

NHSGG&C(M)18/03
Minutes: 51 - 78

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the William Quarriers Conference Centre, 20 St Kenneth Drive, Glasgow, G51 4QD
on Tuesday 26th June 2018 at 9.30am.**

PRESENT

Mr J Brown CBE (in the Chair)

Dr J Armstrong
Cllr C Bamforth
Mr I Ritchie
Ms M Brown
Mr S Carr
Cllr J Clocherty
Mr A Cowan
Ms J Donnelly
Ms J Forbes
Mr I Fraser
Mrs J Grant
Mr R Finnie
Ms D McErlean

Dr D Lyons
Mr J Matthews OBE
Cllr S Mechan
Dr M McGuire
Mr A MacLeod
Ms A. Monaghan
Dr L de Caestecker
Cllr I Nicolson
Mr I Ritchie
Mrs A Thompson
Mr M White
Cllr M Hunter

IN ATTENDANCE

Mr W Edwards	Director of eHealth
Mr G Jenkins	Director, Regional Services
Mr G Forrester	Deputy Head of Administration
Mrs E Vanhegan	Head of Corporate Governance and Administration
Ms M.A Kane	Associate Director of Facilities
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
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
Mrs L Kelly	Head of Primary Care Support and Development (For item 59)
Dr D Stewart	Deputy Director for NHSGG&C (For item 59)
Mr J Barber	Patient Experience and Public Involvement Manager (For item 59)
Dr M Smith	Lead Associate Medical Director, Mental Health (For item 59)
Mr B Sillars	Head of Transformational Strategy (For item 59)
Ms S Wearing	Chief Officer Finance and Resources, Glasgow City HSCP (For item 60)
Mr G Dover	Head of Planning and Performance, Glasgow City HSCP (For item 60)
Mr J Stuart	Chief of Nursing, North Sector (For item 60)
Ms Marion Speirs	Hub Accountant (For item 60)
Ms S Devine	Associate Nurse Director Infection Control (For item 63)
Mr D McConnell	Assistant Director, Audit Services, Audit Scotland (For item 74)
Ms S Leslie	Depute Director of HR and OD
Mrs G Mathew	Secretariat Manager

ACTION BY**51. APOLOGIES**

Apologies for absence were intimated on behalf of Ms S Brimelow OBE, Mrs T McAuley OBE, Dame Professor A. Dominiczak, Cllr J McColl and Ms R Sweeney.

NOTED

52. DECLARATIONS OF INTEREST

Mr R Finnie declared an interest in relation to item 9 on the agenda, given Mr Finnie's position as Chair of the Food Standards Agency.

NOTED

53. MINUTES

On the motion of Dr Lyons seconded by Mr MacLeod, the minutes from the NHS Greater Glasgow and Clyde Board Meeting held on Tuesday 17th April 2018 [Paper No. NHSGG&C(M) 18/02] were approved, subject to the following amendment:

Cllr Mhairi Hunter was in attendance at the meeting on 17th April 2018.

NOTED

54. MATTERS ARISING FROM THE MINUTES**a) ROLLING ACTION LIST**

The Rolling Action List [Paper No. 18/23] was noted, with comments on the closed items accepted.

NOTED

55. CHAIR'S REPORT

Mr Brown welcomed Ms Elaine Vanhegan, who has recently taken up post as Head of Corporate Governance and Administration.

Mr Brown noted the important areas for discussion at today's meeting, including reviewing current performance for 2018/19, scrutinising the 2017/18 financial accounts and focussing time on the Moving Forward Together Transformational Plan.

Mr Brown wished to note thanks to Mr Finnie, Mrs Grant and Mr Matthews for their ongoing support to allow Mr Brown to discharge his responsibilities for both NHS GG&C and NHS Tayside.

Mr Brown and senior leadership team representatives were invited to attend the

Scottish Parliament Health and Sport Committee on 8th May 2018 to provide evidence on the performance of NHSGG&C. Mr Brown was accompanied by Mrs Grant, Dr Armstrong, Mr White, Mr Williams and Mr Best and thanked them for their support and contributions at the Committee and noted thanks to staff in the wider team who provided support in preparation for the Committee. Mr Brown reported positive feedback from the Committee and would share the letter received from the Committee to Members.

Mr Brown attended the NHS Scotland Conference on 18th and 19th June, where the Global Citizenship programme was launched to support NHS Scotland staff working with developing nations.

A session with MP and MSPs was hosted by Mr Brown and Mrs Grant on 18th June, which detailed the Moving Forward Together Transformational Programme and the direction of travel. Mr Brown and Mrs Grant also met with Council Leaders and Chief Executives. Mr Brown reported that both sessions were positive and well received, however noted that additional work was required to further engage with MP/MSPs, Council Leaders, Councillors and Chief Executives.

Mr Brown noted that the appraisals with Board Non Executives were underway and work was ongoing to organise any outstanding.

NOTED

56. CHIEF EXECUTIVE'S REPORT

Mrs Grant advised that following the letter received from the Health and Sport Committee, a letter would be drafted in response which would also be made available to Board Members.

**Head of
Corporate
Governance and
Administration**

Mrs Grant advised that a series of Integration Meetings had taken place with partnerships. Mrs Grant recently met with Mr Paul Gray, Director- General Health and Social Care/Chief Executive NHS Scotland and Ms Sally Loudon, COSLA Chief Executive with regards to progress of the integration agenda.

Mrs Grant updated on key areas including gains in efficiencies achieved at Glasgow Royal Infirmary (GRI). Mrs Grant attended a number of meetings including the Medical Staff Forum at GRI, a meeting with colleagues from Glasgow University, and a recent meeting of the NHS Board Chief Executives.

Mrs Grant also provided an update on the National Maternity Review, the Project LIFT Initiative, eESS Programme Board, the Project Search Graduate Ceremony, the National Business Systems Board and the Institute of Healthcare Improvement visit.

NOTED

57. PATIENTS STORY

Dr McGuire introduced a short film which featured a patient's recent experience of an invasive surgical procedure using the Enhanced Recovery After Surgery (ERAS) approach.

The Board noted thanks to the patient for providing feedback about the service received. Dr McGuire highlighted that as a result of the feedback received, changes had been made to the service including allowing relatives to stay with patients until they are taken to theatre.

NOTED

58. PUBLIC HEALTH COMMITTEE – UPDATE

The Board reviewed the minutes of the Public Health Committee of 18th April 2018 and Mr Matthews provided Members with an overview of the work carried out by the Committee including the Joint Health Protection Plan and a progress report on meeting the requirements of Equality Legislation: A Fairer NHS GG&C.

Mr Matthews advised that he recently met with Ms Eibhlin McHugh, Co-Director of the Public Health Reform Executive Delivery Group. Mr Matthews felt it was important to ensure preservation of the key areas of good work being done across Scotland as part of the public health review and to further develop partnerships with others who are involved in public health. There was significant opportunity to engage many other professionals to increase focus.

ClIr Hunter commented that there were plans to organise a summit within Glasgow City Council to develop a greater internal focus on public health priorities.

Mr Brown agreed that there was a clear need to build on the work currently being done and increase focus on public health priorities. Mr Brown would be keen to hear about the plans of the other 5 local authorities in terms of public health priorities and if similar approaches as described by ClIr Hunter were planned.

Chief Officers

Mr Brown thanked Mr Matthews for the update and commended the efforts of colleagues in improving the public health focus.

NOTED

59. MOVING FORWARD TOGETHER TRANSFORMATIONAL PLAN

The Board received a presentation in support of the Moving Forward Together Transformational Plan [Paper No. 18/24] led by Dr Armstrong which set out the vision for health and social care services over the next 5 years. Dr Armstrong introduced the key staff involved in this including Dr David Stewart, Mrs Lorna Kelly, Mr John Barber, Mr Barry Sillars and Dr Michael Smith. Dr Armstrong provided a presentation covering the key areas including the need for change, vision, key principles, next steps and phased timelines.

Mr Brown thanked Dr Armstrong for a detailed presentation. Mr Brown felt it was

important to note the need for change to sustain and improve services provided.

Mr Brown invited questions and comments from Members.

Mr Carr noted a very impressive report and suggested further detail on the impact of resource and IT infrastructure would be useful, however fully endorsed the approach.

Mrs Brown thanked everyone involved in the development of this work and noted the tremendous effort involved in producing an excellent report. Mrs Brown felt that it was important to ensure consideration was given to IT implications, how whole person led assessments would be carried out and how the complexity of the new system would be managed. Mr Edwards advised that a Digital Strategy had been developed and an overview of this would be given to Board Members at the next Seminar on 3rd July, with the final Strategy being presented to the August Board meeting for approval.

Mrs Monaghan commended Dr Armstrong and her team and felt that the success of both health services and social care services were reliant on one another. Mrs Monaghan considered the timescales detailed in the presentation were ambitious. Mr Brown acknowledged that indeed the timescales were ambitious however stressed the need for this given the current challenges.

Mr Matthews praised Dr Armstrong and the team, stressing the importance of ensuring that wider aspects are considered such as Turning the Tide Through Prevention and that consideration be given to the potential barriers to executing the plans.

Mr Finnie fully endorsed all of the points made within the presentation and report however was of the opinion that there may be resistance to some aspects of the plans. He indicated that if we commit to the principles outlined, significant changes will ensue, therefore we must accept that implementation of the changes will not be without challenges.

Mrs Thompson noted the positive way in which this had been developed with many professions working together in a productive manner. Mrs Thompson accepted the comments made by Mr Finnie and highlighted that clinicians were very keen to ensure the success of this change.

Cllr Clocherty felt that the paper presented did not clarify the implications for individual communities. Without knowing the full impact that this would have, Cllr Clocherty felt he could not be in favour of, or support this proposal in any way without first knowing the impact. Mr Brown explained that this was the first stage of a plan to agree a set of principles by which further level of detail and decisions could be built upon. Mr Brown appreciated Cllr Clocherty's desire for more specific detail, but believed that without agreeing the initial principles and vision, we cannot move forward to determine those.

Cllr Mechan felt that the proposed vision was in the best interests of all, not just for specific communities, but acknowledged that there may be different impacts. Stakeholder consultation would be crucial to the success of this.

Mr Ritchie remarked that it was the first time he had seen a plan with this level of engagement with clinicians and fully supported a strong proposal, however sympathised with Cllr Clocherty's position.

Dr Lyons agreed that the proposal was the right way forward and was supportive of the plan. He noted that communication of the plan would be essential to garnering support and felt it was important to focus on what people would be gaining rather than what they may perceive as losing. Dr Lyons believed that supporting those in less advantaged areas, particularly in terms of ehealth, would be crucial.

Mr MacLeod suggested that programme management techniques be adopted to include a benefits register and a risk register to ensure the success and delivery of the programme. Mr MacLeod also suggested that the vision statement should be included at the beginning of the document.

Mrs McErlean was pleased with the paper and noted that the Area Partnership Forum would be keen to support the development of this work.

Cllr Bamforth agreed that we should consider what would be best for the wider population as a whole rather than individual constituencies.

Mr Brown was pleased to receive this report and acknowledged concerns of how NHS GG&C would manage resistance to change, however felt this was the right way forward.

Given the comments made, the consensus of the Board was to approve the approach.

Cllr Clocherty wished to make it clear that he was not in agreement and did not endorse the paper in any way.

Mrs Grant noted thanks to the Board for their contributions to the discussion and acknowledged that there may be challenges as we move into a more detailed phase ahead of any implementation. A further update would be provided to the Board in due course.

APPROVED

60. NORTH EAST GLASGOW HEALTH AND SOCIAL CARE HUB

Mr Gary Dover, Ms Sharon Wearing, Mr John Donnelly and Ms Marion Speirs attended the meeting to present to the Board the North East Glasgow Health and Social Care Hub [Paper No. 18/25]. The report sought agreement from the Board to the Draft Initial Agreement for the proposed Health and Social Care Hub for North East Glasgow. Ms Wearing advised that this paper had been presented to many fora and was therefore keen to focus on what questions Board Members had.

Mr Brown queried the costs detailed in the report as they appeared to be disproportionately high compared with other new health centres which had recently been built such as Maryhill. He enquired if any options had been considered to refurbish existing sites, for example Lightburn. Ms Wearing noted that 8 existing buildings were being relocated to the new site, therefore the size and scale was

significantly larger than the Maryhill site which was solely health services. Mr Dover advised that there was a process in place to consider site options and score these in a transparent way. One of these options was Lightburn. A workshop would take place in August to undertake this. Mr Dover went on to explain that many of the locations in the North East of the city are Victorian buildings which may be difficult to refurbish to meet the current needs. Mr Dover also noted that additional consideration needed to be given to the implications of the new GP contract.

Mr Brown accepted that it may be prudent to opt for a new building, however felt it was important that refurbishment was explored fully.

Mr MacLeod asked if the site options appraisal was limited to NHS and Local Authority buildings. Mr Dover advised that any accessible site within the community would be explored.

Mr Fraser noted that the matter was discussed at the recent Finance and Planning Committee, and felt that given the clear corridor of deprivation in this area, it was essential that we commit to a new building.

Mr Carr added that we must ensure value for money but this needs to be balanced with the location to ensure that the centre meets the needs of the population, therefore felt location was vital.

Ms Forbes agreed with Mr Carr adding that refurbishment may not necessarily be cost effective.

The Board requested that further detail be included with regards to consideration given to refurbishment of existing buildings.

The Board approved the proposal, subject to the above conditions, and instructed Officers to submit the proposal to the Scottish Government.

APPROVED

61. NHSGG&C INTEGRATED PERFORMANCE REPORT

The Board considered the paper 'NHSGG&C Integrated Performance Report' [Paper No. 18/26], presented by Mr White. The paper detailed high level performance information with the aim of providing Board Members with a clear overview of the organisations performance in the context of the 2018-19 Corporate Objectives.

Mr White noted areas meeting or exceeding the target in respect of access to services including Drug and Alcohol Treatment, Alcohol Brief Interventions, CAMHS, Psychological Therapies and IVF treatment.

The areas described as requiring improvement included cancer 62 day wait for suspicion of cancer referrals, the number of patients waiting longer than 6 weeks for a key diagnostic tests and achievement of the 12 week Treatment Time Guarantee.

In terms of the cancer target, Mr Jenkins provided an overview of actions being taken to improve performance including the adoption of live time reporting processes,

alignment of diagnostic imaging and weekly reviews with sector Directors to ensure immediate action and follow-up of any patients breaching or approaching breach dates of the target. He went on to highlight a number of work streams identified through the Financial Improvement Plan including theatre productivity and outpatient capacity to ensure facilities were available for the proactive management of all patients on cancer pathways.

The Board felt it would be useful to see some additional information on the input as well as the output, emerging trends, increases and decreases in demand, analysis of the information available and potential solutions in the event that a target may not be met. Mr Jenkins agreed to look at the request for future reporting with the Head of Performance Management.

**Director of
Finance/HoPM**

Mr Brown thanked Mr White, Mr Jenkins and Mrs Grant for the efforts of the team to address these issues.

Delayed Discharge

Dr McGuire provided an overview of the current delayed discharge position and highlighted that emphasis on analysis and problem solving continued. Chief Officers were working closely to develop a plan.

Mrs Monaghan raised concern that despite actions to address this issue, significant challenges remained. Ms Culshaw advised that West Dunbartonshire had experienced some recent challenges with regards to a short term issue at a care home which resulted in a short term spike in numbers, however assured the Board that a significant number of actions had been taken forward to reduce this. Ms Long also assured the Board that a great deal of work was underway across all of the partnerships to address the current issues, with the support of Dr McGuire.

Mrs Brown felt that the target was consistently not being met and that there needed to be more focus on specific causes of delayed discharge to address the issue. Mrs Brown expressed concerns about a model which appears to be ineffective.

Mr Brown assured Board Members that these areas of concern were being taken forward within the Integrated Joint Boards (IJBs).

Sickness Absence

Ms Leslie noted the improvements made in sickness absence rates and thanked Chief Officers for their support in improving this. Ms Leslie noted the Board overall sickness absence rate in April was 4.59%. The national figure for April was 4.78%. Partnerships reported a rate of 4.9% with Acute Division also reporting 4.9%. The Board Wide Services (excluding Property, Procurement and Facilities) sickness absence rate in April was 3.89% which is a 0.86% percentage point decrease from the previous month. A focus on Property, Procurement and Facilities was underway, with efforts being channelled to "hotspot" areas. Ms Leslie noted appreciation for the collective efforts of teams and the support of the trade unions.

Mr MacLeod queried the figures reported for Board Wide Services. Mr Macleod asked if this was the correct overall absence level for Board Wide Services since based

Depute Director

on an average calculation, Mr MacLeod would expect the figure reported to be lower than the 5.9% figure. Ms Leslie would explore this and report back to the Board at a future meeting.

of HR and OD

Mr Brown thanked everyone for their contributions to the above discussions.

NOTED

62. PATIENT EXPERIENCE REPORT – QUARTER 4

The Board considered Paper No. 18/27, 'Patient Experience Report – Quarter 4', presented by Dr McGuire which detailed the quarterly report on patient experiences in NHS GG&C for the period 1st January 2018 to 31st March 2018.

Dr McGuire highlighted changes to the report format including a section specifically for reporting prison complaints.

87% of Stage 1 complaints were closed within 5 working days. 60% of Stage 2 complaints were closed within 20 working days. A review of the complaints management process was being undertaken.

The results of the Feedback Survey indicated that 99% of respondents had a positive experience however this was against a 29% response rate. Dr McGuire suggested that a review be undertaken to achieve a higher response in future.

Dr Lyons commended the positive scoring from universal feedback, however was disappointed to note learning points in general were not explored in more detail in the report and suggested that it may be appropriate for the Clinical and Care Governance Committee to progress this. Dr McGuire agreed that a greater focus on evidence and feedback was required and assured the Board that this would be considered as part of the review process. Dr Lyons also suggested a review of areas which could be delegated to the Clinical and Care Governance Committee. Ms Vanhegan noted the importance of the Board retaining an overview of these matters however agreed that it would be useful to consider the role of Standing Committees in key areas.

Head of
Corporate
Governance and
Administration

Mr Cowan requested that trend information be included as part of the review process. Mr Cowan also expressed unease in relation to the prison complaints data and questioned why this area was an outlier, particularly in relation to Stage 1 complaints. Dr McGuire advised that many of the complaints received in this area are straight forward and easily rectified to the satisfaction of the complainant, and as such few require to be progressed to Stage 2. However, Dr McGuire would ensure this area was included as part of the review process and would present this to the Clinical and Care Governance Committee in the first instance.

Nurse Director

NOTED

63. HEALTHCARE ASSOCIATED INFECTION REPORT

The Board considered the Healthcare Associated Infection Report, [Paper No. 18/28],

presented by Dr Jennifer Armstrong. Ms Sandra Devine, Associate Nurse Director, was welcomed to the meeting to assist in providing an overview.

The paper detailed NHSGG&C performance against HEAT and other HAI targets and performance measures. The report described the validated HPS/ISD data for Quarter 4 from October to December 2017. Ms Devine reported 116 validated cases of Staphylococcus aureus Bacteraemia (SAB) which was above the national rate. This remains a priority and the NHSGG&C SAB group has been re-established to address this.

There were 94 validated cases of Clostridium difficile (CDI). This was above the national average but within the HEAT/LDP requirements.

Dr Armstrong advised that following the recent bacteria in the water system incident at Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC), a number of immediate actions had been undertaken to address the issue including domestic cleaning, cleaning of equipment, hand hygiene, the installation of end of tap filters and the installation of new drain spigots. The longer term plan was to chemically dose the water supply and then replace taps in high risk units.

Mr Finnie was disappointed to note that the Queen Elizabeth University Hospital (QEUH) had consistently been the worst performer in NHSGG&C for cleanliness over the past 12 months. Ms Kane noted that the site complied with the national requirement of >90% and that external verification had not highlighted any areas of concern. It was noted however that there was superior performance at Glasgow Royal Infirmary which posed a greater challenge being a significantly older building. Ms Kane noted that the methodology used at the sites was different, however assured the Board that this was being reviewed with Healthcare Improvement Scotland. The Board requested a further update on this to the October Board meeting.

**Acting Director of
Facilities**

Mr Brown thanked Dr Armstrong, Ms Devine and Ms Kane for an extensive report.

NOTED

64. ACUTE SERVICES COMMITTEE UPDATE

The Board considered the minute from the Acute Services Committee meeting of 20th March 2018, [Paper No. ASC (M) 18/02], presented by Mr Finnie. He noted that the Committee had also met on the 15th May.

Mr Finnie noted that the Committee discussed the Integrated Performance Report and noted difficulty in achieving the required level of performance in relation to some targets and the Committee requested that a clearer picture of target and trajectory was needed.

The Committee also received an update on the water issue at Royal Hospital for Children (RHC) and Queen Elizabeth University Hospital (QEUH), quality of care update and considered the financial report for Acute services.

Mr Brown advised that the flow of minutes to the Board had been discussed with Ms Vanhegan, and steps would be taken to resolve this issue going forward.

Mr Brown thanked Mr Finnie for the update.

NOTED

65. CLINICAL AND CARE GOVERNANCE UPDATE

In the absence of a Committee minute, Mr Ritchie provided an overview of the areas discussed at the last meeting of the Clinical and Care Committee on Tuesday 12th June 2018. This included consideration on the water issue at RHC and QEUH, SAB figures and HSMR figures, and the response to the mental health PWC audit. Mr Ritchie also noted positive discussions on the audit of the Committee and its functions and suggested that the Committee review the prison complaints issue at a future meeting.

Mr Brown thanked Mr Ritchie for the update and noted that it was important to ensure that the relevant issues were discussed at the appropriate Committees.

NOTED

66. AREA CLINICAL FORUM UPDATE

The Board considered the minute of the Area Clinical Forum meeting held on 5th April 2018 [Paper No. ACF (M) 18/02] presented by Mrs Audrey Thomson. Mrs Thompson also noted the key areas discussed at the last meeting of 7th June, which included an update from Mr White on the progress of the Financial Improvement Plan, a review of governance and future topics to be considered. The Forum valued the opportunity to contribute to the development of the Moving Forward Together Transformational Programme of work. Members of the ACF participated in a development session forming the second part of the meeting, which provided an opportunity to crystallise the unique purpose of the Forum.

Mr Brown thanked Mrs Thompson for the update.

NOTED

67. FINANCE AND PLANNING COMMITTEE UPDATE

The Board considered the minutes of the Finance and Planning Committee meetings held on 6th February 2018 and 3rd April 2018 [Paper No's. F&P (M) 18/01 & F&P (M) 18/02] and these were noted by the Board. Mr Ian Fraser provided an update of a subsequent meeting of the Committee which took place on 5th June, at which both the Moving Forward Together Transformational Plan and the North East Glasgow Health and Social Care Hub, were discussed. Also discussed were reports covering revenue and capital, together with a year-end projection.

Mr Brown thanked Mr Fraser for the update.

NOTED

68. AUDIT AND RISK COMMITTEE UPDATE

The Board considered the minutes of the Audit and Risk Committee held on Tuesday 5th June, [Paper No. AR (M) 18/02] presented by Mr Alan Macleod. Mr Macleod advised that a subsequent meeting took place on Tuesday 19th June.

Mr McLeod highlighted that Scott-Moncreiff had recently been appointed as the new internal auditors to the Board. An Internal Audit – Draft Plan for 2018/19 had been developed which detailed a 3 year internal audit plan, and this was noted by the Committee. The Committee agreed the workplan in principle with further discussion at the September meeting to allow discussion with the Chief Executive and Senior Management Team in the interim. The further developed internal audit plans would be presented to the Board Seminar in early September, before being presented to the Audit and Risk Committee later in the month.

The Committee considered additional reports including Whistleblowing and the Annual Fraud Report. Both reports were positive and no issues were noted by the Committee. The Committee also noted positive reports on Readiness for GDPR and BCP Arrangements.

Mr Brown thanked Mr MacLeod for the update.

NOTED**69. REVENUE AND CAPITAL REPORT – MONTH 12**

The Board considered the Month 12 Revenue and Capital Report, [Paper No. 18/29] presented by Mr Mark White, Director of Finance. The paper detailed the Revenue and Capital position at month 12, and provided the Board with an update of the year end out-turn position. Mr White highlighted the main points to note and advised Members that a breakeven position had been achieved, subject to final audit. Mr White highlighted that extensive cost containment measures and savings, in addition to £70.1m of non recurring funds, had been key to achieving this position.

Mr MacLeod noted thanks for the significant efforts of Mr White, his colleagues and the wider teams in achieving this given the level of pressures.

Mr Brown asked for clarity regarding the £7.6m overspend in HSCPs, in particular, the £5.5m to offset prescribing pressures. Mr Brown was of the understanding that the HSCPs held reserves, queried the combined figure currently held in reserves and asked if this figure exceeded the recommended 2% of total budget.

Mr White clarified that the combined reserves totals £56m at the year end position. It was highlighted that much of the reserves were allocated to support transformational changes as identified by the Moving Forward Together Transformational Plan and other initiatives to shift the balance of care. Much of these reserves also related to Council business. Mr Brown urged Chief Officers to utilise this resource as soon as possible to assist in relieving pressures within Acute Services. Mr Brown suggested that a development session be dedicated to this to provide Board

**Head of
Corporate
Governance and
Administration**

Members with a fuller understanding of reserves.

Mr White provided detail to Members on how the Board achieved a breakeven position for 2017/18. The 2017/18 Financial Plan approved in June 2017 highlighted an £18.5m gap, which was subsequently revised to £26m. A range of actions and measures have been undertaken to improve financial control.

Capital Position

Mr White noted the capital position for 2017/18, and highlighted areas such as the Radiotherapy Equipment Replacement Programme and Capital Receipts, which resulted in the gross CRL being revised to £52.8m. Mr White noted thanks to the Capital Team for their efforts in ensuring that the CRM target was achieved.

Mr Brown thanked Mr White for the update.

NOTED

70. FINANCIAL PLAN 2018/19

The Board considered the Finance and Capital Plan 2018/19 [Paper No. 18/30], presented by Mr Mark White. The report detailed the projected revenue and capital positions and outlined the plans in place to deliver key financial targets. Mr White confirmed that there had been no change to the funding position and highlighted the main areas of challenge. The report outlined the financial challenge at 18th June 2018 as £87m. This was lower than the original figure of £93m reported in February 2018, however it was highlighted that, for consistency and clarity, the overall total would remain at £93m.

Mr Brown highlighted that the figure detailed on page 6 reported the total new resources as £39m however page 7 refers to £39.4m. Mr White clarified that this was due to a combination of movement and rounding and confirmed that the final figure was £39.4m.

Mr Brown remarked that the report was clear and concise and thanked Mr White for the overview. Mr Brown invited questions from Board Members.

Mr Carr asked where CRES was now being reported. Mr White confirmed that this was now part of the Financial Improvement Plan (FIP).

Mr Carr also asked if the figures stated under non-recurring had been identified or if these were assumed. Mr White confirmed that these were identified. Mr White highlighted that there were a number of challenges in terms of non clinical team moves, such as the relocation of teams at Yorkhill. This also needs to be seen in the context of the space needs to allow for developments within the Moving Forward Together Transformational Programme.

Ms Forbes asked regarding the Gateway 1 projects, if these had not gone through the Gateway 2 process how can they have a figure allocated to them. Mr White confirmed that these had been allocated a figure as the Financial Improvement Team were confident that these would be successfully processed through Gateway 2.

Ms Donnelly queried why the savings were highlighted in red as this would indicate that we would not be in a position to achieve them. Mr White clarified that this indicates that these schemes would require a considerable amount of work to progress therefore further degree of certainty was required.

Mr Brown thanked Mr White for the update.

NOTED

The NHSGG&C Board Meeting was subsequently recessed and reconstituted as the Board of Trustees of Endowments.

71. ENDOWMENTS FUNDS ACCOUNTS TO 31 MARCH 2018

The Endowment Fund Trustees considered the Endowments Funds Accounts to 31 March 2018 [Paper No. 18/31] presented by Mr White. The Trustees were asked to adopt the Endowment Funds Annual Accounts for the financial year end 31st March 2018 and authorise the Director of Finance to sign the Statement of Trustees' Responsibilities and Balance Sheet.

The total value of funds as at 31st March 2018 was £84.3m compared with £86.8m in the previous year. Mr White described the key areas of contributions including the Red Cross Patient Transport, Maggie's, Beatson MRI scanning service, amongst others. The overall income for the year was £8.6m, which represented an increase of £0.6m from the previous year. Total expenditure from unrestricted funds amounted to £2.4m. Mr White drew attention to page 12 of the report which detailed the findings of the independent auditors report. Mr White advised that the full external audit report was available should Trustees' wish to see this. Mr Brown requested that this be circulated to Board Trustees.

Director of
Finance

Mr MacLeod noted that the independent auditors review confirmed that all funding had been accounted for appropriately, that all expenditure had been approved, that there were no retrospective awards, and that robust and comprehensive systems were in place.

Trustees requested that the Investment Policy be circulated to the Board of Trustees.

Director of
Finance

The Board of Trustees formally accepted the report and instructed Mr White, Director of Finance and Trustee, to sign the Statement of Trustees Responsibilities and Balance Sheet.

APPROVED

The Meeting of the Endowment Board of Trustees was concluded and Mr Brown reconvened the NHSGG&C Board Meeting.

72. GOVERNANCE STATEMENT – 2017/18

The Board considered the Governance Statement for 2017/18 [Paper 18/32] presented by the Chair of the Audit and Risk Committee, Mr Allan MacLeod, which detailed the Statement of Assurance. The Board were asked to approve the Governance Statement which formed part of the Annual Report and Accounts for 2017/18. Mr MacLeod highlighted to the Board that although the findings of the Internal Auditors Report were generally satisfactory, there were some areas of improvement required to enhance the adequacy and effectiveness of the framework of governance, risk management and control. These had been accepted by the Chief Executive and colleagues, and it was the opinion of the Audit and Risk Committee that an acceptable process of audit was in place and recommended that the Board approve and instruct the Accountable Officer to sign off.

The Board accepted the statement and instructed the Accountable Officer, Mrs Grant, to sign the statement.

Chief Executive

APPROVED**73. ANNUAL REPORT AND CONSOLIDATED ACCOUNTS**

The Board considered the Annual Report and Consolidated Accounts, [Paper No. 18/33], presented by Mr White. The Board were asked to adopt and approve for submission to the Scottish Government Health and Social Care Directorate, authorise the Chief Executive to sign the Performance Report and the Accountability Report and authorise the Director of Finance to sign the Consolidated Balance Sheet.

Mr White thanked colleagues from the Finance Team and Audit Scotland, for their support and contributions to this report. Mr White highlighted the main areas of note, and Mr MacLeod confirmed, following appropriate scrutiny, the Audit and Risk Committee were satisfied with the report and recommended that this was signed off. Mr Brown noted thanks to Members of the Audit and Risk Committee, to Mr White and the Finance Team and to colleagues at Audit Scotland, for their contributions.

The Board approved and instructed the Chief Executive and Director of Finance to sign off.

Chief Executive

Director of
FinanceAPPROVED**74. ANNUAL REPORT**

The Board considered the Annual Report for the Board of NHS GG&C and Auditor General for Scotland 2017/18, [Paper No. 18/34], presented by Mr McConnell. Mr McConnell noted thanks to Mr White and his team for their support and contributions to the report. It was the opinion of Audit Scotland that NHS GG&C's financial statements gave a true and fair view and were properly prepared. Adequate financial arrangements were in place and financial balance was achieved in 2017/18, however NHS GG&C faced a challenging position in the future and efficiency savings were crucial to achieving financial sustainability. Appropriate governance arrangements were in place that supported scrutiny of decisions made by the Board, however Mr McConnell highlighted that transparency could be improved by holding all Committee

meetings in public. A late emerging issue was noted regarding the IJB reporting timetables.

Mr Brown thanked Mr McConnell and his team for all their hard work. Mr Brown noted that there was variation across Scotland in terms holding Committees of Boards in public.

NOTED

75. ANNUAL REVIEW OF GOVERNANCE

The Board considered [Paper No. 18/35], Annual Review of Governance presented by the Head of Corporate Governance and Administration. This was highlighted as a follow up paper subsequent to the full review presented to the Board in April. The Board were asked to approve the amendments to the membership of the Pharmacy Practices Committee and to note that a report on Standing Committee and Integration Joint Board membership would be brought to the August meeting of the Board.

**Head of
Corporate
Governance and
Administration**

The Board were content to move forward with the three recommendations.

Mr Brown thanked Ms Vanhegan for the report.

APPROVED

76. STAFF GOVERNANCE COMMITTEE UPDATE

In the absence of a Committee minute, Mrs Brown noted the key topics discussed at the last meeting including the improvements made in Fire Safety Training compliance, the need for improvement in all statutory/mandatory training requirements and the successful implementation of the TURAS system on 2nd April, to replace the eKSF system. A full report on this was expected by the Staff Governance Committee in August.

Mrs Brown noted the resignation of Professor Knight from the Medical Revalidation Panel and wished to note thanks and best wishes to Professor Knight for the future.

Mrs Brown recently attended the Project Search Graduation and noted that Project Search had been embedded within both Glasgow City and Renfrewshire. Mrs Brown praised the project and encouraged all IJBs to consider undertaking this project. Chief Officers were asked to discuss this with their respective IJB's. If any further information is required, Board Members were advised to contact Mrs Anne MacPherson.

Chief Officers

Mr Brown thanked Mrs Brown for an informative update.

NOTED

77. PHARMACY PRACTICES COMMITTEE UPDATE

The Board considered the minute of the Pharmacy Practices Committee meeting of 11th June 2018 [Paper No. PPC (M) 2018/03] presented by Mr Finnie. Mr Finnie noted that the minutes were not accurate, given that Mr Finnie recused himself from discussion of item 3 of the meeting. The Board noted the minute with consideration of the above amendment.

NOTED

78. VALEDICTORY

Mr Brown advised the Board that Mr Ian Fraser was due to retire as Non Executive Board Member, and as such this would be Mr Frasers' last meeting. Mr Brown noted thanks on behalf of the Board for Mr Frasers' contributions to the Board, Committees and IJBs over a number of years. Mr Frasers' contributions would be missed and the Board wished Mr Fraser well for the future.

DATE AND TIME OF NEXT MEETING

Tuesday 21st August 2018, 9.30am, The William Quarrier Centre, 20 St Kenneth Drive, G51 4QD

The meeting concluded at 3.10pm