

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Board Room, Corporate Headquarters, J B Russell House,
Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
on Tuesday, 23 June 2015 at 9:30a.m.**

PRESENT

Mr A O Robertson OBE, DSc, LLB (in the Chair)

Dr J Armstrong	Mr I Fraser (To Minute No 50)
Mr J Brown CBE	Mr I Lee
Ms M Brown	Councillor M Macmillan (To Minute No 44)
Mr R Calderwood	Councillor J McIlwee
Dr H Cameron	Ms R Micklem
Ms R Crocket MBE (To Minute No 51)	Councillor M O'Donnell
Councillor M Cunning	Dr R Reid
Dr L de Caestecker	Councillor M Rooney (To Minute No 51)
Councillor M Devlin	Rev Dr N Shanks
Professor A Dominiczak OBE	Mr D Sime
Mr R Finnie	Mr M White
	Mr K Winter

IN ATTENDANCE

Mr G Archibald	Chief Officer, Acute Services Division
Mr A Curran	Head of Capital Planning & Procurement (For Minute No 48)
Ms S Gordon	Secretariat Manager
Mr J C Hamilton	Head of Board Administration
Mr D Loudon	Director of Facilities and Capital Planning (For Minute No 48)
Mrs A MacPherson	Director of Human Resources & Organisational Development
Ms P Mullen	Head of Performance (For Minute No 50)
Mr I Reid	Director of Human Resources
Ms G Woolman	Assistant Director, Audit Services, Audit Scotland (For Minute No 44)

ACTION BY

31. WELCOME AND APOLOGIES

Mr Robertson welcomed Ms G Woolman, Audit Scotland in attendance to present the Annual Report for the NHS Board and Auditor General for Scotland. He also introduced Ms A MacPherson, newly appointed Director of Human Resources and Organisational Development (to replace Mr I Reid who was retiring at the end of June).

Apologies for absence were intimated on behalf of Mrs S Brimelow OBE, Councillor A Lafferty, Dr D Lyons, Mr A Macleod and Mrs T McAuley OBE.

NOTED

32. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

33. CHAIR'S REPORT

- (i) Mr Robertson sought and received approval to discuss Item No 11 as NHSGGC Endowment Trustees. In doing so, he reported that, in order to consider Item No 11, the NHS Board meeting would be adjourned and Members reconvened as NHSGGC Endowment Trustees to approve the Endowment Fund Accounts to 31 March 2015. Thereafter, the NHS Board meeting would be reconvened to consider Item No 12 onwards.
- (ii) Mr Robertson recorded that, during the last two months, he had completed all but one of the Non-Executive NHS Board Member annual appraisals. He thanked colleagues for their honesty and cooperation in this process and confirmed that a summary had been prepared for NHS Board development purposes.
- (iii) On 29 April 2015, Mr Robertson, with members of the Executive Team, had a meeting with the Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison MSP, where discussion included the migration to the new South Glasgow University Hospital, the NHS Board's resilience plans and its Local Delivery Plan (including recognition of the need for redesign and service change in accordance with the NHS Board's Clinical Services Strategy).
- (iv) On 8 May 2015, Mr Robertson, accompanied by Dr J Armstrong, met up with Primary Care colleagues when visiting "hospital care in the community" services. In this regard, he referred to the Renfrewshire Pilot and ongoing work with the Community and Hospital services at the Royal Alexandra Hospital.
- (v) On 11 May 2015, Mr Robertson, accompanied the Cabinet Secretary for Health, Wellbeing and Sport, on a walkround of the new South Glasgow University Hospital.
- (vi) On 13 May 2015, Mr Robertson attended the turf-cutting at Bellahouston of the new Prince and Princess of Wales Hospice. That evening, he attended a celebratory event at the University of Glasgow Innovative Collaboration Awards where partnership working at the new South Glasgow University Hospital was recognised.
- (vii) On 27 May 2015, Mr Robertson attended a thank you event for volunteers across the whole NHS Board's area to acknowledge their contribution and welcome their keenness to be involved in the new South Glasgow University Hospital campus. He acknowledged the value of their personal insight and engagement with staff and patients.
- (viii) On 2 June 2015, Mr Robertson visited Westmarc to learn more about the design, build and fit of prosthetics. The service was located on the South Glasgow University Hospital campus and it looked forward to developing working relationships with orthopaedic surgeons there.

- (ix) On 3 June 2015, Mr Robertson spent the day with the Cabinet Secretary for Health, Wellbeing and Sport when they visited the Centre of Integrative Care, the Beatson West of Scotland Cancer Centre and the South Glasgow University Hospital to meet a broad range of clinicians delivering unscheduled care to discuss ongoing collaborative working.
- (x) On 8 June 2015, Mr Robertson met with Mr A Tough, the NHS Board's archivist, to discuss the possibility of hosting an exhibition of materials relating to the recent hospital closures and the associated moves to the new South Glasgow University Hospital.

NOTED

34. CHIEF EXECUTIVE'S UPDATE

- (i) On 15 May 2015, Mr Calderwood hosted a visit from representatives from Powys Teaching Health Board in Wales to discuss, in detail, progress made in NHSGGC in relation to health and social care integration.
- (ii) On 5 June 2015, Mr Calderwood accompanied the First Minister to visit the new Children's Hospital on the new South Glasgow University Hospital campus.
- (iii) On 15 June 2015, Dr Margaret Macguire, currently Nurse Director at NHS Tayside, was appointed as the new Nurse Director (to replace Ms R Crocket). She would join the NHS Board in September.
- (iv) On 16 June 2015, Mr Calderwood held the first of a series of development team sessions with the new Senior Management Team.
- (v) Mr Calderwood congratulated the Chairman who was awarded an Honorary Doctorate of Science from the University of Glasgow on 17 June 2015.

Councillor Rooney asked whether any national decision had been made yet in relation to the future of the Golden Jubilee National Hospital. Mr Calderwood confirmed that, at the request of the SGHD, NHSGGC formally submitted an option appraisal looking, in particular, at opportunities for an A&E service in the North West of Glasgow to complement the NHS Board's Clinical Services Strategy. Since then, the Cabinet Secretary had replied to confirm that the Golden Jubilee National Hospital should continue to provide services as a national centre of excellence. Given that, the priority for NHSGGC was to complete its current Clinical Services Strategy.

NOTED

35. MINUTES

On the motion of Dr R Reid, seconded by Rev Dr N Shanks, the minutes of the NHS Board meeting held on Tuesday, 21 April 2015 [NHSGGC(M)15/03] were approved as an accurate record and signed by the Chair.

NOTED

36. MATTERS ARISING FROM THE MINUTES

The Rolling Action List of matters arising was noted.

NOTED

37. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP) UPDATE

A report of the NHS Board's Medical Director [Board Paper No 15/21] asked the NHS Board to note an update on the progress made by the Acute Services Division in implementing the SPSP Deteriorating Patient workstream.

Dr Armstrong explained that improving care for the deteriorating patient (a patient who was acutely unwell and at risk of further worsening of their condition) had been identified as one of the nine priority areas for improvement within the Scottish Adult Acute Safety Programme. It was a continuation of preceding work within the SPSP General Ward workstream which focused on reliable implementation of the Early Warning Score to support physiological monitoring of patients but now extended significantly the areas for development.

She outlined the aim of the workstream and the three primary drivers to meet that aim, explaining that it was an extensive set of expectations, therefore, there had been an agreed initial focus on the testing of Scottish structured response processes. The expectation was for each clinical team to implement reliable Early Warning Scoring assessment and a structured response.

Dr Armstrong summarised the outcome measures and process measures associated with the workstream and explained that its implementation was supported through the Clinical Governance Support Unit and, in particular, a Clinical Improvement Lead to augment medical engagement, improvement coaching and cross-system leadership. A pilot ward in the Royal Alexandra Hospital had made good progress in establishing the structured response and Dr Armstrong reported that the measure was an all-or-nothing measure so all elements needed to be demonstrated to have occurred before the clinical practice was counted as having met the requirements.

Dr Armstrong summarised two other related projects that supported this workstream and described an accelerated spread plan that had been agreed for the Royal Alexandra Hospital where the plan was that all teams would be actively involved in the workstream by the end of 2015.

Dr Armstrong led the NHS Board through some development issues that had to be progressed including the need to identify local clinical needs to complement the role of the Clinical Improvement Lead.

Ms Brown welcomed the involvement of a team at the Beatson Oncology Centre who were now at the engagement/start-up phase. She wondered if there was a specific plan/pathway to meet the needs of patients who were receiving care outwith their specialist wards to spot any decline in that patient group? Dr Armstrong reported that this matter was on the radar of the workstream and would be discussed further to ensure a systematic review of such patients and explained that that was one of the reasons the entire hospital of the Royal Alexandra was chosen as the pilot so that a whole-hospital approach could be taken.

On that point, Mr Sime asked if statistics were recorded on such a patient group? Mr Archibald reported in the affirmative, however, explained that the priority was to

always seek to align patients with appropriate specialties and to ensure any boarding of patients was kept to a minimum.

In reviewing the primary drivers of the workstream, Ms Micklem recognised some were areas for improvement but regarded others as areas that should be taken for granted – she wondered if there was a distinction to be made regarding targets and current expectations? Dr Armstrong described the proactive approach taken when a patient did deteriorate to improve clinical care.

NOTED

38. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

A report of the NHS Board's Medical Director [Board Paper No 15/22] asked the NHS Board to note the latest in the regular bi-monthly reports on Healthcare Associated Infection (HAI) in NHS Greater Glasgow and Clyde.

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

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

Ms Crocket referred to the two unannounced inspections by the HEI at Glasgow Royal Infirmary (on 24 and 25 February 2015) and Inverclyde Royal Infirmary (on 24 and 25 March 2015) – both inspections resulted in no requirements and no recommendations made. In this regard, she outlined the work that had been done across the whole of NHSGGC to achieve this and thanked local staff, in particular, for their continuing endeavours which achieved this excellent outcome.

Councillor Rooney commended work going on throughout NHSGGC to meet these continuing challenging targets. Ms Micklem agreed and recognised the continued proactive work being undertaken by all staff to meet these targets. In response to her question concerning the MRSA Screening Project where NHSGGC's performance was currently 80%, Dr Armstrong explained that work was ongoing to achieve 90% compliance with the clinical risk assessment and that compliance was increasing.

NOTED

39. UPDATE ON SMOKEFREE POLICY CAMPAIGN

A report of the Director of Public Health [Board Paper No 15/23] asked the NHS Board to note the update on the Smokefree Policy Campaign and to support the implementation of its three recommendations.

Dr de Caestecker provided an update on NHSGGC's Smokefree Campaign, its impact to date as well as identifying future developments.

Dr de Caestecker highlighted that, despite the initial success of the NHS Health Scotland national campaign in March 2015, the level of smoking across all hospital sites in NHSGGC remained a concern. Although the number of informal complaints had fallen, the number of formal complaints about smoking remained at a similar level to that before the campaign and there was a significant issue with high number of patients, visitors, staff and contractors smoking at the main entrance of the new South Glasgow University Hospital. A monitoring exercise was being undertaken which would establish a baseline to measure the effectiveness of new interventions and as a comparison to previous NHS Acute sites. Staff had been identified to undertake a smoking warden role at the South Glasgow University Hospital and training for the identified staff was due to be delivered before the end of June 2015. Dr de Caestecker extended this training opportunity to all NHS Board Members particularly as, given that the campaign encouraged all staff to adopt a role around enforcing the policy, feedback indicated that many staff felt uncomfortable challenging smokers with concerns about potential abuse and lack of appropriate skills.

Mr Finnie supported the Scottish Government's current proposed legislation to support enforcement of Smokefree grounds on NHS hospital sites. Dr de Caestecker agreed and outlined the content of its initial consultation on these proposals, confirming that NHSGGC similarly supported the proposals but sought further detail around how it would be implemented.

In response to a question from Councillor Cunning regarding support given to inpatients on their admission to hospital, Dr de Caestecker summarised service provision and confirmed that patients were indeed offered nicotine replacement treatments on admission and, thereafter, patients were followed up on hospital discharge.

Dr de Caestecker agreed with Ms Brown's point around support given to mental health patients and explained that an implementation plan had been developed and a Project Board established to explore further the issues with this client group, in particular, inpatients who were unable to leave hospital grounds.

In response to a question from Councillor Rooney, Dr de Caestecker confirmed that the NHS Board's policy did include e-cigarettes.

DECIDED

- That the update on Smokefree Policy Campaign be noted.
- That implementation of the following three recommendations be supported:-
 - Training for managers and staff to enable them to enforce the Smokefree Policy across all sites;
 - Create capacity to enable the role of Smoking Wardens to be delivered at the new South University Glasgow Hospital;
 - Maintain and enhance the current campaign activity across all sites with a focus around the new South Glasgow University Hospital.

**Director of
Public Health**

**Director of
Public Health**

**Director of
Public Health**

40. KEEP WELL AND CHRONIC DISEASE MANAGEMENT PROGRAMME UPDATE

A report of the Director of Public Health [Board Paper No 15/24] asked the NHS Board to note the Keep Well and Chronic Disease Management Programme update and, in particular, the disinvestment planning and programme legacy developments as well as the Chronic Disease Management developments and House of Care Early Adopter Programme.

Dr de Caestecker led the NHS Board through an update as follows:-

- **NHSGGC Keep Well Programme disinvestment planning and programme legacy** – Dr de Caestecker provided a summary of the updated funding position from 2013 to 2017 illustrating, in particular, the significant programme budget reductions. Although not due to take effect until April 2015, NHSGGC made the decision to discontinue the delivery of Keep Well health checks from 1 April 2014. As a consequence, four programme elements were withdrawn or reorientated during 2014/15. Following consultation with Partnership Directors and Health Improvement Managers, it was agreed to manage the 2015/16 and 2016/17 budget allocation at a programme level rather than applying respective percentage funding reduction across all Partnerships. Budget allocations were prioritised to minimise risks to existing contractual commitments. The three year disinvestment period provided some time for Partnerships to identify other funding sources for service and/or staff by April 2017, however, the discontinuation of funding from April 2017, coupled with wider financial pressures, would make that very challenging.
- **Update on key developments within NHSGGC Primary Care Chronic Disease Management (CDM) and associated House of Care Early Adopter Programme** – Dr de Caestecker explained that Chronic Disease Management (CDM) was a generic term for systematic delivery of coordinated healthcare for populations with established long-term conditions. NHSGGC invested substantially in an extensive, well established CDM programme which delivered practice-based CDM care for patients with five major chronic diseases. The programme was delivered in Primary Care but strongly underpinned by a whole-population perspective across all aspects of service planning, coordinated by a multi-disciplinary planning group. The current programme aimed to provide person-centred care for patients with any combination of the five major chronic disease co-morbidities. The “House of Care” model represented a tangible and proven improvement framework that allowed services to embrace care planning to support the self management of people living with long-term conditions. This approach had been endorsed by the Scottish Government to address the needs of people living with multiple long-term conditions and was aligned with the Scottish Government’s route map of deliverables to achieving its 2020 Vision through developing new models of Primary Care.

NHSGGC, along with NHS Lothian and NHS Tayside, was participating in a two year Early Adopter Programme Initiative in partnership with the Scottish Government, Health & Social Care Alliance and British Heart Foundation to apply the model in Scotland during 2015 to 2017. Nine GP practices across Glasgow City and East Dunbartonshire had volunteered to apply the House of Care approach within their existing CDM programme/service. The programme would initially target a population of patients with existing diagnoses of type 2 diabetes and/or coronary heart disease from disease registers and work

collaboratively to define clearly a workable range of care pathway models for these patients which would have common and variable components to fit with practice systems.

Dr de Caestecker explained that, despite the discontinuation in Keep Well funding, learning from the programme, amassed over the seven years, had been successfully translated into transferable and practical improvement actions for the Primary and Secondary prevention of long-term conditions. It was vital that NHSGGC continued to commit to strengthening system-wide integrated prevention activities across health, social care and third sector partners to maximise leverage of the NHS Board's existing investments in health improvement.

Rev Dr Shanks recorded his deep concern about the Scottish Government's withdrawal of the funding of the Keep Well Programme but was encouraged to see NHSGGC had made the best out of this. Dr Reid agreed and highlighted the work of the South Asian Anticipatory Care Programme in undertaking work with this patient group and addressing any misconceptions.

In response to a question from Councillor Rooney, Dr de Caestecker reported that the SGHD did not undertake an Equalities Impact Assessment (EQIA) prior to the withdrawal of funding. She added that the staff involved with the delivery of the Keep Well Programme had all found alternative employment or were in fixed term posts whereby their contracts had come to an end.

Ms Brown welcomed the approach being taken to continue the Keep Well legacy, recognising that the programme had amassed a great deal of learning.

NOTED

UNDER STANDING ORDER 12, THE NHS BOARD ACCEPTED A MOTION TO ADJOURN ITS MEETING TO ALLOW IT TO RECONVENE AS NHSGG&C's ENDOWMENT TRUSTEES FOR THE FOLLOWING ITEM:-

41. STATEMENT OF ACCOUNTS FOR 2013/14

A report of the Director of Finance asked the Trustees to adopt the Statement of Accounts for the financial year ended 31 March 2015 and authorise the Director of Finance to sign the Statement of Trustees Responsibilities and balance sheet.

Mr White presented an audited set of accounts for Trustees' approval following scrutiny at the NHS Board's Audit Committee meeting on 16 June 2015. He explained that the Endowments Funds accounts required to be adopted prior to the NHSGGC Consolidated Annual Accounts being approved by the NHS Board.

Mr White took the Trustees through the accounts, the Statement of Trustees Responsibilities and the Independent Auditors Report to the Trustees.

Mr White thanked his finance teams for their work throughout the year and, in particular, for their endeavours in consolidating the Endowments Funds with the NHSGGC Financial Statements for the first time this year.

DECIDED

- That, the Statement of Accounts for the financial year ended 31 March 2015 be adopted.

- That, the Director of Finance sign the Statement of Trustees Responsibilities and Balance Sheet be authorised.

Director of Finance

UNDER STANDING ORDER 12, THE NHS BOARD MEETING WAS RECONVENED TO COMPLETE THE BUSINESS TO BE TRANSACTED.

42. GOVERNANCE STATEMENT 2014/15

A report of the Convenor of the Audit Committee [Board Paper No 15/26], comprising a Statement of Assurance by the Audit Committee and a Governance Statement which was part of the Annual Accounts for 2014/15, was submitted. Subject to approval of this report, the NHS Board was asked to authorise the Chief Executive to sign the Governance Statement as the Accountable Officer.

The Convenor of the Audit Committee, Mr R Finnie, presented the report.

The Audit Committee, at its meeting on 16 June 2015, received a report which provided members with evidence to allow the Committee to review the NHS Board's system of internal control for 2014/15. Based on the review of internal control, the Audit Committee recommended for approval both the Statement of Assurance to the NHS Board on the system of internal control within NHS Greater Glasgow and Clyde and the Governance Statement for NHS Greater Glasgow and Clyde.

Mr Finnie took the NHS Board through Appendix 1 – Statement of Assurance by the Audit Committee and Appendix 2 – Governance Statement. He reported that there were no significant matters relating to the system of internal control which required to be disclosed in the Governance Statement and that the Audit Committee recommended that the NHS Board approve the Governance Statement and that this be signed by the Chief Executive as Accountable Officer.

DECIDED

1. That the Statement of Assurance from the Audit Committee be accepted and noted.
2. That the Governance Statement be approved for signature by the Chief Executive.

Director of Finance**Chief Executive**

43. STATEMENT OF ACCOUNTS FOR 2014/15

A report of the Director of Finance [Board Paper No 15/27] asked the NHS Board to approve for submission to the Scottish Government Health Directorate (SGHD), the Statement of Accounts for the Financial Year Ended 31 March 2015.

Mr White introduced the accounts which had previously been considered in draft form by the Audit Committee. He advised that the Revenue Resource Limit, Capital Resource Limit and Cash Limit had been achieved.

The accounts were prepared, as required, to comply with the requirements of International Financial Reporting Standards (IFRS) and in a format required by the SGHD, so that these could be consolidated with the accounts of other NHS Board to form the accounts of NHS Scotland.

The Audit Committee had scrutinised the Director of Finance's report at its meeting on 16 June 2015 as well as the final draft set of accounts. As a consequence, the Audit Committee could confirm to the NHS Board meeting that it recommended that the NHS Board adopt the accounts for the year to 31 March 2015.

Mr White advised that, at its meeting on 16 June 2015, the Audit Committee received confirmation from Audit Scotland of its intention to issue an unqualified opinion in respect of the financial statements, the regularity of financial transactions undertaken by the NHS Board, and on other prescribed matters.

Mr White confirmed that the NHS Board's Financial Statements disclosed that the NHS Board had met its financial targets. He took members through the key elements of the accounts including the Operating Cost Statement, Balance Sheet and Cash Flow Statement to the year ended 31 March 2015. Mr White summarised the main issues arising from his report and confirmed that Audit Scotland's opinion was that the financial statements gave a true and fair view of the accounts.

DECIDED

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| 1. That the Statement of Accounts for the financial year ended 31 March 2015 be adopted and approved for submission to the Scottish Government Health Directorate. | Director of Finance |
| 2. That the Chief Executive be authorised to sign the Director of Finance's report, the remuneration report, the Statement of the Chief Executive's responsibilities as the Accountable Officer of the NHS Board and the Governance Statement. | Chief Executive |
| 3. That the Chair and the Director of Finance be authorised to sign the Statement of NHS Board Members Responsibilities in respect of the Accounts. | Chair and Director of Finance |
| 4. That the Chief Executive and the Director of Finance be authorised to sign the Balance Sheet. | Chief Executive and Director of Finance |

44. AUDIT SCOTLAND'S ANNUAL REPORT ON THE 2014-15 AUDIT

A report of the Director of Finance [Board Paper No 15/28] asked the NHS Board to note the report by the external auditors, Audit Scotland, on the 2014/15 Audit of NHS GGC. The report had already been reviewed by the Director of Finance and scrutinised by the Audit Committee.

Ms Woolman summarised the key findings to emerge from Audit Scotland's 2014/15 audit. During the course of the year, Audit Scotland assessed the strategic and financial risks which NHS GGC faced, they audited the financial statements and reviewed the use of resources and aspects of performance management and governance. Ms Woolman set out Audit Scotland's key findings as they were presented to the Audit Committee at its meeting held on 16 June 2015 and summarised these as follows:-

- The financial statements;
- The Board's financial position;
- Governance and accountability;
- Best value, use of resources, and performance.

Ms Woolman confirmed that the report showed the issues identified by Audit Scotland as having been considered by management and agreed actions to address them.

In response to a question from Councillor O'Donnell concerning the future audit arrangements for the newly formed Health and Social Care Partnerships, Mr White confirmed that, across the NHS Board's six Health and Social Care Partnerships, there would be varying dates of when they went "live" – within a range of September 2015 to April 2016.

NOTED

45. PROPOSED CAPITAL PLAN 2015-16 TO 2017-18

A report of the Director of Finance [Board Paper No 15/29] asked the NHS Board to approve the proposed allocation of funds for 2015/16, note the current indicative allocations for 2016/17 and 2017/18, and delegate to the Capital Planning Group, the authority to allocate any additional available funds against the 2015/16 Capital Plan throughout the year.

Mr White advised that the current forecast total capital resources available to the NHS Board in 2015/16 amounted to £88.584m. He set out how the NHS Board planned to deploy this initial allocation of capital funds in individual schemes in 2015/16. Allocations for 2016/17 and 2017/18 were only indicative sums at the present time. The figures illustrated in Appendix 1 of the NHS Board paper for future years were chiefly provided for information purposes to assist Members in understanding the likely scale of ongoing capital commitments beyond 2015/16. He confirmed a balanced capital position for 2015/16 with planned gross expenditure of £88.584m being matched by an equivalent level of funding.

Mr White led the NHS Board through the proposed Capital Plan, incorporating proposed capital schemes across Acute Services, Board and Partnerships including Mental and Oral Health. Expenditure on all capital schemes would be monitored throughout the year and reported to the Capital Planning Group to ensure that a balanced capital position was maintained for 2015/16.

Councillor Rooney asked where proposed capital projects such as that for Clydebank Health Centre were included. Mr Calderwood explained that written confirmation was awaited from the SGHD regarding Clydebank and Greenock Health Centres and their funding as part of the Scottish Government's investment in the Non-Profit Distributing (NPD) programme.

Ms Micklem asked about the risk management processes regarding slippage. Mr Calderwood referred to the monthly monitoring system and the robust accountability processes surrounding the Capital Programme. He also alluded to issues often outwith the NHS Board's control which may, throughout a financial year, result in slippage, such as, planning delays and site conditions.

In response to a question from Mr Lee regarding the £2.35m allocation for HI&T schemes in 2015/16, Mr White explained that this related to expenditure to fully equip the nSGH, with additional amounts in 2016/17.

In response to a question from Councillor McIlwee regarding Inverclyde Royal Hospital, Mr Calderwood confirmed that work commenced this year to look at the framework of the building, its infrastructure and service provision.

DECIDED

1. That the proposed allocation of funds for 2015/16 be approved.
2. That the current indicative allocations for 2016/17 and 2017/18 be noted.
3. That the Capital Planning Group be delegated the authority to allocate any additional available funds against the 2015/16 Capital Plan throughout the year.

**Director of
Finance**

**Director of
Finance**

46. 2015/16 FINANCIAL PLAN

A report of the Director of Finance [Board Paper No 15/30] was submitted, providing an overview to the NHS Board of the major elements within the Financial Plan, highlighting key assumptions and risks and explaining how it was proposed to address the cost savings challenge which the NHS Board faced to achieve a balanced financial outturn in 2015/16.

Mr White provided an overview of the process used to develop the plan; an explanation of the funding uplift that the Board would receive in 2015/16; the most recent projection of the scale of the financial challenge which the NHS Board would need to address if it was to succeed in managing its revenue resource limit for 2015/16 and the cost savings plan for 2015/16 which would enable the NHS Board to address that financial challenge and deliver a break even financial outturn for the year.

Mr White took the NHS Board through the most salient points of the Financial Plan. The SGHD had confirmed a headline funding uplift for 2015/16 of £34.7m or 1.8%. The current expected cash releasing service target was expected to be £40.9m.

Mr White referred to the proposals for funding following discussions with Directors which had led to pressures and possible investments being captured and agreed. The 2015/16 Financial Plan assumed that the pressures and investments would be funded but Mr White cautioned that it might be prudent to increase the challenge in order to address additional pressures that may emerge and an update on this would be provided to the NHS Board during the year as appropriate.

**Director of
Finance**

In response to a question from Mr Sime regarding any impact the Financial Plan was going to have on frontline services, Mr Calderwood reported that much of this detail had already been considered at the NHS Board Member Away Sessions as part of the approval process for the Local Delivery Plan, relevant operational management governance meetings within the Acute Services Division and at Partnerships. It had also been shared with the SGHD, emphasising the need to look more radically and consistently across NHSGGC in terms of the challenges that needed to be met. Rev Dr Shanks added that more detail would have been helpful, particularly in relation to the risk management approach to meeting these challenges and in the NHS Board making associated choices. Ms Brown agreed and thought it would be useful to see more context and the percentage of distribution of cost savings per operational area to understand better the impact on local services and to identify any area required to meet a disproportionate saving over others.

Mr Finnie also wondered about the financial risks associated with the establishment of Integrated Joint Boards (IJBs) especially if they all became legal bodies (as referred to earlier) at varying times between now and April 2016. Mr Calderwood explained that the NHS Board had submitted its draft Financial Plan to the SGHD in February 2015 as required, as part of its Local Delivery Plan submission. The NHS Board then submitted an update to the draft plan to the SGHD in March 2015, again as part of the Local Delivery Plan submission. This process was the NHS Board's best endeavour to reach a balanced budget and he recognised that in so doing, there were operational challenges. He added that these would continue to be monitored monthly.

Councillor Rooney asked about the £1.5m provision for incremental progression for consultants. Mr Calderwood explained that this referred to the process of discretionary points for consultant medical staff.

DECIDED

- That the Financial Plan for 2015/16 be approved.

**Director of
Finance**

47. 2014/15 ANNUAL REVIEW

A report of the Head of Performance [Board Paper No 15/31] asked the NHS Board to note the details of the 2014/15 Annual Review.

Ms Mullen confirmed that this year's Annual Review was scheduled to take place on Thursday 20 August 2015. It would be a Ministerial Annual Review and its main purpose was for the NHS Board to be held to account for its performance during 2014/15. The focus would be on the impact the NHS Board was making in delivering outcomes as set out in the Local Delivery Plan.

She led the NHS Board through an outline of the day which would be chaired by Shona Robison MSP, Cabinet Secretary for Health, Wellbeing and Sport.

NOTED

48. PROPERTY ASSET MANAGEMENT STRATEGY (PAMS)

A report of the Director of Facilities & Capital Planning [Board Paper No 15/32] asked the NHS Board to note the Annual Property and Asset Management (PAMS) submission as returned to the SGHD for its analysis on the health of the built environment pan Scotland.

Mr Loudon explained that all NHS Boards had property and asset management strategies for land, buildings and other assets including equipment, vehicles and IT which sought to optimise the utilisation of assets in terms of service benefit and financial return. The PAMS (covering years 2015-2019) was submitted to the SGHD in June 2015 and provided an update on the progress made in the last 12 months.

Mr Loudon explained that the current and future property portfolio for NHSGGC would be driven and shaped by the needs and demands of clinical services. With this in mind, he noted that 2015/16 would see the commencement of one of the most dynamic periods in the history of NHSGGC's estate, during which time the NHS Board's property portfolio would be in an unprecedented transitional phase, chiefly as

a result of the commissioning and opening of the facilities at the South Glasgow University Hospital and the resultant closures of three major acute hospitals.

NOTED

49. TRANSFER AND COMMISSIONING OF THE NEW SOUTH GLASGOW UNIVERSITY HOSPITAL AND ROYAL HOSPITAL FOR SICK CHILDREN

A report of the Chief Officer, Acute Services [Board Paper No 15/19] asked the NHS Board to note a summary of the transfer to and commissioning of the new South Glasgow University Hospital and the Royal Hospital for Sick Children.

Mr Archibald provided an overview of the significant activity associated with the Adult and Children's Hospitals migration programme which started on Friday 1 May 2015 and concluded on Monday 14 June 2015. He set out the timetable for the migration programme, the infrastructure established to ensure that it was delivered safely, the sites and cohorts of services and patients moving during that period, workforce information, a summary of operational issues that arose during the migration programme, and unscheduled care performance.

The NHS Board's unscheduled care performance in the very early days of operating from the South Glasgow University Hospital had been a key challenge and the NHS Board was being supported by colleagues from the Scottish Government to assist and support local staff in maximising the benefits of the model in place. Scheduled care performance had been maintained throughout the period of significant change.

Mr Archibald concluded that the migration of services to both the Adult and Children's Hospitals had now been completed and the South Glasgow University Hospitals campus was now fully operational. The immediate focus was the improvement of unscheduled care while continuing to maintain the performance of scheduled care services.

He thanked all staff and partner organisations (principally, the Scottish Ambulance Service) for their contribution to the success of the migration programme since it was first discussed in detail in mid-2014 to its conclusion, particularly as the scale and complexity of the moves had not been attempted before in the NHS in Scotland, and the entire programme was delivered safely with no adverse clinical incidents or harm coming to any patient who was moved during the seven week period.

NOTED

50. NHSGGC'S INTEGRATED PERFORMANCE REPORT (INCLUDING WAITING TIMES AND ACCESS TARGETS)

A report of the Head of Performance [Board Paper No 15/34] asked the NHS Board to note the content and format of the NHS Board's Integrated Performance Report, particularly as this was the first iteration of such an integrated report and work was in progress to further refine its content.

Ms Mullen explained that this report brought together high-level system-wide performance information (including all of the waiting times and access targets previously reported to the NHS Board) with the aim of providing the NHS Board with a clear overview of the organisation's performance in the context of the 2015/16

Strategic Direction – Local Delivery Plan. An exceptions report would accompany all indicators with an adverse variance of 5% or more, detailing the actions in place to address performance and indicating a timeline for when to expect improvement.

Ms Mullen explained that the report was work in progress and would welcome input from Members to inform its further development. The indicators highlighted in italics were those indicators that each of the Health and Social Care Partnerships had a direct influence in delivering. Each of those indicators could be disaggregated by each of the Health and Social Care Partnership areas. For those indicators that could be disaggregated, the Chief Officer of the Partnership experiencing a persistent adverse variance of 5% or more would report direct to the NHS Board. This reflected the fact that the first line of scrutiny and oversight of performance improvement would be undertaken by the Integrated Joint Boards (IJBs).

Ms Mullen explained that the report drew on a basic balanced scorecard approach and used the five strategic priorities outlined in the 2015/16 Strategic Direction – Local Delivery Plan. Some indicators fitted under more than one strategic priority but were placed in the priority considered the best fit. The most up-to-date available data had been used which meant that it was not the same for each indicator. The time period of the data was provided and performance compared against the same period in the previous year. From that, a direction of travel was calculated.

In summarising overall performance, of the 24 indicators that had been assigned a performance status based on their variance from target/trajectory, five were red (outwith 5% of meeting trajectory) and eight were amber (within 5% of meeting trajectory).

The NHS Board considered the format to be excellent, with a comprehensive level of detail. Rev Dr Shanks in particular, welcomed the NHS Board's performance in tackling delayed discharges and ongoing work with Partnership Chief Officers and the Director of Planning & Policy's continued work to identify and address any issues causing delays, looking at revised scrutiny and escalation arrangements. The overall aim was to achieve immediate and continuing reductions in the number of delays given the pressures on hospital beds.

Ms Micklem wondered whether it would be useful to produce exception reports for those measures rated as amber and showing a downward trend when compared to the same period the previous year and Ms Mullen agreed to consider this for future reports.

**Head of
Performance**

NOTED

51. QUARTERLY REPORTS ON COMPLAINTS AND FEEDBACK 1 JANUARY TO 31 MARCH 2015

A report of the Nurse Director [Board Paper No 15/35] asked the NHS Board to note the Quarterly Report on Complaints and Feedback in NHSGGC for the period 1 January to 31 March 2015.

Ms Crocket led the NHS Board through the detail presented on complaints received and completed in the quarter, confirming that an overall complaints handling performance of 82% of complaints responded to within 20 working days had been achieved.

She referred to the Patient, Carer And Public Feedback Report, noting that this was the first report of its kind, and invited the NHS Board to reflect on its content and advise of any refinements required. This report looked at feedback, comments and concerns received centrally and in local services, and identified areas of service improvement and ongoing developments. Future reports would continue to be presented alongside the corresponding Quarterly Complaints Reports.

NOTED

52. NHSGGC – ANNUAL REVIEW OF GOVERNANCE ARRANGEMENTS - UPDATE

A report of the Head of Board Administration [Board Paper No 15/36] asked the NHS Board to approve the remit and membership of the Acute Services Committee, the membership of the Area Clinical Forum and note the Officers authorised to sign on behalf of Scottish Ministers in relation to signing matters relating to the acquisition, management and disposal of land.

In response to a question from Mr Finnie regarding the objective of the Acute Services Committee, Mr Hamilton agreed to revise the wording.

Head of Board Administration

In relation to the Authorised Signatories, it was suggested that the Director of Facilities and Capital Planning be added.

Head of Board Administration

DECIDED

- That the remit and membership of the Acute Services Committee be approved.
- That the membership of the Area Clinical Forum be noted.
- That the Officers authorised to sign, on behalf of Scottish Ministers in relation to signing matters relating to the acquisition, management and disposal of land be noted.

Head of Board Administration

53. QUALITY AND PERFORMANCE COMMITTEE MINUTES: 20 JANUARY 2015

The minutes of the Quality and Performance Committee meeting held on 19 May 2015 [QPC(M)15/03] were noted.

NOTED

54. AREA CLINICAL FORUM MINUTES: 2 APRIL 2015

The minutes of the Area Clinical Forum meeting held on 2 April 2015 [ACF(M)15/02] were noted.

NOTED

55. PHARMACY PRACTICES COMMITTEE: 12 MAY 2015

The minutes of the Pharmacy Practices Committee meeting held on 12 May 2015 [PPC(M)15/01] were noted.

NOTED

56. AUDIT COMMITTEE MINUTES: 2 JUNE 2015

The minutes of the Audit Committee meeting held on 2 June 2015 [A(M)15/02] were noted.

NOTED

57. BOARD CLINICAL GOVERNANCE FORUM MINUTES: 20 APRIL 2015

The minutes of the Board Clinical Governance Forum meeting held on 20 April 2015 [Board Paper No 15/37] were noted.

NOTED

58. ANY OTHER BUSINESS

Mr Robertson reported that this would be the last NHS Board meeting attended by the current Director of Human Resources, Ian Reid. Mr Reid was retiring at the end of June after 33 years service to the NHS, firstly in Argyll & Clyde Health Board and latterly within NHSGGC. Mr Robertson thanked Mr Reid for his insight and commitment to the HR function and the NHS Board and wished him well in his retirement. Mr Reid thanked Mr Robertson for his kind words and had been honoured to work with Executive and Non-Executive colleagues at NHSGGC, particularly through recent times which had seen many changes.

NOTED

The meeting ended at 12:50pm.