

NHSGGC (M) 24/02
Minutes: 26-60

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board Meeting held on 30 April 2024 at 9.30 am via Microsoft Teams

PRESENT

Dr Lesley Thomson KC (in the Chair)

Dr Jennifer Armstrong	Dr Becky Metcalfe
Cllr Jacqueline Cameron	Ms Ketki Miles
Ms Ann Cameron-Burns	Ms Anne-Marie Monaghan
Ms Jacqueline Forbes	Mr Colin Neil
Ms Dianne Foy	Cllr Katie Pragnell
Mr David Gould	Mr Ian Ritchie
Mrs Jane Grant	Dr Lesley Rousselet
Mr Graham Haddock OBE	Dr Paul Ryan
Ms Margaret Kerr	Mr Francis Shennan
Rev John Matthews OBE	Ms Rona Sweeney
Cllr Martin McCluskey	Mr Charles Vincent
Cllr Collette McDiarmid	Ms Michelle Wailes
Cllr Michelle McGinty	Professor Angela Wallace

IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Professor Julie Brittenden	Director of Research and Innovation (for Item 18)
Ms Sandra Bustillo	Director of Communications and Public Engagement
Mr David Coyle	Senior Communications Officer
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Christine Lavery	Chief Officer, Renfrewshire HSCP
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Wendy McDougall	Strategic Engagement Lead (West Region), Healthcare Improvement Scotland
Ms Susanne Millar	Chief Officer, Glasgow City HSCP
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP
Dr Kerri Neylon	Deputy Medical Director, Primary Care
Mr Iain Paterson	Corporate Services Manager, Compliance
Ms Kate Rocks	Chief Officer, Inverclyde HSCP

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Mrs Louise Russell		Secretariat Manager (Minutes)
Ms Caroline Sinclair		Chief Officer, East Dunbartonshire HSCP
Mr Liam Spence		Head of Staff Experience (for Item 6)
Professor Tom Steele		Director of Estates and Facilities
Mr Allen Stevenson		Interim Director of Primary Care/GPOOH (for Items 19 and 21)
Ms Elaine Vanhegan		Director of Corporate Services and Governance
Dr Beatrix Von Wissmann		Consultant in Public Health
Mr Scott Wilson		Senior Business and Delivery Manager, Chief Executive's Office

			ACTION BY
26.	Welcome and Apologies		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the April 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 Mehvish Ashraf, Alan Cowan, Dr Emilia Crighton, Cllr Chris Cunningham and Prof Iain McInnes.</p> <p><u>NOTED</u></p>		
27.	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>		
28.	Minute of meeting held on 27 February 2024		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 27 February 2024 [Paper No. NHSGGC(M)24/01] and were content to accept the minute of the meeting as a complete and accurate record of the meeting pending the following minor amendment;</p>		

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	<ul style="list-style-type: none"> Cllr Martin McCluskey and Cllr Jacqueline Cameron to be added to attendance list <p><u>APPROVED</u></p>		Secretary
29.	Matters Arising		
	<p>The Board considered the paper 'Rolling Action List' [Paper No. 24/24].</p> <p>The Board were content to accept the recommendation that five items were closed.</p> <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>		
30.	Chair's Report		
	<p>The Chair reported that, since the last Board meeting, a number of visits had taken place which included visits to the Minor Injuries Unit at Stobhill Hospital, Clydebank Health Centre and Queens Quay House Care Home, Clydebank. The Chair had also carried out a second visit to the Flow Navigation Centre (FNC) and Major Trauma Unit. A number of positive engagements with elected representatives had taken place, including a visit hosted at Cranhill Community Centre attended by Jenni Minto, MSP.</p> <p>The Chair carried out a number of other activities, including attending the Realistic Medicines Conference and attending regular meetings with other Board Chairs and Vice Chairs.</p> <p>The Chair, along with the Chief Executive, attended the launch of a new Podcast series called 'Radio Therapy' which had been created by nine young female cancer patients. The podcast looked at the impact of a cancer diagnosis and showed their fascinating account of how they felt about the Health Service. The Chair commended the young women on their bravery and candour, noting the podcast was currently trending at number one in the Medical Podcast charts.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		

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31.	Anti-Sexual Harassment Programme - Overview		
	<p>The Board considered the Anti-Sexual Harassment Programme – Overview [Paper 24/25] presented by the Director of Human Resources and Organisational Development, Mrs Anne MacPherson, for approval.</p> <p>The paper highlighted the work that had taken place to promote a culture of zero tolerance to sexual harassment within NHS Greater Glasgow and Clyde (NHSGGC). The Board noted that a Short Life Working Group had been established to develop and promote a range of resources to support staff and managers across the organisation. A significant range of activity was taking place, with a key focus on ensuring there was a culture of zero tolerance for sexual harassment.</p> <p>The Board were asked to support the programme, which aimed to be fully rolled out by November 2024 and would be launched with a communications campaign titled ‘Cut it Out’.</p> <p>The Board were content to approve the programme.</p> <p><u>APPROVED</u></p>		
32.	Chief Executive’s Report		
	<p>Mrs Grant advised that she continued to participate in routine internal and external meetings, including meetings with Chief Officers and HSCP’s, which focussed on the financial position and plan.</p> <p>Mrs Grant continued to be involved in a varied range of activities. This included the Senior Management Development Programme, with Clinical Director and Lead Nurse sessions. Mrs Grant reported that the sessions went well with positive feedback received. Mrs Grant also attended meetings and engaged with Chief Executives and Chairs from other Boards to ensure that cross Board learning was in place. She attended meetings in relation to the implementation of the National Best Start Implementation Strategy and meetings in relation to the Innovation Design Authority (IDA) and the work of the Accelerated Innovation and Adoption Pathway. Mrs Grant continued to attend the Regional Cancer Advisory Group West of Scotland Chair’s and Chief Executive meetings.</p>		

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	<p>Mrs Grant reported that work continuing in relation to the national pay agenda. She attended meetings to discuss the National Pay Agenda, reduction to the working day and protected learning. Mrs Grant attended the launch of the 'Radio Therapy' podcast with the Chair, which Mrs Grant found very inspiring.</p> <p>The Board noted that the Annual Review would take place on 25th November 2024 and further information would be provided to members in due course.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
33.	Patient Story		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video which highlighted the work that had been carried out with the Defence Medical Welfare Service.</p> <p>The Board were assured by the video presentation.</p> <p><u>ASSURED</u></p>		
34.	Communications and Public Engagement Update – April 2024		
	<p>The Board considered the Communications and Public Engagement Update – April 2024 [Paper 24/26] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for awareness.</p> <p>Ms Bustillo reported that Care Opinion was the key feedback tool for the organisation and highlighted that, in 2023/24, NHS Greater Glasgow and Clyde received 2,345 stories on the platform. She noted that 78% of the stories were positive, with the remaining 22% of the feedback having some level of criticality, which had been acted upon within the relevant service.</p> <p>Ms Bustillo highlighted that a series of Moving Forward Together Clinical Strategy Focus Groups had taken place in March 2024 in order to understand the barriers and concerns. Ms Bustillo also informed the Board that the lunchtime learning sessions continued to be popular and well attended. The aim of the sessions was to build capacity across the organisation to equip</p>		

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	<p>staff with knowledge and tools to engage with patients, families and carers.</p> <p>Ms Bustillo provided an update on work that had been progressed in relation to sustainability, including the waste management initiative 'Watch your Waste', to ensure that clinical waste was being disposed of correctly.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		
35.	Board Activity Update		
	<p>The Board considered the Board Activity Update [Paper 24/27] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for awareness.</p> <p>Ms Vanhegan reported that the paper provided an update on the activities since the last Board meeting.</p> <p>Ms Vanhegan reported that the Board Seminar in March, entitled '<i>Population Health in GGC. Whose job is it? How can the Board make a difference?</i>' was well received.</p> <p>Ms Vanhegan reported that the Non-Executive Board Champions had met with the Chair alongside the programme of Committee member visits.</p> <p>The Board noted formal thanks to the staff for accommodating Board visits.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		
36.	Population Health and Wellbeing Committee		
	a) <u>Chair's Report of the meeting held on 16 April 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 16 April 2024 [Paper 24/28] presented by the Chair of the Committee, Rev John Matthews, for assurance.</p> <p>The Board were assured by the report.</p>		

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	<u>ASSURED</u>		
	b) <u>Approved Minute of the meeting held on 23 January 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 23 January 2024 [PHWB(M)24/01] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>		
37.	Public Health Strategy 2018-2028: Turning the Tide through Prevention Review		
	<p>The Board considered the Public Health Strategy 2018-2028: Turning the Tide through Prevention Review [Paper 24/29] presented by Consultant in Public Health, Dr Beatrix Von Wissmann, for awareness.</p> <p>Dr Von Wissmann reported that the 10 year Public Health Strategy set out a long term Framework. The Director of Public Health (DPH) report published in 2024 set out the contemporary Public Health challenge, recognising the impact of the pandemic and general reduction in standards of living as a result of increased cost of living. The DPH 2024 report identified a number of priorities for action. These were endorsed by NHSGGC Population Health and Wellbeing Committee.</p> <p>Dr Von Wissmann provided an update against the approved Public Health priorities. This included:</p> <ul style="list-style-type: none"> - Ensuring the best start for life, focussing on building a good foundation - Enabling healthy weight through healthy eating and active living - Boosting mental health and mental wellbeing - Concerted action to reduce drug harms - Building financial security for better health - Broadening access to digital health - Connecting people and health: affordable, accessible and sustainable transport - Strengthening communities and places - Trauma informed services 		

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	<p>In response to a question regarding the Child Smile uptake, currently 71%, Dr Von Wissmann noted that the pandemic and restrictions had an impact. Dr Von Wissmann assured the Board that work was actively taking place to improve uptake.</p> <p>In response to a question regarding child tooth extractions in Hospital, Dr Von Wissmann reported that decay and extractions remained the primary reason to undergo treatment under general anaesthetic and that this continued to be a priority area.</p> <p>With regards to the Start for Children programme, and whether there was a focus on specific groups, Dr Von Wissmann reported that there had been a concerted effort in relation to the Health Visiting target.</p> <p>A concern was raised regarding digital health access, particularly in areas of poverty, and Dr Von Wissmann reported that there were a broad range of barriers in relation to digital access. This included financial challenges, IT literacy and awareness of what was available. Dr Von Wissmann reported that a Digital Health Public Health Group had been established who amongst other actions had taken forward work to assist Librarians to signpost to health advice.</p> <p>The Board acknowledged the work that had been carried out, particularly with supporting and enabling communities to take control and build their capabilities.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
38.	A Fairer NHSGGC – Equalities Scheme 2024-2025		
	<p>The Board considered A Fairer NHSGGC – Equalities Scheme 2024-2025 [Paper 24/30] presented by Consultant in Public Health, Dr Beatrix Von Wissmann, for approval.</p> <p>Dr Von Wissmann presented the scheme for the forthcoming year and noted that the Scottish Government were in the process of reviewing the Public Sector Equality Duty (PSED). As a result, NHSGGC would deliver a one year set of actions and prepare evidence for the new PSED launch in April 2025.</p> <p>Dr Von Wissmann provided a presentation to the Board and highlighted that there were two outcomes. The first outcome relates to ageism, with a focus on involvement in discharge planning, and was rolled over from the previous scheme. The</p>		

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	second outcome relates to the Frontline Equality Assessment Tool (FEAT) for translating policies into practice and sharing learning from challenges and best practice across the service.		
	The Board noted the intention to establish an Equality, Diversity and Inclusion Committee.		
	The Board were content to approve the paper.		
	<u>APPROVED</u>		
39.	Acute Services Committee		
	a) <u>Chair's Report of the meeting held on 19 March 2024</u>		
	The Board considered the Chair's Report of the meeting held on 19 March 2024 [Paper 24/31] introduced by the Committee Chair, Mr Ian Ritchie, and presented by the Committee Vice Chair, Dr Paul Ryan, for assurance.		
	Dr Ryan reported that the Committee had received a presentation on the Corporate Risk Register to provide a stronger understanding of how risks were calculated and registered. The Committee found the presentation interesting and helpful.		
	The Board were assured by the report.		
	<u>ASSURED</u>		
	b) <u>Approved Minute of the meeting held on 16 January 2024</u>		
	The Board considered the approved minute of the meeting held on 16 January 2024 ASC(M)24/01] presented for assurance.		
	The Board were assured by the minute.		
	<u>ASSURED</u>		
40.	Area Clinical Forum		
	a) <u>Chair's Report of the meeting held on 11 April 2024</u>		

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	<p>The Board considered the Chair's Report of the meeting held on 11 April 2024 [Paper 24/32] presented by the Chair, Dr Lesley Rousselet, for assurance.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
	b) <u>Approved Minute of the meeting held on 8 February 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 8 February 2024 [ACF(M)23/06] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>		
41.	NHSGGC Draft Proposed Board Performance Report		
	<p>The Board considered the NHSGGC Board Performance Report [Paper 24/33] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil provided summary of the key highlights. The number of Child and Adolescent Mental Health Services (CAMHS) patients appointed within 18 weeks of referral was 98.7%, therefore this continued to exceed the national target of 90%. He reported that Acute activity in relation to new outpatients, endoscopies and inpatient/day cases remained on track and currently exceeded the Year to Date planned trajectory. Mr Neil reported that there had been significant improvement in the number of new outpatients waiting over 78 weeks in February 2024. Performance in relation to patients accessing Podiatry Services less than 4 weeks, (92%) saw a further increase on the previous months' position.</p> <p>Mr Neil reported that there was an improvement on the previous months' position in relation to Cancer 31 Day Waiting Times, increasing to 94.1% in February 2024. Mr Neil reported that performance in relation to the Cancer 62 Day Waiting Times reported an improvement on the previous month's position, however, performance, particularly in the context of the significant increase in Urgent Suspicion of Cancer referrals, remained a challenge. Mr Edwards noted that there had been a steady improvement in the Cancer 31 Day Wait Times and Cancer 62 Day Wait Times. He assured the Board that a number of actions</p>		

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	<p>were ongoing, including weekly meetings to review the measures and compressing pathways.</p> <p>Overall compliance with the A&E four hour waits was 68.9%. This was an increase on the previous months' position, however, performance remained significantly below the 95% target. Mr Neil noted that performance was in line with the overall national trend. The Delayed Discharges performance in Acute and Mental Health remained an ongoing challenge. Whilst there was an increase in the MSK Physiotherapy waiting times performance in terms of percentage of patients seen in under 4 weeks compared to the previous months' position, performance remained significantly below target as focus continued on reducing the longest waiting times.</p> <p>In response to a question regarding maximising the Minor Injuries Unit (MIU) and whether there was unused capacity, Mr Edwards, noted that the MIU capacity continued to be monitored and reviewed on an ongoing basis.</p> <p>A query was raised regarding an increase in complex care needs, and the Board were advised that there had been an increase. A breakdown of the data in relation to complex care themes would be reviewed and included in further iterations of the performance report, along with detail regarding the impact.</p> <p>In response to a question regarding Treatment Time Guarantee (TTG) patients and the actions that had been taken to address performance that was under the trajectory, Mr Edwards reported that overall capacity was reviewed on a daily basis. The Board recognised the complexity and balance that was required regarding funding of initiatives. It was noted that future reports would indicate that the target was based on anticipated resource.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		<p>Mr Neil</p> <p>Mr Neil/Mr Edwards</p>
42.	Healthcare Associated Infection Report		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 24/34] presented by the Nurse Director, Professor Angela Wallace, for assurance.</p> <p>Professor Wallace presented the summary report which covered the period from January 2024 to February 2024 and reported that</p>		

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	<p>performance remained stable. The Healthcare Associated Infection Staphylococcus Aureus Bacterium (SAB) rate for NHSGGC was 20.3, which was within the control limits though slightly above the national rate of 19.2.</p> <p>Prof Wallace provided an update on the number of closed wards. As at 30th April 2024, five wards were closed across the system. The report provided detail on outbreaks and the actions that had been taken to manage infection.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
43.	Research and Innovation Annual Report		
	<p>The Board considered the Research and Innovation Annual Report [Paper 24/35] presented by the Medical Director, Dr Jennifer Armstrong, and the Director of Research and Innovation, Professor Julie Brittenden, for assurance.</p> <p>Professor Julie Brittenden delivered a presentation to provide an overview of Research and Innovation within NHSGGC. She highlighted that over 1000 studies directly involving patients had been supported. A number of projects were carried out working closely with the West of Scotland Innovation Hub and in collaboration with eHealth.</p> <p>Professor Brittenden highlighted some of the key achievements for 2023, which included a number of new studies that were underway. The report highlighted the ongoing recovery plan for the delivery of trials following the pandemic.</p> <p>In response to a question regarding the sustainability of the workforce, Professor Brittenden noted that a sustainable model had been created, which included establishing protected time for training. With regards to commercial space, Professor Brittenden reported that this was an issue being experienced across the United Kingdom. She noted that there would be a focus on generating income via increasing space and staff. This included the development of a centre that dealt with commercial trials.</p> <p>In response to a question regarding the governance for Artificial Intelligence projects, Professor Brittenden reported that projects would run in conjunction with normal service pathways at the moment.</p>		

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	<p>The Board were assured by the update.</p> <p>The Chair informed the Board that Professor Brittenden was stepping down from her role as Director of Research and Innovation after 8 years to take up a new role at the Queen Elizabeth University Hospital. On behalf of the Board, the Chair thanked Professor Brittenden for her experience, leadership and contribution to Research and Development and wished her well in her new role.</p> <p><u>ASSURED</u></p>		
44.	Draft Primary Care Strategy		
	<p>The Board considered the Draft Primary Care Strategy [Paper 24/36] presented by the Chief Officer, Renfrewshire HSCP, Ms Christine Laverty, for approval.</p> <p>Ms Laverty informed the Board that significant participation had been carried out with a range of colleagues on development of the Draft Primary Care Strategy in order to strengthen the interface between Primary Care and Acute.</p> <p>In response to a question regarding cost pressures and how feasible implementation would be, the Board received assurance that there was a significant amount of resources that could be maximised. This included ongoing discussion with colleagues and GP Practices regarding property.</p> <p>With regards to the reporting and measurement of data, the Board noted that Public Health Scotland continued to develop a dashboard which would allow for information to be drilled down in relation to each Health and Social Care Partnership or Board.</p> <p>The Board noted that monitoring would be carried out to gain assurance of how the Strategy was developing in a community setting. The Board noted that a Clinical Vision Model was being developed for consultation, which would include public engagement. It was agreed that the Clinical Vision Model/Moving Forward Together would be added as an item to the Agenda for the August Board meeting.</p> <p>The Board were assured by the update.</p> <p><u>ASSURED</u></p>		Secretary

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45.	Supporting the Delivery of GP Out of Hours in NHS Greater Glasgow and Clyde		
	<p>The Board considered the Draft Supporting the Delivery of GP Out of Hours in NHS Greater Glasgow and Clyde [Paper 24/37] presented by the Chief Officer, Renfrewshire HSCP, Ms Christine Lavery, and the Deputy Medical Director, Primary Care, Dr Kerri Neylon, for approval.</p> <p>The Board were asked to consider moving the GP Out of Hours Service from business continuity to a permanent model. This included an increase in service in the Inverclyde area. The Board noted that detailed discussions regarding the proposal had been held through various forums, including at MSP and MP meetings.</p> <p>Dr Neylon provided background for the proposed service improvements. She reported that the GP Out of Hours service had been placed into business continuity arrangements since in February 2020. This was due to an uncontrolled workload, which often led to last minute closures of sites. Since then, steps had been taken to improve the service. This included introducing a telephone first model and also an appointment system ensuring clinical prioritisation, in order to manage workload and patient flow to ensure safer practice for staff and patients. Improvements had also been made to the transport service. This was a service offered to all patients across the whole Board area and was provided free of charge. A system had been introduced through eHealth for email prescriptions in order to reduce the need for patients to go to any OoH site. In addition, she reported that based on the telephone first model, video consultations had also been introduced.</p> <p>It was noted that there had been an increase in the number of salaried GP's and Nursing Staff within the service and Dr Neylon highlighted that the changes introduced offered greater stability, performance had improved, the shift fill rate had increased and overall it was a safer model for staff and patients. It was highlighted that the proposal also included an expansion of the service within Inverclyde to deliver a service on Sundays and Public Holidays, in addition to Saturdays.</p> <p>Ms Bustillo reported that formal engagement had been carried out, supported by Healthcare Improvement Scotland (HIS). In order to take account of public views, an eight week engagement exercise had been undertaken within all areas of the Board</p>		

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	<p>including both online engagement and face to face activities. The Board noted that the response rate had been excellent.</p> <p>Ms Bustillo reported that although this hadn't been classed as a change to service, HIS had asked to continue their involvement, which had offered independent assurance throughout the process.</p> <p>The Board reflected on the previous GP Out of Hours service model and noted that it was one of the reasons for the Board being escalated to level 4.</p> <p>Lengthy discussion took place with a number of areas considered. Some significant concerns were raised by some Board members, particularly in relation to the residents of Inverclyde and the potential short and long term impact. One area of concern highlighted was in relation to the distance of travel, particularly for patients who were very unwell. In response to this, Board members were advised that due to the clinical prioritisation, a number of options were available including remote consultation. The clinical consultation was described as key to ensuring that the patient was seen at the right time in the right place. In response to concerns raised regarding patient transport being untested, it was highlighted that patient transport was currently being delivered in NHSGGC and was working well in all areas.</p> <p>In order to ensure all patients were offered the correct support, a change in process had been instigated whereby a clinician is unable to close a call without discussing with a patient their need for transport. The Board noted that the start and end of the care episode was recorded on the system, however work was taking place with eHealth to look at recording data on the wait times for transport. The Board noted that transport had been upgraded and included fully accessible with room for additional passengers.</p> <p>In response to a question regarding the removal of overnight arrangements in Inverclyde, it was highlighted that the demand had been examined and there was no demand for an overnight service. The Board noted that previously the service had been spread too thin, which resulted in closure at short notice, which had an impact to patients having to travel much further and had a detrimental impact to the Board's reputation.</p> <p>The Board received assurance that the wider impact on Inverclyde has been fully considered and the issues and concerns highlighted had been recognised. A review of the busiest times in</p>		

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	<p>Inverclyde had been carried out and the results showed that Saturday and Sunday daytime were the busiest times.</p> <p>The Board noted that in response to a significant number of staff highlighting safety concerns of lone working or an unmanageable workload, an independent Organisational Development Advisor met with every member of staff either on a one to one basis or in a group setting. As a result, an action plan had been developed and there was now a stable staff group that were content.</p> <p>Acknowledging that some Board members remained opposed to the proposals, in line with the Boards Standing Orders, the Chair called a vote. Members were asked to approve or reject the proposal. Following a vote, a majority of Board members were in agreement to move GP Out of Hours Service from business continuity to a permanent model.</p> <p>The Board approved the paper.</p> <p>Please refer to Appendix 1 for comprehensive list of vote, noting NA code for those not in attendance for the vote.</p> <p><u>APPROVED</u></p>		
46.	Draft Stakeholder Communication and Engagement Strategy 2024-2027		
	<p>The Board considered the Draft Stakeholder Communication and Engagement Strategy 2024-2027 [Paper 24/38] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for approval.</p> <p>Ms Bustillo highlighted that the Draft Stakeholder Communication and Engagement Strategy 2024-2027 provided an update to the previous Strategy produced in 2020 to support the delivery from 2020-2023. The draft Strategy had been presented to the Area Partnership Forum, the Corporate Management Team and the Finance, Planning and Performance Committee and had incorporated the comments and feedback received. It had also been informed by the views of the public and through consultation with Healthcare Improvement Scotland (HIS).</p> <p>Ms Bustillo reported that there would be ongoing monitoring and evaluation. Progress reports on the Strategy and Delivery Plans would be presented on an annual basis.</p>		

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	<p>The Board was content to approve the paper.</p> <p><u>APPROVED</u></p>		
47.	NHSGGC Access and Waiting Times Policy		
	<p>The Board considered the NHSGGC Access and Waiting Times Policy [Paper 24/39] presented by the Chief Operating Officer, Mr William Edwards, for approval.</p> <p>Mr Edwards presented the paper to seek approval for the changes to the NHS Greater Glasgow and Clyde Access and Waiting Times Policy in line with the updated National Waiting Times Changes 2023, which included revised National guidance and National Policy.</p> <p>Mr Edwards summarised some of the key changes to the policy, which included a reasonable offer of appointment would now require patients to be given 10 calendar days' notice, previously 7 calendar days. He also noted that a reasonable offer of appointment would now be at any appointment across NHSGGC, Golden Jubilee National Hospital (GJNH) and NHS Forth Valley National Treatment Centres.</p> <p>In response to a question regarding communication and assurance that those involved in the care of a patient, for example a carer or advocate, would be involved, Mr Edwards assured the Board that existing processes would remain in place.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
48.	Finance, Planning and Performance Committee		
	a) <u>Chair's Report of the meeting held on 9 April 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 9 April 2024 [Paper 24/40] presented by the Committee Chair, Ms Margaret Kerr, for assurance.</p> <p>The Board were assured by the Chair's report.</p> <p><u>ASSURED</u></p>		

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	b) <u>Approved Minute of the meeting held on 6 February 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 6 February 2024 [FPPC(M)23/06] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>		
49.	Audit and Risk Committee		
	a) <u>Chair's Report of the meeting held on 9 April 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 12 March 2024 [Paper 24/41] presented by the Committee Chair, Ms Michelle Wailes, for assurance.</p> <p>Ms Wailes highlighted the Internal Audit Report on managing attendance and hospital discharges. An update report would be submitted to the Committee in due course.</p> <p>The Board were assured by the Chair's report.</p> <p><u>ASSURED</u></p>		
	b) <u>Approved Minute of the meeting held on 6 February 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 12 December 2023 [ARC(M)23/03] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>		
50.	IJB Leads Reports		
	The Chair invited the IJB Leads to present their update reports for assurance.		
	a) <u>East Dunbartonshire</u>		

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	<p>The Committee considered the East Dunbartonshire report [Paper 24/42] presented by the IJB Lead, Ms Jacqueline Forbes.</p> <p>Ms Forbes congratulated Mr Douglas Bell, Advanced Nurse Practitioner, who received an award for Innovation at the HSCP 2023/24 Staff Awards.</p> <p>Ms Forbes advised that the current financial challenges remained the main focus of the meeting. A balanced budget was able to be set for 2024/25, however, Ms Forbes highlighted that it was not an easy process. Ms Forbes highlighted that, although work would continue to identify further options for budget reductions, concern was noted regarding the implication for future funding and sustainability, and the impact and risk this could have to services.</p> <p>Ms Forbes reported that Board members were presented with a report on the outcome and publication of the Joint Inspection of Adult Support and Protection Services in East Dunbartonshire. An Action Plan in response to the inspection findings had been put in place to address the recommendations.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
	b) <u>East Renfrewshire</u>		
	<p>The Committee considered the East Renfrewshire report [Paper 24/43] presented by the IJB Lead, Ms Anne-Marie Monaghan.</p> <p>Ms Monaghan reported that the IJB was able to set a balanced budget for 2024/25, which took into account the cost pressures, however, Ms Monaghan noted that this had been a challenge. Ms Monaghan highlighted that as East Renfrewshire was an area with an elderly population, the main cost pressures were in relation to Care at Home, special observations and prescribing.</p> <p>Ms Monaghan reported that the IJB approved the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027 and the East Renfrewshire Alcohol and Drugs</p>		

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	<p>Strategy 2024-2027. There had been discussion regarding including gambling addiction.</p> <p>Ms Monaghan highlighted that the Delayed Discharge position was being monitored following a slight decrease in performance.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
	c) <u>Glasgow City</u>		
	<p>The Committee considered the Glasgow City report [Paper 24/44] presented by the IJB Lead, Ms Rona Sweeney.</p> <p>Ms Sweeney reported that the main focus of the meeting was setting the financial budget for 2024/25. Following debate and discussion, the IJB agreed a balanced budget, however, concern regarding the ability to provide services within the budget were highlighted.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
	d) <u>Inverclyde</u>		
	<p>The Committee considered the Inverclyde report [Paper 24/45] presented by the Chief Officer, Inverclyde HSCP, Ms Kate Rocks.</p> <p>Ms Rocks reported that the IJB was by consensus able to approve a 2 year budget for 2024/25 and 2025/26. Ms Rocks reported that a Programme Board led by the Chief Officer had been established to provide oversight of this work and the IJB would receive reports and exercise scrutiny of this activity. The Board received two reports for assurance; the 'Vaccination Transformation Programme' and 'Improving the Cancer Journey'. The Chief Officer provided updates on ongoing activity.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		

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	e) <u>Renfrewshire</u>		
	<p>The Committee considered the Renfrewshire report [Paper 24/46] presented by the IJB Lead, Rev John Matthews.</p> <p>Rev Matthews highlighted the key items of discussion at the recent meeting of the IJB. He reported that a balanced budget had been agreed.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
	f) <u>West Dunbartonshire</u>		
	<p>The Committee considered the West Dunbartonshire report [Paper 24/47] presented by the Vice Chair, Ms Rona Sweeney.</p> <p>Ms Sweeney reported that setting the budget for 2024/25 was the main focus of the meeting. Ms Sweeney reported that following deputations from three services providers that were going to be affected by proposed cuts to their funding, the Board agreed to amend reductions to the services after taking account of the concerns highlighted.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
51.	NHSGGC Finance Report		
	<p>The Board considered the NHSGGC Finance Report [Paper 24/48] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil presented the month 11 position at 29th February 2024. He reported an overspend of £8.36 million with the majority of this attributed to unachieved savings of £17.98m and a pay and non-pay underspend of £9.62m. Mr Neil reported that Acute was overspent by £30.52m and Corporate areas were underspent by £39.92m for pay and non-pay. Mr Neil noted that the IJBs were breaking even, however reported that utilisation of reserves was required to achieve this position.</p>		

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	<p>In terms of the Savings and Value Programme (SVP) in year, recurring savings of just under £51.5 million had been achieved. On an in year basis (recurring and non-recurring) £171.4m had been achieved for the first eleven months of the year. As at month 11, there were forecast savings of £52m (69%) against the £75m recurring target and £172.8m (91%) against the full £190.9m.</p> <p>Mr Neil reported that the total capital expenditure incurred to 29th February 2024 was £79.9m. This amounted to 81% of the plan of £98.8m, leaving a balance of £18.9m to be incurred by 31st March 2024. At month 11, 97% of the total capital allocation had firm orders or incurred spend. Mr Neil assured the Board that this would be under close review over the final month of the year.</p> <p>Mr Neil reported that overall, at month 11 the forecast deficit had reduced from £71.1m to a break even position.</p> <p>The Board were assured by the information presented in the report.</p> <p><u>ASSURED</u></p>		
52.	Financial Plan 2024/25		
	<p>The Board considered the Financial Plan 2024/25 – 2026/27 [Paper 24/50] presented by the Director of Finance, Mr Colin Neil, for approval.</p> <p>Mr Neil reported that the Financial Plan highlighted a deficit of £48.3m for 2024/25 and a deficit of £37.9m and £7.2m for the subsequent years. This was on the assumption that recurring savings of £128.6m were achieved in 2024/25 and £82m in each of the subsequent years. It was imperative that the recurring savings were achieved in order to reduce the recurring deficit going forward as outlined in the 3 year plan.</p> <p>Mr Neil reported that the financial plan included an element of the pressures associated with winter capacity costs and other system pressures. These areas would be subject to rolling review throughout the year. However, there were still significant non-recurring pressures that needed to be considered beyond the baseline financial plan and work would be required to mitigate these during the financial year.</p>		

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	<p>The Board noted that the draft plan had been submitted to the Corporate Management Team and Finance Planning and Performance Committee in February 2024.</p> <p>In response to a question regarding the prescribing budget and determining how it was spent, the Board noted that there were a number of measures in place. This included reviewing repeat prescribing to ensure there was no wastage, considering a change to biosimilar drugs if they were more cost effective and reviewing drugs that were coming off patent.</p> <p>In response to a question regarding a review of the workforce, the Board noted that agency spend had reduced, however, remained an area of substantial spend. Mr Neil advised that each service would be reviewed incrementally to consider if further savings could be made.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
53.	Capital Plan 2024/25 – 2026/27		
	<p>The Board considered the Capital Plan 2024/25 – 2026/27 [Paper 24/50] presented by the Director of Finance, Mr Colin Neil, for approval.</p> <p>The paper informed the Board of the estimated available capital resources for the period 2024/25 - 2026/27, and informed on the allocation of capital in the initial 3-year plan.</p> <p>Mr Neil reported that core capital levels were protected and NHSGGC had a number of additional schemes which would continue to be supported by additional funding from the Scottish Government. Mr Neil highlighted that all major NHSGGC projects in construction would continue to be funded, namely the NE Hub/Parkhead, Queen Elizabeth University Hospital Rectification Programme, Radiotherapy Equipment Replacement Programme (RERP) and the National Laboratory Information Management System Project (LIMS).</p> <p>Mr Neil reported that a Full Business Case was currently being completed for the relocation of the Radionuclide Dispensary. Dialogue with the Scottish Government and an update on the Full Business Case would be submitted to the Board at the next meeting.</p>		Mr Neil

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	<p>Mr Neil reported that a paper was submitted to CMT in May 2024 to inform prioritisation and allocations against the current level of available funds. Mr Neil highlighted that the initial capital plan would have a level uncommitted for prioritisation in year and for 2024/25, which amounted to £7m at this stage.</p> <p>The Board were content to approve the Capital Plan.</p> <p><u>APPROVED</u></p>		
54.	Patient Private Funds Accounts 2022/23		
	<p>The Board considered the Patient Private Funds Accounts 2022/23 [Paper 24/51] presented by the Director of Finance, Mr Colin Neil, for approval.</p> <p>Mr Neil reported that there had been a delay in finalisation due to legacy issues. Mr Neil informed the Board that the Audit & Risk Committee reviewed the 2022-23 Annual Accounts and Audit report on 12 March 2024. He highlighted that it was a clean audit with minor recommendations to take forward.</p> <p>The Board were content to approve the recommendations.</p> <p><u>APPROVED</u></p>		
55.	Workforce Strategy 2021-2025 Review		
	<p>The Board considered the Workforce Strategy 2021-2025 Review [Paper 24/52] presented by the Director of Human Resources and Organisational Development, Ms Anne MacPherson, for assurance.</p> <p>The Board noted that the Workforce Strategy 2021-2025 had entered phase four, which was its concluding phase. Ms MacPherson reported that there were eight commitments still in progress.</p> <p>Ms MacPherson provided an update on some of the main highlights, which included:</p> <ul style="list-style-type: none"> - Delivery of the Health Strategy 2023-2025 and roll out of Investors in People standards across NHSGGC. - iMatter - Embed a sustainable Safety Health and Wellbeing Culture 		

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	<p>- Civility Saves Lives</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
56.	Corporate Risk Register		
	<p>The Board considered the Corporate Risk Register [Paper 24/53] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil reported that the full Corporate Risk Register had been reported to the Board in December 2023. Mr Neil reported that from April 2024, the Corporate Risk Register paper would include a performance metric with a target of 100% Corporate Risks reviewed each month. Engagement has been held through the Risk Champions and Risk Management Steering Group to support this.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
57.	Blueprint for Good Governance – Board Development Action Plan		
	<p>The Board considered the Board Development Action Plan [Paper 24/54] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for approval.</p> <p>The paper reflected the discussion points and the work that had been undertaken from both development days to ensure completeness in terms of issues raised and the development of actions.</p> <p>Ms Vanhegan reported that actions had been considered under headings of Focused Actions, against some broad themes, and actions which would be described as Business as Usual, but would also support the broader themed actions.</p> <p>Ms Vanhegan reported that a number of actions were underway, including discussion regarding establishing an Equality, Diversity and Inclusion Committee. The Board were assured that work would continue to be monitored throughout the coming year.</p>		

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	<p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
58.	Board Member Responsibilities		
	<p>The Board considered the Board Member Responsibilities [Paper 24/55] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for approval.</p> <p>Ms Vanhegan highlighted that there were six Board Members who were nearing the end of their tenure at 30 June 2024, and provided assurance to the Board that recruitment was underway. Ms Vanhegan reported that the Non-Executive responsibilities in terms of Chairs on the Board's Standing Committees and IJBs had been reviewed and the paper detailed the proposals effective from 1 July 2024.</p> <p>Ms Vanhegan reported that a further update would be brought to the Board in June, which would include new board members, subsequent to the Non-Executive recruitment process.</p> <p>The Board were content to approve the proposals included in the paper.</p> <p><u>APPROVED</u></p>		
59.	Board Annual Cycle of Business 2024/25		
	<p>The Board considered the Board Annual Cycle of Business (ACOB)2024/25 [Paper 24/56] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for approval.</p> <p>Ms Vanhegan advised that the Annual Cycle Of Business was presented to the Board routinely and continued to be updated regularly.</p> <p>The Board were content to approve the Annual Cycle of Business.</p> <p><u>APPROVED</u></p>		

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			ACTION BY
60.	Date and Time of Next Scheduled Meeting		
	The next NHS Board meeting would be held on Tuesday 25 June 2024 at 9.30 am via MS Teams.		

APPENDIX 1

Vote for the motion to approve the Draft Supporting the Delivery of GP Out of Hours in NHS Greater Glasgow and Clyde.

NA – Not in attendance

Name	Vote
Dr Jennifer Armstrong	Yes

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Ms Mehvish Ashraf	NA
Cllr Jacqueline Cameron	NA
Ms Ann Cameron-Burns	Yes
Mr Alan Cowan	NA
Dr Emilia Crighton	NA
Cllr Chris Cunningham	NA
Ms Jacqueline Forbes	Yes
Ms Dianne Foy	Yes
Mr David Gould	Yes
Mrs Jane Grant	Yes
Mr Graham Haddock OBE	No
Ms Margaret Kerr	Yes
Rev John Matthews OBE	Yes
Dr Rebecca Metcalfe	Yes
Cllr Colette McDiarmid	No
Cllr Michelle McGinty	No
Cllr Martin McCluskey	No
Professor Iain McInnes	NA
Ms Ketki Miles	Yes
Ms Anne Marie Monaghan	Yes
Mr Colin Neil	Yes
Cllr Katie Pragnell	No
Mr Ian Ritchie	Yes
Dr Lesley Rousselet	Yes
Dr Paul Ryan	Yes
Mr Francis Shennan	Yes
Dr Lesley Thomson KC	Yes
Mr Charles Vincent	Yes
Ms Michelle Wailes	Yes
Professor Angela Wallace	Yes