NHSGG&C(M)16/06
Minutes: 116 - 144

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in The William Quarrier Conference Centre,
20 St Kenneth Drive, Govan, Glasgow, G51 4QD,
on Tuesday, 20 December 2016 at 10:00a.m.

PRESENT

Mr J Brown CBE (in the Chair)

Dr J Armstrong
Ms S Brimelow OBE
Ms M Brown
Mr R Calderwood
Dr H Cameron
Mr S Carr
Cllr G Casey
Cllr J Clocherty
Mr A Cowan
Dr L de Caestecker
Councillor M Devlin
Prof. A Dominiczak
Ms J Donnelly
Mr R Finnie
Ms J Forbes
Mr I Fraser

Cllr A Lafferty
Mr J Legg
Dr D Lyons
Rev J Matthews OBE (To Minute 125)
Mrs A M Monaghan
Mr A Macleod
Cllr Macmillan (To Minute 124)
Mrs T McAuley OBE
Mr A M’Guire
Cllr M O’Donnell
Dr R Reid
Mr I Ritchie
Mrs R Sweeney
Mr M White

IN ATTENDANCE

Mr J Best
Mr J C Hamilton
Dr T Lakey
Mr D Loudon
Ms S Manion
Mr B Moore
Ms T Mullen
Mr A McLaw
Mrs A MacPherson
Ms M McCollgan
Ms C Renfrew
Ms M Smith
Mr D Williams
Interim Chief Officer – Acute Services
Head of Administration
Health Improvement and Inequalities Manager (For Minute No.137)
Director of Property, Procurement & Facilities Management
(To Minute No. 128)
Chief Officer, East Dunbartonshire HSCP (to Minute No. 125)
Chief Officer, Inverclyde HSCP
Head of Performance
Director of Corporate Communications
Director of Human Resources & Organisational Development
General Manager, Regional Services (To Minute No. 133)
Director of Planning & Policy (To Minute No. 126a)
Secretariat Manager
Chief Officer, Glasgow City HSCP (To Minute No. 128)

116. WELCOME AND APOLOGIES

An apology was intimated on behalf of Councillor M Kerr.

Mr Brown welcomed the NHS Board, press and members of the public to the meeting and to the venue which had been chosen as it provided sufficient space for members of the public to be able to attend and observe the proceedings of the meeting.

Mr Brown welcomed Councillor Clocherty to his first Board meeting as a Non
Executive Member and Ms Manion, who has been appointed as Chief Officer for East Dunbartonshire Health and Social Care Partnership. Mr Brown also welcomed Mr Best who has been appointed as Interim Chief Officer for Acute Services.

NOTED

117. DECLARATIONS OF INTEREST

The following declarations of interest were raised:-

- Mr Finnie – Agenda Item No: 12 (a) “Proposal for NHS Greater Glasgow to establish a Public Health Committee” in relation to his appointment as Chair of Food Standards Scotland

- Mr Ritchie – Agenda Item No: 12 (a) “Proposal for NHS Greater Glasgow to establish a Public Health Committee” in relation to his appointment as Chair of the Health and Social Care Physical Activity Delivery Group for the Scottish Government.

NOTED

118. MINUTES

On the motion of Mr Macleod, seconded by Dr H Cameron, the minutes of the NHS Board meeting held on Tuesday, 18 October 2016 (NHSGGC(M)16/05) were approved as an accurate record and signed by the Chair.

NOTED

119. MATTERS ARISING FROM THE MINUTES

The Rolling Action List of matters arising was noted with 16 rolling actions recommended for closure and 6 still outstanding.

Mrs McAuley suggested that the underpinning action plan supporting the consultation on the proposed service changes to paediatric services at Royal Alexandra Hospital should be included on the Rolling Action List. Ms Renfrew agreed to share the consultation plan with Board Members separately and it was agreed that this would be added to the Rolling Action List.

NOTED

120. CHAIR’S REPORT

Mr Brown summarised his recent involvement in a number of award ceremonies with a particular emphasis on education and young people. These included the Chairman’s Awards as well as the Excellence in Education, Facing the Future Together, the Modern Apprenticeship Awards and the Prince’s Trust Employability Awards. Mr Brown highlighted the significant role of the Board in promoting investment in staff, in particular in young people.

Mr Brown also reported on his activities in engaging with staff groups, which included
staff at the new Eastwood Health Centre, the Beatson West of Scotland Cancer Centre, and the Queen Elizabeth University Hospital.

A visit to the Victoria Ambulatory Care Hospital Minor Injuries Unit (MIU) had also been instructive in seeing the important work that staff in MIUs undertake in supporting unscheduled care.

Mr Brown highlighted that he had, along with other Board Members, visited the Community Maternity Units at the Vale of Leven Hospital and Inverclyde Royal Hospital and that he had been impressed with the commitment of front line staff. Mr Brown had also made a return visit to Lightburn Hospital to talk about the proposed service changes.

Mr Brown reported that he attended the launch of the Winter Illness Campaign with the Cabinet Secretary for Health & Sport.

Mr Brown had also met with University of Strathclyde Research and Innovation team, along with Mr Calderwood, Dr Armstrong, and Professor Dominiczak.

Mr Brown also reported that the process to recruit a new Chief Executive was continuing and that he would update Board Members on the current position at the conclusion of the formal Board meeting.

121. SAVE OUR SERVICES – INVERCLYDE PETITION

A report of the Head of Administration (Board Paper 16/72) asked the Board to note that the Board had received a petition set out as follows:-

“We the undersigned want:

• Birthing Services at Inverclyde Royal Hospital (IRH) Community Maternity Unit (CMU) to stay local.

• The proposal to cut birthing services to be deemed as major and a final decision made by ministers and not the Health Board.

• No further cuts or centralisation of services away from Inverclyde”.

There were over 5,000 paper signatures and 1,000 online. The petition was available to any Member who wished to see this.

Councillor Clocherty wished to emphasise that the petition was as a result of cross party working and demonstrated the depth of local feeling about the future of the Hospital.

122. OUTCOME OF ENGAGEMENT ON SERVICE CHANGES: OPENING REMARKS

Before discussing each of the three outcomes of service engagement papers, Mr Brown provided a general overview.
Mr Brown highlighted that the following key points needed to be at the forefront of Board Members considerations when discussing each of the papers, and before arriving at decisions:–

- Patient Safety;
- Quality of Care;
- Equality of Treatment;
- Financial Impact;
- Strategic Fit – Locally and Nationally;
- Timing; and
- Consultation of Key Stakeholders.

Mr Brown asked Board Members to take all of these factors into account when deciding whether the Board should accept the recommendations; and reminded Board Members that if they felt that they needed more information on any proposal, they could seek this.

Mr Brown asked members of the public present to observe the discussion and stated that he was not intending to invite questions or comments from those members of the public who were present. He also reminded all present that the proposal for changes to in patient paediatric care at the Royal Alexandra Hospital was still out to consultation and would not be considered during this Board Meeting.

122a COMMUNITY MATERNITY UNIT DELIVERY SERVICES

Mr Brown then referred specifically to Agenda Item 8 – Outcome of Engagement on Service Changes: Community Maternity Unit Delivery Services (Board Paper 16/73) which recommended that the Board note the outcome of the public and patient engagement and approve developing the process to move to formal public consultation.

Mr Brown emphasised that the proposal in front of the Board was not to close these units.

He invited the Director of Policy and Planning and the Nurse Director to provide an update on the engagement process.

Ms Renfrew took Members through the paper in detail. Members were reminded that the Board’s 2016/17 Local Delivery Plan included a proposal to transfer the delivery services from the Inverclyde Royal Hospital and the Vale of Leven Hospital Community Maternity Units (CMUs). The paper provided detailed reports on the engagement process undertaken to inform patients and the public of the proposed changes, the Scottish Health Council confirmed that the proposals should continue to be treated as major service change, requiring formal consultation.

Ms Renfrew highlighted the key points of the paper referring to the engagement process and then summarised the issues which had been raised:–

- Could women from out of the area be encouraged to use the CMU’s to increase numbers?;
- Was there an impact on home births?;
- Perception that this may lead to the closure of other services on each location;
- Travel and Marketing of the services; and
- Capacity at the Royal Alexandra Hospital.

Ms Renfrew highlighted that the engagement had demonstrated that there were local concerns about the proposals, but the concerns raised had been considered in
developing the proposal and there was a detailed response to each point in the paper. It was therefore recommended that the Board proceed to the next stage of formal public consultation.

Ms Renfrew noted that consultation would not proceed pending the publication of the National Strategy on Maternity Services. Officers would return to the NHS Board for further discussion to confirm that the NHSGGC proposals on CMUs were compatible with the National Strategy on Maternity Services.

Councillor Casey highlighted the high degree of public concern about the diminution of services at the Vale of Leven Hospital generally and the local concerns about any services being transferred to the Royal Alexandra Hospital which could destabilise the services at the Vale of Leven Hospital. Dr Armstrong underlined that this was considered a major service change and that the final decision would lie with the Cabinet Secretary for Health & Sport and that this would be considered in the wider context of the National Maternity Strategy.

Councillor Casey referred to the 2009 Vale Vision and local feeling that this was contrary to the spirit of the Vision set out at that time. Councillor Casey was of the view that the Board should not proceed as it was unlikely to be agreed by the Cabinet Secretary as it was contrary to the Vale Vision. Councillor Casey went on to propose as a motion that the status quo should continue with no changes to any services at Vale of Leven Hospital.

Mr Brown thanked Councillor Casey for her remarks and asked for a seconder for the motion and this was provided by Councillor Devlin. Mr Hamilton confirmed that the Board could debate the issues and then take a vote on the motion as set out by Councillor Casey.

Councillor Macmillan supported the motion in respect of services at Inverclyde Royal Hospital and asked that the motion cover both birthing units. Councillor Casey confirmed that this was acceptable. Mr Hamilton read out the amended motion that:-

“There should be no further changes to maternity services at Inverclyde Royal Hospital or at the Vale of Leven Hospital”.

Dr Lyons raised points in relation to home births and the potential that there may be a lack of understanding in relation to the red and green pathways and the impact of giving birth in a Community based facility. Dr McGuire responded by reassuring Dr Lyons that home births are managed; however the numbers of women opting for home births was relatively low. Patients were made aware of the attendant risks and the on call nature of the service, out of hours in particular. The criteria for a home birth would remain the same.

Mr Cowan asked about the numbers of women using the red and green pathways, and Ms Renfrew stated that she would provide that detail separately, as it was not contained within the report. Dr McGuire added that some patients were placed on the higher risk red pathway at the beginning of their pregnancy whilst others may be re-assessed as such at a later date for clinical reasons.

Dr McGuire also stressed that the proposal to cease births at the CMUs would not have any impact on other services. There were increasing opportunities for midwife led births in both the Princess Royal Maternity Hospital and the Queen Elizabeth University Hospital Maternity Unit.

Ms Renfrew referred to the Vale of Leven Vision and reminded Members that this set out that the CMU delivery service should remain in place for 3 years, and be promoted locally to increased awareness and uptake of these services, and would thereafter be
subject to review. It was noted that the Board had promoted the service during the three year period and continued to do so, but that the numbers of women choosing birth in the CMU’s had not risen to levels that were required to run a viable service but in fact had declined further.

Councillor Macmillan advised that he was supporting the amended motion as he was of the view that the proposals would not be supported at the Scottish Government level and it was therefore causing unnecessary local concerns to be raised about these, and other services. He also questioned why the Board would take forward this proposal at a time when the National Maternity Strategy was still to be published.

Mr Finnie stated that while he acknowledged the concerns expressed by Board Members, and through the engagement process, it was also clear that there was an issue about the sustainability of these services, which needed to be expressed clearly in the consultation, and on that basis he supported moving to formal consultation.

Dr McGuire stated that in order to support the CMUs, there needed to be 3 midwives on call continuously and that this was increasingly difficult to maintain. That staff had this experience was essential as CMU staff could not call upon the immediate assistance of staff in an adjacent facility as they do in a Hospital based obstetric led unit.

In terms of voting Mr Hamilton noted that there had been an Original Motion and then a second Amendment Motion and that it had been clarified in discussion that the consultation will only proceed if the NHS Board’s proposals were in line with the National Maternity Strategy.

Mr Brown thanked Members for their input and views and suggested that the Board move to vote on the amendment motion.

Mr Hamilton stated that the amendment motion was:–

“The Board is asked not to change any of the services under discussion at Inverclyde Royal Hospital and Vale of Leven Hospital”.

The vote was by way of show of hands with 8 in support and 23 against the amendment motion.

DECIDED

- That the outcome of the engagement on proposed changes to Community Maternity Delivery Services, included in the 2016/17 Local Delivery Plan, be noted.
- That the commencement of formal public consultation on the proposed changes to the CMUs at Inverclyde Royal Hospital and the Vale of Leven Hospital, subject to this being compatible with the National Maternity Strategy, be approved.

123. OUTCOME OF ENGAGEMENT ON SERVICE CHANGES: NORTH EAST REHABILITATION

A report of the Director of Planning and Policy and the Director of North Sector (Board Paper 16/74) asked the NHS Board to note the outcome of the public and patient engagement; consider the issues raised and initial responses and to agree moving forward to formal public consultation.
Ms Renfrew provided an overview of the proposal and explained that the Scottish Health Council has deemed this to be a major service change and that the final decision would be made by the Cabinet Secretary. Ms Renfrew introduced the main concepts within the proposal and the outcome of the engagement process in terms of the impact on patient and users of the services. The engagement process had raised issues about the impact on inequalities as well as access and transport issues. The concern in respect of the Parkinson’s Service had been answered in the proposal in that the entire multidisciplinary team would relocate to ensure that care continued to be integrated.

Referencing the new models in care homes, Ms Renfrew acknowledged some further explanation is needed in communicating the alternative care home model as well as Rehabilitation in the community. Ms Renfrew outlined the current function of Lightburn Hospital for patients from across the North East and East End of Glasgow.

Ms Renfrew highlighted the parallel work development of the Parkhead Hub by the HSCP. This consultation period would also be helpful in providing further clarity in regard to a number of concerns including means testing and payment for care. Ms Renfrew summed up by offering support for moving to consultation and then bringing back to the NHS Board for decision.

Mr Brown thanked Ms Renfrew for a comprehensive walk through the proposal and for providing a complete picture of health and social care provision in the East End of Glasgow.

The discussion opened with a suggestion from Councillor Macmillan that the Scottish Government would not agree to this proposal given their previous decisions. Councillor Macmillan then proposed an amendment motion: -

“The Board reject the recommendation to move to formal consultation”.

This was seconded by Mr Fraser who agreed that as the Cabinet Secretary for Health & Sport had rejected the proposal to close Lightburn in 2011, it was doubtful that there would be a change of mind.

Ms Renfrew added that there was significant difference between this proposal and the previous 2011 proposal. The emphasis would be on older people not being in hospital, and care returning to the community. It was noted that Geriatric Medicine clinicians, local GPs and the Board’s Clinical Advisory Committees supported the proposal which was not the case in 2011.

Mr Carr spoke of recently visiting Lightburn Hospital where he noted clinicians took the view that care could be better delivered elsewhere. Mr Carr also stated that the fabric of the buildings and the infrastructure would need significant capital investment to bring up to an acceptable standard, and in view of other priorities on capital, he offered support for the original motion that the Board embark on a period of formal consultation.

Ms Brown also offered her support for a move to consultation and expressed her wish for further information about the service models for rehabilitation as well as how public transport would support the service moves, and how to ensure that the skills of staff at Lightburn Hospital could be best used to spread good practice.

Professor Dominiczak offered support for consultation and agreed that the fabric of the building was problematic and that changes in care could be achieved which would benefit patients.
Ms Donnelly asked for clarification on whether the further submissions from Mr I McKee (MSP) were included. Further, that she agreed with Councillor Macmillan that a consultation would not be productive as the Scottish Government would be unlikely to approve the proposal. Mr Hamilton advised that all NHS Board Members had received the papers from Mr I McKee and Ms Renfrew advised that all of those critical points had been included within the paper.

Ms Forbes spoke to the need for recuperative care and that patients in Lightburn Hospital come from outside of North East Glasgow area. She recalled the care a family member had received within Lightburn Hospital as being exceptionally good but that the fabric of the building had been poor. She agreed that receiving care in a different setting may aid recovery.

Rev Matthews spoke of the responsibility placed on Board Members to take advice and to consult as a public body. Mrs Monaghan agreed with this point and also spoke of having visited Lightburn Hospital where there had been a good quality of care although she had noted a lack of toilets and washing facilities.

Mr Hamilton stated that the amendment motion was: -

“To reject the move forward to consultation”.

The vote was by a show of hands with 8 in support of the amendment motion and 24 against.

DECIDED

- That the outcome of the public and patient engagement be noted.
- That the public consultation on “Improving Rehabilitation Services for the Elderly in North East Glasgow” be approved.

124. OUTCOME OF ENGAGEMENT ON SERVICE CHANGES: CENTRE FOR INTEGRATIVE CARE: INPATIENT SERVICES

A report of the Director of Planning and Policy and the Director of Regional Services (Board Paper No 16/75) asked the NHS Board to note the outcome of the engagement exercise and to endorse the proposal to move the services at the Centre for Integrative Care (CIC) to an ambulatory model.

Mr Brown reminded the Board that the Scottish Health Council advice was that this was not a major service change and the Board was able to take this decision without referral to the Cabinet Secretary for Health & Sport for approval.

It was emphasised that it was not being proposed that the CIC should close but instead to move the service to an ambulatory care model and to close the 7 inpatient beds that were used Monday – Thursday. Mr Brown reflected that in order to ensure that the Board was well informed and able to make an evidence based decision, Members had visited the CIC and also had, in a private session prior to the formal Board meeting, an opportunity to hear from clinical representatives from the Centre who presented a case to retain the inpatient beds. It was also noted that the Board papers included detailed submissions from staff and patients supporting the retention of the beds, which had been provided to the Board Members prior to the meeting.
Ms Renfrew took Members through the paper in detail and at the outset acknowledged the very strongly held views about this proposal. The key issues taken from the engagement process were summarised in the paper.

Ms Donnelly highlighted the excellent work undertaken by the staff at the CIC. In her view, patients who used the CIC had often tried conventional medicine previously and had experienced difficult patient journeys. Ms Donnelly asked Board Members to consider how to best promote wellness and spoke of the award winning work being carried out in the CIC with a clear focus on outcomes. She commended the CIC as a centre of excellence providing expert care and transformational change which was in line with the values of the NHS. Ms Donnelly questioned the resources that would be realised and this was clarified as £400,000 per annum.

Ms Donnelly proposed an amendment motion:-

“The Board notes the outcome of the engagement exercise and rejects the proposal to move the services at the CIC to ambulatory care model”.

This was seconded by Councillor Macmillan.

Mr Brown then invited further discussion. It was suggested that research funding could strengthen the case to retain the inpatient beds. Dr Reid confirmed that this could be considered by making an application to the Board’s Endowment Funds in the normal way. However, Dr De Caestecker referred to the difficulty of carrying out long term robust research in this field as this would require a population based approach that would take years to conclude. Professor Dominiczak highlighted the current lack of positive evidence from extensive prior research.

Mr Carr asked if the savings might be reinvested to increase day services. He asked for further clarity as to whether it would be an acute services responsibility to provide the services rather than these being delivered in the community, and highlighted the need for a properly thought out transition period.

Mr Calderwood responded that the savings were set against the Local Delivery Plan and if the Board decided to reinvest these savings, the shortfall would need to be identified from other services. If the proposal was approved, there would be a formal period of engagement with staff over a 3 month period leading up to the closure of the beds in April 2017. Ms Renfrew added that the service had significant opportunities to forge closer working relationships with other services providing similar care and support in the Mental Health Services.

Mrs McAuley acknowledged the depth of feeling on the part of the friends of the CIC, as well as noting the high levels of patient satisfaction with the current service. This was however balanced against the small number of patients using the inpatient services and the wider points made in the Board paper. Mrs McAuley stated that she had not seen any compelling evidence that services could not continue to thrive under an ambulatory care model. She also noted that the wider clinical community did not support the continuation of the inpatient service.

Councillor O’Donnell stated that he was concerned that patients would have to endure long travelling distances on a daily basis rather than staying in the Centre overnight.

Mr Ritchie acknowledged that although this was a difficult decision to take, it was clear that the service was perceived as an isolated service seeing a small number of patients; and that these changes presented an opportunity for these perceptions to change and for the CIC to integrate and provide services to a wider group. Ms Forbes also supported this view and emphasised that the proposal did not remove services from the vast majority of patients attending the CIC.
Ms Brown agreed that this was a difficult and sensitive decision and acknowledged the clear sense of attachment to the CIC by patients.

Dr Armstrong emphasised that the engagement process had demonstrated how highly valued the CIC was by patients; as well as generating a good debate from different clinical perspectives. Clinicians from the CIC and the Beatson West of Scotland Cancer Care Centre with similar patients had met to discuss how to establish much better clinical links. Dr Armstrong referred to the views reached by the Area Clinical Forum and the Area Medical Committee that the case for the retention of inpatient beds had not been made. Dr Armstrong summed up that this had been the overall feeling of the clinicians consulted.

Dr Cameron spoke as the Chair of the Area Clinical Forum which had given consideration to the proposal and supported the shift from the inpatient model.

Dr Reid advised that he had been previously unconvinced by homeopathy. However he had seen the obvious benefit that patients derived from being treated in the CIC.

Councillor Lafferty stated that overnight could be an opportunity for therapy and interventions with patients with no distractions. On balance, he expressed the view that he wished to support the retention of the inpatient beds.

Dr Lyons emphasised that the CIC inpatient service was unique but that he had not heard any evidence of a continued need for inpatient beds rather than shifting to an ambulatory care service.

Ms Brimelow spoke of the competing needs within Acute Services and the suggestion of integrating an inpatient service at the CIC and the Pain Service was one she would support as improving clinical synergy. She noted it would be regrettable if there was a loss of staff skills. Ms Renfrew clarified that the Pain Service did not offer an inpatient service. Dr Armstrong explained that the Pain Service is anaesthetist led but also has a holistic approach to patient care and that there were synergies that may benefit both services.

It was suggested that the decision to close the inpatient beds be deferred, however, Ms Renfrew queried the benefit of deferring the decision, as there had already been full engagement. Ms Donnelly thought that more questions had been raised than answers given and that if Members were in doubt they should pause so as to consider the broader options. Ms Renfrew reiterated that it was unclear what changes in circumstances would lead to a different set of considerations and different feedback from patients and public.

Mr Brown summarised the key issues to be taken into consideration by Board Members emphasising the need for an evidence based decision:

- The clinical views in respect of the benefits of overnight stays;
- The feasibility of making an application to the endowment committee in respect of funding for a longitudinal study;
- The discussion around the appropriateness of the CIC continuing to be managed within acute services;
- Deferring the decision would introduce a period of further uncertainty for patients.

Members acknowledged that a decision should be made, and that this should not be to defer any decision.

Mr Brown indicated that he had been impressed by the dedication and commitment of
clinical staff and the undoubted value placed on the services provided by patients and other service users. He stated that he had been convinced by the arguments put forward by the Campaign Group and clinical staff that the beds were an important feature of the clinical service, and should be retained.

Mr Brown thanked Members for their input and views and suggested that the Board move to vote on the amendment motion.

Mr Hamilton stated that the amendment motion was:

“That the Board notes the outcome of the engagement exercise and rejects the proposal to move the services at the CIC to an ambulatory model.”

The vote was by way of show of hands with 9 in support and 21 against the amendment motion.

**DECIDED**

- That the Board noted the outcome of the engagement exercise and endorsed the proposal to move services at the Centre for Integrative Care to an ambulatory model

**125. WINTER PLANNING**

The Board was asked to note and accept the Winter Plan (Board Paper16/76) which was presented in the format prescribed by Scottish Government, and which it was noted covered the activities within the Acute Division and HSCPs.

Mr Calderwood provided a summary highlighting that £1.6 million additional funding had been received from the Scottish Government, and that the Board had submitted a plan detailing how those funds had been allocated. It was noted that the past three weeks had been particularly challenging in the Acute Sector and that local managers were being supported by Scottish Government colleagues. Efforts to date had been initially focused on the Queen Elizabeth University Hospital seeking to bring about rapid improvements on that site, complementing the efforts being deployed at Glasgow Royal Infirmary and Royal Alexandra Hospitals.

A comparison of the same six week period leading up to 18th December in 2015, and 2016, demonstrated an increase of 6% in Emergency Department attendances this year. At the same time, the number of patients being admitted following an Emergency Department attendance had also increased significantly, and these figures indicated increasing ill health within the community. There would be particular focus on this throughout the remainder of December, and into January 2017 given the pressures that could be expected over the winter period. There would be fewer elective surgeries planned over this period, and this was usual clinical practice at this time of the year. It was also noted that Board Officers were working closely with HSCP Chief Officers to limit, as far as possible, the impact of delayed discharges on bed capacity.

Mr Brown thanked Mr Calderwood and expressed his thanks to the Acute team who along with Scottish Government colleagues, and others, were engaged in this very challenging work.

Ms Brown asked for reassurance that essential services such as porters and pharmacy were also being considered to limit any avoidable delays for patients. Mr Best advised that extended opening hours were in place for pharmacy, especially at weekend
periods, and that a pilot had been put into action in December 2016 for portering and taking patients to x-ray, to minimise delays.

Mrs McAuley expressed her concerns for the pressures on staff. Mr Brown commented that he was aware of the full range of measures being taken forward, and he stated that Mr Calderwood and Mr Best were reviewing all areas in detail to support staff, and referred to the recent decision to temporarily close the Minor Injuries Unit at the West Ambulatory Care Hospital to redivert staff to support Emergency Departments across the city.

Councillor Clocherty highlighted the need for action in the short term especially in relation to unscheduled care. Mr Calderwood concurred in terms of the need to manage demand giving the increasing pressures. In 2017/18, there would be a focus on demand management. In this context, Mr Calderwood referred to the Scottish Government Health and Social Care document published on 19th December 2016.

Ms Brimelow sought assurance in relation to patient safety issues and asked if those staff who would normally be involved in the delivery of elective care, were being redeployed effectively into other areas. Dr McGuire provided assurance in relation to patient safety highlighting the daily huddles as one example of how this was being proactively managed. In terms of moving staff to other areas, it was acknowledged that this had to be done in the context of staff skills and experience, but that to date this had been applied flexibly and in line with their employment contract. Supplementary bank staff were being utilised where appropriate.

Dr Armstrong described in more detail some of the systems in place to meet the pressures of the winter period including tracking and zoning patients with a focus on patient flow. Mr Best confirmed the use of Trakcare electronic system in assessment units outlining that triage times were a key indicator of patient flow and that these were being maintained. Bank staffing was being utilised effectively.

Mr Williams spoke of the way in which weekly performance monitoring was beneficial to overall performance and the continued focus on reducing the number of delayed discharges over the coming quarter.

Dr Reid raised the general theme of the transformative change needed to cope with systematic challenges - demand for services would not decease in the short term and there would be a continuing need for acute care, particularly within an ageing population. Ms Brown also highlighted the pressures that delayed discharges added.

Mr Moore referred to the detailed reports being prepared within each of the Integrated Joint Boards which point to the positive way forward in this area. Ms Renfrew also added that the Board was discussing delayed discharges with neighbouring NHS Boards as the impact was not confined to the six co-terminous IJBs.

NOTED

126a PROPOSAL FOR NHSGGC TO ESTABLISH A PUBLIC HEALTH COMMITTEE

The Board was asked to accept a report of the Director of Public Health (Board Paper 16/77) to approve the establishment of a new standing committee of the NHS Board on Public Health, approve the remit of a Public Health Committee and approve the proposed membership of the Public Health Committee.

Mr Brown detailed the governance arrangements in place to support the NHS Board and outlined that a review had taken place during 2016 in relation to corporate governance. This had led to the proposal to establish a new standing committee with a
remit to promote public health.

Dr De Caestecker emphasised the need for NHSGGC to be a public health organisation, this being defined as an organisation that in all its thinking, policies and actions, places the highest priority on improving health and reducing inequalities in health. The opportunities presented by the establishment of a Public Health Committee included leadership in the development of a Board wide Public Health Strategy, coordination between the corporate public health directorate and the Integrated Joint Boards as well as the translation of the knowledge on population health into actions and outcomes.

Mr Ritchie agreed that recognition should be given to the risks and that he was broadly supportive of the establishment of the Committee.

Mr Finnie spoke of the need to raise the profile of public health, looking at patterns of ill health across the populations. He thought it would be useful for the Committee to engage with other bodies throughout Scotland in relation to public health. There was a recognised need to look at specific areas of potential joint working and the Committee could play an important role in bringing this together. Mr Finnie was supportive of the establishment of the Committee.

Mrs MacPherson indicated that there should be recognition of the need to define the parameters of the Committee in terms of possible duplication with the Staff Governance Committee. Mr Cowan suggested that it would be essential for there to be balance with the other Board Standing Committees. Dr Reid was in agreement that this would help public health promotion and was supportive of the proposal.

It was also suggested that this Committee would bring an opportunity for third sector voices to be included at a senior level within the Board.

Mr Brown agreed for the need of clear governance framework, and avoidance of duplication, and noted that Board Members endorsed the proposal.

**DECIDED**

- To approve the establishment of a new standing committee of the NHS Board on Public Health and approve the remit of a Public Health Committee

126b **MEMBERSHIP OF THE PUBLIC HEALTH GOVERNANCE COMMITTEE**

A report of the Head of Administration (Board Paper 16/78) asked the Board to note the steps to be taken to review existing Standing Committee membership requirements; note the steps to be taken to populate the membership of the new Public Health Committee and to await confirmation of the revised Committee membership structure, which will be submitted to the February 2017 Board meeting for approval.

Mr Hamilton explained that the establishment of the Public Health Committee meant that a review of the existing committee membership structure would be required to ensure an equitable distribution of Non Executive Board Member commitments.

Mr Hamilton proposed that he would consult with Non Executive Members individually about their commitments as well as inviting expressions of interest in joining the Public Health Committee. The final memberships would be submitted to the Board for approval at the February 2017 Board meeting. It was acknowledged that the final configuration may also necessitate adjustments being made to the quorum of each committee.
127. **FULL BUSINESS CASES: WOODSIDE AND GORBALS HEALTH AND CARE CENTRES**

A report by the Director of Facilities and Capital Planning and the Chief Officer, Glasgow City HSCP (Board Paper 16/79) asked the Board to approve full business cases for Woodside and Gorbals Health and Care Centres for submission to the Scottish Government Capital Investment Group.

Mr Williams introduced the paper by explaining that this proposal first came before the Board 3 years ago with agreement at that time that this should be taken forward as a joint venture with Glasgow City Council. The Board was asked to note the final version of the full business cases along with the associated project bundling paper.

Mr Williams highlighted the key areas to be considered including the timescales for submission and approval of both full business cases by Glasgow City Integrated Joint Board as well as Glasgow City Council Executive Committee. The contribution previously agreed by Glasgow City Council was replaced by a unitary charge with the Scottish Futures Trust ensuring that the Council would not be financially disadvantaged.

Mr Williams also spoke of concerns raised by General Practitioners in relation to open reception areas; this was primarily in relation to the safety of staff as well as possible issues regarding patient confidentiality. Glasgow City HSCP was working jointly with General Practitioners to ensure transparency and benchmarking on this issue. Presentation of the full business cases to Glasgow City HSCP would include the respective positions of management and General Practitioners and propose a learning exercise with the recently opened Maryhill Health and Care Centre and Eastwood Health and Care Centre (thus liaising with East Renfrewshire HSCP). This would guide consideration of any need to alter the design of the reception areas.

Dr Lyons asked a general question about the process in place to review the quality of premises across NHSGGC. Mr Calderwood explained that each of the 6 HSCPs were required to review premises with the Director of Property, Procurement & Facilities Management’s team, and this ensured consistency of approach as well as appropriate prioritisation of needs. The NHS Board as owner of premises had statutory responsibilities in this regard as well as capital planning responsibilities. In terms of statutory maintenance the NHS Board takes management responsibility, however, any strategic development requiring new investment would require to be agreed with the HSCP individually. Mr Loudon confirmed that his department would start dialogue with each HSCP regarding investment and that this would be through the Hub process meaning wholly funded by the Scottish Government.

In response to queries regarding a possible funding gap, Mr Calderwood clarified that this would be met in full by the Scottish Government. Mr Macleod raised the question of whether the proposals were ambitious enough and future proofed. Mr Loudon clarified that there would be flexibility in the design reflected in the specification for each Health Centre so that there would be an opportunity for simple remodelling if required.

**DECIDED**

- To approve full business cases for Woodside and Gorbals Health and Care Centres for submission to the Scottish Government Capital Investment Group
128. **NHS GREATER GLASGOW & CLYDE INTEGRATED PERFORMANCE REPORT**

A report of the Head of Performance (Paper No 16/80) asked the Board to note and discuss the content of the NHS Greater Glasgow & Clyde Integrated Performance report. This paper brought together high level information from several reporting strands to provide an integrated overview of the NHS Greater Glasgow and Clyde’s performance in the context of the 2016/17 Strategic Direction and Local Delivery Plan.

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 that the Board continued to exceed target in relation to the number of alcohol brief interventions and access to alcohol and drug treatments. In addition, performance continued to exceed target in relation to a number of key access and waiting time targets including 18 week referral to treatment, access to IVF and psychological therapies.

There had been some deterioration regarding the number of patients waiting in excess of 6 weeks for a key diagnostic test. Further, Ms Mullen explained that there had been deterioration in the percentage of patients accessing ante-natal care at 12 weeks gestation. The numbers of those successfully quitting smoking was slightly below trajectory for the period April to June 2016.

Dr Reid asked about performance in relation to the Stroke Care Bundle and Mr Best confirmed that there had been steady improvement across most sites with a view to an improvement being seen in the first quarter of 2017.

Dr Reid also raised actions taken to address performance with respect to the early detection of cancer. Mr Best advised that the Regional Directorate was continuing to work with the national programme which had been successful in achieving an increase in stage 1 cancer diagnosis overall.

Mr Calderwood explained that certain targets had evidenced deterioration in performance and this due to a variety of reasons. In part, this was due to understandable reasons (for example difficulty in recruiting specialised clinical staff). In order to review underlying factors in respect of performance, the Board would focus on performance in two stages in 2017. This would entail a review of whether resources were being utilised most effectively as well as a focus on the nature of demand for services. This would facilitate the ability of the Board to make choices on the delivery of services whilst at the same time keeping the importance of the clinical benefit of any proposed change at the centre of the discussion. This would be undertaken in the context of a new national strategy.

Mr Carr asked how the Board would be best placed to take leadership going forward. Clarifying that the operational reports placed before the Board were granular, Mr Calderwood explained that further data was available in the background. Mr Carr suggested that it would therefore be helpful for further reporting to the Board in respect of the measures rated as red. Mr Brown emphasised the need going forward to make a comparison between strategic and operational information and that the work of the Acute Services Committee would enable the Board to probe these issues more deeply.

Ms Brimelow was in agreement that it would not be for the Board to manage performance targets but that the Board needs reassurance that effective management is in place operationally. Mr Calderwood spoke of the need to place the performance indicators in a national context and that it is helpful to measure the Board’s performance in relative terms. He emphasised the need to manage productivity as well
as recognising the pressures in place due to increase in demand.

Mrs McAuley advised that the work of the Acute Services Committee was useful for deeper review of operational performance and Mr Finnie agreed that it was important to recognise the work of the sub-committees and the reporting mechanisms in place for reporting back to the Board.

NOTED

129. CLINICAL GOVERNANCE UPDATE : SCOTTISH PATIENT SAFETY PROGRAMME UPDATE

A report of the Medical Director [Board Paper No 16/81] asked the Board to note an update on Scottish Patient Safety Programme activity within the Board.

The report focussed on an update of the recent national SPSP conference and the programme of work for Tissue Viability – Acute Adult Care SPSP.

NOTED

130. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

A report of the Medical Director [Board Paper No 16/82] 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 NHSGGC 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 arthroplasty, repair of neck of femur procedures and hip arthroplasty procedures
- The Cleanliness Champions Programme
- Healthcare Environment Inspectorate (HEI) inspections

Ms Brimelow referred to the Healthcare Environment Inspectorate (HEI) inspections and their associated reports undertaken by Healthcare Improvement Scotland (HIS) commended Board Officers for the positive approach adopted to addressing the recommendation made and the actions taken forward. However it was noted that a critical report of the Royal Children’s Hospital had been received and Mr Calderwood reassured Members that the recommendations were being addressed robustly.

NOTED

131. FINANCIAL MONITORING REPORT FOR 7 MONTH PERIOD TO 31 OCTOBER 2016

A report of the Director of Finance [Board Paper No 16/83] asked the NHS Board to note the financial performance for the seven month period to 31 October 2016 and Mr White provided an assessment of the year end projection and details of the actions
required to deliver the best option to improve the situation.

In addition, he outlined the main areas of spend being targeted to reduce, or eliminate costs in these areas, and these included agency staff (Medical and Nursing), Medical locums, waiting list initiatives, sickness absence and an ongoing review of winter beds.

In response to a question from Mrs Sweeney, Mr White reported that the anticipated savings expected to accrue to the Board in respect of a share of national shared services initiatives, had not been realised nationally, and it was noted that this will add further pressure to the Board’s ability to break even in 2016/17.

Mr White also provided a general overview of the pressures that were anticipated to be addressed in setting a balanced budget for 2017/18, which will be presented in more detail to the Board at the February 2017 meeting.

NOTED

132. PATIENTS PRIVATE FUNDS ANNUAL ACCOUNTS 2015/16

A report of the Director of Finance [Board Paper No 16/85] asked the Board to

- Adopt and approve for submission to the Scottish Government Health Directorate the 2015/16; Patients’ Private Funds Annual Accounts for NHS Greater Glasgow and Clyde.
- Authorise the:
  - Director of Finance and Chief Executive to sign the Abstract of Receipts and Payments for 2015/16;
  - Chairman and Director of Finance to sign the Statement of Board Members’ Responsibilities; and the
  - Chief Executive to sign the Letter of Representation to KPMG LLP on behalf of the NHS Board.

Mr. White highlighted that that the Board holds the private funds of many of its patients; especially those who are in long term residence and who would have no ready alternative to safekeeping and management of their funds. Each of the Board’s hospitals had arrangements in place to receive and hold, and where appropriate manage, the funds of any patients requiring this service. Any funds that are not required for immediate use are invested to generate interest, which is distributed to the patients’ accounts based on each individual’s balance of funds held.

Further, NHS Boards are required to submit audited Annual Accounts for these funds, in the form of an Abstract of Receipts and Payments (form SFR 19), to the Scottish Government Health Directorate which was contained within the report submitted.

It was also noted that KPMG LLP, External Auditors of the NHS Greater Glasgow and Clyde Patients’ Private Funds, had indicated that they had no qualifications to raise.

DECIDED

- That the Patients’ Private Funds Annual Accounts for 2015/16 be approved.

133. BEATSON WEST OF SCOTLAND CANCER CENTRE (BWoSCC) – UPDATE ON REPORT TO HEALTHCARE IMPROVEMENT SCOTLAND
A report of the Medical Director [Board Paper No 16/86] asked the Board to note the recommendations of the BWoSCC Steering Group and that a further update Report had been submitted to HIS. Dr Armstrong introduced Ms M McColgan, General Manager, Regional Services, who was available to provide further detail of the actions undertaken to date.

Dr Armstrong reminded members that in May 2015, Healthcare Improvement Scotland (HIS) were made aware of concerns that had been raised by clinicians working at the Beatson West of Scotland Cancer Centre (BWoSCC) resulting in an enquiry visit in July 2015. The report provided an overview of the recommendations made and the Board’s response. Board Members noted the significant actions taken to improve models of care and governance arrangements.

**NOTED**

### 134. PATIENT EXPERIENCE QUARTERLY REPORT – 1 JULY 2016 TO 30 SEPTEMBER 2016

A report of the Nurse Director [Board Paper No 16/87] asked to note the quarterly report on Patient Experiences in NHS Greater Glasgow and Clyde for the period 1 July to 30 September 2016.

Dr McGuire reported that complaints handling performance was 75% of complaints responded to within 20 working days achieved against a target of 70%.

She led the NHS Board through the detailed information on complaints received, complaints completed, outcome, location and reasons for complaint, as well as noting those complaints raised with the Scottish Public Services Ombudsman (SPSO) and the Patient Advice & Support Service (PASS). She referred to feedback received which looked at feedback, comments and concerns received centrally and in local services and identified service improvements and ongoing developments resultant from these.

**NOTED**

### 135. PUBLIC HEALTH SCREENING PROGRAMMES – ANNUAL REPORT 2015/16

A report of the Director of Public Health [Board Paper No 16/88] asked the Board to note the Public Health Screening Programmes Annual Report from 1 April 2015 to 31 March 2016. Dr deCaesteker highlighted that the purpose of the paper was to report on progress of public health screening programmes against national key performance indicators or standards.

It was noted that Public Health Screening Programmes were important in preventing disease and detecting it at an early stage, with about half of breast and cervical cancers and a quarter of bowel cancers detected through screening programmes. Screening programmes require continual audit, monitoring and quality improvement and these activities are led by the public health screening unit.

It was also noted that a series of national Healthcare Improvement Scotland reviews of all screening programmes will begin in 2017 and the preparatory work for these will be significant.

National information campaigns will be launched in 2017 to improve cervical
screening uptake.

NOTED

136. **STAFF GOVERNANCE COMMITTEE ANNUAL REPORT 2015/16**

A report of the Director of Human Resources & Organisational Change [Board Paper No 16/89] asked the Board to note the Staff Governance Committee Annual Report for 2015-16 which provided an update on the progress and achievements of the Staff Governance Committee in the period 2015/16.

Mrs MacPherson highlighted the NHSGGC Staff Governance Work Plan 2015-17 which was attached to the report, which presented all the workstreams which relate to the Staff Governance Standard in a comprehensive format, showing linkages and interdependencies.

NOTED

137. **SUICIDE PREVENTION IN NHSGGC**

A report of the Lead Associate Medical Director, Glasgow City Health & Social Care Partnership, and the Health Improvement and Inequalities Manager, Glasgow City Health & Social Care Partnership [Board Paper No 16/90] asked the Board to note a summary of recent trends in suicide for the Health Board area, and a summary the ongoing multi-agency prevention work that continues in keeping with a 5-area action plan.

Dr Trevor Lakey, Health Improvement and Inequalities Manager, Glasgow City Health & Social Care Partnership took members through the report in detail, highlighting the continuing decline in suicide rates across the Board area.

Board members noted the encouraging downward trend in suicides within Greater Glasgow and Clyde and endorsed the multi-partner approach to suicide prevention that has been adopted, focused on continuing to work towards further reductions in suicide rates, including a continued focus within each of the Health and Social Care Partnerships within Greater Glasgow and Clyde, and within wider Community Planning Partnership approaches.

Members expressed their gratitude to Dr Lakey and his team of colleagues who were engaged in this very important work, and commended the successes achieved to date through their hard work and diligence. It was noted that the programme of work (Choose Life) was a long term strategy and members were pleased to note the Board’s ongoing commitment to supporting this programme.

NOTED

138. **ADULT SUPPORT & PROTECTION (ASP) TRAINING FRAMEWORK**

A report of the Nurse Director [Board Paper No 16/91] asked the Board to receive and note the progress that has been made to date in the training of target groups of acute staff; and review the proposed structure and content of the draft ASP training plan for 2017.
The report provided an update for Board Members on outcomes from the programme of ASP training developed specifically for acute staff (Sept – Dec 16). It was noted that the training was open to all nursing staff, medical staff and AHPs working in roles which required a more advanced level of training. Information on the numbers of staff trained, themes from the training evaluations completed and a draft ASP training plan for 2017 was also provided for members’ consideration.

NOTED

139. CALENDAR OF DATES FOR MEETINGS 2017

A paper from the Head of Administration (Board Paper No 16/92) set out the dates of key Board Standing Committees, which was noted.

NOTED

140. ACUTE SERVICES COMMITTEE MINUTES : 20 SEPTEMBER 2016

The Minutes of the Acute Services Committee meeting held on 20 September 2016 [ASC(M)16/05] were noted.

141. FINANCE & PLANNING COMMITTEE : 4 OCTOBER 2016

The Minutes of the Finance & Planning Committee meeting held on 4 October 2016 [F&P(M)16/01] were noted.

142. AREA CLINICAL FORUM MINUTES : 6 OCTOBER 2016

The Minutes of the Area Clinical Forum meeting held on 6 October 2016 [ACF(M)16/05] were noted.

143. PHARMACY PRACTICES COMMITTEE MINUTES : 12 MAY and 28 NOVEMBER 2016

The Minutes of the Pharmacy Practices Committee meetings held on 12 May 2016 & 28 November 2016 [PPC(M)16/04 & PPC(M) 16/08] were noted.

144. STAFF GOVERNANCE COMMITTEE MINUTES : 6 SEPTEMBER 2016

The Minutes of the Staff Governance Committee meeting held on 6 September 2016 [SGC(M)16/03] were noted.

The meeting ended at 4.30pm