

NHSGGC (M) 24/04
Minutes: 92 – 118

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday, 27 August 2024 at 9.30 am via Microsoft Teams

PRESENT

Dr Lesley Thomson KC (in the Chair)

Dr Jennifer Armstrong	Ms Margaret Kerr
Mr Brian Auld	Cllr Collette McDiarmid
Ms Libby Cairns	Ms Lesley McDonald
Cllr Jacqueline Cameron	Cllr Michelle McGinty
Ms Ann Cameron-Burns	Professor Iain McInnes
Mr Martin Cawley	Dr Becky Metcalfe
Ms Cath Cooney	Mr Colin Neil
Dr Emilia Crighton	Cllr Katie Pragnell
Cllr Chris Cunningham	Dr Lesley Rousselet
Ms Dianne Foy	Dr Paul Ryan
Mr David Gould	Ms Karen Turner
Mrs Jane Grant	Ms Michelle Wailes
Mr Graham Haddock OBE	Angela Wallace

IN ATTENDANCE

Mr Andrew Baillie		Depute Programme Director, Major Projects, Property and Capital Planning
Ms Denise Brown		Director of Digital Services
Ms Sandra Bustillo		Director of Communications and Public Engagement
Ms Chloe Cowan		Senior Research and Innovation Manager
Mr David Coyle		Senior Communications Officer
Ms Beth Culshaw		Chief Officer, West Dunbartonshire HSCP
Dr Scott Davidson		Deputy Medical Director, Acute Services
Ms Sandra Devine		Director of Infection Prevention and Control
Ms Kim Donald		Corporate Services Manager Governance/Board Secretary
Mr John Donnelly		Programme Director, Major Projects, Property and Capital Planning
Ms Gillian Duncan		Corporate Executive Business Manager
Mr William Edwards		Chief Operating Officer, Acute Services

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Mr Tom Kelly	Head of Adult Services, Learning Disability and Recovery, East Renfrewshire HSCP
Ms Jacqueline Kerr	Interim Chief Officer, Glasgow City HSCP
Ms Christine Lavelle	Senior Communications Officer
Ms Christine Lavery	Chief Officer, Renfrewshire HSCP
Ms Claire MacArthur	Director of Planning
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Mr Derrick Pearce	Interim Chief Officer, East Dunbartonshire HSCP
Professor Colin McKay	Deputy Medical Director, Corporate
Ms Kate Rocks	Chief Officer, Inverclyde HSCP
Mrs Louise Russell	Secretariat Manager (Minutes)
Professor Tom Steele	Director of Estates and Facilities
Ms Ann Traquair-Smith	Director of Diagnostics
Ms Susan Walker	General Manager, Regional Services
Mr Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office

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92.	Welcome and Apologies		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the August 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 Ms Mehvish Ashraf, Ms Ketki Miles, Cllr Robert Moran and Mr Charles Vincent.</p> <p><u>NOTED</u></p>		
93.	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>		

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94.	Minute of Meeting held on 25 June 2024		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 25 June 2024 [Paper No. NHSGGC(M)24/03] presented for approval and on the motion of Ms Michelle Wailes seconded by Ms Margaret Kerr, the Board were content to accept the minutes of the meeting as a complete and accurate record.</p> <p><u>APPROVED</u></p>		
95.	Matters Arising		
	<p>The Board considered the 'Rolling Action List' [Paper No. 24/57] presented for approval. The following was noted:</p> <p>Three actions closed and one ongoing,</p> <ul style="list-style-type: none"> - <u>Minute No 41</u>. The work to incorporate the Complex Care data into the performance report remained ongoing. It was anticipated there would be an update on this at the October Board Meeting. - <u>Minute No 53</u>. The Full Business Case for the relocation of the Radionuclide Dispensary was on the agenda for today's meeting and this item was closed. - <u>Minute No 70</u>. The Public Health Screening Report had been brought forward to February on the Board's Annual Cycle of Business and 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>		
96.	Chair's Report		
	<p>The Chair took the opportunity to welcome the six new Board Members who had joined the Board in July - Mr Brian Auld, who was also taking on the role of Whistleblowing Champion; Ms Libby Cairns, Mr Martin Cawley; Ms Cath Cooney; Ms Lesley McDonald, who would also leading on IJB work; and Ms Karen Turner.</p> <p>Since the last Board meeting in June, the Chair attended two meetings with other Board Chairs and the Cabinet Secretary which had a particular focus on the health and wellbeing agenda and delayed discharges.</p>		

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	<p>The Chair had taken over as Chair of the Glasgow Centre for Population Health, had attended their Board Meeting and had also met with staff to discuss their plans going forward.</p> <p>The Chair had opened the annual Equality, Diversity, and Inclusion Learning Event and, along with Mrs Grant and the Director of Human Resources and Organisational Development, had heard about important work ongoing across the organisation to ensure a supportive and positive environment for everyone. This had been an extremely uplifting session with a commitment to concentrate on being allies and calling out concerns.</p> <p>The Board had also held a joint training session with NHS Lanarkshire's Board on Islamophobia which had been extremely enlightening in increasing understanding and awareness of the issues. The Chair and the Chief Executive had also attended an event celebrating South Asian Heritage month where they had heard three excellent speakers.</p> <p>The Chair had also visited Glasgow Dental Hospital with Ms Jenny Minto MSP, Minister for Public Health and Women's Health.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
97.	Chief Executive's Report		
	<p>Mrs Jane Grant, Chief Executive, said that she had attended the usual internal meetings which had a particular emphasis on managing performance and the financial position. The senior team had also spent some considerable time preparing for the Public Inquiry hearings.</p> <p>Mrs Grant had also worked closely with the HSCP Chief Officers in relation to the financial and delayed discharges position, and she welcomed Mr Derrick Pearce who had been appointed as Interim Chief Officer for East Dunbartonshire HSCP.</p> <p>Mrs Grant had taken part in the events as described by the Chair and said that she found the joint Seminar with NHS Lanarkshire thought provoking. Mrs Grant and the senior team had met individually with the new Non Executive Board Members to understand their position and begin the process of working productively together.</p>		

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	<p>Nationally, Mrs Grant continued to support the 2024/25 pay negotiations as well as the implementation of the non-pay elements of the 23/24 pay deal. 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. Mrs Grant had also attended a further meeting of the national Planning and Delivery Board.</p> <p>In late July, Mr John Burns, National Chief Operating Officer, and his team had come to NHSGGC for the summer engagement meeting which had been a constructive discussion covering a wide range of local and national issues.</p> <p>Mrs Grant, along with the Director of Public Health, had attended a visit from Public Health Scotland who had been very positive about the work within NHSGGC, especially in relation to the vaccination programme. Along with the Chief Operating Officer, Mrs Grant hosted a visit from the Cabinet Secretary to the Emergency Department at the Royal Alexandra Hospital which had provided an opportunity to see all the positive work there and also hear directly from staff about some of the challenges. There had also been a visit from Ms Jenny Minto MSP to the neonatal unit at the Queen Elizabeth University Hospital in relation to Best Start.</p> <p>Finally, Mrs Grant advised that the Medical Director, Dr Jennifer Armstrong, would be retiring later in the year and she was pleased to announce that Dr Scott Davidson had been appointed as her successor. Mrs Grant thanked Dr Armstrong for her contribution to the Board.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
98.	Patient Story		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on Supported Mealtimes.</p> <p><u>NOTED</u></p>		

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99.	Communications and Public Engagement Update August 2024		
	<p>The Board considered the Communications and Public Engagement Update August 2024 [Paper 24/85] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.</p> <p>Ms Bustillo reported that NHSGGC had reached a significant milestone with 10,000 stories shared via Care Opinion. The Board noted the feedback received from Mr Fraser Gilmore, Executive Director and Head of Care Opinion Scotland, on the success of this milestone and noted that this was a testament to the hard work of staff and services.</p> <p>Ms Bustillo highlighted that engagement with the community on the Mental Health Strategy had commenced. A series of events were being held in August and September for members of the public to share their views on the future of mental health services across NHSGGC.</p> <p>Support was being provided for the establishment of a Maternity Voices Partnership (MVP) for NHSGGC to develop a collaborative approach with parents, service users, representatives and healthcare professionals. Maternity services, with support from the Patient Experience and Public Involvement Team, had also formalised their relationship with the third sector into a Third Sector Maternity Voices Group, providing a space for those advocating on behalf of women and babies.</p> <p>There was an ongoing focus on sustainability and improving the current financial position. A new campaign had been launched in collaboration with Pharmacy Services to assist the public and staff to make the correct decisions when ordering and disposing of medicine.</p> <p>As part of an ongoing commitment to communicating effectively with all staff, a communications audit of all channels was underway. The response had been positive so far and responses highlighted that Core Briefs were effective. A full analysis would be completed in due course and the outcome of the audit would be used to inform and further develop internal channels.</p> <p>In response to a question regarding whether there had been any communication with MP's following the election to introduce them to the Board, the Board noted that quarterly meetings were held with the</p>		

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	Chair and Senior Management and, in addition, all MP's and MSP's received a weekly update report.		
	The Board were content to note the update.		
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100.	Board Activity Update		
	<p>The Board considered the Board Activity Update [Paper 24/86] 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 previous Board meeting in June 2024. A Board Seminar was held on 30th July. This was a joint session between NHSGGC and NHS Lanarkshire. The focus of the seminar was '<i>Islamophobia</i>' and was facilitated by colleagues from the British Islamic Medical Association (BIMA). A Board Briefing was held on 6th August which provided an update on the 2024/25 Finance Plan.</p> <p>As previously agreed, Board Standing Committees entered a "Governance Light" position throughout July due to the demands on the organisation in preparing for the next set of Scottish Hospital Inquiry Hearings.</p> <p>Board Member inductions were underway following the appointment of seven new Board Members. The Board noted that discussions were ongoing regarding Board visibility work and research, and an update was anticipated at the September Board Seminar.</p> <p>Board Member bus tours were due to commence across each of the sites and it was agreed further detail would be added to the October paper.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		Secretary

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101.	Finance, Planning and Performance Committee		
	a) <u>Chair's Report of meeting held on 6 August 2024</u>		
	<p>The Board considered the Chair's Report of the meeting held on 6 August 2024 [Paper 24/87] presented by the Chair of the Committee, Margaret Kerr, for assurance.</p> <p>Ms Kerr highlighted that a number of business cases were reviewed, which were on today's Board Agenda for discussion.</p> <p>The Board were assured by the report.</p> <p><u>NOTED</u></p>		
	b) <u>Approved Minute of meeting held on 11 June 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 11 June 2024 [ASC(M)24/03] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>		
102.	IJB Leads Reports		
	a) <u>East Dunbartonshire</u>		
	<p>The Board considered the East Dunbartonshire IJB Report [Paper 24/88] presented by Mr Derrik Pearce, Interim Chief Officer, East Dunbartonshire HSCP.</p> <p>Mr Pearce noted that discussions were mainly focussed on the HSCP Annual Performance Report 2023/24 and a report on Hospital Delayed Discharges. Thanks were extended to Ms Jacqui Forbes and Mr Ian Ritchie who had stood down from non-exec Board roles within NHSGGC having served the full amount of time allowed.</p> <p><u>NOTED</u></p>		

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	b) <u>East Renfrewshire</u>		
	<p>The Board considered the East Renfrewshire IJB Report [Paper 24/89] presented by Mr Tom Kelly, Head of Adult Services, Learning Disability and Recovery, East Renfrewshire HSCP. The main areas of discussion included the Annual Performance Report, with discussions held regarding focus areas for the year ahead. The August meeting was held in person and was attended by new members Ms Cath Cooney and Mr Martin Cawley. The previous chair, Ms Anne-Marie Monahan, and Ms Jackie Kerr were thanked for their hard work over the last 8 years.</p> <p><u>NOTED</u></p>		
	c) <u>Glasgow City</u>		
	<p>The Board considered the Glasgow City IJB Report [Paper 24/90] presented by Mr Paul Ryan, NHSGGC Non Executive Lead.</p> <p>One of the main areas for discussion included the financial position and transfer of funds to reserves. An additional IJB meeting would take place to discuss “Hospital at Home”.</p> <p><u>NOTED</u></p>		
	d) <u>Inverclyde</u>		
	<p>The Board considered the Inverclyde IJB Report [Paper 24/91] presented by Mr David Gould, NHSGGC Non Executive Lead and Vice Chair of Inverclyde IJB.</p> <p>Mr Gould reported that a two year financial plan had been agreed. He noted that as at the end of August, 70% of savings had been achieved. A significant month on month reduction in Delayed Discharges had been noted and learning shared with other IJBs.</p> <p><u>NOTED</u></p>		
	e) <u>Renfrewshire</u>		
	<p>The Board considered the Renfrewshire IJB Report [Paper 24/92] presented by</p> <p>The Board noted that Delayed Discharges performance was in a positive position. The IJB discussed key developments and</p>		

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	operational activity, and noted that there would be a continued focus on longer term sustainability.		
	Ms Christine Laverty, Chief Officer, Renfrewshire, provided an update on a national group that had been established, Collaborative Response and Assurance Group (CRAG), which had oversight from the Cabinet Secretary. The focus of the group was to reduce Delayed Discharges across Scotland. Weekly meetings were held and attended by Cabinet Secretary Chairs.		
	<u>NOTED</u>		
	f) <u>West Dunbartonshire</u>		
	<p>The Board considered the West Dunbartonshire IJB Report [Paper 24/93] presented by Ms Michelle Wailes, Chair, West Dunbartonshire.</p> <p>The paper provided an update on key items of discussion at the June 2024 meeting and a further meeting held last week. Key items of discussion included financial performance and challenges ahead. The IJB received an update on discussions in relation to the redesign of the Homecare service. Discussions remained ongoing regarding improving the Delayed Discharge performance. There had been a significant reduction, however the challenges and risk in maintaining performance were noted.</p> <p>The IJB received the MSK Annual Report. The report would be submitted to CMT and the link to the report was available on the IJB website.</p> <p><u>NOTED</u></p>		
103.	NHSGGC Finance Report		
	<p>The Board considered the NHSGGC Finance Report [Paper 24/94] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil presented the month 3 position as at 30th June 2024. He reported an overspend of £34.9 million with the majority of this attributed to unachieved savings of £23.4m and a pay and non-pay overspend of £11.5m. Mr Neil reported that Acute Services were overspent by £11.2m and corporate areas were overspent by £600,000 total. The partnerships combined pay and non-pay were</p>		

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	<p>breaking even, however, Mr Neil reported that utilisation of reserves was required to achieve this position.</p> <p>In terms of the Sustainability and Value, £18.4m had been achieved on a full year recurring basis. On an in year basis (recurring and non-recurring) £129.3m had been achieved. Mr Neil reported that there were forecast pipeline savings of £142.8m against the £226.9m challenge. He noted that £40.2m had been identified on a recurring basis, however highlighted that significant work was required to progress mitigating the full level of financial challenge.</p> <p>The total capital expenditure incurred at month 3 was £6.8m. Mr Neil noted that £31.1m (53%) 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 was going well. He noted that £1m of the budget was still available to be allocated against capital projects and this would be progressed through the normal governance route.</p> <p>The forecast had been reviewed and based on the month 3 position there was no change to the forecast deficit of £48.3m, however Mr Neil emphasised that the month 3 outturn was beyond the anticipated trajectory.</p> <p>In summary, Mr Neil highlighted that progress was being made in the first quarter, with 63% of savings in place. However, there were challenges ahead for the year, given the number of priorities the Board were facing. He reported that meetings continued to take place with the IJBs to closely monitor the financial position. The Board were assured that work remained ongoing to source further opportunities to mitigate pressures.</p> <p>In response to a question regarding the underlying reasons for salary and prescribing overspends, the Board noted the use of bank staff as a result of vacancies, however, this would be rectified come October when newly qualified nurses commenced in post. The use of junior locums, predominantly in Clyde, Band 3 rotas and sickness absence were also having an impact. The Board received assurance that work remained ongoing to reduce spend in these areas. In relation to prescribing overspend, the Board noted that supply chain and availability of drugs were having an impact and formed a large part of the overspend. With regards to medicine wastage, the Board noted that a publicity campaign had been launched and work was also taking place with Pharmacy leads to monitor and track prescribing and engagement with GP's was taking place in relation to realistic medicine. The clinical risks in relation to polypharmacy were also</p>		

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	<p>recognised. The Board were content to note the work that was taking place in relation to prescribing of medicines.</p> <p>The Board were assured by the report provided.</p> <p><u>NOTED</u></p>		
104.	Radionuclide Full Business Case		
	<p>The Board considered the Radionuclide Full Business Case [Paper 24/95] presented by Professor Tom Steele, Director of Estates and Facilities, for approval.</p> <p>Professor Steele provided an overview of the work that had been carried out in relation to the relocation of the Radionuclide Dispensary Unit, currently based at the Western Infirmary site. The current site lacked the necessary capacity to accommodate evolving service demands and confront operational obstacles. It was, therefore, proposed that following an appraisal of options that the Radionuclide Dispensary Unit was relocated to the Gartnavel site as a preferred option. This would provide a contemporary facility, capable of fulfilling production needs safely while integrating technological advancements. The Board noted that planning consent and an early stages building warrant had been approved. If approved, the case would be submitted to the Scottish Government Capital Investment Group in September, with the intention of work commencing on site in October 2024 and completion of the project expected in May 2026. The Board received assurance that various discussions had taken place with NHA Assure and the Scottish Government and that robust governance was in place.</p> <p>In response to a question regarding whether any associated risks would have potential cost increases and whether they would sit with NHSGGC or the Contractor, the Board received assurance that a fixed priced had been agreed, therefore, any risks would be transferred to the private sector.</p> <p>In response to a question regarding whether capacity of the service was used by NHSGGC, the Board noted that it was predominately used by NHSGGC and that would remain the same. The Board were assured that future demands had been incorporated into the build. Following consideration, the Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		

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105.	Transformation of Specialist Neurosciences, OMFS and Spinal Injuries Services in the West of Scotland – Pre OBC – Economic Case		
	<p>The Board considered the Transformation of Specialist Neurosciences, OMFS and Spinal Injuries Services in the West of Scotland – Pre OBC – Economic Case [Paper 24/96] presented by Professor Tom Steele, Director of Estates and Facilities, for approval.</p> <p>Professor Steele outlined the process that had been undertaken to identify a preferred option following approval of the Initial Agreement by the Board in April 2022 and the Scottish Government in March 2023.</p> <p>Mr John Donnelly, Programme Director, Major Projects, Property and Capital Planning, provided a presentation which included an overview of the site and the populations served. He noted that the preferred option had been identified as Option 1 - Single New Build. This option provided optimum clinical adjacencies within INS facilities, it scored highest in stakeholder engagement, and had the lowest cost of the options that meet the project requirements. An overview of the project costs, including targeted investment, were provided. The Board noted that the INS service was used regionally and nationally, therefore loss of service would have a detrimental impact across Scotland.</p> <p>In response to a question regarding the intention for vacated buildings, the Board noted that a wider infrastructure study was being carried out, therefore, the outcome of the study would determine whether buildings were demolished or repurposed. The Board were also assured that increasing demand on services had been incorporated during the design state and the options included future adaption.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
106.	Area Clinical Forum		
	a) <u>Chair's Report of meeting held on 15 August 2024</u>		
	The Board considered the Chair's Report of the meeting held on 15 August 2024 [Paper 24/97] presented by the Chair of the Committee, Dr Lesley Rousselet, for assurance.		

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	<p>Dr Rousselet highlighted key areas of discussion, which included an update on the Primary Care Strategy and updates from Subcommittees on any specific issues.</p> <p>The Board were assured by the report.</p> <p><u>NOTED</u></p>		
	b) <u>Approved Minute of meeting held on 13 June 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 13 June 2024 [ASC(M)24/03] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>		
107.	NHSGGC Board Performance Report		
	<p>The Board considered the NHSGGC Board Performance Report [Paper 24/98] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil provided summary of the key highlights and noted that overall performance had been positive. The Child and Adolescent Mental Health Services (CAMHS) performance continued to exceed the national target of 90%. Similarly, performance in relation to starting a Psychological Therapy under 18 weeks of referral also continued to exceed the national target for June 2024. Mr Neil reported that performance in relation to patients accessing Podiatry Services under 4 weeks continued to exceed the national target of 90%. Acute activity in relation to new outpatient appointments, endoscopies and TTG remained on track and currently exceeded the planned position for the period April to June 2024. There were no new outpatients waiting over 78 weeks, therefore the target was met for June 2024. The number of patients waiting for an endoscopy test remained ahead of the planned position for June 2024.</p> <p>Mr Neil reported that performance in relation to the percentage of cancer patients treated within 31 days was 95.8%. This continued to exceed the national target of 95% for the second consecutive month. Whilst performance in relation to the Cancer 62 Day waiting times reported an improvement on the previous month's position, increasing from 65.6% in May 2024 to 66.1% in June 2024, overall performance remained challenged. However, he highlighted that performance</p>		

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	<p>should be seen in the context of the significant increase in Urgent Suspicion of Cancer referrals. Overall compliance with the A&E four hour waits saw a reduction on the previous months' position and performance remained below the 70% target and the national target of 95%, however performance was in line with the overall national trend. The Board discussed the redirection work underway across Flow 1 and 2 pathways. The number of acute delayed discharges reported in June 2024 was 295 and performance continued to remain challenging in this area. A new trajectory for delayed discharges was in the process of being reviewed and Delayed Discharges in relation to Mental Health would continue to be monitored separately. This would include a Scottish Government target and a stretch target.</p> <p>Mr Neil highlighted the MSK Physiotherapy Service waiting times performance in terms of percentage of patients seen over 4 weeks had decreased compared to the previous months' position, however performance remained significantly below target as focus continued on reducing the longest waiting times.</p> <p>With regards to sickness absence, the Board received assurance that support was available to staff, for example Cognitive Behaviour Therapy and Psychological Services. Members also noted that staff had access to money management advice and counselling services.</p> <p>In response to a question regarding access to the Forth Valley Treatment Centre, the Board were advised that a number of referrals had been made and it was anticipated that procedures would be carried out in September/October 2024.</p> <p>The Board discussed the data in relation to waiting times and were assured that a whole systems approach was being taken and deep dive reports would be provided to each relevant committee for scrutiny and oversight.</p> <p>The Board were assured by the report provided.</p> <p>NOTED</p>		
108.	Healthcare Associated Infection Report		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 24/99] 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>		

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	<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 May and June 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.</p> <p>Ms Devine reported that Clinical Risk Assessment compliance was 90% for CPE and 87% for MRSA in the last validated reporting quarter. The standard was 90%. In Quarter 1, NHS Scotland reported compliance of 78% and 79% respectively. Unvalidated compliance results for Quarter 2 indicated that GGC compliance was 89% for CPE and 87% for MRSA. GGC would continue to work towards achieving 90% for both.</p> <p>The Board's cleaning compliance and Estates compliance were both over 95% for May and June 2024. Hand hygiene audit was 96% each month. The Board noted that a dedicated person, usually a Senior Charge Nurse, would be responsible for auditing compliance. A selection of audits would be picked out and re-audited in line with Healthcare Improvement Scotland's recommendations. The Board received assurance that supervisors were not responsible for auditing their own wards.</p> <p>Ms Devine reported that COVID continued to have an impact on delivery of services. There were 417 positive patients and 7 ward closures.</p> <p>In response to a question regarding the rationale to close wards due to COVID, the Board noted that although the Board were not experiencing the same level of cases as previous years, the virus could still have devastating impacts. The variants of COVID would continue to be monitored and the risks managed appropriately.</p> <p>The Board noted that national SSI surveillance was paused in 2020 and remained paused. The Scottish Government planned to implement an e-health solution for IPC surveillance, however this was not expected to be implemented in the near future. Therefore, review of the current system of local surveillance was devolved to each local sector team.</p> <p>The Board were assured by the report provided.</p> <p><u>NOTED</u></p>		

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109.	Medium Term Plan Update		
	<p>The Board considered the Medium Term Plan Update [Paper 24/100] presented by the Medical Director, Dr Jennifer Armstrong. Dr Armstrong introduced Ms Claire MacArthur, Director of Planning, who provided an overview of the paper.</p> <p>The paper provided an update on the progress in delivering the three year NHSGGC Medium Term Plan (MTP) 2023-2026. The key deliverables contained within the plan were aligned to 10 areas of recovery consistent with the areas of recovery utilised as a framework for the Annual Delivery Plan 2023/34 and the Delivery Plan in 2024/25.</p> <p>Ms MacArthur provided an update on the notable progress and achievements against the original key three year MTP deliverables. This included implementation of the call before conveying the model.</p> <p>The pathways had been implemented for the Scottish Ambulance Service, Care Homes and Falls. This had led to approximately over 400 less presentations to the Emergency Department per month. Ms MacArthur reported that the high discharge rate for the Flow Navigation Centre had been maintained at an average of 44%.</p> <p>Ms McArthur reported on the key priorities for planned care, noting that work remained ongoing to reduce waiting times and increase efficiencies. In response to a question regarding what measures were being taken in relation to the workforce wellbeing, Mrs Anne MacPherson, the Director of Human Resources and Organisational Development, reported that this linked to the Staff Health Strategy and assured the Board that there were expert support processes in place, for example the NHS charities had provided funding to support emergency financial support for staff.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		
110.	Moving Forward Together – Clinical Vision and Roadmap		
	<p>The Board considered the Moving Forward Together – Clinical Vision and Roadmap [Paper 24/101] presented by the Medical Director, Dr Jennifer Armstrong. Dr Armstrong introduced Ms Claire MacArthur, Director of Planning, who provided a short overview of the paper.</p>		

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	<p>The Board noted that the 'Clinical Vision' and 'Clinical Roadmap' had been developed to set out the next key steps in the Implementation of the 'Moving Forward Together' Clinical Strategy. The paper highlighted the significant engagement with staff, patients and the public including feedback from more than 5,000 people.</p> <p>The paper provided an update on expansion of virtual capacity, including an increase in 'virtual bed' capacity which had a positive impact on hospital occupancy and supported an improved flow through the hospital.</p> <p>In response to a question regarding a focus on better health for children, the Board received assurance that a large amount of work takes place across the service, including mother and toddler sessions. Paediatric work had taken place with the Flow Navigation Centre and further work would be taken forward as part of the digital work. It was agreed that strategies and work relating to children could be better grouped together on the NHSGGC website.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		Ms Bustillo
111.	Research and Innovation Strategy		
	<p>The Board considered the Research and Innovation Strategy [Paper 24/102] presented by the Medical Director, Dr Jennifer Armstrong, for approval.</p> <p>The paper provided an overview of the NHSGGC Research and Innovation Strategy 2024-2029. The Board noted the key achievements of 2023, including a 30% increase in recruitment of patients to commercial trials.</p> <p>One of the main objectives of the Strategy was to embed research within NHSGGC and ensure staff had the opportunity and support to undertake research and innovation.</p> <p>In response to a question in relation to equality and ensuring that participation was equally balanced, with gender balanced/ representative groups, the Board received assurance that work was carried out closely with research designers to ensure stratification was balanced. The Board were also advised that work would take place to promote patient and public engagement and inclusive</p>		

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			Action
	participation in research and innovation, including improving access in underserved groups.		
	The Board were content to approve the Strategy.		
	<u>APPROVED</u>		
112.	Autumn/Winter Vaccination Update		
	The Board considered the Autumn/Winter Vaccination Update [Paper 24/103] presented by the Director of Public Health, Dr Emilia Crighton, for awareness.		
	The Board noted the awareness raising activities for the Autumn/Winter vaccine programme and were supportive of the delivery plan.		
	<u>NOTED</u>		
113.	Staff Governance Committee		
	a) <u>Chair's Report of meeting held on 13 August 2024</u>		
	The Board noted the Chair's Report of the meeting held on 13 August 2024 [Paper 24/104] provided for assurance.		
	<u>NOTED</u>		
	b) <u>Approved Minute of meeting held on 21 May 2024</u>		
	The Board considered the approved minute of the meeting held on 21 May 2024 [ASC(M)24/02] presented for assurance.		
	The Board were assured by the minute.		
	<u>NOTED</u>		
114.	Whistleblowing Annual Report 2023/24		
	The Board considered the Whistleblowing Annual Report 2023/24 [Paper 24/105] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.		

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	<p>Ms Bustillo reported that performance for Stage 1 complaints remained consistent at 100% for cases closed within 10 working days. She highlighted that there remained challenges to meet the 20 working day target for Stage 2 cases due to the complex nature of the concerns. The Board noted that the outcomes for Stage 3 outcomes were published on the NHSGGC website.</p> <p>The Board noted that the “Speak Up” campaign would run from 30th September to 4th October and publicity of the campaign was being supported.</p> <p>The Board noted that from 1st July 2024, Mr Brian Auld took on the role of Board Whistleblowing Champion, previously held by Mr Charles Vincent. The Board welcomed Mr Auld and thanked Mr Vincent for the work carried out during his 4 year tenure as Whistleblowing Champion.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		
115.	Board Member Responsibilities		
	<p>The Board considered the Board Member Responsibilities [Paper 24/106] presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for assurance.</p> <p>The paper provided an update on Board Membership. The paper described the proposed Non-Executive Board membership of the Board’s Standing Committees and the six local IJBs. The Board noted that the Chief Executive, Mrs Jane Grant, had replaced Ms Dianne Foy on the Glasgow City IJB. The Board received assurance that this was a temporary measure and had been discussed with the Chair, Councillor Chris Cunningham prior to being agreed.</p> <p>Work was underway to agree Committee Vice Chairs and it was agreed the paper would be brought back to the October meeting confirming nominations.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		Secretary

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DRAFT TO BE RATIFIED

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116.	Board Annual Cycle of Business 2024/25		
	<p>The Board considered the Board Annual Cycle of Business [Paper 24/107] 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.</p> <p>The Board noted that one change had been proposed in relation to the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC). The Board noted that this had still to go through Committee, therefore would be rescheduled.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
117.	Pharmacy Practices Committee – Decision		
	<p>The Board noted the minute of decisions taken at the Pharmacy Practice Committee on 20 June and 24 July 2024 for awareness.</p> <p><u>NOTED</u></p>		
118.	Date and Time of Next Scheduled Meeting		
	<p>The Chair highlighted that this would be Dr Jennifer Armstrong's, Medical Director, last Board Meeting. The Board extended their gratitude to Dr Armstrong for her contribution to the Board and wished her well in her retirement.</p> <p>The next meeting would be held on Tuesday 28 October 2024 at 9.30 am via MS Teams.</p> <p><u>NOTED</u></p>		