

NHSGG&C(M)17/02
Minutes: 24 - 40

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in The William Quarrier Conference Centre,
20 St Kenneth Drive, Govan, Glasgow, G51 4QD,
on Thursday, 15 June 2017 at 9:30a.m.**

PRESENT

Mr J Brown CBE (in the Chair)

Dr J Armstrong	Cllr M Hunter
Cllr C Bamforth	Mr J Legg
Ms S Brimelow OBE	Mr J Matthews OBE
Ms M Brown	Cllr S Mechan (from Minute 32)
Dr H Cameron	Mrs A M Monaghan
Mr S Carr	Mr A Macleod
Cllr J Clocherty	Mrs D McErlean
Dr L de Caestecker	Dr M McGuire
Ms J Donnelly	Cllr I Nicolson
Ms J Forbes	Mrs R Sweeney
Ms J Grant	Mr M White

IN ATTENDANCE

Mr J Best	Interim Chief Officer – Acute Services
Mr J C Hamilton	Head of Administration
Mr D Leese	Chief Officer, Renfrewshire HSCP
Ms L Long	Chief Officer, Inverclyde HSCP
Mr D Loudon	Director of Property, Procurement & Facilities Management
Mr A Mackenzie	Chief of Operations, Glasgow City HSCP (to Minute 32)
Mrs A MacPherson	Director of Human Resources & Organisational Development
Ms Anne-Marie Rafferty	Head of Operations, Glasgow City HSCP (for Minute 31)
Ms C Renfrew	Director of Planning & Policy (to Minute 32)
Ms M Smith	Secretariat Manager

ACTION BY

24. WELCOME AND APOLOGIES

Apologies were intimated on behalf of Mr A Cowan, Professor Dame Dominiczak, Mr R Finnie, Mr I Fraser, Dr D Lyons, Ms T McAuley OBE and Mr I Ritchie.

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

Mr Brown welcomed the new Non Executive Members of the Board and round the table introductions were made.

NOTED

25. DECLARATIONS OF INTEREST

No declarations of interest were raised.

NOTED

26. MINUTES

On the motion of Mr A MacLeod, seconded by Ms J Donnelly, the minutes of the NHS Board meeting held on Tuesday 21 February 2017 [NHSGGC(M)17/01] were approved as an accurate record, subject to the following inclusion:-

Minute 02 – Health and Social Care Partnerships Budgets 2017/18 – new 7th paragraph as follows:-

“Ms Brimelow raised her concerns that no papers had been made available to Members on this important issue prior to the discussions at the NHS Board meeting”

NOTED

27. MATTERS ARISING FROM THE MINUTES

The Rolling Action List [Board Paper 17/14] of matters arising was noted with seven rolling actions recommended for closure and five still outstanding.

NOTED

28. CHAIR’S REPORT

Mr Brown summarised his recent visit to St Margaret’s Hospice, this being the third hospice he had visited during his tenure as Chair, and reflected on the increasing importance of the hospice sector in patient care.

Mr Brown reported on a recent visit to the Centre for Integrated Care (CIC) where he had met with patients as well as the clinical and management teams. He noted in particular the positive engagement between the clinical team at the CIC and the wider clinical teams across NHSGGC and the potential for the CIC to enhance patient care as a centre of excellence for integrated care.

Mr Brown also reported on his activities in engaging with staff groups including a very positive visit with the E Health team for whom the response to the recent malware attack had demonstrated the strength of governance and good practice in this area.

Mr Brown had represented the Board in opening the new Imaging Centre of Excellence (ICE) building at the Queen Elizabeth University Hospital campus (QEUH), as well as in signing a memorandum of understanding with the Children’s Hospital of Lahore, Pakistan.

Mr Brown had also accepted the Glasgow Volunteering Charter Mark on behalf of the Board, and had attended the event where the Volunteer Team at the QEUH had won the Innovation Award. Mr Brown recorded how much the Board appreciated the work carried out by these volunteer and all the volunteers supporting patients and their families across NHSGGC. He and the Cabinet Secretary had visited the New Victoria Infirmary where they had met staff and patients taking part in the Cancer Medicine

Outcome Programme.

Mr Brown had also met with Ministerial colleagues from the Scottish Government, including the Cabinet Secretary for Health and Sport in relation to the Cancer Medicine Outcome Programme.

Mr Brown summarised his meeting with the Minister for Mental Health which took place at the new Maryhill Health Centre and highlighted that this had evidenced the innovative work being carried out by frontline staff within Mental Health. Mr Brown reported on his meeting with the Minister for Employment and Training in relation to Project Search, which had a particular emphasis on creating opportunities for disadvantaged sections of the community.

Mr Brown summarised his meeting with West Dunbartonshire MPs and MSPs in relation to services at Inverclyde Royal Hospital and Vale of Leven Hospital. Mr Brown had offered reassurance that the Board's strategy going forward would include acute services on these locations.

Mr Brown reported a positive visit to the Medical Services Association AGM which took place at Glasgow Royal Infirmary. The meeting recognised the drivers for change within the organisation and the role for staff in developing the Board's approach to delivering the NHS Scotland Health and Social Care Delivery Plan.

Mr Brown had also attended the Health and Social Care delivery Plan Programme Board and provided input on behalf of the territorial Board Chairs on the work to develop the NHS Scotland approach to bringing together national, regional and local planning and governance required to ensure delivery of an effective integrated health and social care system across Scotland.

Mr Brown ended his report by highlighting the engagement and lead being provided by the new Chief Executive for NHS GGC and the positive direction of travel for the Board, and he emphasised that it was important to create adequate time for Ms Grant and her senior leadership team for the further development of the organisation.

NOTED

29. CHIEF EXECUTIVE'S REPORT

Ms Grant provided a review of her first two months in post, engaging with a range of local and regional colleagues as well as the Scottish Government. A number of issues were to the forefront including the need to address key performance issues and financial stability. Ms Grant wished to highlight the need for whole system working across the NHS Board.

Ms Grant had also visited a number of sites across the NHS Board to become familiar with new facilities and to gain updates on those sites previously known to her. She outlined her key priority as constructive whole system working with the focus being on patients and carers. She was confident in achieving this given the enthusiastic talented staff, though recognised the need for this to be coordinated and led by the Executive Team. Ms Grant's longer term strategy was to develop the strategic direction of the Board and she noted the wide engagement needed. She wished to improve communication whilst acknowledging the difficulty of doing so within a very large organisation.

In answer to a question from Ms Monaghan in respect of the IJB Budget for 2017/18, Ms Grant confirmed that this would be picked up on the agenda through the finance paper.

NOTED**30. OUTCOME OF CONSULTATION ON IMPROVING REHABILITATION SERVICES FOR THE ELDERLY IN NORTH EAST GLASGOW**

A report of the Director of Planning and Policy and the Director of North Sector [Board Paper 17/15] asked the NHS Board to consider the responses to the formal consultation on the proposed changes to North East Rehabilitation Services and to endorse the proposed service changes set out in the paper for submission to the Cabinet Secretary for Health & Sport, for her consideration.

Ms Renfrew led Members through the report, beginning with an overview of the current pattern of services across North East Glasgow including Glasgow Royal Infirmary (GRI), Stobhill Hospital and Lightburn Hospital.

Ms Renfrew outlined the strategic direction within the context of the national Clinical Services Strategy and Delivery Plan focusing on reducing demand for acute care, early intervention, rapid rehabilitation and rapid discharge home and to a community homely setting. In terms of local priorities, Ms Renfrew highlighted the work being carried out into unscheduled care for frail older people, and the range and specialism of HSCP community services.

A clear outline of the proposal was provided detailing the pathways for acute inpatients, HSCP inpatients, HSCP community services, Day Hospital and outpatient services and this was detailed through the different patient pathways.

Ms Renfrew outlined the consultation process, emphasising engagement with the Stakeholder Reference Group (SRG) which had considerably strengthened the consultation process. An extended range of materials had been utilised including filming and leaflets which were excellent aids in describing the proposal to the public, in conjunction with public events and community group meetings. The consultation had also maximised the opportunities for feedback through letters, social media and town hall meetings which had facilitated interactive discussions. The Scottish Health Council Report provided positive feedback in respect of the way the consultation had been carried out.

Ms Renfrew outlined some of the key issues raised within the consultation process including access & transport and the future location of the Parkinson's Service. The consultation had also raised concern that this proposal was not significantly different from the previous proposal made in 2011. There had been discussion in relation to new models for care homes and in Day Hospital care since the past proposal. There had also been queries as to whether the Parkhead Hub proposal was critical to this proposed services change. There had also been comments that Lightburn Hospital should be seen as a valuable local facility which reflected national policy in keeping services local.

Ms Renfrew picked up on the main themes of concerns raised through the consultation process. In particular, she highlighted the significant changes in this proposal compared with the proposal in 2011, as well as significant work carried out to reduce delayed discharges in conjunction with new beds in community services. She emphasised that there was better understanding of the Day Hospital model and new models for care homes. It was noted that intermediate care was not means tested. Ms Renfrew highlighted that whilst nothing in the proposal was contingent on the Parkhead Hub, this was recognised as important to the future provision of health and social care in the East End of Glasgow. In terms of the Parkinson's model of care, feedback indicated that this service would be re-located within acute care at GRI.

Ms Renfrew summarised the proposal, the consultation process as well as the Public Health review and Scottish Health Council review, and submitted that the consultation had met the requirements of the process. She also underlined that the proposal had met consensus and support within clinical community and the NHS Board's advisory committee structure as well as from the North East Glasgow Forum.

Mr Brown thanked Ms Renfrew for a very valuable summary of the proposal and consultation process. He noted that that the consultation process evidenced good engagement with the local community. He highlighted two issues – transport within East End to Stobhill, and the overall commitment to this area as a deprived area within Glasgow.

Ms Forbes provided some personal input as a carer using services in the North East, her experience of which had been excellent especially the focus on early discharge from acute care. Ms Sweeney asked for clarification around the input to the submission of Mr Ivan McKee MSP via the Cabinet Secretary. Ms Renfrew clarified the points which had been made which had been fully detailed within the consultation and the paper to the NHS Board.

Ms Donnelly highlighted the disparate nature of the communities from North and from East of Glasgow, and the risk of this proposal being interpreted as evidence of disinvestment within the East End. Ms Donnelly sought some reassurance about the possible continued use of the Lightburn site and the need to continue to actively promote both employment and public health within this area.

Ms Renfrew referred to the recommendations made in the Public Health Review and agreed that these should be incorporated within the proposal. Dr de Caestecker echoed the Board's role and commitment in this area, and Mrs MacPherson reflected the work carried out within staff engagement.

Mr Matthews described the proposal and consultation process as thorough but provided the NHS Board with a reminder regarding past consultations when communities had not been convinced by previous proposals if they feared that a service was being withdrawn. Dr Cameron added that the 2011 proposal had been criticised and that it was clear that this proposal was different from that; and the result of a clearly thought out and rounded process. This had been discussed by the Area Clinical Forum, which Dr Cameron chaired, and had received committee approval.

Ms Brown agreed that community engagement had improved the consultation process so that the proposal had been both challenged and improved upon. She noted the consensus around the table for the proposal to be amended to include the recommendations from the Public Health Review.

Mr Brown then summed up the discussion and noted the clear consensus among Board Members to endorse the proposed service changes set out in this paper (and subject to an amendment to include the recommendations from the Public Health Review) for submission to the Cabinet Secretary for Health & Sport, for her consideration.

Director of Planning & Policy

DECIDED

1. That the responses to formal public consultation on the proposed changes to North East Rehabilitation Services be noted.
2. That the proposed service changes set out in this paper for submission to the Cabinet Secretary for Health & Sport, for her consideration, be approved, together with the adoption of the recommendations contained within the Public Health review.

Chief Executive

31. STRATEGIC ASSESSMENT FOR PARKHEAD HEALTH AND SOCIAL CARE CENTRE

A report of the Chief Officer, Glasgow City Health and Social Care Partnership [Board Paper 17/16] asked the NHS Board to support the decisions of the Glasgow City IJB and the Board's Capital Planning Group to develop a Health and Social Care Centre in Parkhead. The NHS Board was also asked to support the Strategic Assessment and the proposal to submit the Strategic Assessment to the Scottish Government; to support the establishment of a Project Board to oversee the development of the health and social care centre and the terms of reference for the Project Board.

Mr MacKenzie led Members through the paper which had been presented to the IJB and noted the overwhelming support for this proposal. Mr MacKenzie emphasised the need for more discussion between the IJB and the Acute Services Division regarding acute activity within the facility as it demonstrated the commitment to continue to invest in the improvement of services in this community.

Mr Mackenzie outlined the timeline and amplified that the development would be led by capital planning, being directed to the IJB for information and then to the NHS Board for decision making as appropriate.

Mr MacKenzie detailed the core services which would be affected including Parkhead Health Centre and Sandyford Clinic, as well as bringing together other services such as the Parkhead Resource Centre. There was recognition of new housing within Dalmarnock and the need to serve that growing community.

Finally, Mr MacKenzie placed this proposal within the strategic context of the Glasgow City Strategic Plan.

Mr Brown thanked Mr MacKenzie for presenting this paper to the Board, and noted the positive nature of this proposal. Mr Brown also noted concerns about the proposed timescale, the costs of the proposal and asked for clarification on what could be identified as new and different within the proposal.

Ms Forbes asked if this proposal had been future proofed, especially considering that Dalmarnock was an area of growing population. Ms Brimelow asked if there were services within Lightburn Hospital which could potentially be moved to this new Centre.

Mr Best provided the background of the way in which the Acute Services Division (ASD) and Glasgow City HSCP had been working closely as part of the wider strategy for the Board. Discussions were underway as to what acute services could potentially be placed within the New Parkhead Centre. Ms Grant echoed the need for transformational change as a Board and highlighted the large range of services within the proposal as an excellent starting point, and recognised the need to future proof the proposal in terms of the type of services offered by the HSCP and the volume of those services.

**Interim Chief
Operation
Officer, Acute
Services/
Chief Officer
Glasgow City
HSCP**

Mr MacKenzie advised on possible timescales – should the proposal be approved by the Board this would lend momentum to securing resources. In terms of the costs, the headline figure was £40m and it was recognised that there was a need to demonstrate value for money i.e. what would be delivered and how would this compare to national benchmarking. This was also an integration opportunity which demonstrated a whole system approach, especially highlighting the close links in working with the ASD.

Ms Rafferty recognised the potential for the further integration of services and the benefit to patients and service users. There was a vision for the Centre to overcome

barriers to access e.g. with extended opening hours. There was also an opportunity to offer a wider range of services within the Centre, thus reducing travel time to access services on the part of the local populace.

Mr Matthews recognised this proposal as good news for the area and demonstrated a commitment to the local population. Ms Donnelly asked if there was a perceived buy in from the East End and Ms Rafferty answered that this was the case and that there had been a very positive and emphatic response to date.

Mr Brown summed up the proposal and noted the consensus in favour from Members. Further consideration needed to be given to the timescale and which services (including date) that could be added to this integrated approach to delivering health and social care. . He commended the preparation to date, and the need to demonstrate how this Centre would be an attractive new service for the local community.

DECIDED

1. That the decisions of the Glasgow City IJB and the Board's Capital Planning Group to develop a health and social care centre in Parkhead be supported.
2. That the Strategic Assessment and the proposal to submit the Strategic Assessment to the Scottish Government be supported.
3. That the establishment of a Project Board to oversee the development of the health and social care centre be supported.
4. That the terms of reference for the Project Board be agreed.

**Chief Officer,
Glasgow City
HSCP**

32. APPROVAL OF 2017/18 PLANS

(a) Local Delivery Plan 2017/18

A report of the Director of Planning and Policy [Board Paper No 17/17] asked the NHS Board to agree the submission of the Local Delivery Plan which outlined how the Board would deliver against the annual planning guidance issued by the Scottish Government. Ms Renfrew introduced the paper by outlining that much of the format of the Local Delivery Plan (LDP) was prescribed and of the need to link to financial issues; targets and standards in performance; continuing the reduction of delayed discharges; reducing the demand for acute care and developing primary care and community services as well as retaining focus on the Board's public health responsibilities.

Ms Renfrew led Members through the paper highlighting the key issues including the work carried out in conjunction with the IJBs as well as the ASD and Regional Planning.

Mr White provided the background to the financial aspects noting that the paper provided a high level summary outlining the key elements of income and expenditure and a summary of the pressures faced by the Board. Mr White described the increased drive since April 2017 to close the financial gap, which would be £18.5m by end of June 2017. There was continued focus on schemes in place to reduce expenditure, bringing savings schemes forward in the financial year to good effect.

Mr Carr asked what the timescale was to make proposed savings and how level of demand was calculated. Ms Grant outlined the incremental nature of savings and the work ongoing to transform care pathways and re-design services.

Cllr Clocherty asked about the feasibility of the delayed discharge target being zero within the report, and Ms Grant outlined that this was appropriate as it was an aspirational target. Ms Renfrew added that whilst some individual cases may be more

complex, it was appropriate for the Board to aim towards this target.

Cllr Nicolson asked for further clarification regarding the negotiation with the IJBs on their budget and asked for an explanation of what budget “passed through” meant.

It was clarified that the Scottish Government stipulated the allocation of funds to the IJBs, and the Board’s only role was to pass the full sum to each IJB. Following the decision made by the Board in February 2017, the IJBs had made further representations. Ms Grant outlined the overall financial pressures experienced by the NHS Board with the imperative being to close the remaining gap. It was not realistic to allocate further resources whilst this process had been continuing, however, the approach with the Chief Officers was to work together to reach agreed financial targets for 2017/18.

Mr Macleod noted the difficulty of service delivery and performance targets within the overall financial pressure for both the IJBs and the NHS Board as a whole. In answer to these concerns, Ms Grant described the structured approach taken in respect of both clinical and capacity planning, including forthcoming reports on Unscheduled Care, Capacity Planning and Clinical Efficiency, which would indicate the key priorities for the Executive Management Team in the delivery of these.

Ms Grant underlined the need for whole system working within the NHS Board including with partners within HSCPs and Local Authorities. Good progress had been made to date and there were a range of options available which would provide realistic solutions that each party could commit to.

**Chief
Executive/
Finance
Director**

Ms Brown commented on the need to pay heed to unintended consequences particularly in relation to targeting resources most effectively in the context of a society with increasing life expectancy.

DECIDED

- That the Local Delivery Plan be approved.

**Director
Planning
&
Policy**

(b) Financial Plan 2017/18

A report of the Director of Finance [Board Paper No 17/18] asked the NHS Board to approve the Five Year Financial Plan, note the progress made to date in identifying initiatives to close the financial gap; note the remaining financial gap and the proposed actions to address this and to note the proposed approach for further budget negotiations with the IJBs.

Mr White took Members through the draft report, noting that it required to be finalised before being submitted to the Scottish Government. The report was presented to the Board as a high level indicator of the income and expenditure over the next five years to 2021/22. The report summarised the work carried out to date to 2017/18 and the progress and savings made. This identified the current financial gap, and the continuing work to try to close that gap; including on-going discussion with the Scottish Government and dialogue with the IJBs.

Mr White outlined the strategic national context within which the report was presented, and provided explanation of some technical aspects including the key assumptions underlying the report as well as projected funding for the Board over this time period. He detailed the distribution of funding and the challenges presented across Acute and Corporate Divisions as well as the IJBs, and the specifics of the financial challenge presented during 2017/18. Detailed summary of the organisational initiatives carried

out to date was provided as well as the productivity and efficiency initiatives planned.

In response to a question from Cllr Clocherty regarding the responsibility of the NHS Board to set a balanced budget, Ms Grant confirmed that there was a requirement for the Board to set a balanced budget and acknowledged the level of work and commitment required to achieve the required savings.

Mr Matthews noted the application of rounded savings targets and wished to raise a concern over whether this could stifle the development of key areas such as public health. Dr McGuire responded that the targets are adjusted appropriately within key areas, allowing flexibility where it was needed for investment as well as disinvestment. The goal was always to keep patients at the centre of the delivery of services, and to promote growth where appropriate.

Mr Macleod referenced the share of savings from national schemes which were included in the 2016/17 plan but did not come to fruition. Mr White confirmed the assumptions that had been made in 2017/18 and the plan could be adjusted for any savings which did accrue.

DECIDED

- That the Financial Plan 2017/18, subject to minor amendments, be approved.

(c) Capital Plan 2017/18

A report [Board Paper No. 17/18] of the Director of Property, Procurement and Facilities Management asked the Board to approve the Capital Plan 2017/18.

Mr Loudon confirmed that the proposed Capital Plan had been presented to and approved by the Capital Planning Group on 12th June 2017. He took Members through the report which outlined the agreed funding for 2017/18, as well as proposed capital expenditure, detailing the projects planned over the course of the coming year. Mr Loudon concluded that the proposed capital plan reflected unallocated capital of £7.2 million pending confirmation that all known priorities had been identified and to retain flexibility going forward. Any planned use of these monies would come back to the NHS Board for consideration and decision.

In answer to a question from Cllr Clocherty, about balance in capital spend across all areas and sites within NHSGGC including Inverclyde, Mr Loudon noted the spend made across the NHSGGC area on both Acute and HSCPs sites, citing the £500,000 capital spend within HSCPs as well as investment in Inverclyde, with recent outlay of £1.14m on Inverclyde Royal Hospital and £500,000 on the Vale of Leven Hospital.

Mr Carr noted that the former Royal Hospital for Sick Children site and Dykebar were not included in the list of future property disposals. Mr White confirmed that this was due to plans not having been finalised about the future of those sites. Mr Loudon added that it was essential for a Clinical Strategy to be in place so that the Capital Plan was consistent in supporting clinical aspirations.

DECIDED

- That the proposed Capital Plan 2017/18 be approved.

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

33. ACUTE SERVICES COMMITTEE MINUTES : 17 JANUARY & 21 MARCH 2017

The Minutes of the Acute Services Committee meetings held on 17 January and 21 March 2017 [ASC(M)17/01 and ASC(M)17/02] were noted.

34. AUDIT & RISK COMMITTEE MINUTES: 13 DECEMBER 2016

The minutes of the Audit & Risk Committee meeting held on 13 December 2016 [A(M)16/05] were noted.

35. CLINICAL & CARE GOVERNANCE COMMITTEE MINUTES: 12 JANUARY & 6 MARCH 2017

The minutes of the Clinical & Care Governance Committee meetings held on the 12 January and 6 March 2017 [C&CG(M)17/01 and C&CG(M)17/02] were noted.

36. FINANCE & PLANNING COMMITTEE MINUTES : 14 FEBRUARY 2017

The Minutes of the Finance & Planning Committee meeting held on 14 February 2017 [F&P(M)17/01] were noted.

37. PHARMACY PRACTICES COMMITTEE MINUTES : RE-SIT 29 AUGUST 2016

The Minutes of the Pharmacy Practices Committee Re-sit meeting held on 29 August 2016 [PPC(M) 16/05] were noted.

38. STAFF GOVERNANCE COMMITTEE MINUTES : 15 NOVEMBER 2016 & 7 FEBRUARY 2017

The Minutes of the Staff Governance Committee meetings held on 15 November 2016 and 7 February 2017 [SG(M)16/04 and SG(M) 17/01] were noted. In answer to a question from Mr Carr, Mrs MacPherson outlined the progress made to date in staff engagement process by the partnership forum.

39. AREA CLINICAL FORUM MINUTES : 2 FEBRUARY & 6 APRIL 2017

The Minutes of the Area Clinical Forum meetings held on 2 February and 6 April [ACF(M)17/014 & ACF(M) 17/02] were noted.

40. ANY OTHER COMPETENT BUSINESS

Mr Matthews highlighted the inspiring nature of the BBC Programmes made within the QEUH, and how well these reflected on staff and the excellent patient care being offered. It was noted that a future programme would highlight services provided at the Royal Hospital for Children.

Mr Brown reminded Members that this was Ms Renfrew's last NHS Board Meeting and he thanked Ms Renfrew for her 20 years of service to the NHS Board. Mr Brown reflected on the impact Ms Renfrew had made throughout her career with the NHS

Board within planning and performance management and wished to record the NHS Board's appreciation of Ms Renfrew's contribution and to wish her well for the future.

The meeting ended at 1.55pm