

NHSGG&C(M)18/05
Minutes: 103 - 129

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 16th October 2018**

PRESENT

Mr J Brown CBE (in the Chair)

Mrs J Grant	Mr R Finnie
Dr J Armstrong	Dr D Lyons
Cllr C Bamforth	Mr J Matthews OBE
Mr M White	Cllr S Mechan
Ms D McErlean	Dr M McGuire
Mr S Carr	Mr A MacLeod
Cllr J Clocherty	Ms A. Monaghan
Ms M Brown	Dr L de Caestecker
Ms J Donnelly	Mr A Cowan
Ms J Forbes	Mr I Ritchie
Mrs A Thompson	

IN ATTENDANCE

Mr T Steele	Director of Estates and Facilities
Mr J Best	Interim Chief Operating Officer
Mr G Forrester	Deputy Head of Administration
Mr G Archibald	Chief Operating Officer
Mrs A MacPherson	Director of HR and OD
Mr Alan Harrison	Lead Pharmacist Community Care
Mr D Leese	Chief Officer, Renfrewshire HSCP (To item 114)
Mr A McLaws	Director of Corporate Communications
Ms S Manion	Chief Officer, East Dunbartonshire HSCP
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms J Murray	Chief Officer, East Renfrewshire HSCP (To item 112)
Mr D Williams	Chief Officer, Glasgow City HSCP (To item 112)
Ms H Watson	Head of Service, Planning, HI & Commissioning, Inverclyde HSCP (To item 112)
Ms M Speirs	Hub Accountant (To item 112)
Mr D Harley	Planning & Performance Manager (To item 112)
Mrs G Mathew	Secretariat Manager

ACTION BY

103. APOLOGIES

Apologies for absence were intimated on behalf of Prof Dame Anna Dominiczak DBE, Ms Susan Brimelow OBE, Mr Ian Ritchie, Ms Rona Sweeney, Cllr Mhairi Hunter, Cllr Jonathon McColl, Ms Elaine Vanhegan and Ms Louise Long.

Ms Helen Watson was in attendance on behalf of Ms Louise Long.

NOTED

104. DECLARATIONS OF INTEREST

Mr Brown invited Board members to declare any interests in any of the agenda items being discussed.

No declarations of interest were made.

NOTED

105. MINUTES

On the motion of Mrs Thompson, seconded by Ms Forbes, the minutes from the NHS Greater Glasgow and Clyde Board Meeting held on Tuesday 21st August 2018 [Paper No. NHSGG&C (M) 18/04] were approved and accepted as an accurate record.

NOTED

106. MATTERS ARISING FROM THE MINUTES

a) ROLLING ACTION LIST

The Rolling Action List [Paper No. 18/45] was considered.

Mr Cowan noted inconsistencies with regard to the ongoing and closed actions. Following discussion, the Board agreed that any items which were included on future agenda's or on the forward planner but that the action had not yet been completed, would remain open on the Rolling Action List until such times as the action itself had been completed, for the purposes of clarity.

Secretary

On that basis, the Board agreed the closure of items on the Rolling Action List which had been completed and agreed that those items still to take place would remain on the List as ongoing.

Secretary

Dr de Caestecker clarified that item 58 of the Rolling Action List – Public Health Priorities, was ongoing and Dr de Caestecker had recently discussed with Chief Officers and had attended a number of meetings including Community Planning Partnerships and Integrated Joint Boards, to provide an overview of the Public Health Strategy and obtain feedback from those groups. This item remained ongoing, with feedback to be provided to the Public Health Committee in due course.

Dr de Caestecker

NOTED

107. CHAIR'S REPORT

Mr Brown reported that he had met with the Cabinet Secretary, Ms Jeane Freeman OBE at the recent Chair's meeting, where there was discussion about Scottish Government priorities, including; governance, waiting times, cancer waiting times, pace of integration and mental health services.

Mr Brown went on to note that the Scottish Government had approved the Blueprint for Good Governance, a copy of which would be circulated to members. A Steering Group was being established. Further detail and discussion on this would take place at the Board Development session on 8th and 9th November 2018.

The work of the Global Citizenship Programme continued and Mr Brown was pleased to welcome Ms Anisa Omar, Policy Manager for the Programme, who attended the meeting to observe. Mr Brown noted that the Minister for International Development would be in attendance at the next Programme Board meeting.

Mr Brown attended a meeting of the Black Minority Ethnic (BME) Employee Forum and was pleased to note the establishment of this Forum along with the Disability Forum and the virtual Lesbian Gay Bisexual Transgender Intersex (LGBTI) Forum.

Mr Brown highlighted a number of visits he had undertaken recently to a number of charities including a visit to the Beatson West of Scotland Cancer Care Centre for the Target Ovarian Cancer 10th Anniversary, a visit to the Maggie's Centre at Gartnavel General Hospital, the opening of the MacMillan Information and Bereavement Centre, and a visit to the Teenage Cancer Trust. Mr Brown noted the considerable amount of work undertaken by all of the charities.

Mr Brown advised he had also attended the Precision Medicine Summit on 10th September along with Mrs Grant, which focused on research, innovation, science and technology to improve the delivery of medicine.

NOTED**108. CHIEF EXECUTIVE'S REPORT**

Mrs Grant advised that work continued in relation to National and Regional Planning in respect of Trauma, Planned Care and Cancer. In addition, she highlighted the roll out of the maternity and neonatal care Best Start Programme. Mrs Grant recently met with Chief Officers to discuss local priorities across the system.

Mrs Grant attended a meeting of the eSS Programme Board and implementation of the eSS system would be completed by the end of November 2018.

Mrs Grant and Mr Brown also met with the Cabinet Secretary and visited the Imaging Centre of Excellence Building based at Queen Elizabeth University Hospital.

Mrs Grant highlighted the development programme being undertaken by the Senior Management Team and noted a recent session facilitated by Mr Michael West focusing on compassionate leadership.

Mrs Grant introduced Mr Tom Steele to Board members. Mr Steele took up the position of Director of Estates and Facilities on the 1st October 2018. The appointment of Mr Jonathan Best to the position of Programme Director for the Moving Forward Together Programme was noted, as was the appointment of Mrs Gail Caldwell as the Director of Pharmacy. Mr Alan Hunter would shortly return from secondment and has been appointed to undertake the role of Director of Access.

Mrs Grant attended a recent meeting with colleagues from Glasgow City Council in relation to the potential industrial action, and invited Mr Williams to provide an update on the current situation.

Mr Williams advised the Board that as of 1st October 2018, care services previously provided by Cordia were transferred to the Health and Social Care Partnership. Following legal proceedings under equality legislation, a process to address the Court findings and make appropriate backdated payments to affected staff was commenced however Trade Unions did not feel this was progressing quickly enough. Unison and GMB Trade Unions subsequently balloted members and members voted to take industrial action. The planned action would take place on 23rd and 24th October and would involve approximately 8,000 staff members from various services including catering, cleaning and care services. Agreement has been reached with the Trade Unions to ensure that essential life and limb cover was maintained for the most dependant and vulnerable service users. Despite plans to ensure minimal disruption to services, Mr Williams noted a likely impact on the wider health system including Acute Services, Scottish Ambulance Service and Primary Care Services. Delays may be experienced in Acute Service referrals and an increase in delayed discharges is expected. A National Contingency Planning Meeting will take place on Monday 22nd October and Mr Williams continued to work closely with Mr Archibald to minimise the impact on the wider system. The situation has prompted accelerated discussions regarding winter planning and the redirection of patient flows.

Mr Brown thanked Mrs Grant, Mr Williams and Mr Archibald for assurance to the Board regarding the ongoing discussions and efforts to reduce the impact of the industrial action.

NOTED

109. PATIENTS STORY

Dr McGuire, Director of Nursing, introduced a short film which featured a patient's recent experience of a significant stay at Queen Elizabeth University Hospital and the impact of life changing surgery.

Following the feedback received from the patient, Dr McGuire assured the Board of the commitment to implementing the lessons learned about communication and staff had found the comments received very helpful.

Mr Brown wished to note thanks on behalf of the Board to the patient for providing useful feedback.

NOTED

110. DELIVERING FOR TODAY, INVESTING FOR TOMORROW – THE GOVERNMENTS PROGRAMME FOR SCOTLAND 2018/19

The Board considered the paper “Delivering for Today, Investing for Tomorrow – The Government’s Programme for Scotland 2018/19” [Paper No. 18/46] presented by the Chief Executive, Mrs Jane Grant. Mrs Grant provided an overview of the context of the document. The paper was an annual publication which sets out the Scottish Government’s priorities for the year ahead, building on previous commitments and detailed the approach to tackling key challenges.

Mrs Grant noted the key themes included within the paper; improving support for good mental health; getting the right care in the right place at the right time; Acute and Secondary Care; social care and support; improving our population health; using research, innovation, digital and data capabilities to improve health; working across public services for better health; our NHS workforce and getting the best start in life.

Mr Brown thanked Mrs Grant for the update and invited questions from Board members.

In response to questions from Board members regarding specific reference to dementia within the document, Mrs Grant assured the Board that dementia would be managed under the wider mental health umbrella and there remained a commitment to address this as a priority area.

NOTED**111. PUBLIC HEALTH COMMITTEE – UPDATE**

Mr Matthews, Chair of the Public Health Committee, noted that there had not been a meeting of the Committee since the Board Meeting in August. Mr Matthews indicated that work continued to promote and implement the themes and principles of the Public Health Strategy, as agreed at the last Board Meeting. Dr de Caestecker had attended a number of meetings with Community Planning Partnership Boards and Integration Joint Boards to discuss local plans and obtain feedback on the Strategy. Dr de Caestecker would continue this and would feedback the outcome of discussions to the next Public Health Committee Meeting. Mr Matthews went on to note other significant areas of work for the Committee including the focus on blood borne viruses and the Children’s Neighbourhoods Programme. In addition, the Committee continued to seek opportunities to apply research and learning outcomes.

Director of Public Health

Mr Brown thanked Mr Matthews for the update and thanked the work of the Committee in promoting public health priorities.

NOTED**112. GREENOCK, CLYDEBANK AND NORTH EAST MENTAL HEALTH – FULL BUSINESS CASES**

The Board considered the Full Business Cases [Paper No. 18/47] for the Greenock, Clydebank and North East Mental Health Hub developments, presented by the Director of Estates and Facilities, Mr Tom Steele.

Mr Steele noted the three Full Business Cases detail the Hub developments for each

of the projects; however the summary paper provided an overview of all three projects. The Board were asked to approve the Full Business Cases for all three schemes for submission to the Scottish Government Capital Investment Group on 13th November 2018; approve the bundling strategy as outlined in the Summary and Bundling paper; note that each of the schemes had been assessed as value for money, affordable and achievable; approve the underwriting of design fees to allow continued progress whilst the approval process was underway; approve the proposal to enter into a DBFM contract in respect of the bundle upon approval by the Scottish Government of the Full Business Cases and approve the matters detailed in Appendix 1.

Mr Steele noted that Appendix 1 contained highly technical information. Mr Steele also noted that some elements of the FBC were commercially sensitive, and as such, had been redacted in places. Mr Steele would be happy to discuss any further information including the redacted information, should Board members require this.

Board members were comfortable that the language contained within Appendix 1 was standard DBFM contract language.

Mr Brown thanked all of those who had contributed to the development of this work and invited questions from Board members.

In response to questions from Board members regarding inpatient provision for mental health, Mr Harley explained the North East Mental Health facility would be designed in a flexible way to accommodate a range of patient needs.

In response to questions from Board members regarding the potential risks of the delays associated with the Clydebank facility, Ms Culshaw noted that work was currently underway to ensure sufficient access needs. Although this was a complex site, the overall risks had been reduced significantly.

The Board were satisfied that there was adequate management of the risks associated with the Clydebank project, given that extensive access works had commenced, and were satisfied with the management of the risks associated with the underwriting of design fees.

In response to questions from Board members regarding the learning obtained from incidents at Queen Elizabeth University Hospital and the Royal Hospital for Children, Ms Culshaw noted that the Capital Management Team were involved with all of the Hub projects, as well as the QEUH and RHC, therefore learning was being fed in continuously as the project progressed.

In response to questions from Board members in relation to the financial close for Clydebank, Ms Speirs clarified that a further document which detailed the financial close for Clydebank would be brought to a future Board meeting, circa June 2019.

**Director of
Estates and
Facilities**

The Board agreed all of the recommendations numbered 1 to 6 set out within Paper 18/47.

Mr Brown thanked everyone involved on behalf of the Board.

APPROVED

113. MOVING FORWARD TOGETHER

The Board considered the paper 'Moving Forward Together Implementation Phase Update' [Paper No. 18/48] presented by the Medical Director, Dr Jennifer Armstrong. Dr Armstrong detailed the progress against the 5 main actions which included presentation of the blue prints to each of the 6 IJB's; development and agreement of the implementation phase programme process; appointment of a Programme Director and Programme Support; appointment of the key members of the Corporate Management Team and Senior Clinical leadership to the Programme Workstreams; and development of the communications and engagement framework.

Mr Best noted that the Moving Forward Together Executive Group met on 12th October and described the establishment of both the Stakeholder Reference Group and Workforce Reference Group. The workstream leadership appointments were approved by the Corporate Management Team. The fundamental purpose of Moving Forward Together Programme remained accessible services, closer to home.

Dr Armstrong went on to describe the regional plans to establish the QEUH as one of the national major trauma units and development of a rehabilitation model. Further information on this would be presented to the Board as this developed. Dr Armstrong also noted the development of a West of Scotland Systemic Anti Cancer Therapy Strategy and a further update would be provided to the Board in December on both these regional developments.

Medical Director

Mr Brown thanked both Dr Armstrong and Mr Best for a positive update. Mr Brown remarked that emphasis on accessible services closer to home was clear. Questions were invited from Board members.

In response to questions from Board members regarding the term "a range of emergency local hospitals" Dr Armstrong clarified that this referred to the current local hospitals.

In response to questions from Board members regarding the availability of fully detailed proposals, Dr Armstrong clarified that priority was being given to progress areas that could be implemented rapidly, there would be a financial framework developed and presented to the Board in due course. Implementation of immediate changes would continue. Mr White indicated that financial planning was considering the short, medium and long term requirements.

Medical Director

Mr Brown noted that the Finance and Planning Committee had discussed the engagement process and Mr McLaws indicated that a considered approach was being given to the engagement process, due to the complexity of the overall vision. It was agreed that a paper which detailed the plan for engagement would be useful to provide reassurance.

Director of Communications

Mr Carr raised concerns regarding the absence of detail about the financial investment required to fulfil the aims of the programme. Mrs Grant understood Mr Carr's concerns and explained that due to the complexities of the project and

emerging priorities, it was not possible to provide full and complete financial investment information at this stage. Mrs Grant agreed, however, that some information of the estimated financial implication would be useful.

Mr Brown thanked those involved on behalf of the Board and noted that Board members would welcome participation in early discussions at key stages as the programme developed.

NOTED

114. PRIMARY CARE IMPROVEMENT PLANS 2018/19

The Board considered the paper 'Primary Care Improvement Plans 2018/19' [Paper No.18/49 presented by the Chief Officer Renfrewshire HSCP, Mr David Leese. The paper provided an update on the implementation of the new General Medical Services Contract, including the development of Primary Care Improvement Plans in each HSCP. Mr Leese noted the main areas covered within the report.

Mr Brown thanked Mr Leese for the report and invited questions from the Board members.

In response to questions from Board members in relation to workforce capability and planning, and the potential risk of destabilising other parts of the wider system, Mr Leese described a number of areas being progressed including advanced nurse practitioners, link workers, and work to collect data on staff numbers within GP practice. A principle has been adopted to ensure that any recruitment would only be progressed if it did not have an adverse effect on other parts of the system.

In response to questions from Board members in relation to quality improvement, clusters and peer reviews, Mr Leese indicated that in all areas practices continued to work in clusters and explore innovative ways in which they can work together.

Mr Brown thanked Mr Leese for the update and the work to date. The Board requested that 6 monthly progress reports be presented and Mr Leese would prepare the next report for the February 2019 Board meeting.

**Chief Officer,
Renfrewshire
HSCP**

NOTED

115. WINTER PLAN 2018/19

The Board considered the paper 'Winter Plan 2018/19' [Paper No. 18/50] presented by the Medical Director, Dr Jennifer Armstrong. Dr Armstrong described the cross system approach undertaken in the development of the Plan. The Board were asked to approve the draft Winter Plan and acknowledge the possibility of 115 to 150 additional beds and other resources, recognising that this may cost up to £8m; acknowledge that further work would be undertaken prior to final submission to the Scottish Government and approve that delegated authority be given to the Chief Executive to approve the final plan and ensure appropriate sign off by 30th October.

In response to questions from Board members regarding the financial impact, Mr White indicated that approximately £8m had been made available last year to support additional winter need. For this year, £2.1m had been made available and Mr White

expected that a further £2m would be identified from within the Financial Plan, which would reduce the overall financial risk to approximately £4m. Discussions were ongoing with the Scottish Government regarding additional winter funding to meet the proposed range of actions.

Mrs Grant went on to note that Chief Officers had been working with Acute colleagues to address cross system challenges, including delayed discharge, to develop robust contingency plans. Mr Williams noted that Glasgow City IJB had recently carried out an evaluation of commissioned intermediate care beds and Mr Williams would present this to a future Acute Services Committee.

**Chief Officer,
Glasgow City
HSCP**

Board members suggested an amendment to the description of the development of 72 hour supported community care. Board members felt that the use of the phrase “breathing space” may be confused with the national mental health organisation of the same name.

Mr Brown thanked Dr Armstrong and was pleased to note the cross system development of winter plans and the use of an innovative approach.

In summary, the Board identified and noted the risks associated with winter planning. Board members were content to approve the draft plan and the recommendations contained within the report, and endorsed the potential requirement of between 115 and 150 additional beds. The Board also acknowledged the financial position, and pending discussions with Scottish Government, and delegated authority to the Chief Executive to spend up to £8m should the funding be available.

APPROVED

116. ACUTE SERVICES COMMITTEE - UPDATE

The Board considered the minutes of the Acute Services Committee Meeting [Paper No. ASC (M) 18/05] of 18th September 2018. Mr Finnie provided an overview of the key areas discussed at the meeting including in depth scrutiny of the performance report and the finance report. Mr Finnie assured the Board that the Committee review in detail, the unmet measurable areas, fully discussed each, and sought assurance of the actions in place to address these.

Mr Brown thanked Mr Finnie for the update and invited questions and comments from Board members.

In response to questions from Board members regarding an update on the water issue at RHC, Mrs Grant noted that this would be covered under the HAIRT report.

Ms Brown raised concern regarding the governance of minutes of Board Committees being brought to the Board without first being ratified by their respective Committee. Mr Brown noted that minutes that have not yet been ratified by their Committee, were marked with a classification to denote that they were in draft and had been approved by the Chair of the committee. Ms Brown accepted this, however, would prefer that only ratified minutes were made available to the Board. Mr Brown noted the time delay this would create in terms of flow of minutes to the Board, however, asked that Mr Forrester consider ways in which final, Committee ratified minutes, could be republished for completeness.

**Deputy Head of
Corporate
Governance and
Board
Administration**

NOTED**117. NHSGGC INTEGRATED PERFORMANCE REPORT**

The Board considered the paper 'NHSGGC Integrated Performance Report' [Paper No. 18/51] presented by the Director of Finance, Mr Mark White. The paper detailed high level performance information with the aim of providing Board members with a clear overview of the organisation performance in the context of the 2018-19 Corporate Objectives.

Mr White noted areas meeting or exceeding target including access to a range of services such as Drug and Alcohol Treatment, Alcohol Brief Interventions, Psychological Therapies and IVF Treatment, which all continued to either meet or exceed the target. Other areas meeting or exceeding the target include the cancer 31 day waiting time trajectory which continued to be met for the fourth consecutive month; the number of C-Difficile cases remained positive against target; and the overall response rate to Freedom of Information requests continued to exceed target. Overall financial performance remained within trajectory and current performance represented a significant improvement on the same position reported in the previous year. Mr White noted that monthly compliance with the 18 week Referral to Treatment target remained fairly positive with the August 2018 position of 88.5% against the target of 90.0%.

Mr Brown thanked Mr White for the update and Mr Archibald was invited to provide further detail on Acute performance.

Mr Archibald thanked Mr White for the overview of the report and thanked Mr Finnie and the Acute Services Committee for comments. Mr Archibald noted that work continued to identify the key factors and actions to address these. Mr Archibald praised the efforts of staff to meet the Cancer 31 day waiting time trajectory, however noted that the 62 day target remained an area for improvement at 76.9%. Urology remained an area of concern, as did recruitment to posts, which continued to pose challenges nationally. Mr Archibald advised the Board of a number of actions being undertaken to address issues with implementation of a 7 day waiting time for suspected head and neck cancers and the introduction of an escalation point for all cancers.

Mr Brown thanked Mr Archibald for the update and invited comments and questions from Board members.

Mr Matthews wished to note his gratitude to the dedicated staff at the Beatson West of Scotland Cancer Centre for welcoming him at his visit there last week. The work of the team at the Beatson Centre was commendable and truly inspiring. Mr Brown thanked Mr Matthews for his comments and noted how valuable Board members visits were in terms of engagement with staff.

Mr Archibald went on to describe the performance of the percentage of new outpatients waiting more than 12 weeks for a new outpatient appointment. As at August 2018, the percentage was 71.6%, which indicated a decline from June 2018 performance. A range of actions were being undertaken to address this including the reduction of demand by redirection to more appropriate services; virtual clinics and

the introduction of the “attend anywhere” pilot.

Following discussion and questions from Board members regarding the understanding of the causes of increased demand, Mr Carr requested that a paper be drafted for consideration by the Acute Services Committee.

**Director of
Finance**

Following discussion and questions from Board members regarding the changing morbidity of the population, Dr de Caestecker agreed to provide a presentation to the Board Seminar on analysis of the data.

In response to questions from Board members regarding the performance of Child and Adolescent Mental Health Services, Mrs Manion provided an overview of the work being undertaken both locally and nationally to improve performance. Mr Brown noted the ambitious challenge to return to a 90% performance rate by December 2018. Mrs Manion agreed that the task was indeed ambitious, however remained fairly confident of its achievement. The Board requested a further update on this at the February 2019 Board meeting.

**Chief Operating
Officer**

**Director of Public
Health**

Dr McGuire provided an update on the number of delayed discharge patients across NHS GGC. As at August 2018, there were a total of 184 patients delayed which represented a deterioration in performance from the previous month. Mrs Manion noted the actions being undertaken by HSCP colleagues to reduce the number of delays experienced by patients including partnership working with care homes and the development of models of intermediate care. The emergent issues have been discussed in the context of the winter plan.

**Chief Officer,
East
Dunbartonshire
HSCP**

Mr Brown thanked all those involved in production of the performance report and for the update.

NOTED

118. HEALTHCARE ASSOCIATED INFECTION REPORT

The Board considered the paper ‘Healthcare Associated Infection Report’ [Paper No. 18/51] presented by the Medical Director, Dr Jennifer Armstrong. The report described the validated HPS/ISD data for Quarter 2 from April to June 2018. Dr Armstrong reported a total of 105 validated cases of *Staphylococcus aureus Bacteraemia* (SAB) which was above the national rate. This remained a priority and in addition to the regular GGC SAB Group meetings, Infection control doctors/microbiologists have now commenced SAB ward rounds. There were 96 validated cases of *Clostridium difficile* (CDI) reported which was above the national rate. There was no evidence of cross transmission and work continued to investigate the risk factors.

Dr Armstrong went on to advise the Board of the current position with regards to the cases of infections associated with Ward 2A Royal Hospital for Children (RHC), related to the water system. There had been no trigger incidents since June 2018; however on the 5th September the Incident Management Team (IMT) was reconvened to discuss three additional cases of bacteraemia, likely to be associated with drainage issues in Ward 2A. As of 27th September, six additional cases had been identified. Following a risk assessment conducted by the Senior Management Team at the RHC a recommendation was made to, and subsequently approved by, the GGC Board

Directors to move patients from Ward 2A and 2B to suitable accommodation within the adult building. A robust and comprehensive planning process was undertaken and successfully completed prior to the move which took place uneventfully on 26th September. A detailed investigation of the water systems in 2A and 2B was currently being undertaken by an expert external company.

Mr Steele added that plans to dose the water supply with chlorine dioxide continued and a mobile dosing plant would be installed by the end of this week. Further plans to remove wash hand basins and taps, and to replace drainage systems were being taken forward, which would result in the requirement for extensive flooring repairs and redecorating.

In response to questions from Board members about the frequency of these incidents in similar facilities, Dr Armstrong explained that these incidents did not appear common.

Mr Brown thanked Dr Armstrong and Mr Steele for the update.

NOTED

119. CLINICAL AND CARE GOVERNANCE COMMITTEE – UPDATE

The Board considered and noted the minutes of the Clinical and Care Governance Committee Meeting of Tuesday 4th September [Paper No. CCG (M) 18/03].

Dr Lyons provided an overview to the Board on the main issues discussed at the meeting including a presentation on the medicines reconciliation immediate discharge letter project; the outcome of the joint inspection of adult support and protection in East Dunbartonshire; the rapid access clinic for paediatric dentistry at RHC and the emergency department child protection policy and process. Dr Lyons also noted Dr McGuire's update on the unannounced inspection of older people's inpatient care at Inverclyde Royal Hospital (IRH). The initial results of the inspection were disappointing and highlighted a number of issues including staff recruitment and retention. Dr Lyons noted that the Committee would undertake a deep dive review of the number of SAB cases and a further report on perinatal deaths was expected at the next Committee meeting.

Mr Brown thanked Dr Lyons for the update.

NOTED

120. CLINICAL GOVERNANCE ANNUAL REPORT

The Board considered the paper 'Clinical Governance Annual Report' [Paper No. 18/53] presented by the Medical Director, Dr Jennifer Armstrong.

The Board were content to accept the report and Mr Brown congratulated Dr Armstrong and the Committee on production of the report.

APPROVED

121. AREA CLINICAL FORUM – UPDATE

The Board considered the minutes of the Area Clinical Forum Meeting of Thursday 4th October [Paper No. ACF (M) 18/03].

Mrs Thompson provided an overview of the main topics discussed including Hospital Standardised Mortality Rates; Moving Forward Together Programme update; Winter Planning and Regional Planning. Mrs Thompson noted that members of the Forum were keen to contribute to the stakeholder engagement process for the Moving Forward Together Programme.

Mr Brown thanked Mrs Thompson for the overview and noted that the Board Annual Review would take place on 11th March 2019.

NOTED**122. FINANCE AND PLANNING COMMITTEE – UPDATE**

The Board considered the minutes of the Finance and Planning Committee Meeting of Tuesday 2nd October 2018 [Paper No. FP (M) 18/05].

NOTED**123. AUDIT AND RISK COMMITTEE – UPDATE**

The Board considered the minutes of the Audit and Risk Committee meeting of Tuesday 11th September 2018 [Paper No. AR (M) 18/04]. Mr MacLeod provided an overview of the main topics discussed including approval of the internal audit plan; discussion regarding the relationship between Board and IJB auditors, and plans to hold a meeting to discuss this in early November; and consideration of a report by Ms Vanhegan with regards to the Brexit Steering Group. Mr Macleod noted that it would be helpful to dedicate time at a Board Seminar in the new year to consider Brexit issues.

Secretary

Mr Brown thanked Mr Macleod for the update.

NOTED**124. NHSGGC REVENUE AND CAPITAL REPORT**

The Board considered the paper 'Revenue and Capital Report' [Paper 18/54] presented by the Director of Finance, Mr Mark White. The paper detailed the summary position to the end of August 2018 and Mr White advised that as at 31st August 2018, the Board reported expenditure levels of £16.3m over budget which was better than the initial trajectory forecast of £23.4m. Mr White went on to note that the Financial Improvement Programme (FIP) Tracker recorded projects totalling circa £51.2m on a FYE and £33.6m on a CYE. Given the need for contingency to cover pressures within the Acute Division and the use of non-recurrent funds to support the in-year financial challenge, the Board currently predicted a £23m financial gap for 2018/19.

Mr White provided further information on the work of the FIP project including continued work with the external advisors, the recruitment of 2 additional posts within the Management Office to ensure progress and work with the Moving Forward Together programme to understand how this fits within the overall financial picture. Mr White also noted the recent announcement by the Cabinet Secretary that as of 31st March 2018, NHS territorial boards would be required to set out finance and improvement plans that break-even over a 3 year period, currently plans were assessed over 1 year. Boards would be offered the flexibility to underspend or overspend by up to 1% of budgets in any one year. Mr White also noted that the Scottish Government would not seek to recoup brokerage paid to NHS territorial boards in the last five years. Mr White envisaged that NHSGGC would continue to progress current plans to reduce spend, increase savings and to operate within budget on an annual basis.

In response to questions from Board members regarding the 1% under/overspend, Mr White clarified that authority for this was delegated to both the accountable officer and the Board, therefore should the Board require to utilise this sanction, this would be brought to and considered by both the Finance and Planning Committee and the Board for approval in the first instance.

Mr Brown thanked Mr White for the update.

In summary, Mr Brown noted the current expenditure levels of £16.3m overspent, against the initial trajectory of £23.4m, the continued focus of the Financial Improvement Programme to identify areas of savings and realisation of such. Mr Brown noted a predicted £23m deficit moving into the second part of the financial year.

NOTED

125. STAFF GOVERNANCE COMMITTEE – UPDATE

Mrs McErlean noted that there had not been a further meeting of the Staff Governance Committee since the last Board meeting on 21st August. The next meeting of the Committee would take place on Wednesday 7th November.

NOTED

126. HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT WORKFORCE UPDATE

The Board considered the paper 'Human Resources and Organisational Development – Workforce Update' [Paper No. 18/55] presented by the Director of HR and OD, Mrs Anne MacPherson. Mrs MacPherson advised of the recruitment of a record number of 458 newly qualified nurses. A new approach has been developed for induction of these staff, with nurses undertaking a professional induction, along with an organisational induction. Mrs MacPherson was hopeful that recruitment of these staff will address some of the issues with turnover, use of bank and agency staff, and contingency planning. Mrs MacPherson went on to inform Board members that a significant piece of work was undertaken in terms of doctors and dentists rotation placements, and it has been agreed that NHSGGC would be the host board for the West of Scotland.

Mr Brown thanked Mrs MacPherson for the update and invited questions from Board members.

In response to questions from Board members regarding the placement of the newly qualified nurses and current recruitment issues within specific areas such as Clyde, Dr McGuire explained that active recruitment in specific areas was undertaken resulting in the reduction of vacancies within Inverclyde from 11% to 2%. Mrs MacPherson provided a regular update on this to the Staff Governance Committee.

Mr Brown praised everyone involved in the recruitment of the newly qualified nurses.

NOTED

127. FOI ANNUAL REPORT

The Board considered the paper 'FOI Annual Report' [Paper No. 18/56] presented by the Deputy Head of Corporate Governance and Board Administration, Mr Graeme Forrester. Mr Forrester noted that the report detailed the statistical summary on the operation of the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004. Mr Brown noted the improvement in performance and congratulated Mr Forrester and team for their efforts.

NOTED

128. BOARD CALENDAR 2019

The Board considered the outline of proposed dates for Board and Committee meetings for 2019 [Paper No. 18/57]. It was agreed that the Board meeting scheduled for October 2019 would be moved to the 22nd October 2019, to avoid school holidays. Mr Forrester noted that Admin Control would be updated in due course with the meeting dates detailed within the paper. Board members noted a conflict on 25th June of the Inverclyde IJB and the Board meeting. Mr Forrester agreed to consider this, however noted that this may be unavoidable given the Board and IJB requirement to sign off financial accounts in June.

APPROVED

129. DATE AND TIME OF THE NEXT MEETING

Tuesday 18th December at 9.30am, The William Quarrier Centre, St Kenneth Drive, Govan, G51 4QD.

The meeting concluded at 3.55pm