

NHSGG&C(M)17/06
Minutes: 116 – 141

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, 19 December 2017 at 9.30am.**

PRESENT

Mr J Brown CBE (in the Chair)

Dr J Armstrong	Ms J Grant
Cllr C Bamforth	Dr D Lyons
Ms S Brimelow OBE	Mr J Matthews OBE
Ms M Brown	Cllr S Mechan
Mr S Carr	Mr A Macleod
Cllr J Clocherty	Cllr J McColl [To Minute 126 and 133 to 136]
Mr A Cowan	Mrs D McErlean
Dr L De Caestecker	Dr M McGuire
Prof. Dame A Dominiczak [To Minute 129 and 133 to 136]	Mrs A Monaghan
Ms J Donnelly [To Minute 130 and 133 to 136]	Cllr I Nicolson
Mr R Finnie	Mr I Ritchie
Ms J Forbes	Mrs A Thompson
Mr I Fraser	Ms R Sweeney
Mr M White [For Minutes 116 to 117 and 133 to 136]	

IN ATTENDANCE

Mr J Best	Interim Chief Officer, Acute Services Division
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
Mr W Edwards	Director of eHealth
Mr J C Hamilton	Head of Administration
Mr J Hobson	Deputy Director of Finance [For Minutes 118 to 132 and 137 to 140]
Ms L Long	Chief officer, Inverclyde HSCP
Mr D Loudon	Director of PPFM
Mrs A MacPherson	Director of Human Resources & Organisational Development
Mr A McLaws	Director of Corporate Communications
Ms S Manion	Chief Officer, East Dunbartonshire HSCP
Ms T Mullen	Head of Performance [To Minute 126 and 133 to 136]
Ms M Smith	Secretariat Manager
Dr D Stewart	Deputy Medical Director [To Minute 126 and 133 to 136]
Mr D Williams	Chief Officer, Glasgow City HSCP [To Minute 126]

ACTION BY

116. APOLOGIES

Apologies for absence were intimated on behalf of Cllr M Hunter and Ms T McAuley, OBE.

NOTED

117. DECLARATIONS OF INTEREST

Mr Carr declared an interest in relation to being an independent contractor for Healthcare Improvement Scotland involved in engaging the housing sector in respect of loneliness and social isolation

NOTED

118. MINUTES

On the motion of Ms Thompson, seconded by Mr Macleod, the minutes of the NHS Board meeting held on Tuesday 17 October 2017 [NHSGGC(M)17/05] were approved as an accurate record, subject to amendment at Minute 107 as follows:

Delete 4th paragraph and insert:

"Dr Lyons expressed concern that a carer had the impression that capacity was assessed improperly. He recommended a review of the procedure whereby capacity was determined, linking this issue to the one of delayed discharges. Dr McGuire advised that training was already in place on this issue".

Further, there was a amendment to Minute 114 replacing as follows as follows:

Delete in 4th line "the LGBT Forum" and insert "the virtual LGB Forum".

NOTED

119. MATTERS ARISING FROM THE MINUTES

The Board Rolling Action List [Board Paper No. 17/61] was noted with 17 actions recommended for closure.

Mr Cowan requested a further update in regard to Minute 95, Fire Precautions and Cladding particularly in relation to when works were expected to be finalised. Mr Loudon advised that work had progressed to establish the best way of removing the cladding as well as on selecting the best replacement product. For the Queen Elizabeth University Hospital (QEUH), a product called Alucobond A2 would be used, and discussions continued with the contractor regarding the Royal Hospital for Children.

Senior Board Directors and Health Facilities Scotland were finalising the preferred options, costs and programme of works for the QEUH and the intention was to proceed in early January 2018.

Director - PPFM

NOTED

120. CHAIR'S REPORT

Mr Brown sought the Board's agreement to taking the finance agenda items first in order to allow the Director of Finance to leave the meeting early. The Board agreed to the re-ordering of the agenda items.

Mr Brown reported that since the last NHS Board Meeting, he had attended a number of Committee meetings as well as meetings of the NHS Scotland Health & Social Care Delivery Plan Programme Board and the West of Scotland Regional Planning Board.

He updated Members on a number of visits he had made within NHSGGC involving both staff and patients including the Neonatal Unit at the Royal Hospital for Children, the Orthopaedic Department at Glasgow Royal Infirmary, the Teaching and Learning centre at the QEUH Campus and the Central Decontamination Unit. Along with Ms Grant, he had visited the Maggie's Centre on the Gartnavel Campus and he highlighted the very valuable nature of the work of this charity organisation.

Mr Brown had hosted a reception for Reservists in the Armed Forces within NHSGGC and he paid tribute to their commitment. He had also presented Education & Training Awards to medical staff.

Mr Brown reported to Members on his attendance at an Outreach Event to encourage people from the BME community to join the Boards of Public Bodies and emphasised the importance of diversity in this area.

He advised that he had met with the Scottish Government's Social Security Minister, Ms Jeanne Freeman, with staff from the Royal Hospital for Children and the National Spinal Injuries Unit, who are involved in supporting patients and families to receive their full entitlement to state benefits and highlighted the importance of partnership working with agencies in doing so.

He provided an update to Members on the Chairman's Awards which had received many excellent nominations which demonstrated the commitment of staff to provide patients with the best possible services. He had visited the Biochemistry Department in order to present a Gold Award to one of the Chairman Annual Award Winners, Liam O'Donnell, and paid tribute to his achievements.

He advised that he had also met with the Cabinet Secretary for Health and Sport as well as the Minister for Public Health and the Finance Secretary.

Mr Brown reported to Members on his continued work on the Global Citizen Programme that is being delivered to support staff who volunteer to work overseas.

Finally, he reported to that he had, along with Mr Macleod, Chair Audit and Risk Committee, met with the NHS Board's internal auditors and with Audit Scotland.

NOTED

121. CHIEF EXECUTIVE'S REPORT

Ms Grant talked about the valuable nature of the Board Away Days for 2016/2017 in November 2017 at the Beardmore Hotel and the plan to hold a further away day session in early Spring 2018.

She had attended a number of Regional Planning meetings and the Regional Cancer Programme Board.

Ms Grant reported that she had met with the Health and Justice Collaboration Improvement Board along with the Chief Officer for Glasgow City HSCP. This had included work to improve relationships with partners especially the Scottish Ambulance Service and Police Scotland. As part of this, Ms Grant and Mr Williams had attended Stewart St. Police Station.

Ms Grant and Mr Williams had also met with Her Majesty's Inspector of Prisons. With Dr Donny Lyons, Chair, and Mr David Leese, Chief Officer for Renfrewshire HSCP, she had attended the Adult Inspection at Renfrewshire HSCP.

Ms Grant reported on her attendance at meetings with Trade Union officials on a range of issues, along with the Director of Human Resources & Organisational Development. She had also attended a number of meetings with the Chief Officers of the six HSCPs in relation to integration of services.

She had met with the Cabinet Secretary for Health & Sport regarding liaison with the Scottish Ambulance Service in respect of winter pressures, as well as colleagues in the Scottish Government Health directorate on finance matters and elective work.

Ms Grant reported on continued work with the Unscheduled Care Programme Board with both acute and partnership colleagues.

Finally, on a national level, Ms Grant had attended the Sustainability & Value Group and the Ease Programme Board (relating to the electronic payment system). In addition, she had been involved in work of the National Maternity Strategy.

NOTED

122. PATIENT'S STORY

Dr McGuire introduced a short film which featured a young patient and her mother and their thoughts on some of the challenges that the family had faced during long periods of hospitalisation for the child.

Dr McGuire provided context of the series of action taken from this patient's story which underlined the NHS Board's key purpose in the provision of excellence in patient care.

NOTED

123. PUBLIC HEALTH – HEALTHY MINDS REPORT

There was submitted a paper of the Director of Public Health [Board Paper No. 17/62] which asked the NHS Board to note the biennial report for 2017 – 2019, Healthy Minds, as well as the next steps for implementation of the report.

Dr de Caestecker led Members through the key issues in the report which provided an update on the health of the population of NHSGGC and was focussed on mental health. The action areas in the report were high level and the next step would be to progress

through discussion with HSCP and Community Planning Partnerships to develop more detailed actions taking into account the local context, current service provision and progress in consistent implementation of the mental health frameworks and areas for improvement. She highlighted the evidence based approach, as well as the work being progressed to monitor impact.

The report was received positively by Members, particularly in respect of the parity of esteem for mental and physical health. Ms Thompson asked for clarification on the link between this report and the Transformational Programme as well as Regional Planning. Dr de Caestecker confirmed that this report was closely linked to the Mental Health Strategy which linked to the Transformational Programme. Dr Michael Smith, Clinical Lead for Mental Health was part of the transformational team. Dr de Caestecker was also working closely with regional planners to ensure a coordinated approach.

In answer to a question from Ms Sweeney regarding the financial implications of the report Dr de Caestecker re-confirmed the long standing commitment of NHSGGC in investing in mental health and added that there was further room to promote public mental health and the link to other services. Ms Sweeney also asked about whether an Action Plan was in place regarding the improvements framework outlined and Dr de Caestecker advised that work was underway with community planners in this regard to ensure a systematic approach.

Ms Monaghan asked for clarification around how adverse events were fed into the analysis around Adverse childhood Experiences (ACES) and Dr de Caestecker advised that particular issues were noted as adverse factors with work continuing on consideration of appropriate inclusion of factors. She highlighted the work carried out on childhood experience of bullying, especially for children identifying as lesbian, gay or bisexual (LGB).

Mr Carr raised the issue of how to compare this work to the rest of the UK and Europe so as to realise aspirations and seek clear pathways on progress. Dr de Caestecker advised that the report placed the population of NHSGGC within the Scottish context drawing comparisons with Scotland's population as a whole. Although the report did not make wider comparators, learning had been taken from a wide field including the Netherlands.

Mr Ritchie asked about extending the focus to staff within NHSGGC, to ensure mental health was given appropriate consideration in what could potentially be a stressful working environment. Dr de Caestecker outlined the Board's Staff Health Strategy; and Mrs MacPherson highlighted adjustments made to the Occupational Health Service to focus on the importance of offering counselling services to staff.

Mr Brown noted that the NHS Board had received the report positively and that the paper and discussion that followed had provided a good overview of the direction of travel.

NOTED

124. PUBLIC HEALTH COMMITTEE – UPDATE

Mr Matthews provided Members with an overview of the work carried out by the Public Health Committee, highlighting the new landscape for the Public Health Directorate following the integration of health and social care. The Committee had

been working to extend the profile for public health within the wider framework of service delivery within the Board. He emphasised the importance of empowering patients, staff and the wider community as listening widely would provide dividends in leaning. Mr Matthews referred to the work of Michael Marmot, in leading public health initiatives in an unequal world, highlighting the need to engage with partnerships agencies within the community as a whole.

The Minutes of the meeting held on 31 October 2017 [PH(M) 17/03] were noted.

NOTED

125. UNSCHEDULED CARE - UPDATE

There was submitted a report of the Medical Director [Board Paper No. 17/63] which asked the NHS Board to note the continued work to strengthen Unscheduled Care service provision.

Dr Armstrong introduced Dr Stewart, who was in attendance to provide members with an overview of the report. He placed the report within the context of the Winter Plan approved by the Board at its meeting in October 2017 and noted that unscheduled care continued to be one of the most challenging areas of service delivery. Demand for services within NHSGGC had continued to show an upward trend of 1% across NHSGGC as a whole for both Emergency Department attendances and admissions, with fluctuation and variance across different parts of the system.

Governance processes had been strengthened during the summer months to improve joint working between acute services and partnerships with progress made in relation to joint working between community, health and social care partnerships and acute services.

Dr Stewart provided an update of the range of initiatives being progressed in relation to the recommendations agreed by the Board on 15 June 2017. These included reviews made of Emergency Department processes including Triage Plus which front loaded triage and diagnostic decision making as well as improvement to patient flow within Minor Injury Units and streaming processes around the decision-making to admit patients.

He also outlined some of the initiatives being progressed in relation to management of inpatient capacity as well as summarising the work being undertaken to endeavour to reduce demand in secondary care attendances and admissions as well as to shorten length of stay. Dr Stewart highlighted the work carried out in specific areas e.g. Frailty as well as Chronic Obstructive Pulmonary Disease (COPD).

Dr Stewart concluded by paying tribute to staff working to make progress, within increased winter pressures as this work was beginning to demonstrate improvements in the delivery of patient care.

In response to a question from Mr Matthews about success at sharing good practice within the Board as well more widely, Dr Stewart advised that sharepoint software had been developed to allow sharing of common themes. The Steering Group reviewed and discussed projects at different sites within NHSGGC and this had lent clear focus across the Board. The Programme Board continued to meet with regional and national groups.

Mr Brown thanked Dr Stewart for a helpful and informative presentation, adding the thanks of the Board to all staff for their continued excellent work at a difficult time for the NHS.

NOTED

126. NHSGGC INTEGRATED PERFORMANCE REPORT

There was submitted a report of the Head of Performance [Board Paper No. 17/64] which asked the Board to note and discuss the content of the Board's monitoring report which 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 provided a summary of performance for Members 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 a number of key targets including access to Drug and Alcohol treatment, Antenatal Care, Child and Adolescent Mental Health Services and IVF treatment.

Ms Mullen highlighted areas in need of improvement including the 12 week treatment time guarantee (TTG) and the Cancer 62 day wait for suspicion of cancer referrals.

There were eight measures rated as red and Mr Best explained that each measure had an accompanying exception report. He outlined the actions in place to address performance, and took Members through the key issues particularly in relation to the processes in place within acute services to improve performance focusing on the Cancer 62 day wait where further improvement measures were in place with the intention that 95% of referrals would be treated within target by March 2018. He also highlighted action taken within Diagnostic Imaging including redesign of reporting and use of the National Waiting Times Hospital to support action on TTG.

Ms McErlean asked for further assurance on the timeliness of reporting of diagnostic testing, particularly how this impacted on the Cancer 62 day target. Mr Best confirmed that action was being taken in conjunction with the Scottish Government Action Team with provision of additional reporting. In answer to a question from Mr Cowan on the incremental reduction in waits to first appointment to 22 days or less, Mr Best confirmed that this had been managed to ensure that there was not an additional list of patients waiting to be appointed. He would report the updated data on this to the next NHS Board.

**Interim Chief
Officer – Acute
Services**

NOTED

127. CLINICAL & CARE GOVERNANCE REPORT – UPDATE

There was submitted a report of the Medical Director and the Nurse Director [Board Paper No. 17/65] which asked the Board to consider and note the key messages in the Clinical and Care Governance Report. Members were also asked to note the advice

contained in the report on areas where further assurance may be required.

Dr Armstrong led Members through the report focusing on an overview of the work undertaken on Hospital Standardised Mortality Ratio and the assurance given by national leads following a review visit which took place on 30 November 2017 to independently scrutinise the approach taken by NHSGGC.

She also updated members on progress made within the Mental Health Clinical Safety programme, a visit by a NASA representatives to discuss risk management, as well as the Datix Annual report.

NOTED

128. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

There was submitted a report of the Medical Director [Board Paper No. 17/66] which asked the Board to note the latest in the regular bi-monthly reports on Healthcare Associated Infection (HAI) in NHSGGC.

Dr Armstrong led Members through a summary of performance and 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. She focussed on NHSGGC performance against HEAT for *Staphylococcus aureas* Bacteraemia (SAB) and *Clostridium Difficile* (CDI) cases over April to June 2017. She updated members in respect of local surveillance for Quarter three which demonstrated a 14% reduction in SAB cases. In October and November there had been a reduction in the number of CDI cases. Dr Armstrong also asked Members to note that in 2018, there would be a change in the measurement of data with move away from acute occupied bed rates to measurement within the population as a whole.

Ms Brimelow asked for assurance around auditing the actions taken on vascular device practice and in response Dr Armstrong outlined the actions taken particularly in relation to consideration of vascular devices during admission through the Emergency Department as well as during the inpatient stay. This was a continuing emphasis on assessing the clinical needs of the patients to ascertain whether they required a vascular device and ensuring that there is a systematic approach across NHSGGC to whether patients could be switched to oral medication where clinically appropriate. . In addition, the chair of the acute infection control committee is reviewing further actions to highlight vascular devices at the huddle and on the ward white board . Ms Brown added that it should be noted that the patient could often be the best prompt particularly in regard to appropriateness of the vascular device as well as timing the switch to oral. Dr Armstrong would provide further updates through the Clinical & Care Governance Committee.

Medical Director

In response to a question from Mr Ritchie in respect of rate of uptake by staff for Flu vaccination, Dr de Caestecker advised that this was currently at 42% with further promotional work being undertaken through the Communications Team as well as at ward level.

NOTED

129. PATIENT EXPERIENCE REPORT

There was a report of the Nurse Director [Board Paper No. 17/67] which asked the Board to note the quarterly report on Patient Experiences in NHS Greater Glasgow & Clyde for the second quarter of 2017/18.

Dr McGuire led Members through the report detailing the numbers and themes in complaints received and SPSO Investigative Reports and Decision Letters. She asked Members to note that the data for prisoner healthcare had been reported separately within the report.

Mr Brown noted that it would be helpful for the data in respect of complaints upheld to be presented in percentage format and Dr McGuire confirmed that this would be taken forward in the next report.

Nurse Director

Mr Cowan noted the disparity in the rate of complaints being upheld in comparison to other areas, and in response Dr McGuire noted some of the context behind prisoner complaints and that further narrative would be provided in relation to this in the next report to the NHS Board. Members noted the importance of avoiding prejudice when considering this patient cohort. Mr Carr added that oversight was routed through the Glasgow City IJB Audit Committee (which he Chaired) in regard to implementation of action points and learning from complaints made within prison healthcare.

Nurse Director

Ms Thompson noted that it would be helpful if the number of complaints received from independent contractors (i.e. GPs) could be compared to other Health Boards. It was agreed that this would be reported on in the next report to the NHS Board.

Nurse Director

Dr McGuire led Members through the different types of patient feedback opportunities and how the data was compiled and measured. Dr Lyons asked for clarification around how feedback around mental health services was recorded within the report – Dr McGuire noted that this was contained within the overall feedback for Glasgow City HSCP and agreed to consider if it was possible to provide any further breakdown specifically for this area.

Nurse Director

NOTED

130. ACUTE SERVICES COMMITTEE – UPDATE

Mr Finnie provided assurance to members on the degree of oversight taken by the Committee in relation to the Integrated Performance Report in relation to acute services, with detailed examination of the exception reports on red measures as well as the actions taken in mitigation. Mr Finnie also highlighted the Committee's work in relation to the Medical Workforce and Local Delivery Plans as well as scrutiny of Financial Monitoring Report. The Committee had also received reviews on Fire Precautions and Cladding as well as the disposal strategy for the former Royal Hospital for Sick Children at Yorkhill.

The Minutes from the meetings on 19 September and 21 November 2017 were noted.

NOTED

131. CLINICAL & CARE GOVERNANCE COMMITTEE – UPDATE

Ms Brimelow provided Members with an update on the work of the Clinical & Care Governance Committee, which had scrutinised the work undertaken on Hospital Standardised Mortality Ratio and had been reassured by the lead taken by the Chief Executive and Medical Director in this area.

In the December meeting of the Committee, there had been review of prisoner healthcare as well as continued review of maternity strategy and alignment of the clinical risk register to the corporate risk register. The Committee had put in place a Forward Look to assist in agenda setting and planning.

Ms Brimelow and Mr Ritchie reported that they had each been able to input satisfactorily to the recent internal audit review undertaken by PWC.

The Minutes of the meeting held on 5 September 2017 [CCG(M) 17/04] were noted.

132. AREA CLINICAL FORUM – UPDATE

Ms Thompson advised that the Forum had been pleased to receive early involvement and engagement on the Moving Forward Together Transformational Programme and were supportive of the direction of travel. Each member was committed in providing feedback and engagement within their own remits.

Ms Thompson also highlighted the work undertaken to review the effectiveness of the Areas Clinical Forum and engagement within the advisory structures following Health Improvement Scotland's advice within their Report on Enquiry Visit to Beatson West of Scotland Cancer Centre in October 2015.

Mr Brown underlined the beneficial work carried out by the Area Clinical Forum, and the Advisory Committees for NHSGGC.

The minutes of the meeting held on 5 October 2017 [ACF(M) 17/05] were noted.

NOTED

133. PATIENTS' PRIVATE FUNDS IN 2016/17

There was submitted a report of the Director of Finance [Board Paper No. 17/68] which asked the NHS Board to adopt and approve for submission to the Scottish Government Health Directorate the 2016/17 Patients' Private Funds Annual Accounts for NHSGGC. The NHS Board was also asked to authorise the Director of Finance and Chief Executive to sign the Abstract of Receipts and Payments for 2016/17; the Chair and Director of Finance to sign the Statement of Board Members' Responsibilities; and the Chief Executive to sign the Letter of Representation to KPMG LLP on behalf of the NHS Board.

Mr White provided an overview for Members in relation to the holding of private funds on behalf of patients by NHSGGC and the mechanism in place to do so. Ms Brimelow asked for assurance in regard to action taken at a local ward and department level to ensure good practice. Mr White advised that a cashier was in place within the Finance Directorate to oversee local process and make changes as appropriate; this was working effectively as evidenced in the clean audit from KPMG.

Ms Brown asked whether patients were able to access funds easily and it was confirmed that this was indeed the case and this lay within the remit of senior nursing staff. Mr White noted that although monies held in the fund remained reasonably stable, there was flow both in and out of the fund as appropriate.

DECIDED

- That the submission to the Scottish Government Health Directorate the 2016/17 Patients' Private Funds Annual Accounts for NHSGGC be approved;
- That the Director of Finance and Chief Executive be authorised to sign the Abstract of Receipts and Payments for 2016/17;
- That the Chair and Director of Finance be authorised to sign the Statement of Board Members' Responsibilities;
- That the Chief Executive be authorised to sign the Letter of Representation to KPMG LLP on behalf of the NHS Board.

Director of Finance/CEO

Chair/Director of Finance

CEO

134. FINANCE & PLANNING COMMITTEE REMIT

There was submitted a report of the Head of Administration [Board Paper17/69] which asked the NHS Board to approve the amended remit for the Finance & Planning Committee. Mr Hamilton apologised to Members for the re-submission of the updated paper on the day before the meeting.

DECIDED

- That the amended remit for the Finance & Planning Committee be approved.

135. FINANCIAL REPORT

There was submitted a report of the Director of Finance [Board Paper No. 17/] which asked the NHS Board to note the updated financial position at 31 October 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 provided an overview of the key figures within the report, highlighting the positions within Acute Services, the health budgets of HSCPs, Corporate Directorates and capital expenditure. He also noted the additional funding announced by Scottish Government to ease winter pressures.

In answer to a question from Mr Carr for clarification on whether any further advice had been received from Scottish Government in relation to Lightburn Hospital and inpatient paediatric services at Royal Alexandra Hospital, it was confirmed that a decision had not yet been received.

Mr White also provided Members with further advice in relation to the Scottish Government Budget delivered on 14 December 2017.

NHSGGC had received an uplift of 1.5% which was almost £30m, and there was continued emphasis on a shift to service delivery within the community. Therefore,

over half of spending would be within the community on mental health, primary care and social care.

Staff pay increases within NHS Scotland were confirmed at 3% for those earning less than £30k and 2% for those earning more than £30 up to a cap at £1600 for those earning over £80k. Mr White confirmed that this would mean an overall increase in pay spend for NHS GGC of 2.4%, which added 1% to the previous forecast. Mr White outlined funding to key areas including primary care, mental health as well as the fund for transformational and regional planning. In particular, Mr White highlighted the transfer of £66m to local authorities for social care and Mr Williams added that whilst further detail was awaited, this was expected to be targeted at further implementation of the Scottish Living Wage, sleepover costs and implementation of the Carers' Act.

NOTED

136. FINANCE & PLANNING COMMITTEE: UPDATE

Mr Brown provided an update of the meeting held on 20 November, in which Members had discussed progress with the Sustainability & Value Programme as well as revenue and capital expenditure to 30 September 2017. Members had also reviewed the latest end of year projection and the projection for 2018/19. The Committee had received an update on Regional Planning and had approved the community plan for Renfrewshire and East Dunbartonshire HSCPs. The Committee approved the appointment of a consortium as preferred bidder for the sale of the surplus Dykebar Hospital site, and noted that missives had been concluded on the sale of the former Broomhill Hospital site.

Mr Brown also updated Members that the Committee had agreed with the recommendations of the Short Life Working Group that the Mary Aitkenhead Centre (MAC) be designated as a NHS Hospital Based Complex Clinical Care (HBCCC) facility. In addition, a service level agreement would be developed with St Margaret's to support the provision of HBCCC from the MAC.

The Minutes of the meeting held on 3 October 2017 [F&P(M)17/04] and the draft Minutes of the meeting on 20 November 2017 [F&P(M)17/05] were noted.

NOTED

137. STAFF GOVERNANCE ANNUAL REPORT 2016/17

There was submitted a report of the Director of Human Resources and Organisational Development [Board Paper No. 17/71] which asked the NHS Board to note the Staff Governance Annual Report for 2016/17.

Mrs MacPherson took members through the key highlights of the report, and emphasised the focus on providing assurance to the NHS Board that NHS GGC was meeting its statutory obligations in relation to staff governance. In particular that a staff governance infrastructure was in place to support the NHS Board to meet staff governance objectives and action plans. In particular Mrs MacPherson highlighted the work undertaken on Everyone Matters: 2020 Workforce Vision including the iMatter continuous improvement tool. A key focus of the Committee was to ensure that support was in place for managers to in turn support the workforce through the policy

framework. She outlined the work of the Committee in relation to Workforce Information as well as the Service Presentations made to the Committee throughout 2016/17.

Mrs MacPherson highlighted the work undertaken on the Action Plan in place following reports from Healthcare Improvement Scotland, as well as continued focus on whistle-blowing. She advised members that NHSGGC had been named as Public Sector Employer of the Year for the work undertaken on the Modern Apprentices scheme. Finally, that there would continue to be an emphasis on workforce planning and development which would encompass both regional and national developments, as well as a focus on learning from themes picked out from iMatter responses and this would feed into work on attendance management and organisational culture.

Ms Brown, Joint Chair Staff Governance Committee, brought the NHS Board's attention to issues of process in relation to appropriate application of the Staff Governance Standard in relation to the Remuneration Committee. In addition, she highlighted the action taken to achieve consistency in reporting to the Staff Governance Committee from different service areas, as well as establishment of a single Workplan to bring together and provide analysis on a thematic basis. She highlighted the Committee's role in continuing to review and seek improvement in relation to attendance management, eKSF performance and the move to Turas in April 2018 as well as oversight of mandatory training especially Fire Safety.

Ms Brown highlighted positive examples of work undertaken within NHSGGC – including the Staff Health Strategy and the continuation of a positive and constructive relationship with Trade Union partners.

Ms Brimelow raised the particular governance the NHS Board must consider around health staff working in prison environments as an issue to be routed through the Staff Governance Committee. In answer to a question from Dr Lyons regarding staff with disabilities, Mrs Macpherson provided an outline of the work NHSGGC had undertaken in this area through liaison with local colleges, the HSCP employability services and Project Search which supported those with learning disabilities. NHSGGC would continue focus on improvement in this area.

NOTED

138. CALENDAR OF MEETINGS 2018

There was submitted a report of the Head of Administration [Board Paper No. 17/72] which asked the NHS Board to note the calendar of meeting for 2018. Mr Hamilton noted that the arrangements for the Clinical and Clinical and Care Governance Committee in June 2018 required amendment and that he would seek agreement from the Committee Chair in this regard.

**Head of
Administration**

NOTED

139. PHARMACY PRACTICES COMMITTEE: 30 AUGUST 2017

Mr Finnie outlined the Committee's work on the applicant process and regulatory requirements. He asked members to note that in the absence of a statutory instrument in place, the Committee worked to provide fair hearings to all applications and that these were subject to the opportunity to appeal as appropriate. He outlined decision-

making within the Committee which was within the definition of the provision of an adequate service. Ms Thompson added that she endorsed the view that a statutory backing for the Committee's decision-making process would be helpful.

The Minutes of the meeting held on 6 October 2017 [PPC(M) 17/05] were noted.

NOTED

140. CLOSING REMARKS

Mr Brown noted that this would be the final NHS Board Meeting attended by Mr Loudon, as he would be moving to a new position at Durham University in January 2018. On behalf of the NHS Board, Mr Brown thanked Mr Loudon for the contribution he had made and highlighted his work and dedication to the completion of the building of the QEUH campus.

Mr Brown also noted that this would be the final Board Meeting for Ms Smith, who would be moving to a new position as Board Secretary at The State Hospital in January 2018. On behalf of the NHS Board, Mr Brown thanked Ms Smith for her contribution to NHS Board Meetings and wished her well for her future career.

141. DATE & TIME OF NEXT MEETING

On Tuesday 20 February 2018 at 9.30am in The William Quarrier Conference Centre, 20 St Kenneth Drive, Govan, Glasgow G51 4QD.

The meeting ended at 1.10pm