

NHSGGC(M) 22/02
Minutes: 22 - 43

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday 26 April 2022, at 09:30am via Microsoft Teams

PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Rev John Matthews OBE
Cllr Caroline Bamforth	Cllr Sheila Mechan
Ms Susan Brimelow OBE	Ms Ketki Miles
Ms Ann Cameron-Burns	Ms Anne-Marie Monaghan
Mr Simon Carr	Cllr Iain Nicolson
Cllr Jim Clocherty	Mr Ian Ritchie
Dr Emilia Crighton	Dr Lesley Rousselet
Ms Jacqueline Forbes	Dr Paul Ryan
Mr David Gould	Mr Charles Vincent
Mrs Jane Grant	Ms Michelle Wailes
Mrs Margaret Kerr	Professor Angela Wallace
Ms Amina Khan	Mr Mark White

IN ATTENDANCE

Ms Denise Brown	..	Interim Director of eHealth
Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Ms Kim Donald	..	Corporate Services Manager – Governance/Board Secretary
Ms Lisa Duthie	..	Senior Auditor, Audit Scotland
Mr William Edwards	..	Chief Operating Officer
Mr Tom Kelly	..	Head of Adult Services: Learning Disability & Recovery
Mrs Geraldine Mathew	..	Secretariat (Minute)
Ms Fiona McEwan	..	Interim Director of Finance
Ms Carron O'Byrne	..	Head of Health & Social Care Services
Ms Angela O'Neill	..	Interim Nurse Director
Ms Nareen Owens	..	Depute Director of Human Resources
Ms Caroline Sinclair	..	Chief Officer, East Dunbartonshire HSCP
Professor Tom Steele	..	Director of Estates and Facilities
Mr Allen Stevenson	..	Interim Chief Officer, Inverclyde HSCP

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Ms Elaine Vanhegan	..	Director of Corporate Governance and Administration
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22.	WELCOME AND APOLOGIES	
	<p>Professor John Brown CBE welcomed those present to the April 2022 meeting of NHS Greater Glasgow and Clyde Board. He welcomed Professor Angela Wallace, who had recently taken up post as Nurse Director with NHSGGC. He also welcomed Dr Emilia Crighton, to her first meeting of the Board as Interim Director of Public Health, and welcomed Ms Kim Donald, who had recently taken up post as Corporate Services Manager – Governance/Board Secretary.</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 appropriate etiquette and asked to ensure microphones remained on mute until invited to speak, use the virtual hands up function when wishing to contribute, and to 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 observers, and therefore the virtual hands up function should not be used by observers, and they must remain on mute throughout the meeting.</p> <p>He noted that the Board would not be considering the Active Governance Programme at this meeting, given the ongoing challenges faced by the Executive Leadership Team. The Board would receive a Progress Report on activities at the June 2022 Board meeting. The agenda item slot would be used to consider and discuss the current governance approach to ensure effective and proportionate governance.</p> <p>As the Chairs Report of the Population Health and Well-Being Committee Meeting of 13 April 2022 [Paper 22/17] was circulated later, the Chair invited members to raise any objections to the consideration of this item. There were no objections made and the Board were content to consider this paper.</p> <p>Apologies were intimated on behalf of Cllr Mhairi Hunter, Professor Iain McInnes, Cllr Jonathan McColl, Mr Alan Cowan, Mr Francis Shennan, and Ms Rona Sweeney.</p>	

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	<u>NOTED</u>		
22.	DECLARATIONS OF INTEREST		
	The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.		
	<u>NOTED</u>		
23.	MINUTES OF PREVIOUS MEETING		
	On the motion of Rev John Matthews OBE, seconded by Dr Paul Ryan, the Board were content to accept the minute of the meeting held on Tuesday 22 February 2022 [Paper No. NHSGGC(M) 22/01] as a complete and accurate record.		
	<u>APPROVED</u>		
24.	MATTERS ARISING		
a)	<u>ROLLING ACTION LIST</u>		
	The Board considered the paper 'Rolling Action List' [Paper No. 22/15] and were content to accept the recommendation that three actions were closed from the rolling action list. In addition, the following matters were discussed:		
	<u>Minute No. 08b – Equalities Health Plan</u> Dr Crighton confirmed that the Executive Summary would be circulated to Board members prior to the Board meeting in June 2022.		
	There were no other matters arising noted.		
	<u>APPROVED</u>		
25.	CHAIR'S REPORT		
	Professor Brown provided an overview of activities undertaken by him since the meeting of the Board in February, including attendance at a number of standing committee meetings, a meeting of the Glasgow Centre for Population Health Board, and meetings with colleagues from Scottish Government on a range of issues including the Queen Elizabeth University Hospital (QEUI). Prof Brown also joined the Chief Executive on the interview panel to appoint to the Director of Finance post.		

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	<p>Following a successful recruitment process, the successful applicant would be announced in the coming days.</p> <p>Professor Brown also attended the Annual Review with the Chief Executive and the Cabinet Secretary for Health and Social Care, and the Chief Operating Officer for NHS Scotland. Consideration was given to the impact of the QEUH construction issues and the response to the COVID-19 pandemic. In addition, plans to redesign urgent and unscheduled care were discussed, along with NHSGGC's contribution to the organisation of COP26 and the support to the establishment of the NHS Louisa Jordan. The Cabinet Secretary noted his thanks to all staff within NHSGGC for their ongoing commitment and hard work during an extremely challenging period.</p> <p><u>NOTED</u></p>		
26.	CHIEF EXECUTIVE'S UPDATE		
	<p>The Chief Executive provided an overview of a range of meetings she had attended since the last Board meeting, including the Annual Review held on 28 March 2022, meetings with the Cabinet Secretary with regards to the ongoing response to COVID-19, delayed discharge, a meeting of the Advice Assurance and Review Group, a Joint Ministerial Session, and a visit by the Cabinet Secretary to the Royal Alexandra Hospital (RAH).</p> <p>Mrs Grant was pleased to note that, following extensive work by the HR Teams and Management Teams, a cluster of Corporate Teams had achieved Investors in People (IIP) Accreditation. This included Corporate Services, the Estates and Facilities Team, and the eHealth Team.</p> <p>Mrs Grant noted that meetings of the Strategic Executive Group (SEG) had continued, however these had been stepped down to twice per week.</p> <p>A range of external meetings had also taken place including the West of Scotland Regional Group, the Best Start Programme, the Digital Health Programme, and the Test and Protect Steering Group.</p> <p>The Corporate Management Team had also recently attended a Cyber Awareness Session.</p>		

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	<p>Mrs Grant highlighted some new appointments recently made, those being, the appointment of Ms Christine Laverty, as the Chief Officer of Renfrewshire HSCP, and the appointment of Ms Kate Rocks, as Chief Officer of Inverclyde HSCP. Ms Sandra Devine had also been appointed as the Director for Infection Prevention and Control.</p> <p>The Chair thanked Mrs Grant for the update and invited comments and questions from members.</p> <p>In response to a question about the outcome of the Annual Review, and performance in respect of the Queen Elizabeth University Hospital (QEUH), Professor Brown advised that the discussion with the Cabinet Secretary was in relation to the status of NHSGGC on the NHS Scotland Board Performance Framework and was not related to performance. He advised that a view from Scottish Government colleagues on the status of the organisation in relation to the Performance Management Framework was awaited.</p> <p>In summary, the Board were content to note the Chair’s Report and the Chief Executive’s Report.</p> <p><u>NOTED</u></p>	
27.	PATIENT STORY	
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation, which described the work of the community pharmacy teams in providing support to patients.</p> <p>The Chair thanked everyone who participated in the video presentation, and thanked Tracy, Gillian, and Denise for their input. He noted special thanks to the patients who had participated in the video.</p> <p><u>NOTED</u></p>	
28.	COVID-19 UPDATE	
	<p>The Board considered the paper ‘COVID-19 Update’ [Paper No. 22/16] presented by the Interim Director of Public Health, Dr Emilia Crighton, which provided an overview of the overall position in respect of the NHSGGC response to managing COVID-19.</p>	

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	<p>Dr Crighton explained that the report provided an overview of the ongoing demands associated with COVID-19. She noted that the COVID-19 Executive Group continued to meet regularly.</p> <p>She provided an overview of the current position in Acute Services, and highlighted that, due to a recent surge in cases, this had impacted on the number of patients admitted to hospital, the overall performance, and contributed to ward closures due to COVID-19 infections. Furthermore, there was also a notable increase in those attending Emergency Departments, and an overall increase in demand.</p> <p>Challenges continued in respect of Health and Social Care Partnerships (HSCPs) with delayed discharges, and these were being addressed through daily huddles.</p> <p>In relation to the position in Care Homes, Dr Crighton noted that the number of outbreaks of COVID-19 in Care Homes had reduced.</p> <p>Dr Crighton noted the epidemiology of the Omicron variant and highlighted that work continued to focus on the longer-term transition plans and moving into a different phase. The key elements of this would continue to be the delivery of COVID-19 vaccinations and further guidance was awaited in relation to longer term plans regarding the ongoing booster programme.</p> <p>Dr Crighton recognised the significant impact of COVID-19 on patients and the healthcare system, and she thanked all staff for their ongoing efforts throughout this challenging period.</p> <p>The Chair thanked Dr Crighton for the report and invited comments and questions from members.</p> <p>In response to a question about the position in respect of hospital visiting, Professor Wallace explained that a national restriction on visiting remained in place, except for essential visitors. A Monitoring Group was in place to review the position regularly, and it was anticipated that the position may change in the coming weeks as more restrictions were relaxed.</p> <p>A question was raised about the Lighthouse Laboratory, specifically in relation to the relocation of staff, resources, and equipment. Dr Crighton explained that plans were being developed to ensure that expertise and equipment would be utilised in other areas of the organisation. She noted that this work formed part of the transition plan.</p>	

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	<p>In response to a question about the reasons which patients were admitted to hospital, and if this was because of COVID-19 infection, or other co-morbidities, Mr William Edwards, Chief Operating Officer, advised that there were a wide range of reasons for admissions. He assured members that focus continued on ensuring effective management of the position, with adherence to infection prevention and control. The number of admissions was reducing, and this was being monitored on a daily basis.</p> <p>A question was raised about the impact of long COVID-19, and Dr Crighton described guidance from NICE which included a definition of long COVID-19. She noted the arrangements in place and the importance of supporting staff with long COVID-19.</p> <p>In response to a question about the challenges of staff absence and the ongoing response to COVID-19, Mrs Grant assured members that regular meetings with Scottish Government colleagues and Chief Operating Officers were in place to continually assess the position. Whilst there had been a reduction in the number of in-patients, the position remained challenging.</p> <p>A question was raised about the decommissioning of the Community Assessment Centres (CACs) and if these sites would return to their original use. Mrs Grant confirmed that these were returning to their original use. There was a further question asked about Barr Street, and Ms Culshaw agreed to check this with colleagues from Glasgow City HSCP.</p> <p>In response to a question about vaccination centre locations and delivery of the vaccination programme, Dr Crighton noted that there were ongoing discussions with Scottish Government colleagues in respect of this. Additionally, the JCVI was considering the guidance for the cohort of patients. Dr Crighton would continue to keep the Board informed as this developed.</p> <p>A question was raised about the integration of treatment for long COVID-19 with existing pathways. Dr Crighton advised that consideration was being given to the respiratory pathway, not just specifically in relation to COVID-19. Dr Armstrong added that, as long COVID-19 was a relatively new condition, there was continually emerging information in relation to this. She noted that the condition affected people in different ways, and four approaches had been developed including, self-management; support from Primary Care; rehabilitation; and secondary care treatment.</p>	<p>Ms Culshaw</p> <p>Dr Crighton</p>

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	In summary, the Board were content to note the COVID-19 update and the current position in respect of the ongoing challenges in response to COVID-19. <u>NOTED</u>		
29.	POPULATION HEALTH AND WELL BEING COMMITTEE UPDATE		
a)	CHAIR’S REPORT OF THE MEETING HELD 13 APRIL 2022		
	The Board considered the paper ‘Chair’s Report of the Population Health and Well Being Committee’ [Paper No. 22/17] and were content to note this. <u>NOTED</u>		
b)	APPROVED MINUTE OF THE MEETING HELD 19 JANUARY 2022		
	The Board considered the approved minute of the Population Health and Well Being Committee meeting of 19 January 2022 [Paper No. PHWBC(M)22/01] and were content to note this. <u>NOTED</u>		
30.	QUEEN ELIZABETH UNIVERSITY HOSPITAL (QEUH) AND ROYAL HOSPITAL FOR CHILDREN (RHC) UPDATE		
	The Board considered the paper ‘Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) Update’ [Paper No. 22/18] presented by the Chief Executive, Mrs Jane Grant. Mrs Grant provided an overview of the current position in respect of the Public Inquiry and noted that significant work continued to support the range of information requests received. Additionally, the Police Scotland Investigation remained ongoing, as well as the Legal Claim. The Chair thanked Mrs Grant for the update and invited comments and questions from members. There were no questions or comments raised. In summary, the Board were content to note the report and were assured by the information provided that work continued in		

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	<p>respect of the Oversight Board and Case Note Review Report; the Public Inquiry; the Police Scotland Investigation; the Legal Claim; the Rectification Programme; and Ward 2A/2B.</p> <p><u>NOTED</u></p>	
<p>31.</p>	<p>TRANSFORMATION OF SPECIALIST NEUROSCIENCES, OMFS AND SPINAL INJURIES SERVICES IN THE WEST OF SCOTLAND – INITIAL AGREEMENT</p>	
	<p>The Board considered the paper ‘Recovery and Renewal - Transformation of Specialist Neurosciences, OMFS, and Spinal Injuries Services in the West of Scotland – Initial Agreement’ [Paper No. 22/19] presented by Professor Tom Steele, Director of Estates and Facilities, and Dr Jennifer Armstrong, Medical Director. The Initial Agreement was presented for assurance, following presentation and approval by the Finance, Planning and Performance Committee.</p> <p>Dr Armstrong provided an overview of the range of clinical services within the scope of the transformation. These were a range of specialist services, which were complex in nature.</p> <p>Prof Steele described the challenges from an estate perspective. He noted that, in addition to the compelling clinical case, there were significant issues in respect of the buildings which would be addressed by the redevelopment. The asset management data had been put into the national priority system and this development ranked within the top five. A strategic appraisal had been undertaken and this resulted in five options detailed within the paper. There was a dedicated, in-house team managing the project and further funding had been secured to augment the team. Prof Steele highlighted that optimism bias and risk contingencies had been considered, and benchmarking had been undertaken against a current NHS development in NHS Lanarkshire.</p> <p>The Chair thanked Dr Armstrong and Prof Steele for the report, and invited comments and questions from members.</p> <p>In response to a question about the timescales for the development, and if by augmenting the team, the timescales could be brought forward, Prof Steele explained the process and that additional resource within the team would not change the timescales associated with the project. He highlighted that the timescale for development of the Outline Business Case (OBC)</p>	

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	<p>was 29 months and noted that the design process would run concurrently with this. Prof Steele also assured members that a wide range of stakeholders had been consulted with, along with colleagues from NHS Assure to ensure that all checks and balances had been undertaken.</p> <p>In summary, the Board were content to note the contents of the Initial Agreement and acknowledged the significance of this investment for the Board; and were assured that the Finance, Planning and Performance Committee had approved the Initial Agreement for submission to the Capital Investment Group.</p> <p><u>NOTED</u></p>	
32.	PERFORMANCE REPORT	
	<p>The Board considered the paper ‘Performance Report’ [Paper No. 22/20] presented by the Director of Finance, Mr Mark White. The paper provided an overview of performance against the key indicators as outlined in the Performance Assurance Framework.</p> <p>Mr White noted that seven indicators were rated as green, two as amber, and six as red. He noted the current pressures and the impact on some indicators, notably the 62 days cancer target, the delayed discharge target and the TTG target, and improvement of these areas continued to be a key focus.</p> <p>The Chair thanked Mr White for the report, and invited comments and questions from members.</p> <p>In response to a question about forecasted trajectories and availability of live data, as opposed to historical data, Mr White explained that there was a period of validation which resulted in a delay to data being available.</p> <p>A question was raised about the availability of data regarding patients who attended a Minor Injuries Unit (MIU) and were then re-directed to an Emergency Department (ED) and a specific example was described. Mr William Edwards, Chief Operating Officer, assured members that data was recorded where patients presented at MIU but were then re-directed to ED. Ms Sandra Bustillo, Director of Communications and Public Engagement, added that a significant amount of work had been undertaken to ensure members of the public were aware of the role of the MIUs. Mrs Grant added that there was ongoing dialogue with colleagues within NHS 24 and clarification of the pathways would be taken forward. Consideration would be given to the specific example</p>	

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	<p>given, and further discussion about the pathways and if this was an emerging issue, would take place at the Acute Services Committee.</p> <p>In response to a question about the impact of communications work on service pressures, Ms Bustillo noted that there had been a communications campaign running for some time, on a national level, along with implementation of the Flow Navigation Centre. She highlighted that behaviour change would take some time to influence, and the PEPI Team were undertaking work to research this.</p> <p>A question was raised about the CAMHS service and actions being taken to address the pressures. Mrs Grant assured members that this was managed daily by the HSCP Chief Officers, and a variety of solutions were being developed.</p> <p>In response to a question about the medium-term direction of travel, and how the key actions and interventions would improve performance, Mrs Grant advised that as the organisation approached the end of the financial year, work was required to extend the performance trajectories, along with consideration of the likely future demand. Prof Brown added that, as part of the Active Governance programme, actions were being taken to consider the longer-term planning arrangements with Board and IJBs, along with the Assurance Framework, and this work would be finalised and updated at the Board meeting in June.</p> <p>Further discussion took place about the position in respect of CAMHS performance and the complexities around the challenges. Mrs Grant noted that there were a range of activities being undertaken by the HSCP Chief Officers in respect of these, including consideration of different roles, recruitment, and sustainability, and it was agreed that a short summary would be presented to the Board at the next meeting in June.</p> <p>In summary, the Board were content to note performance across the key performance indicators outlined in the Performance Assurance Framework.</p> <p><u>NOTED</u></p>		
33.	HEALTHCARE ASSOCIATED INFECTION REPORT		
	<p>The Board considered the paper 'Healthcare Associated Infection Report' [Paper No. 22/21] presented by Prof Angela Wallace, Nurse Director. The paper provided an overview of the</p>		

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	<p>healthcare associated infection report for January and February 2022.</p> <p>Prof Wallace highlighted the positive, stable position across NHSGGC, and the continued focus to maintain and improve performance. She noted the position across all Boards in Scotland, in respect of the Annual Operational Plan (AOP) Standards. The targets remained challenging, and data was currently being finalised. She highlighted the impact of challenges in respect of COVID-19 throughout the months of January and February and noted that the Infection Prevention and Control Team (IPCT) continued with significant effort to ensure safety, and there were no outbreaks reported. There were no unannounced inspections during the reported period, however Prof Wallace noted that an unannounced inspection had taken place in March 2022, the full report of which was expected imminently.</p> <p>The Chair thanked Prof Wallace for the report and invited comments and questions from members. He noted the comprehensive scrutiny of the healthcare associated infection report by the Clinical and Care Governance Committee.</p> <p>There were no questions or comments raised.</p> <p>In summary, the Board were content to note the Healthcare Associated Infection Report; the performance in respect of the AOP Standards for SAB, CDI, and ECB; the detailed activity in support of the prevention and control of healthcare associated infections; and the contribution of the IPCT to NHSGGC response to COVID-19.</p> <p><u>NOTED</u></p>		
34.	ACUTE SERVICES COMMITTEE UPDATE		
a)	CHAIRS REPORT OF MEETING HELD 22 MARCH 2022		
	<p>The Board considered the paper 'Chairs Report of the Meeting held 22 March 2022 [Paper No. 22/22] and were content to note this.</p> <p><u>NOTED</u></p>		
b)	APPROVED MINUTE OF THE MEETING HELD 18 JANUARY 2022		

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	The Board considered the approved minute of the Acute Services Committee meeting of 18 January 2022 [Paper No. ASC(M)22/01] and were content to note this.		
	<u>NOTED</u>		
35.	CLINICAL AND CARE GOVERNANCE COMMITTEE UPDATE		
a)	CHAIRS REPORT OF MEETING HELD 1 MARCH 2022		
	The Board considered the paper 'Chairs Report of Meeting held 1 March 2022' [Paper No. 22/23] and were content to note this.		
	<u>NOTED</u>		

b)	APPROVED MINUTE OF MEETING HELD 14 DECEMBER 2021		
	The Board considered the approved minute of the Clinical and Care Governance Committee meeting of 14 December 2021 [Paper No. CCGC(M) 21/03] and were content to note this.		
	<u>NOTED</u>		
36.	FINANCE REPORT		
	The Board considered the paper 'Finance Report' [Paper No. 22/2] presented by Mr Mark White, Director of Finance. The report provided an overview of the Month 11 financial position, including the position of the Financial Improvement Programme and the capital position.		
	Mr White noted that the report had been scrutinised in depth at the recent Finance, Planning and Performance Committee meeting. He noted that focus on the audit process was underway, and it was expected that the organisation would achieve a break-even position, including in respect of the capital resource limit. He noted achievements throughout the year in respect of the Financial Improvement Programme, and that £35m of savings had been achieved. Mr White confirmed that the recurring financial deficit had increased to £120m, due to pressures associated with COVID-19.		
	The Chair thanked Mr White for the report and invite comments and questions from members.		

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	<p>In response to a question about IJB reserves, Mr White confirmed that these would be summarised following the year end process once the audit process had been completed.</p> <p>In summary, the Board were content to note the COVID-19 spend; the revenue position at Month 11; the Month 11 position with the Financial Improvement Programme and progress for 2022/23; the capital position at Month 11; and the projected revenue and capital position at 31 March 2022.</p> <p><u>NOTED</u></p>		Mr White
37.	FINANCIAL PLAN 2022/23		
	<p>The Board considered the paper 'Financial Plan 2022/23' [Paper No. 22/25] presented by Mr Mark White, Director of Finance, which provided an overview of the outline forecast deficit for 2022/23, and the draft Financial Improvement Targets for 2022/23.</p> <p>Mr White described the significant financial challenge in NHS Scotland, including the levels of COVID-19 spend and services put in place. The financial challenge for 2022/23 was forecast at £172.7m, and this was based on a 2% uplift of baseline budget. This included £120m of a recurring brought forward deficit from 2021/22. Factoring in recurring savings of £50m and non-recurring funding this was reduced to £81.5m.</p> <p>The Chair thanked Mr White for the report and invited comments and questions from members.</p> <p>In response to a question about timescales and what changes made during the pandemic would continue, Mr White noted that work had begun to consider the additional areas of COVID-19 spend and this would become clearer over time. He expected that an action plan would be developed by summer, and this would likely include some complex areas with forecasts and projections.</p> <p>A question was raised about the cost pressures due to inflation and if the current estimate of 2% would be sufficient. Mr White confirmed that costs in relation to energy cost increases had been considered separately. He noted that 70% of costs were in relation to pay. Additionally, this position would be reviewed as the financial year progressed to re-evaluate this position.</p> <p>In response to a question about the likelihood of suppliers contracted over 3 years wishing to re-negotiate, Mr White</p>		Mr White

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	<p>indicated that there may be some who would wish to re-negotiate due to inflation costs, however, this would be monitored moving forward.</p> <p>In summary, the Board were content to note the updated Financial Plan and the Financial Improvement targets for 2022/23.</p> <p><u>NOTED</u></p>		
38.	FINANCE, PLANNING AND PERFORMANCE COMMITTEE UPDATE		
a)	CHAIRS REPORT OF MEETING HELD 5 APRIL 2022		
	<p>The Board considered the paper 'Chairs Report of the Meeting held 5 April 2022' [Paper No. 22/26] and were content to note this.</p> <p><u>NOTED</u></p>		
b)	APPROVED MINUTE OF THE MEETING HELD 15 FEBRUARY 2022		
	<p>The Board considered the approved minute of the Finance, Planning and Performance Committee meeting of 15 February 2022 [Paper No. FPPC(M)22/01] and were content to note this.</p> <p><u>NOTED</u></p>		
39.	AUDIT AND RISK COMMITTEE UPDATE		
a)	CHAIRS REPORT OF MEETING HELD 15 MARCH 2022		
	<p>The Board considered the paper 'Chairs Report of the meeting held 15 March 2022' [Paper No. 22/27] and were content to note this.</p> <p><u>NOTED</u></p>		
b)	APPROVED MINUTE OF THE MEETING HELD 14 DECEMBER 2021		
	<p>The Board considered the approved minute of the Audit and Risk Committee meeting of 14 December 2021 [Paper No. ARC(M)21/04] and were content to note this.</p> <p><u>NOTED</u></p>		

40.	RESEARCH AND INNOVATION ANNUAL REPORT		
	<p>The Board considered the paper ‘Department of Research and Innovation: Board Report 2021 – Recovery, Resilience and Growth’ [Paper No. 22/28] presented by Dr Jennifer Armstrong, Medical Director, and Prof Julie Brittenden, Director of Research and Development. The paper described the breadth and diversity of innovative research undertaken within NHSGGC, enabled through successful collaboration with academia and industry.</p> <p>Prof Brittenden provided a presentation which detailed a number of key areas including recruitment to clinical research studies; the recommencement of over 1100 studies paused during COVID-19, and an additional 300 new studies commenced; leading role in the participation and delivery of 4 vaccine trials; innovation projects and ongoing collaboration with industry and academic partners; promotion of patient and public engagement; the financial income generated through research which was useful for capacity building and the facilitation of further research and innovation; and building future research and innovation workforce capacity.</p> <p>The Chair thanked Dr Armstrong and Prof Brittenden for the report and presentation, and invited comments and questions from members.</p> <p>In response to a question about the impact of Brexit upon research and innovation projects, Prof Brittenden noted that there was swift mobilisation of the team to ensure minimal impact, however as with most areas of industry there have been opportunities and risks associated with Brexit.</p> <p>A question was raised about the costs associated with research and innovation. Prof Brittenden noted that funding for research was allocated by the Scottish Government, along with some innovation funding. All costs were agreed at a national level.</p> <p>In response to a question about the number of projects which do not become adopted as clinical practice, Prof Brittenden noted that many of the studies which had a negative outcome were still very useful, for example, COVID-19 trials, and protects patients from being exposed to treatments that were not beneficial.</p> <p>In summary, the Board were content to note the research and innovation activity, exemplars, and opportunities.</p> <p><u>NOTED</u></p>		

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41.	GOVERNANCE UPDATE		
	<p>The Board agreed to consider this matter as a verbal item.</p> <p>Prof Brown noted the ongoing proportionate governance approach taken during the COVID-19 pandemic. He noted that, to date, the Board had been focused on the short-term requirements, however he was keen that, moving forward, more consideration was given to the medium and long-term focus.</p> <p>He was pleased to note that significant work had been done to develop more manageable reports and papers presented, more verbal updates and presentations. He suggested that, moving forward, consideration be given to circulation of presentation slides in advance of Board and Committee meetings.</p> <p>Prof Brown wished to consider the options available to move to a hybrid model for meetings, whilst ensuring safety of members and mitigation of risks. The format of using MS Teams to conduct Board meetings over the course of the pandemic has allowed the meeting to become more accessible to members of the public to observe, and Prof Brown was keen to maintain this. Therefore, he asked that consideration be given to exploring locations available to host Board meetings in a hybrid format to allow some members, and members of the public to join via MS Teams.</p> <p>It was noted that members were keen to receive more presentations from clinical services at Committee meetings, to discuss areas of success and areas of difficulty. Prof Brown commented that recommencement of the Board visiting programme may contribute to this and asked that Committee Chairs discuss with the Executive Lead of the Committee which relevant areas they would like to focus time on, after which Ms Vanhegan would develop a Board visiting programme for 2022/23. Whilst the Board were keen to begin to develop a visiting programme, it was acknowledged that consideration would be given to ensuring a balance, given the ongoing pressures within services.</p> <p>In response to a question about the current Board Member Responsibilities document, Ms Vanhegan noted that this document was updated on an ongoing basis and agreed to circulate the most up to date version to members.</p> <p>In summary, the Board were content to note the current position in respect of governance and agreed that actions would be taken to move to a hybrid model of meetings, with consideration of suitable locations to hold Board meetings. In addition, the Board</p>		<p>Secretary</p> <p>Secretary</p> <p>Ms Vanhegan/ Secretary</p> <p>Secretary</p>

OFFICIAL SENSITIVE
DRAFT – TO BE RATIFIED

	<p>noted that a Board visiting programme would be developed in due course, with sensitivity given to services and departments which remained under pressure.</p> <p><u>NOTED</u></p>		
42.	VALEDICTORY		
	<p>Prof Brown noted that this would be Mrs Geraldine Mathew’s last Board meeting as Secretariat Manager, as she had recently been appointed to the role of Board Secretary within NHS 24. Prof Brown wished to note thanks on behalf of the Board to Mrs Mathew for her support and work over the past 4 years.</p> <p>Prof Brown noted that Mr Mark White, Director of Finance, would shortly be leaving the organisation for a new role. Mr White was an esteemed Director of Finance, who had successfully led the Board and the organisation through unprecedented challenges, whilst delivering a balanced budget. In his time in post, Mr White had developed a successful Finance and Performance Team, and his ability to engage with the Board, Executive Team, Senior Management, and all staff has been exceptional. Prof Brown wished Mr White well for the future and noted that he would be missed by many colleagues.</p> <p><u>NOTED</u></p>		
43.	DATE AND TIME OF NEXT SCHEDULED MEETING		
	The next meeting would be held on Tuesday 28 June 2022, at 9.30 am.		
	The meeting concluded at 12.35pm		