

NHSGG&C(M) 19/04  
Minutes: 84 - 103

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
NHS Greater Glasgow and Clyde Board  
held in the William Quarriers Centre, 20 St Kenneth Drive, Glasgow, G51 4QD  
on Tuesday 20<sup>th</sup> August 2019 at 09:30am**

**PRESENT**

Prof John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Caroline Bamforth
Ms Susan Brimelow OBE	Mr Simon Carr
Cllr Jim Clocherty	Mr Alan Cowan
Prof Linda de Caestecker	Ms Jeanette Donnelly
Mr Ross Finnie (Vice Chair)	Ms Jacqueline Forbes
Mrs Jane Grant	Cllr Mhairi Hunter
Ms Margaret Kerr	Ms Amina Khan
Dr Donald Lyons	Mr Allan MacLeod
Mr John Matthews OBE	Cllr Jonathan McColl
Ms Dorothy McErlean	Dr Margaret McGuire
Ms Anne Marie Monaghan	Mr Ian Ritchie
Ms Rona Sweeney	Mrs Audrey Thompson
Ms Flavia Tudoreanu	

**IN ATTENDANCE**

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Interim Director of Communications
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Mr William Edwards	..	Director of eHealth
Mr Graeme Forrester	..	Deputy Head of Corporate Governance and Administration
Mr David Leese	..	Chief Officer, Renfrewshire HSCP
Ms Louise Long	..	Chief Officer, Inverclyde HSCP
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Susan Manion	..	Chief Officer, East Dunbartonshire HSCP
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Julie Murray	..	Chief Officer, East Renfrewshire HSCP
Mr Tom Steele		Director of Estates and Facilities
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Mr James Hobson	..	Assistant Director of Finance
Ms Fiona Dunlop	..	Health Improvement Lead (For item 92)
Ms Sandra Devine	..	Acting Infection Control Manager (For item 97)
Dr Iain Kennedy	..	Consultant in Public Health Medicine (For item 97)
Ms Fiona MacKay	..	Assistant Director of Planning (For item 93)
Mrs Geraldine Mathew	..	Secretariat Manager

		<b>ACTION BY</b>
<b>84.</b>	<b>WELCOME AND APOLOGIES</b>	
	Board members apologies for absence were intimated on behalf of Cllr Iain Nicolson, Mr Mark White and Cllr Sheila Mechan.	

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	<b>NOTED</b>	
<b>85.</b>	<b>DECLARATIONS OF INTEREST</b>	
	<p>The Chair invited Board members to declare any interests in any of the agenda items to be discussed. There were no declarations made. Prof Brown reminded members to ensure that they regularly review their Record of Interest, and advise Ms Elaine Vanhegan, Head of Corporate Governance and Administration, should there be any amendments or additions required.</p> <p><b>NOTED</b></p>	
<b>86.</b>	<b>MINUTES OF THE MEETING HELD ON 25<sup>TH</sup> JUNE 2019</b>	
	<p>On the motion of Prof Dominiczak, seconded by Ms Monaghan, the minutes of the NHS Greater Glasgow and Clyde Board Meeting, held on Tuesday 25<sup>th</sup> June 2019 [Paper No. NHSGGC(M) 19/03], were approved and accepted as an accurate record, subject to the following amendments:</p> <p>Ms Sweeney noted that she had submitted apologies for the meeting.</p> <p>Cllr Clocherty noted that he did not feel the minute fully articulated the discussion and did not reflect the proposal to develop a Centre of Excellence for elective surgery at Inverclyde Royal Hospital and the following amendments were suggested:</p> <p><u>Item 67a – Paragraph 2</u> Dr Armstrong provided further detail on the proposed design of the model including the development of a specialist trauma rehabilitation service; <b>development of the Inverclyde Royal Hospital (IRH) as an elective Centre for Excellence</b>; development of a Major Trauma Centre at Queen Elizabeth University Hospital (QEUH); development of a Paediatric Major Trauma Centre located at Royal Hospital for Children (RHC); and trauma units and local emergency hospitals. The Scottish Government had committed £17m to the development of the West of Scotland Major Trauma Network, £10m of which was allocated for the delivery of the Major Trauma Centre. A further £7m funding package for rehabilitation and trauma units had recently been announced and would be introduced over a 5 year period from 2019/20 to 2023/24. Dr Armstrong noted that a further update would be presented to the Board in October 2019.</p> <p><u>Item 67a – Paragraph 12</u> In summary, the Board were content to approve the proposal to create a Major Trauma Centre, Trauma Units, <b>development of an elective Centre for Excellence</b>, local emergency hospitals and a rehabilitation service. The Board noted that the Moving Forward Together Programme Board will manage implementation of the proposal and identify and manage any associated risks. Board members would anticipate regular updates to the Finance Planning and Performance Committee. The Committee were asked to give consideration to the frequency of Board updates.</p> <p><b>APPROVED</b></p>	

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DRAFT – TO BE RATIFIED

<b>87.</b>	<b>MATTERS ARISING</b>		
<b>a)</b>	<b>ROLLING ACTION LIST</b>		
	<p>The Board considered the Rolling Action List [Paper No. 19/39].</p> <p>Members agreed with the recommendation of the closure of 9 actions from the Rolling Action List.</p> <p>In addition, the following actions were discussed:</p> <p><u>Item 72 – Cleanliness Balanced Scorecard</u> Mr Steele noted that the report would be presented to the Finance Planning and Performance Committee, and not the Clinical &amp; Care Governance Committee as stated, as part of the Internal Review of QEUH/RHC – Estates and Facilities Work stream. The Board agreed to the amendment of the Rolling Action List.</p> <p><u>Item 70 – GP Out of Hours Service</u> The Board noted that data on the number of site closures of GP Out of Hours clinics had been included within the report. However, members had envisaged that the data would include site specific information. Discussion took place about the most appropriate forum to discuss these issues as members were keen to avoid duplication of reporting. Ms Vanhegan noted that the introduction of the Performance Framework being developed would go some way to addressing duplication of reporting and Mr White agreed to include site specific information about GP Out of Hours closures within future reports.</p> <p>In summary, it was agreed that the Finance, Planning and Performance Committee would receive the Cleanliness Balanced Scorecard information as part of the Internal Review of QEUH/RHC – Estates and Facilities Work stream; cleanliness performance would continue to be monitored by the Clinical and Care Governance Committee, via reporting of the Board Clinical Governance Forum; and the Acute Services Committee would continue to receive this information as part of the Integrated Performance Report.</p> <p><b><u>NOTED</u></b></p>	Secretary	Mr White
<b>88.</b>	<b>CHAIR’S REPORT</b>		
	<p>Prof Brown provided an overview of recent engagements since the last meeting.</p> <p>Prof Brown attended a number of visits including a visit to Glasgow Royal Infirmary, with the Cabinet Secretary Ms Jeane Freeman, to celebrate the announcement of the hospital being amongst the Top 100 hospitals worldwide.</p> <p>On 1<sup>st</sup> August, Prof Brown presented to 420 new foundation (FY1) doctors, who have recently taken up post in the West of Scotland, as part of their induction training. Prof Brown was accompanied by Dr Jennifer Armstrong, Medical Director and Dr Lindsay Donaldson, Director of Medical Education.</p> <p>He highlighted progress of a number of key areas of work including the West of Scotland Health Sciences Network. He described work underway to develop capacity and capability of clinical leadership within the NHS.</p>		

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DRAFT – TO BE RATIFIED

	<p>Prof Brown noted a number of standing Committees of the Board which he had recently attended, including the Remuneration Committee; Acute Services Committee and the Public Health Committee. He attended a meeting with Audit Scotland, accompanied by Mr Allan MacLeod, Chair of the Audit and Risk Committee, and was pleased to note that no areas of concern were highlighted by Audit Scotland.</p> <p>On 5<sup>th</sup> July, Prof Brown met with Dr David Caesar, Head of Leadership and Talent Management, within the Scottish Government Health Workforce, Leadership and Service Transformation Directorate, with regards to Project Lift. Dr Caesar was leading the Project Lift collaborative, which pioneers a novel approach to talent management and leadership development. Prof Brown asked that the Staff Governance Committee consider the benefits of Project Lift and how the organisation could become more involved in this collaborative.</p> <p>Prof Brown advised that he had agreed with the Cabinet Secretary to serve a second term as Chair of NHS Greater Glasgow and Clyde, and would remain in post until November 2023.</p> <p>On 30<sup>th</sup> June, Prof Brown’s tenure as Interim Chair of Tayside concluded. Prof Brown highlighted to Board members that there had been a recent advertisement to recruit to the post of Chair of NHS Tayside, and he would be happy to discuss the details with any members interested in the position.</p> <p><b><u>NOTED</u></b></p>	<p><b>Mrs MacPherson</b></p>
<p><b>89.</b></p>	<p><b>CHIEF EXECUTIVES REPORT</b></p>	
	<p>Mrs Grant described progress of a number of national strands of work, including implementation of eESS (electronic Employee Support System) across Boards; and implementation of the Best Start programme.</p> <p>She had attended the West of Scotland Health Sciences Network Meeting and continued to support this valuable area of work.</p> <p>On 19<sup>th</sup> August, Mrs Grant attended the West of Scotland Chief Executives Meeting, where members continued to discuss operational performance reviews and some of the challenges associated with these.</p> <p>Mrs Grant described the continued discussions with Scottish Government colleagues in respect of the Annual Operational Plan and the trajectories associated with the Waiting Times Improvement Programme.</p> <p>Mrs Grant also attended a Musculo-Skeletal Physiotherapy event organised by West Dunbartonshire Health and Social Care Partnership (HSCP). The work was highly impressive and Mrs Grant noted thanks to Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, and her team for organising the event.</p> <p>Recent communications with Dr Catherine Calderwood, Chief Medical Officer of Scotland, and Ms Rose Marie Parr, Chief Pharmaceutical Officer, Scottish Government, were highlighted, with renewed focus on Brexit readiness plans. Mrs Grant assured the Board that the Brexit Readiness Steering Group continued to progress preparations to identify areas of risk and actions to</p>	

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DRAFT – TO BE RATIFIED

	<p>mitigate these. Members would receive a further update at the next Board Seminar in September.</p> <p><b>NOTED</b></p>	<p><b>Ms Vanhegan</b></p>
<p><b>90.</b></p>	<p><b>PATIENTS STORY – CARE OPINION POSTS</b></p>	
	<p>Dr McGuire provided a presentation to members which detailed examples of feedback received from the Care Opinion website and the subsequent improvements made to services.</p> <p>The number of posts recorded from 1<sup>st</sup> October 2017 to 31<sup>st</sup> July 2018 was 389, and from 1<sup>st</sup> October 2018 to July 2019 was 450. This represented a 16% increase in the number of posts. Dr McGuire described the work underway to increase the number of posts and identify activities to encourage patients, carers, and members of the public to provide feedback using Care Opinion. She highlighted that work was being carried out with managers and staff to improve and ensure the quality of the responses made to feedback received.</p> <p>As of June 2019, responsibility for responding to Care Opinion feedback had been transferred to Chief Nurses and Midwives, from the Patient Experience and Public Involvement Team. Dr McGuire described the planned timescales to fully implement new governance arrangements to support this change, and informed the Board that this would complete by March 2020.</p> <p>Prof Brown thanked Dr McGuire for the presentation and was pleased to note the work underway to encourage both positive and negative feedback on services. Prof Brown invited questions and comments from members.</p> <p>In response to questions from members in relation to the creation of the website and the awareness of staff, Dr McGuire advised that Care Opinion had been in use for over 5 years, however was originally established under Patient Opinion. She added that a series of workshops had been organised to raise awareness of the service with staff and to maximise opportunities to receive feedback from patients, carers and visitors.</p> <p>There were questions raised in relation to the performance reporting mechanisms for Care Opinion feedback. Dr McGuire advised that information on Care Opinion feedback is contained within the quarterly Patient Experience report presented to the Clinical and Care Governance Committee.</p> <p>In summary, the Board were content to note the presentation and Prof Brown was pleased to note the work underway to maximise the use of Care Opinion and to encourage both positive and negative feedback.</p> <p><b>NOTED</b></p>	
<p><b>91.</b></p>	<p><b>PUBLIC HEALTH COMMITTEE UPDATE</b></p>	
	<p>The Board considered the approved minute of the meeting held on 17<sup>th</sup> April [Paper No. PHC(M) 19/02] and the draft minute of the meeting held on 24<sup>th</sup> July 2019 [Paper No. PHC(M) 19/03].</p>	

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

	<p>Mr Matthews, Chair of the Public Health Committee, provided an overview of the topics discussed by the Committee. He noted that Ms Frances McLinden, Interim Director of Regional Services, attended the meeting to provide an update on the Oral Health Directorate Performance Report and the Review of the Public Dental Service. The Committee discussed ways in which improvements to the oral health of the population could be made, in particular for children and young people.</p> <p>The Committee also received a presentation by Ms Fiona Moss, Head of Health Improvement and Inequalities, Glasgow City HSCP, and Dr Trevor Lakey, Health Improvement and Inequalities Manager, Glasgow City HSCP, in respect of the Five Year Mental Health Strategy Prevention Progress Report.</p> <p>Mr Matthews noted a number of areas of work discussed including the HIV outbreak position. The Committee also discussed falling life expectancy amongst the lowest SIMD (Scottish Index of Multiple Deprivation) rated areas, and how inequalities could be addressed.</p> <p>Mr Matthews continued to build strong relationships with key partners including Scottish Government Ministers; colleagues within Police Scotland and Universities. Mr Matthews was pleased to note that Child Poverty would be a focus of the next Board Seminar in September.</p> <p>Prof Brown thanked Mr Matthews for the update and invited questions from Board members.</p> <p>In response to questions from members with regards to the Glasgow Public Health Summit which took place in January 2019, Prof de Caestecker and Mr Matthews described a number of areas of work being undertaken to progress the recommendations made by the report, including the establishment of an oversight group to implement the recommendations from the Summit. The first meeting of the group would take place in September 2019.</p> <p>There were questions raised in relation to health improvement learning opportunities across HSCPs, and Prof de Caestecker assured members that opportunities were created by information sharing with Community Planning Partnerships.</p> <p>Members were pleased to note that Mr Matthews had developed robust links with University colleagues, and it was suggested that work could be taken forward with Universities to develop evidence based approaches to public health improvement, to ensure that the results of adequately funded, controlled interventions were analysed appropriately.</p> <p>In summary, the Board were content to note the approved minute and the draft minute.</p> <p><b>NOTED</b></p>	
92.	<b>SMOKE FREE PRISONS</b>	
	<p>The Board considered the paper 'Update on Implementation of Smoke Free Prisons Policy in NHSGGC' [Paper No. 19/40] presented by the Director of Public Health, Professor Linda de Caestecker. The paper described the steps</p>	

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

taken in NHSGGC and nationally, to ensure effective implementation of smoke free prisons in Scotland. The policy was implemented in November 2018, and the report summarised the current position and achievements in the 8 months since implementation.

Prof de Caestecker gave a presentation to members which provided an overview of the implementation of the policy and the views of both prisoners and prison staff. She also described the prevalence of smoking amongst prisoners prior to implementation of the policy and the range of support available including group support, one to one support, brief intervention and nicotine replacement therapy. Prof de Caestecker noted the effective implementation of the smoke free policy in prisons and highlighted a number of strategies used to ensure the success of this including training of prison staff; additional smoking cessation staff; and supplementary diversionary activities for prisoners.

Prof de Caestecker noted that the model of delivery had been adapted to provide one to one support in addition to group support. She noted that work was underway to develop and expand the Peer Support model, which had proved successful. The model provided prisoners the opportunity to gain a formal qualification in peer support.

Work was also underway to expand the support provided to include areas such as diet, nutrition and physical activity. A review of prison healthcare was underway, and health improvement would form a key part of this.

Prof Brown thanked Prof de Caestecker for providing the presentation and to Ms Fiona Dunlop, Health Improvement Lead, for the detail contained within the report. Prof Brown invited questions and comments from Board members.

In response to questions from Board members in relation to the support available for prisoners after release, Prof de Caestecker advised that the Smoking Cessation Team operate as a system-wide team, therefore support was available via the community provision on release. Ms Dunlop added that work had been undertaken with the Prison Through Care Team to ensure that prisoners were given contact information for community smoking cessation services on liberation, and work was underway to engage with the families of prisoners who had stopped smoking whilst incarcerated, to support both the family of prisoners to stop smoking and to assist prisoners to remain non-smokers once liberated.

Board members were pleased to receive the report and were interested to hear about the success of the peer support model, particularly how this model could be replicated within other environments in the community. Prof de Caestecker highlighted that the Health Improvement Teams within HSCPs undertake work to develop peer support models within community settings.

There were questions asked in respect of the resource required to sustain the successes achieved by smoking cessation services. Prof de Caestecker advised that the level of resource received by the Board to provide smoking cessation services were adequate, however she acknowledged that further reductions may have a detrimental effect longer term.

In response to further questions from members in relation to the expected quit levels of prisoners who have engaged with the service, Prof de Caestecker

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

	<p>advised that there had been an increase in 12 week quit rates, however there were difficulties associated with the follow up and tracking of clients on liberation.</p> <p>Questions were raised in respect of untried prisoners with no funds available, and what actions could be taken to improve outcomes for this group of prisoners. Ms Dunlop advised that prisoners who fall into this group receive 1 week nicotine replacement therapy (NRT) on admission, to manage nicotine withdrawal. A further 6 weeks of NRT was available to them by attending group support.</p> <p>In summary, the Board were content to note the report and presentation and thanked both Prof de Caestecker and Ms Dunlop.</p> <p><b><u>NOTED</u></b></p>	
	<p><b>93. MOVING FORWARD TOGETHER UPDATE</b></p>	
	<p>The Board considered the paper ‘Moving Forward Together (MFT): August 2019 Progress’ [Paper No. 19/41] presented by the Medical Director, Dr Jennifer Armstrong. Dr Armstrong introduced Ms Fiona MacKay, Associate Director of Planning. The report provided an overview of the priorities for MFT programmes including progress of the Best Start recommendations; staff, public and stakeholder engagement; and the next steps.</p> <p>Ms MacKay described the report which formed part of a series of reports and noted that the last report focused on the development of the Major Trauma Centre at Queen Elizabeth University Hospital (QEUH) and the Centre for Excellence for Elective Surgery at Inverclyde Royal Hospital (IRH). Ms MacKay advised that a comprehensive report, which included information on the estimated resources required, would be presented to both the Finance, Planning and Performance Committee and the Board at the next meetings in October. Ms MacKay went on to note the work of the Executive Group, the Programme Board, the Workforce Reference Group and the Stakeholder Reference Group. She described the formal reporting mechanisms in place and highlighted that the Programme Board received updates on the progress of 2 of the MFT work streams, at each meeting. Focus continued to address both the long term goals of the programme, and the immediate priorities. Ms MacKay described the key areas being progressed including the local care hubs; the framework for long term conditions such as diabetes; establishment of the Out of Hours Resource Hub; prevention; and redirection to appropriate services.</p> <p>Eight public meetings had been held within HSCPs areas to ensure engagement with the public; and a 3<sup>rd</sup> Sector event was held on 9<sup>th</sup> June. Over 60 delegates attended, with representation from the Scottish Health Council. In addition, work also continued to engage with staff. A number of key aspects were highlighted by those who had engaged with the events held. Attendees highlighted their desire to receive information; be treated with dignity and respect; and be regarded as an equal partner.</p> <p>Prof Brown thanked Ms MacKay for the update and invited questions from Board members.</p> <p>Board members noted that they were keen to understand the critical timescales associated with the Trauma programme of work, and the resource implications of the programme, although acknowledged that £17m of resource had been</p>	



OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

<p>awarded to the West of Scotland Trauma Network. Mrs Grant confirmed that a detailed paper would be presented to the Finance Planning and Performance Committee in October, which would describe in as much detail as was possible at the current time, the timescales associated with the programme and the estimated resource required. Dr Armstrong clarified that of the £17m awarded, £10m had been awarded for the development of the Major Trauma Centre at QEUH campus, with £7m awarded for the development of the Rehabilitation Service and Trauma Units to support this. Dr Armstrong advised that recruitment was underway and a Consultant Allied Health Professional (AHP) Specialist had been appointed. Dr Armstrong advised that the paper presented to the Committee in October would set the trajectory of finance and timescales.</p> <p>Questions were raised in relation to the level of engagement undertaken with Local Authority colleagues and Councillors. Ms MacKay acknowledged that further engagement would be undertaken and this would be explored further.</p> <p>There were also questions raised about the potential impact to West Dunbartonshire, specifically in respect of GP Out of Hours. Mrs Grant advised that it was difficult to detail specific impacts at this stage, however Mr Best noted that extensive work had been undertaken with the Vale of Leven Hospital, including an event held this week with GP colleagues, to consider patient pathways. There was positive participation noted and Mr Best advised that he would share the outcomes of this work with the Finance, Planning and Performance Committee, once complete.</p> <p>In response to questions from members in relation to the GP Out of Hours work and what engagement had been undertaken with the GP community in respect of both MFT and Review of GP out of hours, Mr David Leese, Chief Officer, Renfrewshire HSCP, noted that a number of professional bodies were engaged with the work including the GP Sub Committee and the LMC (Local Medical Council), to ensure GP representation throughout.</p> <p>Questions about engagement with local people were raised, in particular, how local were those that were engaged with. Ms MacKay explained that the Stakeholder Reference Group worked closely with the HSCPs to engage with local HSCP groups that were already in existence. Dr Armstrong further added that in addition to the local engagement meetings, there were over 40,000 followers on Twitter. Ms Bustillo, Interim Director of Communications, added that there were over 20,000 Facebook followers, and an 'Informing Patients Network' (IPN) database had been established. The database was growing at a rate of 1,000 subscribers per week. Ms Bustillo noted that work was being carried out with HSCPs to develop specific communications plans and clarified that the communications plans would be presented to the Finance, Planning and Performance Committee for oversight.</p> <p>Dr McGuire went on to describe the position of progress in relation to the Best Start programme. She noted that Clyde Sector was an early implementation site to test approaches to continuity of care. One team was in place and a second team was being established within the Paisley area. The Vale of Leven and Inverclyde teams were in place. Dr McGuire noted that the Queen Elizabeth University Hospital (QEUH) and NHS Ayrshire and Arran were working together to progress work on the neonatal recommendations within Best Start. As of 19<sup>th</sup> August 2019, every baby less than 26 weeks and any mother less than 26 weeks gestation and at risk of delivery, would be transferred to the care of QEUH.</p>	<p><b>Dr Armstrong</b></p> <p><b>Ms MacKay</b></p> <p><b>Mr Best</b></p>
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OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

	<p>Prof Brown thanked Dr McGuire for the update on the implementation of the Best Start programme, and invited questions from Board members.</p> <p>In response to questions from members in relation to the expected number of additional babies to be cared for at QEUH per annum, Dr McGuire advised that this already occurs on an ad-hoc basis and expected that this would be in the region of 6 babies per annum, with approximately 10 to 15 mothers at risk of delivery who are less than 26 weeks gestation, per annum. Mrs Grant emphasised that two early adopter sites (one in the East of Scotland and one in the West of Scotland) had been identified, to ensure that the necessary capacity and resource was available, before further service changes were formally adopted. Increased pace of the integrated care model was key to the success of the programme, and Mrs Grant advised that an evaluation of these sites would be undertaken later in the year.</p> <p>Questions were raised by Board members in respect of when the Board could anticipate further detail on the resource required. Mrs Grant advised that resource had been provided by Scottish Government to safeguard the transition, however Mrs Grant stressed that the finance required and the deliverable outcomes may vary dependant on the type of model adopted, therefore a review of all of the models tested would be undertaken, and this would be reported to the Board in due course.</p> <p>In summary, the Board were content to note the progress described within the report. Prof Brown thanked all teams and staff involved in the Moving Forward Together Programme, and would anticipate a further paper to be presented to both the Finance, Planning and Performance Committee in October, and to the Board Meeting in October. Prof Brown was pleased to note efforts to provide assurance of the governance arrangements and efforts to further strengthen engagement with patients, communities, elected members and staff.</p> <p><b><u>NOTED</u></b></p>	<p>Dr McGuire</p> <p>Dr Armstrong</p>
94.	<b>ACUTE SERVICES COMMITTEE UPDATE</b>	
	<p>The Board considered the approved minutes of the Acute Services Committee meeting held on 21<sup>st</sup> May 2019 [Paper No. ASC(M)19/03] and the draft minutes of the Committee meeting held on 16<sup>th</sup> July [Paper No. ASC(M)19/04].</p> <p>Mr Ross Finnie, Chair of the Acute Services Committee provided an overview of the key areas of discussion at the last meeting. He noted that the Committee received the revised format Performance Report, which provided greater balance in performance reporting. Mr Finnie noted that demand had increased, with June seeing the highest levels of presentations at hospitals this year. He noted that Prof de Caestecker was exploring the causes of increased demand and the pressures associated with this. Mr Tom Steele, Director of Estates and Facilities, also provided an update on the progress of the review of the temporary closure of Cowlairs Decontamination Unit.</p> <p>Prof Brown thanked Mr Finnie for the update and invited comments and questions from Board members.</p> <p><b><u>NOTED</u></b></p>	



OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

	<p>In response to comments from Board members in relation to the Better Workplace section of the report, it was agreed that consideration would be given to the inclusion of additional metrics to provide enhanced measures of performance.</p> <p>In summary, the Board were content to note the report.</p> <p><b>NOTED</b></p>	<p><b>Mrs MacPherson</b></p>
<p><b>96.</b></p>	<p><b>CLINICAL AND CARE GOVERNANCE COMMITTEE UPDATE</b></p>	
	<p>The Board considered the approved minutes of the Clinical and Care Governance Committee meeting of 5<sup>th</sup> March 2019 [Paper No. C&amp;CG(M)19/01] and the draft minute of the meeting of 11<sup>th</sup> June 2019 [Paper No. C&amp;CG(M) 19/02].</p> <p>Ms Brimelow, Chair of the Clinical and Care Governance Committee, advised that the next meeting of the Committee would take place on 3<sup>rd</sup> September 2019.</p> <p>It was noted that the draft minute of the meeting of 11<sup>th</sup> June 2019, was an unapproved minute, and there were some inaccuracies that required correction at the next Committee meeting, specifically in relation to the page 4 – section 21. The minute stated that there had been no SCI's however Dr Armstrong noted that there had been SCI's (Significant Clinical Incidents) recorded however these were within expected rates. Dr Armstrong agreed to provide further information on this at the next Committee meeting in September.</p> <p>Prof Brown thanked Ms Brimelow and Dr Armstrong for the update. There were no questions noted by members.</p> <p><b>NOTED</b></p>	<p><b>Dr Armstrong</b></p>
<p><b>97.</b></p>	<p><b>HEALTHCARE ASSOCIATED INFECTION REPORT</b></p>	
	<p>The Board considered a paper 'Healthcare Associated Infection Report' [Paper No. 19/43] presented by the Medical Director, Dr Jennifer Armstrong.</p> <p>Dr Armstrong introduced Ms Sandra Devine, Acting Infection Control Manager and Dr Iain Kennedy, Consultant in Public Health Medicine, to members.</p> <p>Dr Armstrong noted that there were 111 validated cases of <i>Staphylococcus aureas Bacteraemia</i> (SAB) reported in the period January to March 2019. This was above the national rate but within expected confidence intervals. Reduction of SABs remained a priority and the SAB Group continued to meet on a regular basis to implement actions based on emerging evidence and quality improvement initiatives.</p> <p>There were 77 validated cases of <i>Clostridioides difficile</i> (CDI) reported in the period January to March 2019. This demonstrated a reduction in CDI cases upon the previous quarter, however was above the national rate but within expected confidence intervals.</p> <p>Dr Armstrong informed members that screening for <i>Methicillin-resistant Staphylococcus aureus</i> (MRSA) had significantly improved to 92%, which was</p>	

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

above the national average. Screening rates for *Carbapenemase-producing Enterobacteriaceae* (CPE) had also improved to 94%, which was also above the national average. This was due to improvements made to the screening process.

There had been no further cases of *Cryptococcus neoformans* identified since December 2018, with over 2,500 air samples taken. The Expert Advisory Sub Group continued to meet and was in the process of preparing a final report, which would be made available to the Incident Management Team.

Dr Armstrong noted that following 4 weeks of negative screens for *Staphylococcus aureus spa type t11164* at Princess Royal Maternity Hospital (PRM), the Incident Management Team had been stepped down and the incident had been closed. Surveillance had been put in place to alert the Infection Prevention and Control Team (IPCT) if this strain was identified from clinical samples in the future.

Dr Armstrong informed members of three cases of unusual blood stream infections identified in patients within Ward 6a (Paediatric Haematology/Oncology Unit), Queen Elizabeth University Hospital (QEUE). None of the cases were linked to each other however one had been linked to the general environment (water), therefore, as a precaution, point of use filters had been installed in outlets throughout the Oncology/Haematology patients' pathway. Mr Steele, Director of Estates and Facilities, noted that the Authorising Engineer (AE) had undertaken a review of all water reports for the QEUE campus and described the water supply as "wholesome".

Mr Steele went on to note the recent inspection by the regulatory body LRQA (Lloyds Register Quality Assurance) of the Cowlairs Decontamination Unit, which consisted of a three-day unplanned audit. Inspectors found the site to be clean, tidy and well organised and noted significant improvements in the quality and production processes. Mr Steele was pleased to note the excellent report received, and wished to thank all staff for their continued good work.

Prof Brown thanked Dr Armstrong and Mr Steele for their reports. He was pleased to note the level of detail on infection rates; the outcome of the water report conducted by the Authorised Engineer; and the excellent report following the inspection of Cowlairs Decontamination Unit. Prof Brown invited comments and questions from members.

In response to questions from members about how long children would be accommodated within the QEUE, Mr Steele informed members that while Wards 2a and 2b of the RHC (Royal Hospital for Children) were being renovated, the children were still being accommodated within Ward 6a of the QEUE and the refit of Wards 2a and 2b was scheduled to be complete in March 2020.

Following comments from members in relation to hand hygiene scorecards, Ms Devine agreed to include hand hygiene scorecards for each hospital within the next Board report.

In response to questions from members with regards to inconsistent cleaning compliance rates, Mr Steele advised that work continued to ensure that problem areas were addressed. Engagement with the 3<sup>rd</sup> party contractor was underway to address performance within the Langlands Unit. He also noted the

**Ms Devine**

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

	<p>recruitment of an additional 30 staff following a recruitment drive undertaken with the Universities in Glasgow.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>	
<b>98.</b>	<b>AREA CLINICAL FORUM UPDATE</b>	
	<p>The Board considered the approved minute of the Area Clinical Forum meeting held on 6<sup>th</sup> June 2019 [Paper No. ACF(M) 19/03].</p> <p>Mrs Audrey Thompson, Chair of the Area Clinical Forum, advised the Board that there had been a meeting of the Forum on 1<sup>st</sup> August 2019, the draft minute of which was not yet available. Mrs Thompson provided an overview of the topics discussed including a focus on the Internal Review of QEUH. Mr Steele attended to provide an update on the Estates and Facilities work stream and Mr Best attended to provide an update on the Demand and Flow work stream of the Review. Mrs Thompson noted that an Infection Control Nurse had been co-opted to the Forum, to provide specialist advice to members in relation to infection prevention and control issues. She also noted that Ms Susanne Millar, Interim Chief Officer, Glasgow City HSCP, and Ms Kirsty Orr, Planning Manager – Out of Hours Review, attended to provide an update on the Out of Hours Review. Mrs Thompson informed the Board that she would serve a further 2 year term as Chair of the Area Clinical Forum, and was pleased to note the appointment of Dr Cerys MacGillivray as Vice Chair.</p> <p>Prof Brown noted that Mr Alan Hunter, Director of Access, had attended the Area Clinical Forum meeting in June, to provide an update on the Waiting Times Improvement Plan. Mr Ritchie suggested that it may be useful for the Acute Services Committee to have input from Mr Hunter, as to the causes of increased waiting times. Mr Best agreed to provide further detail on the causes of increased waiting times to the Acute Services Committee, however it was noted that the outcome of the Demand and Flow work stream of the Internal Review may provide a clearer picture of the drivers.</p> <p><b><u>NOTED</u></b></p>	<b>Mr Best</b>
<b>99.</b>	<b>FINANCE PLANNING AND PERFORMANCE COMMITTEE</b>	
	<p>The Board considered the approved minutes of the Finance, Planning and Performance Committee meeting of 4<sup>th</sup> June 2019 [Paper No. FPPC (M) 19/03]. The Board noted that the draft minute of the Committee meeting of the 6<sup>th</sup> August 2019, was not available at this time, and would be presented to the Board at the next meeting in October.</p> <p>Mr Simon Carr, Vice Chair of the Finance, Planning and Performance Committee, provided an overview of the topics discussed at the meeting of 6<sup>th</sup> August including the Financial Monitoring Report; the NHSGGC Procurement Strategy; a report on Integration Joint Board (IJB) Reserves; an update on the MFT programme; and the Draft Annual Plan.</p> <p>Prof Brown thanked Mr Carr for the report and invited comments and questions from members.</p>	

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

	<p>In relation to questions from members in respect of the IJB Reserves report, it was agreed that further discussion about the issues concerning this would be undertaken at the MSG (Ministerial Strategic Group) Review session for Board members on 22<sup>nd</sup> August.</p> <p>Questions were raised in relation to the Annual Operational Plan, and Mrs Grant noted that there remained one outstanding issue which was being addressed with colleagues from Scottish Government. Mrs Grant anticipated that the Annual Operational Plan would be published by the end of August 2019.</p> <p><b>NOTED</b></p>	<p><b>Mrs Grant</b></p> <p><b>Ms Vanhegan</b></p>
<p><b>100. AUDIT AND RISK COMMITTEE UPDATE</b></p>		
	<p>The Board considered the approved minutes of the Audit and Risk Committee meeting held on 4<sup>th</sup> June 2019 [Paper No. AR(M) 19/02] and the draft minutes of the Committee meeting of 18<sup>th</sup> June 2019 [Paper No. 19/03].</p> <p>Mr Allan MacLeod, Chair of the Audit and Risk Committee, advised that the next meeting of the Committee would take place in September. He informed the Board of a recent External Audit Meeting with colleagues from Audit Scotland, with positive comments received regarding both the annual accounts and endowments accounts.</p> <p>Prof Brown thanked Mr MacLeod for the update and wished to note thanks on behalf of the Board to both the Finance Teams; the Executive Team; and the Audit and Risk Committee, for their good work in achieving positive feedback from Audit Scotland.</p> <p><b>NOTED</b></p>	
<p><b>101. NHSGGC REVENUE AND CAPITAL REPORT</b></p>		
	<p>The Board considered the paper 'NHSGGC Month 3 Revenue and Capital Report' [Paper No. 19/44] presented by the Assistant Director of Finance, Mr James Hobson. The report provided an overview of the financial position of the 1<sup>st</sup> quarter of 2019/20.</p> <p>As at 30<sup>th</sup> June 2019, the Board reported expenditure levels £11.1m over budget. This compared to £8.1m over budget at Month 2 and was better than the initial trajectory of £12.9m.</p> <p>Mr Hobson informed the Board that the Financial Improvement Programme (FIP) Tracker recorded projects totalling circa £13.4m on an FYE (full year effect) and £14.6m on a CYE (current year effect). He noted that the 2019/20 Financial Plan presented to the Board had identified a potential "gap" of £20m at 31<sup>st</sup> March 2020. Mr Hobson described a number of actions being taken to minimise the forecast deficit, those being, identification of additional financial improvement schemes; focus on delivery of existing schemes; identification of additional sources of income and balance sheet management opportunities; and management of the capital allocation to ensure optimal outturn.</p>	

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

<p>Mr Hobson described the breakdown of the financial position and noted that the Acute Division reported expenditure levels £13.5m over budget; Corporate Departments reported expenditure levels £5.1m over budget; and Partnerships reported an under spend of £1.5m. A total of £6m of non-recurring relief had been factored in to support the overall financial position. Challenges remained in relation to unachieved FIP savings and drug expenditure. He was pleased to note that pay and non-pay expenditure remained within a reasonable position. In relation to HSCP budgets, Mr Hobson informed the Board that a neutral financial position was likely for a further month, however, the biggest variable associated with HSCP budgets was expected to be prescribing expenditure.</p> <p>Mr Hobson noted emerging pressures in relation to the outcomes framework; an additional £2.5m to £3m of costs related to continued contingency arrangements for clinical waste disposal; and maintenance of property pressures.</p> <p>Mr Hobson paused for questions.</p> <p>In response to questions from members in relation to the likelihood of transferring capital resource to revenue, as had been done in the past, Mr Hobson advised that this had been factored in to the plan and any intention to transfer capital resource to revenue, would be presented to, and agreed by, the Finance, Planning and Performance Committee.</p> <p>There were questions raised in relation to the Financial Improvement Plan, specifically that the CYE of £14.06m, was higher than the FYE of £13.4m, and that this was irregular. Mr Hobson explained that this was a “one-off” position, due to the intention to seek reimbursement of fees for the disposal of the Broomhill site.</p> <p>In respect of questions raised regarding the IJB summary, Mr Hobson highlighted that Glasgow City HSCP and Renfrewshire HSCP, both adopt different reporting mechanisms than that of other HSCPs, which would account for Glasgow City HSCP reporting an under spend of £1.5m, whilst other HSCPs reported a break-even position. Mr Hobson advised that monthly meetings with Chief Finance Officers were in place. Review meetings which considered the potential risks and the social care element of the budgets were also regularly convened. Mr Hobson did not foresee any significant risks, with the exception of variations in prescribing expenditure. Prof Brown felt it would be useful to have further discussion on this at the next Development Session.</p> <p>Mr Hobson went on to note the capital position. The current forecast core capital resource available to the Board for investment in 2019/20 amount to over £51.3m. He informed the Board that there was an unallocated capital sum of £6m. The Capital Planning Group were undertaking an exercise to prioritise utilisation of the unallocated capital sum.</p> <p>In summary, the Board were content to note the report, and would discuss further the aspects noted at the Development Session on 22<sup>nd</sup> August 2019.</p> <p><b>NOTED</b></p>	<p><b>Mrs Grant</b></p>



OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

<b>102.</b>	<b>STAFF GOVERNANCE COMMITTEE UPDATE</b>		
	Mr Alan Cowan, Co-Chair of the Staff Governance Committee, advised that the next meeting of the Committee would take place on 21 <sup>st</sup> August 2019. Mr Cowan noted that the items to be discussed included attendance management, the culture framework and the Sturrock Review.		
	Prof Brown thanked Mr Cowan for the update. There were no questions noted.		
	<b>NOTED</b>		
<b>103.</b>	<b>DATE OF NEXT MEETING</b>		
	Tuesday 22 <sup>nd</sup> October 2019 09:30am William Quarriers Centre, 20 St Kenneth Drive, G51 4QD		
	The meeting concluded at 2.07pm.		