APPROVED AS A CORRECT RECORD

ASC(M)16/03
Minutes: 40 - 59

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee held at
9.00am on Tuesday, 17 May 2016 in the
Board Room, J B Russell House, Gartnavel Royal Hospital,
1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)
Ms M Brown
Dr H Cameron
Professor A Dominiczak
Mr R Finnie
Dr D Lyons
Mr A Macleod
Mr D Sime

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong
Mr J Brown CBE
Mr R Calderwood
Dr M McGuire
Mr M White

I N A T T E N D A N C E

Mr P Cannon	..	Deputy Head of Administration
Mr A Gallacher	..	General Manager, Estates
Mr J C Hamilton	..	Head of Board Administration
Mr D Loudon	..	Director of Facilities & Capital Planning
Mr A McLaws	..	Director of Corporate Communications
Ms A MacPherson	..	Director of Human Resources & Organisational Development
Ms T Mullen	..	Head of Performance
Ms C Renfrew	..	Director of Planning and Policy
Ms H Russell	..	Audit Scotland
Mr M Simpson	..	Audit Scotland

40. APOLOGIES, WELCOME AND PRELIMINARIES

Apologies were intimated on behalf of Mr I Fraser, Councillor M Kerr, Councillor A Lafferty, Councillor J McIlwee, Councillor M Macmillan and Ms R Micklem.

41. DECLARATIONS OF INTEREST

There were no declarations of interest.

42. MINUTES OF PREVIOUS MEETING

On the motion of Donald Sime and seconded by Alan McLeod the Minutes of the Acute Services Committee meeting held on 15 March 2016 [ASC(M)16/02] were approved as a correct record.

NOTED

43. MATTERS ARISING

a) Rolling Action List

In relation to dates and timescales, Ms Brown asked that the rolling action list be updated accordingly.

Mr John Brown provided an overview of a Governance Review being undertaken by Ms Renfrew and indicated that the options, in order to strengthen the Board's Governance Framework, would be brought to the June Board for approval.

In relation to the item on Winter Funding it was noted that the proposal was to extend winter beds to May/June 2016.

44. PATIENT'S STORY

Dr Margaret McGuire, Nurse Director, referred Members to the patents story as part of item 55 and her intention to show a short video to Members instead of reflecting on the patient's story.

NOTED

45. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT

There was submitted a paper [Paper No 16/28] by the Head of Performance setting out the integrated overview of NHSGGC Acute Services Division's performance. Of the 27 measures which had been assessed against a performance status based on their variation from trajectory and/or target, 13 were assessed as green, 6 as amber (performance within 5% of trajectory) and 8 as red (performance 5% outwith meeting trajectory). Exception reports had been provided for those measures which had been assessed as red.

Ms Mullen alerted Board Members to changes to the key diagnostic test target which had been changed from the 4 weeks targets to reflect the National Waiting Time Standard of 6 weeks. In addition, the Elective and Non-Elective Inpatient episodic activity indicators had been replaced with Elective and Non-Elective admissions as this was a more accurate reflection of changes in inpatient activity.

Ms Mullen went on to confirm that there were no new red ratings and that improvements had been evidenced in relation to the A&E 4 hour wait moving from red to amber and the Stroke Care Bundle moving from red to green.

Members discussed the exceptions reports which had been prepared for those key

performance indicators at red.

Ms Mullen highlighted a number of issues not set out within the KPI matrix, namely referring to page 26 of the report where Members' attention was drawn to the bullet points on the 2 unannounced Healthcare Environment Inspectorate visits which had taken place in the reporting period, the first at the Victoria ACH on 17th and 18th February 2016 and the second at the Vale of Leven Hospital on 27th and 28th April 2016.

In relation to the 12 week Treatment Time Guarantee, Ms Mullen highlighted that detailed narrative was contained within the report at pages 27 and 28, albeit the rating attached to this indicator was amber, however the narrative detail was provided given the importance of this target in relation to patient pathways.

Mr Lee noted that the number of red ratings had fallen from 11 in the previous report to 8 in the report presented to Members and congratulated officers in reducing the number of red ratings to this level.

In relation to the cancer 62 day target, and in response to a request from Ms Brown for further information, Mr Calderwood took Members through the work being undertaken to review pathways in order to remove bottlenecks and indicated that as a result of these detailed pathways reviews an overview paper was being compiled. This paper would assist in a better understanding the consequences of doing same, and also to assess the levels of demand which were, in some specialties, greater than the available capacity. Mr Calderwood stated that early indications for the 62 day target in the most up-to-date quarter where data is available was not likely to show any significant improvement, however officers have been targeting those patients who had waited longest within the breast pathway before further improvements can be evidenced in the 62 day target itself.

In relation to a question on Learnpro and Medical Staff uptake of Aseptic techniques, Dr Armstrong re-assured Members that although this was a mandatory requirement and had been highlighted as requiring attention in the Vale of Leven Action Plan, it was being subject to random audits, as well as a national view being sought about the frequency with which this training had to be updated.

In relation to the Vale of Leven CMU and the Unannounced Visit by HEI, Dr McGuire reported that there had been 6 births this year to date and that it was unacceptable that concerns had been raised by the HEI Inspectors in relation to mattresses, which locally had been missed from the audit cycle as the unit was not regarded locally as a 24 hour unit. Members were re-assured that this had been rectified and would continue to be monitored closely. In relation to maintaining skills and expertise generally at the Vale of Leven CMU, it was noted that although the quality of care is felt to be good through any inspection regime or through patient feedback, the numbers are relatively small and maintaining skills at an appropriate level continues to be a challenge.

In response to a question posed by Dr Lyons in relation to stroke care and swallow screening in particular, Mr Calderwood reported that all instances of breaches were audited and appropriate action taken to ensure that circumstances were reviewed carefully and any remedial action taken as appropriate. However, it had been noted that a change to the Scottish Government target which would see the swallow screening take place within 4 hours of attending hospital, was a target that management felt would be difficult to achieve and clarification in relation to the changes announced by Scottish Government has been sought. Once this advice had been received and a further assessment had been completed, Members would be

updated accordingly. The inappropriateness of the stroke swallow screening indicator being changed in such a way was supported widely by fellow Board Members.

Mr Finnie thanked Dr McGuire for her detailed update in relation to the Vale of Leven CMU and the difficulties in maintaining skills and experience and enquired whether this needed to be taken more into account in relation to high quality patient care and that part of the service moved to the Royal Alexandra Hospital to create a Centre of Excellence where the appropriate skills and experience can be easily maintained. Mr Calderwood emphasised that the discussions around the Vale of Leven CMU were particularly and specifically about the birthing unit and the low number of births being experienced at the unit. He highlighted that difficulties in identifying a struggling neonate and transferring the mother and baby to the Royal Alexandra Hospital had been the subject of significant criticism by the Scottish Public Services Ombudsman recently and that officers were continuing to monitor the situation carefully from a clinical safety point of view in order to be re-assured that the birthing unit was appropriately staffed and that the appropriate skills were available for mothers locally who chose to use the Vale of Leven CMU. It was also noted that this would be subject to further consideration as part of the development of the local delivery plan for 2016/17 which would be presented to the Board on 28th June 2016.

NOTED

46. DISABILITY RECRUITMENT STATISTICS – APPLICANTS FOR JOBS DECLARING A DISABILITY

There was submitted a paper [Paper No 16/29] by the Director of Human Resources & Organisational Development setting out an analysis of the data in relation to the recruitment and selection process in respect of applicants for jobs declaring a disability.

Mrs MacPherson reminded Members that as part of the monitoring process to ensure compliance with the Equality Act, data is collected via the NHS Scotland application form for job applicants on a number of protected characteristics including disability. Candidates are asked to complete Part D (EO Monitoring Form) of the online form or on a MS Word NHS Scotland application form and submit this to the recruitment service. Job applicants are advised that the data is kept confidential and will only be used for equality monitoring purposes and is not made available at any stage of the recruitment process.

In addition, it was noted that data regarding disabilities is also collected by the recruitment service as part of the Board's commitment to an NHS Scotland Job Interview Guarantee (JIG) scheme for disabled applicants. JIG data is collected within the main body of the application form and candidates are advised that the Board offered a job interview guarantee scheme for any applicant who makes a declaration that they consider themselves to be disabled and meet the minimum selection criteria.

It was noted that there is a higher rate of disability declarations from candidates accessing the JIG in comparison to the equal opportunities monitoring form and the purpose of the questions are promoted differently.

Members noted that the data included in the report was therefore taken from two sources – the Job Interview Guarantee Scheme fields, and the Equal Opportunities

Monitoring Form.
Revised figures were provided in relation to staff who disclosed disability and those who did not and their relative chance of success, which showed that when taken together staff who disclosed a disability had a relative chance of success of 4% and staff who did not disclose a disability had a 5.4% relative chance of success.

Mrs MacPherson asked Members to note that the analysis of the additional information through the JIG process revealed a more positive success rate for applicants for jobs declaring a disability than the figures which were provided to the Staff Governance Committee which showed a relative chance of success for those who disclosed disability of only 0.625%.

It was noted that the service will continue to monitor the full set of statistics going forward.

Members welcomed the more robust set of data; however it was apparent that there was still a 1.4% gap, which had to be acknowledged. Mrs MacPherson alluded to the various measures being undertaken to ensure that this gap is closed including diversity training and support for recruitment panels and working with the disability forum to ensure that the Job Interview Guarantee Scheme is promoted and also seeking views, ideas and experiences from those who had gone through this process. It was also noted the Modern Apprentice Scheme was a very positive development in relation to this issue and Project SEARCH was also referenced as an example of good practice.

Ms Brown, in welcoming the updated data, also asked that officers continue to be vigilant in relation to this issue and although acknowledging that the measures set out by Mrs MacPherson were a constructive approach to the issue, there was also a number of other discrete groups of staff that had to be considered such as faith, LGBT, poverty and mental health.

Director of Human Resources & Organisational Development

In order to take this forward positively, Mrs MacPherson welcomed the suggestion that this issue be added to the list of 2016/17 Audit Programme topics, which will be considered in due course by the Audit Committee.

NOTED

47. PLANNING ACUTE SERVICES

There was submitted a paper [Paper No 16/30] by the Director of Planning & Policy which provided the Committee with information on the National Clinical Strategy and work in progress to develop planning for the Acute Services provided by NHS Greater Glasgow and Clyde.

Ms Renfrew took colleagues through the paper in detail setting out the national clinical strategy and highlighting that this was in line with the Board's Clinical Strategy and the Acute Division Plan It was noted however that a longer-term Acute Strategy was required beyond 2016/17; however early efforts had been directed at 2016/17 and in doing so, a leadership event would be held on 20th June 2016 where a number of senior managers will come together to discuss the Divisional Delivery Plan for 2016/17, and the shape of the plan for 2017/18.

Ms Brown welcomed the paper which set out the context for planning Acute Services, the planning outputs and timelines, and the key features of the Divisional Delivery Plan, and she made a number of suggestions in relation to including

tackling inequalities as part of the context in which the Board's and Divisional Delivery Plan needed to be set, and a number of other comments in relation to the language used, which Ms Renfrew indicated would be taken on board in developing the Acute Delivery Plan.

In relation to the approach being adopted to develop the Divisional Delivery Plan it was highlighted that this was a bottom-up approach and the event on 20th June 2016 involving all senior nurses, doctors and managers would provide clinical leadership at this stage to the high level plan, although it was widely acknowledged that in taking forward the issues that required addressed in 2016/17 and 2017/18 that clinical leadership throughout the organisation was key in order to deliver the aspirations within the plan.

Mr Brown acknowledged that the paper set out the framework for the development of the 2016/17 plan, which was a very positive engagement process, culminating in the submission of the Local Delivery Plan to the Board in June 2016; however he agreed that further work was required in relation to 2017/18 and beyond.

It was also apparent that the links between the Board's Local Delivery Plan and the plans coming forward from the 6 IJB's needed to be better co-ordinated in future, although it was acknowledged that this was the first year of planning in such a way with the Acute Services Division and the IJB's, and this would be taken forward in partnership with IJB Chief Officers in due course.

Mr Sime remarked that while it was acknowledged that clinicians needed to be engaged in the process as leaders, this was not restricted to doctors and nurses, and this was echoed by Dr Cameron.

Mr Sime indicated that it would be useful for Members to have sight of an extract of the SNP election manifesto as it related to health and it was agreed that Mr Cannon would circulate this to Members in due course. **Deputy Head of Administration**

Members were also provided with an update by Mr Calderwood in relation to early discussions on the future configuration of NHS Boards, and therefore the challenging context within which future plans may need to be derived was acknowledged.

NOTED

48. REVIEW OF UNSCHEDULED CARE: UPDATE

Ms Renfrew provided an update in relation to Unscheduled Care and it was noted that a stock take was being undertaken by each of the Acute Division Sectors and Directorate at the end of March 2016 to inform a review of Winter Plans (for 2015/16) in order to share experiences and provide a platform for the development of the Winter Plan for 2016/17.

It was also noted that an interim response was required by the Cabinet Secretary in relation to Unscheduled Care, which was being drafted, which will set out the actions being taken and a proposal to undertake a root and branch review of the next 4 – 6 months of Unscheduled Care across key sites in Greater Glasgow and Clyde, before embarking on the revision of the Board's Winter Plan for 2016/17.

Mr Calderwood stated that he had met senior officers within the Acute Division the day before the meeting where UCC performance had been reviewed and actions

discussed and it was agreed that the additional winter beds would be in place until the end of June 2016 in order to provide a degree of short-term stability while the root and branch review and the review of last year's Winter Plan was undertaken.

Mr Calderwood also reminded colleagues that on average, the Board's UCC performance against the 4 hour target was 8 percentage points better than in 2015/16, although it was also acknowledged that more was required in order to bring about sustained improvement and achievement of the 95% target on a routine basis.

49. PROPOSED QEUH BBC DOCUMENTARY

There was submitted a paper [Paper No 16/31] by the Director of Corporate Communications which set out a proposal for the BBC to return to film 3 new one hour programmes at the QEUH and RHC.

Mr McLaws took Members through the background to the proposal and reminded colleagues that during the construction of the QEUH and RHC, the BBC Science Documentary Team were selected to record the closure of the old hospitals and the migration to the new hospital, and also "fly on the wall" coverage of the opening weeks and months of the new hospitals. Filming took place over several months in 2015 and edited into 2 one hour documentary packages. Both programmes had been very well received when these were aired in 2016 and gave the public a very positive insight into both the adult and children's hospitals during this period of significant change. The BBC was delighted with the quality of the programmes, the huge public interest that was generated, and viewing figures were extremely high.

It was noted that the BBC producers had contacted NHSGG&C Communications staff in early 2016 to request a meeting to discuss filming a new series in which they proposed up to 3 one hour programmes covering a range of services and departments including the:

- Emergency Department
- The official opening of the Teenage Cancer Trust Ward
- The scale of productivity in the operating theatres equipped with the most modern equipment in the country, including precision robotic surgery
- Linkages between Maternity Services and the Neonatal Intensive Care & Special Baby Unit
- Laboratory Medicine
- Renal Dialysis; Cardiology Unit and Respiratory Medicine
- Research development and cutting-edge work on stratified medicine and how this will be the cornerstone of tomorrow's world of healthcare

Mr McLaws indicated that he had met the South Sector Acute Director and Women & Children's Director who had subsequently talked through the approach with clinical colleagues at both hospitals, and it was noted that the proposal was supported locally.

It was proposed to invite the BBC back to gain access to the ED and other designated areas of the hospital during August and September 2016, and the ICE Building, and new state-of-the-art Neuro Theatres in early 2017.

NHSGGC Communications staff would link in closely with University of Glasgow Communications colleagues to progress a partnership approach to this.

As before, the edited programme would be shared with NHSGGC senior managers, clinicians and communications professionals prior to screening, which would be expected sometime after March 2017. Colleagues discussed the associated risks and benefits in relation to the approach to return to the hospitals for a further 3 one-hour programmes and after canvassing views from each member of the Committee, the Chairman summarised the view of the Committee as being largely supportive, whilst acknowledged the risks but also the opportunities that this presented to showcase the hospitals and the cutting-edge developments being taken forward in Glasgow.

50. FINANCIAL MONITORING REPORT – 12 MONTH PERIOD TO 31 MARCH 2016

There was submitted a paper [Paper No 16/32] by the Director of Finance setting out the financial position within the Acute Services Division for the twelve months period to 31st March 2016. Expenditure within the Acute Services was overspent by £9.9million, which was a rise of £0.52million from the previous month. The main cost pressures related to medical pay where significant expenditure on agency and locum cover has been incurred to support activity levels. Actual non-elective and elective inpatient activity continued to increase significantly for the year to date, together with long-term vacancies, difficulties recruiting and the requirement for waiting list initiatives to achieve TTG targets.

Mr White advised that the overall position within the NHS Board continued to see the forecast position being one of break-even at year-end and the annual accounts were currently being finalised and would be submitted to the Audit Committee and Board in June 2016 which was anticipated will show a small overall underspend.

Mr Calderwood acknowledged that this had been an extremely difficult financial year and paid tribute to Mr White and his team, and also fellow Directors across the Board, and in Acute, for delivering the overall position; however 2016/17 was equally challenging and indicative budgets have been set which have assumed the monthly overspend will be eradicated and the Acute Division's overspend trend for 2016/17 eliminated. It was noted that there were a number of invest to save schemes being put in place in order to reduce the reliance on agency and locum staff and rotational schemes to attract candidates to work in NHS Greater Glasgow & Clyde.

In relation to Nursing overspends, Dr McGuire indicated that there was significant work being undertaken in relation to sickness absence and as well as refreshing rostering skills at ward level, a new E-Rostering system was being considered to supplement the drive to reduce pressures on nursing pay.

In relation to Waiting List Initiatives, Mr Calderwood indicated that a review of the discretionary spend which is non-recurring in order to achieve the 18 week RTT target was being undertaken and a clear message sent to all budget holders not to commit expenditure unless this was within the base budget and to hold all discretionary spend in the first three months of 2016/17. A further assessment would be undertaken in June in relation to the headline rate of expenditure.

Mr White also provided an update in relation to the work being undertaken to reduce locum expenditure by not only addressing the demand but also the supply of

locum staff through national and regional efforts to cap rates, the recovery of VAT and engagement with a small number of agencies to achieve more competitive rates.

NOTED

51. CLINICAL GOVERNANCE UPDATE

There was submitted a paper [Paper No 16/33] by the Medical Director which provided an overview of the clinical governance activity within Acute Services, which described notable progress and challenges in the maintenance of clinical governance. The report was structured around 7 domains (clinical safety, clinical effectiveness, person centred care, systems and leadership, quality improvement, training and education and information technology)

Dr Armstrong, in introducing the report, highlighted that this was presented in a new format as a result of a review of the content of the information, which it was hoped would provide a fuller description of the wide scope of clinical governance issues, and support non-executive oversight and accountabilities for clinical governance, as well as informing Members on the assurance processes in place to monitor and report at corporate levels.

Dr Lyons in addressing some questions in relation to the report indicated that he thought this was a very good overview and an excellent format for Members, and suggested a number of amendments to some of the language used, particularly in relation to "died by suicide" and he also asked for further information in relation to the delirium bundle; Dr McGuire confirmed that this would be reported at the next meeting of the Acute Services Committee.

Ms Brown also commended the format of the paper and in relation to a question posed about the person-centred care report as a standalone item, was re-assured that this would be incorporated and integrated into future versions of the report.

Mr Finnie also welcomed the very positive report and welcomed the detail contained within the paper, particularly in relation to the detail provided around Fatal Accident Inquiries, although it was suggested that it would also be helpful to provide assurances in relation to processes of care in future updates.

In response to a question raised by Dr Cameron in relation to the implementation of national guidance, Dr Armstrong indicated that there was a high degree of confidence in relation to national guidance; however the same degree of assurance did not exist in relation to new clinical guidelines uploaded to the clinical guideline directory which were more local and bespoke in nature.

Mr Lee, in summarising, acknowledged the positive remarks made by fellow Members; however it was also remarked that the covering report should set out the key issues to be considered as opposed to replicating the content of the report itself, which would be helpful to Members going forward and applied equally to all reports, not just the report at hand.

52. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No 16/34] by the Medical Director updating the Committee on the NHS Board's performance against HEAT and other

Healthcare Associated Infection targets and performance measures.

Dr Armstrong highlighted the SAB increase in quarter 4 2015 and the remedial actions undertaken in quarter 1 2016 to reduce SABS by 17% with 106 locally reported cases for the quarter.

It was also noted that there was an increase in CDI cases in quarter 4 2015 and direct action had been undertaken to reduce CDI incidents in quarter 1 2016 with 94 locally reported cases, which represented a reduction of 32%.

NOTED

53. HIS REVIEW OF BEATSON WEST OF SCOTLAND CANCER CENTRE – UPDATE ON PROGRESS

There was submitted a paper [Paper No 16/35] by the Medical Director providing Members with a report setting out in detail the actions undertaken and progress made to date against the four key recommendations as set out by HIS in October 2015. This followed a review undertaken in relation to concerns raised with the GMC by medical staff at the Beatson West of Scotland Cancer Centre in May 2015.

Dr Armstrong invited colleagues to note the key points within the detailed papers including:-

- The establishment of a Beatson WOSCC Future Steering Group and five sub-groups, to address two of the four recommendations, and agree a sustainable future vision for the centre examining short, medium and long term strategies;

- The improvement event planned for 14th June 2016 to provide feedback on the work of the sub-groups;

- External clinical engagement in the process outlined above;

- Robust clinical governance arrangements which had been established to provide assurance of safe care;

- NHSGG&C's arrangements for the Area Clinical Forum and supporting advisory structures; and

- The internal staff survey commissioned by the Director of Human Resources and Organisational Development, the meeting with medical staff on 22nd March 216 to discuss the outcome and the intention to develop a set of high level recommendations and action plan to progress this, and a Focus Group to explore the actions in more detail planned for 20th May 2016.

Ms Brown acknowledged the significant work being undertaken already, in particular around the staff survey and the changes to the Area Clinical Forum structure.

Members welcomed the depth and breadth of work being undertaken and it was noted that regular updates will be provided to Members on the progress of work being taken forward.

54. VALE OF LEVEN INQUIRY: EXECUTIVE SHORT LIFE WORKING GROUP UPDATE REPORT

There was submitted a paper [Paper No 16/36] from the Medical Director and Nurse Director setting out an update on the action plan which contained recommendations for NHS Boards, and the action plan agreed by NHSGG&C against the recommendations within the report, which were submitted to Scottish Government in January 2015.

The paper provided a further update in preparation for a final report by July 2016. It was noted in NHSGG&C 62 recommendations had been completed and 3 were ongoing. The ongoing actions related to the mainstreaming or rollout of wider areas of work across the organisation and were not specific to events at the Vale of Leven, the hospital which gave rise to the inquiry.

NOTED

55. PUTTING PATIENTS FIRST: PROGRESS REPORT ON IMPLEMENTING THE PATIENT RIGHTS ACT IN NHSGGC'S ACUTE SERVICES

There was submitted a report [Paper No 16/37] by the Nurse Director providing Members with an update on the implementation of the Patient Rights Act (Scotland) 2011 and the Putting Patients First – Acute Services Development Plan 2016/17.

As part of the update, Dr McGuire provided Members with early sight of a short video which was on YouTube in relation to one ward at the Royal Alexandra Hospital and although it was acknowledged that there was some further work to be undertaken, Dr McGuire stressed that this had come from the ward staff themselves who had undertaken this as part of a project locally and it was to be very welcomed as a local initiative to be built on.

In response to a question from Dr Lyons in relation to Appendix 1 of the report, and the questionnaire methodology, Dr McGuire indicated that the methodology had been validated nationally and was providing a very useful benchmark across services in the Scottish NHS.

56. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: 1 JANUARY TO 31 MARCH 2016

There was submitted a report [Paper No 16/38] by the Nurse Director which set out the Acute Services Report on the actions taken against the recommendations made by the Scottish Public Services Ombudsman in relation to investigative reports and decision letters issued in the period from 1 January to 31 March 2016. The Acute Services Committee had the responsibility to seek the necessary assurances that recommendations made by the SPSO in relation to Acute Services were implemented in the interests of delivering safe and effective care.

The report covered one investigation report and eleven decision letters with recommendations were identified by the SPSO in those cases carried forward from the last quarterly report that had not previously been completed.

In relation to the investigation report carried forward from the last meeting as set out in Appendix B, Dr Lyons sought further information in relation to the recommendations listed and it was agreed that this would be provided to Dr Lyons separately.

Deputy Head of Administration

NOTED

57. UPDATE ON SUSTAINABILITY

There was submitted a paper [Paper No 16/39] by the Director of Facilities & Capital Planning which set out the key issues and substantial challenges in relation to the delivery of energy and carbon reduction targets agreed between NHSGG&C and Scottish Government and the significant challenges imposed on NHSGG&C around the Scottish Government's sustainability agenda.

Mr Gallacher attended along with Mr Loudon to take colleagues through the paper in detail and highlighted the key issues in relation to resource usage, energy saving proposals to mitigate cost pressures and ongoing energy projects.

In relation to the carbon and energy fund (CEF), Members were disappointed to note that the Board had received confirmation from Scottish Government that after further investigation, they were unwilling to support the CEF route to fund large scale projects which have significant energy and carbon reduction, which impacted on schemes being considered at the Inverclyde Royal Hospital, Glasgow Royal Infirmary and possibly Gartnavel campuses where boilerhouse schemes were being taken forward to Full Business Case status.

It was noted however that this was being taken up by the Director of Facilities and Capital Planning at a meeting involving Scottish Government. As a consequence of not having the carbon and energy fund support for the Glasgow Royal Infirmary scheme in particular, this was being assessed further as the assets involved were over 40 years old.

Mr Brown welcomed the detailed report and the breadth of actions being taken across the Board to meet the various savings and energy targets and asked that a greater degree of clarity be brought to the targets to make it easier for Members and colleagues to monitor progress in relation to these important initiatives.

Mr Loudon in response to a question from Mr Brown, indicated that as well as targeting supply side savings, local behaviour change was being addressed through an energy awareness campaign which would be launched this year, and also indicated that in order to achieve these targets, large-scale schemes were required and offered the introduction of electric cars as an example of a large-scale scheme which may deliver significant benefits.

Mr Finnie in acknowledging the positive comments made by Mr Brown and Mr Loudon highlighted that this was a key issue for the Board as a public authority and reminded colleagues that the obligations contained within the initiatives arose during the period 2002 – 2006 and the Board had to be more proactive in addressing these. He also urged the Board to take up concerns around the Scottish Government decision not to support the carbon and energy fund route to fund large scale projects as this was a significant disappointment.

58. CHAIR'S LAST MEETING

Mr Brown reminded colleagues that this was the last meeting to be chaired by Mr Ian Lee before stepping down as a Board Member on 30th June 2016. He paid tribute to the work that Ian had undertaken as a Board Member over the past 8 years and the significance of the contribution made, not only as a member, but also as Chair of what used to be the Quality and Performance Committee, and now was the Acute Services Committee, and also as Vice-Chairman of the Board. Mr Brown also added his personal thanks to Mr Lee for the support that he had provided to him as Chairman, in his role as Vice-Chairman, and all Members joined Mr Brown in wishing Mr Lee all very best wishes for the future.

59. DATE OF NEXT MEETING

9.00am on Tuesday 5 July 2016 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 1.00pm