

NHSGGC (M) 23/05
Minutes: 77-99

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held on Tuesday 29 August 2023 at 9.30 am
via Microsoft Teams**

PRESENT

Professor John Brown CBE (in the Chair)

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

IN ATTENDANCE

Mr Alan Best	Interim Head of Health and Community Care, Inverclyde HSCP
Ms Denise Brown	Director of Digital Services
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Sandra Bustillo	Director of Communications and Public Engagement
Dr Martin Culshaw	Deputy Medical Director, Mental Health and Addictions
Dr Scott Davidson	Deputy Medical Director, Corporate
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary
Ms Gillian Duncan	Corporate Executive Business Manager (Minute)
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Carolyn Low	
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Dr Rebecca Metcalfe	Non-Executive Board Member (designate)
Ms Susanne Millar	Chief Officer, Glasgow City HSCP
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP
Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP

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Professor Tom Steele		Director of Estates and Facilities
Ms Elaine Vanhegan		Director of Corporate Services and Governance
Mr Scott Wilson		Senior Business and Delivery Manager, Chief Executive's Office

			ACTION BY
77.	Welcome and Apologies		
	<p>The Chair, Professor John Brown, welcomed those present to the August 2023 meeting of NHS Greater Glasgow and Clyde Board. The Chair also welcomed Dr Rebecca Metcalfe who would be joining the Board on 1 September 2023. He also advised that this would be the last meeting for Mr Simon Carr whose term as a Board Member would end on 31 August 2023.</p> <p>The meeting combined members joining via video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were reminded to observe the online meeting protocol - microphones should remain on mute until invited to speak, the virtual hands up function should be used when wishing to contribute and members should refrain from using the chat function.</p> <p>The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers. He reminded members of the public that the virtual hands up function should not be used and they should remain on mute throughout the meeting.</p> <p>The Chair noted the agenda would focus on the progress being made towards achieving the four Corporate Aims – Better Health, Better Care, Better Value and Better Workplace. The Chair advised that there were a number of important items for consideration today including the Mental Health and the Environmental Sustainability Strategies, the Whistleblowing Annual Report and the Active Governance update.</p> <p>The Chair suggested that those presenting should assume that Board Members have read the papers, and presentations should be concise with only key issues highlighted.</p> <p>Apologies were recorded on behalf of Professor Iain McInnes.</p> <p><u>NOTED</u></p>		
78.	Declarations of Interest		

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	<p>The Chair invited members to declare any interests in any of the matters being discussed.</p> <p>Ms Foy declared a potential conflict with the Mental Health Strategy item as she sat on the board of an organisation that was largely funded through that route. The Chair said that as the discussion would not be around funding or specific organisations this would not be a conflict.</p> <p>The Chair reminded Board Members of the requirement to keep their details updated on the Register of Interests and that they should notify any changes to Ms Kim Donald, Board Secretary, and the Chair by email.</p> <p><u>NOTED</u></p>		
79.	Minute of Previous Meeting		
	<p>The Board considered the minutes of the NHS Greater Glasgow and Clyde Board Meetings held on 27 June 2023 [Paper NHSGGC (M) 23/03] and 30 June 2023 [Paper NHSGGC (M) 23/04] and on the motion of Mr Alan Cowan, seconded by Mr Charles Vincent, the Board were content to accept the minutes of the meetings as a complete and accurate record.</p> <p><u>APPROVED</u></p>		
80.	Matters Arising		
a)	Rolling Action List		
	<p>The Board considered the paper 'Rolling Action List' [Paper No. 23/52].</p> <p>The Board were content to accept the recommendation that 3 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>		
81.	Chair's Report		
	<p>The Chair advised the Board that he had attended and contributed to a wide range of governance meetings since the previous Board Meeting. These included the Acute Services</p>		

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	<p>Committee (ASC), the Finance Planning and Performance Committee (FPPC), the Remuneration Committee and the Board Seminar on the Communications and Engagement Strategy.</p> <p>Since the last meeting, he had also chaired the recruitment panel for the Director of Public Health post and, on behalf of the NHS Board, formally congratulated Dr Emilia Crighton on her appointment as NHSGGC Director of Public Health.</p> <p>Earlier this month, the Chair and Professor Wallace joined Michael Mathieson MSP, the Cabinet Secretary for NHS Recovery, Health & Social Care, on a visit to the Gorbals Health Centre where they met with staff and patients of the Long Covid Service. He said they had been very impressed by the work that had gone into designing and building the new service and were looking forward to seeing it develop and expand as more about the effects of this illness were learned over the longer term.</p> <p>Mr Ritchie had deputised at the August meeting of the Board Chairs Group and at the meeting that followed with the Cabinet Secretary. The Chair invited Mr Ritchie to provide feedback about those meetings. Mr Ritchie reported that there had been discussions about the continuing challenges facing the NHS around finances, recovery and performance. There had also been discussions about mental health and drug deaths and Mr Ritchie noted that the latest published drug deaths figures for Glasgow had shown some improvement and emphasised the good work being undertaken.</p> <p>Finally, the Chair said that he had also spend some time since the last meeting on the external governance review of NHS Forth Valley.</p> <p>The Chair handed over to the Chief Executive for her update following which he would invite any questions or comments from Board Members.</p> <p><u>NOTED</u></p>	
82.	Chief Executive's Report	
	<p>Mrs Grant advised that she continued to participate in routine meetings which covered a range of issues and she had also attended the Board's governance committees, as noted by the Chair, and two Board Seminars.</p> <p>Mrs Grant said that she had attended a number of national meetings, including the Innovation Design Authority which was</p>	

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	<p>seeking to incorporate innovation into the health service. She had also attended the Best Start national event and the Best Start Programme Board along with the Scottish Perinatal Network. Mrs Grant had also attended pay review implementation meetings, the Scottish Terms and Conditions and Management Steering Group meetings, as well as meetings with Board Chief Executives and the Scottish Government. Mrs Grant had chaired the Regional Cancer Advisory Group and the West of Scotland Chief Executives meeting where a wide range of areas of common interest had been discussed</p> <p>Mrs Grant had visited Dykebar Hospital with the Chief Operating Officer, Acute Services, and other Directors where there had been interesting discussions with the local team. She had also visited the QEUH maternity unit and learned of the new initiatives that were being implemented. Mrs Grant had also hosted a visit by the Cabinet Secretary to Inverclyde Royal Hospital and Glasgow Royal Infirmary where the local teams demonstrated some of the work that they were undertaking.</p> <p>Along with the Chief Operating Officer and Director of Finance, Mrs Grant had attended two sessions with General Managers and Clinical Services Managers about the future development of this group of staff who are critical to service delivery.</p> <p>Mrs Grant and other Director colleagues had also attended the national winter summit where they heard about the experiences of other systems to help ensure that NHSGGC was best placed to address the winter pressures.</p> <p>Mrs Grant said that everyone would have seen from the media the tragic set of circumstances at the Countess of Chester Hospital and our thoughts are with the parents and families of her victims as well as the staff as they work through the aftermath of these appalling crimes. Mrs Grant acknowledged that it was important to learn from such events and while she believed that robust clinical governance management was in place in NHSGGC, a review of processes across the whole system would be undertaken which would be presented to the Clinical and Care Governance Committee in due course. Additionally, the Cabinet Secretary for NHS Recovery, Health and Social Care, had written to all NHS Boards on 25 August 2023 seeking reassurance that the existing processes and systems for the early identification, reporting and robust timely investigation of patient safety concerns within NHS Scotland were fully effective. This included consideration in respect of patient outcomes and data, as well as escalation processes, whistleblowing and staff governance including wellbeing and culture. The outputs of the commissioned</p>	

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	<p>review would be considered by the Clinical and Care Governance Committee (CCCG).</p> <p>In response to a query about how issues of concern triggered a discussion at Board level, Professor Brown said that part of the review would be on how risk was managed and the governance around this and he invited Dr Armstrong to outline the current process. Dr Armstrong provided assurance that there were clear governance structures in place to manage and investigate concerns across the organisation and while the tragic case in Chester was extraordinarily rare it was right to take the opportunity to review the process. Dr Armstrong provided an overview of the clinical governance structures that were in place in NHSGGC to ensure concerns were reported and investigated with any learning shared across the system. She also outlined the specific processes that were in place in neonatal services and reported that NHSGGC was not an outlier in the national neonatal death figures that were due to be published shortly.</p> <p>Mr Vincent, the Board’s Whistleblowing Champion, added that in addition to the primary route of governance, staff could also utilise the whistleblowing process to report concerns and encouraged people to use this if they felt something was not right.</p> <p>In response to a query about supporting staff, Mrs MacPherson acknowledged that this case had been upsetting for individuals and said that additional support had been offered to staff.</p> <p>Board Members agreed that it was important for all NHS Boards to reflect on this and welcomed the report to the CCCG.</p> <p><u>NOTED</u></p>		
83.	Patient Story		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation which described the Podiatry Service. It included comments from a Podiatrist and one of the users of the service on the positive impact of the service.</p> <p>The Chair said it was a great example of care in the community and patient centred care and highlighted the work of Allied Health Professionals.</p> <p><u>NOTED</u></p>		
84.	Population Health and Wellbeing Committee		

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a)	Chair’s Report of Meeting held on 4 July 2023		
	<p>The Board considered the paper ‘Chair’s Report of Meeting held on 4 July 2023’ [Paper No. 23/53] presented for assurance by Rev John Matthews, Chair of the Committee.</p> <p>Rev Matthews said the Committee had considered the Harm Reduction Strategy and the significant work being undertaken to focus on prevention. Dr Crighton added that it was encouraging to see the trend in drug deaths improving and added that there had been a recent meeting with the Cabinet Secretary for Drugs where the initiatives underway in NHSGGC had been shared.</p> <p>In response to a query about alcohol death figures and the disproportionate effect on more deprived communities coupled with the effect of the cost of living crisis on health inequalities, Dr Crighton said that work was underway with the Area Alcohol and Drug Partnerships to provide support in communities and to individuals</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>		
b)	Approved Minute of Meeting held on 18 April 2023		
	<p>The Board considered the paper ‘Approved Minute of Meeting held on 18 April 2023’ [PHWB(M)23/02] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><u>NOTED</u></p>		
85.	Acute Services Committee		
a)	Chair’s Report of Meeting held on 18 July 2023		
	<p>The Board considered the paper ‘Chair’s Report of Meeting held on 13 June 2023’ [Paper No. 23/54] presented for assurance by Mr Ian Ritchie, Chair of the Committee.</p> <p>Mr Ritchie said that acute services worked extremely hard to provide care for patients at all times while dealing with the challenges of increasing demand.</p> <p>In response to a query, Mrs MacPherson provided assurance that staff had been supported to remain in Scotland and NHSGGC</p>		

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	<p>had therefore not lost many staff as a result of Brexit. She also advised that applicants coming through the system were monitored and there had not been a reduction in applications from non-EU nationals for both nursing and medical professions. She said that turnover had stabilised and NHSGGC was looking forward to welcoming over 700 Newly Qualified Nurses and Midwives across Acute and Mental Health.</p> <p>In response to a query about NHS24 performance, Mr Edwards said that a representative from NHS24 would be attending the next meeting of Acute Services Committee to outline the initiatives they have to support Boards and improve patient flow through the urgent care system. Mrs Grant has also had discussions with the Chief Executive of NHS24 around improving dialogue between their senior team and NHSGGC Acute Services.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>		
b)	Approved Minute of Meeting held on 16 May 2023		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 16 May 2023' [ASC(M)23/03] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><u>NOTED</u></p>		
86.	Area Clinical Forum		
a)	Chair's Report of Meeting held on 17 August 2023		
	<p>The Board considered the paper 'Chair's Report of Meeting held on 17 August 2023' [Paper No. 23/55] presented for assurance by Dr Lesley Rousselet, Chair of the Committee.</p> <p>Dr Rousselet said that the Area Clinical Forum (ACF) had continued to demonstrate the benefit of a multidisciplinary forum with a presentation on care homes and a discussion on CAMHS both of which had provided the opportunity for useful updates from practitioner groups on how they provided care in these services.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>		

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b)	Approved Minute of Meeting held on 8 June 2023		
	<p>The Board considered the paper 'Approved Minute of Meeting held on 8 June 2023' [ASC(M)23/03] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><u>NOTED</u></p>		
87.	NHSGGC Board Performance Report		
	<p>The Board considered the paper 'NHSGGC Board Performance Report' [Paper No. 23/56] presented for assurance by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported that the position at June 2023 had been positive overall. The number of patients waiting over 52 weeks for a new outpatient appointment and the number of TTG patients waiting over 78 weeks were on track and exceeding the planned trajectory for the reporting period. Overall, performance in mental health delayed discharges remained challenging but the number of delays had reduced in the period.</p> <p>Compliance with access to psychological therapies was at 88.2% for June 2023 which was an improvement on the previous month and only slightly below the national target. The number of CAMHS patients appointed within 18 weeks of referral was at 92.3% which was an increase on the previous month and exceeded the planned position for June. Cancer 31 day performance had been at 93.9% which was a marginal improvement, however, 62 day cancer performance remained challenging at 62% for June which was slightly down on the previously reported position. A&E performance had been 73.5% which was up on the previous month but below target and the overall number of delayed discharges remained challenging.</p> <p>In response to a query about winter challenges, Mr Edwards said that hospital occupancy remained high and although performance had continued to improve over the summer enabling some flexibility coming into the winter period he acknowledged that this would be a challenging time. Mrs Grant added that there was considerable work underway looking at reducing bed days and delayed discharges, as well as ensuring people were treated in the most appropriate service, for example, minor injuries units. Mrs Grant added that this was also reviewed through the Strategic Executive Group (SEG) and Corporate Management Team (CMT).</p>		

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	<p>Professor Wallace said that the Board Seminar dedicated to Delayed Discharges would be a good opportunity to review the situation. Ms Millar added that from an HSCP perspective, performance tracking was a complex process and they had worked with Professor Wallace, Mr Edwards and the team to try and identify what good performance would look like, acknowledging the importance of focusing on the patient journey and further understanding of this would be provided at the upcoming Seminar.</p> <p>In response to a query around cancer performance, Mr Edwards said that 62 day performance was reviewed on regular basis, however, the number of referrals had increased significantly than before COVID and there was work underway to build in capacity for this growing demand. There were also a number of actions underway focusing on urology and colorectal cancer which had been described previously and the expectation was that performance should start to improve now that these had been implemented, however, this was a complex issue as there were many steps in the patient pathway including diagnostics, scopes and outpatients.</p> <p>The Chair thanked Mr Neil for the update and the Board were content to note the report.</p> <p><u>NOTED</u></p>	
88.	Healthcare Associated Infection Report	
	<p>The Board considered the paper ‘Healthcare Associated Infection Report’ [Paper No. 23/57], presented for assurance by Professor Angela Wallace, Director of Nursing.</p> <p>Professor Wallace invited Ms Sandra Devine to provide a brief overview of the current position, Ms Devine reported on the Annual Operational Plan targets. She said that Staphylococcus Aureus Bacteraemia (SAB) rates remained within expected limits E.coli Bacteraemia (ECB) rates remained within normal control limits limits and improvement continued to be supported locally. There had been 21 Clostridium Difficile Infections (CDI) in June, which was slightly above the aim of 17 per month, and this had been closely monitored with no evidence of cross transmission being identified. Clinical Risk Assessment (CRA) compliance had been 90% for CPE and 89% for MRSA in quarter one. She said there had been close working with clinical teams to promote the message in newsletters and face-to-face interactions.</p>	

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	<p>The Board were content to note the report.</p> <p><u>NOTED</u></p>	
89.	A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 - 2028	
	<p>The Board considered the paper ‘A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 - 2028’ [Paper No. 23/58] presented for approval by Ms Susanne Millar, Chief Officer, Glasgow City HSCP.</p> <p>Ms Millar said this was a high level Strategy embedded in Moving Forward Together and invited Dr Culshaw to provide a presentation which highlighted progress across multiple areas in the previous strategy and updated recommendations to reflect the impact of COVID, the recovery and renewal agenda and the changes to national policy. He also said the scope of the strategy had been widened to take account of the rest of the ‘family’ of mental health services and their associated strategies. The refreshed Strategy reiterated the aim to shift the balance of care by enhancing community mental health service provision which would involve working collaboratively with provider organisations and the independent sector and coproducing community models with service users and carers. Dr Culshaw also provided a brief overview of the workstreams and developments that were outlined in the paper and set out the key implementation priorities.</p> <p>Ms Millar said the next steps would be progress across the various workstreams overseen by the Mental Health Strategy Programme Board; developing a phased implementation plan and financial framework; and discussions with the Communications Team and Healthcare Improvement Scotland to develop stakeholder engagement.</p> <p>In response to a query about funding particularly for services to be provided by the third sector, Ms Millar said that the financial framework had looked at where resource could be shifted with support from Mr Neil and his team. She said that there was a draft financial framework covering 5 years but this would be reviewed frequently to make any necessary adjustments and account for external factors. She said that the third sector would be invested in through the Strategy. Mr Neil added that the financial landscape was challenging even without changes, and</p>	

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	<p>the costs of the services should be able to be met from the shift in the balance of care. He said that there would be a review of learning and a look forward at each stage.</p> <p>In response to a query about capacity in the third sector, Ms Millar said that they had been working in partnership with the third sector for some time and part of the aspiration had come from third sector in terms of their own skills and experience while acknowledging the importance of supporting and developing capacity. Ms Murray added that in learning disabilities 5 or 6 key providers were working alongside HSCPs to create a network to develop capacity, created joint post, with lots of collaborative commissioning going on and positive work going on, although she highlighted they also have recruitment issues.</p> <p>In response to a query about forensic mental health services, Mrs Grant said that work was ongoing with the Scottish Government and colleagues in NHS Lothian and the State Hospital on the forensic estate across Scotland but it would be several months before there was any output from that. It was agreed that an update would be provided to the Population Health and Wellbeing Committee when this was available.</p> <p>Ms Millar said that that the phasing of the Strategy would be managed operationally through the Mental health Programme Board that had representation from six HSCPs, clinical and management leadership and was supported by planning and through the MFT programme Board and Board governance structures. She also said that there would be significant ongoing engagement with service users and their families. She said the phasing was over 5 years but it was difficult to predict how long each of the stages would be.</p> <p>In response to a query about the pharmacy transformational change, Dr Culshaw said that much of this was up and running already and was about sharing tasks across CMHT staff groups and developing and using the skills of the pharmacy workforce.</p> <p>In response to a query about Community Link Workers and whether the Scottish Government top-up funding provided to date would be continued, Ms Millar said that any impact would not be known until funding announcements but she confirmed that the tender for 2024/25 enabled the value of the contract to be increased should that be confirmed.</p> <p>The Board were content to approve the Strategy.</p> <p><u>APPROVED</u></p>	<p>Ms Millar</p>

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90.	Finance Planning and Performance Committee		
a)	Chair’s Report of Meeting held on 1 August 2023		
	<p>The Board considered the paper ‘Chair’s Report of Meeting held on 18 April 2023’ [Paper No. 23/59] presented for assurance by Ms Margaret Kerr, Chair of the Committee.</p> <p>Ms Kerr said that the Committee had a wide remit and the agendas covered a number of significant issues. She reported that Delayed Discharges formed part of the discussion at every meeting due to their impact across the system and that was where the action to broaden this out to a Seminar discussion had been agreed.</p> <p>In response to a query about the consultation on Out of Hours Services, Ms Bustillo reported that she had met with Healthcare Improvement Scotland (HIS) who had confirmed that the proposed arrangements had not fulfilled the criteria for major service change. However, HIS had asked to continue to work with NHSGGC on engagement and there had continued to be positive meetings around this. She reported that the materials were in the process of being tested with members of the public and patients with a view to launching the consultation in a few weeks.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>		
b)	Approved Minute of Meeting held on 18 April 2023		
	<p>The Board considered the paper ‘Approved Minute of Meeting held on 13 June 2023’ [FPPC(M)23/03] presented for assurance.</p> <p>The Board were content to note the minute.</p> <p><u>NOTED</u></p>		
91.	Audit and Risk Committee		
a)	Chair’s Report of Meeting held on 27 June 2023		
	<p>The Board considered the paper ‘Chair’s Report of Meeting held on 27 June 2023’ [Paper No. 23/60] presented for assurance by Ms Michelle Wailes, Chair of the Committee.</p>		

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	<p>Ms Wailes said that this was a very short report of the additional meeting of the Committee that had taken place to endorse the annual accounts which had subsequently been approved by the Board on 30 June 2023. The Chair said that there had been significant work undertaken to resolve this in time for the 30 June 2023 deadline and extended his thanks to everyone involved.</p> <p>The Board were content to note the report</p> <p><u>NOTED</u></p>		
92.	IJB Board Reports		
	<p>The Board considered the paper 'IJB Board Reports' [Paper No. 23/61] presented for assurance by the Non-Executive Board Member IJB Leads and the Chair invited the Leads to provide a brief highlight from each of the reports.</p>		
	<p>a) <u>East Dunbartonshire HSCP</u></p> <p>Ms Forbes said that this was a comprehensive report and highlighted that Ms Michelle Dalgarno had won a leadership award from the RCN. She also highlighted the good grades and good reports for Care at Home Service, grade 5, Services for children at risk of harm, grade 4 good. The Chair asked Ms Forbes to pass on the Board's congratulations to Ms Dalgarno.</p>		
	<p>b) <u>East Renfrewshire HSCP</u></p> <p>Ms Monaghan highlighted the positive joint inspection of adult support and protection. She also noted that the savings recovery renewal programme was under significant financial pressure. Ms Monaghan also provided assurance that delayed discharges were always on the agenda for the IJB and they were constantly looking at how to reduce these.</p>		
	<p>c) <u>Glasgow City HSCP</u></p> <p>Mr Carr said that the as well as the financial challenges, the homeless person situation in Glasgow was extremely difficult and could have a serious impact across the system. Cllr Cunningham added that allowances for foster carers had been an issue which the IJB was concerned about but was pleased to report that it had been announced that the Scottish Government were setting national standards which would result in an improvement in allowances paid to foster carers.</p>		

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	<p>d) <u>Inverclyde HSCP</u></p> <p>Mr Cowan presented the reports from the previous two meetings of the IJB. As well as a number of financial papers, there had been a 6 month update on the Primary Care Improvement Plan, a report on the workforce action plan, approved proposals for additional resources to sustain the Care and Support at Home Service and an update report on unscheduled care which provided assurance on activity.</p>	
	<p>e) <u>Renfrewshire HSCP</u></p> <p>Rev Matthews reported that there had been a number of senior management changes and recruitment was underway. He said that there had been some nursing homes that had to decant their populations and this had gone smoothly.</p>	
	<p>f) <u>West Dunbartonshire HSCP</u></p> <p>Ms. Sweeney said the MSK Physiotherapy Service Annual Report had been cleared at the IJB and it would now be going to the CMT and then the FPPC.</p>	
	<p>The Board were content to note the reports.</p> <p><u>NOTED</u></p>	
93.	NHSGGC Finance Report	
	<p>The Board considered the paper 'Finance Report' [Paper No. 23/62], presented for assurance by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil presented the month 3 position to the end of June 2023. He said that the NHSGGC was reporting an overspend of £33.67 million with the majority of this attributed to unachieved savings which accounted for just over £23 million of the total. He said that the HSCPs were reporting a broadly breakeven position, however this had incorporated the use of reserves. He reported that there had been good work in reducing premium rate agency costs and NHSGGC and was on track to reach the 100% reduction target by the end of October.</p> <p>In terms of the Savings and Value Programme (SVP) in year, recurring and non-recurring savings of just under £58 million had been achieved which was behind the trajectory. The total capital expenditure incurred to the end of June was £14.9 million which</p>	

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	<p>was 15% of the plan. He said that 59% of the total capital allocation had firm orders or incurred spend.</p> <p>Mr. Neil said that overall, at month 3 the forecast deficit had reduced to £53.3 million predominantly as a result of sustainability funding and receipt of new medicines funding which was non-recurring. Therefore, while there had been some improvement the challenge remained to increase the level of recurring and non-recurring savings.</p> <p>The Chair thanked Mr. Neil and said it had been good to bring the Board more detail on the extent of the challenges faced.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>	
94.	Sustainability Strategy	
	<p>The Board considered the paper ‘Sustainability Strategy’ [Paper No. 23/63], presented for approval by Professor Tom Steele, Director of Estates and Facilities.</p> <p>Professor Steele said that the Strategy set out NHSGGC’s interpretation and response to the climate emergency, supporting Scottish Government policy requirements. He said that this was a 5 year approach illustrating the scale of climate change and reaching net zero and would align with other strategies. He said that this was an ambitious Strategy that would require the support of the whole system and they would continue to work with the Communications Team to engage with staff</p> <p>In response to a query, Professor Steele said that it was acknowledged that a significant percentage of NHSGGC’s asset base had been built some time ago and while it would be challenging to make this more efficient it was a significant opportunity to do so. Professor Brown said it would be helpful to have some further work around this as the programme moved forward.</p> <p>In response to a query about the net zero target, Professor Steele said that the endeavor would be to reach the 2040 position as quickly as possible. In response as to whether there could be a trajectory mapping this over the next decade, while this would be challenging it was agreed to look at the overall Strategy in conjunction with the Clinical Infrastructure Strategy to see if it was possible to do this.</p>	<p>Prof Steele</p>

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	The Board were content to approve the Strategy noting that it would develop over time and be kept under review by the relevant Committee. <u>APPROVED</u>		
95.	Staff Governance Committee		
a)	Chair’s Report of Meeting held on 22 August 2023		
	The Board considered the paper ‘Chair’s Report of Meeting held on 22 August 2023’ [Paper No. 23/64] presented for assurance by Ms Ann Cameron-Burns, Co-Chair of the Committee. Ms Cameron-Burns said that the Staff Governance Committee (SGC) had received presentations from East Renfrewshire HSCP and the eHealth Directorate looking at iMatter and the Staff Health Strategy as well as a presentation on helping support staff through health and wellbeing. The Committee had also received the workforce plan annual update and discussed commissioning a more in-depth look at the 5 staff governance standards at some point. The Board were content to note the report. <u>NOTED</u>		
b)	Approved Minute of Meeting held on 23 May 2023		
	The Board considered the paper ‘Approved Minute of Meeting held on 23 May 2023’ [SGC(M)23/01] presented for assurance. The Board were content to note the minute. <u>NOTED</u>		
96.	Whistleblowing Annual Report		
	The Board considered the paper ‘Whistleblowing Report’ [Paper No. 23/65], presented for assurance by Ms Elaine Vanhegan, Director of Corporate Services and Governance. Ms Vanhegan said that the report had significant scrutiny before being presented to the Board at CMT and the ARC and was also reviewed at SGC in light of the linkages. She said that in terms of performance, the number of Stage 1 cases responded to within target was 100%. Stage 2 had been challenging as these cases		

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	<p>were more complex and it was more important to ensure these were investigated appropriately. Ms Vanhegan also reassured Board Members that all whistleblowers were updated on progress while their cases were being investigated. Mr Vincent added that there had been a discussion with the INWO about Stage 2 performance and assurance had been provided that quality was more important than timescale as long as the responses were being completed in a timely fashion.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>		
97.	Implementing the Active Governance Approach		
	<p>The Board considered the paper 'Implementing the Active Governance Approach' [Paper No. 23/66], presented for assurance by Ms. Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms. Vanhegan said that the paper presented the active governance action plan for the rest of the 2023/24 year. She said that the operational priorities had been considered at the Board Seminar in May and these had been aligned to the delivery plan actions which had been submitted at the end of July. She said that the Short Life Working Group had met and the user requirement developed for Board level information was presented in the paper. She said that she was seeking assurance to the overall approach acknowledging that there would be some further refinement with the plan being to implement the full Assurance Framework by the end of the financial year.</p> <p>In response to a query about whether the operational priorities could be set earlier in the year, the Chair said that we usually waited until the Scottish Government set out the priorities for the Annual Delivery Plan but Dr Armstrong would think about whether a first draft of these could be produced earlier.</p> <p>The Board were content to approve the Framework.</p> <p><u>APPROVED</u></p>		
98.	Annual Cycle of Business		
	<p>The Board considered the paper 'Annual Cycle of Business' [Paper No. 23/67] presented for approval by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p>		

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	The Board were content to approve the Annual Cycle of Business.		
	<u>APPROVED</u>		
99.	Date of Next Meeting		
	The next meeting of the Board would be held on Tuesday 31 October 2023 at 9.30 am via MS Teams.		
	The Chair advised that this would be Mr Simon Carr’s last meeting as his second term as a Board Member would come to an end on 31 August 2023. The Chair said that Mr Carr was a highly regarded Board Member who had brought a wide range of skills and experience to his contributions not only at the NHS Board meetings but also at Standing Committees and Integration Joint Boards. He added that Mr Carr was well-liked and respected by his colleagues and would greatly missed. On behalf of the Board and the Executive Leadership Team, the Chair thanked Mr Carr for his significant contribution to NHSGGC and wished him well in his future endeavours.		