

NHSGG&C(M)18/06  
Minutes: 129 - 150

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 18<sup>th</sup> December 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	Prof Dame A Dominiczak
Ms R Sweeney	Ms S Brimelow OBE
Cllr J McColl	Mr I Nicolson
Cllr M Hunter	

**IN ATTENDANCE**

Mr J Best	Interim Chief Operating Officer
Mr G Forrester	Deputy Head of Corporate Governance and Administration
Ms E Vanhegan	Head of Corporate Governance and Administration
Mr W Edwards	Director of eHealth
Mrs A MacPherson	Director of HR and OD
Mr T Steele	Director of Estates and Facilities
Mr D Leese	Chief Officer, Renfrewshire HSCP (To item 114)
Mr A McLaws	Director of Corporate Communications
Ms L Long	Chief Officer, Inverclyde HSCP
Ms S Manion	Chief Officer, East Dunbartonshire HSCP
Ms J Murray	Chief Officer, East Renfrewshire HSCP (To item 112)
Mr D Williams	Chief Officer, Glasgow City HSCP (To item 112)
Mr T Lamont	Scottish Clinical Leadership Fellow, Healthcare Quality and Improvement Directorate, Scottish Government
Mrs G Mathew	Secretariat Manager

**ACTION BY**

**129. APOLOGIES**

Apologies for absence were intimated on behalf of Mr R Finnie.

**NOTED**

**130. 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****131. MINUTES**

On the motion of Ms Forbes, seconded by Mrs Thompson, the minutes from the NHS Greater Glasgow and Clyde Board Meeting held on Tuesday 16<sup>th</sup> October 2018 [Paper No. NHSGG&C (M) 18/05] were approved and accepted as an accurate record, subject to the following amendments:

Mr I Ritchie and Ms A Monaghan both noted that they were not in attendance at the meeting.

**NOTED****132. MATTERS ARISING FROM THE MINUTES****a) ROLLING ACTION LIST**

The Rolling Action List [Paper No. 18/58] was considered.

The Board accepted the closure of two actions from the Rolling Action List, those being:

Items contained within 61 – Integrated Performance Report. In relation to Sickness Absence, average figures for Board wide services were explored and detail of this was considered by the Staff Governance Committee. In relation to the action to review the content of the report, information on trends, budget and service delivery was included in the report.

**Secretary****NOTED****133. CHAIR'S REPORT**

Mr Brown welcomed Mr Thomas Lamont, Scottish Clinical Leadership Fellow, Healthcare Quality and Improvement Directorate, Scottish Government, who attended the meeting to observe.

Mr Brown advised Board members of a number of meetings with the Cabinet Secretary, Ms Jeane Freeman, which had taken place since the last Board Meeting. Ms Freeman and Mr Brown discussed the priorities for the year ahead including improving access, winter planning, improving access to mental health and CAMHS, and the pace of integration.

Mr Brown noted that he had attended a number of engagements including the Glasgow Health Sciences Partnership Oversight Board, a meeting with Audit Scotland, the Staff Awards Ceremony, and the Global Citizen Conference in November.

Mr Brown noted that the NHS Scotland Blueprint for Good Governance had now been published and work continued with the Corporate Governance Review Group, co-chaired by Ms Christine McLaughlin, Director of Health Finance, Scottish Government.

Mr Brown advised that he had recently undertaken a number of Board member appraisals.

Mr Brown noted a recent visit by Board members to the laboratory within Queen Elizabeth University Hospital (QEUH).

Mr Brown congratulated Mr Grant Archibald on his recent appointment to the post of Chief Executive for NHS Tayside. Mr Brown noted thanks on behalf of the Board for Mr Archibald's hard work and commitment to NHSGG&C over the years and wished Mr Archibald well with his future endeavours. Mr Archibald's contribution to the organisation would be greatly missed.

#### NOTED

### **134. CHIEF EXECUTIVE'S REPORT**

Mrs Grant noted a number of meetings she had attended since the last Board Meeting including the Best Start Group, Project LIFTT Group and the Integration Review Reference Group.

Mrs Grant advised that work continued to develop the Regional West of Scotland plans, with input from both senior management and Chief Executives. Work also continued to develop performance reporting across Scotland and Mrs Grant had attended a meeting of the National Operational Performance Board.

Interviews for a number of senior posts within the organisation had been arranged, some of which had already taken place. Mrs Grant noted that Mr Alan Hunter, would shortly assume the role of Director of Access within NHSGG&C. A paper which detailed the process for these arrangements would be presented to the Remuneration Committee shortly.

Mrs Grant noted congratulations to Mr Barry Sillers, Head of Transformational Strategy, who had recently been appointed to a new post with Police Scotland. Mrs Grant wished to note Mr Sillers contributions to the Moving Forward Together programme of work and wished Mr Sillers well in his new role.

Mrs Grant noted the successful implementation of the Electronic Employee Self Service (eESS) system and thanked Mrs MacPherson and Mr Edwards and their team for their efforts to ensure a smooth transition.

Mrs Grant attended the Staff Awards Ceremony with Mr Brown, and was honoured to share the success stories of truly inspirational staff members and teams who work tirelessly to improve services for patients in NHSGG&C.

Mrs Grant also attended the Modern Apprenticeship Ceremony, and was delighted to hear about the apprentices who have recently completed the programme.

Mrs Grant went on to note some of the challenges faced by the organisation in recent weeks. Mrs Grant noted the temporary closure of Cowlairs Decontamination Unit, following an inspection visit by the independent quality assurance advisors. Mrs Grant highlighted that the support from staff was exceptional going above and beyond to manage the situation in an attempt to mitigate the impact to our patients. The support received from other NHS Boards, HPS and HFS was considerable and should be acknowledged.

Mrs Grant noted that an investigation was underway. A report would be presented to the Board in due course, with an update to the Acute Services Committee in January 2019.

**Director of  
Estates and  
Facilities**

Mrs Grant also noted a recent increase in unscheduled care activity levels. Work was ongoing to review the winter plans to support peaks in activity. Mrs Grant thanked the efforts of staff to address the challenges within emergency care.

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

In response to questions from Board members with regards to the number of surgical procedures cancelled due to the Cowlairs Decontamination Unit closure, Mrs Grant advised that 1,075 procedures were rescheduled as a result of the closure. A number of actions were taken to minimise the impact to patients and services, and learning points would be used to inform future business continuity plans.

**NOTED**

**135. PATIENTS STORY**

Dr McGuire, Director of Nursing, introduced a short film which featured a patient's recent experience of support and information services available at Princess Royal Maternity Unit, for women who had suffered from miscarriage.

Following the feedback received from the patient, Dr McGuire assured the Board of the commitment to implementing the lessons learned about emotional support, visibility and signposting.

Mr Brown wished to note thanks on behalf of the Board to the patient for providing such clear and practical feedback, particularly given the distressing and emotive nature of the circumstances.

**NOTED**

**136. PUBLIC HEALTH STRATEGY**

The Board considered the paper "Public Health Strategy Update" [Paper No. 18/59] presented by the Director of Public Health, Dr Linda de Caestecker. The paper detailed progress made since approval of the Strategy in August 2018.

Dr de Caestecker noted that the Strategy had been presented to a number of Community Planning Partnership Boards, and Health Improvement Teams had been asked to report back how the Strategy was informing local plans. Engagement with communities was a key aspect of the Strategy. A Public Health Summit organised by Glasgow City Council would take place on 28<sup>th</sup> January 2019, and Board members were encouraged to attend.

Dr de Caestecker went on to note the areas being progressed including child poverty work, mental health and well-being, prevention framework for alcohol and drugs, addressing HIV and Hepatitis C infections, prevention and management of Type 2 diabetes, breastfeeding and infant feeding, and smoking cessation.

A monitoring framework was being developed and this would be presented to the next Public Health Committee Meeting in January 2019.

**Director of Public Health**

Mr Brown thanked Dr de Caestecker for the update and invited questions from Board members.

Mr Brown noted the positive steps taken to embed public health principles in all settings and welcomed the Public Health Summit on 28<sup>th</sup> January 2019. Mr Brown was pleased to note the number of HIV infections had reduced and the successful implementation of smoke free prisons. Mr Brown suggested that it may be helpful to consider further learning for Board members on hidden bias and Dr de Caestecker agreed this was a good suggestion.

**Director of Public Health**

In response to questions from Board members regarding breastfeeding and support available to women who were unable to breastfeed, Dr de Caestecker advised that significant infant feeding and weaning support was available to women through midwives and health visiting staff.

**NOTED**

**137. PUBLIC HEALTH COMMITTEE – UPDATE**

The Board considered the minutes of the Public Health Committee Meeting [PH(M)18/04] which took place on 24<sup>th</sup> October 2018.

Mr Matthews, Chair of the Public Health Committee, noted that discussion took place about the Public Health Summit on 28<sup>th</sup> January 2019, and Mr Matthews would be delighted to welcome Board members, senior management team and senior officers, if they wish to attend. Mr Matthews hoped that, if successful, the event could become a template for other partnerships to hold similar events.

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

The Board were content to note the minute of the Public Health Committee meeting of 24<sup>th</sup> October and Mr Brown thanked Dr de Caestecker and her team for driving this work forward.

**NOTED**

**138. STRATEGIC PLANNING****a) Moving Forward Together Update**

The Board considered the paper “Moving Forward Together Programme Update” [Paper No. 18/60] presented by the Medical Director, Dr Jennifer Armstrong.

Dr Armstrong reminded Board members of the vision, detailed on page 3 of the report. The detail described within the work plan directly related to the overall vision of the programme.

Dr Armstrong advised the Board that Mr Jonathan Best, had assumed the role of Programme Director and had been managing progress over the last few months.

Mr Best noted the Work Stream priorities detailed on page 4 of the report and described the progress made against these. Six Work Streams had been created to drive forward the priorities of the programme. A Stakeholder Reference Group had been formed and a number of appointments had been made within the Programme Office to support delivery. An Engagement and Communication Plan had been developed and would begin in January 2019. Links with Integration Joint Boards (IJBs) had been made to ensure that the Programme dovetailed with IJB strategic plans, along with the Public Health Strategy. The key themes of the Programme included maximising primary care and virtual care, optimisation of hospital based services, planned and unscheduled care delivery, local care, management of long term conditions and self-care, anticipatory care planning, mental health and care of older people.

Mr Brown thanked Dr Armstrong and Mr Best for the update. Mr Brown was pleased to note ongoing discussion regarding the building of capacity within the Executive Team to deliver the programme and a joined up approach across NHS G&C, partnerships and regional planning. Mr Brown was pleased that the key themes correlated with the Cabinet Secretary’s priorities.

Mr Brown invited comments and questions from Board members.

In response to questions from Board members regarding the organisations ability to collect meaningful data to support treatment, Mr Edwards advised that this was a key aspect of the Digital Strategy and that there were a number of IT assets that would be exploited and assured Board members that the actions within the Digital Strategy were closely aligned to the principles of the MFT programme.

In response to questions from Board members regarding how much influence and impact communities, patients and carers have on the development of services, Mr McLaws assured Board members that a number of strategies were being utilised to communicate and engage with communities and stakeholders. The Engagement Team have developed links with existing groups and there were now more than 35,000 subscribers to the database, 3,000 of which were local organisations such as community councils. A range of engagements were planned between January to March 2019 including face to face meetings with communities as well as tailored communications with staff.

In response to questions from Board members regarding engagement with senior government officials, MPs and MSPs, Dr Armstrong noted that initial engagement had taken place with MSPs prior to the Board meeting in June, and assured the Board that during the next phase, further engagement was planned with elected members.

Mr Brown welcomed the update and was pleased to note a consistent approach to development of the workstream priorities and noted the progress made to develop meaningful engagement with a range of stakeholders.

**NOTED**

**b) West of Scotland Regional Planning Systemic Anti-Cancer Therapy**

The Board considered the paper “West of Scotland Systemic Anti-Cancer Therapy (SACT) Future Service Delivery: Strategic Review and Emerging Future Service Model” [Paper No. 18/61] presented by the Medical Director, Dr Jennifer Armstrong.

The Board were asked to note the recommendations from the West of Scotland SACT Strategy Group for the delivery of systemic anti-cancer therapies (chemotherapy and supportive care), approve the way forward for delivering the key elements of the strategy and agree that further work should be undertaken with a view to presentation of a full business case for change to the Board in June 2019.

Dr Armstrong indicated that the work on this began in 2015 within the Regional Network. There had been a 35% increase in the requirement for chemotherapy in recent years, with further increase of up to 40% expected. The key elements of the work focused on what matters to patients, quality of care and waiting times. Dr Armstrong went on to describe the current model of care and the proposed tiered model approach.

Dr Armstrong noted thanks to Mr Barry Sillers for his contributions to the paper and also noted congratulations to Mr Sillers on his new appointment.

Mr Brown thanked Dr Armstrong for the update and welcomed a number of the key points detailed within the paper including alignment with HSCP delivery plans, inclusion of services within Vale of Leven and Inverclyde, and engagement with patients. Mr Brown invited comments and questions from Board members.

Prof Dominiczak welcomed the flexibility within the plans, however sought assurances of the readiness to embrace the changes and the effects these would have on patients, staff, diagnostic services, access to trials and research. Dr Armstrong assured the Board that consideration was being given to all of these issues. Dr Lyons suggested that it would be useful to include further detail on what the changes mean to patients within the business case.

In summary, Mr Brown noted that the Board were content to approve the key elements of the strategy and would expect that a Full Business Case including case studies and data would be developed and presented to the Board in June 2019.

**Medical Director**

**APPROVED**

**139. ACUTE SERVICES COMMITTEE UPDATE**

The Board considered the minute of the Acute Services Committee [ASC(M)18/06] Meeting of 20<sup>th</sup> November 2018.

Mr Carr provided an overview of the topics discussed in Mr Finnie's absence. The Committee heard a report on Delayed Discharges and a summit meeting was held in November 2018, the feedback of which would be presented to the Committee in January 2019. Mrs Aileen Muir, Director of Pharmacy, provided an update on the introduction of new medicines. Performance remained below the expected level and assurances were given from the Executive Team that actions were in place to address this.

Committee members had requested a report on Unscheduled Care be presented to the next meeting, along with a detailed report on the temporary closure of Cowlairs Decontamination Unit.

Mr Brown thanked Mr Carr for the update and looked forward to reading the report on Unscheduled Care to be presented at the January 2019 Committee meeting.

**NOTED****140. NHSGGC INTEGRATED PERFORMANCE REPORT**

The Board considered the paper "NHSGGC Integrated Performance Report" [Paper No.18/62] presented by Mr Mark White, Director of Finance.

Mr White highlighted the areas meeting or exceeding target including access to a range of services including Drug and Alcohol Treatment, Alcohol Brief Interventions, Smoking Cessation, Psychological Therapies and IVF Treatment. The Cancer 31 Day waiting times trajectory continued to be met for the sixth consecutive month. The number of C-Difficile cases remained positive against target. The overall response rate to Freedom of Information (FOI) requests and the number of complaints responded to within 20 working days continued to exceed target.

Areas requiring improvement continued to be waiting times for the Cancer 62 Day target, compliance with the Treatment Time Guarantee, waiting times and access to Child and Adolescent Mental health services, 18 week Referral to Treatment target, and number of Staphylococcus aureus Bacteraemia (SAB) infections.

Mr White noted that the report had been amended to include an understanding of demand in the context of the Scotland wide position.

Mr Best went on to describe the actions in place to address the areas requiring improvement. Focus continued to address the impact of increasing numbers of attendances to Emergency Departments and Assessment Units. The Unscheduled Care Programme Board met on 17<sup>th</sup> December 2018 and reviewed winter plans. Mr Best noted continuation of the weekly teleconference calls to address the 62 Day Cancer waiting time target. A new process has been adopted within Diagnostics. Challenges were noted in relation to the recent temporary closure of Cowlairs Decontamination Unit. Surgical interventions for cancer were prioritised to ensure

treatment plans were not disrupted.

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

Mr Brown highlighted the increase in the unnecessary Emergency Department demand, and noted that the level was above national average. In light of this, Mr Brown was pleased to see an increase in campaigns to reduce this and asked if there were plans to develop a robust redirection policy. Mr Best highlighted work with Scottish Ambulance Service to maximise the use of Minor Injuries Units. Dr Armstrong further added that visits to Emergency Departments were undertaken last week. Information leaflets had been developed to detail a list of common conditions and the most appropriate place to get help with these.

Mr Best also noted that extensive work had been undertaken in conjunction with IJBs to assist with management of demand. Ms Long noted the development of a "Choose the Right Service" project, amongst other work across partnerships.

Mr Williams noted that redirection was one of the key actions as part of the 6 unscheduled care work streams. Work with Glasgow Royal Infirmary to identify low level conditions and redirection to a more appropriate service was underway and initial data showed that there had been a reduction in presentations, particularly from Care Homes.

Mr Brown acknowledged that the figures were moving in the right direction, however was disappointed that the pace of change was not quicker. As the trajectories were set at the beginning of the year, Mr Brown felt that it was difficult for the Board to assess if improvements were positive and asked that the Executive Team revisit the trajectories. In response, Mrs Grant noted that the National Performance Group was considering this. Submission of new trajectories was required by 25<sup>th</sup> January and this would be reported to the next Board Meeting in February 2019.

**Director of  
Finance**

In response to questions from Board members in relation to the performance of the Child and Adolescent Mental Health Service (CAMHS), Mrs Manion agreed to provide further detail on CAMHS, specifically the whole system approach and work to reduce rejected referrals, at the February 2019 Board Meeting.

**Chief Officer,  
East  
Dunbartonshire  
HSCP**

#### Delayed Discharges

Dr McGuire provided an update on progress of actions to reduce the numbers of delayed discharges. Dr McGuire noted that IJBs had agreed to reduce delayed discharges by 10% by the end of the financial year, however current data reported figures significantly below trajectory.

In response to comments from Board members in relation to the range of community supports available, supported living, accommodation, infrastructure and investment, Mr Williams agreed to draft a report to be presented to the Acute Services Committee.

**Chief Officer,  
Glasgow City  
HSCP**

In response to comments from Board members regarding the capacity available within the system, Dr McGuire would investigate the possibility of including additional information regarding the broad reasons for delays occurring.

**Director of  
Nursing**

Sickness Absence

Mrs MacPherson indicated a decrease in month, however noted an increase in seasonal trend. The Acute Services Committee were presented with the Scott-Moncrieff Internal Report on Sickness Absence. A number of actions have been identified to address the issues highlighted within the report, including additional training, action planning and focus on the management of long term cases. Updates on this would be provided to the Acute Services Committee in March 2019.

Director of HR  
and OD

NOTED**141. HEALTHCARE ASSOCIATED INFECTION REPORT**

The Board considered the paper "Healthcare Associated Infection Report" [Paper No. 18/62] presented by the Medical Director, Dr Jennifer Armstrong.

The report highlighted a total of 105 validated cases of Staphylococcus Aureus Bacteraemia (SAB) infections for Quarter 2 April to June 2018. Reduction of infections remains a priority and the SAB Group continued to meet on a regular basis. SAB Ward rounds have also been established.

There were 96 validated cases of Clostridioides (formerly Clostridium) Difficile (CDI) reported which was above the national average.

Dr Armstrong noted 6 confirmed cases of Carbapenemase-producing Enterobacteriaceae (CPE), identified by contact screening following exposure to a positive CPE patient across 2 medical wards in Glasgow Royal Infirmary. These types of bacteria were highly resistant to antibiotics. An educational tool for nursing staff had been developed to ensure compliance of CPE screening. Dr de Caestecker has written to GP practices regarding patients tracked who require screening and were in the community.

In response to questions from Board members regarding the recent HEI Inspection at Royal Alexandra Hospital, Dr McGuire assured Board members that work was underway to address the issues raised in the initial feedback. The full report was not yet available however a report would be provided to the Clinical & Care Governance Committee in 2019.

Director of  
Nursing

Mr Brown thanked Dr Armstrong for the update.

NOTED**142. CLINICAL AND CARE GOVERNANCE COMMITTEE UPDATE**

The Board noted that the last meeting of the Committee took place on 11<sup>th</sup> December 2018, the minute of which was not yet available.

Mrs Brimelow noted that the Committee reviewed a number of areas including SABs, a recent audit of Still Births and an extract from the Corporate Risk Register. The Committee also received a detailed report on the Governance and Quality of Surgical Care. The Committee were pleased to note the positive feedback received from Scottish Government on this.

Mr Brown thanked Ms Brimelow for the update and thanked all members of the Committee for their contribution and scrutiny of the topics covered.

**NOTED**

**143. AREA CLINICAL FORUM UPDATE**

The Board noted that the last meeting of the Area Clinical Forum took place on 6<sup>th</sup> December 2018, however the minute was not yet available.

Mrs Thompson advised the Board of the topics discussed including the 2017/18 Annual Review scheduled to take place on 11<sup>th</sup> March 2019, the presentation provided by Dr Alistair Ireland on Realistic Medicine, an update from Dr Angus Cameron on the progress of Regional planning and a review of the draft Healthcare Quality Strategy.

Mr Brown thanked Mrs Thompson for the update and was pleased to note the range of topics covered at Forum meetings.

**NOTED**

**144. FINANCE AND PLANNING COMMITTEE UPDATE**

The Board considered the minutes of the Finance and Planning Committee Meeting [F&P(M) 18/06] which took place on 4<sup>th</sup> December 2018.

Mr Brown noted the topics reviewed by the Committee including Moving Forward Together programme, GP Out Of Hours Service Review, a review of the Corporate Risk Register and an update from Ms Elaine Vanhegan, Head of Corporate Governance and Administration, on planning and preparations related to Brexit.

**NOTED**

**145. AUDIT AND RISK COMMITTEE UPDATE**

The Board noted that the last meeting of the Committee took place on 11<sup>th</sup> December 2018, the minutes of which were not yet available.

Mr McLeod noted the topics reviewed at the meeting including the overall Internal Audit by Scott-Moncrieff, along with the Sickness Absence Audit report. Mr McLeod noted that Mrs MacPherson and the HR Team have acknowledged the findings of the report and were actively identifying actions to address the issues raised. A detailed report would be presented to the next Staff Governance Committee.

The Committee also heard an update from Dr de Caestecker on the work to refresh Business Continuity Plans (BCP), which included a review of over 200 Plans and their interdependency with one another. A BCP Exercise was planned for 2019, further details of which would be circulated once available, and Board members were invited to participate in this.

The Committee also reviewed an extract from the Corporate Risk Register and suggested some adjustments to the register. The full register would be presented to the Board in due course. Mr White had agreed to draft a briefing note to Board members, to detail the risk management process.

**Director of  
Finance**

Mr Brown thanked Mr McLeod for the update and thanked the Committee for their efforts to improve the approach to risk management.

**NOTED**

**146. REVENUE AND CAPITAL REPORT**

The Board considered the paper "NHSGGC Revenue and Capital Report" [Paper No. 18/64] presented by the Director of Finance, Mr Mark White.

Mr White noted receipt of a letter from the Scottish Government which detailed the indicative high level budget allocation settlement for 2019/20, further information of which would be provided at the Board Seminar in January 2019. Mr White noted a territorial Board uplift of 2.5%, with those Boards furthest from NRAC parity receiving a share of £23m. In addition to the baseline funding uplift, at total of £392m would be invested in reforming service delivery areas including, primary care, waiting times improvement, mental health and CAMHS, trauma networks and cancer care. Mr White also noted the transfer of £120m from the Health Portfolio to Local Authorities for in-year investment in integration. Capital funding remains as it was in 2017/18. Mr White went on to note that guidance was expected in January 2019 as to the requirements for the three year planning and performance cycle. Once this had been clarified, Mr White would finalise the financial plan and this would be presented to a future Board meeting.

**Director of  
Finance**

Mr Brown welcomed the increase in funding however noted that this would be matched with increased demand and expectation. Mr Brown queried that there would be no change in the capital funding position and Mr White advised the Board that he was in discussion with Scottish Government colleagues with regards to this. Work was underway to understand the current condition of the estate.

Mr White went on to provide a summary of the Month 7 financial position. He noted that as of 31<sup>st</sup> October 2018, the Board reported expenditure levels of £19.3m over budget. This compared to £18.5m overspent at the previous month end, however was better than the initial trajectory forecast of £31.9m.

The Financial Improvement Programme (FIP) tracker recorded projects totalling £57.8m on a FYE and £40.1m on a CYE.

The Board were currently predicting a £17m financial gap for 2018/19.

Mr White provided a breakdown of the financial position, noting that Acute Division reported an overspend of £27.7m, Partnerships reported an underspend of £1.6m, and Corporate Departments reported an overspend of £7.2m.

Of the £27.7m overspend reported in Acute Division, £23.3m related to unachieved savings, £2.4m related to pay and £1.1m was associated with non-pay.

Mr White noted pressures of £2.6m associated with medical salaries and £2.4m associated with nursing salaries. Mr White recognised efforts to improve this.

Corporate Directorates reported an expenditure overspend of £7.2m. Although expenditure for pay and non-pay was running below budget, a shortfall of £9.6m against FIP savings was reported.

Partnerships reported an underspend of £1.6m however Mr White noted potential pressures related to primary care and prescribing.

Mr Brown thanked Mr White for the update and was assured that efforts to address spend, particularly in relation to medical and nursing pay spends, was moving in a positive direction.

Mr McLeod wished to note thanks to Mr White, Mrs Grant and teams, for their efforts to improve the financial position which was better than predicted.

Mr White went on to note the main pressure areas including £1.5m allocated to address the water issue at the Queen Elizabeth University Hospital campus, £1.5m identified for demolition costs following the recent fire at the Stobhill Hospital site, an additional £4m accounted for within the revised Financial Plan for additional winter pressures, and an additional £2.2m accounted for within the revised plan to address additional compensation claims in year.

Mr White went on to note that the National New Medicines Fund was expected to yield £2m more than anticipated. Additional discount clawback and rebates of £1.5m were also expected in relation to Acute prescribing.

Mr Brown thanked Mr White for the update. The Board would welcome a draft of the 3 year financial plan at the next Board meeting in April 2019.

Mr White went on to note the Capital position. £53m of allocated projects continue including those related to Glasgow Royal Infirmary, Queen Elizabeth University Hospital and Royal Alexandra Hospital. Mr White noted the delay associated with the Rowanbank Clinic work whilst the outcome of the national review was awaited. Mr White anticipated a balanced capital budget by year end.

In conclusion, Mr White noted a prediction of £17m deficit at year end, FIP had yielded greater numbers than anticipated, the organisation would continue with cost containment efforts and the FIP programme to achieve savings, with continued discussions with Scottish Government colleagues in relation to levels of support.

Mr Brown thanked Mr White and colleagues for their efforts.

**NOTED**

**147. PATIENT PRIVATE FUNDS**

The Board considered the paper "Patient Private Funds 2017/18" [Paper No. 18/65] presented by the Director of Finance, Mr Mark White.

Mr White noted that the organisation is required to submit annual accounts in relation to funds held on behalf of patients for each hospital site. Mr White advised that the auditors noted consistent balances and were content to endorse the accounts as described within the report.

The Board were content to adopt and approve the 2017/18 Patients' Private Funds Annual Accounts for NHS Greater Glasgow and Clyde for submission to the Scottish Government Health Directorate.

The Board were content to authorise the Director of Finance and the Chief Executive to sign the Abstract of Receipts and Payments for 2017/18, authorise the Chairman and the Director of Finance to sign the Statement of Board Members' Responsibilities, and authorise the Chief Executive to sign the Letter of Representation to KPMG LLP on behalf of NHS Board.

**NOTED****148. STAFF GOVERNANCE COMMITTEE UPDATE**

The Board considered the minutes of the Staff Governance Committee Meeting [SCG(M)18/04] of 6<sup>th</sup> November 2018.

Mrs Brown provided an overview of the topics considered by the Committee including the Culture Framework. The Committee wished to see this progressed at pace. The Committee also discussed the statutory and mandatory training compliance including fire safety and sharps compliance. The Committee recommended that consideration be given to areas considered as business critical and recommended that clarity be given to staff as to priorities. The Committee also discussed sickness absence rates and would consider the Internal Audit in greater detail at the next meeting. The Committee also reviewed the extract from the Risk Register pertaining to the Staff Governance Committee. A Whistleblowing Report was due to be submitted to the Audit and Risk Committee and discussion took place about governance and reporting structures. Ms Vanhegan acknowledged the discrepancies with this and assured the Board that this would be addressed as part of the Governance Review.

Mr Brown thanked Ms Brown for the update and the Board were content to note the minute of the Committee meeting of 6<sup>th</sup> November 2018.

**NOTED****149. PHARMACY PRACTICES COMMITTEE UPDATE**

The Board considered the minutes of the Pharmacy Practices Committee [PPC(M)2018(3)] Meeting of 8<sup>th</sup> October 2018.

Mr Cowan provided an update of discussions at this Committee which was a regulatory function. Minor issues were homologated at the meeting. Briefings were

provided by Elaine Paton on chronic disease medicines. A presentation was provided by Alan Harrison on improvement and social prescribing. Updates were also provided on tests of change for the Out of Hours review and the Pharmacy 1<sup>st</sup> pilot was considered. The Committee also approved the Pharmacy Services Plan on behalf the Board.

Mr Brown thanked Mr Cowan for providing an update on discussions at the Committee.

**NOTED**

**150. DATE AND TIME OF THE NEXT MEETING**

**Tuesday 19<sup>th</sup> February 2019, 9.30am, The William Quarrier Centre, St Kenneth Drive, Govan, G51 4QD.**

The meeting concluded at 3.20pm