

NHSGG&C (M) 19/06
Minutes: 126 - 146

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 17th December 2019**

PRESENT

Prof John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Ms Susan Brimelow
Cllr Jim Clocherty	Prof Linda de Caestecker
Prof Dame Anna Dominiczak	Mr Ross Finnie
Ms Jacqueline Forbes	Cllr Mhairi Hunter
Ms Margaret Kerr	Ms Amina Khan
Dr Donald Lyons	Mr Allan MacLeod
Mr John Matthews OBE	Cllr Sheila Mechan
Cllr Jonathan McColl	Ms Dorothy McErlean
Dr Margaret McGuire	Ms Anne Marie Monaghan
Cllr Iain Nicolson	Mr Ian Ritchie
Ms Rona Sweeney	Mrs Audrey Thompson
Ms Flavia Tudoreanu	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
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
Mrs Susan Manion	..	Chief Officer, East Dunbartonshire HSCP
Mrs Geraldine Mathew	..	Secretariat Manager (Minutes)
Mr Tom Steele		Director of Estates and Facilities
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration

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126.	WELCOME AND APOLOGIES	
	Prof Brown welcomed those present. The meeting was the first meeting of Prof Brown's second term in office. He reflected on a number of changes over the past 4 years including the appointment of new Board members, the appointment of Mrs Jane Grant as the Chief Executive and a number of appointments made within the Executive Team. A further three new Board members would be appointed in 2020, and Prof Brown encouraged applications.	

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	<p>Prof Brown provided an overview of the items to be discussed at the meeting including the routine reports on Performance, Finance, and updates from the Standing Committees. He noted that an update would be provided on the Internal Review of the Queen Elizabeth University Hospital (QEUEH) and Royal Hospital for Children (RHC). Prof Brown welcomed Dr Andrew Fraser and Dr Brian Montgomery, co-Chairs of the Independent Review of QEUEH and RHC, who were observing the meeting. Also observing the meeting were members of the media, and Prof Brown extended a welcome to those present, and encouraged media attendance. Prof Brown was keen to further develop the Board's relationship with members of the press.</p> <p>Board member apologies for absence were intimated on behalf of Cllr Caroline Bamforth, Mr Simon Carr, Mr Alan Cowan and Ms Jeanette Donnelly.</p> <p><u>NOTED</u></p>	
127.	DECLARATIONS OF INTEREST	
	<p>Prof Brown invited members to declare any interests in any of the agenda items to be discussed. There were no declarations made.</p> <p><u>NOTED</u></p>	
128.	MINUTES OF THE MEETING HELD 22ND OCTOBER 2019	
	<p>On the motion of Cllr Jim Clocherty, seconded by Mr John Matthews, the minute of the NHS Greater Glasgow and Clyde Board Meeting of 22nd October 2019 was [Paper No. NHSGGC (M) 19/05] was approved and accepted as an accurate record.</p> <p><u>APPROVED</u></p>	
129.	MATTERS ARISING	
a)	ROLLING ACTION LIST	
	<p>The Board considered the Rolling Action List [Paper No. 19/61].</p> <p>Members agreed with the recommendation of the closure of 10 actions from the Rolling Action List.</p> <p><u>NOTED</u></p>	
130.	CHAIRS REPORT	
	<p>Prof Brown begun by acknowledging and formally recording that in light of the ongoing issues around the systems, processes and governance in relation to infection prevention, management and control at the QEUEH and RHC and the associated communication and public engagement issues, the Board was escalated to Stage Four of the NHS Scotland Performance Framework on 22nd November 2019. Prior to the decision made by Mr Malcolm Wright, Director General and Chief Executive of NHS Scotland, Prof Brown and Mrs Grant had a number of meetings with the Cabinet Secretary, Mr Wright and a number of Scottish Government officials. Daily discussions and weekly meetings with the</p>	

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	<p>Scottish Government continued, to establish the implications of this and what actions were required. An Oversight Board has been established, chaired by Prof Fiona McQueen, Chief Nursing Officer, Scottish Government. A draft terms of reference for the Oversight Board has been developed and two sub groups were being created, those being Infection Prevention, Control and Governance, chaired by Ms Irene Barkby; and Communications and Engagement, chaired by Prof Craig White. Prof Brown expected that the terms of reference for the Oversight Board would be finalised this week and circulated to Board members for information in due course.</p> <p>In addition to the work undertaken in respect of the QEUH and RHC, Prof Brown had also attended a number of key engagements including meetings with staff and families at Ward 6a of QEUH; Glasgow City HSCP visit; the 225th Anniversary Celebrations of Glasgow Royal Infirmary; and the Staff Awards Ceremony.</p> <p>He attended meetings of the Acute Services Committee and the Finance, Planning and Performance Committee, along with a number of collaborative meetings including a meeting of Glasgow Life; University of Glasgow’s Industry Day – Collaboration for Innovation; a West of Scotland Chairs Meeting; West of Scotland Health Sciences Network Oversight Board; Global Citizenship Programme; and a meeting with Mr Richard Foggo, recently appointed as the Director of Population Health, Scottish Government. Prof Brown also noted appointments with the Cabinet Secretary as part of a Mid-Year Review; and a meeting with the Public Appointments Team. Prof Brown also attended an evening dinner hosted by the Royal College of Physicians in Edinburgh, the theme of the evening was ‘Integration in a Diverse Health and Social Care system’.</p> <p><u>NOTED</u></p>	
	<p>131. CHIEF EXECUTIVES REPORT</p>	
	<p>Mrs Grant described the significant work ongoing to support the Oversight Board. She had met with the Chair of the Oversight Board, Prof Fiona McQueen on a number of occasions and had also met with the Chairs of the Sub Groups. Prof Craig White continued to provide support in respect of communications and engagement with patients and families. Additional support needs of the senior and junior management teams was being reviewed on an ongoing basis, and work with the External Review Team continued.</p> <p>Mrs Grant had attended a number of engagements since the last meeting and highlighted a number of key appointments including the Cabinet Secretary Mid-Year Review; the Staff Awards Ceremony; a visit to Woodside Health and Care Centre; and the Digital Health and Care Fest.</p> <p>Prof Brown thanked Mrs Grant for the update. There were no questions noted.</p> <p><u>NOTED</u></p>	

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132.	PATIENTS STORY	
	<p>Dr McGuire, Nurse Director, introduced a short film which featured feedback from patients and families in respect of their experiences of attending RHC Theatres to have a surgical procedure. Dr McGuire thanked Alison Taylor, Consultant Anaesthetist, and Ken Aggrey, 4th Year Medical Student, for production of the film.</p> <p>Dr McGuire noted that following feedback received from patients, a number of actions were undertaken, such as the purchase of toys for the children. Consideration of the environment and ways this could be improving including signposting and navigating the hospital environment from a visitor’s perspective. This work was in its infancy, however learning from this work would be shared widely as this progresses.</p> <p>Prof Brown thanked all patients and families who took part in the film and thanked Dr McGuire, Ms Taylor and Mr Aggrey for production of a professional film. He welcomed efforts to improve patient care through engagement with patients and families.</p> <p>NOTED</p>	
133.	PUBLIC HEALTH COMMITTEE UPDATE	
	<p>The Board considered the update on key items of discussion at the Public Health Committee Meeting of 23rd October 2019 (Paper No. 19/62]. Members were content to note this. In addition, the Board reviewed the approved the minute of the Public Health Committee meeting of 24th July 2019 [Paper No. PHC (M) 19/03] and were content to note this.</p> <p>Prof Brown noted that Public Health and reducing health inequalities remained a key aim of the Board and highlighted to members that the topic would form the basis of discussions at one of four Board Development sessions planned in 2020, in addition to sessions on the Pace of Integration, Moving Forward Together, and Mental Health.</p> <p>The number of drug deaths in Greater Glasgow and Clyde remained a concern for both the Integrated Joint Boards and NHSGGC and members were keen that ways to address this remained a key focus.</p> <p>Members noted the Staff Flu Vaccination Programme and asked if there were issues in respect of immunisation for nursing staff. Prof de Caestecker assured members that work was being done with Dr McGuire and the Chief Nurses to promote and improve the uptake rates amongst nursing teams. In addition, staff within Mental Health; and Estates and Facilities; had also received tailored communication. A list of peer immunisers has been published to encourage those who have not yet been vaccinated to contact their nearest peer immuniser. Prof de Caestecker thanked all those involved for the efforts to improve performance in this area.</p> <p>NOTED</p>	

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134.	ACUTE SERVICES COMMITTEE	
	<p>The Board considered the update on key items of discussion at the Acute Services Committee Meeting of 19th November 2019 [Paper No. 19/63] and were content to note this. In addition, the Board reviewed the approved minute of the Acute Services Committee meeting of 17th September 2019 [Paper No. ASC (M) 19/05]. It was clarified that the number of attendances to A&E detailed on page 6 of the minute was 6.2% above the year to date (YTD) planned position, and not 62% as stated in the minute.</p> <p><u>NOTED</u></p>	
135.	NHSGGC INTEGRATED PERFORMANCE REPORT	
	<p>The Board considered the paper ‘NHSGGC Integrated Performance Report’ [Paper No. 19/64] presented by Mr Mark White, Director of Finance.</p> <p>Mr White noted the role of the standing Committees of the Board in reviewing and monitoring performance. The report presented detailed performance against a range of measures including Local Delivery Plan Standards, 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 10th Celebrating Success Staff Event which celebrated the work of more than 400 staff and volunteers; the immunisation of more than 12,000 staff across NHSGGC against seasonal flu; a learning event in preparation for the implementation of person-centred visiting; and the appointment of 451 new doctors embarking on their first Foundation Year, of which 243 were working within NHSGGC.</p> <p>Mr White noted that the organisation continued to see and treat an increasing number of patients. Good progress had been made in respect of a number of areas however the key challenges remained attendances to Emergency Departments (ED) and Treatment Time Guarantee (TTG).</p> <p>Mr Best went on to provide an update on the ‘Better Health’ indicators. Performance of the Antenatal Care LDP Standard was good, with NHSGGC exceeding the 80% target for the number of pregnant women that have booked an antenatal care appointment by 12 weeks gestation.</p> <p>Drug and Alcohol waiting times also continued to perform well with NHSGGC consistently exceeding the 90% target that patients referred to the service had started their treatment within three weeks or less from referral. Improvement was required in respect of the number of Alcohol Brief Interventions (ABI) delivered, as performance was below the trajectory of 6,543 ABI’s to be delivered by September 2019.</p> <p>In respect of Smoking Cessation, performance remained positive and NHSGGC continued to exceed the smoking cessation trajectory for three months post quit from the Board’s 40% most deprived areas.</p> <p>Mr Best described performance in respect of the Better Health indicators. He noted that improvement work was underway to address performance of</p>	

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Emergency Department (ED) 4 Hour waits, including promoting increased awareness through local public messaging; adoption and implementation of new models of care for high volume conditions by the Unscheduled Care Team in respect of alternative pathways; and establishment of Frailty Units within the Emergency Complex across core sites. In addition, a range of activities were ongoing to address Health and Social Care Partnership (HSCP) Emergency Department (ED) attendances, including consideration of the approach to Hospital at Home; focus on assessment tools for patients with frailty; addressing the needs of care home residents; and falls prevention work in collaboration with the Scottish Ambulance Service. There were increased challenges in respect of winter therefore actions described within the Winter Plan had been enacted, such as the opening of additional bed capacity at Gartnavel General Hospital and across main hospital sites.

The 18 Week Referral to Treatment LDP standard remained below the target of 90%, however there had been an improvement on performance on the previous month. Focus remained on targeting patient with the highest clinical priority and reducing the number of patients with the longest waiting times.

In respect of the new Outpatient Waiting > 12 weeks LDP standard, performance was within the revised trajectory and represented a further improvement on the previous months position. A number of actions being taken to further improve performance including the establishment of Gastroenterology; and, Trauma and Orthopaedic Access Collaboratives to review patient pathways across primary and secondary care; vacant outpatient clinic slots were being reviewed daily to maximise available outpatient capacity; and regular performance review meetings with Director and General Managers continued to take place across all Sectors and Directorates.

Regarding the Access to 8 Key Diagnostic Tests national performance indicator, specifically in relation to access to scope tests, Mr Best noted that whilst performance remained below target, there was a positive month on month reduction in trend in the numbers of patients waiting > 6 weeks to access a scope test. A range of activities continue to be taken forward including recruitment of six training grade Endoscopists; capacity provision at Golden Jubilee National Hospital (GJNH); additional Saturday sessions at Stobhill Hospital and Gartnavel Hospital and across the Clyde Sector; waiting list initiatives for endoscopy; and support from the independent sector. In respect of access to imaging tests, performance remained below the standard of no patients waiting > 6 weeks to access a key diagnostic test and actions were being taken to address challenges including additional capacity in Radiology; work with three new outsourcing companies to establish remote reporting; the recruitment of three Radiology Consultants; establishment of an Access Collaborative to consider overall imaging demand; and; development of a business case by the Scottish Radiology Transformation Programme, on a national basis.

Cancer 62 day performance remained below the target of 85%, at 75.8%, however Mr Best noted that a number of actions had been implemented to address this, and as such, performance had shown improvement. He was pleased to note sustained achievement of the cancer 31 day target.

Challenges were noted in respect of the GP out of hour's service, with a total of 70 closures reported across the service, all of which were as a result of a lack of GP availability. A number of actions were being taken to address this including establishment of a direct professional to professional line from Out of Hours

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<p>District Nursing into the GP Out of Hours service; a focus on frequent attenders; and plans for phase 3 implementation including ongoing GP Workforce recruitment and Advanced Nurse Practitioner (ANP) recruitment.</p> <p>Dr McGuire provided an update on the delayed discharge position and noted that Health and Social Care Partnerships (HSCP) current performance was 8% above the planned position. Three of the six HSCPs were within the planned year to date position. Weekly meetings to ensure that key colleagues were kept informed of the live discharge position took place three times per week and work continued to develop a database of resources available.</p> <p>Prof Brown thanked Mr Best and Dr McGuire for the update and noted an extensive range of activities being undertaken to address a wide range of complex, often interdependent challenges. Prof Brown invited comments and questions from members.</p> <p>Cllr Clocherty highlighted that the report did not include the closures per locality. In addition, he raised concerns regarding GP Out of Hours service provision in Inverclyde, enquired about the reasons for this and highlighted the recent experience of an Inverclyde patient who required the service to travel to the Queen Elizabeth University Hospital in order to receive treatment. Mr Best advised that cancellation of the provision within Inverclyde was due to a lack of GP availability. In these circumstances, the first priority was to maintain the domiciliary service. The second priority was to resource a central point of service, therefore GPs who volunteer to cover Out of Hours shifts, may not necessarily be allocated to the locality that they work in. This was a complex situation to maintain and a range of actions were underway to address the challenges. Furthermore, significant investment had been made in this service area, therefore this was not a financial issue, and was an issue experienced nationally. Members noted that it would be helpful to have a geographical breakdown of closures contained within the report. Prof Brown wished to thank GP colleagues who do cover shifts within the GP Out of Hours service and recognised that this was a challenging role. Following discussion about the wider Out of Hours services and the pressures to sustain in-hours services, members felt that effective campaigns to direct patients to the most appropriate service at the most appropriate time were crucial to addressing this problem.</p> <p>In response to questions from members regarding the reported performance of the target for Alcohol Brief Interventions, Mr Best clarified that this had been raised previously, and a report was being prepared by Prof de Caestecker, to be presented to the Finance, Planning and Performance Committee in February 2020.</p> <p>Mrs MacPherson provided an overview of the Better Workplace indicators. Sickness absence across NHSGGC as at September 2019, was reported as 5.59%. This was above the target of no more than 4% absence. Improvements had been made in respect of long term sickness absence. In addition, a number of actions had been taken to reduce this including targeted one to one intervention to provide tailored support to staff on long term sickness absence; establishment of local initiatives including bespoke work and support through the Chaplaincy Service; and a focus on Board Staff Health Strategy mental health actions.</p> <p>In respect of iMatter, response rates had improved by 5% on the previous year. This had improved over 19 areas across NHSGGC. In addition, all six HSCPs</p>	<p style="text-align: right;">Mr White/Mr Best</p> <p style="text-align: right;">Prof de Caestecker</p>
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	<p>achieved response rates in excess of the 60% target. NHSGGC was commended by Scottish Government for the number of team stories completed. These provided an opportunity to share learning across the organisation, and linked closely to the organisational culture work.</p> <p>Prof Brown thanked Mrs MacPherson for the update and was pleased to note the improved analysis of iMatter results.</p> <p>There were no questions raised.</p> <p>In summary, the Board were content to note the Integrated Performance Report.</p> <p><u>NOTED</u></p>	
136.	CLINICAL AND CARE GOVERNANCE COMMITTEE UPDATE	
	<p>The Board reviewed the minutes of the Clinical and Care Governance Committee meeting of 3rd September 2019 [Paper No. CCG (M) 19/03]. In addition Ms Susan Brimelow, Chair of the Committee, provided a verbal update on the key items considered and discussed at the recent meeting of the Committee on 10th December 2019. She noted that the Committee received a report which detailed the Clinical Outcomes Review of the Internal Review of Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC). The Committee were assured by the information provided within the report and were content to approve the report in principle, subject to minor amendments. The Clinical and Care Governance Committee also received a presentation by Dr Scott Davidson, Deputy Medical Director – Acute Division; Dr Iain Kennedy, Consultant in Public Health Medicine; Mr Kevin Hill, Director – Women and Children’s Directorate; and Ms Jen Rodgers, Chief Nurse – Paediatrics and Neonates. The presentation provided information on the Paediatric Haemato-Oncology Service, specifically in relation to infection prevention and control; whistleblowing; and communications and engagement with patients and families. The Committee were assured by the information provided that processes to manage these issues were sufficient and adhered to.</p> <p>Prof Brown thanked Ms Brimelow for the update and were content to note the verbal report and the minute of the meeting held on 3rd September 2019. Prof Brown also thanked Dr Davidson, Dr Kennedy, Mr Hill, and Ms Rodgers for their update to the Clinical and Care Governance Committee and asked that the Board’s thanks be passed onto all of the staff working in the Paediatric Haemato-Oncology Service.</p> <p><u>NOTED</u></p>	
137.	HEALTHCARE ASSOCIATED INFECTION REPORT	
	<p>The Board considered the paper ‘Healthcare Associated Infection Report’ [Paper No. 19/65] presented by the Medical Director, Dr Jennifer Armstrong. The report provided the validated Health Protection Scotland data on both Healthcare Associated Infection and Community Associated Infection for <i>Staphylococcus aureus</i> Bacteraemia (SAB) and <i>Clostridioides difficile</i> (CDI). Dr Armstrong highlighted to members impending changes to the style of the report following the release of new guidance from the Scottish Government.</p>	

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From April to June 2019, there were 102 validated cases of *Staphylococcus aureus* Bacteraemia (SAB) reported. This was above the national average but within expected confidence intervals.

There were 83 validated cases of *Clostridioides difficile* (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.

Dr Armstrong noted that a significant amount of work had been undertaken to reduce the incidence of Intravenous (IV) access device related hospital acquired SABs and was pleased to note that in October 2019, there were zero hospital acquired cases related to an IV access device.

The SAB Action Sub Group continued to meet to reduce the amount of avoidable healthcare associated cases. Dr Armstrong noted the adoption of the new peripheral vascular catheter (PVC) insertion packs and the development of new central line procedures.

In respect of CDI, there were two healthcare associated infection (HAI) triggers investigated at Glasgow Royal Infirmary (GRI) in May and June 2019.

Dr Armstrong provided an update on the previously reported cases and noted the conclusion of the Procurator Fiscal (PF) investigation in respect of one of the two cases of Mucoraceous mould. The PF report concluded that the cause of death was infection with Influenza A, and whilst mucoraceous mould was present, it had not contributed to the death, and therefore concluded that the death was from natural causes and was likely unavoidable.

Dr Armstrong introduced Dr Iain Kennedy, Consultant in Public Medicine. Dr Kennedy described an independent report by Health Protection Scotland (HPS) Review of Paediatric/Oncology Bloodstream Infection (BSI), commissioned by the Incident Management Team (IMT). Dr Kennedy recommended that Board members read the detailed report in full. The report was published on 26th November 2019, and included a comparison of a number of data streams and analysis. When comparing the overall hospital rate of positive blood cultures since the move to RHC (June 2015 to September 2019) to the combined rate of the other two Scottish children's hospitals, the incidence of positive blood cultures, using the case definitions 2 to 5, was higher in RHC for environmental including enteric group, but lower for Gram-positive group. There was no difference in the rates of Gram-negative group or environmental group. When compared over two year (October 2017 – September 2019), the rate of positive blood cultures was higher in RHC for environmental including the enteric group and Gram-negative group but lower for the Gram-positive group. There was no difference in the rates of the environmental group.

In the last year following the move to QEUH (October 2018 – September 2019), there was no difference in the rate for Gram-negative group, environmental including the enteric group or environmental group. No single source of 'exposure' to specific micro-organisms which may cause infections had been identified across the six year period. The report recommended that "NHSGGC should consider current control measures around restriction on services for newly diagnosed patients as there was no evidence from the HPS Review of the data that supports the continued restriction of services".

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Dr Kennedy went on to note a number of agreed actions to provide assurance going forward including, from October 2019, monthly environmental sampling of the ward has been initiated for water and surfaces, including drains; HPS have provided NHSGGC with the background epidemiological data that they have based their report upon and NHSGGC would continue to update this and provide clinical staff with regular updates; every case of blood stream infection will be subject to a root cause analysis (RCA) which will be done in real time by clinical staff in the unit and the Infection Prevention and Control Team. The RCA tool has been developed in conjunction with HPS; and, HEPA filters have been placed in all en-suite rooms, in addition to those already placed in bedrooms and adjacent clinical areas.

Dr Armstrong provided an update on identified surgical site infections (SSI) within the Institute of Neurological Sciences (INS) following prospective SSI surveillance. A Problem Assessment Group (PAG) was established and a number of actions carried out including a review of infection control audits undertaken over the past 12 months within the Theatre Suite and Neuro Surgical wards; timeline of cases developed and reviewed to exclude common bacteria, surgeons, theatres, however there was no single common factor identified; retention for typing of all isolates sent to the Microbiology Lab from patients with confirmed or suspected SSIs, typing results confirmed that it was a different organism causing infections; review of theatre practice; and, review of current dressing protocol. Despite the actions taken, an increase of infections was observed into October 2019, and as such, additional actions were put in place. These included, peer theatre audit by clinicians from another unit; review of instrumentation; Lead Nurse Infection Prevention and Control and Lead Nurse Institute of Neurological Sciences, undertook enhanced supervision in all wards in INS which included staff compliance with use of personal protective equipment (PPE), hand hygiene, equipment cleanliness and environmental cleanliness.

Dr Armstrong confirmed that there had been no infections identified in November to date. There were currently two in-patients with SSI, neither were giving any cause for concern due to infection. This incident was subsequently downgraded to Hospital Infection Incident Assessment Tool (HIIAT) green on 29th November 2019.

Dr Armstrong provided an update on a single case of *Serratia marcescens* reviewed by an Incident Management Team on 25th November 2019. In addition, she noted the incidence of Norovirus in the period September to October 2019 and highlighted that there were zero hip arthroplasty SSI reported for the quarter.

Prof Brown thanked Dr Armstrong for the comprehensive update and insight to some cases. Prof Brown was assured by the policies, processes and reporting undertaken. He thanked Dr Kennedy and the Infection Prevention and Control Teams for their efforts and invited comments and questions from members.

Members were keen to note their appreciation and thanks to Dr Armstrong, all teams and staff, for their continued efforts. Members were assured that the infection prevention and control measures in place were comprehensive and reliable. Mr Ritchie added that the Clinical and Care Governance Committee undertook an extensive examination and scrutiny of the information provided and were also assured of the systems and processes in place to prevent and control infection.

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138.	AREA CLINICAL FORUM UPDATE	
	<p>The Board considered the update on key items of discussion at the Area Clinical Forum of 5th December 2019 [Paper No. 19/66]. In addition, members noted the approved minute of the meeting of 3rd October 2019 [Paper No. ACF (M) 19/05]. Mrs Audrey Thompson, Chair of the Area Clinical Forum, wished to note thanks on behalf of the Forum, to members of the Executive Team for the ongoing reporting of the Internal Review of the QEUH and RHC. The Forum were assured of the work being done to ensure effective systems and processes were in place for infection prevention and control to ensure the safety of the clinical environment. Mrs Thompson noted the ongoing impact that recent events have had on staff and was keen to ensure that staff morale was considered as a priority.</p> <p>Prof Brown thanked Mrs Thompson for the update and invited questions and comments from members.</p> <p>In respect of the issue noted by the Area Dental Committee at their meeting in October 2019, with regards to the availability of anaesthetists, Ms Brimelow advised that this issue had also been discussed at the Clinical and Care Governance Committee and did not appear to have been resolved. As such, Mr Best agreed to address this issue and would report to the Acute Services Committee regarding the recruitment plans in place.</p> <p>NOTED</p>	Mr Best
139.	INTERNAL REVIEW OF QEUH AND RHC	
	<p>The Board considered the paper ‘Internal Review of Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC [Paper No. 19/67] presented by the Chief Executive, Mrs Jane Grant. The paper summarised the findings of the three work streams of the Internal Review commissioned by the Chief Executive in February 2019, including Facilities and Environmental Impact Review; Capacity and Flow Review; and Clinical Outcomes Review. The Internal Review was commissioned in response to a number of concerns that had come to light around the operational effectiveness of the QEUH and RHC since it opened in April 2015. The outcomes of each of the three work streams of the Review had been presented to and considered by each of the appropriate board standing committee, those being the Clinical and Care Governance Committee; the Finance, Planning and Performance Committee; and the Acute Services Committee.</p> <p>An Independent Review of QEUH and RHC was commissioned by the Cabinet Secretary for Health and Sport in March 2019. Dr Brian Montgomery and Dr Andrew Fraser were appointed to undertake the Review as co-Chairs.</p> <p>In September 2019, the Scottish Government announced a Public Inquiry into the Royal Hospital for Children and Young People in Edinburgh and the Queen Elizabeth University Hospital Campus. The Right Honourable Lord Brodie QC, was appointed as the Inquiry Chair. The Terms of Reference for the Inquiry were being developed and would be finalised in 2020.</p>	

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Facilities and Environmental Impact Review

An external technical advisor was appointed to review those elements of the QEUH and RHC buildings that were cause for concern. An initial scoping plan was developed which considered a range of points. The review was completed in October 2019, the findings and recommendations of which were discussed at the Finance, Planning and Performance Committee meeting of 3rd December 2019. The Board has taken legal advice on what action NHSGGC should take in light of the outcomes of the report, and have been advised that Court proceedings should be raised as a matter of urgency. NHSGGC has taken this advice and have instructed MacRoberts LLP to act on its behalf. Therefore, the Facilities and Environmental Impact Review report by the external advisor cannot be published at this time as this would be premature and potentially cause significant prejudice to NHSGGC. However, Mrs Grant assured members that all of the required actions identified within the report had been addressed.

Capacity and Flow Review

The Review of Capacity and Flow focused on two distinct areas. The first area was a look back at the original expectation of demand as outlined in the Full Business Case (FBC) for the QEUH, compared with current demand and the existing capacity to meet this. The second aspect of this Review involved the commissioning of the North of England Commissioning Support Unit (NECS) to review how current demand was managed, including assessment of capacity and modelling patient flow processes.

The Review was completed in September 2019 and the findings and recommendations were discussed at the Acute Services Committee in October 2019. Mrs Grant described the key findings of the report and noted that the Emergency Department (ED) was designed for 116,000 patients per annum, with the 2008 planning assumption of 108,500 ED/Immediate Assessment Unit attendances. The current level of demand was significantly higher than was originally planned, with 133,180 attendances in 2018/19. There was national evidence that at least 40% of people who attend ED did not require emergency intervention and could have been treated by an alternative service. Despite the increased emergency attendances and admissions, the hospital has performed at or above the peer average efficiencies that were proposed in the FBC. Mrs Grant commended the teams and staff for their efforts to maintain this position, despite the ongoing challenges experienced. Furthermore, the planning assumptions in relation to the length of stay were similar to those originally anticipated, with an overall target of 5.2 days, and 5.3 days being delivered in 2018/19.

Clinical Outcomes Review

The Board fully recognised the seriousness of the current situation and the implications of the escalation to Stage 4 of the NHS Scotland Performance Framework, and remained committed to providing high quality services to all patients throughout NHSGGC.

There were five areas considered by the Clinical Outcomes Review to ensure a robust assessment of the overall clinical quality and safety provided at QEUH Campus, those being current Clinical Governance arrangements in NHSGGC; the Hospital Standardised Mortality Rate (HSMR); Infection Control reports in comparison with external reports over the period, including Health Protection

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Scotland reports; patient and carer experience feedback reports with benchmarking to NHS Scotland outcomes; and Clinical Quality publications with benchmarking against national standards.

The Review was completed in October 2019, and was discussed at the Clinical & Care Governance Committee on 3rd December 2019. The Review concluded that NHSGGC has maintained an appropriate set of clinical governance arrangements within services responsible for patient care in the QEUH and RHC, taking into account the wide range of parameters as outlined. The Clinical and Care Governance Committee were satisfied that there were no areas or issues of serious concern evident in the review and that prevailing clinical governance arrangements were appropriate in ensuring that issues were recognised and resolved.

Internal and external review of available data indicated that QEUH and RHC were not outliers in terms of rates of Healthcare Associated Infection (HAI) or practice.

Experience and feedback from patients, carers, relatives, and friends, was generally positive, with 97% of respondents indicating that they would be likely or extremely likely to recommend the ward they had stayed in to a family member or friend. Less favourable feedback related to clinical quality was focused on communication, staff attitude and behaviour, and clinical treatment. These themes were consistent with the feedback received across all NHSGGC hospitals.

Mrs Grant summarised the next steps of all three of the Review elements, and noted that development and implementation of the work programme to address the issues identified by the external technical advisor was underway in respect of the Facilities and Environmental Impact Review. The outcome of the legal action would be reported to the Board and the detailed report by the external advisor would be made available to the Independent Inquiry and the Public Inquiry, subject to further legal advice being sought. Mrs Grant highlighted the actions being taken forward following the outcome of the Capacity and Flow Review and the Clinical Outcomes Review.

Prof Brown thanked Mrs Grant for the all of the work undertaken.

In respect of the Facilities and Environmental Impact Review, the Board were asked to:

- i) Note receipt of the external technical advisors report on the facilities available and the environmental impact of the design and build of the QEUH Campus and scrutiny of their findings by the Finance, Planning and Performance Committee;
- ii) Note the ongoing programme of work to resolve the issues identified by the external advisor;
- iii) Accept the legal advice received and require the Chief Executive to instruct MacRoberts LLP to act on behalf on the Board's behalf to raise appropriate Court proceedings as a matter of urgency.

Prof Brown invited questions and comments from members.

In respect of questions regarding the governance of the ongoing Facilities and Environmental Impact programme of work, it was clarified that governance of

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<p>this programme of work was reported to and monitored by the Finance, Planning and Performance Committee, through regular reports by the Director of Estates and Facilities, Mr Tom Steele.</p> <p>Questions were raised regarding the planned legal action, and members sought clarity regarding the nature of any financial commitment the Board were being asked to make, and whether there was any risk associated with this. Mrs Grant clarified that members were being asked to approve the intention to raise legal action. She assured members that progress would be reported regularly to the Finance, Planning and Performance Committee prior to presentation to the Board, as this moves forward. It was highlighted that there was potentially a risk associated with not taking legal action at this stage. Furthermore, Scottish Government colleagues had been consulted with and were content with the proposed course of action.</p> <p>In respect of questions raised regarding the impact of any legal action taken on the progress of the estates and facilities remedial work, Mr Steele confirmed that any legal action would not adversely impact on the progress of this.</p> <p>Questions were raised regarding the legal advice given, any financial implications, and what information could be shared with members. Prof Brown agreed to circulate the legal advice received from Central Legal Office (CLO), privately to members, with information on the financial implications to be presented to the Board in due course.</p> <p>The Board were content to approve the actions as stated above in respect of the Facilities and Environmental Impact Review.</p> <p>In respect of the Capacity and Flow Review, the Board were asked to:</p> <ul style="list-style-type: none">i) Note receipt of the Review into the capacity of QEUH and the flow of patients through the system and the scrutiny of the review teams' findings by the Board's Acute Services Committee;ii) Note the ongoing programme of work to resolve the issues identified by the review team, including the latest review of the configuration of Acute Services across the South Sector;iii) As members of the Integrated Joint Boards (IJBs), ensure priority is given to the work underway in the HSCPs to reduce the demand for unscheduled care in the Acute Hospital Sector as part of their development of commissioning, financial and strategic plans. <p>Prof Brown invited questions and comments from Board members. He clarified governance of the Capacity and Flow Review would be managed by the Acute Services Committee.</p> <p>In response to questions raised by members in respect of the unscheduled care demand and strengthening the Redirection Policy, Ms Bustillo, Interim Director of Communications, explained that there was a phased approach being taken to improve public messaging. The first phase would be launched this week and would focus on promoting the benefits to patients of attending Minor Injuries Units. The second phase would involve a radio campaign to promote the use of pharmacies. The third phase of the work would involve tailored communications to specific groups of patients such as those with musculo-skeletal conditions, to encourage these groups to use more appropriate services.</p>	<p style="text-align: center;">Ms Vanhegan Mr White</p>
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	<p>The Board were content to approve the actions as stated above in respect of the Capacity and Flow Review.</p> <p>In respect of the Clinical Outcomes Review, the Board were asked to:</p> <ul style="list-style-type: none"> i) Note the receipt of the internal review of clinical outcomes since the new hospitals were opened and the scrutiny of the review teams' findings by the Clinical Governance Forum and Clinical and Care Governance Committee. ii) Note the results of the exercise to benchmark the QEUH and the RHC clinical outcomes. iii) Note the further reviews of the NHSGGC infection control and clinical governance by the SG Oversight Board, the Independent Review of the QEUH Campus and the Public Inquiry into the Royal Hospital for Children and Young People in Edinburgh and the QEUH Campus. <p>Prof Brown invited comments and questions from Board members.</p> <p>In response to questions raised regarding the role of the governance committees and the Board in light of the establishment of the Oversight Board, Prof Brown advised members that the Terms of Reference for the Oversight Board was being developed, along with the Terms of Reference of the Sub Groups of the Oversight Board. He expected that the finalised Terms of Reference would be available in the coming week. In addition, it was highlighted that Prof Marion Bain had been appointed by the Cabinet Secretary to oversee infection prevention and control matters within NHSGGC. Prof Brown assured members that this had no impact on the governance role of the Board and governance committees and a meeting with Prof Bain would shortly take place to discuss the arrangements. Dr Armstrong welcomed the appointment of Prof Bain as an opportunity for additional scrutiny, learning and further improvement. Prof Brown expressed gratitude to Dr Armstrong on behalf of the Board, for her continued professionalism and dedication over recent weeks, and this was echoed by members.</p> <p>The Board were content to approve the actions as stated above in respect of the Clinical Outcomes Review.</p> <p><u>NOTED</u></p>	
140.	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 3rd December 2019 [Paper No. 19/68]. In addition, members noted the approved minute of the meeting held on 1st October 2019. Members were content to note these.</p> <p><u>NOTED</u></p>	
141.	AUDIT AND RISK COMMITTEE UPDATE	
	<p>The Board considered the approved minute of the Audit and Risk Committee Meeting held on 10th September 2019 [Paper No. AR (M) 19/04]. In addition, Mr MacLeod, Chair of the Audit and Risk Committee, provided an update on key items of discussion at the meeting of the Committee on 10th December 2019.</p>	

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	<p>The Committee received a regular update of audit work by the Internal Auditors, and noted some delays, however Mr MacLeod noted that the Committee were satisfied that these were not significant areas of importance likely to affect the timescale of completion. Mr MacLeod was confident that this would be rectified by the next Committee meeting. He noted that the Committee received a report by the Internal Auditors in respect of Capacity Planning – Delayed Discharges. The Committee also carried out a formal review of the Corporate Risk Register and made amendments to the scoring of two of the risks.</p> <p>Prof Brown thanked Mr MacLeod for the update and welcomed the cohesive approach. Prof Brown proposed to the Chairs of the Governance Committees, that a discussion with their Executive Lead takes place to review the work plans of the Committees over the next 3 to 6 months to ensure that governance remained satisfactory and that appropriate planning was undertaken.</p> <p><u>NOTED</u></p>	
142.	REVENUE AND CAPITAL REPORT	
	<p>The Board considered the paper ‘NHSGGC Month 7 – Finance Report’ [Paper No. 19/69] presented by the Director of Finance, Mr Mark White.</p> <p>The report provided the Month 7 financial position, and included progress and position of the Financial Improvement Programme.</p> <p>Mr White noted that as at 31st October 2019, the Board reported expenditure levels of £22.6m over budget. This represented an increase from the position reported at Month 6 of £20.7m over budget. Mr White reported that the projected deficit as at 31st March 2020, was estimated as £21.9m. A range of actions were being taken to address the financial position, including re-instatement of the “turn-around” approach adopted in 2018/19, including the consideration of short term, specific external support; increased financial grip in areas of over spend to minimise the impact in the last quarter and minimise projected over spend; identification of additional financial improvement schemes; focus on delivery of existing Financial Improvement Programme (FIP) schemes, reduction of 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 for the Board. A meeting with Scottish Government colleagues had taken place on 5th December, to discuss the position, with a further meeting planned for 19th December. Mr White would provide an update on this to the Finance, Planning and Performance Committee and the NHS Board, in February 2020.</p> <p>Mr White described the breakdown of the financial position and noted that the Acute Division reported expenditure levels of £29.9m over budget. This deficit was largely attributable to unachieved savings of £26.7m. Pay budgets reported an overall break-even position, however non-pay pressures remained a challenge and had increased from the 2018/19 position. The main areas of pressure were equipment maintenance repair and service contracts; overspends in drugs and surgical sundries; sterile services; diagnostics; and hotel services. Medical and nursing pay budgets were a key focus of cost containment initiatives. Whilst both these areas reported an over spend, this represented an improvement on the previous financial year.</p>	<p style="text-align: center;">Mr White</p>

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In respect of the Health and Social Care Partnerships (HSCPs) position, Mr White noted that Partnerships reported an expenditure under spend on the Health element of their budgets at Month 7, of £4.4m. This had no bearing on the Board financial position as any under spends were held within Integrated Joint Board (IJB) reserves. Mr White was in discussion with Chief Officers to make an assessment of the likely year end position in each of the Partnerships with regards to the health element and social care element of the budget. It was noted that all Partnerships were predicted to achieve an under spend or break even position at year end. However, there were challenges in respect of the position within East Dunbartonshire HSCP, which was forecasting an overall over spend of between £2.5m and £2.8m. The over spend was entirely within the social care element of the budget and was attributed to funding issues and demographic pressures. This would be offset by an under spend of £1m within the health element of the budget. Mr White advised that discussions with key colleagues were ongoing to consider solutions to this issue.

Corporate Directorates reported an expenditure over spend at Month 7 of £11.1m, of which £10.4m was attributable to an over spend within the Estates and Facilities Directorate.

Mr White highlighted pressures experienced in year including a reduction in the Outcomes Framework funding; ongoing contingency measures for the collection and disposal of clinical waste; the medical pay award; and, property maintenance.

The Financial Improvement Programme (FIP) continued to address the overall financial challenge for 2019/20, estimated as £75m. The FIP tracker reported schemes totalling circa £19.7m on a full year effect (FYE) and £23.7m on a current year effect (CYE). This represented approximately 34% of the target. A higher number of schemes had been identified this year, however these had a smaller value than those of the previous year.

In respect of the capital position, Mr White highlighted that the current forecast core capital resources available to the Board for investment in 2019/20 amounted to £46.9m. The report detailed the areas of investment and Mr White was confident that the organisation would achieve utilisation of the capital resource allocation at 31st March 2020.

In terms of 2020/21 Financial Planning, confirmation of the funding allocation for 2020/21 was awaited, however an uplift in the region of 2% to 3% was anticipated. This would pose a significant financial challenge for 2020/21, and Mr White assured members that both he and the Finance Team continued to focus on the possible financial scenarios, subsequent pressures and mitigating actions.

Prof Brown thanked Mr White for the update. He noted appreciation for the comprehensive work of the Finance Team and was encouraged by the improvement in the overall financial picture. He invited comments and questions from members.

In response to questions from members about the financial improvement programme, Mr White assured members that work continued to ensure a renewed focus on the improvement programme, whilst maintaining a balance with other priorities.

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	<p>Questions were raised in respect of the funding of Estates and Facilities remedial work. Mr White advised that discussions with Scottish Government colleagues were ongoing in respect of this issue. He confirmed that all remedial work being undertaken at the QEUH Campus was being captured to support the legal action.</p> <p>In response to questions from members in relation to the Executive Summary reference to external support, Mr White clarified that external support was being considered to examine areas such as procurement processes and contract negotiation.</p> <p>In summary, the Board were content to note the revenue position at Month 7; the Financial Improvement Programme (FIP) position at Month 7; and the capital position at Month 7.</p> <p>NOTED</p>	
143.	PATIENTS PRIVATE FUNDS	
	<p>The Board considered the paper 'Patients Private Funds – Annual Accounts 2018/19' [Paper No. 19/70] presented by the Director of Finance, Mr Mark White. The paper asked members to formally adopt and approve the Board's Patients' Private Funds Annual Accounts 2018/19.</p> <p>Mr White introduced Mr Michael Sheils, Head of Financial Services. Mr Sheils provided an overview of the arrangements in place for NHSGGC to hold the private funds of patients, especially those in long term residence and who have no ready alternative to safekeeping and management of their funds. Each of the Board's hospitals had arrangements in place to receive and hold, and where appropriate, manage, the funds of any patients requiring this service. Any funds that were not required for immediate use were invested to generate interest which was then distributed to the patients' accounts based on each individuals balance of funds held. NHSGGC is required to submit audited Annual Accounts for these funds, in the form of an Abstract of Receipts and Payments (form SFR 19) to the Scottish Government Health Directorate. Mr Sheils highlighted the auditor report by KPMG LLP and it was noted that the auditors had given an unqualified audit opinion on the Patients' Private Funds for the year ended 31st March 2019.</p> <p>Prof Brown thanked Mr White and Mr Sheils for the report and invited comments and questions from members.</p> <p>In response to questions raised by members in respect of the timing of presentation of the accounts, Mr Sheils advised that there was no requirement to submit these to Scottish Government at a particular time of the financial year, therefore, traditionally, this has been done after finalisation of year end accounts in June 2019. Mr White and Mr Sheils agreed to discuss further the potential to report Patients Private Funds accounts with the year-end accounts in June and would raise this matter with the Audit and Risk Committee.</p> <p>It was suggested that a report on the mechanisms in place to ensure that these funds were invested appropriately and for the benefit of the patients concerned, would be useful. Mr White clarified that the external auditor would provide this assurance and would be happy to discuss this further with the Audit and Risk Committee.</p>	<p style="text-align: right;">Mr White</p> <p style="text-align: right;">Mr White</p>

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	<p>In summary, the Board were content to adopt and approve for submission to the Scottish Government Health Directorate the 2018/19 Patients' Private Funds Annual Accounts for NHS Greater Glasgow and Clyde; and authorise the:</p> <ul style="list-style-type: none"> i) Director of Finance and Chief Executive to sign the Abstract of Receipts and Payments for 2018/19; ii) Chairman and Director of Finance to sign the Statement of Board Members' Responsibilities; iii) Director of Finance to sign the Letter of Representation to KPMG LLP on behalf of the NHS Board. <p><u>APPROVED</u></p>	
144.	STAFF GOVERNANCE ANNUAL REPORT	
	<p>The Board considered the paper 'Annual Report of the Staff Governance Committee 2018/19' [Paper No. 19/71] presented by the Director of Human Resources and Organisational Development, Mrs Anne MacPherson. The paper provided assurance to the Board that there was adequate and effective systems of internal control in place, through the operation of the Staff Governance Committee, to ensure that NHS Greater Glasgow and Clyde, meets its obligations in relation to staff governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard ("The Standard").</p> <p>Mrs MacPherson highlighted the Staff Governance Work Plan detailed within the report and noted that the Committee reviewed the delivery of the five elements of the Staff Governance Standard through the Work Plan. Each meeting of the Committee featured one of the five themes. In addition, an area of the Board were invited to attend at each meeting of the Committee to provide a presentation on Staff Governance within their respective area. Mrs MacPherson described a number of areas of work of the Committee including Medical Education and Widening Access to Medicine; Healthy Working Lives Award and Staff Health Strategy Update; Financial Inclusion; Mental Health Awareness; Statutory and Mandatory Training; and, Culture Framework – 'A Better Workplace'. In addition, the Committee also reviewed the Health and Safety Implementation Plan and considered the three areas of training including Sharps Training; Moving and Handling Training and Falls Prevention Training. The Committee also reviewed the Whistleblowing Report, noted the number of cases received by the Board, and considered the subject matter, service areas and any common themes emerging from these.</p> <p>Prof Brown thanked Mrs MacPherson for the update and invited comments and questions from members.</p> <p>Members were appreciative of the report and thanked Mrs MacPherson and the Staff Governance Committee. Members were of the opinion that improvements could be made in respect of the whistleblowing section of the report, that this could be further strengthened to detail what improvements were made in respect of behaviours and patient safety, given that these were common themes noted within the report. Greater visibility of the Corporate Management Team and the Non-Executive Board members would also be useful.</p>	

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	<p>Prof Brown noted that the Scottish Patient Safety Programme provided the opportunity for Board members to visit frontline services, however he agreed that it would be useful to develop a programme of visits for Board members and agreed to discuss this further with Ms Vanhegan, Head of Corporate Governance and Administration, in the first instance.</p> <p>In respect of the points made regarding whistleblowing, it was agreed that a paper describing the reporting mechanisms in place, would be developed and presented to the Staff Governance Committee. It was noted that the Cabinet Secretary had announced her intention to identify Whistleblowing Champions for each Board, and it was expected that these would be appointed shortly.</p> <p>In response to questions from members in relation to the actions being taken following whistleblowing concerns and the visibility these, Prof Brown clarified that the term whistleblowing applied specifically to employees who report concerns to the organisation, as per the process. He noted that the media use the term whistleblowing to describe individuals who had reported something directly to them. He noted that there had been recent cases which had not been reported to the organisation through the whistleblowing process, and had instead, been reported directly to media outlets.</p> <p>Questions were raised regarding the widening access to medicine work, and it was highlighted that there were opportunities to work collaboratively with University partners to maximise outcomes. Mrs MacPherson agreed to discuss this further with Prof Dominiczak.</p> <p>The Board were content to note the Staff Governance Committee Annual Report for 2018/19.</p> <p><u>NOTED</u></p>	<p>Ms Vanhegan</p> <p>Mrs MacPherson</p> <p>Mrs MacPherson</p>
145.	STAFF GOVERNANCE COMMITTEE UPDATE	
	<p>The Board considered the update on key items of discussion at the Staff Governance Committee meeting of 5th November 2019 [Paper No. 19/72]. Members were content to note the report.</p> <p><u>NOTED</u></p>	
146.	DATE OF NEXT MEETING	
	<p>Tuesday 25th February 2020, 9.30am, William Quarrier Centre, 20 St. Kenneth Drive, G51 4QD</p>	
	<p>The meeting closed at 14.15.</p>	