

NHSGG&C(M)17/03
Minutes: 41 - 63

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Boardroom, JB Russell House,
Gartnavel Campus, Glasgow, G12 0XH
on Tuesday, 27 June 2017 at 9.30am.**

PRESENT

Mr J Brown CBE (in the Chair)

Dr J Armstrong [To Minute 56]	Ms J Grant
Cllr C Bamforth	Dr D Lyons
Ms M Brown	Mr J Matthews OBE
Dr H Cameron	Cllr S Mechan [to Minute 50]
Mr S Carr [To Minute 53]	Mr A Macleod
Cllr J Clocherty [To Minute 56]	Ms T McAuley OBE
Dr L de Caestecker	Mrs D McErlean
Mr A Cowan	Dr M McGuire
Mr R Finnie	Cllr I Nicolson [To Minute 56]
Ms J Forbes	Mr I Ritchie
Mr I Fraser	Mr M White

IN ATTENDANCE

Ms A Baxendale	Head of Health Improvement [From Minute 58 to 59]
Ms J Erdman	Head of Equalities and Human Rights [For Minute 57]
Ms M Farrell	Director, Clyde Sector
Mr J C Hamilton	Head of Administration
Mr D Harley	Planning & Performance Manager, Mental Health Services [For Minute 51]
Mr D Leese	Chief Officer, Renfrewshire HSCP
Ms L Long	Chief Officer, Inverclyde HSCP [To Minute 50]
Mr D Loudon	Director of Property, Procurement and Facilities Management
Ms S Manion	Chief Officer, East Dunbartonshire HSCP [To Minute 56]
Ms T Mullen	Head of Performance [To Minute 56]
Mr D McConnell	Assistant Director (Audit Scotland) [For Minute 49]
Mr A McLaws	Director of Corporate Communications [To Minute 56]
Mrs A MacPherson	Director of Human Resources & Organisational Development
Mr P Ramsay	Assistant Director of Finance [From Minute 46 to 49]
Mr K Redpath	Chief Officer, West Dunbartonshire HSCP
Mr B Skelly	General Manager Strategic Assets [For Minute 50]
Ms M Smith	Secretariat Manager
Dr D Stewart	Deputy Medical Director [For Minute 53]
Mr D Williams	Chief Officer, Glasgow City HSCP

ACTION BY

41. WELCOME AND APOLOGIES

Mr Brown extended a welcome to Ms Audrey Thompson who was recently elected as Chair of the Area Clinical Forum and will become a Non – Executive Board Member

from 1 July 2017 and to Ms M Farrell, who attended the meeting on behalf of the Interim Chief Operating Officer for Acute Services Division (ASD). Mr Brown also noted the recent appointment of Cllr J McColl, Leader of West Dunbartonshire Council to the Board.

Apologies for absence were intimated on behalf of Mr Best, Ms S Brimelow OBE, Ms J Donnelly, Professor Dame A Dominiczak, Cllr M Hunter, Ms M A Monaghan, Cllr J McColl and Ms R Sweeney.

NOTED

42. DECLARATIONS OF INTEREST

The following declarations of interest were raised:-

- Mr Finnie – Agenda Items 17 “Weight Management” and 18 “Retail Policy” in relation to his appointment as Chair of Food Standards Scotland.
- Ms Grant – Agenda Item 3(b) in relation to the National Review of Maternity & Neonatal Services as Chair of the National Review Group.

NOTED

43. MATTERS ARISING FROM THE MINUTES

- (a) The Board Rolling Action List [Board Paper No. 17/19] was noted with four actions recommended for closure and three still outstanding.

Mr White provided Members with an update in relation to work ongoing in regard to the NHS Board’s financial plan for 2017/18. On 26 June, Ms Grant and Mr White had met with Scottish Government colleagues. Mr White had written last week to the Integrated Joint Boards (IJBs) highlighting the progress made, and meetings had taken place with two Chief Officers of the IJBs to explore propositions. A meeting was scheduled to take place on 27 June 2017, following the Board Meeting, with Ms Grant, Mr White and Chief Officers of the IJBs. Mr White would report back to the Board with an update following this meeting.

**Director
Finance** of

Mr Carr noted that governance concerns had been expressed at the last Board meeting, and in view of these concerns it would be helpful to have a written update from Mr White. This would be covered in the next financial monitoring report to the NHS Board. Ms McAuley noted that Glasgow City IJB had not yet received the written update from Mr White, while noting that the ongoing process appeared to be positive. Mr White noted that this was reflective of the situation, and that he would circulate the written update.

**Director
Finance** of

- (b) **NATIONAL REVIEW OF MATERNITY & NEONATAL SERVICES: IMPACT ASSESSMENT (INCLUDING COMMUNITY MIDWIFE UNITS – SELIVERY UNITS – UPDATE**

A paper from the Nurse Director [Board Paper No. 17/20] asked the NHS Board to note that the National Maternity and Neonatal Strategy – Five Year Forward Plan had

76 recommendations setting out a new model of care across Scotland; and that steps have been taken to map out the NHSGGC position against these recommendations. Further, to agree that NHSGGC adopt the key principles of the National “Best Start” report and during 2017/18, develop an Implementation Plan with an evaluation of the impact this would have on the redesign of maternity care and outcomes. The paper asked the NHS Board to agree that the position of Inverclyde Royal Hospital (IRH) and the Vale of Leven Hospital (VoL) Community Midwife Units (CMUs) was to pause on any steps to undertake formal public consultation in relation to the Birthing Service while this review/redesign work was undertaken; and note that NHSGGC would review the position at a later date.

Dr McGuire led Members through the paper including the background and decision taken at the NHS Board Meeting in February 2017, to make a comprehensive assessment of the National Strategy and map out the NHSGGC position in this regard. Dr McGuire outlined the key principles of “Best Start” marking the change from previous maternity reviews, and provided an overview of the NHSGGC proposal to implement the principles of the National report detailing the scope of this work.

Mr Brown thanked Dr McGuire for this helpful summary of the key issues, and noted the extent of the stakeholder involvement in this process encompassing patients and carers as well as staff. Ms Grant added that this was a fundamentally different model emphasising continuity of care which was what women had asked for, with a small team approach being to the fore. Whilst there would be less variation within CMUs, these should still be able to reflect local needs.

Mr Carr asked about the timescale for this review. Ms Grant advised that the National Implementation Board had met at the beginning of June 2017, and there would be regional and local engagement to follow. Health Boards had been advised to await the outcome of this process and an update would be brought back to a meeting of the NHS Board.

Nurse Director

In response to a comment from Cllr Clocherty in regard to the lateness of papers for this meeting, Ms Grant acknowledged the volume of papers, and that Executive Officers would endeavour to circulate papers timeously going forward.

**Head of
Administration**

Cllr Clocherty asked about the red pathway especially in relation to Inverclyde. Ms Grant noted that many women had advised that they found the red pathway unhelpful especially as their circumstances could change throughout the course of their pregnancy. It was difficult to be firm in respect of the timescale given the nature of the work to be carried out nationally and locally over a five year period. Dr McGuire echoed that women’s health could either improve or deteriorate during their pregnancy, and that women would welcome decision making in terms of risk later in the pregnancy thus offering a more holist approach.

Ms McAuley noted the good strategic fit of the proposal with the national position and that this was the right direction of travel, and asked for more reassurance for the Clyde area in terms of capacity and safety in the delivery of the current service. Dr McGuire advised that the Birthing Services at IRH and VoL were operating at the agreed staffing complement levels and that midwives were updating training at Royal Alexandra Hospital (RAH). Dr McGuire underlined that safety of care was of paramount importance and this would not be compromised at either site.

Mr Ritchie asked what assurance there would be that the number of births at the CMUs would increase over time. The desire for choice of pathways was emphasised and the

new model offered a choice of different pathways around the country.

Ms Brown welcomed the pause on the consultation regarding the CMUs, noting the need to clearly define the CMUs, and Birthing Services, as well as home births, and the clinical picture surrounding each pathway, so that women could make informed choices.

Mr Brown noted the public interest in the CMUs and Mr McLeod added that the local communities in Clyde should be part of this review noting the uncertainty experienced. Mr Brown agreed that this was an area in which the Director for Communications could lead in explaining the process.

Mr Brown noted that a detailed update should come back to the NHS Board. It was noted that the National Maternity and Neonatal Strategy – Five Year Forward Plan has 76 recommendations setting out a new model of care across Scotland; and that steps have been taken to map out the NHSGGC position against these recommendations. It was noted that NHSGGC would review the outcomes of implementation.

Director of Communications

DECIDED

- That NHSGGC adopt the key principles of National “Best Start” report and during 2017/18 be agreed.
- That an Implementation Plan with an evaluation of the impact this would have on the redesign of maternity care and outcomes be developed.
- That the position on the Inverclyde Royal Hospital (IRH) and the Vale of Leven Hospital (VoL) Community Midwife Units (CMUs) formal public consultation in relation to the Birthing Units was paused while this review/ redesign work was undertaken.

Nurse Director

Nurse Director

Nurse Director

44. CHAIR’S REPORT

Mr Brown reported that he had attended the NHS Board Chairs’ Meeting which had reviewed the transformation of health and social care delivery in NHS Scotland, noting the role of Non Executives Board Members in this.

Mr Brown had attended the Audit Committee noting the extensive, detailed work carried out there in preparation for the NHS Board end of year accounts.

Mr Brown advised that he had met with Ms J Erdman regarding meeting the requirements of equality legislation in relation to the appointment of Board Members. He had also discussed this with Mr I Bruce (Public Appointments Manager, Commission for Ethical Standards in Public Life in Scotland). These discussions focussed on the difference diversity could make in the governance of public bodies.

Mr Brown had met with the Cabinet Secretary for Health and Sport at the first sod cutting for Gorbals Health & Social Centre which represented £17m investment. Taken in conjunction with the other developments at Eastwood, Pollokshields, Maryhill and Possilpark; as well as the new developments for Parkhead, Woodside, Greenock and Clydebank, there was significant investment in health and social care partnerships throughout NHSGGC.

As part of their programme of engagement with local stakeholders, Mr Brown and Ms Grant had met with local MSP Rona McKay.

Finally, Mr Brown had attended the Remuneration Committee to review performance and set objectives for the NHSGGC Executive Team for 2017/18.

NOTED

45. CHIEF EXECUTIVE'S REPORT

Ms Grant advised that she had attended the Area Medical Committee, and underlined the importance of engagement with the professional advisory committee framework in delivering transformational change across the NHS Board.

Ms Grant updated the Board on her regular communication with the Scottish Government, particularly in relation to the NHS Board's financial position, waiting times, and the Local Delivery Plan.

Ms Grant had attended the NHS Scotland Event with Shirley Rodgers (Workforce and Strategy Director NHS Scotland) and the Cabinet Secretary for Health and Sport on 20th June, there had been a meeting with the Royal Colleges in relation to the NHSGGC Unscheduled Care Review, and this had provided positive feedback from clinical colleagues.

Ms Grant had also attended the Executive Leadership review led by NHS Education for Scotland.

The NHS Board Meeting was adjourned.

46. ENDOWMENTS FUNDS ACCOUNTS TO 31 MARCH 2017

Mr Brown convened a meeting of the Trustees of the Endowment Funds.

A paper of the Director of Finance [Board Paper No. 17/21] asked the Trustees to adopt the Endowment Funds Annual Accounts for the financial year ended 31 March 2017; and to authorise the Director of Finance to sign the Statement of Trustees Responsibilities and Balance Sheet.

A draft set of accounts was presented by Mr White for the Trustees' approval and this followed detailed scrutiny at the NHS Board's Audit and Risk committee on 20 June 2017. It was noted that the Endowment Funds Accounts required to be approved prior to being presented to the NHS Board for their approval. Mr White noted the total value of funds to be £86.8m, compared to £83.3m in the previous year. There were gains on investment and new fund managers had been appointed effective from 1 April 2017. The Auditors anticipated issuing an unqualified opinion subject to final sign off of the financial statements.

Mr Macleod, Chair of the Audit Committee, confirmed the detailed scrutiny the Committee had taken on behalf of all Trustees with a recommendation that the accounts be approved and signed.

Ms McErlean noted that there was an error and her name should be included on the list of Trustees. Mr White agreed to update the paper.

Director of
Finance

DECIDED

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|--|-----------------------------|-----------|
| <ul style="list-style-type: none"> • That the Endowment Funds Annual Accounts for the financial year ended 31 March 2017 be adopted. | Director
Finance | of |
| <ul style="list-style-type: none"> • That the Director of Finance be authorised to sign the Statement of Trustees Responsibilities and Balance Sheet. | Director
Finance | of |

The meeting of the Trustees was concluded and the NHS Board Meeting was re-convened.

NHS Board Meeting

47. GOVERNANCE STATEMENT 2016/17

A paper of the Chair of the Audit Committee [Board Paper No. 17/22] asked the NHS Board to consider and note the attached Statement of Assurance by the Audit Committee; and approve the Governance Statement (which was part of the Annual report and Accounts to 2016/17) for signature by the Chief Executive. It was noted that the format of the Governance Statement and its contents were specified in guidance issued by the Scottish Government.

The Internal Auditor's Annual Report noted that controls were generally satisfactory with some improvements required. Mr Macleod advised that Action Plans had been put into effect in these areas relating to enhancing the adequacy and effectiveness of the framework of governance risk management and control. The Audit and Risk Committee had scrutinised this in detail and considered that there had been a satisfactory system of internal control in place within NHSGGC throughout 2016/17.

Mr Brown thanked Mr Macleod for this overview, and the Statement of Assurance by the Audit Committee was noted.

DECIDED

- That the Governance Statement (which was part of the Annual Report and Accounts to 2016/17) for signature by the Chief Executive be approved.

48. ANNUAL REPORT AND CONSOLIDATED ACCOUNTS 2016/17

A report of the Director of Finance [Board Paper No. 17/23] asked the NHS Board to adopt and approve the Annual Report and Consolidated Accounts for the year ended 31 March 2017 for submission to the Scottish Government; to authorise the Chief Executive to sign the Performance report and the Accountability Report; and the Chief Executive and the director of Finance to sign the Consolidated Balance Sheet.

Mr White thanked Mr Macleod and the Members of the Audit and Risk Committee for their detailed scrutiny work in Committee in June 2017. Mr White provided an overview for Members of the Accounts split into two main parts as a Performance Report and Accountability Report. Mr Macleod provided assurance to Members of the in depth scrutiny carried out by the Audit and Risk Committee, recommending that Members accept and approve the Annual Report and Consolidated Accounts.

Ms McAuley suggested that it should be noted that the agreement had not yet been concluded with the IJBs in terms of their budgets for 2017/18. Mr White stated that a note would be added in terms of transparency in regard to the conclusion of agreement with the IJBs.

Director of Finance

Mr Finnie offered thanks to the Finance team as well as NHSGGC staff generally in view of the number of transaction carried out each year across the Board which demonstrated the safe use of public funds under staff control.

DECIDED

- That the Annual Report and Consolidated Accounts for the year ended 31 March 2017 for submission to the Scottish Government be approved.
- That the Chief Executive be authorised to sign the Performance Report and the Accountability Report.
- That the Chief Executive and the Director of Finance be authorised to sign the Consolidated Balance Sheet.

Director of Finance

Chief Executive Officer

Chief Executive Officer / Director of Finance

49. ANNUAL REPORT FOR THE BOARD OF NHSGGC AND AUDITOR GENERAL FOR SCOTLAND 2016/17

A report of the Assistant Director, Audit Scotland [Board Paper No. 17/24] asked the Board to note the report on the 2016/2017 audit of NHSGGC. It was noted that this report had been reviewed by the Director of Finance and scrutinised by the Audit and Risk Committee.

Mr D McConnell, in his role as Assistant Director of Audit Scotland, led Members through the report, highlighting financial management, financial sustainability, governance and transparency and value for money.

Mr Carr requested clarification on financial management in relation to the operating surplus recorded by the IJBs and Mr White confirmed that these reserves were held by the IJBs.

Ms Brown noted that the report was succinct and helpful and noted the continuing challenge to the Board of delivering savings whilst continuing to deliver services, and raised a question in respect of a new system for data collection. Mr White noted that this was planned to be operational during the second quarter of 2017/18.

Ms Brown also suggested that it would be helpful for the NHS Board to receive a note of reports from Audit Scotland through the financial year, as item for information, and Mr White agreed to do.

Director of Finance

Ms McAuley asked for an update on the timing of the next meeting of the Finance and Planning Committee. Mr White confirmed that new dates were being explored in advance of the next scheduled meeting on 22 August 2017.

NOTED

50a. APPROVAL OF PAMS (PROPERTY ASSET MANAGEMENT STRATEGY)

A report of the Director of Property, Procurement and Facilities Management [Board Paper No. 17/25] asked the NHS Board to approve the Property and Asset Management Strategy 2016/2020 (PAMS) for submission to Health Facilities Scotland.

Mr Skelly led Members through the report covering the Board estate, and highlighted that the overall purpose of PAMS was to ensure that the Board's assets could respond to continuing organisational and service requirements through fitness for purpose and positive support to service delivery.

Mr Skelly highlighted the key metrics of the NHS Board estate including age, tenure, building condition, functional sustainability, quality and space ranking. He also provided an overview of the backlog maintenance for the Board's estate. Mr Skelly noted that the Capital Plan, included in PAMS, had been approved by the NHS Board at the meeting held on 15 June 2017. Mr Skelly advised Members that the six IJBs were each developing an estate strategy and working closely with colleagues in the NHS Board to do so.

Cllr Nicolson asked for clarification in respect of the timescale for delivery of the strategy, as well as assurance in regard to whether a reduction in backlog maintenance could impact on parts of the Board's estate and it becoming unfit for purpose over time. Mr Loudon advised that the challenge was to prioritise spending for future capital investment, balanced by spending on building maintenance. NHSGGC had to prioritise backlog maintenance in context of existing resources.

Mr Brown asked if it was possible to place a timescale on the Board becoming up to date in backlog maintenance, and Mr Loudon outlined that the Capital Plan covered investment in maintenance over the next three years. However, eradication of all maintenance would be a much longer term project.

Ms Grant emphasised that the development of the NHS Board's strategic plan for transformation in the delivery of services would include consideration of rationalisation of the Board's estate, with a need for lateral thinking for pinpointing investment. A balanced plan was required to achieve optimal access to services across the NHS Board including the IJBs. Mr Brown noted that the impact of this new strategy would inform the NHS Board's position in this area, and that there would be a continued focus on backlog maintenance.

Ms Brown commended the work carried out in relation to the Mental Health programme, and queried why Children and Adult Mental Health services were being placed within Rowanbank Clinic as noted in the paper. Mr Loudon stated that this was an error within the report which would be amended.

**Director of
Property,
Procurement
and Facilities
Management**

Cllr Clocherty asked for clarification regarding detailed review of two sites (Royal Alexandra Hospital and Inverclyde Royal Hospital). Mr Loudon confirmed that this was because as each of these sites had a high percentage of maintenance backlog; the risk presented was subject to detailed review.

In answer to a question from Mr Carr in respect of £10m spend on the Queen Elizabeth University Hospital, Mr Loudon clarified that this was for improvement to the whole campus rather than the QEUH alone.

Mr Macleod noted that the report also included eHealth and medical equipment and

asked about pace of replacement and whether the programme in respect to disposals could be accelerated to realise funds. Mr Loudon stated that there had been prioritisation of investment in key medical equipment and Mr Edwards advised that within eHealth there was a similar prioritisation of investment in key areas. Mr White advised that property disposals were indeed being accelerated with Dykebar Hospital expected to be marketed in July 2017 and the Yorkhill site in late 2018/2019.

DECIDED

- That the Property and Asset Management Strategy 2016/2020 (PAMS) for submission to Health Facilities Scotland be approved.

50b. FIRE SAFETY – UPDATE

Mr Loudon updated the NHS Board on the review carried out of the NHS Board's estate specifically in reaction to the lessons learned from the Grenfell Tower disaster. A report was to be submitted to Health Facilities Scotland on 28th June 2017.

There was a particular focus on buildings over 18 metres high, and this included the QEUH. Mr Loudon provided assurance to Members that the cladding and insulation used were fully compliant with Scottish Building Standards approved by Building Control during the design stage of the project. Cladding had also been used in the recent renovation the Institute of Neurological Sciences, and it was confirmed that this was compliant with building regulations. A decision had been taken to review all buildings within the Board and HSCPs, and to date no issues of concern had been raised.

Mr Brown noted that assurance would be provided to staff through the Communications Team and asked for a written update to come to the NHS Board at the August 2017 Board meeting.

Mr Brown offered condolences on behalf of the NHS Board, to the families affected by the Grenfell Tower disaster, and other recent terrorist related incidents, as well as noting the great work achieved by the emergency services, including the NHS.

**Director of
Communications
/ Director of
Property,
Procurement
and Facilities
Management**

51. OUTLINE BUSINESS CASE: MENTAL HEALTH - 2 WARDS – DESIGN, BUILD, FINANCE & MAINTAIN SCHEME

A report of the Chief Officer of Glasgow City HSCP [Board Paper No. 17/25b] asked the NHS Board to approve the Outline Business Case (OBC) for onward submission to the Scottish Government Capital Investment Group (CIG); note the preferred option for two new build wards; note the scheme was value for money, affordable and achievable; note the scheme was bundled with two other schemes procured through the Hub West Design, Build, Finance and Maintain (DBFM) route.

Mr Williams led Members through the paper explaining that this followed the NHS Board's decision to approve the Initial Agreement paper in August 2016. Agreement to the proposal would result in a reconfigured mental health in-patient service in North Glasgow which would address clinical isolation, reduce pressure on the Out of Hours rota and avoid the unpredictable and potentially expensive use of care home accommodation costs. Consideration of a range of proposals had led to this being the optimal route proposed.

Mr Carr asked about bedroom size which had been indicated as optimal at 16 square metres but were then detailed in the proposal at 13.5 square metres. Mr Harley clarified that this was due to the overall square meterage. Although the proposed bedroom size was smaller than the current gold standard, engagement work had been carried out to ensure that the patient's needs as well as clinical support needs could be met within this room size.

Dr Lyons asked that the terms "organic disease" when made in reference to dementia, and "forensic disease" be removed, and this was agreed. Dr Lyons also noted that it would be inappropriate to accommodate older dementia patients with older people suffering from other mental health issues. Mr Harley confirmed that there would not be a mixed ward, and that there would be a separate dementia ward.

**Chief Officer,
Glasgow City
HSCP**

DECIDED

- That the Outline Business Case (OBC) for onward submission to the Scottish Government Capital Investment Group (CIG) be approved.
- That the preferred option for two new build wards be noted.
- That that the scheme was value for money, affordable and achievable was noted.
- That the scheme was bundled with two other schemes procured through the Hub West Design, Build, Finance and Maintain (DBFM) route be noted.

52. UNSCHEDULED CARE REVIEW

A report of the Medical Director [Board Paper No. 17/31] asked the Board to note the key recommendations of the Unscheduled Care Review report to improve unscheduled care performance in line with Scottish Government targets for the NHS Board.

Dr D Stewart provided Members with a high level summary of the report and key recommendations to deliver a targeted work programme for 2017/18. This included a summary of occupancy rates and estimated bed requirements, noting the aim to meet occupancy rates of 85% for unscheduled care beds which would lend an appropriate level of flexibility. The report did not advocate increasing bed numbers and this was in the context of the shift from acute to community care in the overall strategy of the NHS Board. The key was to make best use of beds, and target in-patient beds for those who had clinical need for an in-patient stay.

Dr Stewart provided comparison of Emergency Department admission rates compared to other Health Boards. As well a population level analysis demonstrating that NHSGGC had higher admission rates per 1000 residents than peer Health Boards in Scotland for the same specialities.

The key recommendations related to better management of current in-patient capacity; alternatives to admission through condition specific pathway alternatives; emergency department process change; a robust escalation policy as well as eHealth and infrastructure to deliver unscheduled care change. Dr Stewart detailed alternatives to admission e.g. single front door for emergency triage as well as ambulance emergency care pathways, aimed at routing patients to the correct care as soon as possible. Further, better use of ambulatory care as well as care home opportunities.

Ms Brown noted that it was helpful to receive a distilled overview of the report and asked when the implementation plan would be available for review. Dr Stewart advised that this was underway, and that much of the work detailed in the report had already been put into action.

Dr Cameron referred to the change in culture and decision-making that the report highlighted which would help to enforce change. She noted the positive engagement with staff, and Dr Stewart confirmed that the report had been shared with clinical colleagues and had been well received.

In answer to a question from Ms McAuley on whether the report was cost neutral especially referring to consultant cover, Dr Stewart confirmed that the paper did not rely on any significant investment, and that there was a strong belief that these recommendations would be financially more efficient.

Dr Armstrong underlined the amount of work that was already underway e.g., frail elderly pathway at the QEUH. A Joint Implementation Board was required with the IJBs. It was agreed that Dr Armstrong would report to the NHS Board in August with an update on the work already underway and setting out a planning process with appropriate timescale.

Medical Director

Mr Ritchie asked for a view on whether it was possible to identify the areas that would present a challenge to the success of the project. Dr Stewart highlighted reviews carried out of the processes that had been successful in other Health Boards, to optimise forward planning whilst at the same time accepting the challenge to put improvement work in place at the same time as continuing delivery of services.

Mr Brown suggested that staff engagement as well as public understanding and acceptance would be critical to the successful implementation of the report's recommendations.

NOTED

53. NHS GREATER GLASGOW & CLYDE INTEGRATED PERFORMANCE REPORT

A report of the Head of Performance [Board Paper No. 17/26] asked the Board to note and discuss the content of the Board's NHS report. This paper brought together high level information from several reporting strands to provide an integrated overview of the Board'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 (where performance has had an adverse variance of more than 5%).

Ms Mullen noted improvement in performance in relation to the overall number of delayed discharges; access to alcohol and drug treatment and that performance in relation to the overall Stroke Care Bundle was beginning to demonstrate an improvement.

There had been performance deterioration in the number of patients waiting longer than national waiting time standards; there were ten measures rated as red and each had an accompanying exception reports, outlining actions in place to address performance.

Ms Brown highlighted the detect cancer early rates as concerning, particularly in relation to breast cancer and urology, and asked if it would be possible to include data on diagnoses made symptomatically as well as through screening programmes, to give a more detailed picture. Ms Brown also highlighted the pathway issues in Upper GI, delayed discharge in mental health

Dr De Caestecker advised that additional information could be provided in relation to both screening and symptomatic services.

**Director of
Public Health**

Ms Grant advised that capacity planning was under way in Upper GI, urology and diagnostics testing where a board wide referral system was being considered. Ms Farrell added that the complexity of testing for Upper GI patients impacted the pathways. The Director of Regional Services had recently attended a national review in this respect and the Sector Directors were working closely to focus on cancer targets. There could be lessons to be taken from the Safety Huddle Model as good practice.

Mr Williams agreed to provide an update in relation to Mental Health delayed discharges in the next report to the Board. Mrs MacPherson confirmed that there had been some improvement in relation to staff absences notably within acute services.

**Chief Officer
Glasgow City
HSCP**

Ms McAuley noted an improvement in the overall quality of Board papers, with proactive activity and confirmation that issues were being acted upon. Dr Cameron welcomed the work carried out on capacity and queried whether the NHS Board was looking at alternative outpatient modelling. Ms Grant confirmed that efficiency was being reviewed across specialties. Lastly, Dr Armstrong noted the good work on self care, as well as MSK Physiotherapy, to help reduce demand for acute Hospital care.

NOTED

54. CLINICAL GOVERNANCE REPORT – UPDATE

A report of the Medical Director and the Nurse Director [Board Paper No. 17/27] asked the Board to note the key messages on areas where assurance was required.

Dr Armstrong led Members through an overview of the report and emphasised the Board's duty of quality of care through the maintenance of effective clinical governance arrangements, which included collaboration with partner organisations.

Within clinical safety, Dr Armstrong highlighted the revision of the Significant Clinical Incident Policy. The Consent Policy had been reviewed in light of the recent Montgomery ruling. Dr Armstrong updated Members in regard to the Mental Health Safety Programme and the reductions seen in reported violent episodes and noted the work being carried out by the Thrombosis Committee.

NOTED

55. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE

(HAIRT)

A report of the Medical Director [Board Paper No. 17/28] asked the 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 particularly in relation to:-

- Staphylococcus Aureus Bacteraemias (SABs);
- Clodistrium Difficile (C.Diff);

Dr Armstrong noted that the report of the national HAI and Antimicrobial Prescribing Point Prevalence Survey 2016 had indicated an overall HAI rate of 3.1% for NHSGGC acute hospitals, which was a reduction from 2011 rates and below the 2016 national rate of 4.6%. All hospitals in NHSGGC were below the national prevalence rate.

Dr McGuire outlined that two unannounced Healthcare Environment (HEI) / Healthcare Improvement Scotland (HIS) inspections had taken place in Stobhill Ambulatory Care Hospital and in Glasgow Royal Infirmary, and the reports were not yet available. Work continued with all staff to ensure consistency across sites and a shared view of accountability.

NOTED**56. PATIENT EXPERIENCE REPORT – 1 OCTOBER 2016 TO 31 MARCH 2017**

A paper of the Nurse Director [Board Paper No. 17/29] asked the NHS Board to note the report on Patient Experience in NHSGGC for the period 1 October 2016 until 31 March 2017.

Dr McGuire led Members through the report highlighting the methods used to highlight the opportunities to bring about service improvements for patients through Complaints received, SPSO Investigation reports and Decision Letters, feedback opportunities and Patient Advice and Support Services activities. She highlighted the key themes raised in complaints in particular relating to clinical care as well as communication and staff attitude and behaviour.

Ms McAuley noted the helpful nature of this report and that it was useful to review the themes highlighted with an overview at strategic level.

NOTED**57. MEETING THE REQUIREMENT OF EQUALITY LEGISLATION : A FAIRER NHSGGC PROGRESS REPORT**

A report of the Head of Equality & Human Rights [Board Paper No. 17/30] asked the NHS Board to note the areas of progress and new areas for development in 2017/18.

Ms Erdman summarised the report for members and highlighted the key issues to be

considered. Ms Erdman described the range of work underway across NHSGGC to meet the mainstreaming and equality actions set at the beginning of 2016. Following on from this, in 2017/18 there were additional priorities driven by new legislation and the Public Sector Equality Duty set out in the Equality Act 2010 including ensuring NHSGGC Equality Impact assess financial decisions and service changes; publishing equal pay statement and fulfilling requirement of new duties relevant to equality and human rights.

Mr Brown thanked Ms Erdman for a very helpful report and commended the team work evidenced to produce the report.

Dr Lyons noted the work carried out in relation to reminding staff working with interpreters to always focus on the patient in these circumstances. Ms Erdman agreed that this was a sensitive area and staff needed to remember to talk to the patient, not the interpreter.

NOTED

58. WEIGHT MANAGEMENT

A report of the Director of Public Health [Board Paper No. 17/32] asked the NHS Board to note the progress in embedding the community weight management service into the Glasgow and Clyde Weight Management Service and the establishment of multiple referral pathways.

Dr De Caestecker highlighted that the Community Weight Management Service had been fully operational for eight months using a commercial weight management provider. The evidence was that this was an efficient model and had demonstrated good results over this time period.

Mr Matthews commended this new promising approach, and queried whether even more investment would lead to even greater results. He also highlighted the correlation between obesity and GP attendance. Dr de Caestecker noted that capacity was not the main consideration in this way, rather the challenge presented in encouraging patients to attend a weight management service.

Ms McErlean noted the connection between weight reduction and health improvement and less reliance on medication.

Dr de Caestecker advised that there would be a full evaluation of the service and progress made, with main outcome reporting here being weight loss. There could be challenges in keeping in touch with patients who attended this service in order to complete a full evaluation. Ms Baxendale highlighted key conditions where weight loss could lead to a reduction in medication required e.g. liver disease.

Ms Forbes noted a similarity to preventative health care such as anti-smoking. Mr Ritchie acknowledged the importance of physical activity. Dr de Caestecker highlighted the amount of work carried out in HSCPs to communicate this message to patients, with work in schools and community based campaigns. Ms Brown noted the role legislation played in smoking and raised the need for this in food advertising and labelling.

The NHS Board had set up the Public Health Committee to review and highlight this

important area in the delivery of care. Mr Matthews, Chair of the Committee, highlighted that the Committee was cross system and involved with the HSCPs as well as acute services. Mr Williams re-affirmed this by noting the work carried out by colleagues in local authorities.

NOTED

59. RETAIL POLICY

A report of the Director for Public Health [Board Paper No. 17/33] asked the Board to note the successful implementation of the Healthcare Retail Standards and Healthy Living Award and to provide continued support to enable full implementation of the Food Retail policy.

Dr de Caestecker highlighted the robust nature of the policy which applied to all new retailers as well as to existing retailers as their lease came up for renewal. By the end of June 2017, NHSGGC would be almost 100% compliant with the policy with work continuing to reach this target.

NOTED

60. BOARD WORK PROGRAMME 2017/18

A report of the Head of Administration [Board Paper No. 17/34] asked the Board to approve the NHSGGC Board Work programme for 2017/18.

Mr Hamilton led Members through the background to this and the key recommendation that key activities be identified and brought together into the NHS Board Work Programme and, once approved, be managed as part of a structured programme delivered by the Executive Team with appropriate direction, support and oversight from the NHS Board. This would be a live document maintained by Mr Hamilton and fed back to the NHS Board.

Ms Grant underlined the need for the Corporate Objectives 2017/18 and the Board Work Programme to be integrated, with the intention being for the framework for this to be in place by October 2017. This would be progressed through the committee framework. Mr Brown added that this would give a clear pathway as to the channels through which work was being progressed and allow review of timescales as appropriate.

**Chief Executive
Officer**

Dr Lyons noted the number of committees had increased with an increase in the volume of papers issued and it would be helpful in future to highlight which papers had been scrutinised through the committee framework before coming to the NHS Board.

**Head of
Administration**

Mr Brown agreed that the focus would be on improving papers in terms of content. In September / October there would be a review of the effectiveness of Board governance arrangements as well as the demands made on Non – Executive Members.

**Director of
Human
Resources &
Organisational
Development**

NOTED

61. AUDIT & RISK COMMITTEE MINUTES : 14 MARCH & 6 JUNE 2017

The Minutes of the meetings held on 14 March 2017 and 6 June 2017 [ACF(M)17/01 & A(M) 17/02] were noted.

NOTED

62. CLOSING REMARKS

The Board Chair wished to note that this would be the final Board Meeting for Mr K Redpath prior to his retirement, and to acknowledge the contribution Mr Redpath had made during his long and successful career with NHSGGC. Mr Brown expressed the NHS Board's gratitude for Mr Redpath's service and wished him well for the future.

Mr Brown also noted that Dr Cameron's term of office as a Non-Executive Board Member would come to an end on 30 June 2016. On behalf of the Board, Mr Brown thanked Dr Cameron for her significant contribution to the Board and for the dedication and commitment shown in three highlighted areas, namely, as chair of the Area Clinical Forum, as a Member of the Clinical & Care Governance Committee and West Dunbartonshire IJB.

On behalf of the Board, Mr Brown also took the opportunity to thank Mr J Legg for the valuable contribution he had made as a Board Member particularly as Chair of the Royal Hospital Children's Charity Forum, and the Board Champion for Cyber Security. Mr Legg had also been a Member of the Staff Governance Committee, Public Health Committee, Renfrewshire IJB and East Dunbartonshire IJB. Mr Brown wished Mr Legg well for the future.

NOTED

63. DATE & TIME OF NEXT MEETING

Tuesday 15 August 2017, 9.30am at The William Quarrier Conference Centre, 20 St Kenneth Drive, Govan, Glasgow G51 4QD.

The meeting ended at 2.25pm