

NHSGG&C(M)18/04
Minutes: 79 - 102

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the William Quarrier Conference Centre, 20 St Kenneth Drive, Glasgow, G51 4QD
on Tuesday 21st August 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
Mr I Ritchie	Cllr J McColl
Ms R Sweeney	Dr M McGuire
Mr S Carr	Mr A MacLeod
Cllr J Clocherty	Ms A. Monaghan
Ms S Brimelow OBE	Dr L de Caestecker
Ms J Donnelly	Mrs J Grant
Ms J Forbes	Mr I Ritchie
Cllr M Hunter	Mrs A Thompson
Mr M White	Ms D McErlean

IN ATTENDANCE

Mr W Edwards	Director of eHealth
Mr J Best	Interim Chief Operating Officer
Mr G Forrester	Deputy Head of Administration
Ms E Vanhegan	Head of Corporate Governance and 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
Ms A McLaws	Director of Corporate Communications
Ms S Manion	Chief Officer, East Dunbartonshire HSCP
Ms L Long	Chief Officer, Inverclyde HSCP
Mrs G Mathew	Secretariat Manager

ACTION BY

79. APOLOGIES

Apologies for absence were intimated on behalf of Mr Alan Cowan, Ms Morag Brown, Mr Ross Finnie, Prof Dame Anna Dominiczak DBE, Cllr Sheila Mechan and Ms Mary Anne Kane.

NOTED

80. DECLARATIONS OF INTEREST

Mr Ritchie declared an interest in relation to item 87 – Public Health Strategy, given Mr Ritchie's position as Chair of the Health and Social Care Physical Activity Group for the Scottish Government.

Cllr Hunter also declared an interest in the same item.

NOTED

81. MINUTES

On the motion of Mr MacLeod, seconded by Ms Donnelly, the minutes from the NHS Greater Glasgow and Clyde Board Meeting held on Tuesday 26th June 2018 [Paper No. NHSGG&C(M) 18/03] were approved and accepted as an accurate record.

NOTED

82. MATTERS ARISING FROM THE MINUTES

a) ROLLING ACTION LIST

The Rolling Action List [Paper No. 18/35] was noted, with comments on the closed items accepted.

Mrs MacPherson noted under item 61 of the Rolling Action List – Integrated Performance Report – Sickness Absence, the figure for Board wide Services was in fact 5.9%. The Board noted the amendment.

Mr Best noted that item 31 of the Rolling Action List – Strategic Assessment for Parkhead Health & Social Care Centre - could now be closed. The Board accepted closure of this action.

NOTED

83. CHAIR'S REPORT

Mr Brown recently attended a meeting with the Cabinet Secretary, Ms Jeane Freeman OBE and discussed a wide range of issues. Mr Brown noted the Cabinet Secretary's clear priorities on performance and service delivery, implementation of waiting times, pace of integration, governance and mental health services. Mr Brown expects to meet with the Cabinet Secretary together with Mrs Grant on a regular basis. He also noted a positive meeting with Ms Claire Haughey, Minister for Mental Health and Mr Brown would also shortly be meeting with Mr Joe Fitzpatrick, Minister for Public Health, Sport and Well being.

Mr Brown thanked Members for their contributions to the development of the Governance Blueprint being created in conjunction with the Scottish Government. This had been circulated for final comment and would form the basis of discussions at the next Board Away Day. The session would focus on the effectiveness of the NHSGGC governance systems and processes. Mr Brown noted that 5 Chair vacancies would shortly become available and that it was expected that these would be advertised by the end of next week and Mr Brown was happy to provide further

information to any interested parties.

Mr Brown's Global Citizenship work continued, with the creation of a database of staff who regularly travel overseas to work and further consideration was being given to how those staff who were unable to travel overseas could support those that do.

Mr Brown attended a visit with the Minister for Community Development and Social Services of Zambia, and the Scottish Minister for Europe, Migration and International Development, Mr Ben MacPherson.

An official signing of the Memorandum of Agreement of the Glasgow Health Sciences Partnership took place on 25th July and marked the formalisation of a long standing partnership between NHSGGC and the University of Glasgow.

Following the review by the Office of the Scottish Charity Regulator (OSCR) of the Endowments Committee, Mr Brown was pleased to note that there were no concerns raised, however the Endowments Committee were asked to consider ways in which public confidence could be increased and it was suggested that the Board of Trustees would meet 3 to 4 times per year, with the Endowments Management Committee continuing to meet to review applications. The Board of Trustees meetings would be held in public and would be scheduled after Board Meetings, the first of which would be in October.

July marked the 70th Anniversary of the NHS and the Royal Hospital for Children welcomed First Minister, Ms Nicola Sturgeon, joined by Ms Jeane Freeman and Mr Brown to meet patients, family and staff to celebrate the occasion.

Mr Brown attended the official opening of the MacMillan Cancer Support Hub at Beatson West of Scotland Cancer Centre on the 19th July. Mr Brown noted that the Hub was an inspiring development which would greatly enhance the care of patients and encouraged Board Members to visit the Hub if they had not already done so.

NOTED

84. CHIEF EXECUTIVE'S REPORT

Mrs Grant advised that she had made a number of visits since the last Board Meeting including to Lightburn Hospital, the Princess Royal Maternity Hospital Neonatal Unit and the Royal Alexandra Hospital Maternity Unit. Mrs Grant and colleagues also hosted a visit from representatives from the Auckland District Health Board. Mrs Grant also attended a visit from the Cabinet Secretary to the Beatson West of Scotland Cancer Care Centre and to Gartnavel General Hospital Renal Unit. Mrs Grant attended the 70th Anniversary celebrations at Royal Hospital for Children and thanked everyone for their efforts in organising a very successful and enjoyable event.

Mrs Grant was pleased to announce the appointment of Mr Tom Steele as Director of Estates and Facilities. Mr Steele joins NHSGG&C from Health Facilities Scotland and would take up post on 1st October. Mrs Grant noted thanks to Ms Mary Anne Kane for undertaking the role as Interim Director of PPFM.

Mrs Grant advised of further work which continued in relation to the implementation of the new HR system, the National Theatre Group, the Maternity and Neonatal Review and the West of Scotland Regional work.

Mr Brown thanked Mrs Grant for the update.

Mr Ritchie wished to note as Chair of the Endowments Management Committee, his endorsement of the proposals to establish public meetings of the Board of Trustees to ensure transparency and confidence.

NOTED

85. PATIENTS STORY

Dr McGuire introduced a short film which featured a patient's recent experience of a significant stay at the Intensive Care Unit at Glasgow Royal Infirmary following a life threatening illness and invasive surgery, and the support of the INSPIRE Team in accelerating his recovery.

The Board noted thanks to the patient for providing feedback about the service received and found the feedback very inspiring.

NOTED

86. PUBLIC HEALTH COMMITTEE – UPDATE

The Board considered the minutes of the Public Health Committee of 25th July 2018 [Paper No. PHC(M) 18/03] and Mr Matthews provided Members with an overview of the work carried out by the Committee including a productive discussion on the concept of a "Health Promoting Health Service" and the opportunities to promote health improvement at each and every contact with patients, improving the health of staff and creating a healthy environment. The Public Health Committee also noted increases in the numbers of referrals for smoking cessation, physical activity and referrals to financial inclusion services. Mr Matthews advised that the Committee received a presentation by Clyde Gateway on Planning the Future of Glasgow, which provided an overview of the work being done in partnership with Clyde Gateway, Glasgow Life, the HSCP and the Board Public Health Teams. The Committee discussed broader ways in which the health of the population could be improved including influence in areas of alcohol and fast food outlet licensing and Mr Matthews advised that Cllr Hunter was supportive of this.

Mr Brown thanked Mr Matthews for the update and wished to note thanks to the Members of the Public Health Committee for their ongoing commitment to this important aspect of the Board's work. Mr Brown further added on behalf of the Board, the endorsement and support to this work and the teams undertaking this.

NOTED

87. PUBLIC HEALTH STRATEGY

The Board considered a paper 'Public Health Strategy: Turning the Tide Through Prevention [Paper No. 18/36]' presented by Dr Linda de Caestecker which asked the Board to approve the Strategy and accompanying summary document, and to note the next steps in developing a monitoring framework and engagement strategy.

Dr de Caestecker also provided a presentation to Board Members which outlined the six public health priorities for Scotland:

- Live in vibrant, healthy and safe places and communities;
- Flourish in our early years;
- Have good mental wellbeing;
- Reduce the use of and harm from alcohol, tobacco and other drugs;
- Have a sustainable, inclusive economy with equality of outcomes for all;
- Eat well, have a healthy weight and are physically active.

Mr Brown thanked Dr de Caestecker for an excellent presentation and invited questions and comments from Board Members.

Concerns were raised regarding the financial resource required to implement the Strategy however the presentation was well received by Board Members. Dr de Caestecker advised in response to comments and questions that meaningful, vibrant and dynamic public engagement would be considered and reported to the Public Health Committee. The language used within the document would be amended as equitable was preferable to equal and the monitoring framework would be circulated to Board Members once available. Board Members were assured that this would contain targets and that overall life expectancy figures would be included within the statistical information. Board Members were also assured that financial information with regards to the Strategy would be presented in the future, the purpose of this paper was to agree a set of principles for Public Health.

Director of Public Health

The Board approved the Public Health Strategy and were fully supportive of the overall model.

APPROVED

88. ACUTE SERVICES COMMITTEE UPDATE

The Board considered the minute of the Acute Services Committee [ASC(M) 18/04] presented by the Vice Chair of the Committee, Mr Carr.

Mr Carr highlighted the main areas considered by the Committee. The Committee were pleased to note the improved performance in A&E for the 4th consecutive month. However, concerns were raised about delayed discharge and the increasing demand in both A&E and MIU attendance.

Mr Brown thanked Mr Carr for the update and invited questions and comments from Board Members.

In response to questions about delayed discharge and recent issues with care providers, Mrs Grant noted that there were areas of work being undertaken to ensure that the Senior Management Team had oversight of emerging issues within

Partnerships as early as possible to ensure resilience planning measures were in place.

Ms Long went on to assure Board Members that business continuity plans and robust monitoring processes were in place to reduce any potential impact on delayed discharge however it was difficult to envisage changes to the care provider market at present.

NOTED

89. NHSGGC INTEGRATED PERFORMANCE REPORT

The Board considered the paper 'NHSGGC Integrated Performance Report [Paper No. 18/37] presented by the Director of Finance. 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 target including access to a range of services including 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 compliance with the 18 week Referral to Treatment target, the June 2018 position was 90.2%, improvements in the A&E 4 hour wait with the June 2018 position being 93.6%, the cancer 31 day waiting time target continued to be met for the second consecutive month, the number of C-Difficile cases continued on track, and the overall response rate of Freedom of Information requests continued to exceed target.

The year-end target in relation to smoking cessation in the Board's 40% most deprived areas was exceeded.

Mr Best provided an update on the actions being undertaken to address the 62 day suspicion of cancer referrals target including weekly meetings with each of the Directors, close monitoring to ensure that all patients referred were given an appointment within 14 days and appointments for diagnostic services within 7 days. A Cancer Waiting Times Policy had also been implemented and a joint service/tracking workshop for NHSGGC would take place on 31st August 2018. Mr Best noted that a substantive Breast Surgeon in Clyde has been appointed and would take up post shortly.

Mr Brown thanked Mr Best for the update and invited questions and comments from Board Members.

In response to questions about the introduction of QFIT Bowel Screening, Mr Best advised that there was potentially an increase in referrals due to the sensitivity of the test itself; however this may not be the only reason. Mrs Grant went on to add that there was an increase in the level of referrals for all Board areas, and that a national discussion was taking place regarding this.

Mr Ritchie noted that the 12 week Treatment Time Guarantee statistics for Orthopaedic surgery appeared to increase after the conclusion of the Waiting Times

Initiatives. Mr Best advised that the level of Consultants remained consistent and that this was being explored further to identify the problem. Theatre productivity and capacity was also being reviewed to ensure efficiency.

Delayed Discharge

Dr McGuire provided an update to the Board on the current delayed discharge performance. Dr McGuire continued to work closely with Partnerships to address the main issues identified including available accommodation for adults with incapacity and delays with patients progressing through intermediate care beds. Mr Leese noted that the issue related to adults with incapacity could be improved by proactive appointment of welfare attorneys and guardians at an early stage. Mr Leese also noted that the choice available to adults with incapacity and complexity of circumstances can lead to delays.

Mr Brown thanked Mr White, Mr Best, Dr McGuire, and Mr Leese for the update.

NOTED

90. HEALTHCARE ASSOCIATED INFECTION REPORT

The Board considered the Healthcare Associated Infection Report, [Paper No. 18/28], presented by Dr Jennifer Armstrong. The report described the validated HPS/ISD data for Quarter 4 from January to March 2018 and Dr Armstrong noted the data was now being reported separately for healthcare associated and community associated infections. Dr Armstrong reported a total of 114 validated cases of *Staphylococcus aureus Bacteraemia* (SAB) which was above the national rate. This remains a priority and in addition to the reestablishment of the GGC SAB Group, IPCT have also coordinated a SAB summit with other Health Boards to identify areas of good practice. There were 80 validated cases of *Clostridium difficile* (CDI) reported which was below the national rate.

Dr Armstrong went on to advise the Board of the current position with regards to the cases of bloodstream infections associated with Ward 2A Royal Hospital for Children, which initially was proposed as possibly linked to a contaminated water system. There have been no triggers since 11th June and a number of actions were undertaken to mitigate the risk including a number of points of use filters installed, drains decontaminated using chlorine dioxide, cleaning with hydrogen peroxide vapour, replacement of aluminium spigots to plastic spigots in wash hand basins, and a longer term plan to pulse the water supply with chlorine dioxide and replace taps. NHSGGC continued to work closely with colleagues at Health Protection Scotland, who were leading the investigation, and Health Facilities Scotland. A report by Health Protection Scotland was expected and would be presented to the Board in due course.

Dr Armstrong also noted a case identified within the Queen Elizabeth University Hospital Spinal Unit of *Carbapenemase-producing Enterobacteriaceae* (CPE) which was resistant to particular types of antibiotics. Patients who have had healthcare in hospitals abroad were routinely tested for this type of organism. Six cases in total were identified and no further cases had been identified since control measures were put in place.

Mr Brown thanked Dr Armstrong for the update and invited comments and questions

from Board Members.

Mrs Brimelow thanked Dr Armstrong for the assurances provided to the Board. The Clinical and Care Governance Committee would undertake an in-depth analysis of the issues detailed in Dr Armstrong's report at the next Committee meeting in September.

Ms Forbes noted concern regarding the water issue within the RHC, given that this was a new hospital, were there issues with the specifications of the building. Mrs Grant assured Ms Forbes that work to identify problems with the initial specifications of the building fixtures and fittings requirements was underway so that learning can be obtained and shared. Dr Armstrong, Mr Best and Ms Kane have spent a significant amount of time with Health Protection Scotland, and would await the outcome of the report.

NOTED

91. REVIEW OF CHILD AND ADULT PROTECTION GOVERNANCE

The Board considered the paper 'Report on the Outcomes of both Child Protection and Adult Support and Protection Reviews' [Paper No. 18/39] presented by the Nurse Director.

Dr McGuire asked that the Board approve the plan to combine the existing governance arrangements for both Child and Adult Protection and Adult Support and Protection into one NHSGGC Public Protection Forum, approve the establishment of an NHSGGC Adult Support and Protection Operational Group to mirror functions of NHSGGC Child Protection (Acute & Partnerships) Operational Group and to note the strategic representation of the NHSGGC Public Protection Forum to include MAPPA, GBV and ADP.

Mr Brown thanked Dr McGuire for the report and invited questions and comments from the Board.

Mrs Thompson noted that in respect of identifying those at risk it was crucial to include Community Pharmacy in this group, given the increased level of contacts that Community Pharmacy were likely to receive.

In response to questions from Board Members regarding the level of risk associated with the proposed changes, Dr McGuire assured the Board that the proposed changes were in addition to the existing structures in place and were not replacing any current structures, therefore the level of risk reported was low.

Dr Lyons agreed that it was sensible to bring both of these areas into the same forum, however felt that the title of Public Protection Forum was not appropriate. Dr Lyons felt this may lead to confusion as to the purpose of the forum and suggested that the title be amended to Child and Adult Protection.

The Board approved the paper with the proviso that a further discussion regarding the title of the newly formed groups would take place.

APPROVED**92. NATIONAL REVIEW OF MATERNITY AND NEONATAL SERVICES**

The Board considered the paper 'National Review of Maternity and Neonatal Services' [Paper No. 18/40] presented by the Nurse Director. The Board were asked to note the progress made in implementation of The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland. Dr McGuire provided an update on progress since the last update to Members on 27th June 2017, including the Early Adopter Board Project which had commenced.

Mr Brown thanked Dr McGuire for the update and invited comments and questions from Board Members.

In response to comments regarding the provision of services within Clyde, Dr McGuire assured the Board that the Birthing Service at Inverclyde Royal Hospital (IRH) and Vale of Leven (VoL), would continue. Dr McGuire went on to note that both IRH and VoL continued to have a full complement of staff with contingency plans in place to ensure continuity of the service, given the small staffing number. Dr McGuire further noted that births at VoL had risen on the previous year.

In response to comments from Board Members, Dr McGuire advised that the document would be updated to ensure that acronyms were explained in full and further information would be included within the Appendix.

NOTED**93. PHARMACEUTICAL CARE SERVICES PLAN 2018-21**

The Board considered the paper 'Pharmaceutical Care Services Plan' [Paper No. 18/41] presented by the Medical Director. Dr Armstrong introduced Mr Alan Harrison, Lead Pharmacist, Community Care, and Mr Harrison provided an overview of the Plan. The Board were asked to approve the revised version of the Plan. The Plan was a legislative requirement and required review by the Board every 3 years. Mr Harrison noted key areas of the Plan which detailed the work undertaken within Community Pharmacy including the Minor Ailments Service and Smoking Cessation.

Mr Brown thanked Dr Armstrong and Mr Harrison for the update and invited comments and questions from Board Members.

In response to a question regarding the role of Community Pharmacies in care and treatment out of hours, Dr Armstrong assured the Board that the Pharmacy Team have been fully involved in contributing to the Moving Forward Together Transformational Plan. Mr Harrison assured the Board that he had been involved in the Out of Hours Review Steering Group and has been since its inception, to ensure that pharmacy services are fully involved in transforming out of hours care.

The Board approved the paper for submission, however asked that Mr Harrison return to a future Board Meeting with an updated paper detailing the work of pharmacy in the Moving Forward Together Transformational Plan and Out of Hours Review.

Medical Director

APPROVED**94. DIGITAL STRATEGY – 2018-22**

The Board considered the paper 'Digital Strategy' [Paper No. 18/42] presented by the Director of eHealth. The paper requested that the Board approve the draft NHSGGC Digital Strategy 2018 – 22. The Strategy established the direction for a prioritised programme of work that would exploit the investment in technology that has been made to date, harness the opportunities for innovation and deliver digital solutions to meet the growing health and care demands into the future. Mr Edwards provided a presentation which summarised the 5 key areas:

- Integrated Electronic Health & Care Record;
- Self Care & Remote Care;
- Informatics & Data Analytics;
- Workforce & business systems;
- Technology Infrastructure.

Mr Brown thanked Mr Edwards for an interesting and informative presentation and invited comments and questions from Board Members.

In response to concerns raised by Board Members regarding the resource required to fulfil the aims of the Strategy, Mr Edwards noted that there were many areas which were already being progressed currently, therefore additional resource would not be required for these. There were however some areas which may require a business case proposal. Mr Edwards indicated that there was ring-fenced funding available from Scottish Government for particular areas of work. Business proposals including financial resource implications would be brought before the Board for approval, should the Board agree the principles and direction of travel of the Strategy.

Following discussion, the Board noted some minor amendments to the Strategy including the inclusion of the NHSGGC Board above the CMT in Appendix 2 – Governance diagram, further details on security for individuals accessing virtual consultations, how consent would be obtained to share information with contractors and details on the ways in which the organisation would support individuals to use technology for self care to ensure that we do not create health inequalities.

**Director of
eHealth**

The Board approved the principles of the Strategy and would await further information on the implementation process once available.

**Director of
eHealth**

APPROVED**95. CLINICAL AND CARE GOVERNANCE COMMITTEE – UPDATE**

The Board considered and noted the minutes of the Clinical and Care Governance Committee Meeting of Tuesday 12th June 2-18 [Paper No. CCG(M) 18/02].

NOTED**96. AREA CLINICAL FORUM – UPDATE**

The Board considered and noted the minutes of the Area Clinical Forum Meeting of

Thursday 7th June 2018 [Paper No. ACF(M) 18/02].

NOTED

97. FINANCE AND PLANNING COMMITTEE – UPDATE

The Board considered the minutes of the Finance and Planning Committee Meeting of Tuesday 5th June 2018 and Tuesday 7th August 2018 [Paper No. FP(M) 18/03 & FP(M) 18/04].

Mr Brown provided an update to Board Members on the key items discussed at the last meeting of 7th August. Mr Brown chaired the first part of the meeting however was called away on an urgent matter, and Mr Finnie kindly chaired the second part of the meeting. The Committee discussed key items including an in-depth analysis of the Month 3 End of 1st Quarter Finance Report. The Committee also discussed the external consultancy support for the Financial Improvement Programme and supported the proposal to extend the contract for a further 3 to 6 months.

NOTED

98. AUDIT AND RISK COMMITTEE – UPDATE

The Board considered the minutes of the Audit and Risk Committee Meeting of Tuesday 19th June 2018 [Paper No. AR(M) 18/03]. Mr MacLeod provided an update to Members of the key areas discussed by the Committee including the Short Term and Long Term Audit Plans. The Internal Long Term Audit Plan would be presented at the Board Seminar of 4th September, thereafter to the Audit and Risk Committee on the 11th September.

NOTED

99. REVENUE AND CAPITAL REPORT

The Board considered the Revenue and Capital Report [Paper 18/43] presented by the Director of Finance. The paper detailed the summary position to the end of June 2018 and Mr White advised that as at 30th June 2018, the Board reported expenditure levels of £9.7m over budget which was better than the initial trajectory forecast of £14.5m. Mr White noted the key pressure areas including medical and nursing pay.

Mr Brown thanked Mr White for the update and invited questions and comments from Board Members.

In response to questions from Board Members regarding the figures on page 264 which detailed pay pressures of £1.2m in medical and £1.2m in nursing, Mr White advised that figures had been offset by non-recurring funds.

In response to questions from Board Members regarding funding available for the agreed pay award for Agenda for Change staff, Mr White assured Board Members that funding has been agreed by the Scottish Government which would be allocated using the NRAC method, therefore there may be complexities in terms of flow across neighbouring Health Boards, however Mr White did not anticipate any issues.

Financial Improvement Programme

The Financial Improvement Programme Tracker was currently recording projects totalling £50.3m on a FYE and £32.2m on a CYE. The Board was predicting a £25m financial gap for 2018/19. Focus remained on converting all Gateway 1 projects to Gateway 2, delivering the benefits of such and identifying further projects towards the £93m savings target. Mr White noted that there was agreement to extend the contract for the external consultancy support for a further 3 to 6 months. It was anticipated that projects would be finalised by the end of August and a robust, tangible delivery plan would be developed to support implementation.

Mr Brown thanked Mr White for the update and invited questions from Board Members.

In response to questions from Board Members regarding how this work would be embedded within the current structures once the external consultancy contract came to an end, Mr White noted that a review of the Financial Department would be conducted to identify resource available and discussions with the Scottish Government were underway to consider resource within financial departments in general to undertake these programmes of work.

Financial Projection

Mr White noted a number of initiatives to improve financial grip and Mr White would amend the table as per comments made by the Finance and Planning Committee.

Capital

Mr White noted that there had not been any further changes in relation to the Capital position. The current forecast core capital resources available to the Board for investment in 2018/19 amount to just over £53.7m. Mr White further noted that there remained £5m of unallocated resource which would support contingency for unexpected incidents such as the fire at Stobhill Hospital and the water incident at RHC.

Mr Brown noted thanks to Mr White for a comprehensive update.

NOTED**100. REVIEW OF STANDING COMMITTEE AND INTEGRATION JOINT BOARD MEMBERSHIP**

The Board considered a paper 'Review of Standing Committee and Integration Joint Board Membership' [Paper No. 18/44] presented by the Head of Corporate Governance and Administration. Ms Vanhegan asked the Board to note the changes to Standing Committees and Integration Joint Board Membership. Work with the Public Appointments Unit to recruit to current and pending Non Executive vacancies is underway. Further work is underway to consider some alteration to Committee Terms of Reference and some sections of the Scheme of Delegation.

The Board noted the proposed amendments and would await further updates once available.

NOTED

101. STAFF GOVERNANCE COMMITTEE – UPDATE

The Board considered and noted the minutes of the Staff Governance Committee Meeting which took place on Tuesday 1st May 2018 and Tuesday 7th August 2018 [Paper No. SGC(M) 18/02 and SGC(M) 18/03]. Mrs McErlean advised that due to the Committee Meeting on 7th August not being quorate, the minute of the 1st May was not yet approved however had been checked for accuracy. Mrs McErlean further noted the main areas discussed including staffing issues within Clyde, compliance of Statutory and Mandatory training and compliance of improvements following the HSE inspection, particularly Sharps Training compliance. Mrs McErlean also noted that several forums had been established including an LBGT Forum, a BMA Forum and a Disability Forum.

Mr Brown thanked Mrs McErlean for the update and was encouraged to hear of the establishment of the Forums.

NOTED

102. DATE AND TIME OF THE NEXT MEETING

Tuesday 16th October at 9.30am, The William Quarrier Centre, St Kenneth Drive, Govan, G51 4QD.

The meeting concluded at 3.00pm