

NHSGG&C(M)18/01
Minutes: 1-24

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, 20 February 2018 at 9.30am.**

PRESENT

Mr J Brown CBE (in the Chair)

Dr J Armstrong	Dr D Lyons
Cllr C Bamforth	Mr J Matthews OBE
Ms S Brimelow OBE	Cllr S Mechan
Ms M Brown	Dr M McGuire
Mr S Carr	Mr A Macleod
Cllr J Clocherty	Mrs T McAuley OBE
Mr A Cowan	Cllr J McColl
Dr L De Caestecker	Mrs A Monaghan
Ms J Donnelly	Cllr I Nicolson
Mr R Finnie	Mr I Ritchie
Ms J Forbes	Mrs A Thompson
Mr I Fraser	Ms R Sweeney
Ms J Grant	Mr M White

IN ATTENDANCE

Mr J Best	Interim Chief Officer, Acute Services Division
Miss K Donald	Secretariat Manager
Mr W Edwards	Director of eHealth
Mr G Forrester	Deputy Head of Administration
Mr J C Hamilton	Head of Administration
Ms MA Kane	Interim Director of Property, Procurement and Facilities Management
Dr I Kennedy	Consultant in Public Health Medicine
Mr D Leese	Director of Renfrewshire HSCP
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 J Slavin	Chief Finance Officer, West Dunbartonshire HSCP
Mr A Stevenson	Head of Adult Services, Inverclyde HSCP

ACTION BY

01. APOLOGIES

Apologies for absence were intimated on behalf of Prof. Dame A Dominczak and Mrs D McErlean.

NOTED

02. DECLARATIONS OF INTEREST

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

NOTED

03. MINUTES

On the motion of Mr MacLeod, seconded by Mr Matthews, the minutes from the Board Meeting held on 19 December 2017 [NHSGGC(M) 17/06] were approved as a complete and accurate record.

NOTED

04. MATTERS ARISING FROM THE MINUTES

The Board Rolling Action List [Board Paper No. 18/01] was noted with 8 actions recommended for closure.

Ms Sweeney queried why Minute 129, Patient Experience Report, was recommended for closure as the Board had sought a further update at the April meeting. The Chair agreed that this should remain open and the Rolling Action List should be updated.

**Deputy Head of
Administration**

There was a discussion regarding Minute 43b, National Review of Maternity Services – Update, with regard to timeframes. Ms Grant highlighted the importance of managing expectations regarding timeframes for outcomes and that this national programme is expected to take from three to five years. Ms McAuley highlighted the importance of keeping the public updated with progress and ensuring that there are no gaps in information. The Chair advised that the review of maternity national services would be discussed at a forthcoming Board Development session where the issue of public engagement would be discussed.

**Deputy Head of
Administration**

NOTED

05. CHAIR'S REPORT

Mr Brown updated Members on a number of visits he had made within NHSGGC since the last NHS Board Meeting including Volunteer Services, the Immediate Assessment Unit, and the Acute Receiving Unit at Queen Elizabeth University Hospital (QEUH). Mr Brown wished to extend his gratitude to all Emergency and Out-of-Hours staff for their continued hard work over the winter period and noted that they had coped admirably with an 11% increase in demand in Emergency Departments.

He had hosted an open-door event for parents to provide detail on the closure of Ward 15, Royal Alexandra Hospital (RAH). This included sharing information regarding access to travel expenses and clarity surrounding their children's clinical pathway following the move to the Royal Hospital for Children (RHC). This event had been attended by the Cabinet Secretary for Health and Sport.

Mr Brown attended the St Mungo's Research Prize award ceremony at the Glasgow Royal Infirmary (GRI). He highlighted the importance of supporting scientific research and advised the Board of the proposal for the introduction of a formal Academic Health Science Partnership with the University of Glasgow.

Mr Brown reported to members that work continues to promote Realistic Medicine and that each Board is to nominate a Champion. He also expressed the importance of Precision Medicine and that he had been invited to join the steering group for the BEIS Innovation Audit of Realistic Medicine.

Mr Brown and Ms Grant recently met with Jackson Carlaw, MSP, as part of the Stakeholder Engagement Programme and Mr Brown reminded the Board of the importance of understanding the public's perception of the NHS, and also recognising any local issues that are arising.

Mr Brown reported to Members that Gillian Duncan, Public Affairs Officer, has become his Executive Assistant and will cover PA duties as well as support him with his Global Citizenship and his work for NHS Scotland on corporate governance.

Mr Brown referred to the NHS 70th Anniversary on 5th July 2018. Mr McLaws explained that there will be a six week build up to the anniversary with a focus on local activity and that guidance will include instructions on how to apply for funding to support Scottish celebration of this milestone. Mr McLaws also noted that there had been significant media interest in the 70th anniversary and that the Board's website will be updated to reflect changes in the NHS in Scotland since the 60th Anniversary was celebrated in 2008.

NOTED

06. CHIEF EXECUTIVE'S REPORT

Ms Grant reinforced the Board's gratitude to staff in their support of service provision over challenging winter months, noting the dedication of both NHS and social care staff. Ms Grant reminded Members that the winter is not over yet and that we are still experiencing increased demand.

Ms Grant attended an Adult Services inspection within Renfrewshire HSCP and will feed back to the Board when the National Elective Collaboration outcome has been received.

Ms Grant and Joyce White, Chief Executive of West Dunbartonshire Council, presented at a recent Audit Scotland event.

Ms Grant highlighted that the next draft of the regional planning proposal is due to be submitted to the Scottish Government for consideration and advice on 31st March 2018 and that there are ongoing discussions with the Golden Jubilee Royal Hospital (GJRH) regarding where they sit within the plan.

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, and advised that 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 Research and Development team along with the First Minister. Ms Grant was pleased with the outcome of this meeting and the First Minister had expressed that she was impressed with the information received.

Ms Grant highlighted that three television documentaries are being independently produced, covering patient pathways within the Beatson. Members will be notified of the dates that the documentaries will be aired when available.

Ms Grant noted Mr Hamilton's pending retiral and advised members of the ongoing process to recruit to the post of Head of Board Administration and Corporate Governance. Ms Grant advised the Board that arrangements are in place to fulfil the duties in the interim and that it is expected an appointment will be made soon.

NOTED

07. ANNUAL REVIEW LETTER

There was a submitted report of the Chief Executive [Board Paper No. 18/02] to inform Board members of the outcome of NHS Greater Glasgow & Clyde's 2016-17 Annual Review. Ms Grant noted the recognition from the Cabinet Secretary of the Board's achievements in 2016/2017, and the challenges faced by the Board. She reinforced the importance of addressing the issues raised within the letter and from patient feedback. Ms Grant drew the Members attention to the Main Action Points from the letter which the Board continues to address.

Ms Brimelow raised concerns regarding the ability to provide answers to questions raised at the Patients Meeting. Dr McGuire noted that as these were questions from the floor it was often not possible to provide a full and detailed answer at the time. Mr Best advised the Board that full and detailed responses are provided as soon as possible after the meeting.

NOTED

08. PATIENT'S STORY

Dr McGuire introduced a short film which featured a young father's positive experience of the Royal Hospital for Children where both his children had received treatment in the neonatal ward.

Dr McGuire noted that the story was linked to the Board's ongoing commitment to the Implementation of the Carers (Scotland) Act 2016.

NOTED

09. PUBLIC HEALTH COMMITTEE – UPDATE

Mr Matthews provided Members with an overview of the work carried out by the Public Health Committee, highlighting the increase in childhood immunisations and that the trajectory of immunisations shows that there is improving equality across different areas within GGC. He also noted that there has been a decrease in the Adult

Programme but that there are variances across GP practices. Mr Matthews highlighted the move of immunisations from GP practices to the Health and Social Care Partnerships and the importance of the Public Health Committee being sighted on updates as this rolls out.

Mr Matthews also noted the Turning the Tide Through Prevention draft paper and that colleagues and stakeholders have been asked for their views. Dr de Caestecker will update Members with progress of this paper at the April NHS Board Meeting.

Director of
Public Health

NOTED

10. NHSGGC INTEGRATED PERFORMANCE REPORT

There was submitted a report of the Head of Performance [Board Paper No. 18/04] 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 2017/2018 and Local Delivery Plan.

Dr Armstrong provided a summary of performance for Members and highlighted key performance status changes since the last report to the NHS Board, including performance improvements and performance deterioration, including measures rated as red (where performance has had an adverse variance of more than 5%).

Dr Armstrong drew Members attention to the level of *Clostridium Difficile* (CDI) and noted that there was a spike between July-September 2017. Dr Lyons queried the difference in CDI figures between the paper and HAI reports. He also queried reporting between acute and mental health bed days, and describing patients as adults with incapacity. Dr Armstrong advised that figures in the Performance Report provide the actual figures over a defined three-month period and in the HAI report provide a 3-month rolling average.

There were nine measures in the Performance Report 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 Mr Best advised that 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 Treatment Time Guarantee (TTG), particularly targeting long waiters. Mr Best also noted repatriation 140 breast screenings to NHS Lanarkshire which now had capacity to undertake these services.

Ms Brimelow queried the reopening of West Glasgow ACH Minor Injuries Unit with regards to staffing and whether there has been a demand for this service. Mr Best advised that staffing of the MIU had been possible from within existing staff groups and the Nurse Bank. Ms Grant noted that the numbers attending have been lower than expected and that this will be reviewed at the end of March.

Ms McAuley raised concerns regarding reviewing performance at appropriate intervals and timelines for improvement, particularly in relation to the cancer 31 day wait for referrals. Members agreed that future Board meetings should provide Members with information which will allow Members to track improvement.

Mr Carr queried the increase in demand, particularly attendance at the RHC, and how this is reflected in Dr David Stewart's work on unscheduled care management and if it has taken effect. Dr Armstrong highlighted that work is ongoing to keep patients out of acute services by introducing appropriate community services and that the impact of the programme will be felt fully over the medium- to long-term. Dr Armstrong reinforced that this work will have patient needs and safety at the centre. Ms Grant also noted Dr Stewart's work is being used as a platform to build upon and that it would not show improvement based on community service development alone.

Cllr Mechan queried the patient impact on target dates and whether a patient opting to delay their appointment is shown within the reported figures. Mr Best confirmed that the figures did account for patients delaying their appointments. Ms Grant noted that there were difficulties last year where patients requested a particular Consultant and in this instance the clock would stop depending on the Consultants availability, however, the Scottish Government have advised that the TTG reporting should remain the same, despite a patient not being on the common waiting list.

NOTED

11. ACUTE SERVICES COMMITTEE – UPDATE

Ms Brown updated Members regarding the option to replace cladding at the QEUH and RHC. A further update will be brought to the next Acute Services Committee. She also noted staff training and the aim for 90% completion of statutory and mandatory training by the end of March. Ms Brown explained that the 90% target takes into account vacancies, absences and staff turnover across the service.

NOTED

12. DELIVERING THE NEW 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND

There was submitted a report of the Head of Performance [Board Paper No. 18/04] which asked the Board to note the content of the proposed new 2018 General Medical Services (GMS) Contract in Scotland and the draft Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards, including the requirement for Primary Care Improvement Plans to be developed by 1 July 2018.

Mr Leese presented Members with an overview of the new GMS contract and how this would impact on the Health Board. Mr Leese assured Members that 2018/2019 was a transition period and no major changes would take place without appropriate consultation via governance structures. Members raised concerns regarding the risk associated with the new contract, Board responsibilities regarding leasing of premises, appropriate allocation of funding and inclusion within the Transformational Plan. Members also agreed that the changes must focus around improving patient outcomes and they should receive regular updates moving forward.

13. PERSON CENTRED HEALTH AND CARE REPORT

There was submitted a report of the Nursing Director [Board Paper No. 18/05] which asked the Board to note the improvement work being carried out Board wide. Dr McGuire highlighted that the approach is multidisciplinary and that the work is linked

to corporate objectives and the quality framework. There was recognition that patient needs vary across the services and Dr McGuire assured Members that the services are listening to all patient groups' needs. She also advised Members that most of the initiatives have been taken forward by the Health Board and that services across the health and social care system will continue to work to these initiatives.

14. HEALTHCARE ASSOCIATED INFECTION REPORT

There was submitted a report of the Medical Director [Board Paper No. 18/06] which asked the Board to note the latest in 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 NHSGGC 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 July to September 2017. She updated members in respect of local surveillance which demonstrated a 5.7% increase against the target in CDI cases. Dr Armstrong noted that this been reported to Health Protection Scotland. It was found that the majority of these cases had come from the community.

Dr Armstrong reported that there had been a possible cross transmission of a multi resistant pseudomonas on an Orthopaedic Ward. Antibiotic resistant bacteria are a significant public health concern and as a precaution the wards where patients had been located were deep cleaned and all patients were screened. This resulted in three temporary ward closures (24 hours). It was subsequently confirmed that although all resistant these bacteria were different. No cross transmission had occurred. Dr Armstrong highlighted that the early action taken by staff avoided the potential spread of a very resistant bacteria and the importance of remaining vigilant.

Dr Kennedy presented data on Flu Activity which will be shared with Members.

**Secretariat
Manager**

Mr Cowan noted that he had spent time with Infection Control staff and was impressed with their overall approach, including their commitment to data collection and recording.

NOTED

15. CLINICAL AND CARE GOVERNANCE - UPDATE

Ms Brimelow advised Members that the Clinical and Care Governance Committee had not met since December 2017 and there were no new updates to share.

Ms Brimelow advised the Board that audit work is being carried out to support internal audit and recommendations to the Clinical and Care Governance Committee. She also noted that the Committee is supported by two executive leads who assist with the scrutinising of papers.

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

NOTED

16. AREA CLINICAL FORUM - UPDATE

Ms Thompson advised that Mr Leese had agreed to attend the April ACF to update the Committee on the new GP contract changes and the impact that this will have upon the Board.

Ms Thompson also highlighted that Prof David Keating, Director of Medical Physics & Clinical Engineering and Healthcare Science Lead, NHS GGC, presented at the February ACF where concerns were raised that the Healthcare Science staff group was not yet involved in Moving Forward Together, despite being the fourth largest staff group within the organisation.

Ms Thompson noted that Dr de Caestecker had also presented the draft Public Health Strategy at the February ACF and that the Committee were sharing their comments with Dr de Caestecker by the end of February.

The minutes of the meeting held on 6 December 2017 [ACF(M) 17/06] and 2 February 2018 [ACF(M) 18/01] were noted.

NOTED

17. UPDATE ON PREPARATION FOR CARERS (SCOTLAND) ACT 2016 COMMENCEMENT

There was submitted a report of the Nursing Director [Board Paper No. 18/07] which asked the Board to note the significant preparatory work under way across all areas of NHS GGC in order to ensure readiness for the commencement of the Carers Act in April 2018.

Ms Anna Baxendale, Head of Health Improvement, led Members through the report and highlighted the work being carried out to train and support staff in preparation for the implementation of the act.

Ms Brown highlighted the importance of being mindful of complex relationships within families as well as the relationships between carers and those being cared for. Members agreed that it would be important that the cared for voices are heard along with those of the carer.

NOTED

18. AMENDMENT TO IJB INTEGRATION SCHEMES TO SUPPORT THE IMPLEMENTATION OF THE CARERS (SCOTLAND) ACT 2016

There was submitted a report of the Chief Officer of East Dunbartonshire HSCP [Board Paper No. 18/08] which asked the Board to note the implementation of the Carers (Scotland) Act 2016 and its impact on the functions delegated to each of the area's Integration Joint Boards (IJBs). The Board were also asked to recognise the joint working between the Health Board and Local Authorities to prepare the revised Integration Schemes to reflect the statutory changes outlined in the Carers Act and to submit these Schemes to the Scottish Ministers by 2 March 2018 for approval. The Board were also asked to jointly approve with Local Authorities the amendments to the listed Integration Schemes in accordance with The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No.2) Regulations 2017 with East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde,

Renfrewshire and West Dunbartonshire Councils. The Board were also asked to jointly approve with Local Authorities the attached amendments to the listed Integration Schemes in accordance with The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2017 with the East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde and West Dunbartonshire Councils.

Ms Manion led Members through the report and explained the impact on the Public Bodies Act and the duties and functions of the IJBs following delegation from the NHS and Scottish Government.

NOTED and APPROVED

19. OUTCOME OF SERVICE CHANGE PROPOSALS: RELOCATION OF PAEDIATRIC SERVICES FROM WARD 15, RAH, AND REDESIGN OF REHABILITATION SERVICES IN NORTHEAST GLASGOW

There was submitted a report of the Interim Chief Officer, Acute Services Division [Board Paper No. 18/09] which asked the Board to note the impact from the decisions announced by the Cabinet Secretary for Health and Sport on the relocation of paediatric services from Ward 15 at the Royal Alexandra Hospital and the proposed redesign of rehabilitation services in the Northeast of Glasgow.

Mr Best led Members through the report and highlighted that paediatric patients are still able to access services at RAH and any paediatric presentation at RAH Emergency Department will be seen and treated within RAH.

Mr Best was pleased to note that the Open Door Event was successful; this included focus and group work as well as one to ones with clinicians. There have been follow up requests for specialist service visits which are also being arranged. Mr Brown commended Mr Best, Mr Kevin Hill, Director of Women and Childrens Services, and the clinicians for the hard work in ensuring the efficient transfer of services from Ward 15 RAH to the RHC went seamlessly.

Mr Best explained that the proposal to redesign rehabilitation services in the Northeast of Glasgow was developed in conjunction with the HSCPs, IJBs, GPs and clinicians. The proposal was also approved by the Stakeholder Steering Group and demonstrated pathways for the various patient groups affected by the closure. Several members were disappointed by the Cabinet Secretary's decision, however, noted the importance of addressing the concerns raised as well as ensuring ongoing communication with the public regarding the proposal for the introduction of a health and social care hub in the East End of Glasgow.

Mr Brown thanked Mr Best and colleagues for their efforts and noted the impact that these decisions will have upon the Board's financial situation.

NOTED

20. NHSGGC REVENUE REPORT

There was submitted a report of the Director of Finance [Board Paper No. 18/10] which asked the NHS Board to note the financial position at Month 9 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. Mr White advised that at month 9 expenditure was £25.3 million over budget, down from £29 million in month 8 and ahead of the forecast trajectory of £28 million. Mr White further advised that the Acute Division reported an overspend of £27.1 million at month 9, but that programmed reductions in agency and locum spend should reduce this across the second half of the year, and that partnerships showed an overspend of £5.5 million at month 9, but that this includes short supply prescribing pressures forecast to be around £8 million over 2017-18.

Mr White noted the impact that prescribing costs had on the Board spend and that further discussion with IJBs were arranged to agree on the ongoing management of these costs.

Mr White noted locum and bank nursing costs and the impact of Winter Pressures which saw an increase in these costs over the winter period.

Mr MacLeod raised the issue of the transfer of funds from the capital to revenue accounts. Mr White advised that this type of transfer is not unusual and had been carried out with the agreement of the Scottish Government. The Board were asked to note this for 2017-18, and Mr White advised that should a similar approach be considered in 2018-19 the Finance and Planning Committee and the Board would be asked to discuss.

Mr White advised Members of the ongoing work around balancing the budget and meeting savings targets. Mr Brown requested that a detailed end of year update be provided to the next Finance and Planning Committee and the April Board.

NOTED

21. FINANCE AND PLANNING COMMITTEE - UPDATE

Mr Brown provided an update of the meeting held on 6th February 2018, in which Members had discussed budget allocation, 2018/2019 budget setting and efficiency savings across a 5 year plan. Mr Brown noted the relocation of paediatric services from Ward 15, RAH, to the Royal Hospital for Children, and decision against the proposed relocation of rehabilitation services in the Northeast of Glasgow and the impact that this would have upon savings. He also noted that Board and HSCP officers were engaging to identify funding levels for the coming financial year, and that the Board's 2017-18 financial position would be reported to the Board meeting in April.

NOTED

22. STAFF GOVERNANCE COMMITTEE - UPDATE

Ms Brown highlighted the Committee's focus on Fire and Evacuation training and reassured Members that she has sought assurances across wards, and shifts, that the 90% target for Fire Safety training will be achieved by the end of the financial year. The Committee also continue their work on positive initiatives, including succession planning. Duty of Candour has also been discussed and will likely be present on a number of Committee agendas.

The minutes of the meeting held on 7 November 2017 [SG(M) 17/05] were noted.

NOTED

23 CLOSING REMARKS

Mr Brown noted that this would be the final NHS Board Meeting attended by Mr Hamilton, as he will be retiring from his role on 2 March 2018. On behalf of the NHS Board, Mr Brown thanked Mr Hamilton for the contribution he had made and highlighted his work and dedication to his function as Secretary to the Board and his role as Head of Board Administration.

24. DATE & TIME OF NEXT MEETING

Mr Brown asked that Members note that the venue for the April NHS Board Meeting will be the **Boardroom, JB Russell House**.

Tuesday 17 April 2018, 9.30am, Boardroom, JB Russell House

The meeting ended at 2.45pm