

NHSGG&C(M)17/04
Minutes: 64 - 91

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in The William Quarrier Conference Centre,
20 St. Kenneth Drive, Govan, Glasgow G51 4QD
on Tuesday, 15 August 2017 at 9.30am.**

PRESENT

Mr J Brown CBE (in the Chair)

Dr J Armstrong	Dr D Lyons
Cllr C Bamforth	Mr J Matthews OBE [To Minute 83]
Ms S Brimelow OBE	Cllr S Mechan
Ms M Brown	Mr A Macleod
Mr S Carr	Ms T McAuley OBE
Cllr J Clocherty [To Minute 81]	Cllr J McColl
Dr L de Caestecker	Mrs D McErlean
Mr A Cowan	Dr M McGuire
Ms J Donnelly	Mrs A Monaghan
Mr R Finnie	Cllr I Nicolson [To Minute 84]
Ms J Forbes	Mr I Ritchie
Ms J Grant	Ms R Sweeney
Cllr M Hunter [To Minute 83]	Mrs A Thompson
	Mr M White

IN ATTENDANCE

Mr J Best	Interim Chief Officer, Acute Services Division
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr M Culshaw	Clinical Director, Rowanbank [For Minute 71]
Mr J C Hamilton	Head of Administration
Mr G Jenkins	Director, Regional Services [For Minute 71]
Mr I Kinniburgh	Chair, NHS Orkney and NHS Shetland
Ms L Long	Chief Officer, Inverclyde HSCP
Mr D Loudon	Director of Property, Procurement and Facilities Management
Ms S Manion	Chief Officer, East Dunbartonshire HSCP [To Minute 83]
Ms T Mullen	Head of Performance
Mr A McLaws	Director of Corporate Communications
Mrs A MacPherson	Director of Human Resources & Organisational Development
Ms M Smith	Secretariat Manager
Dr D Stewart	Deputy Medical Director [To Minute 75]

ACTION BY

64. WELCOME AND APOLOGIES

Mr Brown extended a welcome to Mr Kinniburgh, Chair of NHS Orkney and NHS Shetland, who was in attendance to observe the meeting. Mr Brown also welcomed Cllr McColl, Leader of West Dunbartonshire Council and Ms Thompson, Chair of the

Area Clinical Forum, to their first NHS Board meeting.
Apologies for absence were intimated on behalf of Professor Dame Dominiczak and Mr Fraser.

NOTED

65. DECLARATIONS OF INTEREST

The following declarations of interest were raised:-

- Dr Lyons – Agenda Item 8 “Outline Business Case: Rowbank” in relation to his appointment as Medical Member of the Mental Health Tribunal for Scotland.
- Mr Ritchie – Agenda Item 9 “Health Promoting Health Service” in relation to his appointment as Chair of the Health and Social Care Physical Activity Delivery Group for the Scottish Government.

NOTED

66. MINUTES

On the motion of Mr Macleod, seconded by Ms Donnelly, the minutes of the NHS Board meeting held on Tuesday 15 June 2017 [NHSGGC(M)17/02] were approved as an accurate record.

On the motion of Ms McErlean, seconded by Mr Ritchie, the minutes of the NHS Board meeting held on Tuesday 27 June 2017 [NHSGGC(M)17/03] were approved as an accurate record.

NOTED

67. MATTERS ARISING FROM THE MINUTES

The Board Rolling Action List [Board Paper No. 17/35] was noted with 19 actions recommended for closure.

NOTED

68. CHAIR’S REPORT

Mr Brown reported that since the last NHS Board Meeting he had met with the Cabinet Secretary for Health and Sport at the ceremony to mark the commencement of work on the new Woodside Health & Social Care Centre.

Amongst other things, Mr Brown and the Cabinet Secretary had discussed GP Out of Hours service pressures. It was noted that the service was under review by the Health & Social Care Partnerships (HSCPs) and the Board senior management team with clear reassurances provided publically on the intention to maintain the services, including those available to the people in West Dunbartonshire and Argyll & Bute. It was also

noted that the Board had agreed to an increased rate of remuneration for GPs as part of a package to improve the resilience of the service, by encouraging more GPs to volunteer to support the service.

Mr Brown together with Ms Grant had met the campaign group, Hospital Watch, and has reaffirmed the NHS Board's commitment to Inverclyde Royal Hospital (IRH) and Vale of Leven Hospital (VoL), highlighting the investment made by the NHS Board at each of these sites in recent years.

As part of their programme of engagement with local stakeholders, Mr Brown and Ms Grant met with local MSPs and MPs, to provide an update on NHS GGC current service levels and strategic aims, as well as dealing with specific constituent issues.

Mr Brown updated Members on his recent meeting with NHS Scotland Board Chairs and Mr Paul Gray, Chief Executive NHS Scotland, to discuss the effective governance of integrated health and social care services.

He reported that he and Mr Macleod (Chair of the Audit Committee) had met with Price Waterhouse Cooper (PWC) to discuss their performance and effectiveness as internal auditors for NHS GGC.

He provided an update to Members on his meeting with the Staff Disability Forum, where he had been impressed with their commitment in providing a voice for disabled staff, notably through the Staff Governance Committee. Mr Brown advised that he had asked the HR Director to consider how this approach could be extended to include other groups of staff with protected characteristics under the equality legislation.

Finally, he reported that he had met with the West of Scotland Non Executive Regional Planning Team, along with Ms Brimelow, Mr Carr and Mr Matthews. The final version of the regional plan was expected in spring 2018, and would be brought to the NHS Board at that time.

April
Agenda

2018

NOTED

69. CHIEF EXECUTIVE'S REPORT

Ms Grant advised that work had continued with the Chief Officers of the HSCPs to conclude agreement on their budget, and that Mr White would provide an update in this regard under Item 18.

She outlined her attendance at the Area Partnership Forum as well as participation in Regional Planning and a joint strategy meeting with the University of Glasgow, with Professor Dame Dominiczak.

She was pleased to report that Mr Edwards had been appointed to the post of Director of eHealth, following the recent recruitment process.

She had also attended a management team meeting at Glasgow City HSCP as part of her work to promote greater whole system working across the NHS Board.

She reported that she had attended the NHS Scotland Sustainability & Value Board with Mr White and had continued to maintain close contact with Scottish Government colleagues.

It was noted that the first meeting of the Unscheduled Care Steering Group had taken place, and Dr Stewart would provide an update to Members under Item 10.

Ms Grant had visited the Rowanbank Clinic, and Mr Best and his team would provide an update to Members under Item 8. Finally, Ms Grant had taken part in a walk round of Inverclyde Royal Hospital.

NOTED

70. OUTLINE BUSINESS CASES: GREENOCK & CLYDEBANK HEALTH AND CARE CENTRES

There was submitted a report of the Chief Officers for Inverclyde and West Dunbartonshire HSCPs [Board Paper No. 17/36] which asked the NHS Board to approve the Outline Business Cases (OBCs) for the Greenock and the Clydebank schemes (which are bundled with the Mental Health 2-ward DBFM project for submission to the Scottish Government Capital Investment Group) and to note that the preferred option for each is a new build integrated health and care facility. The NHS Board was asked to note that both these schemes have been assessed as value for money, affordable and achievable and to note that the Mental Health 2-ward Outline Business Case was approved by the NHS Board at the meeting on 27 June 2017, for procurement through the Hub West Design, Build, Finance and Maintain route.

Ms Culshaw led Members through the key issues to be considered highlighting that the OBCs reflected the health and social care needs of the local populations, particularly the need for effective integrated working between primary and community care and across health and social care. Ms Culshaw and Ms Long outlined the background to each site as regeneration sites gifted by the local authorities; which would also provide social space and be assets to the local communities.

Mr Brown thanked Ms Culshaw and Ms Long, and there was discussion and general agreement amongst Members on the high quality of the report. Ms McAuley asked for further assurance on public involvement in the design - Ms Long confirmed that the strategy group had involved local groups in the design and layout and that further community engagement was planned.

Mr Macleod asked to what extent learning had been taken from the survey of users carried out at existing Health and Social Care Centres. Mr Loudon advised that the remit of the Hub Steering Group included taking forward learning from recent projects, and that all six partnerships were closely involved.

In answer to a further question from Mr Macleod, Mr Loudon clarified that the projected capital costs at Greenock had increased especially in relation to ground works due to contamination discovered on the preferred site. However, it was stressed that the site continued to be satisfactory.

Mr Cowan noted the estimated £1.4m in savings, and asked for assurance on this being realised. Mr Loudon confirmed that while this was an estimate including the economies of scale that were expected from bundling the projects. The Full Business Case would be presented to the NHS Board for approval at the appropriate time.

DECIDED

- That the Outline Business Cases (OBCs) for the Greenock and the Clydebank schemes (which were bundled with the Mental Health 2-ward DBFM project) be approved for submission to the Scottish Government Capital Investment Group noting that that the preferred option for each was a new build integrated health and care facility, and
- Noted that both these schemes had been assessed as value for money, affordable and achievable and noted the Mental Health 2-ward Outline Business Case, approved by the NHS Board at its meeting on 27 June 2017, for procurement through Hub West Design, Build, Finance and Maintain route.

**Chief Officers
West
Dunbartonshire
& Inverclyde**

71. OUTLINE BUSINESS CASE: ROWANBANK CLINIC

There was submitted a paper of the Interim Chief Officer – Acute Services Division [Board Paper No. 17/37] which asked the NHS Board to approve, on the recommendation of the Capital Planning Group, the submission of the Outline Business Case for the expansion of Rowanbank Clinic (Stobhill Hospital Campus) to the Scottish Government Capital Investment Group in October 2017. Further, to approve the project proceeding onto the Full Business Case to maintain the programme of work.

Mr Best was accompanied by Mr Jenkins and Dr Culshaw who provided an overview of the proposal. Mr Best highlighted the clear advantages to the patient experience in developing sufficient capacity within the West of Scotland to meet the needs of medium secure forensic psychiatric care. He provided an overview of the current challenges associated with provision of medium secure psychiatric services. The capital cost was in the region of £9.86m and this was included within the NHS GG&C Capital Plan. Further discussion with West of Scotland Directors of Finance would be required as the Full Business Case was developed.

Mr Ritchie asked for reassurance that the number of additional beds planned would be sufficient. Dr Culshaw provided this reassurance, stating that a review of bed capacity over the past five years indicated that the number of additional beds proposed would resolve patient flow issues. Also, the accommodation was flexible so it would be possible to re-configure the bed base to meet future demands.

Dr Lyons asked for clarity on the use of the facility between NHS GG&C and other Health Boards; as well as further detail on the differences in length of stay in Rowanbank compared to medium secure facilities in other Health Boards. Mr Jenkins pointed to the disproportionate number of patients within Glasgow and the West of Scotland and Dr Culshaw advised that this disparity was also reflected in patient numbers referred to the State Hospital. Mr Best thanked Dr Lyons for these insights and agreed that further detail on these points would help to strengthen the proposal.

**Interim Chief
Officer – Acute**

Dr Lyons also asked for further detail on the current and projected pressures on low security accommodation, in terms of patient flow and also especially in light of changes to the Mental Health Act in terms of patient appeals which could impact on the service. Dr Culshaw advised that patient flow from medium to low secure accommodation worked well, and that there would be a continued flow of referrals from the court system as well as the State Hospital for medium secure accommodation.

In answer to a question from Ms Brown regarding financial issues, Mr White advised that clarity would be sought from Scottish Government and West of Scotland Boards

before moving the case forward to Full Business Case. Ms Brown also asked for clarification on public engagement, and Mr Best confirmed that as this was not a new service it was appropriate for engagement to be at a local level. Mr Best agreed to bring back an update to the Board on the plans for local public engagement.

**Interim Chief
Officer – Acute**

DECIDED

- That the Outline Business Case for the expansion of Rowanbank Clinic be approved for submission to the Scottish Government Capital Investment Group in October 2017. Further, that the project proceeding onto the Full Business Case to maintain the programme of work be approved.

72. HEALTH PROMOTING HEALTH SERVICE – ANNUAL REPORT 2016/17

There was submitted a report of the Director of Public Health [Board Paper No. 17/38] which asked the NHS Board to agree that this progress report, subject to minor amendments, would be submitted to Scottish Government in September 2017.

Dr de Caestecker provided Members with an overview of the report which outlined the progress made against the Health Promoting Health Service Framework, as well as areas of challenge and the proposed process to finalise sign-off for final evidence submission in September 2017. Dr de Caestecker indicated that this report related to secondary care services alone.

Dr de Caestecker emphasised that every contact with a health professional was an opportunity to improve health. Highlights from the report included increased hospital based smoking referrals, physical activity referrals as well as Financial Inclusion referrals compared to the previous year. There had been a 12% increase in the numbers of hospital based staff trained in health behaviour change in the past year. More holistic assessment of patients would be linked to joint support plans with community services.

The report was received very positively by Members. Ms Sweeney asked whether progress could be measured against specific targets and Dr de Caestecker clarified that although there were no specific Scottish Government targets, some areas did relate to other targeted programmes e.g. smoking cessation. Overall, the need to retain focus was recognised and it was agreed that the value of establishing local targets should be taken forward through the Public Health Committee. Ms Grant added that this was part of a review being taken forward by Mr White in relation to performance monitoring.

**Director of
Public Health**

Ms Brown asked that the Board received a further update in respect of patients with learning disability, and Dr de Caestecker agreed to provide more detail in this respect.

**Director of
Public Health**

Mr Ritchie enquired whether work was underway to educate staff in both Acute and Partnerships on physical activity, and Dr de Caestecker updated Members on the work underway through the Live Active programme, acknowledging that there had been some issues with the complicated nature of the referral process, which had been revised. De de Caestecker would bring an update back to the NHS Board in due course.

**Director of
Public Health**

Mrs Monaghan sought clarification around data collection and how this could be improved, and Dr de Caestecker provided background on some of the local and national issues experienced. Mr Edwards advised that BadgerNet UK (patient data management service) was planned for initial go live in November 2017 and that a

**Director of e
Health**

report would be brought back to update the NHS Board.

Ms Donnelly wished to highlight the need to demonstrate how the programme had impacted and benefited patients' lives. Dr de Caestecker agreed that this work would be beneficial and could be routed through the Public Health Committee.

**Director of
Public Health**

DECIDED

- That this progress report, subject to minor amendments, would be approved for submission to Scottish Government in September 2017.

**Director of
Public Health**

73. UNSCHEDULED CARE – UPDATE, GOVERNANCE & PROGRAMME PLAN

There was submitted a report of the Medical Director [Board Paper No. 17/39] which asked the Board to note the report following agreement at the Unscheduled Care Collaborative (UCC) Steering Group meeting which took place on 3 August 2017, and provided a summary of the UCC Governance structure effective from August 2017. It was noted that this complied with the recommendations made in the Scottish Government's unscheduled care forward plan for 2017/18.

Dr Stewart provided an overview for Members on progress, emphasising that this was a whole system challenge relating to both Acute and Partnership services. The UCC Steering Group was to be chaired by Ms Grant, Chief Executive, and would meet monthly to give strategic direction to the programme and monitor progress. Local Sector / HSCP Delivery Groups would provide oversight and management of the delivery of local UCC programmes.

Mr Cowan asked whether this work was shared with other territorial NHS Boards. Dr Stewart confirmed that he represented NHSGGC on the national group, which met throughout the year to share key points of learning. A number of NHSGGC initiatives had been recognised nationally to date e.g. exemplar wards, and Mr Brown echoed this by highlighting the support provided through the Royal Colleges. Ms Grant emphasised that this work was progressing with close contact with Scottish Government colleagues.

In answer to a question from Ms Brimelow, Ms Manion confirmed that there was involvement by the third sector including care homes in the Sector/HSCP local Delivery Groups, and that this was crucial to the local planning and delivery of services.

Dr Stewart confirmed that a performance matrix was being developed in respect of targets, and that a report would come back to the NHS Board to outline progress against projected plans.

**Deputy Medical
Director**

NOTED

74. CORPORATE OBJECTIVES

There was submitted a report of the Chief Executive [Board Paper No. 17/40] which asked the NHS Board to note the Corporate Objectives for 2017/18.

Ms Grant led Members through the paper, highlighting the key themes of Better

Health, Better Care, Better Value and Better Workplace. It was noted that the objectives would be refined in the light of establishing these across the organisation.

It was also noted that the cycle of approval would be established for 2018/19, beginning with the Corporate Objectives for 2018/19 being brought to the February 2018 NHS Board meeting.

Chief Executive

Mr Finnie recommended to Members that it would be appropriate to accept the Corporate Objectives with strategic purpose overseen by the NHS Board, and the detail scrutinised through Standing Committees of the Board.

Ms Brown asked for inclusion of culture within the Better Workplace section and Ms Grant agreed that this would be a helpful addition.

Chief Executive

ClIr McColl asked for further detail around effective prescribing reviews and Dr Armstrong described the ongoing scrutiny and process within the Pharmacy Prescribing & Support Unit, with engagement across Acute and HSCPs. Mr White advised that NHS GG&C were currently scheduled near to the end of the Hospital Electronic Prescribing and Medical Administration (HEPMA) national roll out programme process, and work was ongoing to bring this forward, and an update would be brought back to the NHS Board in due course.

Director of e-Health / Director of Finance

In answer to a question from Mr Matthews about participation in regional planning, particularly in relation to Public Health, Dr de Caestecker confirmed that her team was closely involved in this regional work. The Board's Public Health Strategy would lead the way in a shift toward prevention, and tackling health inequalities in every part of the NHS Board.

NOTED

75. ANNUAL REVIEW – UPDATE

There was submitted a report of the Head of Performance [Board Paper No. 17/41] which asked the NHS Board to note the details of the NHS GGC 2016-17 Annual Review. This would take place on Monday 2 October 2017 in the Lecture Theatre at the Teaching and Learning Centre on Queen Elizabeth University Hospital Campus.

Ms Mullen took Members through a summary of the timetable and agenda for the Annual Review and confirmed that further details would be made available prior to the date of the Annual Review, with a separate Board Session to be arranged.

Head of Performance

Mr Brown recommended that Members attended the public session, if at all possible.

NOTED

76. PHYSICAL ACTIVITY (PUBLIC HEALTH STRATEGY)

There was submitted a report of the Director of Public Health [Board Paper No. 17/42] which asked the NHS Board to support the continuing NHS role in the promotion of physical activity and to note recent developments to increase the impact of these physical activity programmes.

Dr de Caestecker provided Members with an outline of key issues, and provided an update on the scale of physical activity challenge across NHSGGC and NHS policy direction in provision of physical activity for adults. An increased level of physical activity at all ages of the population would reduce risks associated with inactivity, as well as protection against the onset of over 20 chronic conditions, address weight issues and support the maintenance of functional ability especially into old age. Dr de Caestecker described the core NHS led physical activity programmes, the role for health professionals and the importance of integrated pathways within primary and acute settings as well as progress made in the Active Staff programme.

The report was received positively by Members, with Ms Thompson welcoming clearer guidance for health professionals on the advice they could give in this area. Dr de Caestecker provided clarification that differentiated advice leaflets were available both locally and nationally according to age group. There was a media campaign to disseminate awareness of programmes in place e.g. Live Active and Vitality and free phone advice lines had been put in place. Further, staff were provided with appropriate training in regard to making referrals to Live Active for patients with learning difficulties.

In response to a question from Ms Sweeney around targets, Dr de Caestecker advised that targets were linked to existing programmes and that further work was underway in this respect.

Mr Ritchie noted that the Endowment Committee had funded the Active Staff programme and that consideration now required to be given to mainstreaming this as a core NHS Board programme.

**Director of
Public Health/
Director of
Finance**

Mr Ritchie also highlighted the need to link with community partners, especially in relation to transport links, to encourage more physical activity. Ms Monaghan also noted the need to link to the costs of arranging local venues for community activities, which could be prohibitive. Dr de Caestecker would lead on liaison with community partners in this regard.

**Director of
Public Health**

NOTED

77. NHS GREATER GLASGOW & CLYDE INTEGRATED PERFORMANCE REPORT

There was submitted a report of the Head of Performance [Board Paper No. 17/43] which asked the Board to note and discuss the content of the Board's monitoring report. This paper brought together high level information from several reporting themes to provide an integrated overview of the Board's performance in the context of the 2016/17 Strategic Direction and Local Delivery Plan.

Ms Mullen summarised performance and highlighted key performance status changes since the last report to the NHS Board, including performance improvements, performance deterioration and measures rated as red (where performance has had an adverse variance of more than 5%).

Members noted the improvement in performance in relation to the overall number of delayed discharges, which showed a month on month improvement since January 2017. Access to Drug and Alcohol treatment, Antenatal Care and IVF treatment also

continued to exceed target.

Ms Mullen highlighted performance deterioration in the number of patients waiting longer than national waiting time standards; and added that there were nine measures rated as red and each had an accompanying exception reports, outlining actions in place to address performance.

Ms Brown suggested that it would be helpful for the exception reports to include information on improvement timescales, highlighting cancer diagnosis and treatment times, and it was noted that Mr Best would take this forward.

**Chief Officer –
Acute Services**

Ms McAuley suggested that the overarching plan in relation to cancer services should be reported to the Acute Services Committee, and Mr Best agreed that this would be the case.

**Chief Officer –
Acute Services**

In response to concern about delayed discharges, Dr McGuire emphasised the need to retain focus on the patient journey and that anticipatory care planning was being progressed to reduce these numbers. Specific action was being taken in relation to mental health delayed discharges with staff identified to ensure that patients were timeously discharged to the appropriate setting.

NOTED

78. CLINICAL GOVERNANCE REPORT - 2016/2017

There was submitted a report of the Medical Director and the Nurse Director [Board Paper No. 17/44] which asked the Board to consider and note the Annual Report for Clinical Governance for the year 2016/2017.

Dr Armstrong led Members through the report and highlighted the key issues to be considered including the Clinical Governance arrangements and Person – Centred Care, the major themes from service user feedback and updates on improvement activities. Dr Armstrong also emphasised Clinical Safety issues, in particular the Significant Clinical Incident Policy; and Clinical Effectiveness in particular, in relation to learning and the promotion of clinical standards and improving care.

Board Members were content to note progress in this area.

NOTED

79. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

There was submitted a report of the Medical Director [Board Paper No. 17/45] which asked the Board to note the latest in the regular bi-monthly reports on Healthcare Associated Infection (HAI) in NHS Greater Glasgow and Clyde.

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

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

Dr Armstrong highlighted the increase in SABs in the first quarter of 2017, and it was noted that an action plan had been submitted to the Acute Division Infection Control Committee, which had the appropriate oversight, and was monitoring progress.

NOTED

80. REVIEW OF FIRE PRECAUTIONS AND CLADDING - UPDATE

There was submitted a report of the Director of Property, Procurement and Facilities Management [Board Paper No. 17/46] which asked the NHS Board to note the update in respect of the review of fire precautions and cladding.

Mr Loudon provided an overview of the review for Members including the assessment made of all of buildings across NHSGG&C estate and the Ministerial Working Group on Building and Fire Safety, a National Group chaired by the Cabinet Secretary for Communities. As part of this review, some Aluminium Composite Material (ACM) similar, but not the same, as the type used on Grenfell Tower had recently been identified at the Queen Elizabeth University Hospital (QEUEH).

Mr Loudon reassured the Board that the QEUEH had been designed and engineered to meet Building and Fire Safety Regulations. Health Facilities Scotland and their National Fire Advisor had given Board Officers renewed reassurance in respect of the safety of the building. However, as a precautionary measure only, Board Officers took the decision that the removal of the ACM panels where they were present in three external sections of the building would be carried out as soon as practicable. It was expected that impact on patient activity would be minimal and hospital management teams were reviewing contingencies in preparedness.

Ms Grant highlighted that this was a precautionary measure, and that a detailed plan was being developed to avoid disruption of patient care, and to ascertain the cost of the works. Mr White noted that once costs were finalised, formal assurance would be sought from Scottish Government on the funding of this work.

Members welcomed the actions taken by Board Officers in addressing any potential risks. The NHS Board would receive regular updates on progress, including an update on plans to remove the cladding, at the October NHS Board Meeting.

Director of
PPFM

NOTED

81. FINANCIAL MONITORING REPORT FOR THE 3 MONTH PERIOD TO 30 JUNE 2017

There was submitted a report of the Director of Finance [Board Paper No. 17/47] which asked the NHS Board to note the updated financial position at 30 June 2017 and an assessment of year end projection. The report also provided an update on the actions being taken forward to deliver a year end break even revenue and capital position.

Mr White led Members through the key figures within the report, highlighting the positions within Acute Services, the health budgets of HSCPs, Corporate Directorates

and capital expenditure.

Ms Sweeney asked for clarification that non-recurring funding was used to cover the unachieved balance in 2015/16, and Mr White confirmed that this was the case, and that a recurring solution was still required.

Mr Finnie asked for clarification on the NHS Board's expected gap of £18.5m and the non recurring monies released to assist the Board's overall position. Mr White confirmed that the intention was to reach break even by year end, and that non-recurring monies had been released at the end of quarter one to support a number of schemes anticipated to deliver in the latter part of 2017/18.

Mr Brown highlighted the role of the Finance and Planning Committee in scrutinising of the NHS Board position.

NOTED

82. FREEDOM OF INFIRMATION ANNUAL REPORT 2016/17

There was a report of the Head of Administration [Board Paper No. 17/48] which asked the Board to note the monitoring report on the operation of the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004 in NHS GG&C for the period 1 April 2016 to 31 March 2017.

Mr Hamilton provided an overview of the paper, noting the number of requests responded to, performance against the statutory timescales, local reviews and cases appealed to the Scottish Information Commissioner. Mr Hamilton provided assurance that staffing levels within the FOI Department had been reviewed and that FOI training for staff was being developed through e-learning. In response to a question from Cllr McColl, Mr Hamilton confirmed that the NHS Board policy was not to issue charges for information provided under the Act.

NOTED

83. CORPORATE GOVERNANCE FRAMEWORK – ANNUAL UPDATE

There was submitted a report of the Head of Administration [Board Paper No. 17/49] which asked the Board to approve the revised Standing Orders for the Board, approve the revised Committee remits, approve the memberships of various Standing Committees and IJBs, approve the membership of the Adults with Incapacity Supervisory Body, and approve the list of Authorised Officers to sign Healthcare Agreements and related contracts. Mr Hamilton led Members through the background to this and key recommendations.

Mr Cowan asked for assurance that Board Officers would strive to ensure that NHS Board papers would be available five working days prior to NHS Board meetings. In line with the Standing Orders, this was the intention going forward. In addition, he also sought clarification on the arrangements described in the Standing Orders requiring the removal of a Board Member, and suggested that an adjournment of the NHS Board Meeting be added to that section. Both points would be considered further and the outcome would be reported back to the Board.

**Head of
Administration**

Following discussion, it was also agreed that a reference to regional planning should be added to the remit for the Finance & Planning Committee.

Head of Administration

DECIDED

- That the Standing Orders for the Proceedings and Business of the NHS Board incorporating the Decisions Reserved for the NHS Board and the national Code of Conduct for Members be approved, subject to considering further the observations made in relation to the timescales around the availability of papers and the removal of a Member.
- That the remits of the following Standing Committees – Acute Services Committee, Finance & Planning Committee, the Clinical & Care Governance Committee, Public Health Committee, Audit & Risk Committee, Staff Governance Committee, Pharmacy Practices Committee and Area Clinical Forum be approved.
- That the memberships of the NHS Board’s Standing Committees and the Integrated Joint Boards be approved.
- That the membership of the Adults with Incapacity Supervisory Body be approved.
- That the list of authorised officers to sign Healthcare Agreements and related contracts be approved.

Head of Administration

84. FINANCIAL GOVERNANCE ANNUAL REVIEW – STANDING FINANCIAL INSTRUCTIONS, SCHEME OF DELEGATION AND FRAUD POLICY

There was submitted a report of the Director of Finance [Board Paper 17/50] which asked the NHS Board to consider and approve the proposed changes to the Board Standing Financial Instructions and Scheme of Delegation.

Mr White provided an overview of the key issues to be considered highlighting State Aid compliance; Delegated Budgetary Authority in the HSCP teams and changes to Committee remits.

DECIDED

That the proposed changes to the Board Standing Financial Instructions and Scheme of Delegation be approved.

Director of Finance

85. ACUTE SERVICES COMMITTEE MINUTES : 18 APRIL & 4 JULY 2017

The Minutes of the meeting held on 18 April 2017, and draft Minute of the meeting held on 4 July 2017 [ASC(M)17/03 & ASC(M) 17/04] were noted.

NOTED

86. AREA CLINICAL FORUM: 1 JUNE 2017

The Minutes of the meeting held on 1 June 2017 [ACF(M)17/03] were noted.

NOTED

87. FINANCE & PLANNING COMMITTEE: 4 APRIL 2017

The draft Minutes of the meetings held on 4 April 2017 [F&P(M)17/02] were noted.

NOTED

88. PHARMACY PRACTICES COMMITTEE: 8 FEBRUARY & 12 JUNE 2017

The Minutes of the meetings held on 8 February 2017 and 12 June 2017 [PPC(M)17/01 & PPC(M) 17/02] were noted.

NOTED

89. PUBLIC HEALTH COMMITTEE 18 APRIL 2017

The Minutes of the meeting held on 18 April 2017 [PH(M)17/01] were noted.

NOTED

90. STAFF GOVERNANCE COMMITTEE 23 MAY 2017

The Minutes of the meeting held on 23 May 2017 [SG(M)17/02] were noted.

NOTED

91. DATE & TIME OF NEXT MEETING

Tuesday 17 October 2017, 9.30am at The William Quarrier Conference Centre, 20 St Kenneth Drive, Govan, Glasgow G51 4QD.

The meeting ended at 1.45pm