

NHSGGC (M) 24/05
Minutes: 119 – 148

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday, 29 October 2024 at 9.30 am via Microsoft Teams

PRESENT

Dr Lesley Thomson KC (in the Chair)

Ms Mehvish Ashraf	Ms Lesley McDonald
Ms Libby Cairns	Professor Iain McInnes
Cllr Jacqueline Cameron	Dr Becky Metcalfe
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Martin Cawley	Cllr Robert Moran
Ms Cath Cooney	Mr Colin Neil
Cllr Chris Cunningham	Cllr Katie Pragnell
Dr Scott Davidson	Dr Lesley Rousselet
Ms Dianne Foy	Dr Paul Ryan
Mr David Gould	Ms Karen Turner
Mrs Jane Grant	Mr Charles Vincent
Mr Graham Haddock OBE	Ms Michelle Wailes
Ms Margaret Kerr	Professor Angela Wallace
Cllr Collette McDiarmid	

IN ATTENDANCE

Ms Denise Brown		Director of Digital Services
Ms Sandra Bustillo		Director of Communications and Public Engagement
Ms Beth Culshaw		Chief Officer, West Dunbartonshire HSCP
Ms Sandra Devine		Director of Infection Prevention and Control
Ms Kim Donald		Corporate Services Manager Governance/Board Secretary
Mr William Edwards		Chief Operating Officer, Acute Services
Ms Christine Lavery		Chief Officer, Renfrewshire HSCP
Ms Claire MacDonald		Business Manager, Acute
Ms Ali Marshall		Depute Director of Planning
Ms Catriona Milosevic		Consultant in Public Health Medicine (Deputising for Dr Emilia Crighton)
Mr Derrick Pearce		Interim Chief Officer, East Dunbartonshire HSCP
Ms Kate Rocks		Chief Officer, Inverclyde HSCP
Mrs Louise Russell		Secretariat Manager (Minutes)

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Ms Natalie Smith		Depute Director of Human Resources & Organisational Development
Ms Paula Spaven		Director of Clinical and Care Governance
Professor Tom Steele		Director of Estates and Facilities
Ms Julie Tomlinson		Chief Nurse, East Renfrewshire
Mr Scott Wilson		Senior Business and Delivery Manager, Chief Executive's Office

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119.	Welcome and Apologies		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the October 2024 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within the Boardroom of JB Russell House. The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers.</p> <p>Apologies were recorded on behalf of Mr Brian Auld and Dr Emilia Crighton.</p> <p>The Chair welcomed Dr Scott Davidson who had joined the Board in his new role as Medical Director.</p> <p><u>NOTED</u></p>		
120.	Declaration(s) of Interest(s)		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p><u>NOTED</u></p>		
121.	Minute of Meeting held on 27 August 2024		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 27 August 2024 [Paper No. NHSGGC(M)24/04] presented for approval and on the motion of Mr David Gould seconded by Dr Paul Ryan, the Board were content to accept the minutes of the meeting as a complete and accurate record.</p> <p><u>APPROVED</u></p>		

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122.	Matters Arising		
	<p>The Board considered the 'Rolling Action List' [Paper No. 24/109] presented for approval. The following was noted:</p> <p>Four actions closed,</p> <ul style="list-style-type: none"> - <u>Minute No 41</u>. The October Performance report incorporated the Complex Care data; therefore this item was closed. - <u>Minute No 100</u>. The Board Activity Report was on the agenda and included detail regarding Board Member bus tours, therefore this item was closed. - <u>Minute No 110</u>. The NHSGGC website had been updated with a single section on maternity and paediatric health content, therefore this item was closed. - <u>Minute No 115</u>. The Board Member Responsibilities paper had been added to the agenda and had been updated to include Vice Chairs, therefore this item was closed. <p>There were no other matters arising noted and the Board were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>		
123.	Chair's Report		
	<p>Since the last Board meeting in August, the Chair attended a Board Chairs meeting, meetings with the Cabinet Secretary, MSP, MP's and other Board Chairs.</p> <p>The Chair had also attended governance meetings, with many focussing on transformation, finance and sustainability. She had attended the National Group which continued to meet on a weekly basis with the Cabinet Secretary focussing on delayed discharges.</p> <p>The Chair attended a joint session with Glasgow University to discuss the ongoing work across Greater Glasgow and Clyde and to explore working collaboratively. She had officially taken up the role of Chair of the Glasgow Centre for Population Health and was in the process of reviewing their memorandum of understanding with the Health Board, Council and University. The Chair also attended a Forum with Disability Leads, noting the concerns raised had been shared and were being taken forward by the senior management team. The Chair updated the Board on a collaborative pilot in relation to Prison</p>		

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	<p>Health, noting the immediate and long-term benefits were widely recognised.</p> <p>The Chair reported that the Public Inquiry was underway that she had met with Ms Rachel McGowan, Corporate Legal & Witness Support Manager, noting the excellent support provided to colleagues within the process.</p> <p>The Chair also highlighted the excellent work of the Medical Welfare Service who provide support to veterans physical and mental health. The Chair noted that the scheme was being expanded due to Healthcare Charity funding.</p> <p>As part of Black History Month, the Chair attended an event that was held in Roystonhill Community Hall. The Chair recognised the opportunity to combine learning with interacting and networking and extended her thanks to the Chairs of the BAME Forum for their support in organising the event.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
124.	Chief Executive's Report		
	<p>Mrs Jane Grant, Chief Executive, reported that she had attended the usual internal meetings which had a particular emphasis on managing performance. The senior team continued to spend time preparing for the Public Inquiry hearings.</p> <p>Mrs Grant continued to work closely with the HSCP Chief Officers in relation to the financial position and continued working collaboratively to be aware of the current financial risks going into the second half of the financial year. Mrs Grant reported that Mr Pat Togher had been appointed as Chief Officer for Glasgow City HSPC and would commence post in December 2024.</p> <p>Nationally, Mrs Grant continued to support the 2024/25 pay process as well as the implementation of the non-pay elements of the 23/24 pay deal and reduction of the working week to 36 hours.</p> <p>She had also attended the first meeting of the Planned Care Transformation Board which would address national elective issues and consider best practice in increasing productivity and efficiency.</p>		

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	<p>Mrs Grant had also attended a further meeting of the national Planning and Delivery Board.</p> <p>Mrs Grant Chaired the STAC meeting, noting that work was underway in reducing the working week to 36 hours.</p> <p>Mrs Grant reported that regular meetings had taken place in relation to the Emergency Department HIS Review and Mr William Edwards was the senior sponsor.</p> <p>Mrs Grant was pleased to note that, following the approval of the Radionuclide Business Case, work had commenced on site.</p> <p>Mrs Grant had attended a number of events since the last Board meeting, including a celebration event for Modern Apprentices at the end of September and Black History Month event along with the Chair.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
125.	Patient Story		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on the Musculoskeletal Oncology Service.</p> <p><u>NOTED</u></p>		
126.	Communications and Public Engagement Update October 2024		
	<p>The Board considered the Communications and Public Engagement Update October 2024 [Paper 24/110] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.</p> <p>Ms Bustillo reported that there was an ongoing focus on engaging with stakeholders. The success of Care Opinion continued and, overall, the stories were positive, and feedback continued to be shared with members of staff.</p> <p>As part of the refreshed Mental Health Strategy for 2023-2028, NHSGGC was undertaking engagement on how it currently provided</p>		

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	<p>inpatient Mental Health Services. Ms Bustillo reported that this included holding in person and online events. The Board noted that feedback would be used to continue to implement the Strategy and help inform future proposals.</p> <p>Ms Bustillo provided an update on the Patient Hub which was an online digital patient information portal being developed to provide patients with information relating to their care. Ms Bustillo reported that it had been piloted within two specialities and the feedback received had been positive. A wider survey would be carried out and the results reported back to a future Board meeting.</p> <p>As part of the commitment to continue to inform and engage with staff, a new communications platform 'Team Talk' launched in October. The platform promotes a two-way conversation between staff and their supervisors/managers by distributing briefs to supervisors and managers across the organisation. A feedback process was in development and would be used to report on the effectiveness of the platform.</p> <p>In response to a question regarding the sessions in relation to the Mental Health Strategy and ensuring that specific locations were not overshadowed, Ms Busillo provided assurance that the feedback and views across all 6 HSCPs was considered through ongoing engagement.</p> <p>In response to a question regarding early indications on how Team Talk was being received, the Board noted that initial feedback had been positive but ongoing monitoring would be taking place. It was agreed that Board members could receive Team Talk briefs.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
127.	Board Activity Update		
	<p>The Board considered the Board Activity Update [Paper 24/111] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.</p> <p>The report outlined the work undertaken by the Board since the last Board meeting. A NHSGGC Board Seminar was held on 24th September 2024 and members received a presentation from Professor Iain McInnes on the Collaboration of the Board with</p>		

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	<p>Universities. Board Members also considered the draft Public Health Framework 2024-2034. The Seminar ended with a 'getting to know you' session, where a selection of Board Members provided an update on their experience and skills.</p> <p>The report included a list of the Board Standing Committees that had met since the last Board meeting. The report also included a summary of Board Member tours that had been carried out as part of the Board Member Induction process.</p> <p>The Board noted that Board Member visibility was being considered at the November 2024 Seminar with a view to increasing Board Member visibility and engagement.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
128.	NHSGGC 2024/25 Whole System Winter Plan		
	<p>The Board considered the NHSGGC 2024/25 Whole System Winter Plan [Paper 24/112] presented by Dr Scott Davidson, Medical Director, for approval.</p> <p>Dr Davidson advised that the plan had been developed with significant input from over 200 members of staff across Primary Care, Acute, Mental Health and Corporate Services. This year's plan has been developed in line with the 4 Scottish Government (SG) Whole System Winter Planning Priorities.</p> <p>Dr Davidson reported that a bed surge plan, winter finance plan and local operational plans had been developed. The Scottish Government had issued a 'Winter Preparedness Checklist', which focused on the state of readiness of health boards ahead of winter. This had been completed and submitted to the Scottish Government on 16th October 2024.</p> <p>The key to the success of last year's plan helped support person centred care and optimal flow across our whole system during the peak pressures of winter. This included virtual pathways, for example 'Call Before You Convey' Pathway, the Minor Injuries Pathway, public messaging campaigns and vaccination programmes, for example COVID.</p>		

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	<p>The financial challenges were recognised and there would be a focus on actions to maximise impact and minimise cost. The Scottish Government had confirmed £2.5m funding to support with the 4-hour Emergency Department target. The report included whole system winter actions, which were rated by leads and impact. There would be an ongoing focus on delivery of actions that had the highest and medium impact. A vast amount of work was underway to maximise the use of virtual technology and there remained an ongoing focus on Delayed Discharges.</p> <p>In response to a question regarding the impact staff absence rates would have on delivery, the Board received assurance that work remained ongoing to support staff and manage absences appropriately. The Board also noted that the newly qualified nurses would have a positive impact on current position.</p> <p>With regards to the vaccination schedule and whether there was enough capacity in the system, the Board noted that hotspots will be monitored and fed through future iterations of the report. The Board were advised that there had been a minor change to the flu vaccination programme eligibility; those aged 50-64 with no existing health conditions, teachers and prison staff would no longer be eligible. The Board noted that this had been a national decision and was linked to the evidence/benefits and risk factors. The Board were assured that strong promotion of vaccinations remained ongoing.</p> <p>The Chair advised that, due to the importance and focus of winter planning, the plan would return to Finance Planning and Performance Committee, and the Board, in December 2024 and February 2025.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		Dr von Wissman
			Secretariat
129.	Finance, Planning and Performance Committee		
	a) <u>Chair's Report of meeting held on 8 October 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 8 October 2024 [Paper 24/113] presented by the Chair of the Committee, Margaret Kerr, for assurance.</p> <p>Ms Kerr noted that the main topic of discussion at the meeting was regarding the Winter Plan.</p>		

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	The Board were assured by the report.		
	<u>NOTED</u>		
	b) <u>Approved Minute of meeting held on 6 August 2024</u>		
	The Board considered the approved minute of the meeting held on 6 August 2024 [ASC(M)24/04] presented for assurance.		
	The Board were assured by the minute.		
	<u>NOTED</u>		
130.	Audit and Risk Committee		
	a) <u>Chair's Report of meeting held on 17 September 2024</u>		
	The Board considered the Chair's Report of the meeting held on 17 September 2024 [Paper 24/114] presented by the Chair of the Committee, Michelle Wailes, for assurance.		
	The Board were assured by the report.		
	<u>NOTED</u>		
	b) <u>Approved Minute of meeting held on 18 June 2024</u>		
	The Board considered the approved minute of the meeting held on 18 June 2024 [ASC(M)24/03] presented for assurance.		
	The Board were assured by the minute.		
	<u>NOTED</u>		
131.	IJB Leads Reports		
	a) <u>East Dunbartonshire</u>		
	The Board considered the East Dunbartonshire IJB Report [Paper 24/115] presented by Ms Ketki Miles, NHSGGC Non-Executive Lead and Vice Chair of the East Dunbartonshire IJB.		
	Ms Miles noted the key challenges discussed included the financial position for 2023/24 due to accounts not being signed off, and significant senior lead turnover.		

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	<u>NOTED</u>		
	b) <u>East Renfrewshire</u>		
	<p>The Board considered the East Renfrewshire IJB Report [Paper 24/116] presented by Councillor Katie Pragnell, NHSGGC Non-Executive Lead and Chair of the East Renfrewshire IJB.</p> <p>Councillor Pragnell updated the Board on a budget Seminar.</p> <p><u>NOTED</u></p>		
	c) <u>Glasgow City</u>		
	<p>The Board considered the Glasgow City IJB Report [Paper 24/117] presented by Mr Paul Ryan, NHSGGC Non-Executive Lead.</p> <p>Mr Ryan reported that main topics of discussion included the IJB's general reserve position. An update was also provided on the implementation of the Safer Drug Consumption Facility.</p> <p><u>NOTED</u></p>		
	d) <u>Inverclyde</u>		
	<p>The Board considered the Inverclyde IJB Report [Paper 24/118] presented by Mr David Gould, NHSGGC Non-Executive Lead and Vice Chair of Inverclyde IJB.</p> <p>Mr Gould reported that a Non-Executive development session had been arranged to discuss Finance and Planning.</p> <p><u>NOTED</u></p>		
	e) <u>Renfrewshire</u>		
	<p>The Board considered the Renfrewshire IJB Report [Paper 24/119] presented by Ms Margaret Kerr, Non-Executive Lead and Chair of the Renfrewshire IJB.</p> <p>Ms Kerr noted that there was detailed discussion regarding the Sustainable Futures Programme and the work required to provide services within budget. Discussion was also held regarding</p>		

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	engagement with service users. This would help inform discussion and further plans later in the year.		
	<u>NOTED</u>		
	f) <u>West Dunbartonshire</u>		
	The Board considered the West Dunbartonshire IJB Report [Paper 24/120] presented by Ms Michelle Wailes, Chair, West Dunbartonshire.		
	Ms Wailes reported that the main topic of discussion was on financial performance. There was a continued focus on Delayed Discharges and Ms Wailes noted that there had been significant improvement noted in West Dunbartonshire. The results of a recent Care Inspection of West Dunbartonshire HSCP Care at Home Service were noted. Ms Wailes reported that work remained ongoing to reduce the staff absence rate.		
	<u>NOTED</u>		
132.	NHSGGC Finance Report		
	The Board considered the NHSGGC Finance Report [Paper 24/121] presented by Mr Colin Neil, Director of Finance, for assurance.		
	Mr Neil presented the month 5 position as at 31 st August 2024. He reported an overspend of £43.57 million of which £28.22m was attributed to unachieved savings and a pay and non-pay overspend of £15.35m. Mr Neil reported that Acute Services were overspent by £16.7m and corporate areas were overspent by £0.26m for pay and non-pay. The partnerships combined pay and non-pay were breaking even, however, this was with the use of reserves. Mr Neil reported an improvement in the run rate could be seen in month 5 when compared to month 4.		
	Mr Neil provided an update on the partnership position, noting that meetings continued to take place with Chief Officers and Chief Finance Officers on a regular basis. He noted that further work had been carried out in East Renfrewshire to reach a break-even position.		
	In terms of the Sustainability and Value, £28.8m had been achieved on a full year recurring basis. On an in-year basis (recurring and non-recurring) £147.6m had been achieved. Mr Neil reported that there		

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	<p>were forecast pipeline savings of £157m against the £226.9m challenge.</p> <p>The total capital expenditure incurred to 31st August 2024 was £14.9m. Mr Neil noted that £35.8m (61%) of the total capital allocation had firm orders in place or incurred spend which was in line with expectations for the start of the year, therefore, the trajectory of capital spend continued to progress well. There was £0.8m of the budget still available to be allocated against essential capital projects and this would be progressed through the normal governance route.</p> <p>Mr Neil reported that the forecast had been reviewed and based on the month 5 position, there was no change to the forecast deficit of £48.3m, however, NHSGGC was now expected to meet this forecast deficit which was an improvement on month 4. He noted that this was mainly attributable to an improvement in the run rate at month 5 and non-recurring opportunities. There remained a focus on reducing the deficit by increasing the savings portfolio, reduce pressure and build on the current work that had been carried out.</p> <p>In summary, Mr Neil highlighted that progress was being made, however, the Board were still facing pressures and work remained ongoing to ensure the forecast deficit of £48.3m was achieved or improved.</p> <p>Mr Neil assured the Board that the Corporate Management Team maintained a collective focus in mitigating pressures through non-recurring opportunities. This included local meetings, weekly Sustainability and Value Programme Board meetings to receive status updates and Acute undertaking its own level performance review. The interface between Chief Officers and Chief Finance Officers would continue to keep abreast of the position.</p> <p>In response to a question regarding the Radionuclide Business Case funding, the Board were advised that engagement with the Scottish Government was ongoing and funding was expected on a phased basis.</p> <p>The Board noted the position in relation to agency spend had improved substantially and it was noted that the triangulation of data between vacancies, agency spend and impact on service delivery would be useful to include in future reports. Mr Neil assured the Board that this level of detail was scrutinised through the Corporate Risk Register and the Risk Appetite Statement was scheduled to come to a future Board which would incorporate service impact and vacancy management.</p>		Mr Neil

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	<p>The Board were assured by the report provided.</p> <p><u>NOTED</u></p>		
133.	Acute Services Committee		
	a) <u>Chair's Report of meeting held on 10 September 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 10 September 2024 [Paper 24/122] presented by the Chair of the Committee, Mr David Gould, for assurance.</p> <p>Mr Gould highlighted that performance in relation to the Cancer 62 Day waiting times was challenged due to a significant increase in Urgent Suspicion of Cancer referrals. The Committee received assurance that the nursing workforce was becoming increasingly stable.</p> <p>The Board were assured by the report.</p> <p><u>NOTED</u></p>		
	b) <u>Approved Minute of meeting held on 7 May 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 7 May 2024 [ASC(M)24/03] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>		
134.	Area Clinical Forum		
	a) <u>Chair's Report of meeting held on 10 October 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 10 October 2024 [Paper 24/123] presented by the Chair of the Committee, Dr Lesley Rousselet, for assurance.</p> <p>The Board were assured by the report.</p> <p><u>NOTED</u></p>		

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	b) <u>Approved Minute of meeting held on 15 August 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 15 August 2024 [ASC(M)24/04] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>		
135.	Clinical and Care Governance Committee		
	a) <u>Chair's Report of meeting held on 3 September 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 3 September 2024 [Paper 24/124] presented by the Chair of the Committee, Mr Paul Ryan, for assurance.</p> <p>Dr Ryan reported that work remained ongoing to reduce the Significant Adverse Event (SAER) backlog. The Committee received a Clinical Governance Annual Report and a Duty of Candour Annual Report and would receive an addendum with updated figures at a later date.</p> <p>The Board were assured by the report.</p> <p><u>NOTED</u></p>		
	b) <u>Approved Minute of meeting held on 4 June 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 4 June 2024 [ASC(M)24/02] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>		
136.	NHSGGC Board Performance Report		
	<p>The Board considered the NHSGGC Board Performance Report [Paper 24/125] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil provided summary of performance against the key indicators as outlined in the Performance Assurance Framework. The key highlights included the Child and Adolescent Mental Health Services</p>		

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	<p>(CAMHS) performance in relation to patients seen <18 weeks of referral continued to exceed the national target of 90%. Mr Neil reported that performance in relation to patients accessing Podiatry Services under 4 weeks was 91%, therefore continued to exceed the national target of 90%. Similarly, the performance in relation to the Alcohol and Drugs position showed that performance continued to exceed the national waiting times target of 90%. The performance in relation to starting a Psychological Therapy under 18 weeks of referral remained in a positive position.</p> <p>Mr Neil reported that Acute activity in relation to new outpatients, endoscopies and TTG remained on track and currently exceeded the planned position for the period April - August 2024. Mr Neil advised there remained on ongoing focus on the longest waiting times. Mr Neil highlighted that compliance with the A&E four hour wait times was 72.2%, therefore whilst this was an improvement on the previous months' position and exceeded the ADP target of 70%, overall performance remained below the national target. This was in line with the overall national trend.</p> <p>The Board acknowledged that the delayed discharge position remained challenged, and work was ongoing to improve the position, including weekly meetings with the Cabinet Secretary.</p> <p>Mr Neil reported that performance in relation to the percentage of cancer patients treated within 31 days of decision to treat was 93.3%, which was slightly below the national target of 95%. Similarly, performance in relation to the Cancer 62 Day waiting times reported a reduction on the previous month's position and overall performance remains challenged, however the Board noted that the significant increase in Urgent Suspicion of Cancer referrals was having an impact on performance.</p> <p>Whilst the MSK Physiotherapy Service waiting times performance saw a slight increase in performance, performance remained below target as focus remained on reducing the longest waiting times.</p> <p>In response to a question regarding the number of new outpatients waiting >78 weeks for an appointment however, the Board received assurance that work was taking place to improve the position, including the review of current service pathways to increase capacity within the system.</p> <p>With regards to A&E waiting times, the Board were assured that signposting and education of correct pathways remained a focus. The Board were advised that discussions would take place with NHS24</p>		Mr Edwards

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	regarding the current telephone message, which would assist with consistency in redirection.		
	The Board were assured by the report provided.		
	NOTED		
137.	Healthcare Associated Infection Report		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 24/126] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace introduced Ms Sandra Devine, Director of Infection Prevention and Control, who provided a short overview of the paper.</p> <p>Ms Devine outlined performance against the three Healthcare Associated Infection surveillance standards, Staphylococcus aureus bacteraemias (SAB), Clostridioides difficile infections (CDI) and E. coli bacteraemias (ECB) in July and August 2024 and reported that these all remained within control limits. Ms Devine reported that NHSGGC were below the national average for all 3 indicators in this reporting period, however there remained a clear focus to reduce this further. Ms Devine reported that the data for SAB and ECB in September and October were stable.</p> <p>Ms Devine reported that there had been an upward trend of CDI infections this year. The rates had been above the control limits for 6 months. There had been an increase noted specifically in the GRI, which had reported 9 CDI cases this month. An antimicrobial review for the site had been carried out and a deep dive of specific ward areas. There had been no evidence of cross transmission. The Board received assurance that the appropriate processes were being carried out, including weekly ward rounds, early identification of patients and chlorine based solutions used in winter months. Anecdotal evidence suggested that there may be some changes to community prescribing which may be influencing the increase and this was being explored. The Board received assurance that the position would be monitored, and appropriate actions taken.</p> <p>In response to a question regarding the increase in ECB, the Board noted that this being experienced nationally and an update on the target rate was awaited.</p> <p>The Board were assured by the report provided.</p>		

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	<u>NOTED</u>		
138.	Public Protection Strategy - Update		
	<p>The Board considered the Public Protection Strategy Update [Paper 24/127] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace introduced Dr Deirdre McCormick, Chief Nurse, Head of Public Protection Service, who provided a short overview of the paper.</p> <p>Dr McCormick provided an update of the progress in delivering the Public Protection Strategy, approved by the Board in November 2023. The development of a strategic framework took place in two stages: reviewing the recently created Public Protection Service (PPS) and engaging with a wide group of stakeholders and national benchmarking to create a future focused direction.</p> <p>Dr McCormick provided an update on year 1 progress which included stronger governance arrangements for the Public Protection Forum and work was taking place with eHealth to develop electronic solutions. Dr McCormick reported that a detailed risk assessment had been carried out and as a result the risk score had reduced. In addition, issues detailed in a previous internal audit had been addressed. The Board noted that the Public Protection Framework and Dashboard would continue to be developed, and the standards would be monitored through a RAG status and reported through Clinical and Care Governance Committee.</p> <p>With regards to staff learning and education, the Board noted that an App containing specific learning and education measures was being developed and would be tested prior to full roll-out. Dr McCormick also advised that LeanrPro modules were available, and the uptake was monitored through Staff Governance Committee.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		
139.	Feedback, Comments, Complaints and Concerns Annual Report 2023/24		
	<p>The Board considered the Feedback, Comments, Complaints and Concerns Annual Report 2023/24 [Paper 24/128] presented by Professor Angela Wallace, Nurse Director, for assurance.</p>		

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	<p>Professor Wallace provided an overview of the annual performance on Feedback, Comments, Complaints and Concerns in NHSGGC.</p> <p>The report provided an analysis of complaint themes which included clinical care, waiting times for an appointment and attitude and behaviour. The report confirmed that Care Opinion continued to be the primary feedback. The Board requested comparative data to be included in future iterations of the report to allow a clearer view of performance against previous years and across areas.</p> <p>With regards to Prison Healthcare and alignment with the Complaints Handling Procedure, the Board noted that significant work had been carried out to provide support to inmates and staff and work remained ongoing.</p> <p>In response to a question regarding NES LearnPro training, the Board were advised that this was not currently a mandatory module and NES were updating the module at a national level. The Board were assured that the detail in the current module was accurate and remained in line with the process.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		Prof Wallace
140.	Clinical and Care Governance Annual Report		
	<p>The Board considered the Clinical and Care Governance Report [Paper 24/129] presented by, Dr Scott Davidson, Medical Director for approval.</p> <p>The report highlighted achievements and key activities throughout the year, as well as outlining priority areas for the year ahead. Dr Davidson advised that there had been an ongoing focus to reduce SAERs and NHSGGC had made some positive progress against improvement aims to reduce overdue SAERS, and to review potential SAERs. A KPI dashboard was in place to allow divisional Clinical Governance Groups to monitor SAER KPIs.</p> <p>Dr Davidson reported that there had been a continued focus to reduce the number of breached guidelines and make the process more efficient. Several improvement aims had been agreed and are being progressed throughout the services.</p>		

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	<p>The report highlighted that NHSGGC had a robust process in place for responding to the Scottish National Audit Programme (SNAP) which included ensuring ongoing data collection and quality assurance, regular review of audit data within the clinical teams, and excellent engagement and response to the annual SNAP governance process.</p> <p>In response to a question regarding cardiac arrest reporting, Dr Davidson explained that data was logged the moment a cardiac arrest call was made, however, these events were reviewed by Resuscitation Officers, and it was noted that the call was not always for a cardiac arrest. The Board noted that work was in progress to bring the systems together to report the event rather than the call.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
141.	Duty of Candour Annual Report 2023/24		
	<p>The Board considered the Duty of Candour Annual Report 2023/24 [Paper 24/130] presented by Dr Scott Davidson, Medical Director for approval.</p> <p>The report provided an update on how NHSGGC had complied with Duty of Candour legislation from 1 April 2023 and 31 March 2024, along with an addendum and update on 2022-23 figures. There were 22 incidents identified which triggered Duty of Candour.</p> <p>The report highlighted that investigations were still ongoing and until reviews were concluded, it is not possible to determine if events were Duty of Candour, therefore, the number could change throughout the year. The Board were assured that compliance would continue to be monitored through Clinical and Care Governance Committee.</p> <p>In response to a question regarding inclusion of a selection of learning, the Board noted that there were systems in the background to capture learning. The detail would be provided through the appropriate governance route through the Clinical and Care Governance Committee. The Board noted that support would be provided to staff in line with the SAER guidance.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		

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142.	Population Health and Wellbeing Committee		
	a) <u>Chair's Report of meeting held on 22 October 2024</u>		
	<p>The Board noted the Chair's Report of the meeting held on 22 October 2024 [Paper 24/131] presented by the Chair of the Committee, Mr Charles Vincent, for assurance.</p> <p>Mr Vincent reported that a main topic of discussion was vaccinations and encouraging promotion of vaccinations.</p> <p>The Board were assured by the report.</p> <p><u>NOTED</u></p>		
	b) <u>Approved Minute of meeting held on 16 April 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 16 April 2024 [ASC(M)24/02] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>		
143.	United Nations Convention on the Rights of the Child (Incorporation)(Scotland) Bill (UNCRC)		
	<p>The Board considered the United Nations Convention on the Rights of the Child (Incorporation)(Scotland) Bill (UNCRC) ([Paper 24/132] presented by Professor Angela Wallace, Nurse Director, for awareness. Professor Wallace introduced Ms Catriona Milosevic, Consultant Public Health Medicine, who provided a short overview of the paper.</p> <p>Ms Milosevic provided an update on the work that was underway within NHSGGC to comply with the requirements of the United Nations Convention on the Rights of the Child (UNCRC) Bill and the proposed action plan to ensure further compliance, noting that reporting would be required by the Scottish Government in 2026.</p> <p>In response to a question regarding mapping current compliance, the Board were assured that ongoing improvements were being made using detailed plans in order to meet timelines.</p>		

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	<p>The Board noted that work remained ongoing with the complaints team to ensure the NHSGGC complaints procedure was child centred and ensure that work was carried out in collaboration with young people as part of the engagement process.</p> <p>The Board requested that this information be available on the website and routinely updated as required.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		Ms Bustillo
144.	Board Development Plan		
	<p>The Board considered the Board Development Plan ([Paper 24/133] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>Ms Bustillo reported that an action plan had been developed and a number of actions had been completed. There were 3 actions that were partially completed, and 4 actions had yet to be progressed.</p> <p>The Committee noted that the Board Development Plan would be considered at the NHSGGC Board Seminar in November and brought back to the Board in December.</p> <p>The Board were assured by the report provided.</p> <p><u>NOTED</u></p>		Secretariat
145.	Board Member Responsibilities		
	<p>The Board considered the Board Member Responsibilities [Paper 24/134] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>It was reported at the last Board meeting that Mrs Jane Grant, Chief Executive, had replaced Ms Dianne Foy on the Glasgow City IJB as a temporary measure. The Chair had subsequently agreed that Mrs Grant would withdraw from Glasgow City IJB membership from 30th September 2024, meaning that there is now a vacancy on the IJB. The Board noted that work was underway to fill the vacancy.</p>		

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	<p>The report provided an update on the Vice Chair appointments following approval at the Standing Committees. Ms Bustillo highlighted that the Population Health and Wellbeing Committee Vice Chair remained vacant, and the paper would be brought back in December with confirmation of an appointment.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		Secretariat
146.	Board Annual Cycle of Business 2024/25		
	<p>The Board considered the Board Annual Cycle of Business [Paper 24/135] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>The paper provided awareness of the Board's Annual Cycle of Business, which was aligned to the Corporate Aims and Objectives. The Annual Cycle of Business was considered at each agenda setting meeting for the Board.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
147.	Board Calendar of Meetings 2025/26		
	<p>The Board considered the Board Calendar of Meetings 2025/26 [Paper 24/136] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>The Board noted the proposed dates for the Board's Standing Committees, IJBs and associated sub-committees. Ms Bustillo highlighted that some IJB meetings had still to be confirmed as the IJB calendars vary in terms of approval.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
148.	Date and Time of Next Scheduled Meeting		
	<p>The next meeting would be held on Tuesday 17 December 2024 at 9.30 am via MS Teams.</p>		

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	<u>NOTED</u>		