

NHSGG&C(M) 19/05
Minutes: 104 - 125

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held in the William Quarrier Centre, 20 St Kenneth Drive, Glasgow, G51 4QD on
Tuesday 22nd October 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
Ms Jacqueline Forbes	Mrs Jane Grant
Cllr Mhairi Hunter	Ms Amina Khan
Mr Allan MacLeod	Mr John Matthews OBE
Cllr Sheila Mechan	Ms Dorothy McErlean
Cllr Jonathan McColl	Ms Anne Marie Monaghan
Dr Margaret McGuire	Ms Rona Sweeney
Mr Ian Ritchie	Ms Flavia Tudoreanu
Mrs Audrey Thompson	Mr Mark White

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Interim Director of Communications
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Dr Chris Deighan	..	Deputy Medical Director (For Item 119)
Mr John Donnelly	..	Senior General Manager Capital Planning (For Item 112)
Mr William Edwards	..	Director of eHealth
Mr Graeme Forrester	..	Deputy Head of Corporate Governance and Administration
Mr William Hunter	..	Assistant Director - Facilities Management Operations (For Item 117)
Mr David Leese	..	Chief Officer, Renfrewshire HSCP
Ms Louise Long	..	Chief Officer, Inverclyde HSCP
Ms Fiona MacKay	..	Associate Director of Planning (For Item 119)
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Mrs Geraldine Mathew	..	Secretariat Manager (Minutes)
Mrs Susan Manion	..	Chief Officer, East Dunbartonshire HSCP
Ms Julie Murray	..	Chief Officer, East Renfrewshire HSCP
Ms Marion Speirs	..	Hub Accountant (For Item 112)

		ACTION BY
104.	WELCOME AND APOLOGIES	
	Board member apologies for absence were intimated on behalf of Prof Dame Anna Dominiczak, Dr Donald Lyons, Mr Ross Finnie, Ms Margaret Kerr and Cllr Iain Nicolson.	

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	<p>Officer apologies for absence were intimated on behalf of Mr Tom Steele, Ms Suzanne Millar, and Ms Elaine Vanhegan.</p> <p><u>NOTED</u></p>	
105.	DECLARATIONS OF INTEREST	
	<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 Mr Graeme Forrester, Deputy Head of Corporate Governance and Administration, should there be any amendments or additions required.</p> <p><u>NOTED</u></p>	
106.	MINUTES OF THE MEETING HELD ON TUESDAY 20TH AUGUST 2019	
	<p>On the motion of Mr John Matthews OBE, seconded by Mr Ian Ritchie, the minutes of the NHS Greater Glasgow and Clyde Board Meeting held on Tuesday 20th August 2019 [Paper No. NHSGGC (M) 19/04], were approved and accepted as an accurate record.</p> <p><u>APPROVED</u></p>	
107.	MATTERS ARISING	
a)	ROLLING ACTION LIST	
	<p>The Board considered the Rolling Action List [Paper No. 19/45].</p> <p>Members agreed with the recommendation of the closure of 7 actions from the Rolling Action List, and were content to note that 5 actions remain open.</p> <p><u>NOTED</u></p>	
108.	CHAIRS REPORT	
	<p>On 22nd August 2019, Prof Brown attended the Board Development Session on the Ministerial Strategic Group (MSG) Review of Integration. An action plan had been developed following the session to increase the pace of integration. Prof Brown noted that the Board development work plan for 2020 will focus on the key priorities as outlined by the Cabinet Secretary, including mental health; public health; access and waiting times; and increasing the pace of integration.</p> <p>Members of the West of Scotland Health Sciences Network Oversight Board met on 23rd August 2019 to participate in a workshop session, with key colleagues from the 5 Health Boards and 5 Universities in the West of Scotland.</p> <p>Prof Brown noted thanks to Mr John Matthews OBE, for undertaking the role of Chair of the Glasgow Centre for Population Health Management Board, whilst Prof Brown carried out duties as Interim Chair of NHS Tayside. Mr Matthews had been invited to become a member of the Management Board, given his role as Chair of the Public Health Committee, in order to further strengthen links with the Glasgow Centre for Population Health and public health priorities.</p>	

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On 4th September 2019 and 21st October 2019, Prof Brown and Mrs Grant met with Dr Brian Montgomery and Dr Andrew Fraser, Co-Chairs of the External Review of the Queen Elizabeth University Hospital (QEUEH). Both meetings were very productive and positive. Prof Brown reported that the External Review Team were appreciative of the support provided by the Corporate Management Team, Ms Elaine Vanhegan, Head of Corporate Governance and Administration, Mr Graeme Forrester, Deputy Head of Corporate Governance and Administration, and the wider Administration Team, to source archive documents.

Prof Brown met with Ms Bridget McConnell of Glasgow Life, in relation to the maximisation of the benefits and impact of social prescribing. He was pleased to note that the Public Health Committee had developed strong links with Glasgow Life.

On 1st October 2019, Prof Brown and Mrs Grant met with Professor Sir Lewis Ritchie regarding implementation of the recommendations of the National Review of Primary Care Out of Hours Services. Prof Brown noted appreciation to Sir Lewis for his advice and guidance to increase the pace of implementation of the recommendations.

Prof Brown attended the West of Scotland Board Chairs Group meeting on 30th August 2019. The NHS Scotland Board Chairs Group met on 3rd and 4th October 2019 and Prof Brown participated in a development session which focused on the recommendations following the Sturrock Review and ways in which Board Chairs could support NHS Boards, Local Authorities, and Integration Joint Boards to improve the pace of integration. Prof Brown noted the appointment of Ms Elinor Mitchell as the Director Health and Social Care Integration, Scottish Government and commented on the positive contribution she made to the Chairs Group meeting.

On 9th October 2019, a meeting of the Joint Chairs and Chief Executives was held, at which Prof Brown gave a presentation on the NHS Scotland Corporate Governance Programme. He reported that the meeting was productive and provided an opportunity to share experience; concerns and risks; and; innovation and best practice.

Prof Brown joined the First Minister, the Cabinet Secretary and Mrs Grant on a visit to MacMillan Cancer Support on 23rd August 2019. The visit marked the significant financial contribution the Scottish Government has made to the work of the charity and provided an opportunity to hear about the holistic approach taken by the organisation to support patients throughout their journey with cancer.

Both Prof Brown and Mrs Grant had made several visits to Ward 6a at QEUEH, and had met with patients' families and staff members, to discuss their concerns and reassure them of the actions being taken to address issues raised within Ward 6a at QEUEH and the progress being made to restore Wards 2a and 2b at the Royal Hospital for Children (RHC) as a priority.

On 12th September 2019, Prof Brown joined Mrs Grant at a reception for staff with 50 years' service with the NHS. Prof Brown noted that the event highlighted the high quality, calibre and commitment of all staff working within the organisation.

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	<p>Prof Brown joined Prof Dame Anna Dominiczak, in welcoming Mr Malcolm Wright, Director General, Health and Social Care and Chief Executive of NHS Scotland, to the Imaging Centre of Excellence (ICE) on 19th September 2019. The visit showcased the tremendous work with Glasgow University and NHSGGC to develop their joint capacity to become a world leader in imaging, healthcare research and innovation.</p> <p>Prof Brown provided a lecture on Financial Governance, to Governance Fellows at the Royal College of Physicians of Edinburgh on 17th October 2019.</p> <p>Prof Brown noted a number of upcoming events including the Ministerial Mid-Year Review which will take place on 24th October 2019; the NHS Scotland Global Citizenship Annual Conference on 1st November 2019; and the NHSGGC Staff Awards Event on 4th November 2019. Prof Brown was delighted to report a record number of nominations for this year’s Staff Awards, which demonstrated the strength of the staff body and their level of professionalism, throughout challenging circumstances.</p> <p>In addition, Prof Brown would also be attending the official opening of the Woodside Health and Care Centre, which demonstrated another positive step forward in respect of integration of health and social care. He also noted that he would attend the Faculty of Public Health Conference being held in Dunblane, and wished to note thanks to Prof de Caestecker for her role in this.</p> <p>Prof Brown noted that he had recently attended a session with the new Foundation Year 1 (FY1) Junior Doctors. He commended the support given to the cohort of FY1’s from NHS Education Scotland, NHSGGC and, in particular Dr Lindsay Donaldson, Director of Medical Education, and was pleased to note the enthusiasm shown by the cohort.</p> <p>Prof Brown wished to note his appreciation on behalf of the Board, to Mrs Grant and members of the Corporate Management Team over recent months, for their continued commitment, professionalism, and efforts, despite challenging circumstances and additional workload.</p> <p>Prof Brown invited questions and comments from Board members.</p> <p>Mr Cowan wished to note thanks to Prof Brown for the opportunity to attend the Annual Medical Excellence Awards with Prof Dame Anna Dominiczak.</p> <p><u>NOTED</u></p>	
109.	CHIEF EXECUTIVE’S REPORT	
	<p>On 21st August 2019, Mrs Grant attended a meeting of the national Waiting Times Improvement Plan Operational Performance Board. The meeting was positive and provided an opportunity to refocus the agenda to improve performance.</p> <p>She attended a meeting of the eESS Programme Board on 29th August 2019, and a meeting of the Best Start Executive Group on 18th September 2019. The work of both of these groups was progressing well.</p>	

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	<p>Mrs Grant met with Mr John Connaghan, Chief Performance Officer, NHS Scotland regarding the National Waiting Times Plan and performance.</p> <p>She attended a series of meetings in relation to the Internal Review of the QEUH and RHC and highlighted that all three work streams were progressing well and nearing completion. She noted that Prof Craig White, Clinical Lead, Scottish Government, had been providing advice and guidance to the organisation. Families had been contacted to offer a meeting with Prof Brown and Mrs Grant, should they wish to do so.</p> <p>Mrs Grant provided an update on the External Review of QEUH and RHC, which was currently in an information gathering phase. Once this stage was completed, one to one interviews would be arranged with staff members by the External Review Team.</p> <p>Mrs Grant highlighted the recent announcement of the Public Inquiry. A Project Management Office was being established to ensure NHSGGC;s contribution to the Inquiry met their expectations and work to detail the scope of the Inquiry was underway by the Scottish Government.</p> <p>Ward 6a remained closed to new admissions, and a report from Healthcare Improvement Scotland was expected imminently. The refurbishment works on Wards 2a and 2b of RHC, remained on schedule for completion in the Spring of next year.</p> <p>On 5th September 2019, Mrs Grant attended a further session of the Senior Management Team development programme. The session focused on team dynamics, behavioural change and exploring with the team improved ways of working.</p> <p>Mrs Grant attended the Primacy Care Improvement Plan General Practice and Health & Social Care Partnership Primary Care Staff Event on 24th September 2019. The session was very positive and provided an opportunity to hear about new roles and the impact of these.</p> <p>On 6th September 2019, Mrs Grant attended the Topping Out Ceremony of the Mental Health Wards at Stobhill Hospital. She found the extensive work done to create a Men’s Shed based within the grounds of Springburn Park very inspiring.</p> <p>Mrs Grant noted that on 25th September 2019, Mrs Frances McLinden was appointed to the role of Director of Regional Services. Mrs McLinden had been undertaking the role on an interim basis.</p> <p>Prof Brown thanked Mrs Grant for the update. There were no questions noted.</p> <p><u>NOTED</u></p>	
110.	PATIENTS STORY	
	<p>Dr McGuire introduced a short film which featured a patient’s recent experience of care received following a serious accident resulting in major trauma.</p> <p>Prof Brown noted thanks on behalf of the Board to the patient for providing very useful feedback on the care received in such traumatic circumstances. The</p>	

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	<p>patient’s journey demonstrated the significance of a co-ordinated approach to trauma care. Prof Brown commended the Patient Experience and Public Involvement Team and the Medical Illustrations Team for production of a very professional film.</p> <p><u>NOTED</u></p>	
111.	PUBLIC HEALTH COMMITTEE UPDATE	
	<p>The Board considered the update on key items of discussion at the Public Health Committee Meeting of 24th July 2019 [Paper No. 19/46]. Members were content to note this.</p> <p><u>NOTED</u></p>	
112.	CLYDEBANK FULL BUSINESS CASE ADDENDUM	
	<p>The Board considered the paper ‘Clydebank Health & Care Centre – Full Business Case Addendum’ [Paper No. 19/49] presented by Mr John Donnelly, Senior General Manager Capital Planning.</p> <p>Mr Donnelly advised members that some information within the paper had been redacted due to its commercial sensitivity. A full version of the paper would be available to Board members only, on request. The paper sought Board approval to enter into a Design Build Finance and Maintain (DBFM) Amendment and Restatement Agreement to deliver the new Health & Care Centre at Queens Quay in Clydebank. Mr Donnelly noted that the paper was presented to the Finance Planning and Performance Committee on Tuesday 1st October, and the Committee approved the paper for presentation to the Board.</p> <p>Prof Brown thanked Mr Donnelly for the presentation. There were no questions noted by members. In summary, the Board were content to:</p> <ol style="list-style-type: none"> 1. Note the Full Business Case Addendum for the Clydebank Health & Care Centre was approved under delegated authority by the Finance, Planning and Performance Committee on 1st October 2019 and by the Scottish Government Capital Investment Group on 8th October 2019. 2. Note that the scheme has been assessed as value for money, affordable and achievable. 3. Approve entering into a DBFM Amendment and Restatement Agreement in respect of the Greenock, Stobhill and Clydebank Health Bundle, to reflect the Clydebank Change. 4. Approve the matters detailed in Appendix 1. <p><u>APPROVED</u></p>	
113.	WINTER PLAN 2019/20	
	<p>The Board considered the paper ‘Winter Plan 2019/20’ [Paper No. 19/50] presented by the Chief Operating Officer, Mr Jonathan Best. The Board were asked to approve the Plan prior to submission to the Scottish Government on 31st October 2019.</p>	

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Mr Best noted that the Plan had been developed in partnership with Health and Social Care Partnership (HSCP) colleagues to ensure a whole system approach.

He noted a number of challenging areas including the increased demand experienced by Acute Emergency Departments (ED) and Acute Assessment Units (AAUs). Discussions with Scottish Government colleagues remained ongoing in respect of the Winter Plan funding received. The continued rise in demand has resulted in deterioration of performance. In addition, a number of other factors such as uncertainty with Brexit and seasonal flu may also impact on performance. Mr Best noted that two Wards within the Langlands Unit had been closed to new admissions due to an outbreak of Norovirus.

Mr Best described the work undertaken to develop winter planning arrangements including a session with key colleagues and Chief Officers which took place in June 2019. There were a number of actions identified from the session and a further follow up session took place in September 2019.

Mr Best highlighted the year on year increase in ED attendances, which had grown, on average, by 4% each year. He noted that work continued with HSCP colleagues to address delayed discharge, to reduce demand system wide, and ensure that patients were treated by the most appropriate service, at the right time. This included improved utilisation of Minor Injuries Units; work with colleagues from Scottish Ambulance Service (SAS); standardisation of the approach to Anticipatory Care Planning (ACPs); development of Chronic Obstructive Pulmonary Disease (COPD) and abdominal pain pathways; and work with NHS24 to best utilise GP Out of Hours services. Mr Best was pleased to note that there had been a positive response to the recent recruitment of salaried GPs to the GP Out of Hours service.

In addition, plans were in place to address the difficulties highlighted in relation to the public holidays over the festive period. Consideration was being given to staffing rotas and additionality needed.

Mr Best went on to note the actions undertaken in preparation for seasonal influenza. An extensive Staff Flu Vaccination Programme was underway, and Point of Care testing had been embedded within ED and Assessment Units. Actions were also underway to prepare and implement Norovirus Outbreak Control measures.

Uncertainty caused by Brexit has been considered in the context of winter planning, and the Brexit Readiness Steering Group continued to scope the major risks associated with Brexit and mitigating actions.

Prof Brown thanked Mr Best for the update and was appreciative of the level of detail contained within the Plan. He commended the approach to work in partnership with HSCPs, SAS and NHS24 to identify best practice and learning. Prof Brown acknowledged the financial challenge and the impact of additional pressures over the winter period, and was assured by the actions being taken to consider workforce pressures, delayed discharge and overall redirection of demand. He invited comments and questions from Board members.

Members acknowledged the breadth of work being undertaken to address the issues highlighted, however noted concern regarding the increase in demand, along with additional winter pressures. Mrs Grant noted the challenge ahead and informed Board members that many other NHS Boards in Scotland were

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facing a similar challenge. She assured members that signposting in a more proactive way to ensure that patients were treated in the most appropriate place was key to minimising the challenges.

In response to questions from members in relation to the increase in ED attendance of 1% in the first 5 months of this year and what the percentages were for individual sites, Mr Best advised that this ranged from between 1% and 4% across sites.

Members noted the delayed discharge performance and asked if this had deteriorated. Dr McGuire noted that there had been an increase in delayed discharges, and described actions to address this. She highlighted the need to encourage people to organise Guardianship and Power of Attorney. Members referenced the report presented to the Acute Services Committee in March 2019, which described the delayed discharge position, and requested that an update report be presented to the Finance, Planning and Performance Committee, where the cross system issues influencing delayed discharge (including use of resources) could be considered. Discussion took place regarding procedures involved to complete assessments for Power of Attorney and Guardianship, and reported delays with this. Dr McGuire clarified that an assessment was not required for those who are competent. Ms Long added that there was currently a national shortage of Mental Health Officers, due to the introduction of the requirement of an additional qualification for Mental Health Officers. She highlighted that a number of organisations were working together to consider solutions.

Discussion took place regarding the decision making processes to minimise inappropriate use of ED departments. Mrs Grant assured members that all actions were being taken to minimise risk to ensure people receive the right treatment, in the most appropriate place and agreed to discuss the current redirection policy with Scottish Government colleagues.

Members noted the ongoing legal challenge by the Equality and Human Rights Commission (EHRC) in respect of adults with incapacity and it was agreed that reference to this situation, including the mitigating actions being undertaken would be included in the Winter Plan before submission.

In response to questions from members in relation to the actions being taken to improve public messaging in respect of ED attendances, Ms Bustillo noted a number of factors which had an impact on attendance at ED including self-diagnosis; the strong brand associated with the Acute sites; and ease of access. She described a number of actions being taken to inform the public about the treatment available at Minor Injuries Units and work with GPs to promote their use.

She further noted that there was a well-established national campaign to promote Power of Attorney, which had been developed by a number of partner organisations including the Central Legal Office and the Scottish Government.

In response to questions from members in relation to the success of redirection, Mr Best noted that this had had mixed success. He noted that once informed of the alternative options available, some patients were content to be redirected, whereas other patients were keen to wait.

**Ms Millar/Dr
McGuire**

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	<p>Questions were raised in respect of the additionality described within the Winter Plan and what the staffing implications were of additional beds. Mr Best assured members that there was a clear plan for the addition of beds, and a commitment to close these beds as soon as possible. Additional workforce requirements would be addressed in a number of ways, including additional staffing for winter; bank staff; temporary staff; and additional hours. Assurance was given that no additional beds would be opened without the necessary staffing levels required. Dr Armstrong noted the introduction of new software and app for medical bank staff. Mrs MacPherson added that there had been significant improvements made in respect of the medical bank development in recent years, and advised that the Bank now included doctors in training, consultants, and retired medical staff.</p> <p>Prof Brown commended efforts to improve the uptake of flu vaccination amongst staff members. In terms of population flu vaccination, he noted good uptake amongst the over 65 year's age group. He asked what actions were being taken to promote uptake of the flu vaccination amongst eligible people under the age of 65 years old. Prof de Caestecker noted that uptake rates remained variable by GP practice. She highlighted plans within the Vaccination Transformation Programme which would move provision of the vaccination to community services. She noted that work had been undertaken this year with Community Pharmacists to increase uptake rates. She was confident that there would be a bigger impact on uptake rates in 2020. Mrs Murray added that HSCPs reviewed the uptake rates per practice, and offered support to GP practices to improve these.</p> <p>In response to questions from members in relation to the availability of information on redirection to alternative services for ethnic minorities, Ms Bustillo noted that the Communications Team worked closely with the Equalities Team and publish information in a variety of languages.</p> <p>In summary, the Board were content to approve the Winter Plan 2019/20, for submission to the Scottish Government, subject to the inclusion of financial information and the actions being taken to mitigate the risks associated with the EHRC legal challenge.</p> <p><u>APPROVED</u></p>	
114.	ACUTE SERVICES COMMITTEE UPDATE	
	<p>The Board considered the update on key items of discussion at the Acute Services Committee Meeting of 17th September 2019 [Paper No. 19/51]. Members were content to note this.</p> <p><u>NOTED</u></p>	
115.	NHSGGC INTEGRATED PERFORMANCE REPORT	
	<p>The Board considered the paper 'NHSGGC Integrated Performance Report' [Paper No. 19/52] presented by the Director of Finance, Mr Mark White.</p> <p>Mr White noted improvements to the content and presentation of the report and that the report included a suite of Local Delivery Plan Standards, alongside</p>	

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national key performance indicators, Ministerial Steering Group Measures, and HR and Governance related metrics. The report also included context of performance and detailed a number of key qualitative highlights. These included the recruitment of approximately 450 newly qualified nurse graduates; recognition of Glasgow Royal Infirmary (GRI) as a world-leading healthcare facility by Newsweek as one of the top 100 hospitals in the world; and a record 395 nominations received for the Chairman's Awards.

Mr White provided an overview of performance and noted increases in attendances at ED underpinning the current performance levels, which ranged from 0.8% to 5.7%. He noted an increase in complexity. He went on to note that discussions were underway with Scottish Government colleagues in respect of the elective programme and the national waiting list improvement programme. A range of actions were in place to achieve this by December 2019. This included a number of outsourcing contracts.

Prof Brown thanked Mr White for the overview.

Prof de Caestecker went on to provide an update on the 'Better Health' indicators. She noted that the percentage of mothers booked for Antenatal Care by 12 weeks gestation was 80%, which exceeded target. As at the quarter ending June 2019, 92.1% of patients referred to Drug and Alcohol Services were seen within three weeks of referral, which was above the target of 90%. During the period April to June 2019, a total of 2,943 Alcohol Brief Interventions (ABIs) were delivered across NHS GGC, which was below the quarterly trajectory of 3,271 ABIs to be delivered. Prof de Caestecker highlighted data collection issues within Primary Care, given that monitoring of data was no longer a requirement following the introduction of the Quality and Outcomes Framework (QOF). Prof de Caestecker highlighted that smoking cessation performance remained on target and as at March 2019, performance exceeded the LDP target.

Prof Brown thanked Prof de Caestecker for the update. There were no questions noted.

Mr Best went on to provide an update on performance in respect of the 'Better Care' indicators.

Mr Best noted a range of actions being undertaken to improve performance in respect of the Accident and Emergency (A&E) 4 Hour Wait target. These included development of a demand and capacity model in collaboration with the North East Commissioning Support Team; outputs from the Winter Planning workshop including anticipatory care planning, consultant connect; increased public messaging; hot clinics for abdominal pain; and follow up work to GP presentations to Assessment Units.

He noted performance against the new outpatients waiting >12 weeks for a new outpatient appointment trajectory. As at August 2019, a total of 23,526 available new outpatients were waiting >12 weeks for a new outpatient appointment. Mr Best noted that current performance was above the revised trajectory of 21,500 by December 2019. Ongoing external and internal sourcing continued in respect of additional waiting list clinics for adult and paediatric ear, nose and throat (ENT) and ophthalmology, neurology and orthopaedic spinal.

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In respect of access to key diagnostic tests, and the trajectory by September 2019, to have no more than 1,200 patients waiting >6 weeks to access a scope test, Mr Best reported a number of arrangements to address performance. These included additional capacity at Golden Jubilee National Hospital (GJNH); additional Saturday sessions at Stobhill Hospital, Gartnavel Hospital and across the Clyde sector; independent sector work at weekends at QEUH; advertisement of five Nurse Endoscopist posts; and additional Locum Endoscopist continue to provide additional support across South and Clyde sectors to address the bowel screening demand.

Mr Best described the current position in respect of the Treatment Time Guarantee (TTG) target and the 62 Day Suspicion of Cancer target, and highlighted a number of actions in place to meet the trajectory by December 2019. He advised that additional funding had been received from the Scottish Government to support additional initiatives in relation to TTG.

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

In response to questions from Board members in relation to the ongoing challenges associated with delayed discharge and if there were any new initiatives being undertaken to address this, Dr McGuire highlighted that work was underway to monitor and review the full patient journey to identify contributing factors. Mrs Manion added that each Health and Social Care Partnership (HSCP) has developed a Winter Plan which included specific actions to address delayed discharge. In addition, Chief Officers share information to identify learning and best practice. Consideration was also given to specific conditions such as Chronic Obstructive Pulmonary Disease (COPD) to develop actions to reduce admissions and identify contributing factors which result in delayed discharges.

Questions were raised in respect of increasing capacity to deliver more. Mr Leese assured members that there was recognition of the importance of collaborative working with HSCPs and Acute colleagues. He noted that best practice continued to be a key element of the approach to delayed discharge. He noted challenges in respect of adults with incapacity and growing complexity. Furthermore, challenges within HSCPs included commissioning of care services and difficulties for providers to increase capacity at short notice, pressure on care and nursing homes and significant limitations on availability. He described the work being undertaken across community settings to prevent admissions to hospital and this formed a core part of the Moving Forward Together programme.

Following discussion, members agreed that it would be useful to receive an update paper to Finance, Planning and Performance Committee to describe the progress made since the last report in March, and the plans in place within both the Acute Division and in HSCPs to address delayed discharge. Clarity was also sought in relation to “step down” beds and Acute beds. Furthermore, members requested that occupancy rates across care homes be included within the report. Ms Long highlighted that length of stay in care homes may provide additional information. It was agreed to identify all care homes capacity in each HSCP including occupancy rates and length of stay, to create a database for use over winter.

Mrs MacPherson discussed the ‘Better Workplace’ indicators. She highlighted to members that additional metrics had been included within the report. She

**Chief
Officers/Dr
McGuire**

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	<p>noted that the sickness absence rate reported as at August 2019 was 5.5%. This was above the target of no more than 4% sickness absence. She described the actions being taken to address this. These included the launch of the Staff Flu Vaccination Programme; a focus on the Staff Health Strategy mental health actions; one to one interventions on long term conditions to review support mechanisms and consideration of wider factors; and proactive engagement from the HR Enquiry Team to ensure early intervention and access to support.</p> <p>Mrs MacPherson went on to note performance of the Knowledge and Skills Framework/Personal Development Plan (KSF/PDP) local outcomes. She noted that compliance continued to rise each month from December 2018.</p> <p>iMatter performance had improved on that of the previous year, with the response rate reported as 59.0%, a 5% increase on last year's figure.</p> <p>Prof Brown thanked Mrs MacPherson for the update and invited comments and questions from members.</p> <p>Members welcomed the inclusion of supplementary metrics to demonstrate performance of the Better Workplace priority. Mr Cowan, Co-Chair of the Staff Governance Committee, highlighted that the Staff Governance Committee review additional measures such as vacancies; staff turn-over; and grievances.</p> <p>In response to questions from members in respect of the sickness absence percentage and the financial implications of sickness absence, it was agreed that Mrs MacPherson, Ms McErlean and Mr Cowan, would further consider other workforce matrix which may be of interest within the Better Workplace section of the performance report acknowledging that significant detail is provided to the Staff Governance Committee.</p> <p>Questions were raised in relation to the monitoring of uptake of flu vaccinations amongst staff, Prof de Caestecker highlighted that improvements had been made recently to the information system. This information is reviewed regularly and actions taken to address areas where uptake is low.</p> <p>In summary, the Board were content to note the report.</p> <p><u>NOTED</u></p>	<p>Mrs MacPherson, Mr Cowan, Ms McErlean</p>
<p>116.</p>	<p>CLINICAL AND CARE GOVERNANCE COMMITTEE UPDATE</p>	
	<p>The Board considered the update on key items of discussion at the Clinical and Care Governance Committee Meeting of 3rd September 2019 [Paper No. 19/53]. Ms Brimelow, Chair of the Committee, described the presentation given by Dr David Anderson, Respiratory Consultant and Clinical Lead for NHSGGC Respiratory Managed Clinical Network. The Committee were pleased to hear about the range of actions being taken to support patients with long term respiratory conditions and to prevent admissions to hospital. She also highlighted that the Committee reviewed the Clinical Governance Annual Report which included the Duty of Candour Report. The Report would be published via the website in due course.</p> <p><u>NOTED</u></p>	

117.	HEALTHCARE ASSOCIATED INFECTION REPORT	
	<p>The Board considered the paper 'Healthcare Associated Infection Report' [Paper No. 19/54] presented by the Medical Director, Dr Jennifer Armstrong. Dr Armstrong explained that the Report provided the validated Health Protection Scotland data for both healthcare associated infection and community associated infection for <i>Staphylococcus aureus Bacteraemia</i> (SAB) and <i>Clostridioides difficile</i> (CDI).</p> <p>From April to June 2019 there were 102 validated cases of <i>Staphylococcus aureus Bacteraemia</i> (SAB) reported. This was above the national average but within expected confidence intervals.</p> <p>There were 83 validated cases of <i>Clostridioides difficile</i> (CDI) reported in the period April to June 2019. This represented an increase in CDI cases upon the previous reporting quarter and was above the national rate and marginally above confidence intervals.</p> <p>Dr Armstrong highlighted a number of actions being taken to improve performance including the reduction of intravenous antibiotic use.</p> <p>Dr Armstrong went on to note that since April 2019, 13 cases of gram negative bacteraemia (GMB) and one case of mycobacteria had been reported in the paediatric haematology/oncology unit at the QEUH. Restrictions on admission of new patients was put in place on 2nd August 2019. The Incident Management Team (IMT) continue to meet, with support from Health Protection Scotland (HPS), who have commissioned an external analysis of available data by the Mathematics and Statistics Department of Strathclyde University.</p> <p>On 23rd September 2019, a healthcare worker was considered as having possibly acquired Bordetella pertussis in the Royal Hospital for Children (RHC) Paediatric Intensive Care Unit (PICU). High risk contacts were identified, screening undertaken, and chemoprophylaxis given.</p> <p>Dr Armstrong provided an update on Surgical Site Infection (SSI) Surveillance. She noted that there were zero hip arthroplasty SSI's reported for the quarter April to June 2019.</p> <p>On 15th and 16th of July 2019, there was an unannounced inspection of wards and departments at Inverclyde Royal Hospital. The final report was published on 25th September 2019. The report highlighted that the standard of domestic cleaning was good, as was staff knowledge of standard infection control precautions.</p> <p>Prof Brown thanked Dr Armstrong for the update and invited comments and questions from members.</p> <p>In response to questions from members in relation to the data reported on page 6, table 4, Dr Armstrong confirmed that this was per 100,000 bed days. It was clarified that the structure and content of the report followed requirements by the Scottish Government.</p> <p>Questions were raised in relation to the QEUH Cleanliness Scorecard and compliance within the Langlands Unit. Mrs Grant introduced Mr William Hunter,</p>	

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	<p>Assistant Director – Facilities Management Operations, to Board members. Mr Hunter provided clarity of the issues and noted that a range of actions were being undertaken including identification of specific areas; negotiation and escalation with the external provider; and identification of areas where improvement was required. Mr Hunter assured members that actions were being taken as a matter of priority. He added that actions had addressed the immediate concerns and compliance data would reflect this in due course. Mrs Grant assured members that Mr Tom Steele, Director of Estates and Facilities, Mr Hunter and the Corporate Management Team would continue to monitor the situation to ensure compliance. Members requested that an assurance report be presented to the Acute Services Committee in November.</p> <p>Prof Brown commended the excellent performance at the Vale of Leven Hospital which continued to score highly and wished to note thanks to all staff and management for their efforts to maintain this.</p> <p>NOTED</p>	<p>Mr Steele</p>
<p>118.</p>	<p>AREA CLINICAL FORUM UPDATE</p>	
	<p>The Board considered the update on key items of discussion at the Area Clinical Forum Meeting of 3rd October 2019 [Paper No. 19/55]. In addition, members noted the approved minute of the meeting of 1st August 2019 [ACF (M) 19/03]. Members were content to note these.</p> <p>NOTED</p>	
<p>119.</p>	<p>MOVING FORWARD TOGETHER UPDATE</p>	
	<p>The Board considered the paper 'Moving Forward Together: From Blueprint to Action (October 2019) [Paper No. 19/47] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided an overview of progress made in implementing the Moving Forward Together vision.</p> <p>Dr Armstrong introduced Ms Fiona MacKay, Associate Director of Planning, and Dr Chris Deighan, Deputy Medical Director, to members.</p> <p>Ms MacKay provided an overview of the key principles of the Programme. She noted the opportunities to work differently and the planning priorities.</p> <p>Mr David Leese, Chief Officer, Renfrewshire HSCP, provided an update on the development of the Mental Health Work stream of the Programme which focused on the modernisation of services to reduce demand in unscheduled care. A number of projects were being implemented including fast response Liaison Psychiatry services and recovery based services within the community. Increased coordination of services was key. Mr Leese described the work ongoing to implement an Urgent Care Resource Hub for out of hour's services to improve coordination of care. It was anticipated that this would have a positive effect on the number of presentations to Emergency Departments. In addition, Mr Leese highlighted work with Estates and Facilities and eHealth colleagues to explore typical HSCP constructs such as premises and IT systems, and how</p>	

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<p>space within existing premises could be utilised to allow more patients to be cared for within community settings.</p> <p>Dr Deighan, Deputy Medical Director, provided an overview of the Acute Clinical Pathway work being undertaken. This focused on the Systemic Anti-Cancer Therapy (SACT) pathway and the Major Trauma Network.</p> <p>He noted that currently, SACT was primarily delivered within the Beatson West of Scotland Cancer Care Unit. However, the Beatson was now reaching full capacity. Dr Deighan noted that in the five years to December 2017, there had been a 35% increase in demand for SACT across the West of Scotland. It was expected that there would be a further increase in demand by 40% from 2018 to 2025. This was driven by an increase in cancer rates; development of treatments; and changes in treatment regimes. Dr Deighan described the tiered model approach and described the development of a Major Trauma Centre, Trauma Units, and the development of an Elective Centre of Excellence at Inverclyde Royal Hospital.</p> <p>Prof Brown thanked Ms MacKay, Mr Leese and Dr Deighan, and all staff working on the Programme. Members were pleased to note the development of a detailed plan. Furthermore, the Board were pleased to note the development of an engagement strategy and the key roles of the HSCPs to engage with the community, patients, carers and the Scottish Health Council.</p> <p>Prof Brown invited comments and questions from members.</p> <p>In response to questions from members in relation to assurances of the effectiveness of HSCP delegated functions, Dr Armstrong confirmed that joint working formed a key part of the Programme. Ms Bustillo added that partnership working with HSCP colleagues had been crucial to develop community engagement. Mr Leese added that an event had taken place to launch the HSCP Strategic Plan 2021-22, at which Mr Best provided a presentation on the Moving Forward Together Programme. He assured the Board of the significant amount of work being undertaken to engage with community groups and build on joint collaborations.</p> <p>Members welcomed the depth of detail contained within the report, however noted that there remained some gaps in information in relation to timescales for implementation and financial implications. Mrs Grant acknowledged the comments made. She highlighted that consideration also needed to be given to maintaining a balance between unscheduled care and elective care. She commended the team for their efforts to develop the Programme to this stage.</p> <p>In summary, the Board were content to note the clinical and service priorities to improve healthcare across the NHS and care system as the MFT vision was implemented. Members noted the financial implications of these priorities and the future planning work required. The Board would anticipate an update at the Board meeting in February 2020, and requested that this included further development of the financial business case, implementation plans and engagement strategy.</p> <p><u>NOTED</u></p>	<p>Dr Armstrong</p>
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120.	RESEARCH AND DEVELOPMENT ANNUAL REPORT		
	<p>The Board considered a paper 'Research and Development (R&D) Annual Report' [Paper No. 19/48] presented by the Medical Director, Dr Jennifer Armstrong. The report described the breadth and diversity of innovative research and development undertaken within NHSGGC.</p> <p>Dr Armstrong introduced Prof Julie Brittenden, Director of Research and Development, to the meeting. Prof Brittenden provided a presentation which detailed the number of staff within the Research and Development Team. She highlighted the range of clinical research facilities available, and that, in the past year, with more than 900 studies had been undertaken, and over 9,000 new patient recruits. The recruitment of patients to take part in studies was crucial and Prof Brittenden wished to note her appreciation to patients for their participation and assured members that patient safety remained the top priority. She provided an overview of the types of research being undertaken including the work of the Industrial Centre for Artificial Intelligence Research in Digital Diagnostics (iCaird) which has brought together a collaboration of 15 partners across Scotland. Prof Brittenden described the development of the Safehaven platform for machine learning and provided examples of developments including the Chest X-Ray Triage led by Dr David Lowe and the improvement of tissue diagnostics for endometrial and cervical specimens, led by Mr Gareth Bryson.</p> <p>Prof Brown thanked Prof Brittenden for the presentation and commended the excellent work done within Research and Development. He welcomed the strong partnerships created with NHS, Universities and the private sector and commended the commitment of the clinicians and patient volunteers involved in developing this work.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>		
121.	FINANCE PLANNING AND PERFORMANCE COMMITTEE UPDATE		
	<p>The Board considered the update on key items of discussion at the Finance, Planning and Performance Committee Meeting of 1st October 2019 [Paper No. 19/56]. Members were content to note this.</p> <p><u>NOTED</u></p>		
122.	AUDIT AND RISK COMMITTEE UPDATE		
	<p>The Board considered the update on key items of discussion at the Audit and Risk Committee Meeting of 10th September 2019 [Paper No. 19/57]. Members were content to note this.</p> <p><u>NOTED</u></p>		

123.	NHSGGC REVENUE AND CAPITAL REPORT	
	<p>The Board considered the paper ‘NHSGGC Month 5 Finance Report’ [Paper No. 19/58] presented by the Director of Finance, Mr Mark White. The report provided an overview of the financial position for Month 5.</p> <p>As at 31st August 2019, the Board reported expenditure levels £17.2m over budget. The compared to £14.0m at Month 4.</p> <p>Mr White informed the Board that the Financial Improvement Programme (FIP) Tracker recorded projects totalling circa £16.1m on an FYE (full year effect) and £19.2m on a CYE (current year effect). He noted that the 2020/21 Financial Plan presented to the Board had identified a predicted gap of £20m as at 31st March 2020. However, following analysis of the Month 5 results, the forecast potential gap has increased to £29.8m. Mr White described a number of areas being progressed in order to minimise the forecast deficit including improving grip and control of areas of overspends to ensure delivery of balanced budgets by 31st March 2020; identification of additional financial improvement schemes; greater focus on delivery of existing financial improvement programme schemes to reduce the risk rating and increase the potential yield; identification of additional sources of income and balance sheet management opportunities; and management of the capital allocation to ensure an optimal outturn.</p> <p>Mr White described the breakdown of the financial position and noted that the Acute Division reported expenditure levels of £21.3m over budget. Corporate Departments reported expenditure levels £9.1m over budget; and Partnerships reported an under spend of £3.2m. A total of £10m of non-recurring relief had been factored in to support the overall financial position. Mr White reported that improvements had been made in respect of pay and non-pay expenditure. He noted that the main non pay pressure was within prescribing which showed an overspend of £0.3m for the first 5 months of the year. The impact of financial pressures associated with ultra-orphan drugs were beginning to have an impact on the financial position.</p> <p>Mr White went on to note the breakdown of the position within the Corporate Directorate. He noted that expenditure was running close to budget for both pay and non-pay. However, he highlighted that Estates and Facilities reported a significant overspend in property maintenance at this stage of the year.</p> <p>There were a number of emerging financial pressures in respect of the Outcomes Framework reduction by the Scottish Government; contingency arrangements for the ongoing uplift and disposal of clinical waste; the finalisation of the pay award for medical staff; the overspend of Estates and Facilities budget for the maintenance of property; pressures associated with Access Funding to improve waiting times and cessation of income recovery from other Health Boards for treating residents through premium rate activity; and; the availability of ultra-orphan drugs for the treatment of cystic fibrosis.</p> <p><u>Financial Improvement Programme</u> Mr White provided an overview of the Financial Improvement Programme position, and noted that whilst the figures identified this year were smaller than those of last year, he was confident that the schemes identified this year were far more definitive. He noted that there remained an ongoing process to identify</p>	

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	<p>more schemes and assured members that the FIP Programme Board continued to meet on a weekly basis.</p> <p><u>Capital Position</u> The current forecast core capital resource available to the Board for investment in 2019/20 amounted to £51.3m. Mr White described a number of capital schemes including the equipment replacement programme; the refurbishment of William Street Clinic; refurbishment of wards within Glasgow Royal Infirmary (GRI) and the upgrade works to the QEUH.</p> <p>Prof Brown thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to questions from members in respect of the potential to transfer capital funding to revenue funding to support estates maintenance, Mr White assured members that there was a commitment to ensure that capital spend was used in the right areas to address emerging problems.</p> <p>Questions were raised about the dialogue with Scottish Government colleagues and the Cabinet Secretary on the current financial position and the predicted outcome. Prof Brown assured members that this would be highlighted to the Cabinet Secretary at the Mid-Year Review on Thursday 24th October. He advised that the financial position within today’s report would be presented to the Cabinet Secretary, along with a realistic assessment of the likely financial position as at 31st March 2020.</p> <p>Following questions from members in relation to the current overspend within Estates and Facilities, it was agreed that a report which detailed the issues would be presented to the Finance, Planning and Performance Committee in December 2019.</p> <p>In summary, the Board were content to note the revenue position at Month 5; the Financial Improvement Programme position at Month 5 and the capital position at Month 5.</p> <p><u>NOTED</u></p>	Mr Steele
124.	STAFF GOVERNANCE COMMITTEE UPDATE	
	<p>The Board considered the update on key items of discussion at the Staff Governance Committee Meeting of 21st August 2019 [Paper No. 19/59]. In addition, the Board noted the approved minute of the Committee meeting of 7th May 2019. Members were content to note these.</p> <p><u>NOTED</u></p>	
125.	BOARD CALENDAR OF MEETINGS 2020	
	<p>The Board considered the paper ‘Board Calendar 2020’ [Paper No. 19/60] presented by Mr Graeme Forrester, Deputy Head of Corporate Governance and Administration, on behalf of Ms Elaine Vanhegan, Head of Corporate Governance and Administration. The paper asked the Board to note the key meetings for 2020.</p>	

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	<p>Prof Brown welcomed the inclusion of the Board member development sessions.</p> <p>In summary, the Board were content to accept the Calendar of dates, with consideration to be given to the rescheduling of the development session scheduled for 28th January 2020, given that this date conflicts with an Integration Joint Board (IJB) Meeting. Mr Forrester highlighted that given the number of meetings schedules and the requirement to ensure the flow of information from governance committees to the Board, there may remain a degree of potential conflicts. Mr Forrester agreed to consider the potential options.</p> <p><u>NOTED</u></p>	<p>Mr Forrester</p>
	<p>The meeting concluded at 3.05pm</p>	
	<p>DATE OF NEXT MEETING</p>	
	<p>Tuesday 17th December 2019, 09:30am, William Quarriers Centre, 20 St Kenneth Drive, Glasgow, G51 4QD</p>	