

NHSGG&C(M)18/02
Minutes: 25-50

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Boardroom, JB Russell House, Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Tuesday 17th April 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	Dr L de Caestecker
Ms J Donnelly	Cllr I Nicolson
Ms J Forbes	Mr I Ritchie
Mr I Fraser	Mrs A Thompson
Mrs J Grant	Mr M White
Ms R Sweeney	Prof. Dame. A Dominczak
Ms D McErlean	Dr M McGuire

IN ATTENDANCE

Mr J Best	Interim Chief Officer, Acute Services Division
Mr W Edwards	Director of eHealth
Mr G Forrester	Deputy Head of Administration
Mr D Leese	Chief Officer, Renfrewshire HSCP
Ms A McLaws	Director of Corporate Communications
Ms S Manion	Chief Officer, East Dunbartonshire HSCP
Ms L Long	Chief Officer, Inverclyde HSCP
Ms J Slavin	Chief Finance Officer, West Dunbartonshire HSCP
Dr I Kennedy	Consultant in Public Health Medicine (For item 39)
Mr A Crawford	Head of Clinical Governance (For item 43)
Mr J Barber	Patient Experience and Public Involvement Manager (For item 35)
Ms G McMartin	Secretariat Manager

ACTION BY

25. APOLOGIES

Apologies for absence were intimated on behalf of Cllr J McColl, Mrs A M Monaghan and Mr R Finnie.

NOTED

26. DECLARATIONS OF INTEREST

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

discussed.

NOTED

27. MINUTES

On the motion of Ms Thompson seconded by Ms McAuley, the minutes from the Board Meeting held on 20th February 2018 [Paper No. NHSGGC(M) 18/01] were approved, subject to the following amendments:

Minute 05, last paragraph, corrected to “the NHS 70th Anniversary.”

Minute 10, paragraph 6, Ms McAuley clarified that her concerns related more specifically to reviewing performance at appropriate intervals as well as performance timelines.

Minute 10, paragraph 6, Mr Best corrected to “31 day wait for cancer referrals.”

Minute 15, paragraph 2, Ms Brimelow corrected to “audit work is being carried out to support internal audit and recommendations.”

Minute 19, paragraph 4, corrected to “several members were disappointed by the Cabinet Secretary’s decision.”

NOTED

28. MATTERS ARISING FROM THE MINUTES

a) ROLLING ACTION LIST

The Rolling Action List [Paper No. 18/11] was noted with 4 actions recommended for closure.

NOTED

29. CHAIR’S REPORT

Mr Brown updated Members on a number of visits he had made since the last NHS Board Meeting including visits to the Hospital at Home Service within NHS Lanarkshire and to Skye House Adolescent Inpatient Unit.

Mr Brown also met with Ivan McKee MSP, Glasgow East, along with Mrs Grant as part of the Stakeholder Engagement Programme.

Mr Brown updated Members on the Global Citizen Programme. The formal launch is expected to take place in June 2018.

Mr Brown was pleased to note that the post of Head of Board Administration and Corporate Governance has been appointed to. Ms Elaine Vanhagen, joins NHSGGC from NHS Forth Valley, and will take up post at the end of May 2018.

Mr Brown advised Members of his recent appointment as Interim Chair of NHS Tayside. Mr Brown advised that due to his additional commitments, Mr Ross Finnie

will undertake the role of Chair of the Remuneration Committee. Mr John Matthews will undertake the role of Chair of Glasgow Centre for Population Health Committee. Mr Brown will stand down from the Health and Social Care Delivery Programme Board. Mr Brown also advised that the schedule of dates for the appraisal meetings will go ahead as planned, however the schedule may need to be adjusted slightly to accommodate Mr Brown's additional duties. Mr Brown added that a date for the Board Away Day is being identified.

NOTED

30. CHIEF EXECUTIVE'S REPORT

Mrs Grant provided the Board with an overview of current challenges including a significant increase in demand within emergency departments; ongoing work with colleagues in relation to planned and cancer care; national maternity review implementation; eESS national programme and programme of work agreed to meet the challenges associated with HSCP budgets.

Mrs Grant expressed thanks to all staff and colleagues for their ongoing commitment and contributions to the above programmes of work.

Mr McLeod asked for assurance on a recent increase in press speculation regarding increased cyber threat, particularly to public sector organisations. Mr Edwards reported that a joint US – UK malicious cyber activity statement was released by the National Cyber Security Centre on 16th April 2018. The statement calls for organisations to be on high alert. Mr Edwards assured the Board that control measures have been put in place by the security team and the team continue to monitor security advice regularly, and advised that the Board has achieved Cyber Essentials accreditation. Mr White also highlighted that work continues on the business continuity plan to reduce the potential impact of cyber security threats.

NOTED

31. PATIENTS STORY

Dr McGuire introduced a short film which featured a staff member's recent experience as a patient of the Royal Alexandra Hospital.

The Board noted thanks to the staff member for an honest appraisal of the service.

NOTED

32. PUBLIC HEALTH COMMITTEE – UPDATE

Mr Matthews provided Members with an overview of the work carried out by the Public Health Committee, highlighting the launch of the daily mile initiative which welcomed founder of the Daily Mile, Pride of Britain Teacher of the Year, Elaine Wyllie, and the Minister for Public Health and Sport, Aileen Campbell.

The Board noted the minutes of the Public Health Committee of 31st January 2018 [Paper No. PH(M) 18/01].

Mr Brown noted thanks to Mr Matthews and Members of the Public Health Committee

for their hard work.

NOTED

33. PUBLIC HEALTH STRATEGY

Dr de Caestecker provided Members with an update on progress of the Turning the Tide Through Prevention programme which focuses on the prevention of ill-health and on the improvement of well-being in order to increase the healthy life expectancy of the whole population and reduce health inequalities. The Strategy will be presented for approval to the Public Health Committee on 18th April 2018. Once approved, the strategy will be brought to the Board for final approval.

**Director of
Public Health**

Mr Carr asked if consideration had been given to the additional resource that may be required to implement this strategy. Dr de Caestecker advised that only a high level detail of resource required is available at this time, however work will continue to develop this further.

Mr Brown thanked Dr de Caestecker and her team for their efforts in developing a clear and inclusive approach for public health. The Board noted progress and were supportive of the strategy.

NOTED

34. BOARD OBJECTIVES 2018/19

Members reviewed the Board Objectives 2018/19 [Paper No. 18/13.] The Board approved the Objectives, subject to the following amendments:

Better Workforce, will be amended to “Better Workplace.”

Implementation of learning from external HEI reviews, will be amended to include all external reviews.

Amendments will be made to ensure consistent language is used throughout the document in terms of NHS Board and NHSGGC.

**Deputy Head of
Administration**

NOTED AND APPROVED

35. MOVING FORWARD TOGETHER – UPDATE

There was submitted a report of the Medical Director [Paper No.18/14] which asked the Board to note progress on the approved work to develop a Transformational Strategic Programme for GGC Health and Social Care services. Phase 1 and 2 of the programme has been completed. Phase 3 of the programme to analyse all of the information gathered in phase 1 and 2, is now underway and some of the key themes emerging from this include empowering the population; mechanics of integration; new GP contract; population approach; tiered care and community hubs.

Mr Ritchie, Chair of the Stakeholder Reference Group (SRG), reflected on the process and highlighted that many people are keen to be involved in this programme of work and strongly recommended the continuation of the SRG.

Two short films were introduced featuring two members of the Stakeholder Reference

Group, reflecting on their participation in the group.

Mr Ritchie commended Mr John Barber, Patient Experience and Public Involvement Manager, and his team, for all of their hard work and commitment.

Given the key principles within the Public Health Strategy, Mrs McErlean highlighted the importance of ensuring that patients are empowered as well as involved.

Mr Matthews noted that there appears to be two strategies – Moving Forward Together and the Public Health Strategy, and felt it was necessary to ensure these are linked together into one strategy. Mr Brown advised that there are a number of strategies that are running parallel to one another and suggested that it may be useful to collate a list of current strategies.

**Deputy Head of
Board
Administration**

Dr Armstrong thanked Members for all of their comments. Dr Armstrong will present the programme to the Board Meeting in June.

Medical Director

Mr Brown thanked Dr Armstrong, Mr Ritchie and Mr Barber for the update.

NOTED

36. NHS INTEGRATED PERFORMANCE REPORT

Mr White, Director of Finance, presented the Board with the Integrated Performance Report [Paper No. 18/15.] The paper combines high level information from separate reporting strands to provide an integrated overview of NHSGG&C's performance in the context of the 2017-18 Local Delivery Plan.

Mr Best 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%).

Mr Best highlighted continued pressures due to recent adverse weather conditions and influenza. Nine measures are currently rated as red and each measure has a detailed exception report. Mr Best advised Members of the actions in place to address performance including information gathering of cancer pathways across Scotland to ensure best practice is being used in NHSGGC; endoscopy demand and capacity study; and plans to be implemented to address challenges with diagnostic imaging and the Treatment Time Guarantee.

Mr Brown thanked colleagues and teams for their work to address the current challenges.

Mrs McAuley also noted thanks to Mr Best and his team, acknowledging the significant amount of work done to date.

Dr McGuire advised that work is currently underway with Health and Social Care Partnerships and other NHS Boards to address delayed discharges. A meeting will also take place with representatives from Cordia to discuss issues with cancellations. Dr McGuire and Mr Best will update on progress of this at the next Acute Services Committee.

Nurse Director

**Nurse Director
Chief Operating
Officer**

NOTED

37. ACUTE SERVICES COMMITTEE – UPDATE

Mr Carr was asked to prepare a report to be circulated to Members.

NOTED

38. PATIENT EXPERIENCE REPORT – QUARTER 3

There was submitted a report by the Nurse Director [Paper No. 18/16] which asked the Board to note the quarterly report on patient experiences in NHSGGC from 1st October 2017 to 31st December 2017.

Dr McGuire led Members through the report detailing the numbers and themes in complaints received and SPSO Investigative Reports and Decision Letters.

NOTED

39. HEALTHCARE ASSOCIATED INFECTION REPORT

There was submitted a report of the Medical Director [Paper No. 18/17] which details NHSGGC performance against HEAT and other HAI targets and performance measures.

There were 116 validated Staphylococcus Aureus Bacteraemia (SAB) cases reported from October to December 2017.

Dr Armstrong reported 94 validated cases of Clostridium Difficile from October to December 2017. Members were pleased to note this is below the HEAT/LDP target.

Dr Iain Kennedy, Consultant in Public Health Medicine, was welcomed to the meeting to provide an update on the recent identification of infections which may be linked to the water supply at QEUH and RHC. Dr Kennedy provided the Board with an overview of the circumstances, ongoing work to identify the potential cause and the measures put in place to prevent further contamination, advising that the risk rating had been reduced to amber and that investigation had confirmed that there had been no cross-transmission in identified cases.

Mr Brown noted thanks to colleagues and teams for their ongoing efforts to manage infection within hospital settings.

Mrs Brimelow noted concerns that the rate of SAB infection appears high in comparison to the HEAT target. Dr Armstrong noted Mrs Brimelow's concerns, and observed that although the rate of infection appears high in comparison to the HEAT target, the rate is consistent with the national rate across Scotland.

Mr McLeod asked if the source of the possible waterborne infection has been identified. Dr Armstrong advised that Scottish Water are continuing to undertake regular testing at both the hospital site and at neighbouring residential properties, but have stated that the infection is not present in the water supply. Dr Kennedy assured Members that extensive work continues to pinpoint the infection's origin in the water system.

NOTED

40. CLINICAL AND CARE GOVERNANCE COMMITTEE – UPDATE

Mrs Brimelow outlined the topics discussed at the last meeting, including updates on the HIS review at Gartnavel Hospital and the HMIP inspection at HMP Low Moss; quality of care issues at the Cuthbertson Ward; Healthcare Quality Strategy and Clinical Governance Strategy; and the HIS review of Beatson Oncology.

The draft minutes of the meeting held on 6th March 2018 [Paper No. CCG(M) 18/01] were noted.

Mr Brown noted thanks to Mrs Brimelow and the Committee for their contributions and in depth scrutiny.

NOTED

41. AREA CLINICAL FORUM – UPDATE

Ms Thompson, Chair of the Area Clinical Forum, provided Members with an overview of discussions at the last meeting on 5th April 2018, including updates on GP contract and multi disciplinary teams, Moving Forward Together and Regional Planning. The group also heard an update from the Chief Executive and the Director of Finance.

Mr Brown thanked Ms Thompson for the informative update.

NOTED

42. ANNUAL REVIEW OF GOVERNANCE

There was submitted a report of the Deputy Head of Administration [Paper No. 18/18] which asked the Board to approve the standing orders for the proceedings and business of the NHS Board, approve updated remits of three of the Board's Standing Committees, approve the membership of the NHS Board's Standing Committees and Integrated Joint Boards and approve the list of authorised officers to sign Healthcare Agreements and related contracts.

Mrs Brown suggested the inclusion of whistle blowing within Appendix O – Scheme of Delegation.

Deputy Head of Administration

Dr Lyons commented on section 5.1 of the Scheme of Delegation, specifically the delegation of decisions to the Clinical & Care Governance Committee and the Public Health Committee. Dr Lyons suggested that consideration could now be given to delegating further functions to these Committees.

Deputy Head of Administration

Mr Cowan commented on page 133 of the Standing Financial Instructions, which details risk sharing arrangements for prescribing budgets. Mr White advised that the new risk sharing proposal is yet to be agreed by IJBs, therefore this will remain included within the Standing Financial Instructions until such times as the new arrangement has been established.

Members thanked Mr Forrester for this extensive piece of work and approved the paper subject to the above amendments.

NOTED AND APPROVED

43. DUTY OF CANDOUR POLICY

A report of the Medical Director [Paper No. 18/19] was submitted to the Board for noting. The Board were asked to note that NHSGGC has in place the arrangements which ensure the organisation meets the new legal duty. Mr Andy Crawford, Head of Clinical Governance, was welcomed to the meeting. Mr Crawford advised Members that the new duty came into force from 1st April 2018 and requires organisations to ensure that the principles of transparency, apology and involvement are adopted and adhered to, particularly when adverse events occur. Extensive support and guidance is available for staff including communications circulated, education sessions across NHSGGC and material and training available online.

Dr Lyons felt that clarity was required at pages 20 and 21 of the policy, regarding patients with mental health conditions, learning disabilities and those with cognitive impairment. Dr Lyons offered his support to redraft this section of the policy to ensure compliance with inequality legislation, and Dr Lyons and Mr Crawford will meet to take this forward, with any further material changes to be considered by the Board Clinical Governance Forum.

Head of Clinical Governance

Mr Cowan and Mrs Brown both felt that clarity was required regarding the decision making process of non-disclosure and how this is recorded. This will be raised with the Board Clinical Governance Forum.

Head of Clinical Governance

NOTED

44. FINANCE AND PLANNING COMMITTEE – UPDATE

Mr Brown apologised to Members that the minute of the Finance and Planning Committee of 6th February 2018 was unavailable at the time of the meeting. This was due to some sections of the minute being redrafted for completeness. Mr Brown provided an overview of the key items of discussion at the Committee, and assured Members that a copy of the final minute will be made available to Members as soon as possible.

Deputy Head of Administration

NOTED

45. AUDIT AND RISK COMMITTEE – UPDATE

The minutes of the Audit and Risk Committee Meeting of 12th December 2017 and of 13th March 2018 [Paper No. AR(M) 17/05 and AR(M) 18/01] were noted by the Board.

Mr McLeod noted that the Committee will circulate relevant internal audit reviews and the Corporate Risk Register to the Standing Committees on a regular basis. Mr McLeod also noted that the tendering process to appoint an internal auditor was near completion and the outcome of this will be communicated in due course.

Mrs Brimelow requested that management actions be included in any internal audit reports that are circulated.

Mr Brown noted thanks to Mr McLeod and Members of the Audit and Risk Committee for improvements achieved in the management of risk across NHS Greater Glasgow and Clyde.

NOTED

46. NHSGG&C REVENUE AND CAPITAL REPORT

A report was submitted by the Director of Finance [Paper No. 18/20] detailing the revenue position and capital position at Month 11 and the projections to 31st March 2018. Mr White provided an overview of the main points to note and advised Members that although the month 11 position describes an £8.2m overspend, he is predicting that in-year financial break-even will be achieved.

Mr Brown thanked Mr White for the update and noted the efforts of Mr White and team for improving the content and flow of financial information.

Mr Carr asked if the information on CRES performance could be reported separately for clarity. Mr White will provide an update on CRES to the next Board meeting in June.

**Director of
Finance**

Mr McLeod requested additional detail be provided in the form of a progress report. Mr White advised that the team are currently working on producing a high level dashboard report, which covers the financial year.

**Director of
Finance**

NOTED

47. FINANCIAL AND CAPITAL PLAN 2018/19

The Director of Finance presented the Board with the Finance and Capital Plan 2018/19 [Paper No. 18/21]. The Board were asked to note the assessment of the estimated 2018/19 financial challenge; approve the high level 2018/19 Financial Plan (initial draft) and approach; approve the 2018/19 Capital Plan; and approve the proposition for the 2018/19 HSCP devolved budget allocation. Mr White led Members through the report, detailing key areas of note including an update on the internal audit review of financial planning, the outline proposition for the 2018/19 devolved budget allocation to Health and Social Care Partnerships and the potential impact of increases in pay awards.

More comprehensive detail regarding the Financial Improvement Plan will be available for the next Board Meeting in June.

**Director of
Finance**

Mr Brown thanked Mr White and his team for providing a comprehensive update.

NOTED AND APPROVED

48. OPERATIONAL PLAN 2018/19

There was submitted a paper by the Director of Finance [Paper No. 18/22] detailing the

initial draft of the Annual Operational Plan. Mr White advised that the Local Delivery Plan process has been replaced by a request for each Board to submit an Annual Operational Plan for 2018/19. The financial tables on page 3 of the paper will be amended to reflect the most up to date financial information available.

**Director of
Finance**

The Board approved the initial plan subject to the inclusion of latest financial information.

Mr Brown thanked Mr White for the update.

NOTED AND APPROVED

49. STAFF GOVERNANCE COMMITTEE – UPDATE

The minute of the Staff Governance Committee held on 6th February 2018 [Paper No. SGC (M) 18/01] was noted and Mrs Brown provided an overview of areas of work including Duty of Candour; statutory and mandatory training; and succession, career and development planning framework. Mrs Brown added thanks to Mrs Grant, Mr Best and team for their efforts to significantly improve completion rates for statutory and mandatory training.

Mr Brown thanked Mrs Brown and the Staff Governance Committee for their commitment and efforts.

NOTED

50. PHARMACY PRACTICES COMMITTEE – UPDATE

The Board noted the minute of the Pharmacy Practices Committee Meetings of 12th March 2018 and 19th March 2018 [Paper No. PPC(M)2018/02 and PPC/INCL/2018]

NOTED

DATE & TIME OF NEXT MEETING

Tuesday 26th June 2018, 9.30am, The William Quarrier Centre, 20 St Kenneth Drive, G51 4QD.

The meeting concluded at 2.00pm