

NHSGG&C(M)19/02  
Minutes: 28 - 58

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 16<sup>th</sup> April 2019**

**PRESENT**

Mr J Brown CBE (in the Chair)

Ms Jane Grant	Ms Amina Khan
Dr Jennifer Armstrong	Dr Donald Lyons
Cllr Caroline Bamforth	Mr John Matthews OBE
Mr Mark White	Cllr Iain Nicolson
Ms Dorothy McErlean	Dr Margaret McGuire
Mr Simon Carr	Mr Allan MacLeod
Cllr Jim Clocherty	Ms Anne Marie Monaghan
Ms Margaret Kerr	Dr Linda de Caestecker
Ms Jeanette Donnelly	Mr Alan Cowan
Ms Jacqueline Forbes	Mr Iain Ritchie
Mrs Audrey Thompson	Mr Ross Finnie
Ms Rona Sweeney	Ms Susan Brimelow OBE
Cllr Jonathan McColl	

**IN ATTENDANCE**

Mr Graeme Forrester	Deputy Head of Corporate Governance and Administration
Ms Elaine Vanhegan	Head of Corporate Governance and Administration
Mr William Edwards	Director of eHealth
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Mr Tom Steele	Director of Estates and Facilities
Mr Kevin Hill	Director of Women and Children
Mr Ally McLaws	Director of Corporate Communications
Ms Sandra Bustillo	Associate Director of Corporate Communications
Ms Louise Long	Chief Officer, Inverclyde HSCP
Mr David Leese	Chief Officer, Renfrewshire HSCP
Mr David Williams	Chief Officer, Glasgow City HSCP
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Sandra Devine	Associate Nurse Director Infection Control (To item 10)
Mrs Geraldine Mathew	Secretariat Manager (Minutes)

**ACTION BY**

**28. APOLOGIES**

Apologies for absence were intimated on behalf of Cllr Mhairi Hunter, Cllr Iain Nicolson, Cllr Sheila Mechan, and Prof Dame Anna Dominiczak.

**NOTED**

**29. DECLARATIONS OF INTEREST**

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

Dr Lyons wished to declare an interest in relation to Item 15, given his role as a Medical Member of the Mental Health Tribunal for Scotland. However, given that Dr Lyons is not directly involved in Greater Glasgow and Clyde cases, the Board were content to note this.

**NOTED**

**30. MINUTES**

On the motion of Mr Ritchie, seconded by Ms Monaghan, the minutes from the NHS Greater Glasgow and Clyde Board Meeting held on Tuesday 19<sup>th</sup> February 2019 [Paper No. NHSGG&C (M) 19/01] were approved and accepted as an accurate record.

**NOTED**

**31. MATTERS ARISING FROM THE MINUTES**

**a) ROLLING ACTION LIST**

The Rolling Action List [Paper No. 19/13] was considered.

The Board agreed to the recommendation of the closure of 7 actions from the Rolling Action List.

In addition, in response to questions from Board members in relation to Item 112 – Hub Scheme, Mr Steele provided an update on progress of the Clydebank Hub Scheme, noting that the project was progressing well and estimated that final sign off would be concluded in summer 2019.

Dr Armstrong corrected Item 138b – West of Scotland Regional Planning Systemic Anti Cancer Therapy. She highlighted that further information including case studies and data would be presented to a future Board meeting, and not a Full Business Case as stated in the Rolling Action List. The Board were content to accept this amendment.

Secretary

**NOTED**

**32. CHAIR'S REPORT**

Mr Brown provided an overview to the Board on his recent engagements since the last meeting.

## OFFICIAL SENSITIVE

Mr Brown attended a visit to the Imaging Centre for Excellence, accompanied by, the Deputy First Minister, Mr John Swinney MSP, and Prof Dame Anna Dominiczak.

Mr Brown reported that he had attended the official opening of the new Gorbals Health and Care Centre on Wednesday 3<sup>rd</sup> April 2019, accompanied by Ms Jeane Freeman, Cabinet Secretary, Ms Jane Grant Chief Executive, Cllr Mhairi Hunter and Mr David Williams, Chief Officer, Glasgow City HSCP. The Centre opened its doors to the public in January 2019 and provides local residents with a wide range of modern health and care services under one roof.

Mr Brown was pleased to attend the official opening of the new state-of-the-art Intensive Care Unit (ICU) at Royal Alexandra Hospital (RAH) in Paisley. Mr Brown was very impressed with the design and the air of space, light and calm within the Unit.

Board members recently took part in a productive Board Development session focused on Corporate Governance, on 2<sup>nd</sup> April 2019. A Board briefing session was also undertaken regarding the Queen Elizabeth University Hospital campus.

Mr Brown agreed to circulate the Cabinet Secretary's formal letter of response following the Annual Review 2017/18 held on 11<sup>th</sup> March 2019.

**Board  
Secretary**

Mr Brown attended a West of Scotland Collaboration Event, as well as a meeting of the Health and Sciences Network Oversight Group.

Mr Brown was invited to provide a lecture on Corporate Governance recently to 5<sup>th</sup> year medical students, as part of the Preparing for Practice (including Clinical Governance) Course at the University of Glasgow.

A number of engagements were planned for May, including a symposium hosted by the Royal College of Physicians of Edinburgh on 10<sup>th</sup> May 2019, which will focus on governance and quality of health care; and a meeting with the Royal College of Physicians and Surgeons of Glasgow; the General Medical Council (GMC); the Scottish Government; NHS Education for Scotland (NES); and the Universities of Glasgow and Dundee, to discuss the way forward in designing a Clinical Leadership Development Programme.

Mr Brown also provided an update on the work of the National Corporate Governance Group who are considering topics including governance systems; recruitment, skills and development of Board members; baseline surveys; and action planning, to improve governance across NHS Scotland.

Mr Brown noted that the recruitment process was underway to appoint the Chair of NHS Tayside. He confirmed that he would remain in post or

Interim Chair until a permanent appointment was made by the Scottish Government.

NOTED

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

The NHS GG&C Annual Review of 2017/18, took place on 11<sup>th</sup> March 2019. Ms Grant thanked all those who participated for their contributions and was pleased to report that the event received positive feedback. A number of actions were being progressed following the formal feedback received from the Cabinet Secretary.

Ms Grant noted a number of meetings she had attended including the National Operational Performance Board; Joint Meeting of the Chairs and Chief Executives; Glasgow Centre for Population Health Meeting; and a meeting of the Glasgow Centre of Voluntary Organisations and 3<sup>rd</sup> Sector.

Ms Grant also noted that she had accompanied Mr Brown to the opening of the new Gorbals Health and Care Centre and the new Intensive Care Unit at Royal Alexandra Hospital.

Good progress had been made in relation to the Corporate Management Team Development programme.

Mr Brown thanked Ms Grant for the update.

NOTED

### **34. PATIENTS STORY**

Dr McGuire, Director of Nursing, introduced a short film which featured a carer's recent experience of care within Acute settings for patients with learning disabilities.

Mr Brown wished to note thanks on behalf of the Board to the carer and family for providing useful and constructive feedback. Dr McGuire added that a number of actions were underway to improve awareness and training of staff to address the issues raised in relation to person centred care, person centred visiting and time to listen. Dr McGuire was committed to ensuring that the feedback and improvements required were embraced throughout the organisation.

NOTED

**35. PARTICIPATION IN NHSGGC SCREENING PROGRAMMES AMONGST PEOPLE WITH LEARNING DISABILITIES 2015-2018**

The Board considered the paper 'Participation in NHSGGC Screening Programmes amongst people with learning disabilities' [Paper No. 19/14] presented by the Director of Public Health, Dr Linda de Caestecker. The paper provided further information requested by Board members, following presentation of the NHSGGC Annual Screening Report for 2017-2018, at the February 2019 Board meeting. The report detailed the participation data for a number of screening programmes including Abdominal Aortic Aneurism Screening; Bowel Screening; Cervical Screening; and Diabetic Retinopathy Screening.

Mr Brown thanked Dr de Caestecker for providing further information as requested by Board members and invited questions.

In response to comments from Board members in relation to the information contained within page 5 of the report regarding colonoscopy procedures, Dr de Caestecker agreed to consider improved delivery of information to patients regarding colonoscopy procedures and process of gaining consent.

Following discussion regarding collection of data within primary care given the new GP Contract, Dr de Caestecker agreed to work with Mr David Leese, Chief Officer, Renfrewshire HSCP, to protect the collection, quality and completeness of data for this vulnerable group of individuals. The Public Health Committee will oversee an approach which improves data collection for this patient group.

Mr Brown thanked Dr de Caestecker for the update on the matters raised at the Board Meeting in February.

NOTED

**36. PUBLIC HEALTH COMMITTEE UPDATE**

Mr John Matthews, Chair of the Public Health Committee, advised Board members that the next meeting of the Committee would take place on Wednesday 17<sup>th</sup> April. Mr Matthews noted a number of initiatives underway in relation to public health, including an employment pilot and the Festival of Ageing. Mr Matthews was keen to discuss with the Committee ways in which these initiatives could be tracked. Mr Matthews was pleased to note the appointment of a Public Health Lead within Police Scotland. Mr Malcolm Graham, Assistant Chief Constable, will undertake the role and Mr Matthews will shortly meet with Mr Graham and Dr de Caestecker.

Mr Brown thanked Mr Matthews for the update and wished to commend Mr Matthews, Dr de Caestecker and the Public Health Committee, for their efforts to facilitate and join up many public health initiatives to ensure the success of the Public Health Strategy.

NOTED

**37. MOVING FORWARD TOGETHER**

The Board considered the paper 'Moving Forward Together: Implementation Phase Update' [Paper No. 19/15] presented by the Medical Director, Dr Jennifer Armstrong.

The paper provided an update on progress made in the implementation phase of the Moving Forward Together Blueprint for the Future Delivery of Health and Social Care, approved by the Board on 26<sup>th</sup> June 2018.

Dr Armstrong highlighted a number of areas being progressed, including development of a case for change for complex cancer care, systemic anti-cancer therapy, and the major trauma network model. Dr Armstrong noted that these would be presented to the Board in June 2019.

Dr Armstrong also noted work on the eFrailty Tool and outlined the impact that frailty has in Scotland and the number of people affected by this. Just over 10% of the population of Scotland are affected by frailty. The tool will be developed to identify people at risk and implement evidence based interventions.

Dr Armstrong went on to note a number of areas of work including community led care for people with coeliac disease; a range of alternative options for conducting outpatient appointments such as virtual consultations; development of Diabetes Local Care with the development of an app to provide lifestyle coaching and promote self-management and self-care. Extensive work has been undertaken to engage with the community, patients, staff and HSCP's.

Mr Brown thanked Dr Armstrong for the update and was pleased to note the development of new pathways and engagement with staff, members of the public and the 3<sup>rd</sup> sector. He invited comments and questions from Board members.

In response to comments from Board members in respect of the work streams being developed and the potential financial implications, recognising the potential to utilise the 1% flexibility of the 3 year financial cycle, Dr Armstrong agreed to develop a summary of all of the work streams being progressed and would present this to a future Board meeting. Mr White added that, once work streams had been financially assessed, this would be presented to the Board in due course. Ms Grant highlighted that caution would need to be exercised in considering use of the 1%, in the context of financial balance over 3 years and key challenges. Ms Grant assured members that individual cases of change would include financial detail, however this was an incremental process towards developing a clear picture of the financial benefits of the Moving Forward Together Programme.

Medical  
Director

Questions were raised in relation to the frailty programme of work and the inclusion of prevention. Dr McGuire assured members that the tool would predict those who were at risk of becoming frail, with preventative measures applied.

Board members queried learning from other Board areas, and noted the recent Quality Improvement work which had been progressed in NHS Fife. Dr McGuire advised Board members that work undertaken in NHS Fife was in relation to emergency care therefore was different to the work described here. However Dr McGuire assured members that the programme of work, similar to that in NHS Fife, had been rolled out in NHSGGC.

In response to a request from Board members regarding additional time to fully discuss and explore the wider picture for Moving Forward Together, Ms Grant agreed that a presentation of the strategic critical path would be developed to bring together all of the areas being progressed. This would be considered by the Finance and Planning Committee, before being presented to the Board. Board Seminars would also be utilised to provide Board members with an overview of the work as this develops.

In summary, the Board were content to note the progress made in the implementation phase of the programme, and thanked Dr Armstrong and colleagues for their efforts to develop this.

**NOTED**

**38. NHSGGC DIGITAL DELIVERY PLAN**

The Board considered the paper 'NHSGGC Digital Delivery Plan' [Paper No. 19/16] presented by the Director of eHealth, Mr Williams Edwards. The Board were asked to note progress since approval of the 'Digital Strategy 2018-2022 Digital As Usual' in August 2018. Mr Edwards highlighted the synergy of the Plan with the Moving Forward Together Programme. Mr Edwards described the 5 key areas set out in the Strategy including Integrated Electronic Health & Care Records; Self Care & Remote Care; Informatics & Data Analytics; Workforce & Business systems; and Technology Infrastructure. Following approval of the Strategy by the Board, extensive stakeholder engagement was undertaken to develop a comprehensive three year plan. 10 major programmes of work had been identified, those being:

- Integrated Electronic Health & Care Record (IEHCR)
- Primary Care & Contractor Services;
- Safer Medicines;
- Innovations;
- Patient Admin Transformation;
- Safer Diagnostics;
- Clinical Informatics;
- Technology & Infrastructure;
- Self Carer & Remote Care;

- Workforce & Business Systems

Mr Edwards provided an update on progress of each of the programme deliverables in 2018/19, including areas such as widening access to West of Scotland Health Boards in relation to the IEHCR; the implementation of the medicines reconciliation and immediate discharge letter; digital ordering of radiology tests which supports the ambitions of the Moving Forward Together Programme; establishment of a team to consider ways in which patients are communicated with; implementation of advice referrals to enable GPs to seek advice from specialist clinicians to determine best course of action; innovation projects such as the management of COPD (Chronic Obstructive Pulmonary Disease) at home; and development of the Industrial Centre for Artificial Intelligence Research in Digital Diagnostics (ICAIRD). Mr Edwards also noted significant development in relation to the implementation of eESS (Electronic Employee Support System), and capital funding secured to commence a rolling programme of user device replacement.

A number of programme deliverables for 2019/20 – 2020/21 were highlighted including the further development of the IEHCR; development of digital Anticipatory Care Plans; and completion of the electronic prescribing programme. Mr Edwards noted that the full business case in relation to electronic prescribing would be presented to the Board in due course. Mr Edwards noted the identification of £3.7m funding to pump prime some of the programmes described and focus remained on identifying opportunities to increase capital funding from other sources. Mr Edwards also described the governance process in place and advised the Board that each Moving Forward Together work stream included representation from an e-Health Clinical Lead and a senior member of the e-Health Strategy and Programmes Team.

Director of  
eHealth

Mr Brown thanked Mr Edwards for the update and noted the paper described new ways of working and was pleased to note the strong links with the Moving Forward Together Programme. Mr Brown invited comments and questions from Board members.

In response to questions raised regarding understanding and awareness of staff in relation to the developments, specifically the quality of data, Mr Edwards assured the Board that each of the initiatives described have a Programme Board established which included representation from stakeholders with a number of Clinical Leads representing areas across the organisation.

Board members were pleased to note the progress of the Digital Implementation Plan and noted the complexity of the work, as a whole, and also within primary care. Members felt there was a significant need to support the transformation of systems to improve access to information for a number of key professionals. Improving staff and professionals knowledge and understanding of the developments within the digital field was crucial to its success, therefore it was critical that training needs and support were considered. Dr Armstrong was clear that ehealth leads and clinical leads were instrumental in both changing the culture of the organisation and supporting staff to embrace new ways of working.

A question was raised in respect of the ambitions for the replacement PACS radiology system, and Mr Edwards noted the incremental nature of this work due to a number of factors including the requirement for increased development across all Boards in respect of the IEHCR. NHSGGC remained committed to ensuring a wide range of professions were able to access the IEHCR, to maximise the benefits for patients.

In summary, the Board were content to note the progress made and agreed that updates would be presented to Corporate Management Team and the Finance & Planning Committee, on a regular basis, with a summary to the Board.

**NOTED**

**39. NHSGGC INITIAL DRAFT ANNUAL OPERATIONAL PLAN**

The Board considered a paper 'NHSGGC Initial Draft Annual Operational Plan' [Paper No. 19/17], presented by the Director of Finance, Mr Mark White. The paper described the Scottish Government requirement for the preparation and submission of an Annual Operational Plan (AOP); the Board's current position and process for drafting; and an overview of the presentation and discussion at the recent Finance and Planning Committee meeting of 2<sup>nd</sup> April 2019.

The Scottish Government guidance described the key areas of focus, those being; Waiting Times for Elective, Cancer and Unscheduled Care; Integration; Mental Health; Primary Care; Healthcare Associated Infection and Finance. Collaboration with HSCP and 3<sup>rd</sup> sector colleagues continued to ensure that the AOP accurately reflects the areas of development.

Mr White further noted that clarity was sought from Scottish Government colleagues in relation to the amount and timing of funding prior to finalising the plan in respect of access targets and action. Mr White was confident that these discussions would be concluded in early May 2019.

Mr Brown thanked Mr White for the update.

In summary, the Board were content to note the Initial Draft Annual Operational Plan, with the expectation that further discussion would take place at the Board Seminar meeting in May 2019. The final Plan would be presented for endorsement to Finance and Planning Committee in June, with final approval at the Board Meeting in June 2019.

**Director of  
Finance**

**NOTED**

#### **40. ACUTE SERVICES COMMITTEE UPDATE**

The Board noted the draft minutes of the Acute Services Committee [ASC (M) 19/02] which took place on 19<sup>th</sup> March 2019.

Mr Finnie, Chair of the Acute Services Committee, provided an overview of the key areas of discussion, including the Integrated Performance Report. The Acute Services Committee agreed that there was a large amount of information contained within the report and acknowledged that there was a need to redesign the report to improve clarity. Ms Vanhegan, Head of Corporate Governance and Administration, has reflected on ways in which reporting could be improved across Committee structures to reduce duplication where possible, as part of the review of Committee Terms of Reference.

The Committee also discussed a number of areas such as the progress made in relation to the Waiting Times Improvement Plan; review of Cowlairs Decontamination Unit; and a comprehensive report on Delayed Discharge across Acute hospital sites was presented. Performance has improved over the last two years, however focus was required to improve and sustain this in Delayed Discharges. The Committee also sought assurances regarding the creation of additional Executive Team capacity and were pleased to note the actions being undertaken to address this.

Mr Brown thanked Mr Finnie for the update and the Board were content to note the draft minute.

#### **NOTED**

#### **41. NHSGG&C INTEGRATED PERFORMANCE REPORT**

The Board considered the paper 'NHSGG&C Integrated Performance Report' [Paper No. 19/18] presented by Mr Mark White, Director of Finance.

Mr White noted that the report format remained in a transitional layout as work continued to review and redevelop this.

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. Mr White also noted progress made in respect of compliance with Stage 1 Complaint response and outpatient appointments.

Mr Best went on to highlight the areas which remain challenging, including the cancer 62 day target; the treatment time guarantee; emergency department and assessment unit attendances; and Child and Adolescent Mental Health Service. Mr Best described some of the actions being undertaken to address these including the recruitment of a Waiting Times Service Manager; the appointment of a 6 month locum

## OFFICIAL SENSITIVE

Consultant Radiographer; and a new physiotherapy concept being trialled within the Emergency Department, which had already received positive feedback.

Mr Best paused for questions from Board members.

Mr Brown welcomed the changes made to the presentation of the report and was encouraged by the positive improvements made.

In response to questions from Board members in relation to the reported increases in demand and the cause of this, Mr Best advised that work had been undertaken to implement a Redirection Policy to address inappropriate attendances to Emergency Departments. Dr de Caestecker advised that activity appears to represent a growing number of older patients from more affluent areas attending at Emergency Departments, which corresponded with a reduction in use of Out of Hours Services. Dr de Caestecker agreed to provide Board members with further information on this in the next report.

**Director of  
Public Health**

The Board questioned if the activity reports were shared with Integration Joint Boards, and Ms Long clarified that Inverclyde IJB has a performance dashboard which details all of the MSG targets and this is reviewed regularly to ensure that the actions being taken were having the desired impact. Therefore, the IJBs do discharge their responsibilities for ensuring that actions were being taken to address performance issues.

It was highlighted that it would be useful to explore the reasons for increase in demand with patients, and Dr de Caestecker was in agreement. Ms Long noted that work had been undertaken in Inverclyde and East Renfrewshire in relation to this.

The Board were pleased to note the performance of the Minor Injury Units at both Victoria and Stobhill Hospitals, and suggested exploration of this to determine best practice and learning.

Dr McGuire went on to provide an overview of the actions underway to address performance of the Child and Adolescent Mental Health Service. The Team have been considering different ways of working through the implementation of a quality improvement programme. This included investigation of the numbers of referrals requiring redirection; investigation of the increase in demand; and a focus on reduction of 'did not attend' occurrence. Dr McGuire was confident that the solid foundations being put in place would improve performance, however acknowledged that there was further work to be done.

Dr McGuire went on to describe the actions being taken to address delayed discharge performance and noted that a detailed paper had recently been presented to the Acute Services Committee. Focus remained on working with partners and Health and Social Care Partnership colleagues, to identify and address the challenges, to

**Chief  
Operating  
Officer**

prevent patients from requiring admission to hospital.

Mr Brown thanked Dr McGuire for the update. There were no questions noted.

Mrs MacPherson provided an overview of the sickness absence performance within NHSGGC, and noted a spike in absence in January 2019 which had subsequently been reduced. There was a reduction in the occurrence of long term absences. Mrs MacPherson assured Board members that focused work continued with the specific Divisions that required improvement. There were some emerging pieces of work identified including a focus on long term conditions; the Human Resource Team supporting managers to improve support to staff; and a campaign with the Communications Team to promote self help for staff. A report on the progress of the areas identified by the external Audit report findings would be presented to the Acute Services Committee.

Director of  
Human  
Resource and  
Organisational  
Development

Mr Brown thanked Mrs MacPherson for the update and was assured that the Staff Governance Committee take a detailed assessment of this.

The Board were content to note the update.

#### **NOTED**

#### **42. ADULT AND OLDER PEOPLE MENTAL HEALTH DELAYED DISCHARGES**

The Board considered the paper 'Adult and Older People Mental Health Delayed Discharges' [Paper No. 19/19] presented by the Chief Officer of Glasgow City HSCP, Mr David Williams. The paper provided an update on the current position and the actions taken to improve performance and outcomes for patients, following the report presented to the Board in 2018. Mr Williams provided an overview of adult mental health performance; learning disability performance and older people performance. The report also detailed three case studies which demonstrated the complex needs of these patient groups and assured the Board that focus remained to ensure robust arrangements were in place to support individuals.

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

In response to queries from Board members with regards to oversight of complex cases with specialist needs, Mr Williams clarified that Ms Julie Murray, Chief Officer East Renfrewshire HSCP, maintains oversight and has regular dialogue with Chief Officer colleagues to ensure that individuals with complex needs are supported.

The Board were content to note the update and would expect a further update in due course.

Chief Officer,  
Glasgow City  
HSCP

**NOTED**

**43. CLINICAL AND CARE GOVERNANCE COMMITTEE UPDATE**

The Board considered the draft minute of the Clinical and Care Governance Committee Meeting of 5<sup>th</sup> March 2019, [CCG (M) 19/01]. Ms Brimelow, Chair of the Committee, provided an overview of the topics discussed including detailed scrutiny of the issues and assurance sought regarding hand hygiene audits.

**NOTED**

**44. HEALTHCARE ASSOCIATED INFECTION REPORT**

The Board considered the paper 'Healthcare Associated Infection Report' [Paper 19/20] presented by Dr Jennifer Armstrong, Medical Director.

The report highlighted a total of 104 validated cases of Staphylococcus aureus Bacteraemia (SAB) reported from October 2018 to December 2018. This was above the national average. Reduction of SABs remained a priority and the SAB Group continued to meet regularly and implement actions based on emerging evidence and quality improvement initiatives.

The report provided an update on the water and ventilation system at QEUH and RHC, and Dr Armstrong noted that installation of a continuous (low level) chlorine dioxide water treatment system was now complete and there had been no cases of bacteraemia associated with water since September 2018.

Dr Armstrong went on to note that over 800 air samples had been taken in relation to Cryptococcus neoformans, however Cryptococcus had not been identified in air sampling since the end of January 2019. Air sampling continued and no incidence of infections had been identified since December 2018.

Dr Armstrong described a number of actions being undertaken in respect of the 13 cases of an unusual strain of Staphylococcus aureus Bacteraemia at Princess Royal Maternity Hospital (PRM); Royal Hospital for Children (RHC); and Royal Alexandra Hospital (RAH), in very ill, extremely premature babies. Dr Armstrong noted a number of actions being taken including enhanced cleaning of all three units which included a hydrogen peroxide vapour clean in PRM, microbiological swabbing of the environment; hand hygiene audits; enhanced supervision; and screening of staff and babies.

Dr Armstrong also noted the identification of 4 patients with Group A Streptococcus (GAS) at Stobhill Hospital which were subsequently confirmed to be different types and therefore not due to cross infection, and also a recent increase in confirmed cases of Norovirus.

Dr McGuire went on to provide an update on the issues and actions to address these following the Healthcare Environment Inspectorate (HEI) unannounced inspection of Royal Alexandra Hospital in December of 2018.

Dr McGuire also provided an overview of the actions to address issues identified following the HEI unannounced inspection of the QEUH Campus between 28<sup>th</sup> January and 3<sup>rd</sup> February 2019.

Dr Armstrong described the actions underway in relation to Surgical Site Infection (SSI) Surveillance and was pleased to note a reduction in the number of hip arthroplasty SSI's this quarter.

Mr Brown thanked Dr Armstrong and Dr McGuire for the update and was pleased to note improvements made. Mr Brown noted that there had been no water related infections for the past 7 months and no Cryptococcus infections in the past 4 months.

Mr Brown invited questions from Board members.

In response to questions from Board members in relation to the publication of Cryptococcus data from sampling, Dr Armstrong advised that this was being reviewed and would be presented to the Board in the near future, once analysis of the data was complete.

Medical  
Director

Following questions regarding the screening of staff at PRM, Dr Armstrong highlighted that this included bank staff.

In response to questions from Board members in respect of the cleaning compliance report for QEUH, in comparison to other hospital sites, Mr Steele, Director of Estates and Facilities, confirmed that the cleaning model used at QEUH Campus was different to that used at other sites. Following the Healthcare Improvement Scotland (HIS) inspection, Mr Steele requested an external review of the model and was awaiting feedback on this. Mr Steele assured the Board that should the audit confirm that the model was less effective as other models, plans would be put in place to change the model. Mr Brown requested that Mr Steele provide a report to the Clinical & Care Governance Committee on the outcome of the audit and the effectiveness of the model, once available.

Director of  
Estates and  
Facilities

The Board were content to note the report and were assured that actions were in place to improve performance.

**NOTED**

**45. AREA CLINICAL FORUM**

The Board considered the approved minute of the Area Clinical Forum Meeting of 7<sup>th</sup> February 2019 [ACF (M) 19/01].

Mrs Thompson, Chair of the Area Clinical Forum, provided an overview of the topics discussed. She noted that the Forum have co-opted a representative from Infection Control, identified by the Area Nursing and Midwifery Committee, to provide specialist advice and information to the Forum on infection prevention and control issues. The Forum were keen to take a proactive approach and as such, have considered the Corporate Objectives and agreed to discuss these within their respective advisory Committees to identify key areas for scrutiny.

Mr Brown thanked Mrs Thompson for the update.

The Board were content to note the minutes.

**NOTED**

**46. NHSGG&C GOVERNANCE AND ASSURANCE MECHANISMS**

The Board considered a paper 'NHSGG&C Governance and Assurance Mechanisms' [Paper No. 19/21] presented by the Medical Director, Dr Jennifer Armstrong.

Following events in 2018 in another NHS Scotland Health Board area which generated public concern over surgical safety, a national assurance exercise was undertaken and the Cabinet Secretary wrote to every NHS Board seeking confirmation of internal arrangements that ensure prevention, recognition and response to concerns of clinical quality in surgical settings. NHSGG&C were highly commended at the national meeting on 4<sup>th</sup> December 2018 and it was noted that the organisation had the highest national appraisal rate in Scotland at 94%. Positive feedback was received from the Scottish Government, who were assured that NHSGG&C had robust processes in place regarding unexpected outcomes and patient safety programmes. Dr Armstrong assured Board members that although the feedback received was positive, focus remained to ensure continuous improvement.

Mr Brown thanked Dr Armstrong and was pleased to note the efforts of colleagues in achieving high standards. Mr Brown invited questions from Board members.

In response to questions from members in relation to cancellation of elective surgery to allow quarterly joint meetings, Dr Armstrong expanded on this and clarified that elective sessions were not scheduled, as opposed to cancelled.

**NOTED**

**47. STAFF GOVERNANCE COMMITTEE UPDATE**

Mr Alan Cowan, Chair of the Staff Governance Committee, advised that the next meeting of the Committee would take place on 7<sup>th</sup> May 2019.

Mr Cowan noted that an informal meeting of key Committee members took place to review the extract of the Corporate Risk Register. Mr Cowan also noted that reports on Organisational Culture and the Staff Governance Monitoring Framework would be presented at the next Committee meeting in May 2019.

Mr Brown thanked Mr Cowan for the update.

**NOTED**

**48. WIDENING ACCESS TO EMPLOYMENT**

The Board considered the paper 'Widening Access to Employment' [Paper No. 19/24] presented by the Director of Human Resources and Organisational Development, Mrs Anne MacPherson. The report detailed the activity undertaken to support the Widening Access to Employment agenda for the period 2018-2019. Mrs MacPherson described a number of activities that NHSGGC were involved in including Careers Awareness events; the Careers Insight Programme; Pre-Employment Training; Project Search; and Modern, Foundation and Graduate Apprenticeships.

Mr Brown thanked Mrs MacPherson for the update and was pleased to note the large range of activities being undertaken in NHSGGC. Mr Brown wished to note thanks on behalf of the Board to Mrs MacPherson, her team and all of the individuals supporting this programme. Mr Brown invited questions from Board members.

Board members felt it would be useful to include data from a national perspective to gain a better understanding of NHSGGC performance in the context of national performance. Mrs MacPherson highlighted that NHSGGC was the Champion Board in Scotland and had twice won the Employer of the Year Award. Mrs MacPherson advised that she would ask that benchmarking figures for Scotland be obtained and included in the report.

Director of  
Human  
Resource and  
Organisational  
Development

Following comments from Board members in relation to equalities impact assessments, Mrs MacPherson agreed to include data on the number of disabled people accessing opportunities in the next report.

**NOTED**

**49. HEALTH AND SOCIAL CARE STAFF EXPERIENCE REPORT**

The Board considered the paper 'NHS Scotland Health and Social Care Staff Experience Report' [Paper No.19/25] presented by the Director of Human Resources and Organisational Development, Mrs Anne MacPherson. The report detailed the summary outcomes for staff experience in NHSGG&C in 2018, the actions of which were discussed and monitored through the Staff Governance Committee Action Plan.

Mrs MacPherson described the key elements of the report including

questions about duties and responsibilities; performance management; involvement in decisions and visibility of managers. Mrs MacPherson noted that it was crucial that teams discuss their individual team reports and develop action plans based on this, therefore focus remained on encouraging all staff to participate in this to achieve the baseline response of 60% to achieve an overall Board report.

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

In response to questions from members in relation to the 60% minimum response rate, Mrs MacPherson advised that this had been raised nationally and that a review of the system was currently underway. Mrs MacPherson provided further clarity on the role of team leads within this process, and assured members that a number of activities had been undertaken to improve response rates including briefing sessions and the development of champions.

The Board were content to note the report.

**NOTED**

**50. FINANCE AND PLANNING COMMITTEE UPDATE**

The Board considered the draft minute of the Finance and planning Committee Meeting [FP (M) 19/02] of 2<sup>nd</sup> April 2019. Mr Brown highlighted the key areas of discussion including a detailed review of the Revenue Report; the Financial Improvement Programme; the Capital Plan; and the Financial Forecast for 2019/20. Mr Brown also noted that the Committee discussed and agreed the direction of travel of the GP Out of Hours Service Review and asked for assurance regarding engagement and equality impact assessments and capacity within NHS24 prior to any implementation of changes or alteration to access routes. Ms Grant had also provided an update on QEUH and RHC, and Dr Armstrong provided an update on the Moving Forward Together Programme. The Committee reviewed an evaluation of the Small Change Matters programme and were pleased to note the success of this and the positive changes made.

The Board were content to note the draft minutes.

**NOTED**

**51. AUDIT AND RISK COMMITTEE UPDATE**

The Board noted the draft minutes of the Audit and Risk Committee meeting of 12<sup>th</sup> March 2019 [AR (M) 19/02]. Mr Allan McLeod, Chair of the Audit and Risk Committee, provided an overview of the topics discussed including reports presented by the Internal Auditors regarding the Audit Plan; an update on the Audit Scotland preliminary work in preparation for close of final accounts for 2018/19; and an assessment of the Financial Improvement Programme, which was found to be a well

developed programme with high levels of scrutiny.

Mr Brown thanked Mr McLeod for the update and wished to note thanks on behalf of the Board to the members of the Audit and Risk Committee for their efforts. Mr Brown was pleased to note the positive assessment of the Financial Improvement Programme and was confident that this would continue to develop. Mr Brown invited questions from Board members.

In response to questions from Board members in relation to opportunities for the Board to feed into the Audit Plan, Mr McLeod advised that the Board would have the opportunity to contribute to the Plan, however the Plan would be subject to approval by Corporate Management Team and the Audit and Risk Committee, before presentation to the Board. However, Mr McLeod was happy to discuss any individual Committee concerns should Committee Chairs wish to do so. Mr Brown assured Board members that the risk management process and systems would be considered as work develops to review corporate governance.

Following questions from Board members in respect of the Executive Team capacity, Ms Grant advised that a paper was presented and approved by the Remuneration Committee which detailed additional support to Acute Division senior management, with the addition of the Acute Chief of Medicine post and an Acute Chief of Nursing post, to support the Chief Operating Officer. In addition, an Assistant Director of Planning had been appointed and would take up post in May 2019. Ms Grant also noted that work was underway to appoint to the Acute Medical Director post and Mr Alan Hunter had recently taken up the position as Director of Access. Ms Grant was confident that there was significant additional senior management capacity created.

Discussion took place regarding governance reporting structures and it was highlighted that the Remuneration Committee reports to the Staff Governance Committee. Mr Brown suggested that it would be helpful for the Board to receive a briefing following Remuneration Committee meetings to ensure that the Board were informed of developments.

Head of  
Corporate  
Governance  
and  
Administration

## **NOTED**

### **52. NHSGGC REVENUE AND CAPITAL REPORT**

The Board considered the paper 'NHSGGC Month 11 Revenue and Capital Report [Paper No. 19/22] presented by the Director of Finance, Mr Mark White.

Mr White reported that as at 28<sup>th</sup> February 2019, the Board reported expenditure levels of £2.5m over budget. This compared to £10.2m over spent at the previous month end and was significantly better than the initial trajectory forecast of £47.7m.

The Financial Improvement Programme tracker recorded projects

## OFFICIAL SENSITIVE

totalling £56.4m on a FYE and £40.3m on a CYE. Taking into account the need for contingency to cover cost pressures within Acute Division and the use of non-recurrent funds to support the in-year financial challenge, the Board was predicting a break-even position for 2018/19.

Mr White highlighted significant overspends within Acute and Corporate Divisions due to unachieved savings, and noted that £50.8m of non-recurring relief had been factored in to support the financial position. Mr White advised that Partnerships reported an under spend of £3.6m, however noted that as prescribing data remained 2 months behind in reporting, prescribing costs could have an impact on the current figure reported.

Mr White described the Financial improvement Programme position breakdown and noted that a number of programmes would roll forward to 2019/20.

Mr White highlighted cost pressures for 2018/19 including the water issue at the QEUH which had created a projected revenue cost of £1.5m; the fire at Stobhill Hospital which would require £1.5m of demolition costs; and additional allocation of up to £4m from the revised Financial Plan to support winter costs.

The capital resource limit for 2018/19 was achieved and Mr White highlighted the areas progressed including ward refurbishments at Glasgow Royal Infirmary (GRI); buildings infrastructure upgrade schemes at the Institute of Neurosciences (INS) and the Neurology Building; the upgrade and redevelopment of the Intensive Care Unit (ICU) at RAH; the medical equipment replacement programme and the investment in e-health.

Mr Brown thanked Mr White for the update and was pleased to note the positive financial position. Mr Brown invited questions from Board members.

In response to questions from members regarding the under spend within Partnerships, Mr White assured Board members that activities to ensure the best use of collective resource to manage performance was underway and Mr White was confident that positive steps had been taken to improve balance and ensure greater focus on performance targets.

Following questions from members in respect of the paid-as-if-at-work claims, Mrs MacPherson clarified that this was an accrual made, following the recent case in NHS England regarding Agenda for Change (AFC) bands and overtime payments. National negotiations were underway in relation to this. This will affect all employers.

Board members acknowledged the significant effort to achieve a break-even position and were pleased to note a steadily improving financial position.

Discussion took place regarding the approval process associated with the conversion of capital under spend to non-recurring revenue to support the overall financial position. Mr White clarified that this was approved as part of the Capital Plan report which summarised the intention to do so. Mr Brown further noted that this had been approved by the Finance and Planning Committee as part of the Capital Plan. Once approved by Scottish Government, this then required to be endorsed by the Board.

The Board were content to note the position at Month 11, were content to endorse the transfer of £10m capital to revenue; and noted the Financial Improvement Programme position.

**NOTED**

**53. NHSGGC INITIAL DRAFT FINANCIAL PLAN 2019/20**

The Board considered the paper 'NHSGGC Initial Draft Financial Plan 2019/20' [Paper No. 19/23] presented by the Director of Finance, Mr Mark White. The report provided the Board with an update of the 2019/20 projected revenue and capital positions, and outlined the planning process to deliver key financial targets. Mr White reported that the Board were projecting a reduction in underlying recurring deficit by £19.5m to £48.3m in 2018/19, however this was subject to finalisation of Month 12 and the annual audit process. Mr White noted that Territorial Boards would receive an uplift of 2.54%, which includes funding for the 2019/20 pay award.

The report highlighted the cost inflation, pressures and developments including recurring costs of the band 2 to band 3 re-grade; increasing number of patients receiving TAVI (Transcatheter Aortic Valve Implantation); IT contracts and increasing energy costs.

Mr White went on to note that Health and Social Care Partnership (HSCP) budgets required to be determined by 31<sup>st</sup> March 2019. Mr White noted that details of proposed delegated budgets were submitted to the last cycle of Integration Joint Board meetings. The Board were content to approve the financial delegation to HSCP's as described within the paper. However, there were further questions in respect of the total funding for HSCP's from the Health Board and the Local Authorities. Mr White advised that this had been debated at the Finance and Planning Committee; however this was a very complex topic which required further consideration before presenting to the Board. It was agreed that Mr White would discuss HSCP financial settlements with Board members at a future Board Development Session.

Director of  
Finance

Mr Brown advised members that HSCP funding would be included within the Board development programme and that a session would be arranged to progress the MSG Review outcomes, to clarify roles and responsibilities of IJB members and support to NHS members of IJBs.

The Board discussed the 3 year planning cycle and Mr White clarified that a deficit of 1% was now permitted to be recorded, provided a clear plan was in place to balance this in a later financial year within the 3 year period.

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

In response to questions from Board members in respect of the miscellaneous cost pressures detailed within the report, Mr White advised that this was included to ensure greater visibility and prudence, however Mr White noted that this would be updated as the financial year progressed.

Mr White reported that the Capital Plan for 2019/20 would include a number of works including those identified at QEUH for ventilation and a pedestrian walkway. The outcome of the national review of forensic mental health services was awaited and would shape the direction of the Rowanbank scheme. £6.65m of capital funding had been allocated to support e-health priorities, £5m had been allocated to the medical equipment replacement programme and £9.25m allocated to minor maintenance works. There was £3.1m of capital unallocated to ensure contingency within the plan.

In response to questions from Board members in respect of the devolved budget to IJBs and accountability, Mr Brown assured Board members that both the Board and the Local Authorities receive reports from HSCPs that holds IJBs to account for delegated budgets. The MSG Review of Progress of Integration, had highlighted some issues with regards to the flow of information and, this, along with the national Blueprint for Good Governance, were expected to address these issues both locally and nationally.

In summary, the Board were content to note the latest assessment of the financial position for 2019/20; the latest assessment of the 3 year revenue overview; the high level Financial Plan (Initial Draft); approve the draft Capital Plan; and approve the proposition for the 2019/20 HSCP delegated budget allocation.

## **APPROVED**

### **54. CORPORATE GOVERNANCE IN NHSGG&C**

The Board considered the paper 'Corporate Governance in NHSGG&C' [Paper No. 19/26] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan. The paper summarised the recent development session which considered the Board's position in respect of the NHS Scotland Blueprint for Good Governance. The Board were required to submit a report to the Scottish Government by the end of April 2019, which would be based on the paper presented to the Board

and the Action Plan appended. The Board were asked to approve the Action Plan for submission to the Scottish Government. Ms Vanhegan advised the Board that she intended to provide a progress update to the Board in October 2019. The Annual Review of the Scheme of Delegation would be presented to the June Board meeting as part of the routine review of governance.

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

Following comments from Board members regarding Corporate Management Team capacity, given the ambitious timescales, Ms Vanhegan agreed to further consider the sequencing of the planned work.

In response to observations from Board members in respect of the inclusion of the public health priorities, it was agreed that public health would be highlighted more explicitly within strategic plans.

In response to questions from Board members regarding influencing culture and development of a common understanding, it was agreed that time would be allocated to the Board Seminar schedule to discuss the matter further.

In summary, the Board were content to approve the Action Plan, subject to amendments to describe further the public health agenda and influencing culture. Consideration to the timescales and sequencing of work was also required.

Head of  
Corporate  
Governance  
and  
Administration

**APPROVED**

**55. BOARD MEMBERSHIP AND REVIEW OF GOVERNANCE COMMITTEE AND INTEGRATION JOINT BOARD MEMBERSHIP**

The Board considered the paper 'Board Membership and Review of Governance Committee and Integration Joint Board Membership [Paper No. 19/27] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan. The report detailed the recent changes to Committee membership and IJB membership following the appointment of Ms Margaret Kerr, Ms Flavia Tudoreanu and Ms Amina Khan.

Mr Brown thanked Ms Vanhegan for the update and for her efforts to balance representation on the Committees. Mr Brown welcomed discussion with any Board members interested in becoming a member of any of the Committees.

Discussion took place regarding the Staff Governance Committee, which required a greater number of non-Executive Board members present to satisfy quorum. Ms Vanhegan assured Board members that she was undertaking work to align all of the Committees in this respect as part of

the Annual Review of Governance.

**NOTED**

**56. PHARMACY PRACTICES COMMITTEE UPDATE**

The Board considered the draft minute of the Pharmacy Practices Committee Meeting of [PPC (M) 2019/01] of 11<sup>th</sup> February 2019.

**NOTED**

**57. VALEDICTORY**

Mr Brown noted that this was Mr Ally McLaws final Board Meeting as Director of Communications. Mr Brown wished to note his thanks and best wishes to Mr McLaws on behalf of the Board, for his efforts and contributions to the organisation. A formal farewell presentation would take place on 2<sup>nd</sup> May and Board members were invited to attend.

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

**Tuesday 25<sup>TH</sup> June 2019, The William Quarrier Centre, St Kenneth Drive, Govan, G51 4QD.**

The meeting concluded at 4.05pm