

NHSGGC (M) 25/01
Minutes: 01 – 29

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday, 25 February 2025 at 10.00 am via Microsoft Teams

PRESENT

Dr Lesley Thomson KC (in the Chair)

Ms Mehvish Ashraf	Ms Lesley McDonald
Mr Brian Auld	Cllr Michele McGinty
Ms Libby Cairns	Professor Iain McInnes
Ms Ann Cameron-Burns	Dr Becky Metcalfe
Mr Martin Cawley	Ms Ketki Miles
Ms Cath Cooney	Cllr Robert Moran
Dr Emilia Crighton	Mr Colin Neil
Cllr Chris Cunningham	Cllr Katie Pragnell
Dr Scott Davidson	Dr Lesley Rousselet
Ms Dianne Foy	Dr Paul Ryan
Professor Jann Gardner	Mr Charles Vincent
Mr David Gould	Ms Michelle Wailes
Mr Graham Haddock OBE	Professor Angela Wallace
Ms Margaret Kerr	

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 Mary Ross-Davie	Director of Midwifery, for item 20
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 Kelda Gaffney	Assistant Chief Officer – Glasgow City HSCP, for item 17
Dr Una Graham	Deputy Medical Director for Mental Health, for item 17
Ms Katrina Heenan	Chief Risk Officer
Ms Christine Lavery	Chief Officer, Renfrewshire HSCP
Ms Claire MacDonald	Business Manager, Acute
Mrs Anne MacPherson	Director of Human Resources and Organisational Development

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Ms Ali Marshall		Depute Director of Planning, for item 16
Ms Julie Murray		Chief Officer, East Renfrewshire HSCP
Mr Derrick Pearce		Chief Officer, East Dunbartonshire HSCP
Mr Jamie Redfern		Director of Women and Children's Services, for item 20
Ms Kate Rocks		Chief Officer, Inverclyde HSCP
Mrs Louise Russell		Secretariat Manager (Minutes)
Ms Natalie Smith		Deputy Director of Human Resources & Organisational Development
Mr Pat Togher		Chief Officer, Glasgow City HSCP
Ms Elaine Vanhegan		Director of Corporate Services and Governance
Dr Beatrix Von Wissmann		Interim Deputy Director of Public Health
Mr Scott Wilson		Senior Business and Delivery Manager, Chief Executive's Office

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01.	Welcome and Apologies	
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the February 2025 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>The Chair welcomed Professor Jann Gardner, NHSGGC's newly appointed Chief Executive to her first Board meeting. She also welcomed Ms Natalie Smith who had been appointed as Interim Director of Human Resources and Organisational Development, effective from 1st March 2025. The Board noted that Ms Carron O'Byrne had been appointed as Interim Chief Officer for Renfrewshire HSCP and Professor Jesse Dawson had been appointed as Director of Research and Innovation.</p> <p>Apologies were recorded on behalf of Councillor Collette McDiarmid and Ms Karen Turner.</p> <p>NOTED</p>	
02.	Declaration(s) of Interest(s)	
	The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.	

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	NOTED	
03.	Minute of Meeting held on 17 December 2024	
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 17 December 2024 [Paper No. NHSGGC(M)24/06] presented for approval and on the motion of Mr David Gould seconded by Dr Scott Davidson, the Board were content to accept the minutes of the meeting as a complete and accurate record pending the following amendments:</p> <ul style="list-style-type: none"> • <u>Minute 155a – Acute Services Committee, Chair’s Report of meeting held on 12 November 2024</u> Urgent Care to be amended to Suspicion of Cancer. • <u>Minute 161b - IJB Leads Reports, East Renfrewshire</u> Ms Ashraf to be amended to Vice Chair • <u>Minute 175 Board Development Plan</u> Amend title Equality, Diversity & Inclusion Group. <p>APPROVED</p>	
04.	Matters Arising	
	<p>The Board considered the ‘Rolling Action List’ [Paper No. NHSGGC(R)25/01] presented for approval.</p> <p>The Board were content to approve the Rolling Action List.</p> <p>APPROVED</p>	
05.	Chair’s Report	
	<p>The Chair reported that she had attended a number of meetings focussing on the Reform agenda, Planned Care and Realistic Medicine. She also attended 6 site visits across the Board with Prof Gardner.</p> <p>The Chair had been involved in discussions with the trade unions regarding the response to the recent adverse weather event. She paid tribute to trade union colleagues and the positive approach to learning from the event.</p> <p>She highlighted that the January Board Seminar had been extended to include a wider discussion on organisational culture and the</p>	

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	<p>Board's responsibility in this regard. Work in this area would remain underway with updates to the Board being provided, when available.</p> <p>The Chair and the Chief Executive also had the opportunity to attend and contribute to a meeting with senior and clinical leaders which had been shared in the Core Brief.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	
06.	Chief Executive's Report	
	<p>Professor Jann Gardner, Chief Executive, reported that she was grateful for the positive welcome that she had received since taking up post. She noted that the capability, commitment and compassion of staff was evident and thanked colleagues who supported her visits across the different sites.</p> <p>Prof Gardner attended a visit to the QEUH with the Chair and Senior Management Team to meet with Emergency Department colleagues to discuss the challenges within admissions and assessments and to consider ideas for improvement. She also met the team in the intensive care area and noted the positive approach to multi-disciplinary working. She met with the Urology team at Glasgow Royal Infirmary and discussed innovative ways of working to improve the front door flow.</p> <p>Other visits included a meeting with HSCP Chief Officer colleagues, a visit to the Woodlands Centre, the Thistle Centre and the new Parkhead Hub.</p> <p>Following the Disclosure documentary on Skye House, Prof Gardner had visited the site and assured the Board that an independent review was underway.</p> <p>Prof Gardner reported that plans around Reform and transformation had begun and there was a focus on influencing and building on policy and plans, however, the most critical part were the people and creating conditions for success. The main objective was setting positive culture where staff feel listened to.</p> <p>The Board acknowledged that this was Mrs Anne MacPherson, Director of Human Resources and Organisational Development, last Board meeting. The Board noted Mrs MacPherson's long career in</p>	

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	<p>HR, her leadership in the NHS and her contributions to various NHS initiatives. The Board recorded thanks to Mrs MacPherson for her public service to the NHS over a long career and wished her well for the future.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	
07.	Patient Story	
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused Long Covid and the services available to support our patients.</p> <p><u>NOTED</u></p>	
08.	Health and Social Care Reform Board Update	
	<p>The Board considered the Health and Social Care Reform Board Update [Paper 25/02] presented by Professor Jann Gardner, Chief Executive, for awareness.</p> <p>The paper provided an update to Board members on the key components of Health & Social Care Reform set out by the First Minister for Scotland on 27th January 2025.</p> <p>The paper provided a strategic context, highlighting the approval of the Moving Forward Together Clinical Vision and Roadmap in August 2024 following public and staff engagement. It also noted the NHS Scotland Delivery Plan guidance issued in December 2024, which focuses on NHS Renewal and Health & Social Care Reform.</p> <p>Prof Gardner outlined the development of the 2025/26 Delivery Plan, which aimed to align priorities for 2025-26 and set out a vision to transform care delivery over the next three years. Key objectives included improving access to treatment, harnessing digital and technological innovation, shifting the balance of care between acute services and communities, and improving population health through proactive prevention.</p> <p>Prof Gardner detailed the development of a three-year transformation plan, which included co-creation and development of a whole system interface care division, expansion of planned care capacity, and key conditions for the new chapter. The plan emphasised the importance</p>	

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	<p>of staff involvement and engagement, digital transformation, optimisation of resources, and measuring the impact of the transformation plan.</p> <p>The Board noted that discussions had started to take place with a whole system approach. It was noted that engagement to date had been positive, and that workforce development would be considered as part of the wider transformation.</p> <p>In response to a question regarding better management of patient flow, the Board were assured that the aspiration was to consider each stage of the patient journey and how to manage care as close to home as possible to ensure care was safe, effective and patient centred.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	
09.	Communications and Public Engagement Update February 2025	
	<p>The Board considered the Communications and Public Engagement Update February 2025 [Paper 25/03] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.</p> <p>Ms Bustillo reported that a number of engagement activities had been carried out since the last meeting. This included raising awareness of the Realistic Medicine agenda through patient and staff engagement sessions.</p> <p>The Patient Experience and Public Involvement Team had supported a wide range of service areas, including providing guidance and advice on patient engagement to a project team developing and testing a new Menopause App. Work was also carried out with the Royal Hospital for Children, understanding patient and parent experiences of Virtual Consultation.</p> <p>In response to a question regarding data on how effective the A&E campaign had been, the Board were advised that an evaluation was taking place at the moment and would be reported back at a future Board meeting.</p> <p>The Board were content to note the update.</p>	

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10.	Board Activity Update	
	<p>The Board considered the Board Activity Update [Paper 25/04] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.</p> <p>Ms Vanhegan reported that a Board Seminar was held on 4th February, which focussed on risk and provided an opportunity for the Risk Appetite Statement to be considered. The Board then discussed organisational culture, and conversations were held on how the Board could support and embed a positive culture.</p> <p>The Board noted that work was underway to enhance Board visibility, and alternative sites were being considered for the April Board and future Board meetings.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	
11.	Internal Communication & Employee Engagement Strategy Review	
	<p>The Board considered the Internal Communication & Employee Engagement Strategy Review [Paper 25/05] presented by Mrs Anne MacPherson, Director of Human Resources and Organisational Development and Ms Sandra Bustillo, Director of Communications and Public Engagement, for assurance.</p> <p>Since the launch in 2023, key deliverables included achievement of Investors in People, significant engagement with staff in the development of strategies including the Nursing and Midwifery Strategy, Workforce Strategy, and Quality Strategy and the development and launch of the Sexual Harassment: Cut It Out Programme. The Board noted that iMatter remained at the core and work continued with regards to the employee engagement index. Team Talk had also been launched to support local teams leading conversations about the key issues.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	

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12.	Finance, Planning and Performance Committee	
	a) <u>Chair's Report of meeting held on 11 February 2025</u>	
	<p>The Board considered the Chair's Report of the meeting held on 11 February 2025 [Paper 25/06] presented by the Chair of the Committee, Margaret Kerr, for assurance.</p> <p>The Board were assured by the report.</p> <p><u>NOTED</u></p>	
	b) <u>Approved Minute of meeting held on 10 December 2024</u>	
	<p>The Board considered the approved minute of the meeting held on 10 December 2024 [ASC(M)24/06] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>	
	c) <u>Approved Minute of meeting held on 23 January 2025</u>	
	<p>The Board considered the approved minute of the meeting held on 23 January 2025 [ASC(M)25/01] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>	
13.	IJB Leads Reports	
	a) <u>East Dunbartonshire</u>	
	<p>The Board considered the East Dunbartonshire IJB Report [Paper 25/07] presented by Ms Ketki Miles, NHSGGC Non-Executive Lead and Vice Chair of the East Dunbartonshire IJB.</p> <p>Ms Miles reported that there had been a focus on budget setting. At this point the position was break even, however, the pressures would be reviewed, particularly in relation to care packages.</p> <p>Ms Miles noted the key challenges</p>	

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	b) <u>East Renfrewshire</u>	
	<p>The Board considered the East Renfrewshire IJB Report [Paper 25/08] presented by Ms Mehvish Ashraf, NHSGGC Non-Executive Lead and Vice Chair of the East Renfrewshire IJB.</p> <p>Ms Ashraf reported that a prescribing seminar had taken place which was well received. Work was being carried out in relation to Adults with Incapacity as there has been an increase. Ms Ashraf reported that a new Chief Officer had been appointed as Ms Julie Murray was retiring at the end of April 2025.</p> <p><u>NOTED</u></p>	
	c) <u>Glasgow City</u>	
	<p>The Board considered the Glasgow City IJB Report [Paper 25/09] presented by Mr Paul Ryan, NHSGGC Non-Executive Lead.</p> <p>Mr Ryan reported that the Parkhead Hub had now opened. He also advised that an IJB joint inspection in relation to Children at Risk was expected soon and an update would be provided to the Board in due course.</p> <p><u>NOTED</u></p>	
	d) <u>Inverclyde</u>	
	<p>The Board considered the Inverclyde IJB Report [Paper 25/10] presented by Mr David Gould, NHSGGC Non-Executive Lead and Vice Chair of Inverclyde IJB.</p> <p>Mr Gould reported that the IJB were in the second year of a two-year budget. He was pleased to note that staff awards had taken place and the community spirit from staff was evident.</p> <p><u>NOTED</u></p>	
	e) <u>Renfrewshire</u>	
	<p>The Board considered the Renfrewshire IJB Report [Paper 25/11] presented by Ms Margaret Kerr, Non-Executive Lead and Chair of the Renfrewshire IJB.</p>	

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	<p>Ms Kerr reported that this was Ms Christine Laverty’s last meeting as Chief Officer. Ms Kerr thanked Ms Laverty for her work, particularly in relation to Delayed Discharges and Primary Care work. Ms Kerr welcomed Ms Carron O’Byrne who had been appointed as the new Chief Officer.</p> <p>Ms Kerr reported that the main topics of discussion included a deep dive into prescribing charges and discussions took place regarding actions that could be taken locally.</p> <p><u>NOTED</u></p>	
	f) <u>West Dunbartonshire</u>	
	<p>The Board considered the West Dunbartonshire IJB Report [Paper 25/12] presented by Ms Michelle Wailes, Chair, West Dunbartonshire IJB.</p> <p>Ms Wailes reported that the main focus was on the budget and budget setting.</p> <p><u>NOTED</u></p>	
14.	NHSGGC Finance Report	
	<p>The Board considered the NHSGGC Finance Report [Paper 25/13] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil presented the month 9 position as at 31st December 2024. He reported an overspend of just under £26m of which £32m was attributed to unachieved savings being offset by a pay and non-pay underspend of £6.5m. Acute was overspent by £24.9m in pay and non-pay and Corporate areas were underspent by £29m for pay and non-pay, housing all current flexibility available. Mr Neil reported that partnerships had a pay and non-pay underspend of £2.28m, following the significant utilisation of reserves.</p> <p>In terms of Sustainability and Value, £48.6m has been achieved on a full year recurring basis. As at month 9 there were forecast pipeline savings, excluding high risk projects, of £183.9m against the overall £226.9m challenge, with £55.6m identified on a recurring basis against the £128.6m target. Mr Neil reported that the total capital expenditure incurred to 31st December 2024 was just under £30m, this amounted to 45% of the current capital budget. The Board noted</p>	

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	<p>that at Month 9, 76% of the total capital allocation had firm orders or incurred spend which was in line with expectations. Mr Neil reported that funding of £5m for the radionuclide project was agreed with Scottish Government for 2024/25, which had allowed CMT to prioritise a level of spend in December 2024 running into January 2025, with the requirement that this would take place by 31st March 2025.</p> <p>Mr Neil provided a summary of the 2024/25 year end position and noted that the month 9 position forecast was reviewed and the deficit had been reduced to £28.8m, which at that point in time brought it down to within the 1% of baseline allocation.</p> <p>The Board noted that discussions remained ongoing with Scottish Government regarding the 2025/26 Finance Plan and an update was expected at the April meeting.</p> <p>The Board were assured by the report provided.</p> <p><u>NOTED</u></p>	
15.	NHSGGC Digital Strategy Update	
	<p>The Board considered the NHSGGC Digital Strategy Update [Paper 25/14] presented by Ms Denise Brown, Director of eHealth, for assurance.</p> <p>Ms Brown provided an overview of the Digital Health & Care Strategy 2023-2028, highlighting the achievements, challenges, and future direction.</p> <p>The Strategy was approved in December 2022 and had made significant progress in areas such as patient-facing digital solutions, workforce digital skills, and remote pathways. The accomplishments included digital appointment notifications, pre-operative assessments, digital clinical notes, and transformation of pathology services from analogue to digital processing. Ms Brown noted that citizen access initiatives, for example digital appointment notifications and pre-operative assessments, had shown positive results, with high patient engagement and improved attendance rates.</p> <p>Ms Brown provided an overview of the challenges the Strategy faced, for example national programme delays and dependencies, however she reported that the Digital Strategy had received positive feedback from various external assessments, including the Scottish</p>	

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	<p>Government's Digital Maturity Assessment and the National Network and Information Systems Audit.</p> <p>In response to a question regarding three overdue areas and whether these had any adverse impact on patients, the Board noted that risk assessments were carried out and updates provided to the Strategy Board.</p> <p>The Board were advised that a Workforce Digital Skills and Literacy Programme had been established in 2023/24, working collaboratively with NHSGGC Learning and Education, Corporate Communications and external partners including NHS Education for Scotland.</p> <p>The Board were content to note the update.</p> <p><u>APPROVED</u></p>	
16.	Winter Plan - Update	
	<p>The Board received a presentation on the Winter Plan by the Medical Director, Dr Scott Davidson and the Depute Director of Planning, Ms Ali Marshall.</p> <p>Ms Marshall provided an overview of the Winter Plan, noting that 27 Whole System Actions were completed or on scheduled to be finalised. She advised that work remained ongoing to improve Emergency Department performance by redirection and reducing attendance.</p> <p>In response to a question regarding improving promotion of pharmacy prescribing, the Board were assured that improving awareness remained a focus. Work would remain ongoing to change the culture and increase confidence with regards to Pharmacy First.</p> <p>The Board discussed the progress of actions, and it was agreed it would be helpful to expand on the timelines in future reports.</p> <p>The Board were assured by the presentation provided.</p> <p><u>NOTED</u></p>	Dr Davidson/Ms Marshall
17.	Strategy for Mental Health Services in Greater Glasgow and Clyde: 2023-2028 Status Update	

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	<p>The Board considered the Strategy for Mental Health Services in Greater Glasgow and Clyde: 2023-2028 Status Update [Paper 25/15] presented by Kelda Gaffney, Assistant Chief Officer, GCHSCP, for awareness.</p> <p>Ms Gaffney provided an update on the refresh of the Mental Health Services Strategy for 2023-2028, which focused on a number of key priorities, including public engagement. Phase 2 of the Strategy focussed on delivery, community engagement sessions, integrated services and improved community service. The Board were advised that Healthcare Improvement Scotland supported strategy engagement.</p> <p>Ms Gaffney highlighted that the next stage of the process would be to develop options to be considered for full evaluation. The Board were assured that there was no intention to reduce the number of wards and patient groups, however, consideration was being given to the option of reducing the number of beds which would free up capacity and resource for community services. The Board were advised that a Community-Based Model was more cost-effective, reduced the need for acute inpatient care, and met the patient needs better.</p> <p>The implementation of the strategy involved a multi-phase public engagement approach, managed in coordination with support of HIS, the PEPI Team and the Mental Health Strategy Programme Board.</p> <p>In response to a question regarding the spread of the sites, the Board received assurance that patient access was a key consideration.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	
18.	NHSGGC Board Performance Report	
	<p>The Board considered the NHSGGC Board Performance Report [Paper 25/16] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil provided a summary of performance against the key indicators as outlined in the Performance Assurance Framework. The key highlights included performance in relation to the Alcohol and Drugs position showed that performance continued to exceed the national waiting times target of 90%. Acute activity in relation to</p>	

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	<p>imaging, new outpatients and TTG remained on track and currently exceeded the planned position for the period April - December 2024. The Child and Adolescent Mental Health Services (CAMHS) performance in relation to patients seen <18 weeks of referral continued to exceed the national target of 90%. The Board noted that performance in relation to the Cancer 31 Day waiting times standard was 95.1%, therefore continued to meet the 95% national target for the second consecutive month.</p> <p>Mr Neil reported on the key areas of challenge, which included overall compliance with the A&E four hour wait target, which was currently 62.8%, therefore was below the 2024-25 ADP target of 70%. Mr Neil highlighted, however, that performance was in line with the overall national trend. He also reported challenges in relation to Delayed Discharges and Mental Health delayed discharges and noted the number of bed days lost to discharge had increased in both areas compared to November 2024. In terms of new Outpatients and TTG longest waits were reducing in terms of the overall numbers, however performance was above the planned position for December 2024. In relation to the 62-day Cancer target, there had been further improvement in that area, and it was now at 70.3%, however the challenge remained in relation to the increase in Urgent Suspicion of Cancer referrals as reported previously. Mr Neil reported on the challenges in relation to MSK Physiotherapy and noted that the focus remained on the longest waits in that particular area.</p> <p>The Board noted that, overall, significant progress had been made to get back to pre-pandemic levels and take opportunities to support planned care aspirations and look at sustainable solutions. The first draft of an operational working document had been submitted to the Scottish Government to address long waits. The Board received assurance that there was a clear understanding of the challenges the health needs of the population pose to the system, therefore work was taking place to deliver the Reform to address the population health needs.</p> <p>In response to a question regarding the long-term staff sickness absence rate, the Board were assured that long term absence was an area of focus for the HR team and various actions in place to look at the longest cases.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>	

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19.	Healthcare Associated Infection Report	
	<p>The Board considered the Healthcare Associated Infection Report [Paper 25/17] 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>The paper covered the period November and December 2024. Ms Devine highlighted the challenges that had been faced over the winter period, highlighting in particular the challenges in relation to Flu and Norovirus.</p> <p>The report highlighted the Scottish Government Standards on Healthcare Associated Infections Indicators. In Quarter 3 the HCAI SAB rate was 19.5, which was below the national rate of 20.2. There were 20 healthcare-associated SAB cases in November and 27 in December 2024, with the aim being 23 or less per month. The HCAI ECB rate was 38.2, which was below the national rate of 39.9, with 48 ECB cases in November and 67 in December 2024, with the aim being 38 or less per month. The HCAI CDI rate was 18.4, above the national rate of 18, with 19 CDI cases in November and 24 in December 2024, with the aim being 17 or less per month. There Board acknowledged that there had been a significant increase in CDI rates, however this had reduced back to within appropriate levels and would continue to be analysed.</p> <p>In response to a question regarding the challenges in recruiting an Infection Control Doctor in Oral Health, the Board noted that work was being carried out to secure the resource, however, this was a challenge being experienced nationally.</p> <p>The Board were content to note the update.</p> <p>NOTED</p>	
20.	Maternity and Neonatal Strategy	
	<p>The Board considered the Maternity and Neonatal Strategy [Paper 25/18] presented by Professor Angela Wallace, Nurse Director for approval.</p> <p>The Board received assurance that the comments provided on the Strategy at the Board meeting in December 2024 had been made and an EQIA was included in the paperwork.</p>	

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	The Board were content to approve the Strategy. APPROVED	
21.	Acute Services Committee	
	a) <u>Chair's Report of meeting held on 14 January 2025</u>	
	The Board considered the Chair's Report of the meeting held on 14 January 2025 [Paper 25/19] presented by the Chair of the Committee, Mr David Gould, for assurance. Mr Gould highlighted that discussion had taken place regarding financial performance. It had been proposed that the Committee was discontinued, and a formal paper would be submitted to the April Board meeting describing the governance of this. The Board were assured by the report. NOTED	
	b) <u>Approved Minute of meeting held on 12 November 2024</u>	
	The Board considered the approved minute of the meeting held on 12 November 2024 [ASC(M)24/04] presented for assurance. The Board were assured by the minute. NOTED	
22.	Area Clinical Forum	
	a) <u>Chair's Report of meeting held on 13 February 2025</u>	
	The Board considered the Chair's Report of the meeting held on 13 February 2025 [Paper 25/20] presented by the Chair of the Committee, Dr Lesley Rousselet, for assurance. Dr Rousselet noted that a digital update had been provided at the last meeting. The Board were assured by the report.	

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	<u>NOTED</u>	
	b) <u>Approved Minute of meeting held on 12 December 2024</u>	
	The Board considered the approved minute of the meeting held on 12 December 2024 [ASC(M)24/06] presented for assurance.	
	The Board were assured by the minute.	
	<u>NOTED</u>	
23.	Population Health and Wellbeing Committee	
	a) <u>Chair's Report of meeting held on 21 January 2025</u>	
	The Board considered the Chair's Report of the meeting held on 21 January 2025 [Paper 25/21] presented by the Chair of the Committee, Mr Charles Vincent, for assurance.	
	Mr Vincent reported that key items that the committee continued to see were in relation to the importance of preventative measures being put in place.	
	The Board were assured by the report.	
	<u>NOTED</u>	
	b) <u>Approved Minute of meeting held on 22 October 2024</u>	
	The Board considered the approved minute of the meeting held on 22 October 2024 [ASC(M)24/03] presented for assurance.	
	The Board were assured by the minute.	
	<u>NOTED</u>	
24.	Staff Governance Committee	
	a) <u>Chair's Report of meeting held on 18 February 2025</u>	
	The Board considered the Chair's Report of the meeting held on 18 February 2025 [Paper 25/22] presented by the Chair of the Committee, Ms Ann Cameron Burns, for assurance.	

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	b) <u>Approved Minute of meeting held on 19 November 2024</u>	
	<p>The Board considered the approved minute of the meeting held on 19 November 2024 [SGC(M)24/04] presented for assurance</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>	
25.	Adverse Weather – Debrief	
	<p>The Board considered the Adverse Weather Debrief [Paper 25/23] presented by Dr Beatrix Von Wissmann, Interim Deputy Director of Public Health, for assurance.</p> <p>Dr von Wissman provided an update to Board members on the NHSGGC response and recovery to Storm Eowyn which affected Ireland and the United Kingdom on 24th January 2025. The Met Office issued a red warning (high likelihood of high impact) on 23rd January for Friday 24th January and the conditions were set to cause widespread disruption.</p> <p>The NHSGGC command and control structure was activated on 23 January 2025, with coordination meetings held to manage the response to the storm and a multi-agency response was co-ordinated. Non urgent planned care had been stepped down to ensure staff and patient safety during the storm. The Board noted that contingency plans had been put in place to address structural damage and support staff transportation and welfare during the storm. Dr Von Wissmann highlighted that Emergency Department attendances were lower than usual during the storm, and patient discharge was assessed on a case by case basis.</p> <p>The Board recognised the exceptional circumstances of the storm and that there were learning points to take forward for future circumstances of a similar nature, including the timing and method of communications. The Board received assurance that the Health and Safety Forum would take this forward, with inclusion of staff-side, and a review of the Scottish Government guidance would be expected.</p> <p>The Board were content to note the update and that a further update would be provided to the Board in April following a full de-brief.</p> <p><u>NOTED</u></p>	Dr von Wissman

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		Action
26.	Risk Appetite Statement	
	<p>The Board considered the Risk Appetite Statement [Paper 25/24] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>Mr Neil reported that NHSGGC had developed a Risk Appetite Statement to manage risks and opportunities effectively. The statement outlined the acceptable levels of risk-appetite and tolerance, which will be used to manage risks associated with the corporate objectives and will be reviewed annually.</p> <p>In response to a question regarding the risk exceeding the appetite and tolerance level, the Board noted that the statement provided the framework for the Board to work within, and anything exceeding that would be escalated through risk registers in line with the Risk Management hierarchy. Any changes to the Risk Appetite or Tolerance levels would be submitted to the Board for approval.</p> <p>The full Risk Appetite and Tolerance Statement was discussed at the Board Seminar and queries were raised around the levels for Transformation and Innovation. The Board reflected on the descriptors and considered if moderate appetite was enough for transformation and innovation space to support the reform agenda.</p> <p>The Board considered that the ask around the area of strategic ambition was high, however, the risk appetite associated with that was moderate range and the tolerance would be open to allow for a greater level of risk, with appropriate controls in place. The Board noted that the wording and scoring in the paper used to define the appetite levels was based upon NHSGGC Corporate Objectives, revised NHS Scotland impact matrix and the UK Orange Book in order to relate risk impact to Appetite and Tolerance. Similar wording was used to ensure there was a level of consistency.</p> <p>The Board agreed to approve the risk appetite as recommended in the paper and would be revisited later in the year following the implementation of work dedicated to reform which would have a focus on innovation and transformation.</p> <p><u>APPROVED</u></p>	Mr Neil
27.	Review of Governance Committee and Integration Joint Board Membership	

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		Action
	<p>The Board considered the Review of Governance Committee and Integration Joint Board Membership [Paper 25/25] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for assurance.</p> <p>The Board were advised that Mr David Gould had been appointed as NHSGGC Vice Chair for two years, effective from 1st February 2025. Mr Gould would also Chair the Remuneration Committee in his capacity as Vice Chair.</p> <p>The Board noted that a full paper would be brought back to the Board regarding the discontinuation of the Acute Services Committee to allow for the establishment of the new Equality Diversity and Inclusion Committee, of which Ms Cath Cooney would take on the lead role alongside Ms Vanhegan in developing the terms of reference. It was noted that the name of the Committee was to be confirmed, and the terms of reference would be submitted to the April Board for consideration.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	Ms Vanhegan
28.	Board Annual Cycle of Business 2025/26	
	<p>The Board considered the Board Annual Cycle of Business [Paper 24/161] presented by Director of Corporate Services and Governance, Ms Elaine Vanhegan, for approval.</p> <p>The Board were content to note the detail and approve the paper.</p> <p><u>APPROVED</u></p>	
29.	Date and Time of Next Meeting	
	<p>The next meeting would be held on Tuesday 29 April 2025 at 9.30 am via MS Teams.</p> <p><u>NOTED</u></p>	