

NHSGG&C(M)19/01
Minutes: 1-27

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 19th February 2019**

PRESENT

Mr J Brown CBE (in the Chair)

Ms J Grant	Cllr M Hunter
Dr J Armstrong	Dr D Lyons
Cllr C Bamforth	Mr J Matthews OBE
Mr M White	Mr I Nicolson
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	Mr R Finnie
Ms R Sweeney	Ms S Brimelow OBE
Cllr J McColl	

IN ATTENDANCE

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 Human Resources and Organisational Development
Mr T Steele	Director of Estates and Facilities
Mr K Hill	Director of Women and Children
Mr A McLaws	Director of Corporate Communications
Mr A Hunter	Director of Access
Ms L Long	Chief Officer, Inverclyde HSCP
Ms S Manion	Chief Officer, East Dunbartonshire HSCP
Ms J Murray	Chief Officer, East Renfrewshire HSCP
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms F MacKay	Head of Strategic Planning and Health Improvement, Renfrewshire
Ms S Devine	Associate Nurse Director Infection Control (To item 10)
Mr Z Barlow	Secretariat Officer (Minutes)

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Prof Dame A Dominiczak, Mr J Best and Cllr S Mechan.

NOTED

2. 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**3. MINUTES**

On the motion of Ms Sweeney, seconded by Mr MacLeod, the minutes from the NHS Greater Glasgow and Clyde Board Meeting held on Tuesday 18th December 2018 [Paper No. NHSGG&C (M) 18/06] were approved and accepted as an accurate record, subject to the following amendments:

Mr Finnie advised that he had submitted his apologies for the meeting.

NOTED**4. MATTERS ARISING FROM THE MINUTES****a) ROLLING ACTION LIST**

The Rolling Action List [Paper No. 19/01] was considered.

The Board agreed the closure of nine actions recommended from the Rolling Action List.

Members raised concern regarding the timescales associated with the roll out of Project Search to all HSCPs. Ms Long advised that work was being taken forward, firstly in Inverclyde, working with colleges and the Local Authority. The project was in place in Glasgow City HSCP. Ms Long agreed to provide an update on progress to the Staff Governance Committee.

Ms Long

NOTED**5. CHAIR'S REPORT**

Mr Brown welcomed Ms Fiona MacKay, Head of Strategic Planning and Health Improvement, Renfrewshire HSCP; who attended on behalf of Mr David Leese, Chief Officer, Renfrewshire HSCP.

Mr Brown noted recent visits to the Royal Hospital for Children with Joe Fitzpatrick MSP, Minister for Public Health, Sport and Wellbeing and Shona Cardle, Chief Executive of the Glasgow Children's Hospital Charity.

Mr Brown and the Cabinet Secretary, Ms Jeane Freeman, visited the Teenage Cancer Trust at the Beatson WOSCC and the Helping Us Grow Group at the Neonatal Unit, Royal Hospital for Children, both of which provide a focussed approach towards patient centred care.

Mr Brown advised that he had hosted a reception celebrating the 40th Anniversary of the CLIC Sargent Glasgow Carol Concert at the Teaching and Learning Centre.

Mr Brown noted recent Committees and meetings he had attended including the Corporate Governance Steering Group, West of Scotland Health Sciences Oversight Board and a meeting with Professor Jackie Taylor, President of the Royal College of Physicians and Surgeons of Glasgow.

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, along with Board Chairs, had discussed infection control issues and the priorities for the year ahead, including improving performance and waiting times; sharing best practice across all Health Boards in Scotland; increasing the pace of integration; and improving mental health. Mr Brown advised of the Ministerial Strategic Group (MSG) Review of the Integration of Health and Social Care and that the Board would consider this further. He also advised members that Brexit preparations continued with ongoing communications to all staff and specific support available to non UK EU national staff.

Mr Brown reminded Board members of the recent request to complete the survey in respect of the Blueprint for Good Governance issued on 15th February, noting that the survey would close on 1st March 2019. Mr Brown advised of a workshop being arranged for the first week in April to include the results of the survey and discussions on the MSG Review of Health and Social Care Integration. Communication of the date and location would be shared with members following the Board meeting.

Mr Brown advised that interviews for three new Board members would take place on 27th February and 1st March 2019. The Board were keen to increase diversity and encouraged applications from members of all of the communities served by NHS Greater Glasgow and Clyde.

Mr Brown reminded Board members that the NHSGGC 2017-18 Annual Review would take place on 11th March 2019 at the Teaching and Learning Centre, Queen Elizabeth University Hospital.

NOTED

6. CHIEF EXECUTIVE'S REPORT

Ms Grant advised that she had been dealing with a number of operational issues since the last Board meeting and continued to support a variety of National and Regional work.

Ms Grant advised of the continued implementation of Best Start, which included the continuity of care model and the neonatal pilot within NHS Ayrshire. Ms Grant reported a positive visit with the Cabinet Secretary who commented on the excellent ongoing work.

Ms Grant noted a number of meetings she had attended since the last Board meeting including several regional planning meetings; the Delivery Plan engagement event where a number of initiatives were discussed; the Operational Performance Board;

National Integration Leadership Group meeting with the Chief Executive of NHS Ayrshire and Arran and Scottish Government colleagues to discuss working together across complex systems; and further eESS National System Implementation meetings.

Ms Grant noted that a number of appointments had been made, congratulating Mr Jonathan Best who had recently been appointed as the Chief Operating Officer; the role previously held by Mr Grant Archibald. Ms Isobel Neil had been appointed as the new North Sector Director. Mr Arwel Williams had been appointed as the Director of Diagnostics. Ms Fiona McKay had been appointed as the Associate Director of Planning and Ms Gail Caldwell had been appointed as the Director of Pharmacy. Ms Grant also congratulated Mr Gary Jenkins on his recent appointment as Chief Executive of the State Hospital and thanked Mr Ally McLaws, who was resigning as Director of Communications, for his support and contributions to the organisation.

Ms Grant reported that a further unannounced inspection had taken place at the Cowlairs Decontamination Unit at the beginning of February, which resulted in a positive report with significant progress noted. There was one minor recommendation. Inspectors had been impressed with the swift action undertaken by the organisation to address the issues. Further detail of the ongoing internal investigation would be provided to the Acute Services Committee. Ms Grant noted thanks to Mr Tom Steele and the Estates and Facilities Team, for their ongoing efforts in relation to this.

A number of key performance reviews with HSCP's had been undertaken which proved to be useful in discussing key issues and how to improve cross system working.

Ms Grant and Mrs Susan Manion, Chief Officer, East Dunbartonshire HSCP, had attended the Strategic Inspection of Adult Services undertaken by the Care Inspectorate in East Dunbartonshire; the feedback of which was awaited.

Ms Grant noted a number of meetings she had attended locally, including a meeting with the Editor of the Herald to discuss future strategic work; a number of MSP's meetings; and meetings with the Cabinet Secretary and Mr Paul Gray, Director General of NHS Scotland, regarding local operational issues at the QEUH and the Teenage Cancer Trust at the Neonatal Unit at the QEUH.

Ms Grant highlighted her visit to the new Intensive Care Unit at the Royal Alexandra Hospital and was pleased to note an impressive facility.

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

In response to questions from Board members with regards to the Annual Review, Ms Grant advised that the format of the review would remain substantially the same as in previous years, with a public session in the afternoon. She noted that there would be a private session conducted with the Chairman, the Chief Executive, the Cabinet Secretary and Scottish Government officials.

NOTED

7. PATIENTS STORY

Dr McGuire, Director of Nursing, introduced a short film which featured a patient's recent experience of the Teenage and Young Adult Team and the Teenage Cancer Trust.

Mr Brown wished to note thanks on behalf of the Board to the patient for providing such clear and practical feedback.

NOTED

8. HEALTHCARE QUALITY STRATEGY

The Board considered the new Healthcare Quality Strategy paper "The Pursuit of Excellence" [Paper No. 19/02] presented by the Director of Nursing, Dr Margaret McGuire.

Dr McGuire advised that a Healthcare Quality Review group had been established to review existing governance and accountability processes to support the delivery of the Strategy. The Strategy would be accompanied by a set of deliverables and an action plan on an annual basis as part of ongoing engagement with patients, carers, families and staff.

Dr McGuire advised that the Strategy was in line with the national quality ambitions focussed on person centred care, effective care, and a safe environment for healthcare. She went on to highlight the key areas of focus for the coming year.

Dr McGuire highlighted the importance of governance arrangements of the Strategy and linking with other strategies and programmes, including the Digital Strategy, Public Health Strategy and the Moving Forward Together Programme. Dr McGuire stressed that the success of the Strategy would require a whole team approach involving both clinical and non clinical staff, towards the delivery of quality care of our patients.

Mr Brown thanked Dr McGuire for the update and asked that consideration be given to highlighting the accessibility of services in the Strategy. Mr Brown invited questions from Board members.

**Director of
Nursing**

In response to suggestions from Board members, Dr McGuire agreed to include information within the Strategy about the NHS GGC Whistleblowing Policy under Safe Care; clarity on the shared decision making process and best practice, given the sharing best practice priority set by the Cabinet Secretary for all Board's across Scotland; and highlight the importance of partnership relationships between patients and staff.

**Director of
Nursing**

Following discussion, the Board agreed to approve the Strategy in principle, subject to completion of an Equalities Impact Assessment (EQIA). The Board agreed to delegate final approval of the Strategy to the Clinical and Care Governance Committee.

**Director of
Nursing**

APPROVED

9. QUEEN ELIZABETH UNIVERSITY HOSPITAL CAMPUS UPDATE

Ms Grant updated the Board on recent issues experienced at the Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC).

Ms Grant advised that immediate action and monitoring had been undertaken on each occasion to ensure patient safety and it was recognised that further co-ordinated action was required to address public concern.

Ms Grant described the three main work streams that she had commissioned including a review of Estates, Facilities and environmental issues in respect of the QEUH and RHC; a review of capacity and flow to assess the current position against the original model and planning assumptions for the hospitals; and a review of clinical outcomes over the period to provide assurance.

Ms Grant advised that a Programme Board would be established, chaired by herself and comprising of the leads of the three work streams and other key members of senior staff.

In addition, it was noted that the Cabinet Secretary had announced an independent external review of the QEUH and RHC which would be set up under the Britton principles and include the appointment of an Independent Chair. It was underlined that the work of the internal review was complimentary to that of the independent review.

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

In response to questions from members, it was advised that timescales for the reviews would be made explicit through the relevant Governance Committees for each work stream and that a final report would be presented to the Board in due course. This would be included on forward planners.

Secretary

Thanks were noted to the Communications Department who had been in continuous contact with the media throughout this time.

Members were pleased to note the organisation's good work over the last few months to address the issues and expressed gratitude for the continued work and continued actions to provide safe, reliable and professional healthcare.

NOTED

10. HEALTHCARE ASSOCIATED INFECTION REPORT

The Board considered the paper "Healthcare Associated Infection Report" [Paper No. 19/04] presented by the Medical Director, Dr Jennifer Armstrong.

The report highlighted a total of 90 validated cases of Staphylococcus Aureus Bacteraemia (SAB) infections for Quarter 3 from July to September 2018 which was below the national rate. Reduction of infections remains a priority and the SAB Group continued to meet on a regular basis.

There were 111 validated cases of Clostridioides (formerly Clostridium) Difficile (CDI)

reported which was above the national average.

Dr Armstrong advised that investigations were continuing into two isolated cases of *Cryptococcus neoformans*. In addition, samples from two patients tested positive for Mucormycosis at the QEUH, one patient required treatment for the infection while the other was not infected but the bacteria was present on their skin.

Investigations were ongoing into the potential source of the fungi; no new cases of either had been reported since the 18 January 2019.

Dr Armstrong advised that three cases of an unusual strain of *Staphylococcus aureus* Bacteraemia had been found in very ill, extremely premature, babies at the Princess Royal Maternity Hospital.

On the 29 January 2019, NHS Greater Glasgow and Clyde invoked the National Support Framework for NHS Boards and Health Protection Scotland were formally invited to review the actions in relation to the incident. HPS were previously invited and attended the Infection Management Team meeting held on the 28 January 2019. A formal report from HPS will be issued to NHSGGC in due course.

All babies in the unit had been screened, none had been found to be positive for the particular type of *Staphylococcus aureus* Bacteraemia as of 4 February 2019. Screening would continue weekly for the agreed 4 week period.

In response to questions from Board members, it was advised that staff were not routinely screened, however in light of recent cases, it had been decided that staff would be screened to further mitigate the risk of infection.

Dr Armstrong advised that three patients who had been in Intensive Treatment Unit (ITU) at the Royal Alexandra Hospital were tested positive for *Stenotrophomonas maltophilia*. Additional screening of patients and the environment was carried out on 8th February and one additional case was identified. No additional cases have been identified as of 11 February 2019.

It was advised that there was an unannounced Healthcare Environment Inspectorate (HEI) visit to QEUH and RHC between 29 January and 1 February 2019. Dr McGuire advised that the results had just been received and, overall, were positive. However, Dr McGuire noted that a number of improvements were required. Dr McGuire encouraged members to read the report and note of the ongoing improvements being made.

Dr Lyons highlighted that the MRSA screening Clinical Risk Assessment (CRA) uptake table of figures had not been considered by the Clinical and Care Governance Committee prior to the Board meeting. Dr Lyons queried whether the Board could remit some of the issues to the Committee to keep in line with Board processes. It was agreed that the Clinical and Care Governance Committee would review and discuss the figures and Healthcare Associated Infection report at the next meeting. This would be included on the forward planner.

Secretary

Further clarity was requested in relation to the hand hygiene bullet point on page 11 of the document, as Board members felt that the actions were unclear.

The Board were content to note the report and Mr Brown thanked Dr Armstrong for the update.

NOTED

11. CLINICAL AND CARE GOVERNANCE COMMITTEE UPDATE

The Board noted the draft minutes of the Clinical and Care Governance Committee Meeting [C&CG (M) 18/04] which took place on 11th December 2018.

Mrs Brimelow provided an overview of the key topics discussed. The Committee were content that robust mechanisms were in place to address all significant issues.

The next meeting would take place on 5th March.

Mr Brown thanked Ms Brimelow for the update.

NOTED

12. AREA CLINICAL FORUM UPDATE

The Board noted the approved minutes of the Area Clinical Forum [ACF (M) 18/05] which took place on 6th December 2018.

Mrs Thompson advised the Board of the topics discussed at the most recent meeting held on 7th February 2019 including, the development of better links with HSCPs and the Chair's recent meeting with Chief Officers; Safe Staffing Legislation; the Health Care Quality Strategy; infection control issues and the Moving Forward Together Programme. Presentations were also received on implementation of the Digital Strategy; and from Pharmacy colleagues in relation to work with diabetic patients and Acute Care Specialists.

Mrs Thompson advised preparation for the Boards Annual Review was also underway.

Mr Brown thanked Mrs Thompson for the update and commented positively on the ongoing relationship building with HSCPs.

NOTED

13. ACUTES SERVICES COMMITTEE UPDATE

The Board noted the draft minute of the Acute Services Committee [ASC (M)19/01] Meeting of 15th January 2019.

Mr Finnie provided an overview of the topics discussed. The Board were advised that the Integrated Performance report was a key focus of the meeting, and that the level and volume of activity increased the challenge for teams to meet the Scottish Government targets.

The Financial Monitoring Report was also considered in detail.

Mr Brown thanked Mr Finnie for the update and commented positively on the

Waiting Times Initiative.

NOTED

14. NHSGGC INTEGRATED PERFORMANCE REPORT

The Board noted the paper “NHSGGC Integrated Performance Report” [Paper No.19/05] 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 number of C-Difficile cases remained positive against target. Overall financial performance remained within trajectory and ongoing performance represented a significant improvement on the same position reported the previous year.

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

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

In response to Board Members concerns about the GP Out of Hours service, Ms Grant advised that two reviews had been commissioned. Ms Grant agreed to provide an update on the GP Out of Hours service and time scales for implementation to the Finance and Planning Committee.

Chief Executive

Mr Jenkins updated members on the 62 day cancer position. Mr Jenkins advised that work continued to get schedule earlier treatment appointments for patients. Challenges remained within Urology, where a number of measures had been put in place. A review would be undertaken to ascertain if the changes made to the pathway had improved 62 day performance.

Mr Brown noted the A&E performance improvement in comparison to the previous year, which was 85.1% in December 2017 and 89.6% in December 2018.

Dr McGuire provided an update on delayed discharges. Ms Morag Brown raised concern regarding the number of delayed discharges within Mental Health. Ms Brown suggested that a paper on delayed discharge due to be presented to the Acute Services Committee, be brought to the Finance and Planning Committee instead, and felt that it was important to include Mental Health delayed discharges. Ms Grant agreed to consider the governance process for reporting Mental Health delayed discharges to ensure that the most appropriate Committee received the relevant information for scrutiny.

Mr Brown highlighted the number of bed days lost across NHSGG&C. Mr Brown questioned the reasons for delayed discharge and the delay in care home placements, and asked if there was a resource issue for HSCPs causing the delays. Mr Brown was advised that there was not a resource or financial issue however some patients have complex care needs, requiring more planning which could cause delays.

In respect of attendance, Mrs MacPherson indicated the Board's overall sickness absence rate had risen slightly by 0.8% compared to the end of the previous quarter in September 2018, and was in a comparable position with sickness absence in December 2017.

The Board noted that an Attendance Improvement Plan, designed to improve staff attendance at work, had been developed, following a recent internal audit. All Directors, Chief Officers and Heads of People and Change had agreed trajectories for their service areas, to improve staff attendance and these will be reviewed and monitored as part of the Performance Review Group (PRG) meetings, in addition to weekly management monitoring arrangements.

Boards members commented on the issues faced by staff, managers and teams, and emphasised the importance of robust processes being in place to support managers.

In response to Mr Brown's question regarding low uptake rates of staff flu vaccinations and how these could be improved, Mrs MacPherson advised that flu prevalence had not been as high as it had been in the previous year. There was ongoing work being undertaken to consider ways in which uptake of vaccinations could be improved. It was acknowledged that this would be discussed further at the Staff Governance Committee. This would be included on the forward planner.

Secretary

Mr Brown thanked Mr White for the update.

NOTED

15. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Mr McLeod, Head of Specialist Children's Services updated the Board on Child and Adolescent Mental Health Services (CAMHS) performance progress.

Mr McLeod advised that the Scottish Government had provided additional funding of £4m nationally for CAMHS to improve capacity and improve RTT performance.

The Board were asked to note the recent improvements in CAMHS performance against the recent increase in demand. To further improve performance, a CAMHS Improvement Plan has been created. The Plan would help ensure all appropriate referrals were seen on time, help reduce Did Not Attend (DNA) rates and improve RTT performance.

Mr Brown thanked Mr McLeod for the update and asked for assurance that the same quality of care was maintained following the reported positive improvement rates in performance against an increase in demand. Mr McLeod assured the Board that there had been no detriment to the quality of care provided, referring to measures including feedback from patient experience questionnaires and number of complaints. Mr McLeod advised that the introduction of text reminders for patients had positively impacted on attendance rates.

NOTED

16. MOVING FORWARD TOGETHER UPDATE

The Board considered the paper “Moving Forward Together Programme Update” [Paper No. 19/06] presented by the Medical Director, Dr Jennifer Armstrong.

Dr Armstrong advised the Board that discussions were ongoing regarding appointment to the Programme Director role for Moving Forward Together (MFT), following Mr Best’s appointment to the post of Chief Operating Officer.

Dr Armstrong advised Board members that a detailed update on MFT had been provided to the Finance and Planning Committee on the 5th February 2019.

Dr Armstrong reported to the Board on progress made during the implementation phase of the MFT Programme. The work streams had developed a number of Project Initiation Documents, detailing focussed cases for change which would be submitted to the MFT Executive Group for consideration. Wider Workstream Reference Groups for each work stream were undertaking a series of sessions during February and March, focussing on the identification of further cases for change and co-ordination of existing projects and improvement work.

The Programme Board and the Executive Group continue to meet on a regular basis.

HSCP colleagues and the Patient Stakeholder Reference Group (PSRG) had been asked to identify other local opportunities to present to community groups to raise awareness, develop links and have initial conversations about the Programme. Sessions that had already taken place were reported to have been positive.

Mr Brown thanked Dr Armstrong for the update. Mr Brown was pleased to note ongoing discussions with the public and the public understanding of the need for change, to correlate with the Cabinet Secretary’s priorities.

Mr Brown invited comments and questions from Board members.

Mr Matthews wished to emphasise the importance of the public engagement sessions to consult with the public on the MFT Programme, as well as delivering information on Public Health, Acute Services and the GP Contract.

NOTED

17. NHSGG&C PUBLIC HEALTH SCREENING PROGRAMME ANNUAL REPORT 2017-18

The Board noted the paper “NHSGGC Public Health Screening Programme Annual Report 2017-18” [Paper No. 19/06] presented by the Director of Public Health, Dr Linda de Caestecker.

The report included analysis by socio-economic group, among young people with learning disabilities, mental illness and by ethnicity. From 2019, geographical mapping of the uptake rates for Cervical, Bowel, Abdominal Aortic Aneurysm and Diabetic Retinopathy Screening programmes would be available to enable targeted local delivery.

Dr de Caestecker advised of high uptake screening which included newborn bloodspot screening and universal newborn hearing screening. Saturday morning smear test

clinics were working well and received a higher uptake than anticipated. Dr de Caestecker advised that there was ongoing work to improve the uptake of people living with disabilities.

Mr Brown thanked Dr de Caestecker for this piece of work and invited comments and questions from Board members.

In response to questions from Board members, Dr de Caestecker advised that, despite efforts, there had been little improvement in the uptake for people with learning disabilities. Work was ongoing with other health boards and at national committees to improve understanding of the issues faced by this vulnerable group and to identify improvements that could be made to increase uptake.

Ms Brown thanked Dr de Caestecker and Dr Crighton for their continued efforts to highlight the need for an update of the national IT system for breast screening.

NOTED

18. PUBLIC HEALTH COMMITTEE – UPDATE

The Board noted the draft minutes of the Public Health Committee Meeting [PH(M)19/01] which took place on 30 January 2019.

Mr Matthews, Chair of the Public Health Committee, noted that discussion took place about the Adult Health and Wellbeing Survey Report which takes place every 3 years. Mr Matthews was pleased to report positively on the survey and suggested that Board members review this.

Mr Matthews highlighted the Public Health Summit recently hosted by Glasgow City which was well attended by Board members.

Mr Brown thanked Mr Matthews for the update and advised that the positive and impressive work GG&C were doing to improve public health was recognised nationally.

NOTED

19. FINANCE AND PLANNING COMMITTEE UPDATE

The Board noted the draft minutes of the Finance and Planning Committee Meeting [F&P(M) 19/01] which took place on 5th February 2019.

Mr Brown noted the topics reviewed by the Committee including the Moving Forward Together Programme; Capital & Revenue reports; a Vascular services update and an update on the Yorkhill site.

NOTED

20. AUDIT AND RISK COMMITTEE UPDATE

The Board noted the draft minutes of the Audit and Risk Committee Meeting [ARC (M) 18/05] which took place on 11th December 2018.

Mr McLeod noted that he had met with internal auditors, along with the Chair.

Mr McLeod advised that a number of audits had been undertaken and would be discussed at the next meeting on the 12th March 2019.

Mr Brown thanked Mr McLeod for the update and also thanked him for his ongoing support to NHS Tayside Audit Committee.

NOTED

21. NHSGGC REVENUE AND CAPITAL REPORT

The Board considered the paper “NHSGGC Revenue and Capital Report” [Paper No. 19/08] presented by the Director of Finance, Mr Mark White.

Mr White provided a summary of the Month 9 financial position. He noted that as of 31st December 2018, the Board reported expenditure levels of £19.3m over budget. The Board had factored in £24.2m of non-recurring relief to support the financial position.

Mr White provided a breakdown of the financial position, noting that Acute Division reported an over spend of £35.7m. Of the £35.7m over spend reported, £31.9m related to unachieved savings, £2.0m related to pay and £1.4m was associated with non-pay.

Mr White noted pressures of £3.1m 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 £10.5m. Although expenditure for pay and non-pay was running below budget, a shortfall of £12.3m against Financial Improvement Programme (FIP) savings was reported.

Partnerships reported an under spend of £2.7m. It was expected that all IJBs would achieve a breakeven position on the health budget for 2018/19.

Mr White went on to note the main pressure areas of over spend which were within mental health and specialist children’s services.

The Financial Improvement Programme (FIP) tracker recorded projects totalling £56.3 on a full year effect (FYE) and £36.6m on a current year effect (CYE).

Mr White noted main cost pressures 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 claw back and rebates of £1.5m were also expected in relation to Acute prescribing.

The Director of Finance was currently predicting a £2.5m deficit at 31 March 2019, however Mr White was confident that the Board would achieve a break even position at the year end.

Mr White went on to note the Capital position. £59m of allocated projects continue including those related to Glasgow Royal Infirmary, Queen Elizabeth University Hospital Campus and Royal Alexandra Hospital.

In conclusion, the month 9 financial position is £19.3m over budget, well ahead of the initial trajectory of £40m. 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 and noted the significant achievements made, which provided assurance to the Board going into the next financial year.

NOTED

22. INITIAL FINANCIAL OUTLOOK - 2019/20

The Board considered the paper “2019/20 Financial Outlook” [Paper No. 19/09] presented by the Director of Finance, Mr Mark White.

Mr White advised that the Scottish budget was announced in the Scottish Parliament on 12th December 2018. An additional £149m, would be invested across core areas.

NHSGGC’s financial plan has set out the Board’s financial position including delegated health services, managed by Integrated Joint Boards (IJBs). However, to highlight the scale of the challenge to be addressed by the Acute Division and Corporate Departments the shares of uplifts and expenditure to be managed by IJBs need to be deducted. IJB’s would receive 1.8% on their base recurring budgets plus a share of the additional allocation of £16.3m for pay awards, based on share of pay costs.

It was expected that the initial headline financial challenge for 2019/20 would be £85.7m, significantly less than in recent years. Work continued to determine the final figure for efficiency savings required for 2019/20.

Mr Brown thanked Mr White for the update.

NOTED

23. STAFF GOVERNANCE COMMITTEE UPDATE

The Board noted the draft minutes of the Staff Governance Committee Meeting [SCG (M)19/01] of 5th February 2019.

Ms Brown provided an overview of the topics considered by the Committee. Staff

Governance Action Plan presentation updates were received from East Dunbartonshire HSCP and the eHealth Directorate. The Committee received a health and safety compliance update and an update on the staff flu vaccination campaign which reported a 45% uptake.

Ms Brown highlighted the ongoing focus by the Staff Governance Committee on compliance with statutory and mandatory training. Managers had been reminded to ensure all staff have access to and complete the training modules.

Ms Brown advised that she had requested to meet with Mr Brown and Ms Grant to discuss the Whistleblowing Policy prior to her departure.

Mr Brown thanked Ms Brown for the update.

NOTED

24. STAFF GOVERNANCE ANNUAL REPORT

The Board considered the paper “Staff Governance Committee Annual Report 2017-18” [Paper No. 19/10] presented by the Director of Human Resources and Organisational Development, Mrs Anne MacPherson.

Mrs MacPherson highlighted the key aspects of the paper which included the new Turas platform the continued implementation of iMatter and the employability agenda.

The ongoing work regarding the culture framework was considered in the context of the dignity at work survey. Mr Carr advised that ensuring positive relationships within the workplace was crucial. Ms Grant, Mrs MacPherson and Ms McErlean agreed to work on an approach to this and to report back to the Staff Governance Committee.

The Board requested that attendance management be included within section 10 of the paper under future priorities.

**Director of HR
and OD**

Following questions from Ms Morag Brown regarding annual reports, Mr Brown agreed to consider the requirement for all sub committees to produce an annual report, as part of the ongoing governance review being led by Ms Elaine Vanhegan, Head of Corporate Governance and Administration.

NOTED

25. NHSGG&C CORPORATE OBJECTIVES

The Board considered the paper “NHSGGC Corporate Objectives 2019-20” [Paper No. 19/11] presented by the Chief Executive, Jane Grant.

Ms Grant presented the Corporate Objectives to the Board for approval.

Members agreed to approve the objectives subject to minor amendments.

The Chair thanked Ms Grant for the early presentation of the Corporate Objectives for

2019/20.

NOTED

26. BOARD GOVERNANCE UPDATE

Ms Vanhegan, Head of Corporate Governance and Administration advised that an update would be presented to the Board in June detailing the Annual Review of Corporate Governance. This was to allow time to consider the requirements of the work being led nationally by the Corporate Governance Steering Group in respect of the Blueprint for Good Governance.

The Chair thanked Ms Vanhegan and highlighted her ongoing work with developing Board and Committee processes to ensure consistent and accountable decision making, and in ensuring appropriate Committee membership while Board member recruitment processes were underway.

NOTED

27. VALEDICTORY

Mr Brown advised the Board that Ms Morag Brown was due to retire as Non Executive Board Member, and as such this would be Ms Brown's last Board meeting.

Mr Brown highlighted Ms Brown's contributions as Co-Chair of the Staff Governance Committee; Chair of East Renfrewshire IJB; Member of Renfrewshire IJB; Member of the Acute Services Committee; Member of the Finance and Planning Committee; Whistleblowing Champion; involvement with the Beatson Charity Forum; and Member of the Scottish Patient Safety Programme for the North Sector.

Mr Brown noted thanks on behalf of the Board to Ms Brown who had shown commitment and dedication to the Board as a Non-Executive member since 1st April 2011. Ms Brown's contributions would be missed and the Board wished Ms Brown well for the future.

NOTED

DATE AND TIME OF THE NEXT MEETING

Tuesday 16th April 2019, 9.30am, The William Quarrier Centre, St Kenneth Drive, Govan, G51 4QD.

The meeting concluded at 4.05pm