

NHSGGC (M) 23/02
Minutes: 22-48

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held on Tuesday 25 April 2023 at 9.30am
via Microsoft Teams**

PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Martin McCluskey
Ms Mehvish Ashraf	Cllr Collette McDiarmid
Cllr Jacqueline Cameron	Cllr Michelle McGinty
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Simon Carr	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 Paul Ryan
Ms Dianne Foy	Mr Francis Shennan
Mr David Gould	Ms Rona Sweeney
Mrs Jane Grant	Mr Charles Vincent
Mrs Margaret Kerr	Ms Michelle Wailes
Rev John Matthews OBE	Professor Angela Wallace

IN ATTENDANCE

Professor Julie Brittenden	Director of Research and Innovation (Item 14)
Ms Denise Brown	Interim Director of e-Health
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Sandra Bustillo	Director of Communications and Public Engagement
Dr Scott Davidson	Deputy Medical Director - Acute Services
Ms Gillian Duncan	Corporate Executive Business Manager
Mr William Edwards	Chief Officer, Acute Services
Mr Andrew Gibson	Chief Risk Officer (Item 21)
Mr Graham Haddock	Observing
Ms Alison Hardie	Secretariat Manager (Minute)
Ms Christine Laverty	Chief Officer, Renfrewshire HSCP
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Mr Neil McSeveny	Senior Media Relations Officer
Ms Rebecca Metcalfe	(Observing)
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP
Mr Iain Paterson	Corporate Services Manager - Compliance
Ms Kate Rocks	Chief Officer, Inverclyde HSCP

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Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Professor Tom Steele	Director of Estates and Facilities
Ms Elaine Vanhegan	Director of Corporate Services and Governance

			ACTION BY
22.	WELCOME AND APOLOGIES		
	<p>Professor John Brown welcomed those present to the April 2023 meeting of NHS Greater Glasgow and Clyde Board.</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 online meeting protocol; microphones to remain on mute until invited to speak, use the virtual hands up function when wishing to contribute and refrain from using the chat function.</p> <p>The Chair welcomed members of the public who had taken up the invitation to attend the Board meeting, as non-participant observers. Therefore, the virtual hands up function should not be used and members of the public must 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, Better Workplace, and a review of the Research and Innovation Annual Report.</p> <p>Prof Brown noted that as part of the oversight of the end-to-end healthcare system, update reports on the work of the Integration Joint Boards would be received.</p> <p>The Chair suggested that the Executives assume that the Board Members have read the papers, and presentations should be concise and only key issues highlighted.</p> <p>Apologies were intimated on behalf of Professor Iain McInnes and Dr Lesley Rousselet.</p> <p>NOTED</p>		
23.	DECLARATIONS OF INTEREST		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p>		

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	The Chair reminded Board Members of the requirement to keep details updated on the Register of Interests, and advise notification of any changes to Ms Kim Donald, Board Secretary and the Chair, by email.		
	<u>NOTED</u>		
24.	MINUTE OF PREVIOUS MEETING		
	The Board considered the minute of NHS Greater Glasgow and Clyde Board Meeting held on 28 February 2023 [Paper NHSGGC (M) 23/01] and on the motion of Rev John Matthews, seconded by Mr Ian Ritchie, the Board were content to accept the draft minute of the meeting as complete and accurate subject to the following amendments:		
	<u>Minute No 137 - NHSGGC Performance Report</u>		
	Dr Armstrong advised that the various actions being completed by the Health Boards across Scotland would be submitted directly to the Realistic Medicine Policy Unit for evaluation and not via the Central Legal Office. The Minute to be edited accordingly.		
	<u>Present at the meeting on 28 February 2023</u>		
	<ul style="list-style-type: none"> • Ms Mehvish Ashraf, Cllr Jacqueline Cameron, Mr Simon Carr, and Cllr Katie Pragnell to be added as present at the meeting • Ms Elaine Vanhegan to be noted as in attendance • Mr Alan Cowan to be deleted as present at the meeting 		
	<u>APPROVED</u>		
25.	MATTERS ARISING		
a)	ROLLING ACTION LIST		
	The Board considered the paper 'Rolling Action List' [Paper No. 23/14].		
	The Board were content to accept the recommendation that four actions were closed.		
	There were no other matters arising noted.		
	<u>APPROVED</u>		

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26.	CHAIR'S REPORT	
	<p>Professor Brown advised the Board that he had attended and contributed to a wide range of governance meetings since the February Board Meeting. These included the Acute Services Committee, the Population Health and Wellbeing Committee, the Finance Planning and Performance Committee and the Remuneration Committee.</p> <p>Prof Brown had also met with the IJB Leads Network and had regular conversations with the Vice Chairs with regards to the challenges faced by NHSGGC. Prof Brown also led the March Board Seminar where the NHS Scotland Blueprint for Good Governance (2nd edition) was discussed.</p> <p>Both Prof Brown and Mrs Grant attended two meetings with Mr Michael Mathieson MSP, the new Cabinet Secretary for NHS Recovery, Health and Social Care.</p> <p>Prof Brown attended the Board Chairs Group meeting where discussions focussed primarily on how NHS Boards were responding to the challenges currently faced by the NHS.</p> <p>Prof Brown hosted a visit by Mr Humza Yousaf, the new First Minister, to the Gorbals Health and Social Care Centre. The discussion focussed on what more could be done to improve the delivery of health and social care.</p> <p>Prof Brown advised that he had completed the recruitment process for two new Board Members, and was pleased to note that Mr Graham Haddock OBE will join May 2023. Mr Haddock will fill the vacancy created by Ms Susan Brimelow's departure. Prof Brown also noted that, in anticipation of Mr Simon Carr's departure in September 2023, Dr Rebecca Metcalfe will join the Board later this year.</p> <p>Prof Brown highlighted the announcement of their appointment and noted that both Mr Haddock and Dr Metcalfe were experienced and highly regarded clinicians. Prof Brown confirmed that the number of clinicians on the Board will sit at eight, and noted his confidence that the clinical resource will help to deliver good clinical governance at Board level moving forward.</p> <p>Prof Brown noted that he had been spending more time on the external governance review of NHS Forth Valley and expected that the work would continue until June 2023.</p> <p>NOTED</p>	

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27.	CHIEF EXECUTIVE’S REPORT		
	<p>Mrs Grant advised that she continued to participate in routine meetings covering a wide range of issues with the Scottish Ambulance Service, the Sustainability and Value Board, the Best Start national group and attended governance Committees as noted by the Chair.</p> <p>Mrs Grant met with Chief Officers and Chief Finance Officers from the HSCPs and noted that these meetings would continue throughout the year.</p> <p>Mrs Grant attended a meeting with the National Innovation Design Authority to find out more about innovation across the NHS.</p> <p>Together with Mrs Anne MacPherson, Director of Human Resources and Organisational Development, Mrs Grant attended the National Strategic Portfolio Board to discuss the Digital Agenda.</p> <p>Mrs Grant noted her external visits to Clydebank Health and Care Centre, the Gorbals Heath and Care Centre, the Renal Transplant Unit at Queen Elizabeth University Hospital (QEUH) and the Mental Health Assessment Unit at Leverndale Hospital with Ms Susanne Millar, Chief Officer, Glasgow City HSCP and commended the excellent team and patient centred approach.</p> <p>Mrs Grant also advised the Board of meetings with Mr John Burns, Chief Operating Officer, NHS Scotland, the Scottish Parliament’s Health & Sport Committee, and noted a successful day with the CMT focussing on the Moving Forward Together programme.</p> <p>The Chair thanked Mrs Grant for her continued dedication and commitment to her role as the Board’s Chief Executive.</p> <p><u>NOTED</u></p>		
28.	PATIENT STORY		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation which described Mr Andy Ward’s journey following a stroke.</p>		

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	<p>The Chair thanked all who participated in the video presentation and noted this account was a great example of both patient centred care and how NHSGGC was embracing technology.</p> <p><u>NOTED</u></p>		
29.	POPULATION HEALTH AND WELLBEING COMMITTEE		
a)	Chair’s Report of meeting held on 18 April 2023		
	<p>The Board considered the paper ‘Chair’s Report of the Meeting held 18 April 2023’ [Paper No. 23/15] presented by Rev John Matthews, Chair of the Committee.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
b)	Approve Minute of the Meeting held on 18 January 2023		
	<p>The Board considered the paper ‘Approved Minute of the Meeting held 18 January 2023’ [PHWB(M)23/01].</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>		
30.	COVID-19 Update		
	<p>The Board considered the paper ‘COVID-19 Update’ [Paper No. 23/16] presented by Dr Emilia Crighton, Interim Director of Public Health.</p> <p>Dr Crighton highlighted the Office for National Statistics (ONS) Coronavirus (COVID-19) Infection Survey, noting the prevalence of COVID in the community. Dr Crighton advised that the survey had now been discontinued and as a result recent estimates of community prevalence were not available, but noted that inpatient data would be available from hospital admissions.</p> <p>Dr Crighton confirmed that the Spring Booster campaign was ongoing.</p> <p>In response to the question to incorporate the COVID-19 updates within NHSGGC’s standard reports, as opposed to submitting a</p>		

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	<p>separate report, Mrs Grant suggested that this would be kept under review.</p> <p>In response to the question on the slow uptake levels of staff immunisation, Dr Crighton advised that vaccinations were readily available in the Vaccination Clinics and work was ongoing with the Area Partnership Forum.</p> <p>The Board noted the update.</p> <p>NOTED</p>		
31.	ACUTE SERVICES COMMITTEE		
a)	Chair’s Report of meeting held on 21 March 2023		
	<p>The Board considered the paper ‘Chair’s Report of meeting held on 21 March 2023’ [Paper No. 23/17] presented by Mr Ian Ritchie, Chair of the Committee.</p> <p>Mr Ritchie highlighted the good outcome from the Inverclyde Royal Hospital unannounced Healthcare Improvement Scotland (HIS) Inspection.</p> <p>Mr Ritchie referred to the A&E Attendance Research and noted the interesting results, to date, from the evaluation of the Emergency Department usage in NHSGGC. Prof Brown commented that the Cabinet Secretary had noted interest in this piece of work as NHSGGC tried to understand and manage demand. Mr Ritchie confirmed that follow up from the A&E Attendance survey would be presented to the NHSGGC Board, when available.</p> <p>In response to the question on NHS24 directing patients to the most appropriate services and awareness of the level of waiting times, Prof Brown advised that research on this matter was being considered to determine the root cause of why people turn up at A&E as opposed to Minor Injuries Units, and how best to target resources. Mr William Edwards, Chief Officer, Acute Services, added that re-directing and signposting patients was being monitored across all sites in an effort to maximise opportunities, and regular dialogue with NHS24 and other services was ongoing.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		

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b)	Approved minute of meeting held on 17 January 2023		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 17 January 2023' [ASC(M)23/01].</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>		
32.	CLINICAL AND CARE GOVERNANCE COMMITTEE		
a)	Chair's Report of meeting held on 07 March 2023		
	<p>The Board considered the paper 'Chair's Report of meeting held on 07 March 2023' [Paper No. 23/18] presented by Dr Paul Ryan, Chair of the Committee.</p> <p>Dr Ryan highlighted the management of significant adverse events, learning from Patient Experience, and recognised the impressive work noted within the Care Home Annual Report 2022-23.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
b)	Approved minute of meeting held on 06 December 2022		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 06 December 2022' [CCGC(M)22/04].</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>		
34.	NHSGGC BOARD PERFORMANCE REPORT		
	<p>The Board considered the paper 'NHSGGC Board Performance Report' [Paper No. 23/19] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil highlighted performance in relation to the number of CAMHS patients seen <18 weeks of referral was 85.3% which continued to exceed the planned position for the sixth consecutive month. Access to Psychological Therapies, 86.1%, remained within the projected position above 85% but below the national target of 90%, and GP Out of Hours shifts that remained open</p>		

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	<p>continued to exceed the 90% target. A considerable improvement in the Cancer 31 day waiting times performance, 94.9%, was noted.</p> <p>In response to the question on the expected timeline to reach the local 62 day target, Mr Edwards advised planned actions were in place to increase capacity and resources, and cited a sufficient number of colonoscopies were being carried out to screen for colorectal cancer, scopes capacity had increased to 600 per month and the bowel screening programme had increased its capacity to 4,200 per month.</p> <p>Mrs Grant noted the need to consider all targets, and advised that cancer pathways were very complex and multi-faceted such as capacity within theatre and outpatient departments, and noted that it was important not to underestimate the additional challenge caused by the increase in referrals to the Urology Service. Mrs Grant assured members that the 62 day target was a priority.</p> <p>In response to the question if the revised pension arrangements were being communicated to GPs and if these had any impact on the number of GPs taking additional GP Out Of Hours (OOH) shifts, members were advised that information on pension changes from 01 April 2023 were being communicated in Core Brief, on the Scottish Public Pension Agency (SPPA) website, through Medical Directors in the Management Steering Group, and it was noted that a recent survey carried out reported that the issue was not just about pay but hours of work.</p> <p>Mrs Anne MacPherson, Director of Human Resources and Organisational Development, noted that there had been no significant change in the uptake of GP OOH shifts to date. Mrs MacPherson added that regular communications were ongoing with Ms Christine Lavery, the Lead in Primary Care for GP OOH but there had been no suggestion that the revised pension arrangements would make a difference, and noted that the main issue being cited was the pressure of managing the In Hours at GP Practices.</p> <p>It was agreed that an update on Primary Care would be discussed at the Finance Planning and Performance Meeting scheduled for 13 June 2023 and a subsequent paper would be brought to a future Board Meeting.</p> <p>With regards to the scope targets, Mr Edwards assured members that the mobile Endoscopy Units continued to operate at full capacity that included weekends, and noted the need to insource</p>	<p>Ms Lavery</p>

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	<p>and advised that work was ongoing to encourage colleagues to sign up.</p> <p>In response to the question if the target of 90% to access Cancer Services was set at an acceptable level, and how this target translated to the clinical outputs of patients, Dr Armstrong advised that clinicians perform triage on each patient and then refer to the appropriate service. Dr Armstrong assured members that all variables were being looked at and clinical outcomes were being monitored continually by type and case.</p> <p>Dr Emilia Crighton, Director of Public Health, added that work was ongoing with Glasgow University research colleagues to look at the different cancers, the stages of cancers and to develop the science around these.</p> <p>It was discussed whether there was a significant relationship between the number of individuals attending A&E and the reducing number of new outpatients waiting for a new outpatient appointment. Mr Edwards assured the Committee that weekly meetings were being held to monitor and measure unscheduled care and occupancy rates, and discuss how to reduce the length of stay, time of day discharge and redirection as appropriate. He noted that COVID numbers and bed closures in the wards in the last six months proved the greatest challenge.</p> <p>Dr Davidson assured members that internal targets were monitored on a regular basis, and added that the pathway using the Continuous Flow Model was moving people out of the A&E department, increased performance and early discharge supported by the Home for Lunch campaign and other initiatives.</p> <p>In response to the question on when the number of delayed discharges, particularly in mental health, would likely reduce, Prof Angela Wallace, Director of Nursing, assured members that actions were in place to deal with the challenges and mental health discharges were looked at singly and collectively.</p> <p>Ms Christine Laverty, Chief Officer, Renfrewshire HSCP, noted that mental health delayed discharges were very complex and generally relied on independent providers to meet the needs of residential care. Ms Laverty assured members that great efforts were being made to meet the needs of the individual such as sourcing accommodation close to the person's home to retain links to their home town and making visiting easier for the family. She added that resources and intelligence were being shared between the six HSCPs.</p>	

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	<p>Ms Julie Murray, Chief Officer, East Renfrewshire HSCP, referred to the Coming Home Implementation Report and noted the new approach was providing a slight improvement in general delays although individuals with learning disabilities, whilst small numbers, were experiencing lengthy delays. She added that although less patients were being admitted the cases were more complex.</p> <p>The Chair noted a discussion with Professor Jason Leitch, National Clinical Director of the Scottish Government (SG), on the findings from research that had shown that as a result of COVID and lockdown, the NHS system was having to cope with an increase in elderly people who had become more frail and required longer lengths of stay in hospital, and there was a need for increased support for patients whose mental health had been affected.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>	
35.	HEALTHCARE ASSOCIATED INFECTION REPORT	
	<p>The Board considered the paper 'Healthcare Associated Infection Report' [Paper No. 23/20], presented by Professor Angela Wallace, Director of Nursing.</p> <p>Prof Wallace highlighted the positive report received from Healthcare Improvement Scotland's unannounced inspection to Gartnavel Royal Hospital on 18 January 2023 on Infection Prevention and Control, and noted the reduction in the E. coli performance against the target.</p> <p>In response to the question on why 96% compliance with hand hygiene in the hospital setting, Prof Wallace advised that rigorous observational testing was in place, spot checks and unannounced inspections, and additional training was being carried out to support compliance and reinforce hand hygiene.</p> <p>With regards to the increased ECB rates, 53 in January and 62 in February 2023, above the aim of 38 or less per month, Prof Wallace advised that the incidence of ECB was increasing across the UK. Prof Wallace explained that the focus on the avoidable ECBs continued across NHSGGC in particular to reduce urinary catheter infections.</p>	

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	<p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>	
36.	RESEARCH AND INNOVATION ANNUAL REPORT	
	<p>The Board considered the paper ‘Research and Innovation Annual Report’ [Paper No. 23/21] presented by Prof Julie Brittenden, Research and Innovation Director.</p> <p>Prof Brittenden advised on the outstanding research and innovation infrastructure and expertise noted within the presentation.</p> <p>Prof Brittenden referred to the West of Scotland Innovation Hub, noting the 42 projects in collaboration with industry and academia, and the external funding secured.</p> <p>Prof Brittenden referred to the post pandemic research recovery and NHSGGC’s Non-COVID and COVID recruitment of 400 plus studies, and noted the reduction in commercial activity. She advised that the number of patients with cancer entering clinical trials in Greater Glasgow and Clyde (GGC) had increased in 2022 with ~50% of trial activity at the early CTIMP phase. Dr Jennifer Armstrong, Medical Director added that the use of artificial intelligence was showing how e-Health can transform the health service.</p> <p>Prof Brittenden noted NHSGGC was the leading centre in Scotland administering licensed CAR-T cell products.</p> <p>Prof Brittenden advised on the current and future benefits of iCAIRD Chest XR Triage in acute settings, emergency medicine, and noted NHSGGC as the 2022 recipient of Holyrood’s Connect Data Driven Innovation Award.</p> <p>Prof Brittenden referred to the greater potential for research and innovation integration, such as the project in prostate cancer being led by Dr Gareth Bryson.</p> <p>She noted some of the benefits of the Remote Asynchronous Clinical Video Service such as saving patient travel time, reducing children’s absence from school.</p> <p>The Chair commended the time and energy invested in the studies and the 7,500 patients participating in the Scottish Trials. He noted the use of artificial intelligence in terms of triage, to reduce waiting times and improve patient care. He noted the</p>	

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	<p>work on global citizenship with the mOm Essential Incubator deployed outside the UK.</p> <p>In response to the question on potential overlap with work being carried out at the Golden Jubilee National Hospital (GJNH), Ms Murray advised that NHSGGC work in close collaboration with the GJNH. Ms Denise Brown, Interim Director of eHealth, added that a national approach was being taken to avoid the risk of duplication and overlap.</p> <p>Dr Armstrong noted that findings, expected imminently, would show that artificial intelligence brings multiple teams together and allows for better management of patients. She noted that NHSGGC had the capability and technological infrastructure in place, and consultations with the wider group of clinicians were ongoing to discuss timeframes of adoption.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>		
37.	FINANCE PLANNING AND PERFORMANCE COMMITTEE		
a)	Chair’s Report of meeting held on 18 April 2023		
	<p>The Board considered the paper ‘Chair’s Report of meeting held on 18 April 2023’ [Paper No. 23/22] presented by Ms Margaret Kerr, Chair of the Committee.</p> <p>In response to the request for an update on the advice awaited from Health Improvement Scotland (HIS) on consultation around the future of the GP OOH service. Ms Bustillo, Director of Communications and Public Engagement, responded that work had been ongoing since June 2022, HIS continued to engage with the SG, and the outcome of deliberations and agreement on a way forward awaited. Board Members agreed that Ms Bustillo would return to HIS to note concern of the length of time being taken to conclude matters.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		Ms Bustillo

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b)	Approved minute of meeting held on 07 February 2023		
	<p>The Board considered the paper ‘Approved minute of meeting held on 07 February 2023’ [FPPC(M)23/01], presented by Ms Margaret Kerr, Chair of the Committee.</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>		
38.	AUDIT AND RISK COMMITTEE		
a)	Chair’s Report of meeting held on 14 March 2023		
	<p>The Board considered the paper ‘Chair’s Report of meeting held on 14 March 2023’ [Paper No. 23/23] presented by Ms Michelle Wailes, Chair of the Committee.</p> <p>Ms Wailes highlighted the continued progress on the Internal Audit Plan and confirmed it was on track for the current financial year, and noted the progress of the new External Auditors on the annual review of the accounts.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
b)	Approved minute of meeting held on 13 December 2022		
	<p>The Board considered the paper ‘Approved minute of meeting held on 13 December 2022’ [ARC(M)22/05], presented by Ms Michelle Wailes, Chair of the Committee.</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>		
39.	NHSGGC FINANCE REPORT		
	<p>The Board considered the paper ‘Finance Report’ [Paper No. 23/24], presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil summarised a deficit position of £10.37m that included the overachievement of savings of £0.42m, pay and non-pay overspend of £10.79m, with an Acute overspend of £11.22m offset by underspends in Corporate of £0.43m, and the total</p>		

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	<p>expenditure on remobilisation and delivery of services due to COVID of £57.88m.</p> <p>Mr Neil reported on the full year effect on the Sustainability and Value Programme of £52.94m, formally achieved and processed within the financial ledger at Month 11, an improvement of £2.29m from Month 10. He advised that the Board had surpassed the stated target of £50m in recurring savings, and forecasted the year end delivery at £53.96m with a stretch target of £54.8m. If achieved, this would result in a carry forward deficit position of circa £119.7m.</p> <p>Mr Neil advised on the Capital position of £59.5m, 62% of the annual plan of £95.5m. He advised that greater rigour had been exercised and had resulted in firm orders in place or incurred spend for 94% of the total capital allocation.</p> <p>Mr Neil advised that the forecast deficit in the Finance Plan had been reduced by £78.4m, and noted the significant amount of work carried out on COVID exit planning, the core deficit and elements of expenditure. It was expected that the forecast position would breakeven at year end.</p> <p>In response to the question on how the additional costs in terms of pay and non-pay in Acute services can be managed, Mr Neil noted significant pressure on medical pay and agency spend but assured the Committee that these costs were areas of focus. Mr Edwards added that rotas were being looked at across the Acute division, caps were in place for junior doctors and nursing was being monitored with regards to the available budgeted hours.</p> <p>The Chair commended the achievement of the HSCPs to reach a balanced position and the organisation's efforts to reduce the structural deficit.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
40.	NHSGGC FINANCE PLAN 2023-24 - REVENUE		
	<p>The Board considered the paper 'NHSGGC Finance Plan 2023-24 - Revenue' [Paper No. 23/25], presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported that the Finance Plan - Revenue had been considered by the Corporate Management Team (CMT),</p>		

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	<p>approved by the Finance Planning and Performance Committee and the SG, and no changes had been requested.</p> <p>Mr Neil noted the recurring deficit as at August 2022 of £174.5m and recorded recurrent savings brought forward of £119.7m, a reduction due to the mitigating actions throughout the year.</p> <p>With regards to the deficit of £71.1m for 2023-24, Mr Neil advised on some of the cost drivers noted within the plan. Largely, the Acute Prescribing growth, inflation on Legal/Contractual obligations, inflation on amounts payable to other NHS Boards, local authorities and voluntary organisations related to SLAs, Energy and Investments. Mr Neil stated that the deficit would not be achievable in one financial year and an incremental approach was required.</p> <p>Mr Neil noted the assumptions on the baseline uplift of 2% for core and advised that this had been fully funded for 2022-23, and that the 2% uplift had been assumed for 2023-24 and 2024-25.</p> <p>Mr Neil that advised that the adult vaccination programme forecast at circa £5m had not been reflected in the plan as work was ongoing to mitigate costs and discussions with the SG continued.</p> <p>Referring to the underlying pressure with the 204 Additional Beds plus 75 at the weekend and evenings, Mr Neil noted that the overspend had not been reflected in the plan but would be brought back into line in due course.</p> <p>Mr Neil assumed that the IJBs would breakeven in 2023-24 although elements would be reliant on using reserves. He added that all IJBs had approved and plan.</p> <p>The Board were assured by the report.</p> <p><u>APPROVED</u></p>	
41.	NHSGGC FINANCE PLAN 2023-24 - CAPITAL	
	<p>The Board considered the paper 'NHSGGC Finance Plan 2023-24 - Capital' [Paper No. 23/26], presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported the plan included the three year period from 2023-24, 2024-25 and 2025-26 and noted that the estimated capital resources available for the three year period were £105.9m, £64.1m and £64.4m respectively.</p>	

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	<p>Mr Neil noted the National Formula allocation of £39.3m received for 2022-23 and referred to the additional projects funded in principle or funding has been secured from SGHSCD. He advised that funding had been allotted to the North East Glasgow Health and Care Centre. He referred to the National Infrastructure Board Equipment and noted the nil allocation and suggested that this demonstrated the challenge of the capital position.</p> <p>With regards to the Institute of Neurological Sciences Project Team, Mr Neil noted due progress and an Outline Business Case had been requested, and the relocation of the Radionuclide Dispensary had progressed to a Full Business Case.</p> <p>Mr Neil referred to the Capital Receipts and the levels expected of property disposals. He noted that any unallocated balances would be subject to the usual governance and prioritisation and matters would be discussed further at a meeting scheduled early May 2023.</p> <p>The Board were assured by the report.</p> <p><u>APPROVED</u></p>		
42.	UPDATE ON THE WORKFORCE STRATEGY		
	<p>The Board considered the paper 'Update on the Workforce Strategy' [Paper No. 23/27], presented by Mrs Anne MacPherson, Director of HR and Organisational Development.</p> <p>Mrs MacPherson confirmed the four pillars of the Workforce Strategy; Health and Wellbeing, Learning, Leaders, Recruitment and Retention.</p> <p>Mrs MacPherson reported that the primary focus was Health and Wellbeing within NHSGGC and noted the launch of the Peer Support Framework during Mental Health Awareness Week in May 2022. She advised that the framework was being delivered through three levels to demonstrate the responsibility and accountability of each employee. Work was ongoing with the eHealth team to digitalise the framework and make it more accessible to frontline staff.</p> <p>A review of staff facilities was underway in NHSGGC's large Acute sites and a number of funding applications to the Endowment Fund Management Committee had been made including to extend the on-site Rest and Recuperation hubs.</p>		

BOARD OFFICIAL
DRAFT – TO BE RATIFIED

		ACTION BY
	<p>Mrs MacPherson informed the Board that additional feedback had been received from Collaborative Conversations and iMatter, and Active Staff programmes were in place.</p> <p>Mrs MacPherson noted that commentary from staff was being received via the Speak Up Campaign and the Whistleblowing Champion. She noted that Civility Saves Lives continued to be embedded across NHSGGC.</p> <p>Mrs MacPherson highlighted the launch of NHSGGC’s Careers website February 2023. She advised that the Equality Action Plan 2022-24 was being updated the Leadership Programme for BME staff was at the final stage of review.</p> <p>On matters of Recruitment and Retention, Mrs MacPherson advised that turnover was starting to stabilise, and noted the yield across NHSGGC from the international campaigns, Reservists events and the Refugee programme.</p> <p>With regards to the pay settlement of Junior Doctors, Mrs MacPherson confirmed that the SG had started pay negotiations on 20 April 2023 and the ballot to decide on strike action would close 05 May 2023. The earliest strike action would likely take place end of May/beginning of June 2023. Mrs MacPherson advised discussions were ongoing with British Medical Association colleagues, and confirmed that contingency plans were being worked on and would be implemented, if and when required.</p> <p>In response to the question on the delayed launch of the mobile Rest and Recuperation hubs, Mrs MacPherson noted that the mobile unit was being repaired and the bus was expected to be launched in May 2023 across all community areas and areas out with the main sites.</p> <p>In response to the question on the Apprenticeship opportunities and the Graduate programme ‘Healthcare Support Worker Pre-Employment Training Programme’, Mrs MacPherson noted that she will return to the Board with information on the Apprenticeship opportunities available including any Graduate apprenticeships.</p> <p>Mrs MacPherson advised that each individual enrolled with the Apprenticeships programme would be monitored to determine the impact of the programme and the individual’s career pathway, funded by the SG. She added that funding applications to NHSGGC and the SG were being submitted to fund a second cohort of apprentices.</p>	<p>Mrs MacPherson</p>

BOARD OFFICIAL
DRAFT – TO BE RATIFIED

			ACTION BY
	The Board approved the contract renewal.		
	<u>APPROVED</u>		
43.	CORPORATE RISK REGISTER		
	<p>The Board considered the paper ‘Corporate Risk Register’ [Paper No. 26/28], presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil advised that each risk was aligned to a standing committee and the register was subject to regular review and scrutiny at the relevant committees, considered by CMT and risk owners on a monthly basis and updated accordingly.</p> <p>Mr Neil reported movement in a number of risks, namely the score had been increased on the Impact of Delayed Discharges in NHSGGC System Flow and the scores had decreased in Financial Sustainability - Revenue, In Patient/Day Case Treatment Time Guarantee - Scheduled Care Waiting Time Targets and Outpatients - Scheduled Care Waiting Time Targets based on the planned targets and a reduction in succession planning.</p> <p>Mr Neil noted that the risks had been aligned to corporate objectives following discussions at both local and corporate level.</p> <p>Mr Neil assured members that the system was functioning effectively and linked to the performance system.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
44.	IJB BOARD REPORTS		
	<p>The Board considered the papers ‘IJB Board Reports’ [Paper No. 23/29] presented by Chairs of the IJB Boards.</p> <p>East Dunbartonshire</p> <p>Ms Forbes reported on the full reinstatement of the local delivery of the Sandyford Sexual Health Service and the opening of the new state of the art facility at the Allander Leisure Centre based in Bearsden/Milngavie, an exceptional service for those living in the area. She referred to the annual staff awards ceremony on 02 March 2023 and noted that she was very impressed by the quality of recommendations received.</p>		

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		ACTION BY
	<p>Ms Forbes noted issues delivering services similar to those experienced by the other IJBs.</p> <p>West Dunbartonshire</p> <p>Ms Sweeney noted the West Dunbartonshire Strategic Plan 2023-26 'Improving Lives Together'.</p> <p>The Chair queried if the West Dunbartonshire IJB, shouldn't be referred to as the Integration Joint Board, rather than the Health and Social Care Partnership (HSCP) Board and remarked that perhaps the mis-naming of the Board was a historical situation. The Chief Executive referred to the work being undertaken by Ms Beth Culshaw, Chief Officer, HSCP West Dunbartonshire, to align each of the Integration Schemes. Ms Culshaw agreed that a final draft would be submitted at the next NHSGGC Board meeting, 31 October 2023, for sign off. This would include the West Dunbartonshire Integration Scheme using the same naming convention as the other IJBs.</p> <p>Glasgow City</p> <p>Mr Carr advised that due to the scale of the financial challenge, circa £40m, half of which came out of reserves, the decision was taken not to present Glasgow City Strategic Plan to the NHSGGC Board in January 2023.</p> <p>Mr Carr referred to IJB Funding Allocations and Budgets for 2023-24 and the noted action that the Chair and Vice Chair would write to Scottish Ministers and the City Treasurer of Glasgow City Council with regards to the funding settlement.</p> <p>Mr Shennan queried the position of NHS-appointed IJB Members to lobby for IJBs. The Chair of NHSGGC suggested that was through the Health and Social Care Scotland network, and confirmed that the new Cabinet Secretary for NHS Recovery, Health and Social Care, Mr Michael Mathieson MSP, would be meeting with the IJB Chairs and Vice Chairs on 17 May 2023.</p> <p>Inverclyde</p> <p>Mr Cowan reported on Inverclyde's situation in relation to compliance with the requirements of Equalities and Human Rights Commission (EHRC). Findings from the online review noted that although the required work had been carried out it had not been dated. Mr Cowan advised that an action plan for 2024 onwards had been put in place to avert a further compliance breach.</p>	<p style="text-align: center;">Ms Culshaw</p>

BOARD OFFICIAL
DRAFT – TO BE RATIFIED

			ACTION BY
	<p>East Renfrewshire</p> <p>Ms Monaghan referred to the Supporting People Framework and assured members of the detailed approach applied to each of the strategic areas with a focus on social care, individuals with the greatest need, and the impact on health.</p> <p>Ms Monaghan noted that delayed discharges were a priority, and a standing item within the regular reporting structure.</p> <p>Renfrewshire</p> <p>Rev Matthews referred to the 2023-24 Delegated Health and Social Care Budget and advised that this would be discussed at the Development Session scheduled Wednesday, 26 April 2023.</p> <p>The Board were assured by the reports.</p> <p><u>ASSURED</u></p>		
45.	PHARMACY PRACTICE COMMITTEE		
a)	Note of Decisions from meeting held on 18 January 2023		
	<p>The Board considered the paper 'Note of Decisions from meeting held on 18 January 2023' [Paper No. 23/30] and noted the minute.</p> <p>Ms Margaret Kerr, Chair of the Committee, noted the purpose of the Committee was to take decisions at hearings based on detailed regulations. Rev Matthews added that the statutory committee decided on whether practices can be opened in particular areas across Greater Glasgow and Clyde.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		
46.	ACTIVE GOVERNANCE UPDATE		
	<p>The Board considered the paper 'Active Governance Update' [Paper No. 23/31] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan advised that the new Non Executive Board Member, Mr Graham Haddock, would join the Acute Services Committee, the Population Health and Wellbeing Committee and</p>		

BOARD OFFICIAL
DRAFT – TO BE RATIFIED

			ACTION BY
	<p>Glasgow City IJB, replacing Ms Mehvish Ashraf on the IJB. The second new Non Executive Board Member, Dr Rebecca Metcalfe's responsibilities would be reviewed in advance of her taking up her appointment as a NHSGGC Board Member</p> <p>The Chair referred to details included in the paper concerning the Glasgow City IJB Chair, and requested an amendment to note Mr Simon Carr was appointed Chair in February 2022, taking over from Mr Chris Cunningham. The Chair advised that a proposal to appoint a new Chair following Mr Carr's departure in September 2023 would be submitted to Glasgow City Council for agreement and an update provided at the next meeting.</p> <p>The Board were assured by the paper.</p> <p><u>ASSURED</u></p>		Ms Vanhegan
47.	ANNUAL CYCLE OF BUSINESS 2023-24		
	<p>The Board considered the paper 'Annual Cycle of Business 2023-24' [Paper No. 23/32] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>In response to the question if annual approval of the Risk Appetite Statement was required, Ms Vanhegan to confirm.</p> <p>The Chair suggested that as a minimum requirement, the statement should be presented for approval at October Board meetings, but be subject to review should exceptional circumstances suggest a need to alter the Board's risk appetite.</p> <p>The Board approved the paper.</p> <p><u>APPROVED</u></p>		Ms Vanhegan
48.	DATE OF NEXT MEETING		
	The next meeting would be held on Tuesday, 27 June 2023 at 10am at JB Russell House and via MS Teams		