in those public events to provide a reflection of the challenges and rewards of being a Non-Executive NHS Board Member. The interviews were scheduled over a number of sessions in May 2016.

NOTED

23. CHIEF EXECUTIVE'S UPDATE

(i) On 18 February 2016, Mr Calderwood attended an evening function to celebrate the 20th anniversary of Maggie's Scotland, which was also attended by the First Minister.

(ii) On 26 February 2016, Mr Calderwood delivered the monthly lecture at the Knowledge Cafe, organised by Audit Scotland.

(iii) On 11 March 2016, Mr Calderwood and Director colleagues hosted a visit to the NHS Board by Morten Reymert, Deputy CEO at Oslo University Hospital.

(iv) On 21 March 2016, Mr Calderwood attended the Glasgow University Chancellor's Dinner.

(v) On 27 March 2016, Mr Calderwood hosted a visit to the Royal Hospital for Children by the First Minister and Deputy First Minister.

NOTED

24. MINUTES

On the motion of Dr Robin Reid, seconded by Mr Alan Macleod, the minutes of the NHS Board meeting held on Tuesday, 16 February 2016 [NHSGGC(M)16/01] were approved as an accurate record and signed by the Chair.

NOTED

25. MATTERS ARISING FROM THE MINUTES

The Rolling Action List of matters arising was noted.

NOTED

26. CLINICAL GOVERNANCE UPDATE

A report of the NHS Board's Medical Director [Board Paper No 16/11] provided an overview of clinical governance activity, and specifically provided a copy of a draft NHS GG&C Clinical Governance Policy for approval and an update on activities in relation to the Scottish Patient Safety Programme.

In relation to the draft Clinical Governance Policy, Dr Lyons, Mrs Micklem, Mr Finnie and Mr Carr all raised similar concerns about their roles and responsibilities with regard to Integrated Joint Boards and it was acknowledged that in reflecting on Section 5 – The Scheme of Accountability – greater clarity was required to describe the arrangements and responsibilities. Dr Armstrong undertook to make those adjustments. **Medical Director**

Dr Cameron also asked if, in the final version, a flowchart could be produced to supplement the information described in Section 5. **Medical Director**

Dr Armstrong also highlighted the very positive feedback provided by Health Improvement Scotland in relation to the development of the PUDRA (Pressure Ulcer Daily Recording Assessment) tool, the deteriorating patient and CAUTI (Catheter Associated Urinary Tract Infections).

In response to a question, Dr Armstrong described, in greater detail, the "Dashboard" work being undertaken locally by a data analyst looking at a broad range of information. The aim was ultimately to use Datix for the recording of this level of detail both in the Acute Services Division and in the Partnerships. Clinical staff would be fully engaged in the evolution of the collation of this information. Mr Moore added that this approach was welcomed at Partnership level where work to understand the

underlying issues of clinical governance had to be undertaken particularly in respect of local support and accountability.

Dr McGuire agreed and reaffirmed the need for professional leadership in taking this forward.

Mr Brown echoed Mrs Brown's comment about the visibility of "Accountable Officer" in the organisation and the need for non executive NHS Board members to feel assured and have trust in each other's roles across the NHS Board committee structure. Dr Crighton reiterated that the "Dashboard" was critical to measuring governance as evaluating outcomes was essential to improving quality.

DECIDED:-

- That the NHSGGC Clinical Governance Policy be reviewed and approved for publication. **Medical Director**
- That the development of specific objectives for the Board Clinical Safety Programme be noted.
- That the recent feedback from Healthcare Improvement Scotland on local implementation of the Acute Adult Care programme of the Scottish Patient Safety Programme be noted.

27. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

A report of the NHS Board's Medical Director [Board Paper No 16/12] asked the NHS Board to note the latest in the regular bi-monthly reports on Healthcare Associated Infection (HAI) in NHS Greater Glasgow and Clyde.

Dr Armstrong explained that the report represented data on the performance of NHS Greater Glasgow and Clyde on a range of key HAI indicators at national and individual hospital site level and led the NHS Board through a summary of performance in relation to:-

- Staphylococcus aureus bacteraemias (SABs)
- Clodistrium Difficile (C.Diff)
- Surgical Site Infection (SSI) rates for caesarean section, knee anthroplasty, repair of neck of femur procedures and hip anthroplasty procedures
- The Cleanliness Champions Programme
- Healthcare Environment Inspectorate (HEI) inspections

Dr Armstrong led the NHS Board through the actions being taken to address the SAB rate increase between October and December 2015 and highlighted, in particular, remedial actions undertaken between January and March 2016 to decrease the SAB rate by 17%. Similarly, she noted the increase in C-Diff cases between October and December 2015 but referred to the actions undertaken to reduce these between January and March 2016, illustrating a reduction of 32%.

Dr Armstrong described the series of measures being taken forward NHS Board-wide to address performance and summarised the active promotion of the antibiotic review to optimise timely intravenous (IV) to oral switch on all hospital sites. She explained that there was a daily review of all patients receiving IV antibiotic therapy.

Dr Lyons welcomed the revised report and, in response to a question from Ms Brimelow, Dr Armstrong confirmed that the NHS Board's Healthcare Associated Infection Policy had been submitted to Health Protection Scotland (HPS) to outline

local actions and linkages. Thereafter, HPS had consulted with the SGHD Policy Unit to ensure it was consistent with other NHS Scotland Boards.

Mrs McAuley welcomed the overall change in working practice being embedded in NHSGGC to reduce healthcare associated infection. She suggested that it would be useful, going forward, to see, included in future reports, what frontline changes had actually been made so that NHS Board Members could be assured they would not happen again. **Medical Director**

In response to a question from Councillor O'Donnell regarding training provided to non-clinical staff in Health and Social Care Partnerships (HSCPs), Dr Armstrong agreed that this was essential, particularly given the "out of hospital" infection rates. She described the role of the NHSGGC's centralised resource for infection control and explained that lead nurses were trained and located in each of the Partnership areas; part of their remit was to spread training throughout non-clinical staff within their localities. Councillor O'Donnell welcomed consideration of infection control which now formed an agenda item on all Integrated Joint Boards (IJBs).

Dr Reid asked about the incorporation of intravenous antibiotic oral switch therapy (IVOST) indicators and Dr Armstrong confirmed that the antibiotic review, IVOST protocol and peripheral vascular catheter (PVC) review were currently in development with a view to being included in the "ward round checklist".

NOTED

28. MEETING THE REQUIREMENT OF EQUALITY LEGISLATION: A FAIRER NHS GREATER GLASGOW & CLYDE 2016-20, WORKFORCE EQUALITY ACTION PLAN 2016-17 AND A FAIRER NHSGGC MONITORING REPORT FOR 2015-16

A report of the Director of Planning & Policy [Board Paper No 16/13] asked the NHS Board to approve the content of the following three reports:-

- Meeting the Requirements of Equality Legislation: A Fairer NHSGGC 2016-20;
- Workforce Equality Action Plan 2016-17;
- A Fairer NHSGGC Monitoring Report for 2015-16.

Ms Erdman explained that, over the last seven years, NHSGGC had demonstrated its commitment to addressing discrimination and delivering services that were fair and equitable for all. It had met its responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012.

She explained that, as a public sector organisation, NHSGGC was required to report on its mainstreaming and equality outcomes in April 2016 for the next four years, and report on progress in 2018.

She led the NHS Board through the "Meeting the Requirement of Equality Legislation: A Fairer NHSGGC 2016-20" and set out the actions the NHS Board was intending to take to ensure that it continued to meet its commitment to tackle inequalities across all of its core functions.

She alluded to the outcomes and actions where an area for specific improvement had been identified. Ms Erdman reported that the "Workforce Equality Action Plan 2016/17" set out the NHS Board's aspirations for 2016-17 on workforce diversity, supporting staff to tackle inequality and acting as a fair employer.

She explained that the report had been developed with colleagues across the organisation and based on engagement with over 400 patients from equality groups and voluntary sector organisations, the latest research evidence and feedback from staff. Going forward, the Acute Health Improvement and Inequalities Group would oversee the governance of the actions in the 2016-20 report. Similarly, the Workforce Equality Group would oversee the actions in the Workforce Equality Action Plan.

In referring to the "A Fairer NHSGGC Monitoring Report for 2015-16", Ms Erdman highlighted what NHSGGC had achieved in the previous year and summarised its actions under the Equalities Scheme 2013-16.

In response to a question from Mr Carr regarding the reporting of the measures, Ms Erdman explained that the legislation committed the NHS Board to reporting outcomes in 2018, however, as the information was being collected throughout this period, interim results could easily be reported to the NHS Board if required. **Director of Planning & Policy**

Mrs McAuley referred to the requirements of the eleven Equality Outcomes and suggested some of the associated activities to meet these outcomes could be extended further so that the measures linked with the Outcomes more visibly. Ms Erdman agreed that measurement of some of the Equality Outcomes was challenging but took this comment on board. **Director of Planning & Policy**

Ms Micklem commended the report and the fact that it reflected a huge body of work ongoing within NHSGGC. She recognised the responsibility to take this work forward, particularly with the newly formed IJBs and their commitment to link local outcomes with NHS Board-wide outcomes and measures at the same time. In response to her question, Ms Erdman outlined the role of the Acute Health Improvement and Inequalities Group where accountability for local implementation processes sat. In governance terms, the work of this group would be reported to the Acute Services Committee. She agreed that an explanation of accountability could be added to the "mainstreaming" section of the report. Ms Renfrew added that the NHS Board's Corporate Inequalities Team would still support the IJB's but the law was clear in that they were responsible. **Director of Planning & Policy**

Ms Brown made some suggestions in relation to the collation of personal information and Ms Erdman agreed to reflect these in the final version. Furthermore, Ms Erdman would seek to ensure that the payment of transport costs to patients attending appointments was consistent with other NHS Board policies. **Director of Planning & Policy**

Referring to the work of the Health & Social Care Partnerships, Dr Lyons suggested that all six should be included with a summary of their local work to ensure that the monitoring report was balanced. He also encouraged relevant staff education initiatives throughout NHSGGC so that all staff were knowledgeable on how to work with interpreters. **Director of Planning & Policy**

Referring to Equality Outcome 5, Dr Cameron suggested that the associated activity review the transition pathway for young people in general and not only those with cerebral palsy. Ms Erdman agreed to amend this. **Director of Planning & Policy**

In response to Councillor O'Donnell's point, Ms Renfrew agreed that the role of IJBs was critical in taking much of this work forward locally. She commended the work of the Corporate Inequalities Team in working across the Partnerships and the Acute Services Division to build good relations focusing on achieving the outcomes.

DECIDED

- That the reports be approved. **Director of Planning & Policy**

29. LOCAL DELIVERY PLAN – VERBAL UPDATE

Mr Calderwood reported that NHSGGC's Local Delivery Plan was submitted to the SGHD last week in its prescribed format. Content negotiations would continue to evolve until its expected submission to the NHS Board meeting in June 2016. **Director of Planning & Policy**

NOTED

30. MENTAL HEALTH SERVICES

A report of the Chief Officer, Operations, Glasgow City Health & Social Care Partnership and the Director of Facilities & Capital Planning [Board Paper No 16/17] asked the NHS Board to approve the development of two new fit for purpose wards at the Stobhill site, procured through the Hub West Design, Build, and Finance and Maintain (DBFM) route, to conclude the agreed inpatient redesign programme in North Glasgow. It was also recommended that the scheme was bundled with Greenock and Clydebank Health Centre DBFM developments with progress to Initial Agreement stage to allow all three schemes to reach financial close at the end of 2017.

Mr Adams summarised progress to deliver the mental health inpatient redesign programme previously agreed at the Quality & Performance Committee in January 2015. He identified the phased approach to complete the redesign, in particular, the completion of the mental health programme underway in North Glasgow. He led the NHS Board through a summary of projects to complete the full programme including indicative timescales and proposed funding sources. The total programme had been divided into a number of development phases as follows:-

- Phases 1 & 2 – A two stage process to reconfigure mental health services in North Glasgow that would see the withdrawal of services from both Parkhead Hospital and Birdston Care Home.

- Phase 3 – The consolidation of Alcohol and Drugs Addiction inpatient services in a new-build ward at Gartnavel Royal Hospital.

- Phase 4 - The consolidation of acute adult mental health beds for South Glasgow and Renfrewshire on the Leverndale site.

Mr Adams went into further detail of all four phases, outlining the background, the drivers for change and the costs/benefits.

Mr Loudon asked the NHS Board to note the following:-

- £8m capital monies were already committed for the refurbishment of the Broadford and Tate wards on the Gartnavel site and wards 43 and 44 on the Stobhill site. Works were underway with completion anticipated between March and June 2017 to deliver a mix of permanent and temporary inpatient solutions.

- An outline proposal, requiring further detailed work, for 2019-20 capital funds to allow consolidation of the Alcohol and Drugs Addiction inpatient services.

- The final detail would be developed through the NHS Board's Capital Planning Group.

- Outline proposals at Leverndale Hospital to deliver a consolidation adult mental health acute bed model for South Glasgow and Renfrewshire, potentially using Dykebar site capital receipts. The final detail would be developed through the NHS Board's Capital Planning Group.

Rev Dr Shanks asked for more information about the scheme being bundled with Greenock and Clydebank Health Centre DBFM and, in particular, any fallback position should this not be successful. Mr Calderwood explained that the fallback position would be that the NHS Board commission the scheme as a separate piece of work, however, NHSGGC would not wish to proceed with this option.

Ms Brown supported the proposals and the pragmatic approach to get to a satisfactory conclusion for mental health inpatient care.

Councillor O'Donnell asked about the fact that provision could not currently be made in the NHS Board's Capital Plan for the £10.6m capital required to develop two new wards. Mr Loudon reported that capital planning discussions had concluded that the wards could be provided through the Hub West DBFM process by April 2019. He added, by way of reassurance, that this was a robust figure for this stage in the process and could be delivered within the current revenue levels that supported the existing arrangements. This meant that the proposed DBFM scheme would, therefore, be funded through revenue released from the vacation of Birdston and Parkhead sites. Mr Calderwood added that development of two new wards via the Hub DBFM route would result in annual service payments and running costs of £1.5m. These costs would be met from the release of financial resource from vacating Birdston and Parkhead. The programme was part of the wider Glasgow Mental Health Inpatient Strategy which would contribute circa £1,300k towards the NHS Board's overall financial plan.

In response to a question from Mr Carr regarding the "bundling agreement", Mr Calderwood clarified what this meant in terms of preparation of the concept, design and timing. Further reassurance in terms of it being well developed and fit for purpose was provided by Mr Adams.

In response to a question from Dr Reid regarding medical cover for the wards, Mr Adams explained how this would be provided. He also offered reassurance to Ms Brimelow on the model adopted for the scheme, explaining that the cohort of complex care beds meant that patients could not be cared for in the community.

DECIDED

- That the development of two new fit for purpose wards at the Stobhill site procured through the Hub West Design, Build, and Finance and Maintain (DBFM) route to conclude the agreed inpatient redesign programme in North Glasgow be approved.

- That the scheme be bundled with Greenock and Clydebank Health Centre DBFM developments with progress to initial agreement stage to allow all three elements to reach financial close at the end of 2017 be approved.

Chief Officer, Operations, Glasgow City HSCP and Director of Facilities & Capital Planning

31. ADULT WEIGHT MANAGEMENT SERVICES

A report of the Interim Director of Public Health [Board Paper No 16/14] asked the NHS Board to note progress on the implementation of the Community Weight Management Service and support the process of organisational change required to redesign specialist weight management services.

Dr Crighton provided an update on the strategic development of adult weight management services previously outlined to the NHS Board in 2014 which included:-

- Expansion of community-based weight management services in conjunction with a commercial provider;
- Optimisation of specialist weight management services to provide intensive interventions for complex patient groups;
- Expansion of surgical intervention as a treatment option for suitable patients in line with national planning forum guidance.

She described NHSGGC's current position in terms of the Community Weight Management Service and the Specialist Service. The introduction of the service was intended to increase the capacity of weight management services within NHSGGC, direct patients to the service and intervention most appropriate and acceptable to their needs whilst allowing specialist resources to be targeted.

The two year pilot period would ensure the commercial service model was both effective and fit for purpose to all stakeholders. Longer term, NHS service changes were intended to ensure that the most effective interventions were provided to patients who required specialist support and intensive interventions, such as bariatric surgery, were provided appropriately to patients who would achieve most health gain.

In response to a question from Mrs McAuley, Dr Crighton explained that both the Community Weight Management pilot and the Specialist Service would continue to be evaluated in relation to referral and attendance rates as well as weight loss outcomes. The self referral model would be specifically considered along with other referral sources, baseline demographics and co-morbidities. Ms Baxendale added that the intention was to work closely with Primary Care colleagues to reach deprived areas NHGGC-wide.

In response to a question from Mr Macleod regarding the rebalancing of Specialist Weight Management Services and bariatric services aiming to be cost neutral in the longer term, Ms Baxendale explained that this would be achieved by service redesign and organisational change.

NOTED

32. BACK TO BASICS UPDATE REPORT

A report of the Interim Director of Public Health [Board Paper No 16/15] asked the NHS Board to note progress made since the launch of the biennial report on 2 November 2015.

Dr Crighton explained that the aim of the report was to inform the strategic plans for the Health & Social Care Partnerships (HSCPs) by developing health indicators that reflected physical, mental and social determinants of health and facilitate the task of needs assessment. Local context was crucial when identifying priorities for local action and the comparisons available in the report highlighted areas for action that were amenable to influence by reducing variation in performance.

Ms Brown commended the report and, in response to a question from Ms Micklem, Dr Crighton confirmed that the reception she had received from the IJBs had been really welcoming and provided an opportunity to discuss further how to challenge public services to work more collaboratively to transform their relationship with communities and those with poor health.

NOTED

33. NHSGGC SMOKEFREE POLICY: USE OF E-CIGARETTES & SMOKEFREE ENVIRONMENTS

A report of the Interim Director of Public Health [Board Paper No 16/16] provided the NHS Board with an update on the consultation exercise, a summary of the proposed policy amendments and an outline of the wider policy position for the NHS Board in relation to smokefree public places.

Dr Crighton summarised the consultation exercise undertaken during February 2016 and the key issues identified including:-

- Patient and staff safety;
- Communication/policy promotion;
- Location;
- Implementation.

It was proposed that the current policy should be amended to incorporate the use of e-cigarettes and that there should be associated guidance relating to the practicalities such as charging of these devices described. Dr Crighton explained that a sub-group of the Tobacco Policy Implementation Group (PIG) would finalise the policy changes and draft an associated guidance document following NHS Board approval.

Dr Crighton led the NHS Board through the proposed policy amendment and the revised wording suggested. She emphasised that delivery of this aspirational commitment required a concerted and refreshed effort to change the social norm and public acceptability of smoking in order to address the adverse impact of tobacco on children.

Dr Crighton alluded to a charter with six key principles (all of which were closely aligned to the existing local tobacco strategies but sought to raise the profile of tobacco control interventions and make a real impact on health by protecting children from tobacco) as produced by ASH Scotland. She proposed that the NHS Board and IJBs consider the opportunities presented by both the revised NHSGGC policy commitment and the ASH Scotland Charter to increase the profile of tobacco control and develop a related action plan that made smokefree environments for children a reality.

Mr Lee suggested that the policy specifically state that the use of e-cigarettes would not be permitted in any NHSGGC building or front doors. Ms Baxendale agreed to this inclusion. **Interim Director of Public Health**

In response to a question from Mr Macleod, Ms Baxendale reported that it was not the intention of NHSGGC to conduct a rebranding exercise of its Smoking Policy, but to conduct a communication exercise to coincide with the launch of the amended Smokefree Policy and the associated guidance document.

DECIDED

- That the Smokefree Policy be amended as described and the associated guidance document produced. **Interim Director of Public Health**
- That the NHS Board's position on smokefree environments be reinforced through the formal adoption of ASH Scotland Charter be approved. **" "**
- That a high profile media approach be adopted to raise the profile of tobacco control and the impact of second hand smoke on children in conjunction with the delivery of local tobacco strategies be approved. **" "**
- That a further update be provided to the NHS Board in 12 months. **" "**

34. NHSGGC'S INTEGRATED PERFORMANCE REPORT

A report of the Head of Performance [Board Paper No 16/18] asked the NHS Board to note the content and format of the NHS Board's Integrated Performance Report.

Ms Mullen explained that this report brought together high-level system-wide performance information (including all of the waiting times and access targets previously reported to the NHS Board) with the aim of providing the NHS Board with a clear overview of the organisation's performance in the context of the 2015/16 Strategic Direction – Local Delivery Plan. An exceptions report accompanied all indicators with an adverse variance of 5% or more, detailing the actions in place to address performance and indicating a timeline for when to expect improvement.

Ms Mullen provided:-

- A summary providing a performance overview of current position.
- A single scorecard containing actual performance against target for all indicators. These had been grouped under the five strategic priorities identified in the 2015/16 Strategic Direction.
- An exception report for each measure where performance had an adverse variance of >5%.

Ms Mullen summarised performance and highlighted key performance status changes since the last report to the NHS Board including performance improvements, performance deterioration and measures rated as red.

Ms Mullen highlighted an issue that had been raised by the Scottish Government relating to narrative contained in the December 2015 Integrated Performance Report on the number of new outpatients waiting over 12 weeks for a new outpatient appointment. Page 8 of the December 2015 report stated that the Scottish Government Health Directorate (SGHD) had purchased 800 outpatient appointments from the outside agency, Medinet, for other health boards, however, the Scottish Government clarified that it was, in fact, NHS Lanarkshire who bought this additional capacity on behalf of NHS Scotland. Ms Mullen apologised if this had been misleading.

In response to a question from Mrs McAuley concerning a further system-wide review being progressed to analyse patient flows, allocation and gearing of resources and key performance metrics, Ms Mullen confirmed that this would be taken forward. **Head of Performance**

Mrs McAuley asked about reduced performance in lung cancer over the festive period and Mr Best reported that weekly reporting through March 2016 suggested the lung performance had improved albeit it had been a struggle to maintain all clinics during the Christmas and New Year holidays.

Ms Brown welcomed some of the mental health performance indicators but suggested it would be helpful to see NHSGGC's performance against its own target of percentage of patients who started treatment less than 12 weeks of referral for psychological therapies rather than the SGHD target which was less than 18 weeks. She also asked if it would be possible to include further information about other gynaecological cancers rather than only cervical cancer. Mr Best agreed that this would be possible for future reports. **Head of Performance**

In response to Ms Brown's question about patients who were not treated within the target, Mr Best reported that the NHS Board had a duty to inform patients of this.

Mr Macleod referred to the exceptions report illustrating bed days lost to delayed discharge including adults with incapacity. Ms Mullen reported that, as part of the service and financial planning for 2016/17, NHSGGC was aiming to agree with Partnerships a target of zero bed days lost. She offered Members an assurance that a meeting was scheduled to take place with Glasgow City Council on 20 April 2016 in an attempt to address this. Members reflected on the often complex pathway for this group of patients but thought it prudent to receive more detailed information in future reports, on the reasons for the delays, particularly as performance at the moment was a concern. **Head of Performance**

NOTED

35. FINANCIAL MONITORING REPORT FOR THE 11 MONTH PERIOD TO 29 FEBRUARY 2016

A report of the Director of Finance [Board Paper No 16/19] asked the NHS Board to note the financial performance for the eleven month period to 29 February 2016.

Mr White reported that the NHS Board was currently reporting an overspend outturn against budget of £2.5m. At this stage, however, the NHS Board forecast that a year-end break even outturn remained achievable through additional savings and non-recurrent coverage.

He led the NHS Board through expenditure on Acute Services, NHS Partnerships, Corporate Services and other budgets.

Capital expenditure in the year to date amounted to £48m and it was anticipated that a balanced year-end position would be achieved against the NHS Board's Capital Resource Limit.

At this stage in the year, the NHS Board was behind its year to date cost savings target against plan, however, whilst yet to be finalised as part of the year-end process, the level of recurring savings achieved is behind the target.

In response to a question from Mr Macleod regarding additional funding received during February 2016, Mr White reported that these had been spent or were committed. These included £2.6m for Positron Emission Tomography (PET) scanning, £0.4m to implement the "Prescription for Excellence" policy in Inverclyde, £0.248m to support

IVF waiting times, £0.2m for urology endoscopy activity, £0.113m to support Musculoskeletal Orthopaedic Quality drive and £0.100m of funding for unscheduled care. These additional fundings did not affect the NHS Board's overall year-end position.

In response to a question from Mr Carr regarding the NHS Board's sickness absence levels, Mr White explained that the overspend within Acute Services was largely attributable to medical (agency and locum) and nursing (bank) pay. The contributory factors were not only high sickness absence levels but a number of consultant vacancies, significant increases in elective and non-elective activity levels and the requirement for waiting list initiatives to achieve targets. Mrs MacPherson added that sickness absence was budgeted for and agreed that it was possible to include in future reports a breakdown of sickness absence in staff groupings. **Director of HR & OD**

NOTED

36. QUARTERLY REPORT ON COMPLAINTS & FEEDBACK – 1 OCTOBER – 31 DECEMBER 2015

A report of the Nurse Director [Board Paper No 16/20] asked the NHS Board to note the quarterly report on complaints and feedback in NHSGGC for the period 1 October to 31 December 2015.

Complaints handling performance was 81% of complaints responded to within 20 working days achieved against a target of 70%.

Dr McGuire led the NHS Board through the detailed information on complaints received, complaints completed, outcome, location and reasons for complaints, as well as noting those complaints raised with the Scottish Public Services Ombudsman (SPSO) and the Patient Advice & Support Service (PASS).

She referred to the patient, carer and public feedback report which looked at feedback, comments and concerns received centrally and in local services, and identified service improvements and ongoing developments resultant from these. She alluded to the issues attracting most complaints in the Partnerships and the Acute Services Division which centred around clinical treatment and the attitude/behaviour of staff.

Councillor Lafferty asked for more detail about the NHS Board complaint and Dr McGuire agreed to forward this to him. **Nurse Director**

In response to a question, Dr McGuire outlined how prisoner complaints were handled and summarised the key issues raised by prisoners in their complaints. She agreed, in future reports, to provide a further breakdown of HMP complaints (which covered Barlinnie, Low Moss, Greenock and Police Custody Healthcare) so that the NHS Board could have a greater understanding of the matters raised. **Nurse Director**

Mrs McAuley referred to two consistent systemic issues raised in complaints, namely cross-hospital communication on patient discharge and appointment dates. She alluded, in particular, to the case study highlighted and received via NHSGGC's online patient feedback facility and thought it would be useful to see, in future, more information about what was being done locally within NHSGGC to tackle these matters. **Nurse Director**

NOTED

37. REVIEW OF FINANCIAL GOVERNANCE

A report of the Director of Finance [Board Paper No 16/21] asked the NHS Board to approve the proposed changes to the Standing Financial Instructions and Scheme of Delegation and Fraud Policy.

Mr White led the NHS Board through the changes proposed in both and explained that they were reviewed by the Audit Committee at its meeting held on 8 March 2016.

He reported that the proposed changes incorporated the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and the new organisational structure established by the NHS Board. Other proposed changes mainly reflected updates to relative legislation, national policy and guidance.

DECIDED

- That the proposed changes to the NHS Board's Standing Financial Instructions and Scheme of Delegation and Fraud Policy be approved. **Director of Finance**

38. ACUTE SERVICES COMMITTEE MINUTES: 19 JANUARY 2016

The minutes of the Acute Services Committee meeting held on 19 January 2016 [ASC(M)16/01] were noted.

NOTED

39. AREA CLINICAL FORUM MINUTES: 4 FEBRUARY 2016

The minutes of the Area Clinical Forum meeting held on 4 February 2016 [ACF(M)16/01] were noted.

NOTED

40. AUDIT COMMITTEE MINUTES: 8 MARCH 2016

The minutes of the Audit Committee meetings held on 8 March 2016 [A(M)16/01] were noted.

NOTED

41. NHS BOARD – FORWARD LOOK OF FUTURE AGENDA ITEMS

A report of the Head of Administration [Board Paper No 16/22] asked the NHS Board to note and suggest additions to the forward look of agenda items to be considered by the NHS Board in 2016.

Mr Brown explained that the Forward Look would be developed and amended during the year and updates would be provided to NHS Board Members by the Head of Administration as significant changes took place.

NOTED

42. ANY OTHER BUSINESS

Mr Brown reported that it was the last meeting of Ms R Micklem who had served as a Non-Executive NHS Board Member for the last four years. He thanked her for her contribution to the work of the NHS Board, the Acute Services Committee and her work with West Dunbartonshire IJB. He commended her commitment and focus to inequalities and patient-centred care issues and wished her well in the future. In return, Ms Micklem recorded her thanks to the NHS Board.

The meeting ended at 1:35pm.